

**13 a/d FIRST AID AND MEDICAL INCLUDING ADMINISTRATION OF MEDICINES
POLICY AND PROCEDURE**

*Our mission is to develop happy, confident and successful children
who are well prepared for their future.*

Reviewed by Nikki George, Medical Co-ordinator	17 th April 2024
Reviewed by Kelly Freeman, Bursar	17 th April 2024
Reviewed by F&GP Committee	7 th May 2024
Reviewed by Full Governing Board	9 th August 2024

SCOPE AND OBJECTIVES

This policy applies to the whole school including the Early Years Foundation Stage.

This policy is:

- To ensure that there is adequate provision of appropriate First Aid at all times.
- To ensure that where individuals have been injured there are suitable mechanisms in place to provide remedial treatment.

This policy should be read in conjunction with the [Child Protection and Safeguarding Policy](#).

In the creation of this policy, due regard has been paid to the [DfE Guidance on First Aid in schools, early years and further education](#). It also considers:

- Size of the School;
- Location of the School;
- Specific hazards or risks on the School site;
- Staff or pupils with special health needs or disabilities;
- Previous record of accidents/incidents in School;
- Provision for lunchtimes and break;
- Provision for leave/absence of First Aiders;
- Offsite activities, including trips;
- Practical departments such as Science, technology and PE;
- Out of hours activities;
- Contractors on site and agreed arrangements.

Westbrook Hay School will promote the health and wellbeing of all pupils and will make provision for First Aid cover for all pupils, staff and visitors. Everyone will be treated with a high standard of care, compassion, courtesy and dignity and where necessary, further treatment will be sought.

MEDICAL COORDINATOR

The Medical Coordinator is Nikki George, School Secretary. Nikki George is trained in First Aid, Paediatric First Aid, Defibrillator and Epipen usage and has a Level 1 qualification in the Safe Management of Medication in an Educational or Early Years Setting and is also the Youth Mental Health First Aider.

PUPIL ILLNESS

- If a pupil becomes ill during the day the School will contact the parents so that the child can be collected.

- The pupil has access to the School Medical Room which is managed by the Medical Coordinator.
- The Medical Coordinator is on duty in the Mansion School Office from 0730 - 1600 every day and they will administer First Aid and deal with accidents and emergencies or when someone is taken ill. For Pre-Prep, the Receptionist who is Paediatric First Aid trained, is on duty from 0730 – 1400 every day and will administer First Aid and deal with accidents and emergencies or when someone is taken ill.
- The School will notify parents if a pupil suffers anything more than a minor injury or becomes ill during the School day. If illness or injury does occur, attempts will be made to contact the next-of-kin. However, if it is deemed an emergency, the School will refer the pupil for further medical review, as required. The pupil will always be accompanied by a member of staff, who will remain with them, until a family member arrives to take responsibility.
- In the event of a serious emergency, the attending member of staff should call 999, clearly stating location, casualty's name and the nature of the medical emergency.

FIRST AIDERS

- There are sufficient First Aiders to cover day to day and other school activities will be provided.
- A paediatric First Aider will accompany EYFS pupils on visits out of School.
- First Aiders will take charge and give immediate help to those common injuries or illnesses and those arising from specific hazards, and where necessary ensure that ambulance or other professional medical help is called.
- First Aid qualifications will be renewed every 3 years.

FIRST AID SUPPLIES

First Aid supplies are kept in a locked cabinet in the School Office and Medical Room which is situated in the corridor outside the School Office. The key is kept in the School Office.

LOCATION OF FIRST AID BOXES

Pre-Prep – Nursery Reception, Year 1 & Year 2
Gadebridge Office
Medical Room
School Secretary's Office
Sports Hall
Sports Office
IT Suite
DT Room
Science Lab
Pre-Prep Dining Room
Performing Arts Centre
Dance Studio
Kitchen
Swimming Pool

Woodland Shed
All Minibuses

Each First Aid Kit contains basic contents, but is designed to have certain items added that are relevant to the area they could be used in, for example blue plasters for the kitchen, bodily fluid bags for trips and eye wash equipment for the science lab.

It is the Medical Coordinator's responsibility to ensure all kits are kept up to date and well stocked termly. The content of the First Aid kit will be accordance with the guidance given in the HSE document '[Basic advice on first aid at work INDG 347](#)' and [DfE Guidance on First Aid in schools, early years and further education](#) and includes:

- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves
- eye wash
- 2 x conforming bandages
- Ice packs (disposable)

For the First Aid Kits in the minibuses, the following items are included:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5 cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15.0 cm × 20.0 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustless blunt-ended scissors

Staff members are requested to inform the Medical Coordinator if their First Aid kit requires replenishing in the interim.

First Aid equipment/supplies must be accessible at all times for Early Years and so a First Aid kit is taken on exploration in the grounds.

First Aid kits are taken by duty staff to all breaks, PE and games. A First Aid kit will also be taken when pupils leave the School on organised trips or events (such as sporting matches).

We provide a Medical Room which is readily available for use for medical examination and treatment, as well as for the care of sick or injured pupils. This contains a washing facility, located near a toilet and is not used for any teaching purposes.

FIRST AID NOTICES

- Lists of members of staff who are qualified First Aiders or paediatric first aiders and those who are trained appointed persons will be displayed around the School.
- All pupils and staff will be given information on the provision of First Aid at their induction.

DEFIBRILLATOR PROTOCOL

This Policy establishes guidelines for the placement, care and use of the Defibrillator located at Westbrook Hay School.

The Defibrillator is used to treat the most common causes of sudden cardiac arrest (SCA), including ventricular fibrillation (VF). SCA is a condition that occurs when the heart unexpectedly stops pumping. SCA can occur to anyone, anywhere, at any time. Many victims of SCA do not have warning signs or symptoms.

A Defibrillator should only be applied to victims who are unconscious, without pulse, signs of circulation and normal breathing. The Defibrillator will analyse the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the Defibrillator will charge to the appropriate energy level and advise the operator to deliver a shock.

It is important to understand that survival rates for SCA are directly related to how soon victims receive treatment. For every minute of delay, the chance of survival declines by 7 - 10%. Treatment cannot ensure survival. In some victims, the underlying problem causing the cardiac arrest is simply not survivable despite any available care.

STORAGE AND ACCESSIBILITY

The Defibrillator is located on the wall of Gadebridge Building near to the archway.

RESPONSIBILITIES

The Medical Coordinator is the designated person responsible for the following:

- Coordinating equipment and accessories.
- Coordination of training for emergency responders.
- Post event procedures: checking equipment after an event; conducting a staff incident debriefing; and incident reporting as required in accordance with the School's First Aid and Medical Policy.
- Periodic maintenance: inspecting exterior and connector for dirt or contamination; checking supplies, accessories and spares for expiration dates and damage; checking operation by removing and reinstalling the battery. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.

- Revision of this procedure, as required; monitoring effectiveness of this system; communication with relevant staff on issues related to medical emergency response

TRAINED STAFF

Appropriately trained staff are responsible for activating the internal emergency response system and providing prompt basic life support including using the Defibrillator according to training and experience.

Staff should be aware that they are not liable for rendering such emergency care.

GUIDELINES

Conduct an initial assessment of the patient and environment. If the patient is not responding and signs of breathing and circulation are not present, ensure the emergency services are called on 999/112, provide CPR until the Defibrillator arrives. If you are in doubt as to whether the victim has suffered from a sudden cardiac arrest, apply the pads. Follow the voice instructions for each step in using the defibrillator.

There are 3 basic steps to using the defibrillator to treat someone who may be in SCA:

1. PULL up the handle on the SMART Pads Cartridge
2. PLACE the pads on the patient's bare skin
3. PRESS the flashing Shock button if instructed

RECORDING INCIDENTS

All accidents involving children and staff are entered into the Treatment or Accident book on SchoolBase. For minor treatments a copy is emailed to the form teacher and parents the same day or as soon as reasonably practical. For larger accidents an accident form is completed on SchoolBase and a copy of the form is emailed to the parents, teacher and a copy to the Health and Safety Officer if necessary.

All accidents / near misses will be reported in the annual Health & Safety Review at the policy review date or as requested.

KNOWN MEDICAL PROBLEMS – INDIVIDUAL CARE PLANS

Some children/staff may have known medical problems (e.g. nut allergy or asthma) or permission may not have been given for the School to administer any form of medication. Where there is a known medical problem such as an allergy, diabetes, epilepsy etc, a Health Care Plan will be drawn up in consultation with the child's parents and GP. A copy of any Health Care Plan is kept in the child's medical file, together with a copy stored with any medication. For medicines which are kept at school i.e. inhalers and Epipens, parents must ensure that these are still within the expiry date.

All medication listed on individual care plans for children in Pre-Prep is kept by the Class Teacher. For those in Prep, children may carry their own asthma inhalers with a spare being kept in the School Office and if a child requires an EpiPen, one is kept on their person and a spare in the School Office.

It is the responsibility of parents to keep the School updated of any changes to health and medical requirements for school. The School cannot be responsible if information is not forthcoming.

This information is collated onto a master list of medical conditions which is made available to all members of staff. Staff are required to familiarise themselves with the list of pupils with serious medical conditions. This is regularly updated on the arrival of new pupils or as new information comes to our attention. Any new information will be flagged with the relevant staff. Information highlighted includes:

- A list of asthmatics.
- A list of serious medical conditions.
- A list of EpiPen users.

INFORMING PARENTS

It is the First Aider's responsibility to telephone any parent or designated emergency contact should this be necessary. The First Aider can only recommend what action should be taken to the parent. It is the parent's responsibility to ensure their child is seen by a qualified practitioner and that the appropriate treatment is received.

EMERGENCY MEDICAL TREATMENT

In extreme cases where a parent or designated contact cannot be reached within reasonable time, if appropriate an ambulance will be called. Our nearest casualty department is in Watford General Hospital. If a parent is unable to accompany a child to hospital, a First Aider will accompany the child taking with them the pupil's medical file containing the child's medical history and parental permission (or refusal) for emergency treatment to be carried out in loco parentis.

In accepting a place at the School, parents are required to give their consent for the Headteacher or another nominated representative to provide, on the advice of qualified medical opinion, emergency medical treatment, including general anaesthetic and surgical procedure under the NHS if the school is unable to contact a parent.

ADMINISTERING MEDICATION

If it is necessary for the school to administer prescribed medication during the school day, parents are required to fill in a 'Permission to Administer Medication Form'. These forms can be found on the Parent Portal. Paper copies are also available from the School Office.

School will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for

administration, dosage and storage by completing a 'Permission to Administer Medication Form'. The Medical Coordinator or qualified First Aider will only administer medication with the written permission of parents/guardians via the 'Permission to Administer Medication' form. Medication that requires refrigeration is placed in the fridges in either the Mansion School Office or in the Pre-Prep Office.

All medication is stored in either a locked cabinet or if necessary a locked fridge. Prep School children are encouraged to take personal responsibility for ensuring their medication is taken.

In all cases the dosage given must be recorded on the form. Medication must not be administered unless a form has been completed.

Paracetamol or other pain medication will not be administered for routine illness. If a child requires paracetamol or ibuprofen to reduce a temperature, they should not be in school. Pain relief medication will only be administered by school for pupils with a specific medical issue requiring a short course of pain relief medication (e.g. broken leg, fitting of braces on teeth). Hay fever medication may also be administered if an extra dose is required during the day, only if a Permission to Administer Medication Form has been completed.

Children are not permitted to carry any "over the counter" drugs including throat lozenges, cough sweets, antihistamines and decongestants.

Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

Medication containing aspirin will not be given to pupils without written consent from the GP.

School holds an Emergency Salbutamol Inhaler which will be kept in the School Office at all times and is monitored by the Medical Coordinator. The emergency inhaler is only to be used by children with asthma, together with written parental consent for its use which should be kept with the inhaler and the pupil's individual care plan.

All staff are expected to maintain professional standards of care but have no contractual or legal duty to administer medication.

Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication which may affect their ability to care for children, they should seek medical advice. The School must ensure that those members of staff only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises must be securely stored, and out of reach of children, at all times.

ADMINISTRATION OF MEDICINES IN EYFS

Only medication prescribed by a doctor, dentist, nurse or pharmacist will be administered to children in the Pre-Prep. Administration of prescribed medicine will be the same as stated above for the whole school.

STAFF INDEMNITY

The governing body fully indemnifies all staff against claims for any negligence, providing they are acting within their conditions of service and following governing body guidelines. The indemnity covers situations where an incorrect dose is administered or where any other mistake in the procedure is made.

DISPOSAL OF MEDICINES

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each school year. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

'Sharps' boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from their child's GP or paediatrician. Collection and disposal of the boxes is the Parents' responsibility and should be arranged with the Local Authority's environmental services.

SAFETY/ PROTECTION

Always wear disposable gloves when treating any accidents/incidents which involve body fluids. Make sure any waste (wipes, pads, paper towels etc) are placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened securely ready to take home.

MATCHES AND GAMES

A designated member of the First Aid Team is present pitch side for all Home matches and is responsible for taking the relevant First Aid bags and equipment (epipens, asthma inhalers etc) outside. A designated member of the Games Staff will collect the relevant First Aid bags (epipens, asthma inhalers etc) from the School Office prior to departing for Away matches.

For all match and/ or practices the following guidelines should be followed:

- Attend to the pupil as soon as you are aware that he/she is in distress. Do not wait for the game to be stopped.
- Make an immediate assessment as to whether the pupil requires medical attention.
- If you have doubts over the extent of the injury, do not move the pupil – wait for medical assistance.
- In the event that medical treatment is required, decide whether the situation is an emergency (including 999 if an emergency) or simply in need of basic treatment for a minor injury.
- If a pupil sustains a head injury, see Appendix A 'Return to Play Protocol'.

- If basic treatment is required, treat as necessary at the scene or send accompanied to the School Office. The child must be fit to return to play.
- All accidents will be recorded on Schoolbase and parents notified.
- Inform the Medical Coordinator if a First Aid Kit has been used so that it may be replenished.

VOMITING AND DIARRHOEA

If either of the above is experienced by a child or member of staff, they must not return to School until they have been completely clear of either for at least a full 48 hours.

INTIMATE CARE AND EXAMINATION

Staff and Parents are referred to the School's Wellbeing and Intimate Care Policy.

HEAD INJURIES/CONCUSSION

Please see Appendix A for the concussion protocol. The School will always notify the parents by telephone if a head injury occurs.

MEDICAL CARE

This procedure is limited to the provision of First Aid, but the school has arrangements in place for:

- Dealing with pupils who have special educational needs or specialist medical needs.
- Provision of medical examinations and immunisations.
- Holding medical records.

Appendix A

Pupil Name: _____
 Date concussion occurred: _____
 Date symptom free: _____
 Date Stage 6 complete: _____

Concussion: Return to Play protocol

Westbrook Hay follows the [UK Concussion Guidelines for Non-Elite Grassroots Sports](#)

If symptoms persist for more than 28 days or worsen at any stage the pupil should be taken to an appropriate Healthcare Professional (usually their GP)

Stage of Rehabilitation	Focus	Description	Days after injury	Location	Signature of Medical Coordinator

Initial injury	Complete rest	Take it easy for the first 24 hours after a suspected concussion.	0-1	Rest at home	
Stage 1	Relative rest	It is best to minimise any activity to 10 to 15 minutes slots. The pupil may walk, read and do some easy daily activities provided that their concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	1-2	Rest at home	
Stage 2	Light mental and physical activity	Gradually increase mental activity and light physical activity like moving around at home or school. Short walks to gain fresh air.	2-6	Return to school – possibly on a reduced timetable	
Stage 3	Increase mental activities and aerobic exercise	Continue to increase mental activities. Aerobic exercise should be limited to individual activity (e.g. a brisk walk)	7-13	School	
Stage 4	Non-contact training	Return to Games and PE lessons (this should not include activities that involve risk of head injuries).	14-20	School	

Stage 5	Unrestricted training activities	Non-contact sports: pupils can return to competition/matches from day 21 Contact sports: pupils can return to <i>training</i> from day 21.	21-22	School	
Stage 6	Return to competition	Contact matches: pupils are eligible to play from day 23 if they have had no symptoms at rest for the preceding 14 days and are symptom free in Stage 5.	23*	School	

Visible clues (signs) of concussion

What you see

Any one or more of the following visible clues can indicate a concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/slow to get up
- Unsteady on feet/balance problems or falling over/ incoordination
- Dazed, blank or vacant look
- Slow to respond to questions
- Confused/not aware of plays or events
- Grabbing/clutching of head
- An impact seizure/convulsion
- Tonic posturing – lying rigid/ motionless due to muscle spasm (may appear to be unconscious)
- More emotional/irritable than normal for that person
- Unsteady on feet/balance problems or falling over/ incoordination
- Vomiting

Symptoms of concussion at or shortly after injury

What you are told/what you should ask about

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Disoriented (not aware of their surroundings e.g. opponent, period, score)
- Headache
- Dizziness/feeling off-balance

- Mental clouding, confusion or feeling slowed down
- Drowsiness/feeling like 'in a fog' / difficulty concentrating
- Visual problems
- Nausea
- Fatigue
- 'Pressure in head'
- Sensitivity to light or sound
- More emotional
- Don't feel right
- Concerns expressed by parent, official, spectators about a player

Anyone with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY.

IF IN DOUBT, SIT THEM