

First Aid & Medical Policy

St Helen's School

September 2020

Introduction

1. The School has a responsibility to consider the risks to pupils, including those in the EYFS, visitors, and employees both onsite and offsite during all activities and must ensure adequate first aid arrangements are in place. The Headmistress is responsible for ensuring this policy is put into practice and ensuring detailed procedures are in place. The Headmistress may delegate these responsibilities to an appropriate person.

Policy Statement

2. Parents should keep children at home if they are ill or infectious, and phone the School each day that a child will be absent from School. An ill child will not be happy in school and will only infect others.
3. Everyone in the School, including our EYFS children, has access to our Medical Rooms which are staffed by the School Nursing team. They are responsible for any medical care or first aid that your child may require during the school day, or at other times when the School is open.
4. A qualified nurse will be on duty from 08:00 to 16:30 every day during term time and will be available to administer first aid, to deal with any accidents or emergencies, or if someone is taken ill. From 16:30 until clubs finish, there is a first aider on site.
5. The School will always contact parents at once if a child suffers anything more than a trivial injury, or if she becomes unwell during the school day, or if there are any worries or concerns about her health. The School will ask for the child to be collected if she becomes ill during the school day. For Nursery to Year 6, the School will inform the parent if a child has a minor accident or graze occurring at School
6. This policy is supported by the School's Medical Procedures Manual, details of which are at Appendix I. The Manual is available from the Nurse's Office and is issued to all staff.

Risk Assessment

7. The Deputy Head Pastoral and the Health & Safety Manager carry out a general onsite risk assessment to assess first aid needs taking into account the School layout, activities, number of pupils/staff/visitors, access to emergency services or health care professionals, specific onsite hazards or risks, age of pupils and specific needs of those in its care, e.g. those with disabilities or specific medical conditions. This risk assessment is reviewed annually or sooner if there are any changes which are likely to affect the level of risk, e.g. an increase in pupil numbers or building works.
8. Specific attention should be paid to the level of risk during the following activities:
 - Staff and pupil break times
 - Trips and visits
 - Lone working
 - Out of normal school hours activities
 - Practical departments i.e. D&T, Science, PE, Maintenance, Grounds
 - Special events involving large numbers of visitors e.g. Open Day
 - Contact Sports

First Aiders

9. The number of first aiders and the type / level of training they receive is determined by the risk assessment. The following minimum first aid cover will be provided by:

- Qualified nurses throughout the normal school day
- A qualified pool of Teaching Assistants, the Welfare Assistant and Lunchtime Supervisors who have a Paediatric First Aid (PFA) Qualification to ensure an appropriately qualified first aider is always available and in the immediate vicinity of the EYFS children. All staff qualified to work in an EYFS setting must have a PFA qualification in order to be included in the EYFS required staff ratios.
- A School caretaker outside the normal school day
- PE staff
- A member of staff to take responsibility for first aid on any overnight school trip or on any Prep School trip/visit
- Sports Complex staff
- Specific training as necessary for staff accompanying residential visits (e.g. epipen) to manage pupils with specific medical needs

10. Selection of first aiders

- Some employees will be contractually obligated to qualify as a first aider
- Some employees will be encouraged to participate in training because of their specific role eg. teaching assistants, Science department staff, those who will accompany overnight trips and visits
- Other staff can volunteer to become a first aider

11. First Aiders will have training appropriate to mitigate the risks identified. However, all first aiders will be able to:

- Know what to do in a first aid emergency
- Know how to keep themselves safe
- Administer cardio pulmonary resuscitation
- Deliver first aid to an unconscious patient
- Deliver first aid to the wounded or bleeding
- Be aware of their responsibilities for reporting accidents/injuries
- PE staff will be specifically trained to recognise and deliver first aid in the event of head injuries

12. In addition, first aiders and the majority of teachers will also be able to:

- Deliver first aid to a patient suffering an allergic reaction
- Deliver first aid to a patient suffering from an asthma attack
- Deliver first aid to a choking patient

13. All first aiders have defibrillator training as part of their first aid course (although it is not essential for the use of this equipment).

14. It is the responsibility of the HR Department to source and arrange first aid training with the most appropriate training provider to meet identified training needs. All training will be certificated. The HR department will also inform first aiders when their qualifications are due to expire, arrange refresher courses and ensure a list of first aiders is available on the School's Portal in all sections of the School.

Access to First Aid

15. All new pupils (and staff) are given information on where to go for help in the event of an accident as part of their induction into the school.

First Aid Equipment

16. The nursing team will be responsible for ensuring first aid equipment is available and fit for use at all times including offsite trips and visits. In the case of a pupil trip or visit, the trip organiser should also carry out this assessment. Trip Leaders are responsible for informing the nursing team if items have been used.
17. The risk assessment of first-aid needs will determine what first-aid equipment should be provided in each area of the School and for offsite activities. First-aid boxes (stocked in accordance with the *Workplace first aid kits. Specification for the contents of workplace first aid kits, BS 8599-1:2011*), will be located and clearly marked in each building of the School (see Appendix 3 for the contents and locations of first aid kits). The nursing team is responsible for ensuring First Aid boxes are replenished regularly.

Calling an Ambulance

18. If someone at the school has an accident, staff are trained to summon medical help immediately. The School Nurse is normally responsible for summoning an ambulance, and for escorting the pupil to hospital; but all staff are advised in their induction training that if the School Nurse is unavailable, they should summon an ambulance themselves. A member of staff will always stay with a child in hospital until a parent or guardian arrives.
19. Examples of medical emergencies which would immediately require an ambulance are:
 - a significant head injury
 - fitting, unconsciousness or concussion
 - difficulty in breathing and / or chest pains
 - a severe allergic reaction
 - a severe loss of blood
 - severe burns or scalds
 - the possibility of a serious fracture.

Emergency Medical Treatment

20. In accepting a place at the School, the School requires parents to authorise the Headmistress, or an authorised deputy acting on her behalf, to consent on their behalf to the Pupil receiving emergency medical treatment including blood transfusions within the United Kingdom, general anaesthetic and operations under the National Health Service or at a private hospital where certified by an appropriately qualified person as necessary for the Pupil's welfare and if the Parents cannot be contacted in time.

Reporting and monitoring of accidents/ill health

21. Accident/near miss forms are available on the School Intranet and should be completed and submitted promptly to the Health & Safety Manager. In addition, serious accidents and accidents that happen on a school trip and visit, must be reported to the Headmistress immediately.
22. The School will inform parents of any accident, injury to or first aid treatment provided to EYFS pupils (Nursery & Reception) on the same day or as soon as reasonably practicable.
23. Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), some accidents must be reported to the Health & Safety Executive. The School's Health and Safety Manager will be responsible for this reporting and will keep a record of any reportable injury, disease or dangerous occurrence. This will include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record will be combined with other accident records. See Appendix

2 for detailed RIDDOR guidelines. Accidents and illnesses reportable to the Health & Safety Executive under RIDDOR must also be reported to OFSTED and local child protection services when EYFS pupils are affected.

24. A record of all accidents and near misses are submitted to the Health & Safety Committee for termly analysis of patterns and trends.
25. Under EYFS statutory requirement the School must notify Ofsted of any food poisoning affecting two or more EYFS children as soon as practicable and within 14 days.

Hygiene and infection control

26. Preventing the spread of infection
Public Health England advise that the vital components for the preventing the spread of infection are:
 - Immunisation
 - Hand washing
 - Prompt exclusion of staff and pupils with infectious diseases
 - Clean environment

Immunisation

New staff are encouraged to ensure they are up to date with all vaccinations particularly Measles, Mumps and Rubella (MMR) and this is reflected in the staff occupational health declaration. Pupils are also asked to submit their vaccination history when they join the school and see their GP if they are not up to date with their vaccinations.

Hand Washing

Hot water, soap and sanitizer is available in every toilet facility across the school. Staff and pupils are periodically reminded about the principles of routine, effective handwashing.

Exclusion of infectious staff and pupils

Pupils and staff are excluded if they have an infectious illness according to Public Health England guidance (See Appendix 3)

Clean Environment

27. The School has effective cleaning arrangements. The Facilities and Lettings Manager should be informed if further cleaning is required.

Helpful guidance on symptoms, spread, exclusion and do's and don'ts for each specific infectious illness is available on the Public Health England website including guidance on managing Food poisoning, giardia and campylobacter.
28. All staff take precautions to avoid infection and follow basic hygiene procedures. Staff have access to single-use disposable gloves (in first aid boxes) and hand washing facilities, and care is taken when dealing with blood or other body fluids and disposing of dressings or equipment.
29. The School nursing team can advise on specific situations and have specific medical procedures for disposal of dressings, medical equipment including needles.
30. Pregnant staff or staff with compromised immune systems are at greater risk from infectious diseases. On discovering a rash, or if they are aware they have come into direct contact with someone who is potentially infectious, they should consult their midwife, GP or specialist.

Medical Records

31. A confidential electronic medical record on each pupil is kept securely. The medical record contains the information provided by parents, together with the medical questionnaire that the parents completed when their child joined the School. It will also contain details of any treatment that a pupil receives during their time at the School, including records of all accidents and injuries.
32. Confidential medical/health data is computerised, and records are kept securely with access strictly restricted to medical and key pastoral staff only. Medical information is not routinely accessible by all administrative staff. A designated staff member may provide a list of the names of current pupils with medical conditions, or social information of a sensitive nature that may be of relevance to designated staff in their dealings with pupils in the classroom or, for example, when arranging trips and visits. The catering staff may also be given the names of pupils with food allergies.
33. All medical records are stored securely until the pupil's 25th birthday, when they will be securely destroyed.

Medicines and Treatments Brought to School for Pupils

34. Parents must advise the School Nurse of any medication that is brought into the School for their child. If a pupil has a medical condition which necessitates regular access to medication, parents are asked to inform the Headmistress so that an appropriate regime can be devised. The relevant staff will be informed, in confidence, of any condition that is likely to affect a pupil in any area of school life. The School will work with parents in making arrangements that work best for their daughter.
35. Further details are provided in the School's Administration of Medicines Policy which is available on the website.

Review

36. The Deputy Head Pastoral is responsible for the effectiveness and review of this policy, including:
 - Liaising with the School Nurse in terms of the procedures outlined above.
 - Reviewing the extent to which pupils and staff are making informed choices concerning their health with Heads of Section, the School Nurse, the Catering Manager, the Estates Manager and pupils.
 - Evaluating the appropriateness of the associated records and any trends that can be determined from accident reporting.
 - An annual review of the policy.

Authorised by	Executive Committee
Date	July 2020
Effective date of the policy	1 st September 2020
Date of Next Review	July 2021

Appendix I

This Policy is supported by the following procedures as detailed in the Medical Procedures Manual:

- Supporting pupils with medical conditions
- Anaphylaxis
- Asthma
- Diabetes
- Epilepsy

There is a separate policy on Administration of Medicines. Any concerns about a pupil's health (e.g. weight loss), should be brought to the attention of the School Nurses and appropriate Head of Section.

Appendix 2 - Reporting under RIDDOR:

Reporting under RIDDOR is required for most types of work related incidents, including

- accidents resulting in the death of any person;
- accidents resulting in specified injuries to workers;
- non-fatal accidents requiring hospital treatment to non-workers; and
- dangerous occurrences
- occupational diseases
- carcinogens, mutagens and biological agents
- gas incidents

The responsible person (the Health & Safety Manager), must notify the enforcing authority without delay, in accordance with the reporting procedure detailed on the website www.hse.gov.uk/riddor. This is most easily done by reporting online. Alternatively, for fatal accidents or accidents resulting in specified injuries to workers **only**, a telephone report can be made on 0345 300 9923.

There are very specific timescales for reporting incidents under RIDDOR. Please see the website for details.

Cases of occupational disease, including those associated with exposure to carcinogens, mutagens or biological agents should be reported as soon as the responsible person receives a diagnosis, using the appropriate online form.

Types of reportable injury

- fractures, other than to fingers, thumbs and toes;
- amputations;
- any injury likely to lead to permanent loss of sight or reduction in sight;
- any crush injury to the head or torso causing damage to the brain or internal organs;
- serious burns (including scalding) which:
 - covers more than 10% of the body; or
 - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness or
 - requires resuscitation or admittance to hospital for more than 24 hours;

Current information at: <http://www.hse.gov.uk/riddor>

Further guidance on specified injuries

Specific guidance is detailed in HSE Incident reporting in schools (Accidents, diseases and dangerous occurrences).

Appendix 3

The Contents and Location of First Aid Kits around the site

The main store of First Aid equipment is in the Senior School Medical Room.
Further First Aid kits are located around the School site and consist of at least:

- a leaflet giving general guidance on first aid
- individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- sterile eye pads;
- individually wrapped triangular bandages, preferably sterile;
- safety pins;
- large sterile individually wrapped un-medicated wound dressings;
- medium-sized sterile individually wrapped un-medicated wound dressings;
- disposable, nitrile, powder free gloves (non-Latex)

Risk assessments may indicate that additional materials and equipment are required such as eye irrigation kits and space blankets. Additional equipment may be put in the first-aid box or stored separately.

Containers are not used beyond their expiry date.

Optional Additional contents:

- Burnshield Dressing
- Scissors
- Microporous tape
- Space Blanket
- Eye irrigation kit

Location of First Aid Kits		
Area	Telephone Extension	Location
Rowland Brown Hall		On Wall – Right Hand Side of Stage Defibrillator
Ladies Cloakroom Deputies Corridor		Under the sink
Little Gables (EYFS)	3343	Every Classroom Welfare Room Staff Room – First Floor
Gables	3310	Ground Floor First Aid Room Kitchen Middle Floor Staff Room Upper Floor Between Two Classrooms
Junior School	3300	Medical Room Assembly Hall Art Room Science Room DT Room Ground floor, 3/4 emergency exit
Lund		Downstairs, main hall
Sports Centre	3270	Defibrillator on the wall at Reception Fitness Suite Pool Side Manager's Office & Plant Room
Science Block	3266/3267	Labs 3, 4, 5, 7 Biology Prep Room Biology Prep Room (Burns First Aid kit) Physics/Chemistry Prep Room
June Leader	3262	D & T Techs 1, 2, 3 D&T Tech 3 (Burns First Aid kit) Art Technician's area on 1 st Floor Drama Studio
Mackenzie		Kitchen, upstairs
School Office	3212	Under Counter
Main Kitchen	3250	By Staff Changing Room
Longworthe	3289	Kitchen
Gwyer	3280	Kitchen Cupboard & IT Department Office
Maintenance	3292	In Maintenance Shed
Gardens/Grounds	3294	In Ground's Office
The Centre	3306	Main hall on wall at side of folded back chairs
Minibus x 2		On board
Percy Broadbent Pavilion	3278	Ground floor hallway

Exclusion Table

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Five days from onset of rash	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local Health Protection Team (HPT)
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk) Promote MMR for

Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

***denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings.
HPA: London.

PHE publications gateway number 2016692