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## FIRST AID POLICY

**This policy applies to the employees, pupils and visitors at Stormont School including those pupils covered by the Statutory Framework for the Early Years Foundation Stage (EYFS).**

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## 1. Introduction and Aims

Stormont School is required by health and safety legislation to assess the first aid needs and to set out its first aid arrangements. (*Health and Safety (First Aid) Regulations 1981 (as amended)*).

Stormont School must meet the requirement in paragraph 13 of the *Independent School Standards Regulations 2014* to draw up and implement a first aid policy.

Stormont School has adopted the following policy and procedures.

### The aims of the policy are to:

- ensure that Stormont School has adequate and appropriate equipment, facilities and procedures to provide appropriate first aid;
- ensure that Stormont School's first aid arrangements are in line with Stormont School policy and government guidelines;
- ensure that the first aid arrangements are based on a risk assessment of Stormont School's likely requirements.

## 2. Responsibilities

2.1 The **Board of Governors** is responsible for:

- ensuring that Stormont School has an appropriate policy;
- ensuring that Stormont School provides sufficient funding for first aid provision;
- providing a suitable first-aid room for the short term care of sick and injured pupils, which includes a washing facility and is near to a toilet facility;
- ensuring that Stormont School has access to appropriate guidance on first aid issues;
- ensuring that staff are appropriately consulted and trained;
- receiving and considering reports, on a termly basis, from the Headmistress and Bursar; and
- reviewing the policy at least every three years.

2.2 The **Headmistress** and through her the **Bursar** are responsible for:

- the internal management of first aid.
- determining the first aid needs of Stormont School, taking into account, among other things, the number of employees and pupils, size, location and work activity;
- developing and reviewing detailed procedures;
- monitoring the training and expertise of first aid staff;
- liaising with the person responsible for first aid;
- informing employees of the arrangements that have been made in connection with the provision of first-aid (including the location of equipment, facilities and personnel) and ensuring that there is at least one appropriately qualified person on site when children are present;
- ensuring that staff, pupils and parents are aware of Stormont School's health and safety and first aid policy and procedures.

- 2.3 The **Headmistress** will appoint a **competent person** to be responsible for first aid provision, who will:
- ensure that the first aid provision is adequate and appropriate;
  - carry out appropriate risk assessments (in liaison with the Bursar);
  - ensure that the number of first aiders/appointed persons meets the assessed need (in liaison with the Bursar);
  - ensure that appropriate training is provided and monitor the competence of first aiders (in liaison with the Bursar);
  - ensure that the equipment and facilities are fit for purpose;
  - ensure that all staff know the procedures for calling for first aid, and their duties towards any person requiring first aid; and
  - regularly keep the Headmistress and Bursar informed of the implementation of the policy.

## 2.4 **Staff**

Teachers' conditions of employment do not usually include giving first aid. Staff may, however, volunteer to undertake first aid tasks. Certain support staff will be required to administer first aid as part of their contract. They must be appropriately trained.

All staff in charge of pupils (including volunteer staff) must use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils in the same way that parents would be expected to act towards children.

Trained staff may take action beyond the initial management stage. Other staff must provide aid only to the level of qualification or competence they possess.

If First Aid is required for more than a minor injury, staff must not move the patient. A First Aider must be summoned.

Staff who deal with a first aid incident must ensure that the incident is recorded. This includes incidents on out-of-school activities.

## 3. **Duties of a First Aider**

### 3.1 **Qualifications**

No person should administer first aid unless he or she has received proper training.

All employees providing first aid in Stormont School must have an appropriate first-aid qualification and remain competent to perform their role. Typically, first-aiders will hold a valid certificate of competence in either First Aid at Work (FAW) or Emergency First Aid at Work (EFAW). EFAW training enables a first-aider to give emergency first aid to someone who is injured or becomes ill while at work. FAW training includes EFAW and also equips the first-aider to apply first aid to a range of specific injuries and illnesses.

In addition, the Statutory Framework for the Early Years Foundation Stage (EYFS) mandates specific first aid requirements and is mandatory for all schools and early years providers attended by young children (i.e. children up to the end of the academic year in which the child has their 5th birthday).

To meet the requirements of the Statutory Framework for the Early Years Foundation Stage there will always be a member of staff trained in paediatric first aid on the premises or on outings when EYFS children are present.

All first aiders are required to update their qualification every three years.

3.2 A First Aider must:

- complete a training course every three years;
- give immediate help to casualties; and
- ensure that when necessary an ambulance or other professional medical help is called.

3.3 First aiders will be expected to follow any appropriate government guidance.

#### 4. Number of First Aiders:

Details of the number of first aiders is given in Appendix A.

#### 5. Number and Location of First Aid Containers

The minimum first aid provision is:

- a suitably stocked first aid container; (see Appendix B)
- information for employees on first aid arrangements;
- arrangements for off-site activities; and
- out-of-school hours provision e.g. lettings.

The Health and Safety Committee will determine the number of containers required and their appropriate locations, and will ensure that this information is communicated to all staff.

#### 6. Risk Assessments

6.1 The person responsible for First Aid, in liaison with the Bursar, must make suitable and sufficient risk assessments in the school to determine any extra provision required over and above the minimum provision.

6.2 The risk assessments must also cover the risks to employees and also any non-employees who may come into the school.

#### 7. Insurance

Stormont School has in place adequate insurance arrangements that provide appropriate cover for claims arising from actions of staff acting within the scope of their employment.

Stormont School also has adequate liability insurance in place to cover accidents to pupils, visitors and staff.

#### 8. Training

8.1 Stormont School will provide adequate and appropriate training for first aid staff and appropriate information for all staff to enable them to carry out their duty of care.

8.2 Stormont School will ensure that there are sufficient trained members of staff to meet statutory requirements and the assessed needs, allowing for staff who are absent or off-site.

#### 9. Guidance

National guidance is provided in the government's document 'First Aid in Schools', and in the Health and Safety Executive's 2013 guidance on The Health and Safety (First Aid) Regulations 1981.

### 10. Equal Opportunities

- 10.1 Stormont School will take particular care with the first aid provision for its disabled staff and pupils.
  
- 10.2 As appropriate, risk assessments will be done by the Bursar and the person responsible for first aid, in liaison with the Headmistress, and suitable provision will be made.

### 11. Records

Appropriate records must be kept and reports must be made. The record must include:

- (a) date, time and place of the incident;
- (b) name (and job, if relevant) of the injured or ill person;
- (c) details of the injury/illness and what first aid was given;
- (d) what happened to the person immediately afterwards (for example, went back to work, went home, went to hospital);
- (e) name and signature of the first-aider or person dealing with the incident.

The reporting of accidents and incidents will be done under Stormont School's reporting arrangements including those that need to be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

### 12. Monitoring and Review

- 12.1 Monitoring of the first aid arrangements will be done via the health and safety management system.
  
- 12.2. The Health and Safety Committee will review the first aid needs and arrangements annually, and will ensure that the appropriate level of first aiders/appointed persons are in post, and that the appropriate standards are met.
  
- 12.3 As part of the Health and Safety Report, the Board of Governors will receive a termly report on First Aid from the Bursar, and will review the policy at least every three years.

**13. The Date of the next review is:**

**Autumn Term 2018**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

## Appendix A ~ Number of First Aid Personnel

While there are no statutory requirements on exact numbers of first aiders, the Health and Safety Executive (HSE) recommends:

- ~ in low risk workplaces - 1 first aider to every 50 to 100 employees.
- ~ in medium risk workplaces - 1 first aider for every 50 employees.

Stormont School has made a judgement on the actual number of first aiders required based on local circumstances, having considered likely risks to staff, pupils and visitors. Stormont School will also take into account the need for adequate cover at break and lunch times, during practical lessons and PE and Games activities, and on off-site activities.

The number of first aiders will be no lower than the HSE recommended ratios, but based on pupils and employees rather than employees only e.g. 1 to every 50/100 pupils and employees.

Wherever practicable Stormont School will train the lunchtime assistant supervisor in first aid.

The following members of staff are qualified to administer first aid and have a valid certificate in **First Aid at Work**:-

Mrs S Davies	Mrs M Kirk
Miss G Polycarpou	Mrs D Shiret
Ms J Reeve	Mr M Johnson
Mr D Paczkowski	Mrs J Quail
Mrs V Haywood	

The following members of staff are qualified as **paediatric first aiders** to meet the requirements of the Statutory Framework for the Early Years Foundation Stage:-

Mrs M Booth	Miss G Polycarpou
Mrs M Kirk	Mr M Johnson

The following members of staff have an **Emergency First Aid at Work** qualification:-

Mrs S Portsmouth

The Headmistress has appointed  
**Miss Georgina Polycarpou** as the  
**responsible person for First Aid provision.**

**First Aid Training***First Aid at Work ~ St John Ambulance*

	<b>Last Training Review Date</b>	<b>Next Training Review Date</b>
Marilyn Kirk	10 March 2015	9 March 2018
Stephanie Davies	29 July 2015	28 July 2018
Georgina Polycarpou	26 August 2015	25 August 2018
Deborah Shiret	27 <sup>th</sup> April 2016	26 <sup>th</sup> April 2019
Joanna Reeve	08 June 2016	07 June 2019
Mark Johnson	26 <sup>th</sup> July 2017	25 <sup>th</sup> July 2020
Damian Paczkowski	4 <sup>th</sup> August 2017	3 <sup>rd</sup> August 2020
Jacqueline Quail	9 <sup>th</sup> August 2017	8 <sup>th</sup> August 2020
Valerie Haywood	25 <sup>th</sup> October 2017	24 <sup>th</sup> October 2020

*Paediatric First Aid ~ St John Ambulance*

	<b>Last Training Review Date</b>	<b>Next Training Review Date</b>
Mel Booth	26 November 2014	25 November 2017
Marilyn Kirk	6 May 2015	5 May 2018
Georgina Polycarpou	28 August 2015	27 August 2018
Mark Johnson	28 <sup>th</sup> September 2017	27 <sup>th</sup> September 2020
Damian Paczkowski	15 <sup>th</sup> November 2018	14 <sup>th</sup> November 2020

*Emergency First Aid at Work ~ St John Ambulance*

	<b>Last Training Review Date</b>	<b>Next Training Review Date</b>
Sarah Portsmouth	15 April 2015	14 April 2018

*STA Level 2 Award for Pool Responder (QCF)*

	<b>Last Training Review Date</b>	<b>Next Training Review Date</b>
Natalie Mursell	14 October 2016	13 October 2018
Dominique Gant	14 October 2016	13 October 2018

# FIRST AID

**Children:** All accidents, other than those of a very minor nature, must be entered in the **GREY ACCIDENT FOLDER**, which is kept in the School Office. Administration of ANY first aid must be recorded in the same folder which is kept in the Lower School Activity Area.

**Adults:** All accidents must be entered in the Accident Record Log, which is kept in the School Office.

**FIRST AID KITS** are to be found in the following locations:

**Activity Area in Lower School**

**Kitchen** (in changing area)

**Art/CDT Block** (on wall by sinks in toilet area)

**Science Room** (on wall by window)

**French Room** (in ground floor lobby)

**Laundry Room/Lavatory**

**School Office** (on filing cabinet)

**Millennium Building** (IT Office & Studio)

**Medical Room** (in cupboard)

**Sports Hall** (on wall near telephone)



The travelling First Aid Kit and bucket are located in the Lower School Activity Area. The travelling First Aid Kit for away matches is kept in the Sports Hall Shower Room.

**Mrs Stephanie Davies, Mrs Marilyn Kirk,  
Miss Georgina Polycarpou, Mrs Deborah Shiret,  
Mrs Jacqueline Quail, Ms Joanna Reeve, Mrs Valerie  
Haywood, Mr Mark Johnson and Mr Damian Paczkowski** have undergone a training course in administering first aid and hold a current **FIRST AID AT WORK CERTIFICATE.**

**Mrs Melanie Booth, Mrs Marilyn Kirk,  
Miss Georgina Polycarpou, Mr Mark Johnson and  
Mr Damian Paczkowski** have undergone training in **PAEDIATRIC FIRST AID.**

## First Aid Policy

### Appendix B ~ First Aid Boxes

All schools should have a minimum of one container of first aid supplies, clearly marked, readily accessible and its location known by all staff and pupils. Stormont School's First Aid station is in the Lower School Activity Area immediately adjacent to the Reception (EYFS) Classroom and a stock of all relevant first aid supplies is kept in a secure cupboard under the sinks.

Whilst there is no mandatory list of items to be included in a First Aid container, there must be a 'sufficient quantity' of first aid material and nothing else. The Health and Safety Executive recommends that, where there is no special risk identified, there should be a **minimum** provision of first aid items. St John Ambulance also suggests that first aid provision should be determined by the environment it is to be used in; the number and ages of the people at that place; the activities being carried out.

In accordance with HSE and St John Ambulance guidelines, Stormont School's First Aid items include:-

- a leaflet giving general guidance on first aid;
- 60 individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the work environment (e.g. detectable plasters for use in kitchens and food technology areas)
- 2 sterile eye pads, with attachments
- 4 individually wrapped triangular bandages, preferably sterile;  
**NB** *These are no longer used for the immobilisation of limb injuries*
- 6 safety pins
- 1 roll of hypoallergenic adhesive tape to use instead of safety pins
- 6 medium-sized, individually wrapped, sterile, un-medicated wound dressings (approximately 12cm by 12cm)
- 2 large, individually wrapped, sterile, un-medicated wound dressings (approximately 18cm by 18cm)
- 30 individually wrapped moist cleaning wipes
- at least 3 pairs of disposable gloves which should be vinyl, nitrile or powder free, low protein latex and CE marked
- 1 resuscitation face shield

At Stormont School the following items are also kept:

- Alcohol-free wipes
- Sterile Gauze Swabs
- Non Adherent Dressings
- Micropore Tape ~ for anyone allergic to adhesive dressing
- Sterile finger dressings
- Foil blanket
- Burn dressing
- Blunt ended stainless steel scissors

There are additional First Aid boxes around the school, containing a selection of frequently used items:

- individually wrapped sterile dressings in assorted sizes;
- 3 sterile gauze swabs;
- 1 triangular bandage;

- sterile saline solution.

Additional First Aid boxes are provided at the following points:-

Kitchen	- In staff changing area
Art/DT Rooms	- On wall by sinks in toilet area
Science Room	- On same wall as windows
Staff Cloak Room/Laundry Room	- On work surface
School Office	- On top of filing cabinet
Millennium Building (2)	- In IT Office and in Studio
Medical Room	- In cupboard
Sports Hall	- On wall near telephone
Sports Hall (Kept in Shower Room)	- Travelling kit for away matches

In addition in each form room there is a bag containing a small number of plasters.

### Travelling First Aid Kits

Travelling first aid kits should be appropriate for the circumstances in which they are to be used. A travelling first aid kit must be taken on all school outings and away sporting fixtures together with a mobile telephone. Travelling first aid kits should contain at least the following items:

- 1 leaflet giving general guidance on first aid
- 6 individually wrapped sterile adhesive dressings (with some hypo allergenic plasters)
- 2 sterile eye pads, with attachment
- 1 medium sterile un-medicated wound dressing (12 x 12 cm)
- 1 large sterile un-medicated wound dressing (18 x 18 cm)
- 2 individually wrapped triangular bandages
- **NB** *These are no longer used for the immobilisation of limb injuries*
- 2 safety pins
- 1 roll of hypoallergenic adhesive tape to use instead of safety pins
- Individually wrapped moist cleaning wipes
- 2 pairs of disposable gloves which should be vinyl, nitrite or powder free, low protein latex and CE marked
- eye wash i.e. sterile water or sterile normal saline (300 ml) for when mains tap water is not readily available for eye irrigations.
- blunt ended stainless steel scissors
- clinical waste bag
- tissues (pack of 10)
- Hand Gel

**Georgina Polycarpou** is responsible for maintaining the contents of the first aid boxes on a regular basis and for placing orders to replenish stock. All staff are responsible for notifying Georgina Polycarpou if the supplies in any of the first aid boxes are running low. Items of first aid should not be used after the expiry date shown on the packaging. Out of date items should be disposed of safely.

### Other equipment

Soap and water and disposable drying materials should be provided for first aid purposes. Where soap and water are not available, individually wrapped moist cleansing wipes which are not impregnated with alcohol may be used.

Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 300ml and should not be reused once the sterile seal is broken. At least 900ml should be provided. Eye baths, eye cups and refillable containers should **not** be used for eye irrigation.

Ice packs are kept in the small freezer in the Staff Room

All first aid boxes and supplies of stocks will be checked regularly by **Georgina Polycarpou**.

## First Aid Policy

### Appendix C ~ Procedures at Stormont School for administering First Aid

#### Personal protection

For their own protection and the protection of the patient, staff who administer first aid should take the following precautions:-

- (i) Exposed cuts and abrasions should be covered with an appropriate dressing. Hands should be washed before and after administering first aid. Disposable gloves (e.g. vinyl, nitrile or powder free, low protein latex and CE marked) should be worn.
- (ii) The patient's blood or other body fluids should be washed off with soap and water if the first aider comes into contact with them. Clean cold tap water should be used to wash mouths or broken skin, sterile water or sterile normal saline should be used for eyes.
- (iii) Disposable plastic gloves (e.g. vinyl, nitrile or powder free, low protein latex and CE marked) must be worn when first aiders are mopping up blood or body fluids. Paper towels should be used for mopping up. Soiled towels and contaminated waste (soiled or used first aid dressings) should be disposed of via the usual refuse collection arrangements. Waste to be double bagged in plastic and sealed by knotting. Clothing may be cleaned in a washing machine using the hot cycle.
- (iv) Surfaces should be wiped down with a solution of a suitable disinfectant.

All pupils, including those in Reception (EYFS) must not return to school for 48 hours after the symptoms of vomiting or diarrhoea have ceased.

#### Administering First Aid and Record Keeping

Administration of ANY first aid must be recorded in the pink and white folder which is kept in the Lower School Activity Area.

If anyone should become ill or suffer injury as a result of an accident, one of the qualified personnel should be summoned immediately to tend to the patient. This can be done by telephone or by using the "Red Card" system.

(A red card is kept in every room which, in the event of an **emergency**, should be given to two children with instructions for them to find the nearest teacher or go to the school office. All members of staff at Stormont School know that this card is alerting them to a situation which requires their **IMMEDIATE** response).

First aid should be rendered, but only as far as knowledge and skill allow. The patient should be given all possible reassurances, and if absolutely necessary, removed from danger. If the first aider has any concerns the parents will be contacted immediately by the first aider, the form teacher or the school office. Minor scrapes to girls in Lower School will normally be communicated to parents at the end of the school day.

A more **major accident** when a child is more seriously injured/sent home should be recorded in the **ORANGE BOOK** in the school office. The following procedures should be followed:-

- The member of staff teaching/on duty/witnessing the accident should write down what happened before the child was handed over to the first aiders. The record of the injury should be restricted to the facts relating to the incident; it should not contain comment or opinion. The date and time of the accident should be recorded together with the name of the person entering the information. Every accident recorded in this book should be entered on a new page so that information on previous incidents/injuries is kept private.
- The first aider treating the child should record in the ORANGE BOOK what treatment was given and if the child was collected and what advice was given to parents. Date and time, and the first aiders name, should also be noted.
- The ORANGE BOOK must be given to the Headmistress to sign and to allow her to decide whether the Bursar needs to be made aware of anything to be externally reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- Anyone receiving a telephone call or talking to the parent should ensure that they record the information they have been given about the outcome of the accident in the ORANGE BOOK, so that the school has a full record. Date and time, and the name of the person making the entry should be recorded.

### **Head Injuries**

Bumps to the head, eyes or ears which are not severe enough to warrant a parent being notified at the time, should be communicated to parents/carers by a note at the end of the day. All children who have sustained an injury to the head, eyes or ears wear a sticker on their uniform so that members of staff are aware that the child has been seen by a first aider and take appropriate action in case of change.

Any evidence of the following symptoms may indicate serious injury and an ambulance must be called:-

- unconsciousness, or lack of full consciousness (i.e. difficulty keeping eyes open)
- confusion
- strange or unusual behaviour – such as sudden aggression
- any problems with memory
- persistent headache
- disorientation, double vision, slurred speech or other malfunction of the senses
- nausea and vomiting
- unequal pupil size
- pale yellow fluid or watery blood coming from ears or nose
- bleeding from scalp that cannot quickly be stopped
- loss of balance
- loss of feeling in any part of the body
- general weakness
- seizure or fit

For CHILDREN ~ all accidents, other than those of a very minor nature, must be entered in the ORANGE ACCIDENT BOOK, which is kept in the School Office. Parents will be informed immediately.

For ADULTS ~ All accidents must be entered in the Accident Record Book, which is kept in the School Office. For Data Protection purposes completed Accident Report Forms are removed from the Accident Record Book and stored securely in the Bursar's Office. Any medical conditions and next of kin details are updated annually for all members of staff and kept secure in the Bursar's office. All first aiders are made aware of those members of staff who have a specific medical condition e.g. diabetes.

Staff who administer first aid according to their training in the course of their employment are covered by the school's employer's liability insurance.

### **Emergency Procedures**

If an ambulance is required the emergency "999" service should be used. A member of staff must accompany a child if an ambulance has been called and the parent has not yet arrived. The member of staff must stay until the parent or guardian arrives. Health professionals are responsible for decisions on medical treatment where a child's parent or guardian is unavailable.

If an adult needs transportation to hospital the nature of the illness or injury should dictate whether another adult other than the driver should be present, or whether an ambulance should be called.

### **Provision of Information**

Green and white notices are displayed in every room in the school stating where the nearest first aid box is located. First Aid boxes are either green with a white cross, or white with a green cross.

FIRST AID notices, white with green lettering, are displayed in conspicuous positions around the school premises giving the location of first aid equipment, facilities and the names of qualified first aiders.

First aid arrangements are detailed in the school's Health and Safety Policy and all staff are asked to sign a written declaration, on an annual basis, that they have read and understood the sections that are relevant to them.

First Aid arrangements form part of the induction training for all new, temporary or voluntary staff.

## **First Aid Policy**

### **Appendix D ~ Specific Needs**

#### **Infectious Diseases**

Children or adults who become unwell with an infectious disease should not be at school. A Department of Health fact sheet “Guidance on infection control in schools and other childcare settings” is fixed to the inside of one of the long cupboard doors in the school office. In the case of meningococcal meningitis/septicaemia and meningitis not due to meningococcal infection advice should be sought from the Community Medical Officer who will give specific advice on action needed. The recommendations taken from the “Guidance on infection control in schools and other childcare settings” issued by the Public Health Agency are issued to Parents in the New Parents’ Handbook (copies of which are available on the Stormont School website). More information can be found on the website: [www.hpa.org.uk](http://www.hpa.org.uk) or [www.publichealth.hscni.net](http://www.publichealth.hscni.net)

#### **Specific Medical Conditions**

A record of Specific Medical Conditions, including allergies, of all the children is compiled at the beginning of every school year. Copies are kept in the school office and also distributed to all teachers, first aiders, bursar and cook. Relevant training is arranged annually, as appropriate, to meet the current needs of children on the school roll.

All staff are required to complete a form at the beginning of every academic year stating whether or not they have a condition or illness that may require specific action in an emergency. All these forms are kept secure in the bursar’s office. First Aiders are made aware of members of staff who have a diabetic condition.

#### **Intimate Care of a Child**

In all situations requiring intimate care, two things should be borne in mind: ~ the dignity of the child and the necessity for an adult to protect themselves from accusations of impropriety.

At school, there may be occasions when children wet themselves, soil themselves or need assistance in the toilet. All children have a right to safety, privacy and dignity when contact of a physical or intimate nature is required and depending on their abilities, age and maturity should be encouraged to act as independently as possible.

If a child wets herself, she will be given a carrier bag and a set of dry clothes and encouraged, as far as possible, to change independently. There should be two members of staff in the vicinity to assist if necessary and the toilet area will be kept as private as possible.

It is the school’s policy that, if a child soils herself, an attempt will be made to contact a parent in the first instance. If it is not possible or practicable for a parent to come to school, then the child should be changed. Again, as far as possible, the child should be encouraged to be as independent as she can manage and will be directed to use “wipes” etc. Staff will step in to help as required, preserving the child’s dignity as far as possible. There should be two members of staff in the vicinity to assist if necessary and the toilet area will be kept as private as possible.

## First Aid Policy

### Appendix E ~ Accident Reporting and Investigation

Reporting certain incidents at work is a **legal requirement**.

It is the duty of staff under the Health and Safety at Work Act to report all accidents and dangerous occurrences, *however minor*, which occur on school premises or which arise on a school related activity. This responsibility extends to incidents involving pupils, students, contractors, visitors and other members of the public as well as to employees.

All members of staff need to be aware of their duty and of the procedures for reporting accidents to the Headmistress and to the Health and Safety Executive.

As soon as practicable after an incident, the details should be reported, either orally, or in writing to the Headmistress as follows:

Minor injuries (i.e. those requiring nominal first aid treatment or none at all) may simply be recorded in the Green Book which is kept in the Lower School.

Injuries of a more serious nature should be recorded in the **School's Accident Book**, which every school must have. **Stormont School's Accident Book for Pupils** is **orange**, clearly labelled and kept in the school office. The record of the injury should be restricted to the facts relating to the incident; it should not contain comment or opinion. Details of every accident entered in this book should be recorded on a new page so that information on previous incidents/injuries is kept private. Every record should be dated and noted by the Headmistress. The Headmistress would notify the local Child Protection Agencies of any serious accident or serious injury to, or death of, any child whilst in the care of the school and act on advice given.

**Stormont School's Accident Book for Employees** is also kept in the school office. Sensitive data is removed from this book and stored securely in the Bursar's office.

The circumstances of an incident will be investigated at the earliest opportunity. Where remedial or protective action is required, then this shall be carried out without delay. School accident reports will be monitored for trends and a report made to the Board of Governors, as necessary.

The **Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013** require employers to report and keep records of:

- work-related accidents that cause death;
- work-related accidents which cause certain serious injuries (reportable injuries);
- diagnosed cases of certain industrial diseases; and
- certain 'dangerous occurrences' (incidents with the potential to cause harm).

For the purposes of RIDDOR, a work-related accident is a separate, identifiable, unintended incident that causes physical injury.

Not all accidents need to be reported, a RIDDOR report is required only when:

- the accident is **work-related**; and

- it results in an injury of a type which is **reportable** (see list below)

When deciding if the accident that led to the death or injury is work-related, the key issues to consider are whether the accident was related to:

- the way the work was organised, carried out or supervised;
- any machinery, plant, substances or equipment used for work; and
- the condition of the site or premises where the accident happened.

If none of these factors are relevant to the incident, it is likely that a report will not be required.

## **Types of reportable injury**

### **Deaths**

All deaths to workers and non-workers must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

### **Specified injuries to workers, which include:-**

1. a fracture other than to fingers, thumbs or toes,
2. amputation of an arm, hand, finger, thumb, leg, foot or toe;
3. permanent loss of sight or reduction of sight;
4. crush injuries leading to internal organ damage;
5. serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
6. scalplings (separation of skin from the head) which require hospital treatment;
7. unconsciousness caused by head injury or asphyxia;
8. any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

### **Over-seven-day injuries to workers**

This is where an employee, or self-employed person, is away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident).

### **Injuries to non-workers**

Work-related accidents involving members of the public or people who are not at work must be reported if a person is injured, and is taken from the scene of the accident to hospital for treatment to that injury. There is no requirement to establish what hospital treatment was actually provided, and no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

## **Recording requirements**

Records must be kept of:-

- any accident, occupational disease or dangerous occurrence which requires reporting under RIDDOR; and
- any other occupational accident causing injuries that result in a worker being away from work or incapacitated for more than three consecutive days (not counting the day of the

accident but including weekends or other rest days). Over three-day injuries do not have to be reported, unless the incapacitation period goes on to exceed seven days.

Stormont School is required to keep a separate accident book for pupils and for employees and the records made in these books should be enough to satisfy the recording requirements under RIDDOR

### **How to report**

All incidents can be reported online at <http://www.hse.gov.uk/riddor> by completing the appropriate online report form. The form will then be submitted directly to the RIDDOR database and the school will receive a copy of the form for its own records. A telephone service remains for reporting **fatal and specified injuries ONLY** ~ call the Incident Contact Centre on 0845 300 9923. Either the Headmistress, the Deputy Headmistress, or the Bursar must ensure that the reporting requirements are strictly adhered to.

### **ACCIDENT BOOKS**

Stormont School maintains an Orange Accident Book, for all injuries to pupils. This book is kept in the school office. Administration of **any** first aid is recorded in the Green Book, which is kept in the Lower School Activity Area.

Stormont School's Accident Book for Employees is also kept in the school office.

Accident record books should be retained for at least three years.

## First Aid Policy

### Appendix F ~ Supporting pupils at school with medical conditions

Section 100 of the Children and Families Act 2014 came into force on 1 September 2014. It places a duty on governing bodies of maintained schools, to make arrangements for supporting pupils at their school with medical conditions. In meeting the duty, the governing body **must** have regard to guidance issued by the Secretary of State under this section.

Whilst the statutory sections of this guidance apply to governing bodies of maintained schools the non-statutory advice is provided to assist and guide:

- schools, academies
- local authorities
- NHS England
- anyone who has an interest in promoting the well-being and academic attainment of children with medical conditions, including alternative provision, e.g. **independent schools**
- parents/carers and pupils
- health service providers.

### Introduction

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

The Board of Governors **must** ensure that arrangements are in place to support pupils at school with medical conditions.

The Board of Governors should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

~~~~~  
Stormont School will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

Stormont School will ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. Stormont School will ensure that staff are properly trained to provide the support that pupils need.

### Policy implementation

- the headmistress has overall responsibility for policy implementation;
- the headmistress will ensure that sufficient staff are suitably trained;
- all relevant staff will be made aware of the child's condition;

- the deputy head will ensure cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- relevant staff will ensure risk assessments are in place for school visits, holidays, and other school activities outside of the normal timetable,
- the headmistress will appoint an appropriate person to monitor individual healthcare plans.

### **Procedure to be followed upon notification that a pupil has a medical condition**

For children starting at Stormont School arrangements should be in place in time for the beginning of the relevant school term. In other cases, such as a new diagnosis, every effort should be made to ensure that arrangements are in place within two weeks.

### **Individual healthcare plans**

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They can provide clarity about what needs to be done, when and by whom. However, the school, the healthcare professional and the parent should agree, based on evidence, when an individual healthcare plan would be inappropriate or disproportionate.

If an individual healthcare plan is essential, it should be easily accessible to all who need to refer to it, while preserving confidentiality. The plan should not be a burden on the school, but should capture the key information and actions that are required to support the child effectively.

Individual Healthcare Plans should be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

When deciding what information should be recorded on individual healthcare plans, the following should be considered;

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;

- arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours; (See also Appendix G ~ Administration of Medicines)
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements.

### **Roles and responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, local authorities and parents and pupils will be critical.

### **The Board of Governors:-**

- must make arrangements to support pupils with medical conditions at Stormont School to enable each individual pupil the fullest participation in all aspects of school life;
- should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

### **The Headmistress:-**

- should ensure that all staff are aware of the policy for supporting pupils with medical conditions and that they understand their role in its implementation;
- should ensure that all staff who need to know are aware of the child's condition;
- should ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual health care plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The headmistress has overall responsibility for the development of individual healthcare plans;
- should make sure school staff are aware that they are appropriately insured to support pupils in this way.

### **School staff:-**

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **Pupils:-**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Other healthcare professionals, including GPs and paediatricians, and local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

### **Staff training and support:-**

Any member of school staff providing support to a pupil with medical needs should have received suitable training. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

### **The child's role in managing their own medical needs**

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

### **Managing medicines on school premises**

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- no child at Stormont School should be given prescription or non-prescription medicines without their parent's written consent;
- Stormont School has set out the circumstances (See Appendix G ~ Administration of Medicine) in which non-prescription medicines may be administered;
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed;
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- Stormont School will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in

date, but will generally be available to schools inside an insulin pen or pump, rather than in its original container;

- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant they should know who holds the key to the storage facility.
- Stormont School will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record must be kept of any doses used and the amount of the controlled drug held in school.
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Stormont School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted.
- when no longer needed, medicines should be returned to the parent to arrange for safe disposal.

### **Record keeping**

Stormont School will ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should always be informed if their child has been unwell at school.

### **Emergency procedures**

Stormont School has procedures in place for dealing with emergencies. Where a child has an individual healthcare plan, it should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

### **Day trips, residential visits and sporting activities**

Stormont School will consider what reasonable adjustments can be made to enable children with medical needs to participate fully and safely on visits or in sporting activities and not prevent them from doing so unless evidence from a clinician such as a GP states that this is not possible.

### **Unacceptable practice**

It is not generally acceptable practice to:-

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;

- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

### **Liability and indemnity**

Stormont School will ensure that the school's insurance arrangements cover staff providing support to pupils with medical conditions. The insurance policies provide cover relating to the administration of medication but individual cover may need to be arranged for any health care procedures.

### **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Headmistress. If for whatever reason this does not resolve the issue they may make a formal complaint via Stormont School's Complaints Procedure.

## First Aid Policy

### Appendix G ~ Administration of Medicine

Member of staff cannot be responsible for bottles of medicine or tablets in school or be asked to give children drugs, unless it is medication for asthma or other chronic complaints requiring regular doses. If this is the case, the matter should be discussed with the Headmistress. In more severe cases the policy for “Supporting pupils at school with medical conditions” may need to be consulted.

There must be CLEAR WRITTEN INSTRUCTIONS from parents on an INDIVIDUAL HEALTH CARE PLAN for all children requiring medication of any sort during the school day, i.e. epipen, cetirizine, Piriton, asthma inhaler or any other medication. All INDIVIDUAL HEALTH CARE PLANS must be reviewed every Autumn ~ the school office will update the photograph of the child and parents will be asked to confirm, by a dated signature, that the clear written instructions on the plan are still current. If the instructions need to be changed, at any time, a new Individual Health Care Plan must be provided.

A child with an Epipen may also have Cetirizine in school. This is a liquid medication. There must be CLEAR WRITTEN INSTRUCTIONS from parents on an INDIVIDUAL HEALTHCARE PLAN, so that first aiders can identify the less severe symptoms which would determine when Cetirizine should be administered rather than an epipen. A copy of the **Individual Health Care Plan** is to be kept with each of the child’s epipens. A further copy is kept in the Individual Medication Records File in the School Office.

Cetirizine should usually only be given once per day so if the child has already been given a dose in the morning before coming to school the parent should have informed the school. However, this may not be the case, so the first aider should try to contact the parents before administering Cetirizine.

The first epipen and a copy of the Individual Healthcare Plan will be carried by the child at all times, in a designated, named bag. The second epipen, and cetirizine if applicable, for each child will be kept in a named clear plastic container in the locked “MEDICATION CABINET” in the Lower School Activity Area. There will be a recent photograph of the child i.e. not more than one year old, in the container as well as another copy of the Individual Healthcare Plan. First aiders should record details (date/time/dosage) on the named Medication Record Card which is also kept in each child’s clear plastic container. Parents should be informed by the first aider by telephone and the time of this call should also be entered on the Medication Record Card. A brightly coloured slip will also be sent home to parents at the end of the day advising them of the time, date and dosage.

Keys to the locked “MEDICATION CABINET” in Lower School can be found on the lowest shelf of the adjacent first aid cupboard.

Piriton is often used to alleviate the symptoms of an allergic reaction such as hay fever. It can be purchased without a prescription but parents must still provide CLEAR WRITTEN INSTRUCTIONS on an INDIVIDUAL HEALTHCARE PLAN before the school will consider administering this medication. Each child’s Piriton should be clearly named. The Piriton will be kept in a named clear plastic container in the locked “MEDICATION CABINET” in the Lower School Activity area. There will be a recent photograph of the child i.e. not more than one year old, in the container. First aiders should record details (date/time/dosage) on the named Medication Record Card which is also kept in each child’s clear plastic container. Parents should be informed by the first aider by telephone and the time of this call should also be entered on the Medication

Record Card. A brightly coloured slip will also be sent home to parents at the end of the day advising them of the time, date and dosage.

If a girl is fit to return to school after an illness but is finishing off a course of medicine, the Headmistress is happy for parents to come into school to administer the drug if it cannot be fitted in around the school day.

If a child suffers regularly from acute pain such as migraine, the school may be prepared to administer appropriate pain killers. In this case a letter should be provided by the child's Doctor explaining the need for such medication. The parents should supply the school with appropriate medication, clearly marked with the child's name, together with CLEAR WRITTEN INSTRUCTIONS for its use and a letter of authority giving permission for members of Stormont Staff to administer the drug. This medication will be kept in a named clear plastic container, together with a "Medication Record Card", in the Headmistress' Study, the locked "MEDICATION CABINET" in the Lower School, or a refrigerator if required, and the pupil should be supervised taking the medication. The member of staff who has supervised the taking of the medicine should record the details on the Medication Record Card and notify the parents, in writing, on the day, of the timing and quantity of each dose that has been administered. The decision about whether or not to keep medication at school for a particular child rests with the Headmistress.

On residential trips, Calpol may be administered at the discretion of staff, with the prior permission of parents which is sought in writing in advance when they complete the Consent Form.

Parents should understand that staff will supervise the administration of medicines on a voluntary basis and it is not a requirement of their job.

Members of staff who require medication during the school day should ensure that medicines and/or drugs are stored securely out of the reach of children.

## First Aid Policy

### Appendix H ~ Guidance on Asthma

#### What is Asthma?

- ◆ People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.
- ◆ Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupil's skin and lips may become blue.
- ◆ About one in seven children have asthma diagnosed at some time and about one in twenty children have asthma which requires regular medical supervision.

#### Medication and Control

- ◆ There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur (Although these may also prevent symptoms if they are used in anticipation of a trigger, e.g. exercise).
- ◆ Most pupils with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow children with asthma to take charge of and use their inhaler from an early stage and this is what happens at Stormont.
- ◆ A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their asthma medications.
- ◆ Each pupil's needs and the amount of assistance they require will differ.
- ◆ **Children with asthma must have immediate access to their reliever inhalers when they need them.** Inhalers should also be available during physical education and sports activities or school trips. Pupils who are able to use their inhalers themselves may be encouraged to carry them with them when taking part in PE and sports activities, or when going on a trip. If the child is too young or immature to have personal responsibility for their inhaler, staff should make sure that it is kept in a safe but readily accessible place, and clearly marked with the pupil's name.
- ◆ The medication of any individual pupil with asthma will not necessarily be the same as the medication of another pupil with the same condition. Although major side effects are extremely uncommon for the most frequently used asthma medications, they do exist and may sometimes be made more severe if the pupil is taking other medication.
- ◆ Pupils should not take medication which has been prescribed for another pupil. If a pupil took a puff on another pupil's inhaler there are unlikely to be serious adverse effects. However, it

should be made clear to pupils that misuse of inhalers by their owners or other pupils is a serious offence.

- ◆ Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities. They must be allowed to take their reliever inhaler with them on all off-site activities. Physical activity will benefit pupils with asthma in the same ways as other pupils.
- ◆ They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion. Pupils with asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold. They should not be forced to take part if they feel unwell.
- ◆ The pupil's Confidential Personal Record should identify the severity of a pupil's asthma, individual symptoms and any particular triggers, such as exercise or cold air. The medical information circulated to staff, will include these details so that all staff know how best to help the child.
- ◆ If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to comfort and reassure them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down, and be encouraged to lean forward. If the medication has no effect after 5 - 10 minutes, or if the pupil appears very distressed, is unable to talk and is becoming exhausted, call 999 for an ambulance.

Parents should be reminded to check their daughter's inhaler is kept in date. Staff should also check pupils' inhalers. Children with asthma must have an inhaler stored inside an "**Asthma Medication**" bag in the child's form room. Each child with an inhaler must have an **Individual Health Care Plan** in School signed by a parent or a medical practitioner. A copy of the **Individual Health Care Plan** is to be kept with the child's inhaler in the named clear plastic bag in the **Asthma Medication** bag in the child's form room. A further copy is kept in the **Individual Medication Records** File in the School Office.

Georgina Polycarpou will send out a memo to all form teachers at the start of each Autumn term asking them to confirm that the above arrangements are in place.

## First Aid Policy

### Appendix I ~ Procedures at Stormont for pupils with asthma and/or other allergies

| Date                          | Action                                                                                                                                            | Outcome                                                                                                                                                           | Responsibility                       |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| May                           | CPR form sent to new Reception parents prior to pupil starting in September                                                                       | CPR to be completed and returned. May half-term ~ any late forms are 'chased' and brought in at the New Entrants visit in July.                                   | J McRae                              |
| Syllabus evening in September | Form 2 and Form 4 parents given new blank CPR form at syllabus evening                                                                            | For completion at syllabus evening if possible or to be returned ASAP                                                                                             | J McRae                              |
| Syllabus evening in September | Form 1; Form 3; Form 5 and Form 6 parents given their original CPR form to update at syllabus evening ~ copies having been taken first by J McRae | For checking at syllabus evening if possible or to be returned ASAP                                                                                               | J McRae                              |
| September                     | Record of Specific Medical Conditions ~ Asthmatics & Allergies ~ 20--/20--                                                                        | Available on:-<br>CRL→Staff→Confidential and Medical;<br>First Aid file in School Office<br>Issued to all staff                                                   | J McRae                              |
| September                     | Record of Specific Conditions ~ Food ~ 20--/20--;                                                                                                 | Available on<br>CRL→Staff→Confidential and Medical;<br>Issued to D Feavers for display on wall near serving hatch in kitchen;<br>First Aid file in School Office  | J McRae                              |
| September                     | Compile photograph, form, name and allergy/condition of all girls with food related disorders;                                                    | Available on<br>CRL→Staff→Confidential and Medical;<br>Issued to D Feavers for display on wall near serving hatch in kitchen;<br>First Aid file in School Office  | J McRae                              |
| September                     | Compile photograph, Individual Health Care Plan, name and medical condition of all girls with medical conditions;                                 | Available on<br>CRL→Staff→Confidential and Medical;<br>On display on locked Medication Cabinet in Lower School Activity Area;<br>First Aid file in School Office; | J McRae/<br>N Hayes/<br>G Polycarpou |
|                               | Compile photograph, Individual                                                                                                                    | In individual named clear plastic                                                                                                                                 |                                      |

|                                         |                                                                                                                                              |                                |                                      |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|
| September                               | Health Care Plan, name and form                                                                                                              | bag for each child with asthma | J McRae/<br>N Hayes/<br>G Polycarpou |
| Date of entry of new pupils during year | CPR form sent to new parents<br><br>Records/photographs on CRL etc. updated as necessary.<br><br>Advise form teacher and Georgina Polycarpou |                                | J McRae                              |

NB. All medical information is taken from the CPR forms ~ however these are not always completed accurately.

| Date     | Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outcome                                                                                   | Responsibility                   |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------|
| Sept/Oct | <p>Memo sent to form teachers advising them of the girls in the form who should have an inhaler. Form teacher asked to confirm:-</p> <ul style="list-style-type: none"> <li>• each child has an inhaler;</li> <li>• the expiry date of that inhaler;</li> <li>• that the inhaler is stored in the “Asthma Medication” bag, which is hanging on the wall in each form room. Each inhaler should be in a named clear plastic bag together with a recent (i.e. not more than a year old) photograph of the child and an Individual Health Care Plan;</li> </ul> <p>Form teacher also asked to confirm that they are not aware of any other girls in their class who have prescribed medication in school.</p> | All children who may need to use an inhaler have an inhaler in school which is “in date”. | G Polycarpou<br><br>Form teacher |

Following receipt of each completed memo from all the Form Teachers, **Georgina Polycarpou** will:-

- double check that every child who needs an inhaler, has an in-date inhaler in school;
- check that the date on all inhalers has not expired;
- contact the parents if a child does not have an inhaler;
- contact the parents if the date on an inhaler has expired;
- in liaison with school office staff, maintain a register, on the CRL, and in the file in the School Office, of girls who should have an inhaler together with all expiry dates;
- monitor the register to check that inhalers have been replaced once they have expired;
- return any inhalers that are out of date to the parents;
- periodically check with J McRae if any new pupils with allergies or asthma have started during the year;
- anyone suffering with severe or chronic asthma should have an Individual Healthcare Plan, signed by the child's parent or GP. A copy of the Individual Healthcare Plan should be stored with the inhaler in the "Asthma Medication" bag and in the First Aid "Individual Medication Records" file in the school office.

## FIRST AID POLICY

### APPENDIX J ~ Guidance on use of Epipens

#### IT IS ESSENTIAL THAT ALL MEMBERS OF STAFF ARE AWARE OF THOSE CHILDREN WHO HAVE AN EPIPEN AND KNOW WHAT TO DO SHOULD AN EMERGENCY ARISE

The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded adrenaline injection devices containing one measured dose of adrenaline are available on prescription for those believed to be at risk. The devices are available in two strengths – adult and junior. The injection devices are commonly called epipens.

Dr Alison Ritchie, a local GP and governor of the school will come into school at break time on a day in the Autumn Term to talk to all staff about how to administer an Epipen.

In addition, the following instructions can be seen clearly on each Epipen:-

1. With thumb nearest the cap, form fist around unit (black tip down).
2. With other hand, pull off the safety cap.
3. Hold tip near outer thigh.
4. **Jab firmly** into outer thigh from a distance of approximately 10 cm (listen for click).
5. Hold firmly in thigh for 10 seconds.
6. Massage the injection area for 10 seconds.

It has been suggested that it is a good idea, if possible, to mark the area where the injection has been given with a pen and record on that area the time that the epipen was administered.

The emergency services **must be called immediately** once the first epipen has been used. Each child has 2 Epipens in school. However, the second Epipen is kept in the MEDICATION CABINET as a precaution should the ambulance or doctor be delayed. The second Epipen should never be used unless advised to do so, over the telephone, by a qualified medical practitioner.

There should be an Individual Healthcare Plan for each child with every epipen. A copy of the Individual Healthcare Plan is kept with each epipen. The first epipen is carried by the child at all times in a designated, named bag. The second epipen and a photograph of the child are stored in a named clear plastic container in a locked MEDICATION CABINET in Lower School. Keys to this cabinet are located on the bottom shelf of the adjacent first aid cabinet.

## FIRST AID POLICY

### APPENDIX K ~ Procedures at Stormont for pupils with an epipen

#### **IT IS ESSENTIAL THAT ALL MEMBERS OF STAFF ARE AWARE OF THOSE CHILDREN WHO HAVE AN EPIPEN AND KNOW WHAT TO DO SHOULD AN EMERGENCY ARISE**

1. The school is made aware by a parent that their daughter has been prescribed an epipen. This may either be on the CPR form completed in May/June, prior to the child's entry into Reception the following September, or, having already started at Stormont, when the child is first prescribed an epipen. It is likely that the parent will notify either the school office or the form teacher. The form teacher must notify the school office immediately and, if she/he has been given the epipens, she should hand these over to the school office staff.
2. Mrs McRae, Mrs Hayes and Miss Polycarpou should liaise to ensure all necessary paperwork and procedures (see Appendix I) are completed and in place. An Individual Healthcare Plan must be completed, for each child who has been prescribed an epipen, by her parents or her GP.
3. At the beginning of each term, all members of staff will be made aware, at a staff meeting, of the names of those children in Stormont School who must have access to an epipen. First aiders, who do not attend staff meetings will be made aware by the Head of Lower School or the Bursar. All staff will also be advised if a child is newly diagnosed mid-term.
4. Each child will have her epipen with her at all times. The second epipen will be taken on all off site activities i.e. swimming lessons, sports fixtures and school outings. It is the responsibility of the member of staff in charge of the offsite activity to ensure that the named box containing the second epipen is collected from and returned to the locked "MEDICATION CABINET" in the Lower School Activity Area whenever an offsite activity takes place. Any member of staff removing a named box containing epipens from the "MEDICATION CABINET" must complete the chart on the inside of the "MEDICATION CABINET" door stating the time and reason that the named box containing the epipens was removed. The chart should also record the time that the box containing the epipens was returned.

Keys to the locked "MEDICATION CABINET" in Lower School can be found on the lowest shelf of the adjacent first aid cupboard.

Following notification that a child has been prescribed an epipen, **Miss Georgina Polycarpou** will:-

- check that every child who needs an epipen, has two epipens in school, clearly marked with the child's name;
- check that the date on each epipen has not expired;
- check that the first epipen is in a designated, named bag, which is with the child at all times;
- check that the second epipen is contained in a named clear plastic container in the locked "MEDICATION CABINET" in the Lower School Activity Area;
- check that there is a recent photograph of the child in the clear plastic container;

- check that there is a copy of an Individual Healthcare Plan i.e. clear written instructions in the plastic container and in the designated bag, signed by the child's GP;
- contact the parents if there is no Individual Healthcare Plan;
- contact the parents if a child does not have two epipens;
- contact the parents if the date on an epipen is about to expire or has expired;
- follow up with parents if a second or replacement epipen does not arrive quickly;
- in liaison with the School Office, maintain a register, in the "Individual Medication Records" file in the School Office and on the CRL, of girls who should have an epipen together with all epipen expiry dates;
- monitor the register to check that epipens have been replaced once they have expired and contact parents again as necessary;
- return all expired epipens to relevant parents:
- periodically check that all epipens are stored correctly;
- check that second epipens have been returned following an outing/PE fixture/swimming;
- periodically check with J McRae if any new pupil or any existing pupil has been prescribed an epipen;
- inform the Headmistress, **IMMEDIATELY**, if, at any time, the school does not possess two "in date" epipens for each child who has been prescribed an epipen;
- advise the Bursar if she has any concerns.

## First Aid Policy

### Appendix L ~ Procedures at Stormont for dealing with a flu pandemic

#### Preparation for a Flu Pandemic

- ◆ Keep up to date contact details for staff and parents with SMS messaging.
- ◆ Develop, in outline, programmes for distance learning to be implemented at relatively short notice.
- ◆ Ensure facilities available to keep a sick child separate from other pupils (and minimise contact with staff) until they can be collected and taken home. Emphasis on need for rapid isolation and removal from school. Ensure rest and fluids until collected.
- ◆ Ensure and teach good practice for staff and pupils in hand-washing, disposal of tissues, covering of mouth and nose with hand or tissue when coughing or sneezing (with appropriate disposal of tissue or hand washing after), use of medicated wipes to clean telephone handsets between use.
- ◆ Antibacterial hand gel can be found in the following places:-
  - ~ Lower School
  - ~ ICT Room ~ to be used when entering the ICT Suite
  - ~ On the wall in the covered corridor outside the Dining Room ~ girls should use this before they enter the dining room for lunch but they must still ensure that they have washed their hands first.
- ◆ Antibacterial wipes are available for use by members of staff and may be found in the Lower School Activity Link.

#### When a Pandemic is Imminent

When the local authority informs the school that, according to the World Health Organisation, a pandemic is imminent:

- ◆ Review plans again and check there are the necessary supplies of tissues, hand cleansing materials and sealable plastic bags for the disposal of tissues.
- ◆ Remind parents to double check that the school has up to date asthma inhalers for their child.
- ◆ Remind parents of flu symptoms and importance of keeping children at home if exhibiting such symptoms.
- ◆ Staff to be aware of children who are particularly 'at risk' health wise.
- ◆ Remind staff not to come into work if they have any flu-like symptoms:-
  - ~ Sudden onset of fever
  - ~ Headache
  - ~ Muscle pains
  - ~ Feeling ill
  - ~ May or may not have sore throat, cough, difficulty breathing
  - ~

#### In a Pandemic – School still open

- ◆ Take hygiene measures to reduce the risk of infection spreading.
- ◆ Ensure staff showing any signs of infection go home.
- ◆ Ensure that children showing signs of infection are collected and taken home. (Arrange transfer to hospital by ambulance if sudden onset of severe symptoms and inform parents.)
- ◆ Provide any information requested by local authority e.g. absence rates of staff or pupils.

- ◆ Consider cancelling matches, visits off-site, visitors coming in and meetings of large groups of pupils in school e.g. assemblies.

### **In a Pandemic – School closed**

DofE guidance is to seek to continue operating as normally as possible during a pandemic. However, children are highly efficient ‘spreaders’ of respiratory infections so closing the school for a period might significantly reduce the number of children infected.

- ◆ Depending on the nature of the strain of the flu virus, the central government may insist on the school closing for a period. The school will be informed by the local authority acting on local health information.
- ◆ The headmistress may need to close the school because too many staff are absent to ensure effective running of the school.
- ◆ The headmistress would consult with the Board of Governors before making the decision to close the school.
- ◆ If the school is closed, the staff should come into school, unless ill themselves, to assist in setting work and marking it for pupils.
- ◆ Ensure good co-ordinated communication with staff and pupils for closure of school.
- ◆ Review the closure situation regularly, taking advice from local authorities.
- ◆ Be aware that the school may need to close and re-open on a number of occasions during waves of infection in a prolonged pandemic.
- ◆ Ensure good co-ordinated communication with staff and pupils for re-opening of school.