



Mission Statement
 "A Caring Christian Family Where We Grow Together"

FIRST AID in SCHOOLS PROCEDURE

Effective Date: 01/04/2017

Review Date: Sept 2025 Annual

Review Date	Signed Head Teacher	Signed Director RCSAT
06/09/2018	<i>J. L. J. J. J.</i>	<i>P. B. B.</i>
18/09/2019	<i>J. M. Badger</i>	<i>P. B. B.</i>
30/09/2020	<i>J. M. Badger</i>	<i>P. B. B.</i>
30/09/2021	<i>J. M. Badger</i>	<i>P. B. B.</i>
30/09/2022	<i>J. M. Badger</i>	<i>P. B. B.</i>
30/09/2023	<i>J. M. Badger</i>	<i>P. B. B.</i>
30/09/2024	<i>J. M. Badger</i>	<i>P. B. B.</i>

Persons Responsible for Policy:	Executive Headteacher RCSAT
Approval Date	01/04/2017
Signed:	Director RCSAT
Signed:	Executive Headteacher RCSAT



1. Health, Illness and Emergency

- 1.1. The Directors of RCSAT believe that it is of paramount importance that children are in school as often as possible in order that they can make the best possible progress. The health and well-being of children is essential and the school will support all parents who have any concerns about their child's well-being.
- 1.2. In order to maintain a clean and healthy environment for all our children, parents are asked to refrain from bringing children to school if they are sick and displaying signs of illness.
- 1.3. RCSAT recognises its responsibility to manage sick children and those requiring First Aid carefully and sympathetically, promoting a culture where health issues are discussed in an open and positive way to achieve high standards.

2. Implementing the Procedure

2.1. Responsibilities

- 2.1.1. The Executive Headteacher shall have overall responsibility for the implementation of this Procedure and shall ensure that all aspects are managed appropriately.
- 2.1.2. To facilitate this, the Executive Headteacher has designated named staff and governors to manage aspects of this procedure, including co-ordination and health and safety governance overview, reporting any issues to the Executive Headteacher.
- 2.1.3. The named persons are detailed in Appendix 3 of the procedure.
- 2.1.4. The object of this procedure shall be to provide a clear procedure that is understood and accepted by all staff, and children, providing a sound basis for ensuring that sick children and those with First Aid needs receive proper care and support in school.
- 2.1.5. Under duties set out in the Health & Safety (First Aid) Regulations 1981, the Directors of RCSAT recognise their responsibilities in providing adequate and appropriate equipment, facilities and personnel to enable suitable first aid to be given at the School.
- 2.1.6. The RCSAT has adopted and follows the First Aid Code of Practice.
- 2.1.7. Each school in RCSAT shall have a First Aid Risk Assessment to ensure that enough qualified first aiders are provided.
- 2.1.8. The School shall request and obtain from parents/carers a completed and signed Emergency Medical Treatment Statement, enabling any member of staff so empowered (acting in loco parentis) to give permission for emergency medical treatment for their child in the event of a major accident, incident or illness occurring at the school.

2.2. Rationale and Aims

- 2.2.1. The procedure defines the approach by the school to:
 - 2.2.1.1. Ensure sick children are identified,
 - 2.2.1.2. Ensure sick children are cared for appropriately,
 - 2.2.1.3. Protect children and adults from preventable infection,
 - 2.2.1.4. Enable staff and parents to be clear about the requirements and procedures when children are unwell,
 - 2.2.1.5. Deal efficiently and effectively with First Aid emergencies that may arise while children are in our care.

2.3. Extract from Statutory Guidance (2014) "Managing Medicines on School Premises"

- 2.3.1. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- 2.3.2. No child under 16 should be given prescription or non-prescription medicines without written consent from the child or parent/carer.



- 2.3.3. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- 2.3.4. Medication, e.g. for pain relief, should never be administered without first checking the maximum dosages and when the previous dose was taken.

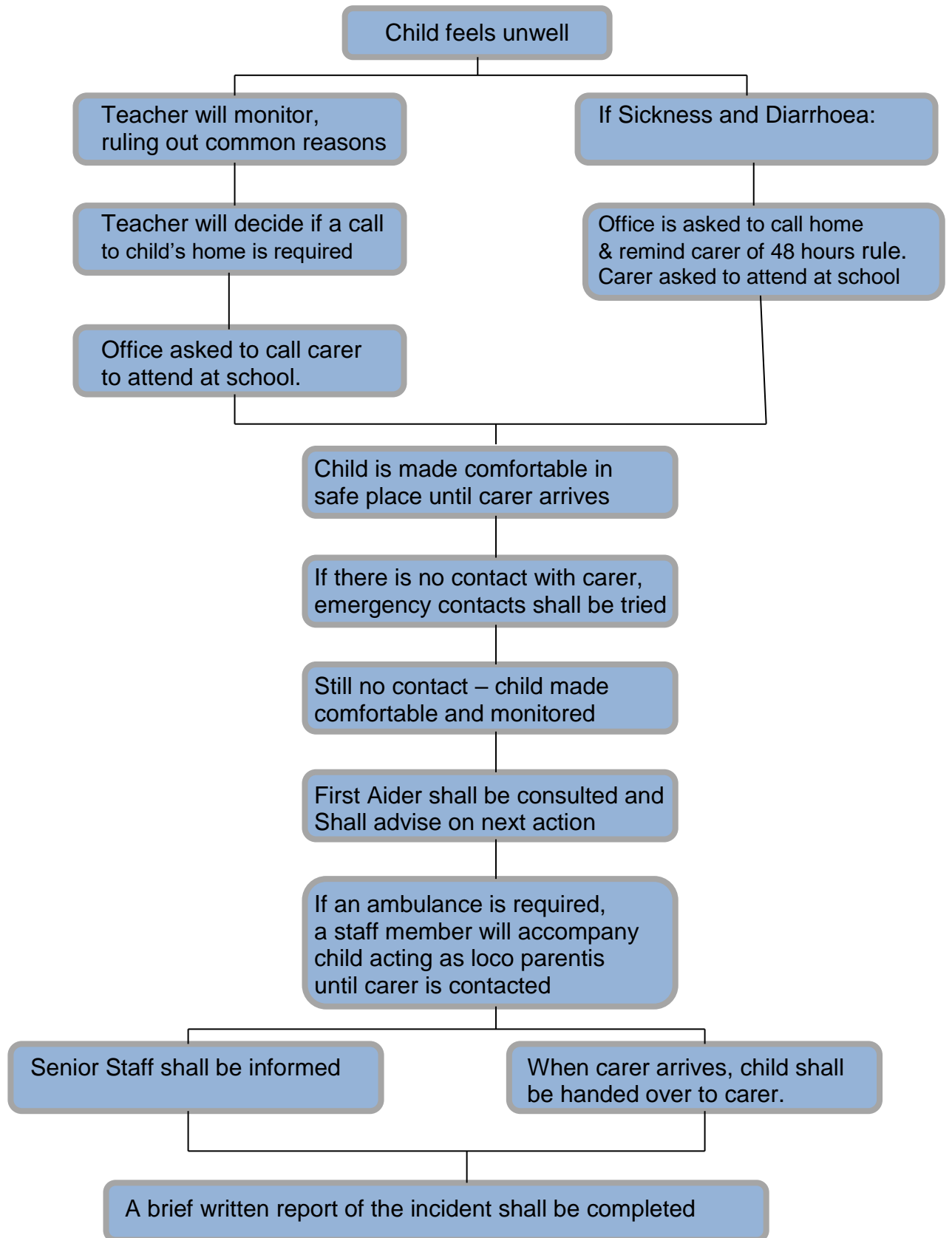
3. Notifiable Diseases

- 3.1. If a notifiable disease is suspected or reported by a parent/carer the admin manager/ senior leader shall contact the health protection agency and school shall follow the advice given.
- 3.2. The school shall also inform Ofsted, if directed, that a notifiable disease has been confirmed by the health protection agency.



4. Procedure for a Sick Child

4.1. If a child becomes ill in school, the flowchart shall be followed:



5. Procedure for First Aid

- 5.1. The School shall have designated members of staff responsible for First Aid.
- 5.2. First aiders shall hold a current First Aid Certificate and shall be responsible for maintaining the correct contents of all First Aid boxes and administering First Aid when necessary and appropriate.
- 5.3. Several members of staff shall also hold the Paediatric First Aid qualification.
- 5.4. Within the Early Years setting, at least one person who has a current Paediatric First Aid certificate shall be on site at all times when children are present and shall accompany children on outings.
- 5.5. The names of staff who are nominated First Aiders or who have completed First Aid qualifications shall be displayed around the school and detailed in Appendix 3.
- 5.6. The First Aid box shall be checked regularly to ensure its contents are up to date, in good condition and fulfil the criteria set out in the Health and Safety (First Aid) Regulations 1981.
- 5.7. The location of the First Aid box and the names of any qualified first-aiders shall be displayed clearly around the School's premises.
- 5.8. A First Aid box shall be taken on all off-site visits or outings under the responsibility of the First Aider accompanying the group on the visit. Where this is not possible, the Phase Leader shall be responsible for the First Aid box.
- 5.9. A member of the SLT shall regularly monitor first aid incidents on medical tracker to ensure that procedures are being followed correctly.
- 5.10. The following pages include two flowcharts in order to help staff deal with accidents, the first for major incidents and the second for minor injuries.

6. First Aid Guidance

- 6.1. Always wear gloves when administering First Aid.
- 6.2. Entries of the incident will be recorded on Medical Tracker
 - 6.2.1. Name of child and class,
 - 6.2.2. Name of the person reporting the accident and the first aider if different
 - 6.2.3. Date and time where the incident occurred and what happened,
 - 6.2.4. Details of the resulting injury,
 - 6.2.5. What treatment was given and by.
- 6.3. Parents/Carers shall be notified of any head bump incidents via email and text alert.
- 6.4. Any serious injuries (other than non-serious bruises, grazes, etc) will require the Parent/Carer to be contacted as quickly as possible.
- 6.5. If the accident occurs due to a Health and Safety oversight, the details shall be passed to the Site Maintenance Officer.

7. Record Keeping

- 7.1. The following records shall be retained by the school:
 - 7.1.1. Parent/Carer completed Emergency Medical Treatment Statements,
 - 7.1.2. Parent/carer medication administration permission, medical file
 - 7.1.3. First Aid incident on Medical Tracker
 - 7.1.4. Prime Incident reports, health & safety file
 - 7.1.5. Major Incident Investigation reports, health & safety file

8. Procedures and Responsibilities for Allergy Management:

- 8.1. On entry to the school parents are required to inform the school of any known food allergies that their child has. This information is entered on the school's data base from the enrolment form



- 8.2. Parents must advise the school of the action that should be taken if their child develops the symptoms of an allergic reaction while in school. If a child has an allergy requiring an EpiPen, or the risk assessment deems it necessary, an Individual Health Care Plan (see Template A: individual healthcare plan) must be completed and signed by the parents.
- 8.3. If school staff are required to administer medication, then Template B (parental agreement for setting to administer medicine) shall be completed. Parents of allergy children will be given a copy of this policy. Parents should update this information if an allergy is diagnosed at any stage in their child's education.
- 8.4. The school shall involve families and staff in establish individual Health Care Plans or Risk Assessments.
- 8.5. The school shall establish and maintain practices for effectively communicating a child's healthcare plans or risk assessments to all relevant staff.
- 8.6. The school shall ensure the delivery of Staff training in anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- 8.7. The school shall ensure age appropriate education of the children with severe food allergies.

9. Medical Information

- 9.1. The school shall seek updated information via medical form at the commencement of each calendar year. I.e. allergies/known medical conditions
- 9.2. Furthermore, any change in a child's medical condition during the year must be reported to the school.
- 9.3. For a child with an allergic condition, the school requires families to provide written advice from a doctor (GP), which explains the condition, defines the allergy triggers and any required medication.
- 9.4. The Principal shall ensure that a Health Care Plan or Risk Assessment is established and updated for each child with a known allergy. These are completed by a member of the Inclusion Team.
- 9.5. All members of staff are required to review and familiarise themselves with the medical information.
- 9.6. Children with allergies will have a recent photograph and information regarding their medical needs posted in relevant rooms with parental permission.
- 9.7. Where children with known allergies are participating in school excursions, the risk assessments must include this information.
- 9.8. The wearing of a medic-alert bracelet is allowed by the School.

10. Medical Information (EpiPens)

Where EpiPens (Adrenalin) are required in the Health Care Plan or Risk Assessment:

- 10.1.1. Families are responsible for the provision and timely replacement of the EpiPens.
- 10.1.2. The EpiPens are located securely in relevant locations approved by the Principal.
- 10.1.3. EpiPens will be located so that all adults involved with the child know where they are at all times.

11. The Role of Families

Families are responsible for providing, in writing, on-going accurate and current medical information to the school.

- 11.1. Families are to send a letter or meet with either SENCo or Principal of School to confirm and detail the nature of the allergy; including:
 - 11.1.1. The allergen (the substance the child is allergic to)
 - 11.1.2. The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock)

- 11.1.3. What to do in case of allergic reaction, including any medication to be used and how it is to be used.
- 11.1.4. Control measures – such as how the child can be prevented from getting into contact with the allergen.
- 11.1.5. If a child has an allergy requiring an EpiPen, or the risk assessment deems it necessary, a Health Care Plan or Risk Assessment must be completed and signed by the families.
- 11.1.6. It is the responsibility of the families to provide the school with up to date medication / equipment clearly labelled in the original packaging.
- 11.1.7. In the case of life saving medication like EpiPens the child will not be allowed to attend without it.
- 11.1.8. Families are also required to provide up to date emergency contact information.
- 11.1.9. Snacks and lunches brought into school are provided by each child's Parent.
- 11.1.10. It is their responsibility to ensure that the contents are safe for the child to consume.
- 11.1.11. Families should liaise with Staff about appropriateness of snacks and any food-related activities (e.g. cooking)
- 11.2. We realise as a school that some families may share information about allergies that have not been medically identified. However, we will treat this information in the same way.

12. The Role of Staff

- 12.1. Staff are responsible for familiarising themselves with the policy and to adhere to health & safety regulations regarding food and drink.
- 12.2. If a child's School Admissions Form states that they have an allergy then a Health Care Plan or Risk Assessment will be written by the Principal, with the parents. A risk assessment may be carried out and any actions identified to be put in place. The Assessment should be stored with the child's Health Care Plan.
- 12.3. Upon determining that a child attending school has a severe allergy, a meeting will be set up as soon as possible where all staff concerned attend to update knowledge and awareness of child's needs.
- 12.4. All staff who come into contact with the child will be made aware of what treatment/medication is required by the Principal and where any medication is stored.
- 12.5. All staff are to promote hand washing before and after eating.
- 12.6. Snack time foods are monitored by staff and are peanut, nut free and other allergens depending on the children attending. All staff should know the procedures at snack and lunch time to ensure the safety of children with allergies. However, staff cannot guarantee that foods will not contain traces of nuts.
- 12.7. All tables are cleaned with an approved solution.
- 12.8. Children are not permitted to share food.
- 12.9. We provide specific EpiPen use training.
- 12.10. We may ask families for a list of food products and food derivatives the child must not come into contact with.
- 12.11. Emergency medication should be easily accessible, especially at times of high risk.
- 12.12. Staff should liaise with families about snacks and any food-related activities.

13. Actions

- 13.1. In the event of a child suffering an allergic reaction:
 - 13.1.1. We will delegate someone to contact the child's families.
 - 13.1.2. If a child becomes distressed or symptoms become more serious telephone 999.
 - 13.1.3. Keep calm, make the child feel comfortable and give the child space.
 - 13.1.4. If medication is available it will be administered as per training and in conjunction with the Supporting Children with Medical Conditions Policy.



13.1.5. If families have not arrived by the time ambulance arrives, a member of staff will accompany the child to hospital.

13.1.6. If a child is taken to hospital by car, two members of staff will accompany them.

14. Role of other families

14.1. Snacks and lunches brought into the school by other families should be peanut and nut free.

14.2. The school will ensure that families are regularly reminded and will monitor the contents of lunchboxes and snack.

15. Cheshire East Catering

15.1. Cheshire East Catering is our current school lunch provider and hence have their own policy for food allergies.

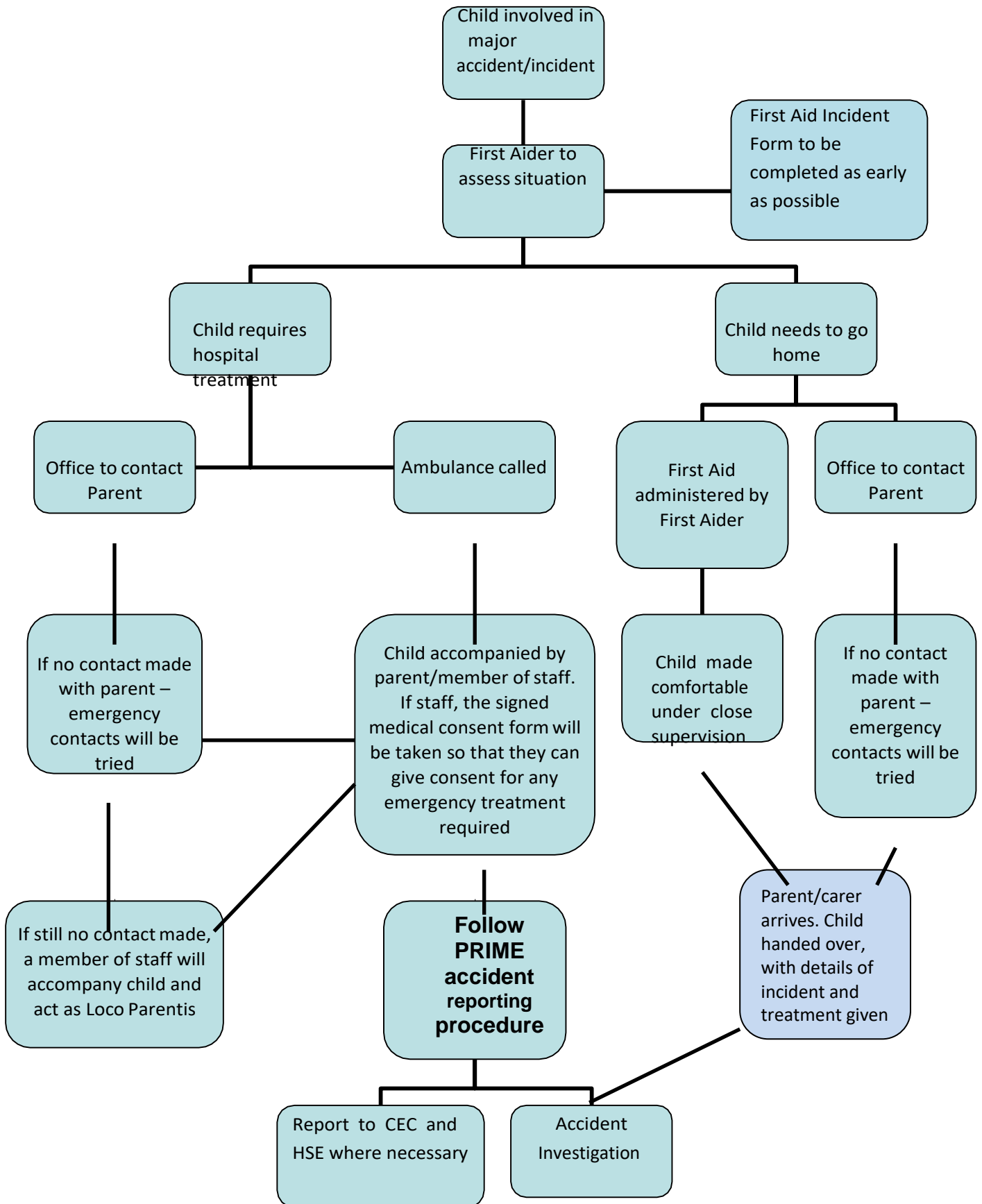
15.2. Families are required to provide a current medical letter stating the allergy of their child.

15.3. They may wish to make an appointment with the School Cook to discuss their child's allergy.



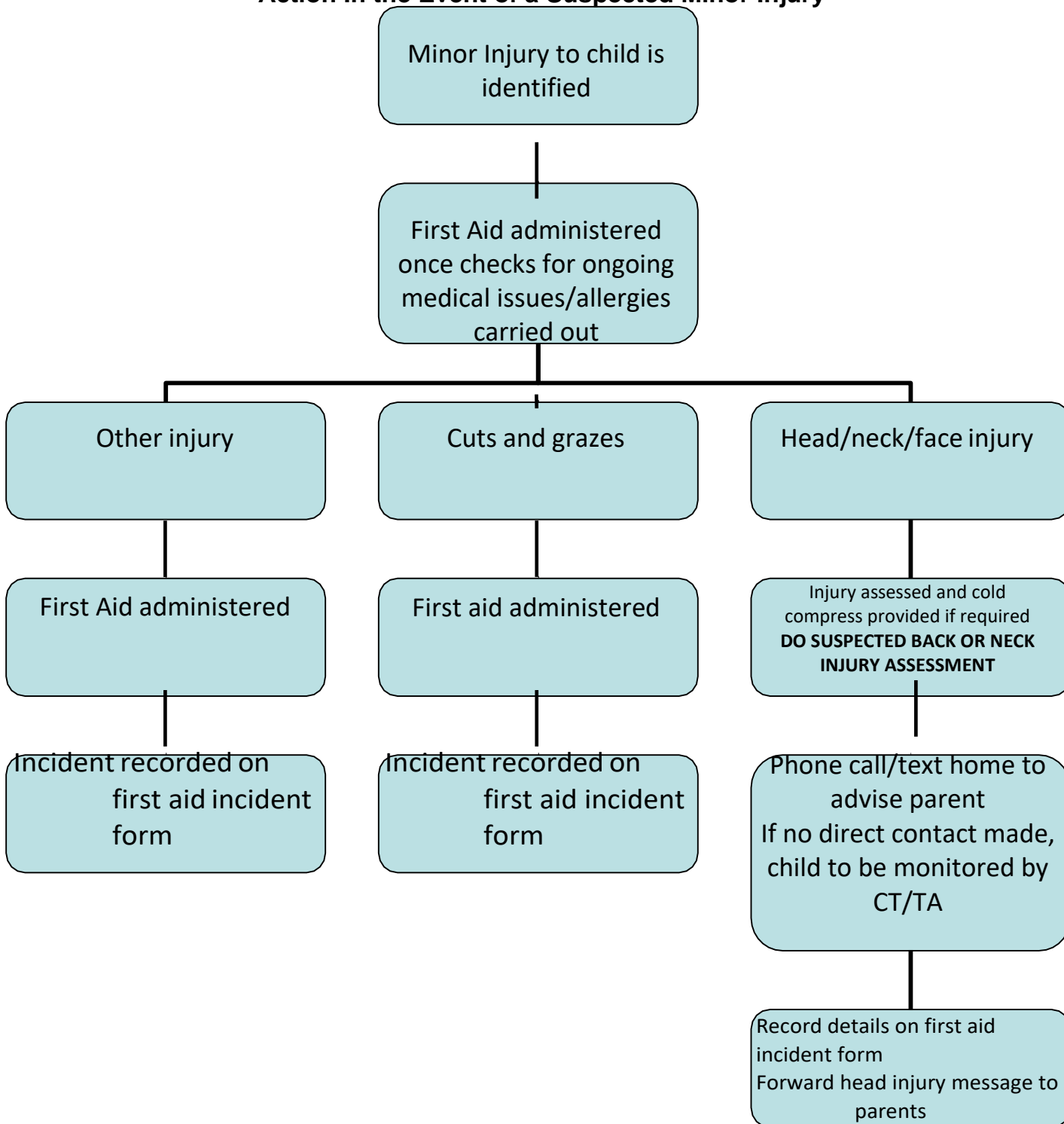
Appendix 1

Action In the Event of a Suspected Major Accident, Incident or Illness



Appendix 2

Action In the Event of a Suspected Minor Injury



Child’s address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc



Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



Template B

Request for school to administer medication

Dear Principal,

I request that (Full name of Pupil) be given the following medicine(s) while at school:

Date of birth.....Group/class/form.....

Medical condition or illness.....

Name/type of Medicine (as described on container).....

Expiry date..... Duration of course.....

Dosage and method. Time(s) to be given.....

Other instructions:

.....

Self-administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child’s name in FULL.

Name and telephone number of GP.....

.....

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

SignedPrint Name

Date.....

(Parent/Guardian)

Daytime telephone number

Address.....

.....

Commencement of medication in school Date.....



Note to :

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Principal.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Principal reserve the right to withdraw this service

