

# FIRST AID AND HEALTHCARE POLICY



This Policy includes Early Years Foundation Stage.

(See the Medical Handbook for details or treatments of illnesses and ailments)

## Contents

1. Introduction.....	2
2. Roles and responsibilities.....	2
3. Risk assessments .....	5
4. Medical Centre .....	5
5. School Doctors .....	5
6. Dental Treatment .....	6
7. Optician’s Appointments.....	6
8. First aid equipment (see also Annex E) .....	6
9. Information on pupils .....	7
10. Confidentiality (See Annex B & Annex C).....	7
11. Policy for pupils with medical conditions that are known to the school.....	8
12. Managing medicines on school premises .....	9
13. Controlled Drugs.....	9
14. Over the Counter Medication .....	9
15. Procedure in the event of an illness during the day .....	9
16. Procedure in the event of illness overnight .....	10
17. Reporting continued absence due to illness .....	10
18. Procedure in the event of an accident or injury .....	10
19. Emergency services .....	11
20. Procedure in the event of contact with blood or other bodily fluid.....	11
21. First aid provision for PE and Games .....	12
22. First Aid Provision for Educational Visits.....	13
23. Reporting accidents, emergencies, and first aid administration .....	13
24. Serious incidents .....	14
25. Reporting to HSE.....	14
26. Homeopathic medication.....	15
27. Registration and Vaccinations .....	15
28. Health Checks .....	16
29. Travel Immunisations .....	16
30. Related policies and procedures .....	16
31. Policy Review.....	16
Annex A: Individual Healthcare Plans .....	17
Annex B - Guidelines on Confidentiality - Royal college of Nursing.....	18
Annex C - Confidentiality - Nursing and Midwifery Council (NMC).....	19
Annex D - Health Protection in Children and Young People Settings - Exclusion table .....	20

## **1. Introduction**

- 1.1 The health and safety of all members of the school community and visitors to the school is of utmost importance. This first aid policy is created with the aim of ensuring that all staff members, visitors to the school, pupils and parents are aware of standard first aid procedures that will be followed in the event of any major or minor illness, accident or injury, and how they can contribute to the effective resolution of such incidents.
- 1.2 In addition to this the school recognises that under Section 100 of the Children and Families Act 2014 it has an additional duty to make arrangements for supporting pupils at their school with medical conditions. This is done through the creation of individual healthcare plans. These will be drawn up in consultation with health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported and that no pupil will be excluded from full access to education, including school trips and physical education on the grounds of their medical condition.
- 1.3 This policy is created and maintained by the school governing body with the assistance of the Headmaster and Head Nurse and is put into practice in conjunction with the school's health and safety policy. The school expects all staff and pupils to be familiar with this policy, as with all school policies. The governors will receive a report, as part of Health and Safety, to confirm that this policy and all individual healthcare plans have been reviewed regularly and be readily accessible to parents and school staff. The Health and Safety Policy can be found on sharepoint and on the internet.
- 1.4 Staff should always dial 999 for emergency services in the event of a serious emergency, medical or otherwise, before implementing the terms of this policy.

## **2. Roles and responsibilities**

### **2.1 The Governing Body**

- 2.1.1 The governing body holds the overall responsibility for ensuring that the school has an up to date first aid and healthcare policy and effective first aid provision, personnel, and equipment in place.
- 2.1.2 The governing body must further ensure that arrangements are in place to support pupils with medical conditions and in doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. However, it is the school Headmaster and senior leadership team that are in the best position to monitor the first aid provision in the school on a day-to-day basis.

### **2.2 The Bursar**

The Bursar is responsible for ensuring that the member of staff is adequately equipped, qualified and willing to carry out this role, and that first aid risk assessments are carried out regularly.

### **2.3 The Head Nurse**

- 2.3.1 The Head Nurse is responsible for ensuring that first aid provision is up to standard on a day-to-day basis. The Head Nurse will ensure that all individual healthcare plans are regularly reviewed and remain relevant and up to date. The plans will be reviewed yearly or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption.

- 2.3.2 The Headmaster delegates to the Head Nurse responsibility for ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Head Nurse should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- 2.3.3 The Head Nurse is responsible for ensuring that the first aid provision in school is up to standard and that any shortfalls in provision are identified and dealt with immediately. This person is a registered nurse
- 2.3.4 The Head Nurse is responsible for:
- ensuring that all supply staff and new staff members are fully briefed as to the needs of any pupil with individual healthcare plans which they are likely to encounter.
  - the provision of first aid supporting pupils with medical needs;
  - Administration of medication;
  - Medically assessing minor illnesses and injuries;
  - Managing a team of RGNs;
  - Liaising with the DSL and pastoral care for pupils;
  - Liaising with local GP services.
- 2.3.5 The Head Nurse can be contacted at the Medical Centre on 01903 874723.

## **2.4 First aiders**

- 2.4.1 In addition to the Head Nurse, the school has nominated first aiders.
- 2.4.2 First aiders are members of staff who have completed a Health and Safety Executive (HSE) approved first aid course and hold a valid certification of competence in the relevant first aid area. The list of qualified first aiders is displayed throughout the school.
- 2.4.3 First aiders must make sure that their certificates are kept up to date through liaison with the HR Manager. Training must be updated every 3 years unless stipulated more frequently.
- 2.4.4 First aiders are required to:
- respond promptly to calls for assistance;
  - give immediate first aid within their level of competence to staff, pupils and visitors to the school when it is needed; and
  - ensure that emergency services are called when necessary.
- 2.4.5 There will be at least one paediatric first aider on the school site when children including EYFS are present. A paediatric first aider must accompany EYFS children on any school outings.
- 2.4.6 If the Head Nurse is not present, the Medical Centre is generally manned by registered nursing staff during its opening hours. At all other times the duty first aider is contactable on the school radio.

## **2.5 School staff**

- 2.5.1 School staff who are not designated first aiders still have responsibility for first aid provision throughout school. All staff should be aware of this policy, the school's health and safety policy, and basic first aid through access to the School's e-learning platform and suite of online courses. Staff should:
- ensure that they are familiar and up to date with the school's first aid policy and standard procedures;
  - keep their managers informed of any developments or changes that may impact on the school's first aid provision, including any incidents that have already occurred;
  - ensure that all the correct provisions are assessed and in place before the start of any activity;

- ensure that activities in school that they are supervising or organising are risk assessed, and in line with the school's health and safety policy, to reduce the risk of accident or injury;
- cooperate fully with the School to enable them to fulfil their legal obligations. Examples of this would be ensuring that items provided for health and safety purposes are never abused and that equipment is only used in line with manufacturers' guidance;
- ensure that any equipment used is properly cared for and in the proper working order, including first aid boxes around the school. Any defects should be immediately reported to a senior manager and that piece of equipment should not be used;
- be aware of the needs of pupils with medical conditions that they teach;
- know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help;

2.5.2 Volunteers at the school have the same responsibilities for health and safety as any other staff and will be expected to be familiar with the school's health and safety policy and procedures.

## 2.6 Pupils

2.6.1 Pupils at the school should be familiar with this policy and should ensure that they are aware of who the school staff first aiders are. If they are unsure, they should ask a member of staff.

2.6.2 Pupils can help the school ensure first aid provision is effectively put into practice by:

- reporting any medical emergencies or incidents to a member of staff immediately;
- reporting anything that they feel to be a hazard to health and safety on or near the school premises;
- taking care for their own safety and the safety of others. Pupils that put themselves, staff, or any other members of the school community or visitors to the school in danger through reckless behaviour may be dealt with under the school's behaviour policy;
- make sure that staff members are aware of any of their own health conditions or ailments that may require first aid assistance (*for example diabetes, epilepsy*). This is particularly important in circumstances where pupils will be travelling off the school premises, for example for a sports match or a school trip;
- all pupils are expected to act in a way which demonstrates a positive awareness to the needs of those with medical conditions and be aware of their responsibility for informing a member of staff if a fellow pupil is unwell.

## 2.7 Parents

2.7.1 Parents can help the school maintain effective health care and first aid provision by:

- Ensuring a full statement about their child's medical needs is made on admission to school through the medical consent and information forms.
- Advising the school of any changes to their child's medical and health details
- Alerting the school to any confirmed or suspected cases of notifiable disease.
- Alerting the school to any temporary medical conditions that their child has that may require first aid. This is extremely important, and parents are required to notify the school in writing of such circumstances. Where medicine has been prescribed either for a set timescale or as an ongoing provision, the school must be notified in writing. This medicine will be kept by the Medial Centre. It is important that parents do not send their children to school with prescribed medicine or other types of medicine without the knowledge of school staff
- working with the school to instil a sense of first aid responsibility in their children. This means being alert of health and safety practicalities, and promoting safe behaviour at home
- making the school aware of anything that they feel to be a hazard to health and safety on or near the school premises
- familiarising themselves with this policy so that they understand the steps that will be taken if their child requires emergency first aid for any reason.

## **2.8 Visitors to the school**

Visitors to the school are expected to take care around school and have reasonable responsibility for the safety of themselves and other members of the school community. All visitors will have access to this first aid policy, as well as the school Health and Safety Policy. Names of school first aiders and the location of the nearest first aiders and defibrillators are displayed around the school.

## **3. Risk assessments**

3.1 Reviews are required to be carried out by department heads at least annually and when circumstances alter. Recommendations on measures needed to prevent or control identified risks are to be forwarded to the Compliance Officer.

3.2 The Health and Safety Committee review and consider near misses on a termly basis.

3.3 As part of the School annual monitoring and evaluation cycle

- the department heads will review departmental first-aid needs following any changes to staff, building/site, activities, off-site facilities, etc.
- the HR Manager monitors the number of trained first aiders, alerts them to the need for refresher courses and organises their training sessions
- the Medical Centre will check the contents of the first-aid boxes in departments
- holders of personal first aid kits will be responsible for their content level

## **4. Medical Centre**

4.1 The School Medical Centre is staffed on the following basis during term time:

Monday to Friday 7.30am to 7pm

Saturday 7.30am to 4.30pm

Sunday 4pm to 7pm

4.2 During these times there is a qualified nurse. The Medical Centre has a direct dial (01903 874723)

4.3 There is also a qualified first aider on duty in the School 24 hours a day who can be contacted on the school radio. Duty first aiders are available to administer first aid, deal with any accidents and emergencies and to help if someone is taken ill.

4.4 A number of members of teaching staff and non-teaching staff are trained and qualified as First Aiders to provide emergency first aid. This training is updated at least every three years.

## **5. School Doctors**

There is on school doctor. Dr Alan Bennett, a partner in the Steyning Health Centre practice holds a surgery at the school on Thursdays (8:30am - 10:30am). At other times, children needing an urgent appointment will be taken to Steyning Health Centre. When a child has seen the doctor, the nurse will contact the parents as soon as possible, by telephone or email

## **6. Dental Treatment**

Children whose parents live abroad are entitled to have dental treatment on the NHS if they request it. They are seen by a local NHS dentist. Emergency dental treatment can be carried out by a local dentist or at a hospital Accident and Emergency Department.

## **7. Optician's Appointments**

- 7.1 All children should have an eye test before admission.
- 7.2 Parents are encouraged to take their children to the optician during the holidays for regular review if they already wear glasses.
- 7.3 The Medical Centre can arrange emergency optician visits for boarding children (e.g. broken glasses)
- 7.4 Some children with eyesight-related learning difficulties may be recommended to see a behavioural optometrist. Children who wear glasses should keep a spare pair at school (in the Medical Centre) in case of loss or damage.

## **8. First aid equipment (see also Annex E)**

- 8.1 First aid boxes are in all potentially high-risk areas, such as science labs, DT, cookery, textile, art room, as well as in the School Office.
- 8.2 First aid medical boxes/bags are checked by the Medical Centre on an annual basis at the beginning of each academic year.
- 8.3 Defibrillators are located in the front office kitchen and sports hall.
- 8.4 Emergency asthma kits are located in the boys sick bay and medical centre.
- 8.5 Emergency adrenaline auto-injectors are located in the boys dorm sick bay, medical centre kitchen and dining hall servery.
- 8.6 EFYS classrooms have access to a first aid kit and onsite medical centre. They can be replenished from supplies kept in the Medical Centre
- 8.7 It is the responsibility of all members of staff in each department to ensure that their first aid boxes are fully stocked at all times with items that are within expiry dates, and it is the responsibility of the department head to oversee this provision. On an annual basis the first aid boxes are checked by Medical Centre staff.
- 8.8 The location of first aid boxes, are as follows:  
Front Office, Junior Wing), Textiles, Design & Technology, Pottery room, Cookery room, Science lab, Pre-Prep, Boys Dorms sick bay, Girls Dorms sick bay, Forest School, Workshop, Grounds, Swimming Pool Office.
- 8.9 Each member of PE and Games staff also has a First Aid Bag which are located in the sports centre offices.

- 8.10 **For school mini buses and coaches**, there will be first aid boxes permanently kept on board. These must be maintained by Medical Centre staff and should be kept in good condition, ready for use at all times. First aid boxes on minibuses, coaches and the 'standard' first aid boxes on site.
- 8.11 First aid boxes should only be used by qualified first aiders and can be used in the time it takes for the Head Nurse or emergency services to arrive.

## **9. Information on pupils**

- 9.1 Parents must provide written consent for the administration of first aid and medical treatment by school staff to their child before their child is admitted to the school.
- 9.2 The school takes pupil privacy and confidentiality very seriously. The Head Nurse will be responsible for sharing medical information to other staff on a need-to-know basis – for example, ensuring that information regarding pupil allergies is shared with staff taking a class on an off-site trip and catering. Pupil medical records will be kept locked in the Nurse's office and will only be accessed by the nurse and are also stored password protected online, only accessible by Medical Centre staff.
- 9.3 All staff will be made aware of which pupils have access to asthma inhalers, Adrenaline Auto Injectors (AAI), injections, or similar medical equipment and for whom individual healthcare plans have been created. This is important in order that all staff are prepared to deal with medical emergencies relating to these conditions no matter where in school the child is.

## **10. Confidentiality (See Annex B & Annex C)**

### **10.1 Introduction**

The Medical Room provides a safe environment where the school nurses can have private consultations with pupils and staff.

### **10.2 Patient Information**

All information given to the school nurses is to be treated as confidential. All records both written and electronic must be kept securely and accessed by the school nurses only. All information must be held and used in accordance with the School's Data Protection Policy.

### **10.3 Staff access to patient information**

Staff may have access to some medical information in order to prepare relevant documents and lists for school trips. This information will be relevant for school trips only and therefore limited. There may also be occasions when other members of staff need to be aware of a pupil's medical condition, for example in cases of severe allergies or asthma.

### **10.4 Pupil or Staff sent home**

- 10.4.1 If a pupil or member of staff is sent home by the nursing staff, for safety reasons they must inform the office, heads of houses, tutors and head of boarding, but without divulging any confidential medical details.
- 10.4.2 Names and times of pupils having consultations with the doctor can be given to dorm staff, but without any confidential medical information including the reason for the consultation.

### **10.5 Pastoral Concerns**

- 10.5.1 The Head Nurse will meet with heads of houses on a weekly basis to discuss pastoral concerns of any pupils. It is recognised that although it is desirable for teaching/pastoral staff to be aware of any social

issues, nurses are still bound by their code of confidentiality, and must be mindful of this when sharing information.

10.5.2 If the nurse feels that the pupil has raised an issue where they would benefit from support from their teachers, they will strongly encourage them to give consent for the nurse to discuss it with the relevant staff and also for the pupils themselves to seek support from other staff where appropriate.

10.5.3 If the nurse feels it is in the child's best interest to breach their confidentiality, for example in cases of child abuse or serious bullying, then they must inform the pupil prior to disclosing any confidential information to other staff or parents. The nurse must be aware that she may need to justify these actions at a later date to the NMC and/or a court of law. (See Safeguarding Children and Child Protection Policy).

## **10.6 Respect of privacy and dignity**

10.6.1 The nurse must respect the privacy and dignity of the pupil at all times. She must take this into consideration during medicals, assessment of a pupil's condition and treatment of an injury.

10.6.2 The pupil must be able to feel that she can come to the nurse in total confidence to discuss any issues

## **11. Policy for pupils with medical conditions that are known to the school**

11.1 This covers pupils with pre-existing or known medical conditions such as diabetes, epilepsy and asthma. When the school is notified by a parent or healthcare professional that a pupil has been diagnosed with a medical condition, or will be transferring to the school or returning after prolonged absence the Headmaster will implement the procedure outlined in Annex A to draw up an individual healthcare plan. The school is conscious that it is vital to ensure that all staff are prepared at all times for a medical emergency as far as is practicably possible. The points below outline the provision in place for preparing for this type of an emergency:

- All staff are given up to date and regular training;
- A record of all pupils who have access to asthma inhalers, Adrenaline Auto Injectors (AAI), injections, or similar medical equipment is kept up to date and circulated to all members of staff; this type of medication will be kept in the Medical Centre, suitably labelled and easily accessible in case of an emergency. Staff will be made aware of each individual's circumstances however, under no circumstances will a pupil be prevented from accessing their inhalers and medication and administering their medication when and where necessary
- All staff will ensure that pupils will always be permitted to drink, eat or take toilet or other breaks whenever they require in order to manage their medical condition effectively. Where a pupil becomes ill and needs to visit the school office/medical room they will always be accompanied by a responsible escort.
- A database will be kept on the central school system that details pupils at risk of certain conditions, such as anaphylactic shock. The Head Nurse is responsible for reviewing this on a regular basis and ensuring that it is up to date. It will be made clear to staff that they have a responsibility to regularly remind themselves which students are on this list, and what they should do in the case of an emergency.
- In the case of a medical emergency, as defined by the individual healthcare plan, the Medical Centre Nurse should be contacted Emergency services should be contacted where they are needed.
- If a pupil becomes acutely unwell during the course of the school day the parents will be informed as soon as possible so that this may be monitored for any ongoing effects. A record should be made of all such incidents



- If a pupil needs to be taken to hospital, a member of staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

## **12. Managing medicines on school premises**

12.1 The school is only responsible for administering medicines when not to do so would be detrimental to the pupil's health or school attendance. The school requires that parents should always notify the school of any side effects of any medication to be administered at school. The following key points guide the school's policy on managing medicines in accordance with the statutory guidelines for [\*Supporting Pupils at School with Medical Conditions\*](#).

- A record of all medication administered will be kept with dosages and times logged in each instance. This will also show who administered the dose and to whom.
- No pupil will be given prescription or non-prescription medicines without their parent's consent.
- Wherever clinically possible, the school requests that medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- The school will only accept prescribed medicines that are in-date, labelled in English (or accompanied by a letter in English from the prescribing doctor) and provided in the original container as dispensed by a pharmacist. They must include instructions for administration, dosage and storage. It is accepted that insulin will be provided in pen/pump form.
- Medicines will be stored safely at all times. Items such as inhalers, blood glucose meters and adrenaline pens should be always readily available and will not be locked away.
- Where a child has been prescribed a controlled drug, this will be administered by a member of staff in accordance with the prescriber's instructions. Staff administering medicines should do so in accordance with the prescriber's instructions.
- Any medication which is no longer required will be returned to the parent or safely disposed of.
- Sharps boxes will always be used for the disposal of needles and other sharps.

## **13. Controlled Drugs**

Medication is stored in a locked cupboard with controlled drug record book. If medication is taken out of school on a trip it is stored in a locked pouch under teacher supervision and signed in and out from the medical centre. A controlled drug stock check is carried out daily by the nurse on duty.

## **14. Over the Counter Medication**

14.1 The school provides a wide range of medication for treatment of medical conditions, and it is therefore not necessary for parents to send over the counter medications.

14.2 The school will also provide a holiday supply of regular medication for any child requiring it.

## **15. Procedure in the event of an illness during the day**

15.1 If a pupil falls ill while in a school lesson, they should immediately tell the member of staff in charge, who will assess the situation and decide the best course of action. They will be accompanied to the Medical Centre. Outside medical centre opening hours they will be accompanied to the boarding sick bay. Pupils who are clearly in pain, are distressed, or are injured will never be required to go to the Medical Centre or Sick Bay unaccompanied.

- 15.2 The medical centre has six beds in three rooms so boys and girls can be accommodated in separate rooms. The medical centre has separate shower and toilet facilities. Including toilet and washing. When the medical centre is open it is staffed by qualified nurses. Parents will be notified if a pupil is admitted to the medical centre.
- 15.3 The nurse will administer the appropriate first aid and parents will be called to pick up their child if they are too unwell to complete the rest of the day. If a parent or carer is unable to get to the school to pick up the child, the child will remain in the Medical Centre until they are able to get there at the end of the school day or arrange for another family member or carer to collect them.
- 15.4 If a child who is sent home early is still too unwell to attend school the next day, parents should follow the procedure outlined in subsection 17. The school aims to reduce the risk of a spread of infection or illness and asks parents to keep their child at home where there is risk. Staff will work with pupils who have missed classes to ensure that they are able to catch up on all the classwork that has been done in their absence.

## **16. Procedure in the event of illness overnight**

- 16.1 Overnight the boarders are cared for in sick bays – one in the boys boarding house and one in the girls boarding house. The sick bays have separate toilet and washing facilities and appropriate cleaning regimes to mitigate the spread of infections. Resident boarding staff and matrons are trained in first aid and the administration of medication.
- 16.2 Every evening the on duty nurse provides a handover to the resident boarding matron which includes advice and medication to be administered to boarding pupils overnight. All medication in the boarding houses is administered with two members of staff present and recorded for handover to the medial centre the next morning. Parents will be notified if a boarder is admitted to the boarding sick bay.

## **17. Reporting continued absence due to illness**

- 17.1 Most cases of absence due to illness are short term, but parents will need to make a phone call to alert the school each day of absence. When the child returns to school, they should bring a note from their parent explaining the absence – this is for the school records.
- 17.2 For prolonged absence due to illness, parents may be asked to provide the school with medical evidence such as a note from the child's doctor, an appointment card, or a prescription paper.

## **18. Procedure in the event of an accident or injury**

- 18.1 In the case of an accident or injury, the member of staff in charge should be informed immediately. They will assess the situation and determine whether or not emergency services need to be called. The Nurse should be called for as soon as possible and should be informed of the injury, even if their assistance is not required.
- 18.2 First aiders should be called if the Nurse is unavailable for any reason. If the first aider feels they cannot inadequately deal with the injury then they should arrange for access to appropriate medical care without delay.

- 18.3 Any accident involving Pupil, staff or visitor should be recorded in the schools electronic accident data. Details of any accident involving pupils should also be entered into their electronic medical notes.
- 18.4 Parents should be informed of any significant injury and treatment given by email and / or hand written note on the same day the accident occurred. If a child sustains a head injury the parent should be contacted by phone and appropriate advice given.

## **19. Emergency services**

- 19.1 An ambulance should always be called by staff in the following circumstances:
- a significant head injury
  - fitting, unconsciousness, or concussion
  - difficulty in breathing and/or chest pains
  - a severe allergic reaction
  - a severe loss of blood
  - severe burns or scalds
  - the possibility of a serious fracture
  - in the event that the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, or if they are unsure of the correct treatment.
- 19.2 If an ambulance is needed, front office should be asked to call for one. The duty SLT member should be immediately advised and ensure that access to the school site is unrestricted and that the casualty can be easily accessed by emergency services when they arrive.
- 19.3 Pupils who are taken to hospital in an ambulance will be accompanied by a member of staff unless parents are able to reach the school site in time to go with their child themselves. Ambulances will not be delayed for waiting for parents to arrive at the school. Parents will be informed immediately of any medical emergency and told which hospital to go to.
- 19.4 All accidents and injuries must be reported.

## **20. Procedure in the event of contact with blood or other bodily fluid**

- 20.1 The school understands the importance of ensuring that the risk of cross-contamination is reduced as far as is reasonably practicable, and the training that staff and first aiders undertake outlines the best practice for this. It is important that the first aider at the scene of an accident or injury takes the following precautions to avoid risk of infection to both them and other pupils and staff:
- cover any cuts and grazes on their own skin with a waterproof dressing
  - wear suitable disposable gloves when dealing with blood or other bodily fluids
  - wash hands after every procedure.
- 20.2 If the first aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids that are not their own, the following actions should be taken without delay:
- wash splashes off skin with soap and running water
  - wash splashes out of eyes with tap water or an eye wash bottle
  - wash splashes out of nose or mouth with tap water, taking care not to swallow the water
  - record details of the contamination

- report the incident to a Head Nurse and take medical advice if appropriate. The Head Nurse will then arrange for the proper containment, clear-up and cleansing of the spillage site.

## **21. First aid provision for PE and Games**

The risk of injury is increased during physical activity. Each member of staff in the PE department and games taker has a named first aid bag. The member of staff is responsible for ensuring they have their first aid kit alongside them for activities and that their named first aid bag is fully stocked . All game takers should be aware of where their first aid bag is stored, what should be in it and appropriate use.

### **21.1 Sports Fixtures**

#### **21.1.1 Responsibilities of Head of PE and the Head of Games**

- The Head of PE and Head of Games are responsible for ensuring team sheets are submitted to the medical centre by, at the latest, 5pm the day preceeding a fixture.
- The Head of PE and the Head of Games are to undertake a check of teams on the morning of the fixture and make any changes to team sheets to reflect pupil and staff absence on that day. Medi should be notified immediately of any pupil changes.

#### **21.1.2 Responsibilities of Game Takers**

- Ensure they have a fully stocked first aid bag with them
- Collect and sign out from the Medical Centre any required medication and care plans for the pupils within their team (and discuss any relevant medical information with the on duty nurse)
- Review the risk assessment for their activity and ensure that all mitigating measures are implemented
- Check the team sheet and provide to front office. The sheet must include
- The names of each pupil in the team
- Vehicle being used (which minibus or coach)
- The activity taker's name and phone number
- The drivers phone number (if not the lead staff member driving)
- Name and phone numbers of any other staff assigned to the team.
- Register the team on the bus before departure
- On arrival at the fixture, advise the team where the pick-up point will be
- At the end of the fixture, ring front office before departure to advise on ETA and names of any pupils signed out by parents (and front office to update lists accordingly)
- Return any sign in any medications to the medical centre on the return from the fixture

#### **21.1.3 General Protocols that Games Takers must adhere to**

- All activity takers must ensure they have the mobile phone numbers of all other activity takers on away fixtures, the school number and the name and number of the Duty SLT Member.
- Activity leaders should communicate with one another at fixtures of any issues that arise and contact school office when necessary
- Activity leaders are responsible for collecting and returning all medications to the medical centre.
- It is good practice for staff who are in charge of away fixtures and off-site activities to check with the host school that there is adequate first aid provision in place.
- If an accident or injury does occur, first aid should be provided, in the first instance, by the games taker
- If the pupil must visit the host-school's nurse's office or is given first aid treatment elsewhere, a member of staff from our school should be with them at all times.

- Where necessary in an emergency situation, pupils should be taken to the nearest Accident and Emergency Department.
- Injuries that occur off-site should be reported to the Head Nurse on return to the school, who will provide first aid follow-up care where necessary.

#### **21.1.4 Responsibilities of Front Office**

- To collect team sheets on the morning of fixtures and not accept team sheets that have any details missing
- Receive any updates from activity takers and action accordingly (e.g. changes to return times)

### **21.2 Pitch side emergency**

21.2.1 In the rugby season, a qualified physiotherapist, providing pitch side first aid, is in attendance pitch side for all match fixtures. If deemed necessary by the physiotherapist, an ambulance can be called to attend pitch side during matches. During training, any injury will be assessed by the team coach and appropriate action taken.

21.3 With all other sports the team coach will initially assess any injuries on the pitch / court and then the appropriate action taken. This maybe that a child can be escorted up to the medical centre or a nurse attends pitch / court side.

### **21.3 Managing a head injury during sporting activity**

Should a pupil have a head injury, staff must remember basic first aid and, in the first instance, check for the possibility of a neck injury and assess if it is safe to move the pupil. Players suspected of having a head injury/concussion must be removed from play immediately (if safe for them to move) and not return. Any pupil with a suspected head injury/concussion should be monitored and not be left alone. It is important to realise that the signs and symptoms of concussion may only last a matter of seconds or minutes and can easily be missed. IF IN DOUBT, SIT THEM OUT. In the event of a head injury, the medical centre and the pupils' parents/guardian will be informed at the earliest opportunity.

## **22. First Aid Provision for Educational Visits**

22.1 The Educational Visits Procedure sets out the required ratios for staff to pupils on educational visits. At least one member of staff supervising an educational visit will hold a First Aid Certificate. In EYFS trips, there will be at least one member of staff with a Paediatric First Aid Certificate.

22.2 The lead staff member is responsible for informing the school nurse in advance of children attending educational visits and collecting and returning any personalised medical kits. The lead staff member must ensure they have received and understood any instructions from the school nurse on the administration of medications.

22.3 If controlled medication is required to be administered during a school visit then this can only be done so by a member of staff whom is OPUS trained.

22.4 First aid boxes should be taken from the Medical Centre's office and returned back to the same place. These will be taken on any off-site activity and should be signed out and in from the nurse's office.

## **23. Reporting accidents, emergencies, and first aid administration**

23.1 At the earliest opportunity, the member of staff should report back to the nurse on duty in the Medical Centre. The Nurse will then enter the relevant accident data onto the pupil's electronic record

- 23.2 Accidents that fall under health and safety issues should also be reported in line with procedures outlined in the school health and safety policy.
- 23.3 All injuries that have occurred, and first aid that has been carried out both on and off-site should be reported to the Nurse, no matter how minor the injury. The Nurse is responsible for ensuring that all accident data is recorded on the pupil's electronic record. The Compliance Officer conducts a termly review of accident report data which is submitted to the Health and Safety Committee. The Head Nurse ensures that accident report data is kept up to date and recorded online. A written record should also be kept of all medicines that are administered to children, including those prescribed for pupils with individual healthcare plans.
- 23.4 The Head Nurse is also responsible for ensuring that parents are kept up to date as is appropriate regarding the health of their child in school, injuries that they have sustained, and medical treatment that they are receiving. In an emergency situation or in the case of a serious injury, parents will be informed as soon as is practicably possible.
- 23.5 The Head Nurse should report to the Bursar and SLT on the effectiveness of the first aid provision, to ensure that the school is continuously on top of first aid best practice and incidents and accidents can be avoided as far as is reasonably practicable.
- 23.6 All reports will be kept in accordance with our Data Protection Policy and Storage and Retention of Records and Information Policy.

## **24. Serious incidents**

Serious incidents will also be recorded and reviewed by the senior leadership team. The governing body will review cases of serious incidents and determine what, if any, steps could be taken in order to ensure that the same accident does not happen in the future. The types of minor accidents reported (no personal details discussed) will be reviewed at senior leadership team meetings to determine whether there are any accident trends that could be avoided.

## **25. Reporting to HSE**

- 25.1 The school is legally required to report certain injuries, diseases and dangerous occurrences to the HSE. Where there is a death or major injury this should be reported by calling the Incident Contact Centre (ICC) on 0345 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm). All other reportable injuries should be reported online <http://www.hse.gov.uk/riddor/report.htm>.
- 25.2 A RIDDOR report is required only when:
- the accident is work-related – the work activity itself must contribute to the accident
  - it results in an injury of a type which is reportable
- 25.3 It is the responsibility of the Head Nurse/Bursar to report to the HSE when necessary.
- ### **25.4 Specified injuries to workers**
- 25.4.1 Specified injuries under RIDDOR are
- fractures, other than to fingers, thumbs and toes
  - amputations
  - any injury likely to lead to permanent loss of sight or reduction in sight
  - any crush injury to the head or torso causing damage to the brain or internal organs

- serious burns (including scalding) which:
  - covers more than 10% of the body
  - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
  - leads to hypothermia or heat-induced illness
  - requires resuscitation or admittance to hospital for more than 24 hours

### **25.5 Over-seven-day incapacitation of a worker**

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven-day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

### **25.6 Over-three-day incapacitation**

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. As an employer, the school must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

### **25.7 Non fatal accidents to pupils and visitors**

25.7.1 Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

25.7.2 There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

### **25.8 Incident investigations**

25.8.1 An investigation may be launched by external authorities in the case of accidents or incidents that fall under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

25.8.2 Accident reports will be reviewed and witnesses may be interviewed.

25.8.3 Senior managers or governing bodies may decide to conduct internal investigations into less serious incidents to ensure that policy and procedure are being used correctly and effectively, and that future incidents of a similar nature can be avoided.

## **26. Homeopathic medication**

We are not in a position to administer any homeopathic medication unless prescribed by a registered homeopathic clinic. A letter from the practitioner must accompany all homeopathic medication. If prescribed homeopathic medication is brought to school it must be provided in its original packaging, clearly labelled in English (or accompanied by a letter in English from the prescribing doctor) and be handed to the medical centre.

## **27. Registration and Vaccinations**

27.1 All boarding pupils should be registered as NHS patients with the school doctors, and use NHS hospitals in the first instance for emergency treatment. Parents are asked to complete the Family Doctor Services

Registration Form on behalf of their child/children, to enable the school to complete the registration process.

27.2 Private referrals are made only with parents' consent and insurance details.

27.3 Children in school are offered a flu vaccine each year under the NHS flu-vaccination scheme subject to parental consent. Other immunisations are offered as appropriate, following discussion with the Head Nurse and subject to parental consent.

## **28. Health Checks**

In line with NHS guidance, Reception year pupils undergo checks on vision, hearing, height and weight and year 6 pupils undergo a height and weight check. Please contact the Medi Centre should you have any queries on this.

## **29. Travel Immunisations**

These can be arranged by writing to the Head Nurse. Vaccinations are either administered at school or may require travel to a local clinic (which will incur a taxi charge to parents). There is a charge for some travel vaccines.

## **30. Related policies and procedures**

- Health and Safety Policy
- Safeguarding Children and Child Protection Policy
- Medical Handbook

## **31. Policy Review**

This policy will be reviewed:

- at regular intervals
- after major accidents, incidents and near misses that have first aid implications
- after any significant changes to workplace, working practices or staffing.



## **Annex A: Individual Healthcare Plans**

### **Devising an individual healthcare plan**

On being informed by a parent or healthcare professional that a pupil has been newly diagnosed, or is due to attend or return to school after a prolonged absence the school will begin the following process to devise an individual healthcare plan to ensure that the pupil is actively supported:

1. A delegated member of the leadership team will meet with key school staff, child, parent and relevant healthcare professionals (or to read written evidence provided by them) to determine the pupil's needs. They will also identify a member of staff to provide support to the pupil.
2. In conjunction with input from the healthcare professionals an individual healthcare plan will be drawn up.
3. The plan will also identify any school training need required and in conjunction with healthcare professionals this specialist training will be undertaken and school staff signed off as competent.
4. The plan will be circulated to all relevant parties and to all relevant staff and a review date set.
5. The plan is implemented. The plan will be reviewed at the annual review date by all parties or sooner if parents or healthcare professionals feel there is a change in circumstances.

### **Contents of an individual healthcare plan**

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this documentation will be used to inform development of their individual healthcare plan. Every individual healthcare plan will contain:

1. Details of the medical condition.
2. An explanation of the pupil's individual needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing and how this impacts on aspects of day-to-day living, e.g. access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.
3. Details of any specific support required for the pupil's educational, social and emotional needs, e.g. 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.
4. Details of the level of support required and the level to which they can take responsibility for managing their own health needs. This will include details of support required in emergencies.
5. Details of who will provide support within the school along with an explanation of how they will be trained and how their proficiency will be evaluated.
6. Details of cover arrangements for when the key support member of staff is unavailable.
7. Arrangements for procedures for school trips or other school activities outside of the normal school timetable to ensure the child can participate, e.g. risk assessments.
8. An explanation of what to do in an emergency, including contact details and contingency arrangements.
9. Where confidentiality issues have been raised by either parent or child there will be a list of designated individuals to be entrusted with information about the child's condition.
10. Details of how complaints may be made and how these will be handled concerning the support provided to pupils with medical conditions.

## **Annex B - Guidelines on Confidentiality - Royal college of Nursing**

As part of their Professional Code of Conduct, nurses are obliged to uphold medical confidentiality. A breach of confidence by a nurse may render them liable to disciplinary proceedings by the Nursing and Midwifery Council (NMC). Nurses also have a legal (common law and statutory) duty of confidentiality to pupils.

The pupil has legal rights to confidentiality, which depend on their level of development, intelligence and ability to understand. The nurse will always seek the child's consent to disclose confidential health information to parents and, in appropriate circumstances, the school head teacher. If consent is withheld, there is a prima facie legal duty of confidentiality that forbids disclosure.

Within a school this can cause a conflict of interest and call for certain amount of understanding on both sides. Although employed by the school, the nurse's (and also the school doctor's) obligation is ultimately to the patient. It is necessary to establish what is reasonable information to divulge to a third party on a 'need to know' basis.

It is reasonable to expect that parents/guardians may be informed of cases of illness and accident. But there are some sensitive health matters, about which the pupil may not wish their parents or the school to know. Legally the nurse has to respect this, while at the same time trying to persuade the pupil that it will be better for them to discuss the matter with their parents/guardians. These situations often arise about contraception issues, other sexual health matters, and alcohol and drug misuse.

Rarely, if the nurse considers that it is in the pupil's best interests to disclose information to the school or parents, then they must inform the pupil before doing so, and be fully prepared to justify their actions at a later date if necessary. For example, if child abuse is suspected the nurse has a duty to share concerns with the relevant authorities.

Every school should have a policy, of which parents and teaching staff are aware, that covers the nurse's professional and ethical obligations, including confidentiality. It is important to remember that the duty of confidentiality to the patient is greater than that owed to the school which employs the nurse. The only times when this confidentiality may be breached are if:

- The child consents to disclosure in writing
- A Court of Law requires disclosure
- Disclosure is justified in the public interest or in the child's best interests, as in the case of child protection issues.

## **Annex C - Confidentiality - Nursing and Midwifery Council (NMC)**

As Nurses and Midwives, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately. To achieve this, you must:

- You must respect people's right to privacy in all aspect of their care.
- You must ensure people are informed how and why information is used and shared by those who will be providing their care
- Respect that a person's right to privacy and confidentiality continues after they have died.
- Share necessary information with other healthcare professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality, and
- Share with people, their families and their carer's, as far as the law allows, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand

To trust another person with private and personal information is a significant matter. The person who is in the care of the nurse or midwife has a right to believe that the information given to them in confidence is only used for the purpose for which it was given and will not be disclosed to others without permission.

records of information belong to the organisation and not the professional staff who make the records. No-one in that organisation has the legal right to access to the information in those records, which remain confidential.

The terms and conditions of employment for all employees not directly involved with people in the care of nurses and midwives, but have access to or handle confidential records, should contain clauses that emphasise the principles of confidentiality. These terms and conditions should clearly show that disciplinary action could result if these principles are not met.



**Annex D - Health Protection in Children and Young People Settings, Including Education - Exclusion table (October 2023)**

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, <a href="#">consult your local health protection team (HPT)</a> .
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell.  Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.  For more information, see <a href="#">Managing outbreaks and incidents</a> .

<b>Infection</b>	<b>Exclusion period</b>	<b>Comments</b>
Diphtheria*	Exclusion is essential.  Always consult with your <a href="#">UKHSA HPT</a> .	Preventable by vaccination. Family contacts must be excluded until cleared to return by <a href="#">your local HPT</a> .
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to <a href="#">your local HPT</a> .  For more information, see <a href="#">Managing outbreaks and incidents</a> .
Glandular fever	None	
Hand foot and mouth	None	<a href="#">Contact your local HPT</a> if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, <a href="#">your local HPT</a> will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your <a href="#">UKHSA HPT</a> for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR.  Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. <a href="#">Your local HPT</a> will advise on any action needed.

<b>Infection</b>	<b>Exclusion period</b>	<b>Comments</b>
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your <a href="#">UKHSA HPT</a> will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your <a href="#">UKHSA HPT</a> for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, <u>please contact your <a href="#">UKHSA HPT</a></u> .
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.

Infection	Exclusion period	Comments
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB).</p> <p>Exclusion not required for non-pulmonary or latent TB infection.</p> <p>Always consult <a href="#">your local HPT</a> before disseminating information to staff, parents and carers.</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.</p> <p><a href="#">Your local HPT</a> will organise any contact tracing.</p>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	<p>Preventable by vaccination.</p> <p>After treatment, non-infectious coughing may continue for many weeks. <a href="#">Your local HPT</a> will organise any contact tracing.</p>