



First Aid Policy

Incl: Administration of Medication

This policy has been written with the support of the wider school community and it is implemented with due regard to the school's mission statement.

'Inspire, challenge and support all through faith.'

- Governors are kept informed of pertinent legislation changes and ISI updates through the Fabric sub-Committee reports.
- Staff are kept informed of pertinent legislation changes and ISI updates during weekly briefing.

Version Control	
Governor Co-ordination:	Fabric sub- Committee
Approved by Governors:	Spring 2014
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Next Review Date:	Summer 2020
Last Amended:	Summer 2018
Latest ISI Update Check:	September 2018
See also - Health & Safety Policy	



Runnymede St Edward's School: Mission Statement

'Inspire, Challenge, Support through Faith'

Children's Mission:

Into your hands Lord, we put each day
all that we do and all that we say

Child Protection Statement:

Runnymede St Edward's School is committed to safeguarding children and promoting children's welfare and expects all staff, governors, volunteers and visitors to share this commitment and maintain a vigilant and safe environment. Everyone has a responsibility to act without delay to protect children by reporting anything that might suggest a child is being abused or neglected. It is our willingness to work safely and challenge inappropriate behaviours that underpins this commitment. The school seeks to work in partnership with families and other agencies to improve the outcomes for children who are vulnerable or in need.

Runnymede St Edward's School follows guidelines laid down by the **Liverpool Safeguarding Children Board** (LSCB: www.liverpoolscb.org) and **Keeping Children Safe in Education 2018** (www.gov.uk)

School Aims:

Faith

To encourage and foster the spiritual growth of all and to make prayer an integral and enjoyable experience in our daily life.

Individual Opportunities for Learning and Growth

To provide experiences that broaden, enrich and extend the skills, talents and values of each member of the school community. We are an inclusive school and pupils with additional needs or for whom English is an additional Language are fully supported to enable them to achieve their potential.

Relationships

To provide a safe, caring and welcoming environment within which all are treated with respect, courtesy and kindness. Runnymede St Edward's School upholds British values and encourages respect for all.

School and Wider Community

To foster a spirit of co-operation and friendship between home, school and the wider community.

Runnymede St Edward's School is built on the tradition of our founders, the Congregation of Christian Brothers. Based on their vision, Runnymede is a place in which individuals can develop fully, contributing as happy and caring members of a school community. Children's unique talents are valued, and they learn to live as well-mannered, self-disciplined and confident individuals.

For a detailed School Mission Statement please refer to the Mission Statement page of our website



1. Introduction

- 1.1. 'First aid is emergency care given to an injured party in order to minimise injury before professional medical is deemed necessary or available'.

2. Aims and Objectives

- 2.1. To create an atmosphere of carefulness both in and out of the school; this is for all users of the school, children, school staff, parents and community.

2.2. Carefulness includes

- 2.2.1. ability of each to protect themselves
- 2.2.2. concern and consideration for the safety of others
- 2.2.3. knowledge of what to do in in certain situations
- 2.2.4. alertness
- 2.2.5. cultivation of good habits

- 2.3. To develop good safety habits taught through Science, DT, PSHE&C, English. These could involve outside agencies such as the police, fire brigade, road safety officers and the school nurse etc.
- 2.4. To encourage children to develop healthy eating habits through good health and hygiene routine, for example regular exercise or care of themselves, personal hygiene etc.
- 2.5. To identify the first aid needs of the school
- 2.6. To ensure that first aid provision is administered in a timely and competent manner and available at all times including out on school trips and when school facilities are used for activities or events
- 2.7. To provide relevant training
- 2.8. To provide resources and facilities
- 2.9. To keep first aid records and report to the Health and Safety Executive (HSE) as required under the Reporting of Injuries and Dangerous Occurrences Regulations (RIDDOR).
- 2.10. To ensure the appropriately trained staff are available in the Early years Foundation Stage

3. Responsibilities

- 3.1. The responsibility for Health and Safety which includes First Aid rests with the Governing Body. It is the responsibility of the Governors and Head Teacher to review the school's first aid needs to ensure that provision is adequate.
- 3.2. The Governors and Head Teacher are responsible for providing adequate and appropriate equipment, facilities and qualified first aid personnel.
- 3.3. The Head Teacher is responsible for putting the policy in practice including informing staff and parents and for developing first aid procedures.
- 3.4. The Head Teacher ensures good first aid practice is being carried out within the school and at events and activities organised by the school.
- 3.5. First aid provision must be available at all times and there is always a First Aider on site whenever children are present.
- 3.6. Five staff – Mrs Whelan, Mrs H. Dykeaylen, Mrs Myerscough, Mrs Brooks and Mrs G Jones are paediatric trained First Aiders and one of them is always available whenever EYFS are in or off the school site.



3.7. All accidents to pupils, staff, parents and visitors will be reported to the Head Teacher. The Head Teacher ensures that accidents which are reportable to the Health and Safety Executive are reported using the appropriate form.

3.8. Permission is requested from all parents for the school to seek any necessary emergency medical advice or treatment if they cannot be contacted.

4. Training

4.1. All staff completes a one-day first aid training course approved by the Health and Safety Executive. This is renewed on a regular basis (i.e. every three years) – latest training September 2018 incl-defib

4.2. The appointed person has the responsibility of taking charge during a first aid incident and summoning help or making a judgement of future emergency treatment if necessary in consultation with the Head Teacher.

4.3. A member of staff has been ‘appointed person’ trained.

5. Trained staff: Sep 2015

- Mr B Slater (Head Teacher-
- Mrs H. Dykeaylen (P.F.A.C)- (appointed first Aider)
- Miss B. O’Keeffe
- Miss J.Whittle
- Mrs H Whelan (P.F.A.C)
- Mrs S. Brophy
- Mrs G. Jones
- Mrs P Robinson
- Mrs J. Brown
- Mrs A. Farmer
- Mrs K. Mannion
- Mrs E. Nolan
- Mr. P Halligan
- Mr P. Osborne
- Mrs P. Lucas
- Mr. J Quilty
- Mrs A. Denton
- Mrs L Harvey
- Miss Robinson
- Mrs S Myerscough (P.F.A.C.)
- Mrs J Brookes (P.F.A.C.)
- Mr. I. Burns
- Mrs S. Gainford

At Runnymede St Edward’s School, every effort is made to minimise the risk of accidents, but it is recognised that accidents may still occur.

6. Provision for First Aid



- 6.1. At Runnymede St Edward's School there is a designated medical room with access to hand washing facilities and close to toilets and separately drinking water.
- 6.2. A first aider is available during lunchtime and staff on playground duty to administer first aid. (paediatric first aiders are available) Staff should reassure all children with injuries or illness and assess the seriousness of their condition. Minor first aid treatment should be administered where required and advice sought from the **appointed** person or the Head Teacher, in more serious cases.
- 6.3. All staff, as required, receive training through the school nurse eg. Asthma, Diabetes, Epilepsy and use of Epi-pen.
- 6.4. First aid materials are kept in this room in designated containers.
- 6.5. There are also first aid kits for use off-site for sporting events or activities which are stored in the Financial Administrators Office.
- 6.6. Additional First Aid kits are also located in Nursery, and Sports facilities. In the swimming pool, thermal blankets and a spinal board are also available for use.
- 6.7. First aid stock is checked and replenished by lunchtime first aider (as the need arises) – Mrs Nolan and Mrs Harvey
- 6.8. Pupil's inhalers are kept in year baskets for easy transportation for P.E. /swimming sessions. Children's names are clearly marked on the inhaler.
- 6.9. Inhalers for Nursery pupils are kept in the Nursery department in a secure area
- 6.10. Epi-pens and allergy medicines are kept in the medical room in a secure but accessible container

7. Dealing with Bodily Fluids – blood etc

7.1. Aims:

- 7.1.1. To administer first aid, cleaning and reassurance for the individual
- 7.1.2. To protect the individual and others from further risk of infection, danger of spreading HIV, Hepatitis B and C
- 7.1.3. To protect the individual administering first aid, cleaning etc.

7.2. Procedures to adopt when dealing with blood, body fluids, excreta, sputum and vomit:

- 7.2.1. Isolate the area and cover with absorbent paper to avoid stepping in it.
- 7.2.2. Block off the area to prevent further spread.
- 7.2.3. Always use disposable gloves (found in first aid room) to wipe up the spill with the paper towel and carefully place in a plastic bag and then double bag.
- 7.2.4. Sprinkle 'Body Spill Granules' carefully on the area of the spill and leave for 20 minutes.
- 7.2.5. Carefully wipe up the area with paper towels and gloves. Spray with non-toxic antibacterial cleaner.
- 7.2.6. Double bag all towels and gloves used to clean the area.
- 7.2.7. Dispose of the bag in the clinical waste bin and wash hands thoroughly with soap and warm water. Dry hands thoroughly and finish by applying antibacterial gel/ hand cleaner.
- 7.2.8. **Never** touch bodily fluids with bare hands.
- 7.2.9. Inform the site manager or housekeeper so thorough cleaning of the area can take place

7.3. Incident Reporting

- 7.3.1. All accidents/injuries requiring first aid treatment are recorded on the Accident Incident and illness register.
 - 7.3.1.1. Name of injured person



- 7.3.1.2.** Date and time of accident
- 7.3.1.3.** Place of accident
- 7.3.1.4.** Type of accident
- 7.3.1.5.** Details of treatment and additional comments and follow-up action required
- 7.3.1.6.** Name of first aid administrator and slip completed by

- 7.4.** The accident/injury record is completed and a record slip given to the child (Year 3-6) receiving first aid. Record slips for Nursery to Year 2 are given to the class teacher to inform the parents. A duplicate is kept and filed by the Head Teacher.
- 7.5.** There is a separate record for adults.
- 7.6.** Parents/guardians of EYFS, KS1 and KS2 are contacted if there are any concerns about an injury (especially a head injury) or if a child need to go home due to illness.
- 7.7.** When a child requires an asthmatic inhaler, or specific allergy medicine or epipen, this is recorded in the medicine file with the date and time administered and parents are informed.

8. Emergency Arrangements

- 8.1.** The first aider/appointed person will call for an ambulance on the following occasions:

- 8.1.1.** In the event of a serious injury
- 8.1.2.** In the event of any significant head injury
- 8.1.3.** In the event of a period of unconsciousness
- 8.1.4.** If the first aider is unsure of the severity of the injuries
- 8.1.5.** If the first aider is unsure of the correct treatment.

- 8.2.** In the event of an accident involving a child, parents/guardians are notified if the accident is:

- 8.2.1.** Considered to be a serious (or more than minor) injury including a dental injury
- 8.2.2.** May require attendance at hospital
- 8.2.3.** The procedure is to notify parents using all telephone numbers available to the school. If parents cannot be contacted, the first aider/appointed person or another member of staff will stay with the child until parents can be contacted and arrive (as required).
- 8.2.4.** If the child requires hospital treatment and the parents/guardians cannot be contacted prior to attendance, the first aider, appointed person or another member of staff will accompany the child to hospital taking contact details and evidence of the consent for emergency medical treatment and remain with them until the parents can be contacted and arrive at the hospital.

- 8.3.** Accidents fall into four categories

- 8.3.1.** Fatal
- 8.3.2.** Major injury
- 8.3.3.** To employees resulting in more than 3 days consecutive absence
- 8.3.4.** Other accidents
- 8.3.5.** Fatal or major injury (see list below for examples) should be reported immediately to the Health and Safety Executive on 08453009923 or email riddir@natbrit.com
- 8.3.6.** The accident should be reported by phone immediately and then confirmed in writing on the form F2508
- 8.3.7.** If an accident is more than minor it must be reported to the Headteacher

8.4. Major Injuries



- 8.4.1. Fracture of the skull, spine or pelvis
- 8.4.2. Fracture of any bone in the arm other than a bone in the wrist or hand
- 8.4.3. Fracture of any bone in the leg other than a bone in the ankle or foot
- 8.4.4. Amputation of a hand or foot
- 8.4.5. The loss of sight of an eye
- 8.4.6. Any other injury which results in the person injured being admitted to hospital as an inpatient for more than 24 hours, unless that person is detained only for observation. It might be that the extent of the injury may not be apparent at the time of the accident or immediately afterwards, or the injured person may not immediately be admitted to hospital.
- 8.4.7. Once the injuries are confirmed, or the person has spent more than 24 hours in hospital, then the accident must be reported as a major injury. See Accident Documentation for further details.

8.5. Accident Documentation

- 8.5.1. <https://www.hse.gov.uk/forms/incident/>
- 8.5.2. <http://www.hse.gov.uk/riddor/report.htm>

8.6. Reporting School Accidents

- 8.6.1. Certain accidents arising out of or in connection with work are reportable to the Health and Safety Executive under the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985. The following gives practical advice to schools on compliance with this duty.
- 8.6.2. It is not a complete statement of the duty.

8.7. Employee Accidents -*This applies to all Education employees and self-employed persons on school premises*

- 8.7.1. Any accident to an employee resulting in a fatal or major injury must be reported to the HSE immediately by telephone. The details must be confirmed on Form F2508 within 7 days.
- 8.7.2. If the accident does not result in a fatal or major injury, but the employee is incapacitated from their normal work for more than three days (excluding the day of the accident) there is no need to telephone, but Form 2508 must be completed and sent to the HSE within seven days of the accident.



9. Pupil Accidents - Including accidents to any visitors not at work

- 9.1.** Fatal and major injuries to pupils on school premises during school hours must be reported in the same way as those to employees. However, injuries during play activities in playgrounds arising from collisions, slips and falls are not reportable unless they are attributable to:
 - 9.2.** The condition of the premises (for example).
 - 9.3.** The lack of proper supervision - Fatal and major injuries to school pupils occurring on school sponsored or controlled activities off the school site (such as field trips, sporting events or holidays in the UK) must be reported if the accident arose out of or in connection with these activities.

10. Reporting to Parents (Early Years)

- 10.1.** Parents will be notified of any accidents that have occurred or first aid administered. For minor injuries EY staff will speak to the parent.
- 10.2.** For injuries other than the normal bumps and grazes that occur in EY, written notification and a telephone call will be the procedure followed.
- 10.3.** All incidents however minor are always recorded.

11. Advice to Parents (Early Years)

- 11.1.** Parents are informed by letter about any contagious outbreaks e.g. vomiting, chicken pox, swine flu, head lice etc.
- 11.2.** Where possible parents are given advice about the length of time that a child must be absent from school relating to their illness.
- 11.3.** Parents are advised that their child must not return to school for 48 hours after the symptoms of vomiting or diarrhoea have ceased.
- 11.4.** The school nurse holds a monthly 'Drop-In Clinic' to offer advice to parents or cares and is also available to be contacted via the school office.

12. Illness and Injury (Early Years)

- 12.1.** The school will notify Ofsted of any illnesses or injury in connection with medicines and of any serious accident, illness or serious injury to, or death of any child whilst in our care, and of any action taken.
- 12.2.** Notification will be made as soon as reasonably practicable, but in any event within 14 days of the incident occurring.

13. Food and Drink (Early Years)

- 13.1.** The school will inform Ofsted of any food poisoning affecting two or more children looked after on the premises.
- 13.2.** Notification will be made as soon as reasonably practicable, but in any event within 14 days of the incident occurring.



14. Defibrillator

- 14.1.** All staff have been trained in use of the defibrillator in September 2015
- 14.2.** A defibrillator is located on the wall in the school office- directly in front of the entrance to the office.

15. School Visits

- 15.1.** First aid procedures for school visits comply with Chapter 2, paragraphs 64 – 68 of the Health and Safety of Pupils on Education Visits 1998.
- 15.2.** EYFS children on visits always have access to a member of staff with a Paediatric First Aid Certificate.

16. Review

- 16.1.** First Aid Needs Assessment will be reviewed periodically or following any significant changes that may affect first aid provision.

17. Information

- 17.1.** All staff has a Health List and Asthma list which has been compiled from information given by parents/guardians.
- 17.2.** The lists are updated at the beginning of each academic year and are amended when necessary throughout the year.
- 17.3.** A medical section on the Staff Notice Board informs staff about pupils with injuries, e.g. sprains; fractures who are attending school but require support.



18. Administration of Medicines

Administration of Medicines – Guidelines for Parents / Carers

- No member of staff is duty bound to administer medicines.
- All parents must complete the **Medicines Permission Form** (available in school office / school website) if their child requires medicine during school hours, whether ongoing requirement or short term course.
- **ALL** medicines must be handed to the School Office for safe storage. Children must not keep medicine in their possession.
- Every occasion where medicine is administered to a child during school time will be logged in the child's medical file.

Types of Medicine:

Medicines to be used in an emergency situation (e.g. Epipen)

- Parents must complete the Medicines Permission Form; a Health Care Plan will be created when this type of medicine is prescribed to a child, and will be reviewed at the start of each school year
- Staff are trained by healthcare professionals to administer medicines of this kind.

Prescribed medicine for short term use (e.g. antibiotics)

- Parents must complete the Medicines Permission Form for **every instance** when this type of medicine is prescribed to a child.
- Where possible, parents must administer this type of medicine before school. If medicine of this type is to be taken during the school day, parents should attend school to administer the medicine to their child. If this is not possible, parents may arrange (on a case by case basis) for the medicine to be administered by the Head Teacher / other member of SMT / Office Staff.
- The medicine must be clearly labelled.
- A child may self-administer this type of medicine (if age appropriate). This will take place under supervision from the Head Teacher / other member of SMT / Office Staff.
- For younger children, and if parents are unable to come to school to administer medicine, this type of medicine may be administered by the Head Teacher or other member of Senior Management Team.

Prescribed medicine for ongoing use (e.g. asthma inhalers, medicine for allergic reactions)

- **All hay fever medicine MUST be administered by parents before school.**
- Parents must complete the Medicines Permission Form; a Health Care Plan will be created when this type of medicine is prescribed to a child, and will be reviewed at the start of each school year.
- The medicine must be clearly labelled, and it is the parent's responsibility to ensure the medicine is in date.
- A child may self-administer this type of medicine (if age appropriate). This will take place under supervision from the Head Teacher / other member of SMT / Office Staff.
- For younger children, this type of medicine may be administered by the Head Teacher / other member of SMT / Office Staff.
- If the medicine is required during the school day, the school office will inform parents prior to the administration of the medicine. If the office is unable to contact parents, medicine will be administered as necessary.

Non-prescribed medicine (e.g. Calpol, Piriton)

- **If a child requires this type of medicine (e.g. paracetamol), parents must administer this type of medicine at home. If this is not possible, parents must attend school to administer the medicine.**



Medical File and storage of medication

- The medical file is kept in the First Aid room from Reception to Year 6- Preschool file kept in the Preschool
- When a pupil needs their medication, a record of date, time and the person who supervised the self-medication is noted in the medical file.
- All inhalers are stored in container that is kept in the medical room and can be transported to PE and swimming.
- Inhalers and special medication can be transported to external events and residential trips in an appropriate First Aid case. Teacher in charge of the group will keep all medication.
- All other medication is kept in a locked metal container labelled Controlled Medication.
- Parents have the responsibility of noting and replacing out of date medication.
- If there is a change in or stopping of medication, parents are requested to inform the school.

Please contact the office to make an appointment with Mr Slater if you wish to discuss the administration of medicine to your child.

Many thanks for your cooperation.

The Administration of Medicines – Permission Form (below) can be accessed from the school website (Parent Zone > Forms to download) or a copy can be obtained from the school office.

Administration of Medicines – Permission Form *Reviewed Summer 2016*

Administration of Medicines – Permission Form

This form to be completed by parents each and every time medicine of any type is required by a child. Please return this form to the school office.

I have read the **Administration of Medicines** Document (copies available in school office and downloadable from website)
 I hereby give consent for Runnymede St Edward's School to administer medicine to my child as detailed in the **Administration of Medicines** document.
 I confirm that: 1. It is necessary to give this medication during the school day
 2. I agree to collect it at the end of the day/week/half term (delete as appropriate)
 3. The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.

Name: _____ Relationship to child: _____ Date: _____
 Signed: _____ Head Teacher signed: _____

Name of Pupil	Class	Condition requiring medication	
Name of medicine	Date prescribed	Dosage	
Time(s) to administer	Start date	Finish date	
Any other relevant information (eg side effects):			Health Care Plan required? Y / N

Administration Record (continued on a separate sheet)					
Date	Time medicine given	Dosage	Administered by	2 nd Member of staff present	Any other information