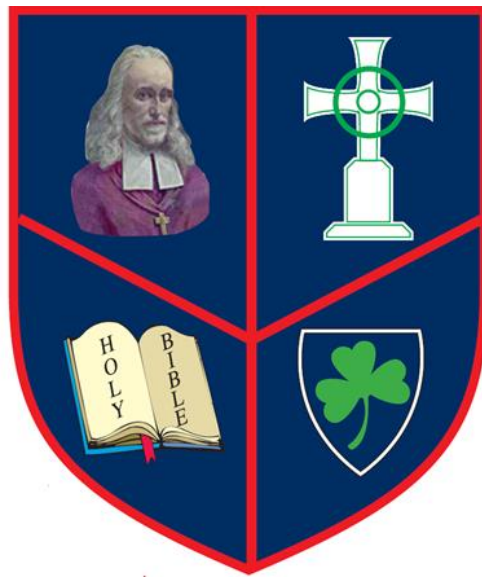


First Aid and
Supporting Pupils
with Medical
Conditions



March 2025

Board of Governor: _____

Principal: _____

This policy outlines St. Oliver Plunkett responsibility to provide adequate and appropriate provision for supporting pupils in school with medical conditions and the administration of medicines and/or first aid to pupils, staff, parents and visitors.

The policy states the practice and procedures in place to meet these responsibilities.

1. Aims

- To identify the first aid needs of the school
- To ensure that first aid provision is available at all times while people are on the school premises and while on school visits in accordance with the Health and Safety First Aid legislation
- To outline the duty placed on governing bodies, through the Children and Families Act to make arrangements for supporting pupils in school with medical conditions
- To ensure all pupils with medical conditions, in terms of either physical or mental health, will be properly supported so that they can play a full and active role at school, remain healthy and achieve their academic potential

2. Objectives

- To appoint the appropriate number of suitably trained people as First Aiders to meet the needs of the school
- To provide relevant training and ensure that monitoring of training needs is regularly carried out
- To provide sufficient and appropriate resources and facilities
- To aim to provide a physical environment that is accessible to pupils with medical conditions
- To keep staff and parents informed of the school's first aid arrangements and measures for supporting pupils with medical conditions (as outlined on individual Health Care Plans)
- To keep accident and medication records and to report to the Health and Safety Executive (HSE) as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- To give clear structures and guidelines to staff regarding first aid and medicines, including how best to support children with medical conditions (appropriate sharing of Health Care Plans)
- To ensure the safe use, administration and storage of medicines in school and on educational visits
- To ensure the needs of pupils with medical conditions are adequately considered to ensure their involvement in all areas of learning, structured and unstructured social activities, including during breaks and before and after school activities and school visits. This includes making reasonable adjustments where appropriate

- To ensure staff have a clear understanding that medical conditions should not be a barrier to learning and that they have a duty of care to pupils
- To assess the risks of all out-of-school activities taking account of the needs of pupils with medical conditions
- To review medical emergencies and significant incidents to ascertain whether/how they could have been avoided and updating policy and procedures after each review

3. Roles and Responsibilities

Governors

The Local Authority and the School Governors are responsible for the health and safety of their employees and anyone else on the school premises. They must ensure that the risk assessments of the school are undertaken and that the appointments, training and resources for first aid arrangements are appropriate, in place and reviewed annually.

The school Governors should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

The Governors will ensure that arrangements are in place to support pupils with medical conditions and that they are enabled to access the fullest possible participation in all aspects of school life. Governors will ensure all staff have received the appropriate level of training and are competent to support pupils.

Governors will review and approve the policy and ensure implementation of any changes or recommendations arising from any significant incident reviews.

Head Teacher and Inclusion Manager

The Head Teacher and Inclusion Manager are responsible for putting the policy into practice and for developing detailed procedures. They should ensure that the policy is available to all staff and parents. They will ensure that:

- the school is inclusive and welcoming
- the policy is in line with national guidance and expectations, is put into action and maintained
- they liaise with other interested and relevant parties (including parents and pupils, school health, community and acute health services, the local authority services etc.)
- pupil confidentiality is respected but relevant staff will be made aware of a child's medical condition

- the training and development needs of staff are assessed and arrangements made for them to be met
- all staff are aware of the policy, including supply teachers and new staff
- the policy is reviewed annually
- they report back to Governors and to all key stakeholders about the implementation of the policy
- they lead reviews after significant incidents to ascertain whether/how they could have been avoided, updating the policy and procedures after each review

First Aiders

- First Aiders training has been updated and all staff have taken part in EPI pen training as well as 'Life Saving Response' training.
- Must give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school
- Follow procedures as outlined in health care plans for children with identified medical conditions

4. All First Aiders must be able to leave their normal duties to immediately attend to first aid and emergencies. Emergency red cards are accessible in each room in school (including the hall, ICT suite and music room) and the playground. These must be sent with a child to the office if class-based staff require additional emergency medical assistance.

All Staff

Staff have a responsibility to:

- be aware of and understand the school's 'First Aid, Medicines and Supporting Children with Medical Conditions' policy
- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- know which pupils in their care have a medical condition and be familiar with the content of a pupil's Health Care Plan
- allow all pupils to have immediate access to their emergency medication when necessary
- maintain effective communication with parents including informing them if their child has been unwell at school
- ensure pupils who carry their medication with them have it when they go out of the classroom or on a school visit
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social or emotional support
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in, and understand the impact a medical

condition may have on a pupil and make any reasonable adjustments to accommodate this

- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- use opportunities such as PSHE lessons and other areas of the curriculum to raise pupil awareness about medical conditions

First Aid

Equipment and Facilities

- The Inclusion Manager will ensure that the appropriate number of first-aid kits are available and easily accessible. The teaching assistants in each classroom will restock kits when necessary. The School Administration Support Assistant will order stock and be responsible for restocking the first aid kit in the Medical room and the hall. The School Business Manager (SBM) is responsible for the travel kits stored in the SBM's office and the Hall. Kitchen staff will maintain the first aid kit in the kitchen.
- All first aid kits are stocked in accordance with the HSE recommended and mandatory contents (also in line with the DfE guidance on First Aid for Schools lists).
- First aid kits and equipment are taken on all school trips.
- The Head Teacher and School Governors provide a suitable first aid room for medical care treatment.
- Hygiene procedures must be followed by staff administering first aid treatment.

5

- Single-use disposable gloves must be worn when treatment involves blood or other bodily fluids.
- Location list of first aid kits is held with this policy (Appendix 2).

Procedures

- First aid treatment is given adhering to procedures recommended by First Aid for Life training.
- When dealing with Infectious Diseases and Infection Control advice is sought from the Health Protection Agency.
- Out of school hours activities led by school staff will all have access to a first aider and all risk assessments will be completed beforehand.

Record Keeping and Reporting Accidents

- All minor injuries and first aid treatments given are recorded by the attending first aider who will complete the school/s paper incident slip - located on a clipboard in the entrance to the first aid room. For EYFS copies are located on a clipboard in the classroom. Details recorded must include the date, time, location of incident, name of injured person, their class and details of the injury/illness, what happened immediately after, name and signature of First Aider.
- Parents are notified by telephone (as soon as possible) if a child receives a bump to the head.
- Any accident slips relating to head bumps are to be given to office staff as soon as possible (same day) who will send home the bumped head letter to the parent/s and file the accident slip in the office accident slip folder.
- Any non-head bump accident slips are filed in the first aid room folder titled 'Accident slip folder' (EYFS accident folders in class)
- For bee, wasp stings, facial injuries or other significant incident, parents will be notified by telephone.
- For more serious injuries, such as broken bones, dislocations or other injuries that require a child being taken to hospital, an Accident and Emergency reporting form must be completed which is available from the School Business Manager.
- In the event of a medical emergency in school and the school is unable to contact parents/carers, then the Head Teacher acts in 'Loco Parentis'. A member of staff will accompany a child and stay with them until a parent or responsible family member arrives.

When completing an online accident form protocol is given to staff:

- When logging and submitting Online Accident Report Forms please ensure that **all sections of the form are filled out** and that it contains as much information as possible specially in relation to:
 - How and why the accident happened (providing as much detail as possible like what caused the accident e.g. why and what caused the injured person to slip, trip or fall).
 - The nature and severity of all injuries sustained e.g. bump, cut, bruise to left arm, leg, ankle etc-stating size, location and extent of injury.
 - If the member of staff or pupil was absent from school due to the incident and date when they returned.
 - If the accident was due to a slip, trip or fall please state the condition of the floor or other surface and if there was any faulty that could have caused the slip, trip or fall e.g. the person tripped/fell on tarmac, the tarmac was in good condition and there was nothing wrong/damaged with the ground.
- Please always include information in relation to what procedures/measures have been taken and or put in place in order to prevent further accidents of this nature.

- If any sections are not applicable, please state N/A when required.

6.

- Accident records are monitored and reviewed by *Governors*.

Head Bump procedure

- Any child who receives a bump to the head should be attended to by a first aider to check the child over and administer first aid as necessary.
- A second first aider is called to repeat the above process if the original first aider remains concerned and parents may need to be called if both first aiders determine the child may require hospital treatment
- In the event of a severe head injury school staff will call 999
- Any child who receives a head bump is given a red wrist band and asked to sit on a bench with a friend for 10 minutes. An adult will keep an eye on
- An accident slip is completed and taken to the office as soon as possible.
- Communication will be made with parents immediately.

Administering First Aid Off Site (Visits and Residential Trips)

- A trained appointed person will accompany all off site visits with a stocked first aid kit, appropriate to the risk assessment for the visit (including clubs and sports trips).
- All adults present on the visit should be made aware of the arrangements for first aid.
- If any first aid treatment is given the trip leader will advise the school office, by mobile phone if urgent, or on return so that the pupil's parents can be informed.
- If a pupil requires a prescribed medicine during a trip an 'Administration of Medicine or Treatment Consent Form' will need to be completed by the child's parent/carer prior to the trip: see Administering Medicines in School section above.
- A copy of the consent form will be taken on the trip with the medication. The medication will be kept in the first aid kit (cool pack if necessary) and administered by the First Aider at the necessary time and recorded.

Asthma Treatment and Inhalers

- Asthma sufferers are permitted to bring their own treatments (inhalers etc.) to school. If they are responsible for carrying/storing it themselves a 'Parental Agreement for children to carry their own Medicine' form (Appendix 5) must be completed by the parents/carers.

- It is the responsibility of the parents to ensure all medication brought into school is up to date. If medication is changed or there has been a recommendation to discontinue use then parents must notify school immediately in writing.
- A list of asthma sufferers is available in the class first aid electronic folders located in the P:Staff/First Aid & Medical folder.

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- Asthma treatments for pupils (inhalers etc.) are kept either in the first aid room or with the pupil themselves in the classroom, including outside at break times and on school trips, so that they are readily available.
- Asthma treatments are to be administered by the pupil or supported by an adult if the child is of an age where they are unable to administer the treatment independently.
- Parents are to be informed if the child uses the inhaler. If this is occurring more frequently then additional medical advice should be sought.
- Parents are responsible for checking that the treatments are still within their 'use by dates' and for replenishing them.

Adrenaline Pens and Anaphylaxis Shock Training

- Adrenaline Pens (AP's) typically include: EPI pens, Jext pens or Emerade pens
- It is the responsibility of the parents to ensure all medication brought into school is up to date. If medication is changed or there has been a recommendation to discontinue use then parents must notify school immediately in writing.
- A list and photograph of anaphylaxis sufferers is displayed in the first aid files located in the school office/kitchen/hall and first aid room and is also available electronically in the staff P: Staff/First Aid & Medical folder.
- Labelled AP's (2 pens for each child) are stored in the first aid room with the exception of EYFS where they are kept in the classroom for ease of access in an emergency. They are all stored in a clear plastic box with their name and photograph on with the Care Plan attached to the lid of the box. AP's are taken on all trips/visits with the child. These are stored in the first aid room at all times
- AP's can be administered by any members of staff. If an AP is administered the time must be noted and provided to the emergency services. This can be noted on the care plan inside the box. The used AP's should be replaced in the box and given to the emergency services.
- AP's are always taken on educational visits.
- Parents/carers are responsible for checking that the treatments are still within their 'use by dates' and for replenishing them.
- If a child has been in contact with a known allergen, parents and staff must observe the child vigilantly as reactions can occur up to 72 hours post contact.

- School staff are encouraged to let their teams know if they have an AP during the annual staff training sessions or as soon as possible.

8. Illness and Absence

- If a pupil is acutely unwell or has a contagious illness they should not come into school.
- A child should be kept away from school for 48 hours after the last episode of vomiting or diarrhoea.
- If a pupil is repeatedly off school due to sickness the child will be referred to the School Nurse for a holistic health review.

Defibrillator

- St. Oliver Plunkett have access to a defibrillator at the local Spar shop and also one located in the nearby Health Centre.
- The defibrillator is used when a person is in cardiac arrest (the heart stops beating). The DfE guidance 'Supporting pupils at school with medical conditions' advises schools to consider installing one as part of their first aid equipment. Whole staff have received training in defibrillation as part of their standard course qualification.

Supporting Pupils with Medical Conditions

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for pupils with medical conditions. These pupils should be properly supported so that they have full access to education, including school trips and physical education and the same opportunities as other pupils. The school will consult and work in partnership with health and social care professionals, pupils and parents to ensure the needs of pupils with medical conditions are effectively met.

A staff training programme will be provided, which will take account of the need for specialist training (when required) for some key members of staff, as well as generic training for all staff. Training would include details on how to avoid and reduce exposure to common triggers for common medical conditions. In addition, all new staff, including some supply and temporary staff, will be informed of the policy and their responsibilities.

Health Care Plans are used to identify individual pupils who are sensitive to particular triggers. Pupils' medical conditions and Health Care Plans are recorded and filed in a safe and secure place. These are updated regularly and reviewed annually.

Any pupils that have experienced a period of extended absence due to their medical conditions will be supported in their reintegration to school life through a

Carefully planned transition. This is created and agreed with parents, the pupil, medical professionals, the Inclusion Manager and school staff with provision made for limiting any negative impact on the pupil's educational attainment and supporting their social, emotional health and general well-being. Where there

Head Lice

Head lice are tiny brown insects that can only live on human hair. They survive by sucking blood from the scalp. Head lice are easily spread by close contact, but do not spread disease.

Head lice are usually visible in the hair and on the scalp, especially during brushing. Some children might also feel itchy. The eggs are white in colour and can be found near the scalp. Head lice can reproduce and mature very quickly, so a few can quickly grow in number over a very short period.

If you suspect a child has head lice then report it to their parents at the earliest opportunity. The Head Lice letter is available on the school system for teachers to send home.

Monitoring and Review

Policy and provision are reviewed and looked at continuously to ensure the correct procedures are being adhered to.

Complaints

Please see the school's 'Formal Complaints Policy and Procedure'. Copies can be obtained from the school office.