



WOODSIDE SCHOOL

First aid policy for Woodside School

Independent School Standards: paragraphs 13 and 34.

Policy content includes:

- provision of first aid, including emergency procedures
- administration and storage of medication
- how we support pupils with medical conditions.

Last external review	September 2024
Next external review	September 2025
Latest update	September 2024

INTRODUCTION

- Woodside School is committed to providing emergency first aid provision in order to deal effectively and efficiently with accidents and incidents affecting pupils, employees and visitors.
- We have suitably stocked first aid boxes, which are checked weekly for stock by a named first aider, and termly by the designated safeguarding lead, including expiry dates for equipment. They are kept in the staffrooms, school offices and first aid/medical rooms.
- Travel first aid kits are kept in the staffroom and are taken on all visits, including local breaks to the park with pupils.
- Staff are trained to always consider the appropriateness of any first aid treatment (for example using latex and plasters on pupils with allergies).
- We have suitably detailed and current risk assessments for all pupils in school and for specific trips and activities.
- All school sites have more trained first aiders than is required by law. First aiders are identified on our information posters at various key points throughout each school site, and the date of their most recent training date is listed on the schools' staff training overview.
- Our first aid and emergency procedure is clear and shared. See below.
- The schools' designated first aid/medical rooms are clearly marked by a sign on the door and are confidential rooms with access to washing facilities and a fully- stocked first aid supply. They are also near pupil toilet facilities.
- All first aid should be administered and dealt with, as far as practicably possible, in the designated first aid/medical room
- All staff have received ligature training and each medical room holds an anti- ligature kit.
- All staff working at Woodside Schools know that when in doubt, calling 999 is the most appropriate and safe course of action.

Emergency procedure in the event of an accident, illness or injury

- If an accident, illness or injury occurs on-site or during school hours, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling immediately for an ambulance or calling for a first aider.

- If summoned, a first aider will assess the situation and take charge of first aid administration.

Ambulances

- The first aider is to always call an ambulance in the following situations:
 - in the event of a serious injury and/or any significant head injury
 - in the event of a period of unconsciousness
 - whenever there is the possibility of a fracture or where this is suspected
 - whenever the first aider is unsure of the severity of the injuries
 - whenever the first aider is unsure of the correct treatment
 - where there are open wounds requiring further medical attention.
- If an ambulance is called then the first aider in charge should make arrangements for the ambulance to have access to the injured person. Arrangements should be made to ensure that any pupil is accompanied in an ambulance by a member of staff until one of the parents or carers is present.

Managing bodily fluids

- Qualified first aiders will wear disposable gloves where bodily fluids are involved.
- Any dressings or materials which have been in contact with bodily fluids (such as blood or vomit) must be disposed of in the designated yellow bin in a first aid/medical room.
- Bodily fluids spilt should be cleaned up and bleached or disinfected. If the spillage is significant, pupils and staff should be removed from the area (where necessary) and the premises manager should be called upon to organise the professional cleaning of the area using the appropriate cleaning materials.
- Parents and carers will be notified as soon as practicable.

Accident reporting

- All accidents or administration of first aid will be recorded on Medical Tracker, our online system accessed by all staff.

Reporting to families

- In the event of accident or injury to a pupil at least one of the pupil's parents or carers will be informed as soon as practicable.
- In the event of a minor injury requiring first aid, a first aid form will be filled out by the first aider who administered the first aid. A notification will be sent home to families at the end of the school day via Medical Tracker. It may be followed up by a phonecall home, if it is deemed appropriate and/or necessary.

Reporting to the Health & Safety Executive (HSE)

- Woodside Schools are legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 1995/3163) (RIDDOR) to report certain accidents, injuries and fatalities involving pupils, staff

and visitors. Further detail is available in our health and safety policy, and full details are available at <https://www.hse.gov.uk/riddor/>.

COMMON ILLNESSES

If a pupil is ill, it is likely to be due to a minor, common health condition.

Coughs and colds, including COVID-19

A pupil with a minor cough or cold may attend school. If accompanied by a raised temperature, shivers or drowsiness, the pupil should remain at home and further medical advice should be sought from their GP. It is then recommended that the pupil does not return to school until fully recovered.

Vomiting and diarrhoea

Following a case of vomiting or diarrhoea, pupils must remain off of school for the recommended time of **48 hours** after the last episode of diarrhoea or vomiting has occurred.

Head lice

Parents/carers are to be contacted and encouraged to collect their child as soon as the head lice are noticed. Pupils can return to school as soon as the lice are treated; this can be the following day if treated immediately.

Rashes

Pupils with rashes should be considered infectious and assessed by a healthcare professional. If a rash is noticed in school, parents/carers will be contacted immediately.

- **Chicken Pox** - should be **assessed by GP** and the pupil **should not return to school until all vesicles have crusted over**.
- **Hand Foot and Mouth** - a pupil may attend school; however, the local authority should be contacted if a large number of HFM cases are reported.
- **Measles** - a pupil may return to school after **four days** from the onset of the rash.
- **Ring Worm** - a healthcare provider will prescribe antibiotic medication, and the pupil should stay home for **24 hours** after starting treatment. Ringworm is **contagious** as long as the rash is there, but pupils with this condition may return to school if the area can be **covered**.

For other less common illnesses please see [Public Health England's guidance](#) on infection control in schools.

ADMINISTRATION OF MEDICATION

- **Parents are encouraged to ask their child's doctor if it is possible for the timing of doses of any medication be set for outside school hours.**
- Where it is not possible for parents of pupils requiring medication to come into school to administer the medication to their child, medication will be administered on-site after discussion with a senior leader.
- While there is no legal or contractual obligation on school staff to give medication to pupils, the executive principal currently agrees to the administration of medicines in school as we acknowledge that the special school context needs to be flexible and practical, for example for pupils with ADHD.
- However, this does not necessarily include agreement to treatment which requires intimate or invasive application of medicines (e.g. injections) and it must be acknowledged that any member of staff who agrees to administer medication to pupils does so on a voluntary basis. All medication in school must be prescribed by a medical practitioner and dispensed by a chemist. The pupil's name, date of birth and the correct dosage must be on the label on the medication.
- Staff who volunteer to administer medication receive correct guidance and training before being allowed to administer medication to any pupil.
- We always seek the parent's/carer's written consent, agreeing for the schools to administer medication during school hours.
- A senior leader must provide the overall agreement for any requests for medication to be administered to a pupil in school hours before any medication is administered.
- Staff who administer medication to pupils will be recorded on Medical Tracker, our online system accessed by all staff, including any refusal to take medication.
- Any adverse effects experienced by the pupil following the administration must be reported to the parent and a senior leader (either immediately or at the end of the school day, depending on severity)
- If the pupil refuses to take his/her medication, then they will not be forced to do so. Parents/carers must be informed. If a pupil refuses

medication in an emergency situation (for example: asthma inhaler during an asthma attack), then professional medical help must be requested and the parents/carers informed immediately.

- Staff should always ensure that the privacy and dignity of the pupil is maintained as best as possible, even in an emergency situation.

Anaphylaxis

- Anaphylaxis is an acute, life threatening, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours.
- An allergy pen (EpiPen) is a pre-loaded pen device which contains a single measured dose of adrenalin (also known as epinephrine) for administration in cases of severe allergic reaction.
- An allergy pen can only be administered by school staff who have been professionally trained and designated by a relevant senior leader to use it.
- All of our staff are trained to administer an EpiPen and have completed a food hygiene course.

Asthma inhalers

- We ensure that all pupils with asthma feel secure and are encouraged to participate in all activities, notwithstanding any restrictions imposed by their condition.
- Pupils with asthma can carry their inhalers with them if required (clearly labelled with their names) including their spacer for optimum delivery of the medication, if needed.
- They should be able to administer their own inhalers, however if a pupil is considered too young or immature to take personal responsibility, staff will make sure that it is stored in a safe but readily accessible place, that the pupil is aware of its location, the medication is clearly marked and labelled with the pupil's name.
- Where agreed with parents/carers, a spare asthma pump can be kept on the premises in a labelled container in the school staff room, which is made known to the pupil and all staff.

Diabetes, epilepsy and allergies

- Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood levels. For the majority of pupils, the condition is controlled by insulin injections and diet. Insulin injections can only be administered by school staff who have been professionally trained in the procedure.
- Pupils with epilepsy and specific allergies have tailored care plans, agreed with families and health professionals in advance. These are shared through whole- staff training to ensure that every member of staff working with the specific pupil knows what to do in the case of, for example, an epileptic seizure.

Paracetamol, aspirin and other over-the counter medicines

- Pupils sometimes ask for painkillers, but school staff will not give any non-prescribed medication (also known as 'over the counter' medicines) to pupils under any circumstances.

Storage of medication

- Wherever possible, parents/carers are asked to provide the school with the amount of medication required for the school day only, rather than bringing in a full bottle of medicine or a full bottle/package of tablets. We appreciate that this is not always realistic.
- We will not accept any medication which is not in its original container.
- All medication must be clearly marked with the pupil's name and date of birth.
- All medication is kept in a locked cabinet/container including controlled drugs, with the exception of asthma inhalers; medication which needs to be kept refrigerated; and medication which may be needed urgently in an emergency. The latter is stored with the pupil's care plan in the staff room.
- Any medication which requires refrigeration is stored in a nearby refrigerator. The medication must be kept in an airtight container which is clearly marked with the pupil's name and date of birth.
- Pupils considered mature enough to take responsibility for their asthma inhaler are allowed to carry them on their person, provided that there has been an agreement between a senior leader and the parent/carer. All staff will be made aware. During off-site activities, any medication which may be needed should be carried by the member of staff in charge of the activity and/or a member of staff with first aid training. Pupils who may urgently require their medication should be in a group which is supervised by the member of staff carrying the medication.
- Staff should never transfer medication from its original container to another container except in the event of the original container being damaged. In such cases, the alternative container must be clearly labelled with all of the information held on the label of the original container. The parent/carer must be notified in the event of any damaged containers.
- School staff must not dispose of any unused medication. This is the responsibility of the parent/carer. Any unused medication must be collected by the parent/carer on request. If the parent/carer refuses or fails to do so within 5 school days, or in the case of a pupil having left the school, school staff must hand any unused medication to a pharmacist (it must never be disposed of).

- If a pupil's medication runs out or expires, it is the responsibility of the parents/carers to replenish it. Expired medication must not be used or retained on school premises; senior leaders must ensure that any medication used or

retained is in-date. Termly health and safety audits will also check medication stores at all school sites. Please see the previous point re: disposal of medication.

- Staff must record when and how much new medication is sent into school, so that at all times there is a record of the exact amount of medication held in school.
- Pupils' individual care plans are displayed in staff rooms and are available on Medical Tracker, and are accessible to leaders on our shared drive.

Recording

- Records of medication given to pupils will be logged on Medical Tracker, our online system accessed by all staff, a record will be entered each time medicine is administered.

Confidentiality

- All medical information is treated confidentially and access to this information will be provided on a 'need-to-know' basis in consultation with the parent/carer and their child, without compromising the pupil's health, dignity and wellbeing.

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

- The DSL is the named person with overall responsibility for ensuring that effective support is provided for pupils in school who have a medical condition. This includes ensuring that: all relevant staff are aware of a pupil's medical condition; sufficient staff are suitably trained; risk assessments reflect the pupil's medical needs; and Individual Healthcare Plans (IHPs) are suitable and regularly reviewed.
- We work in partnership with pupils, families, external agencies, healthcare professionals and local authorities in order to ensure that we provide effective support to all pupils with medical conditions.
- It is the responsibility of the parent/carer to provide the schools with any relevant medical information, and to notify the school of any changes to their child's health.

Procedure following notification that a pupil has a medical condition:

- The DSL will: ensure that all relevant staff are made aware of the pupil's diagnosis; seek further information from the relevant medical staff working with the pupil; ensure that an Individual Healthcare Plan (IHP) is written for the pupil and any necessary arrangements are put in place by the start of the school term (for new pupils) or within two weeks (for existing pupils with a new diagnosis).

Individual Healthcare Plans

- Individual Healthcare Plans (IHPs) will be put in place if the schools, healthcare professionals and parents agree that it is necessary. IHPs provide clarity about what needs to be done, when and by whom.
- IHPs capture key information about a pupil's medical condition, the healthcare professionals supporting them, and anything that needs to be put in place to support them during the school day. IHPs are developed in consultation with the family and are reviewed annually, or earlier if there is evidence that the pupil's needs have changed.

Staff training and support

- Every member of school staff providing support to a pupil with medical needs will receive suitable training. Training needs are identified by the relevant healthcare professional with the DSL during the development of the Individual Healthcare Plan. They will identify which staff require training, and the type of training needed. This may be provided by an external training provider, depending on the medical condition. The DSL will ensure that training remains up to date. Whole-staff awareness training may be necessary in order to ensure that all staff are aware of their role in supporting specific pupils with medical conditions.

Emergency procedures

- Where a pupil has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and explain what should be done, including ensuring that all staff are aware of emergency symptoms and procedures. Other pupils should also be told what to do in general terms, such as informing a teacher if they think help is needed. If a pupil needs to be taken to hospital, staff will stay with them until the parent arrives, or accompany them if they are taken to hospital by ambulance.

Home to school transport

- Home to school transport is the responsibility of local authorities. The DSL ensures that IHPs are shared with transport providers.