**Oscott Academy**

**First Aid Policy**

**June 2024**

Policy Statement.

The proprietor of Oscott Academy accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school. The proprietor is committed to the authority’s procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of injuries, diseases and

dangerous occurrences regulations 1995.

The provision of First Aid within the school will be in accordance with the Authority’s guidance on First Aid in school.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Headteacher)

The school’s arrangements for carrying out the policy include nine key principles.

• Places a duty on the Proprietor to approve, implement and review the policy.

• Place individual duties on all employees.

• To report, record and where appropriate investigate all accidents.

• Records all occasions when first aid is administered to employees, pupils and

visitors.

• Provide equipment and materials to carry out first aid treatment.

• Make arrangements to provide training to employees, maintain a record of that

training and review annually.

• Establish a procedure for managing accidents in school which require First Aid

treatment.

• Provide information to employees on the arrangements for First Aid.

• Undertake a risk assessment of the first aid requirements of the school.

Arrangements for First Aid.

Materials, equipment and facilities.

The school will provide materials, equipment and facilities as set out in DfEE ‘Guidance

on First Aid for schools’.

The location of First Aid Kits in school are;

• In the main classroom

The contents of the kits will be checked on a regular basis by Lauren Palmer.

Medication for named individuals should be kept in a lockable cupboard within the office in named wallets with the child’s name and individual care plan.

Appointed persons for First Aid are Lauren Palmer.

Off site activities.

At least one first aid kit will be taken on all off site activities, along with individual

pupil’s medication such as inhalers, epipens etc.

A person who has been trained in first aid will accompany all off site visits. Information on First Aid arrangements.

The Head of centre will inform all employees at the school of the following:

• The arrangements for recording and reporting accidents.

• The arrangements for First Aid.

• Those employees with qualifications in first Aid.

• The location of First Aid kits.

In addition the Head of centre will ensure that signs are displayed throughout the school

providing the following information:

• names of employees with first aid qualifications.

• Location of first aid boxes.

All members of staff will be made aware of the school’s first aid policy.

Accident Reporting.

The Proprietor will implement the LA’s procedures for reporting:

• all accidents to employees

• all incidents of violence and aggression.

The Proprietor is aware of its statutory duty under RIDDOR in respect of reporting

the following to the Health and Safety executive as it applies to employees.

• An accident that involves an employee being incapacitated from work for more

than three consecutive days.

• An accident which requires admittance to hospital for in excess of 24 hours.

• Death of an employee.

• Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or

spine.

For non-employees and pupils an accident will only be reported under RIDDOR:

• where it is related to work being carried out by an employee or contractor and the

accident results in death or major injury, or;

• It is an accident in school which requires immediate emergency treatment at

hospital

For each instance where the Head of centre considers an accident to a visitor or pupil is

reportable under RIDDOR the advice of the authority will be sought.

Where a pupil has an accident it will be reported to the LA.

All accidents to non-employees (e.g.) visitors which result in injury will be reported to

the authority. Pupil accidents involving their head.

The Proprietor recognises that accidents involving the pupil’s head can be

problematic because the injury may not be evident and the effects only become

noticeable after a period of time.

• Where emergency treatment is not required, a ‘Head bump’ letter will be sent

home to the child’s parents or guardians together with the copy page from the

First Aid book.

• All student prescription medicine shall be stored in a locked cabinet and shall be administered by first aider.

• Head bump forms are kept in the accident book in the First Aid cupboard in the kitchen.

Transport to hospital or home.

• The Head of centre will determine what is a reasonable and sensible action to take in each case.

• Where the injury is an emergency an ambulance will be called following which the parent will be called.

• Where hospital treatment is required but it is not an emergency, then the Head of Centre will contact the parents for them to take over responsibility for the child.

• If the parents cannot be contacted then the Head of centre may decide to transport

the pupil to hospital.

Where the Head of centre makes arrangements for transporting a child then the following

points will be observed:

• only staff cars insured to cover such transportation will be used.

• No individual member of staff should be alone with a pupil in a vehicle.

• Staff must wear gloves when dealing with accidents involving spillage of bodily fluids.

Medication

TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

When medication is prescribed for ADHD it is usually as part of a comprehensive treatment programme and always under the supervision of a specialist in childhood behavioural conditions. A lunch time dose of medication may be required to control the child’s symptoms during the afternoon, thus allowing effective learning to take place.

Methylphenidate (e.g. Ritalin, Concerta XL, Equasym) is a stimulant medication that is used in the UK for the treatment of ADHD. Although methylphenidate is legally categorised as a Controlled Drug, in schools it should be treated in exactly the same way and with the same safeguards as any other medication which the school agrees to administer. However, even when a child is self-managing their medication, Controlled Drugs should be kept securely in a locked non-portable container. Only named staff should have access to Controlled Drugs.

All students are expected to take prescribed medication to ensure that they are able to cope with the rigors of the school day. Failure to do so may result in parents being asked to collect their child if they are unable to self-regulate as a result of not taking their prescribed medication. Students may be issued with a school care plan if required to support their medical conditions.

STORAGE OF MEDICATION

Medication, when not in use, should generally be stored in a safe and secure place. This will normally be a locked cupboard or a locked non-portable container in a cool place. The medication must be accessible to the appropriate members of staff at all times. However there are some important exceptions:

• All emergency medication must be stored safely but must also be readily accessible at all times, i.e. not locked in a cupboard.

• Asthma “reliever” inhalers must be readily available at all times, including prior to and during exercise. Whenever possible children should be responsible for their own inhalers, but when this is not possible the inhaler should be kept in an easily accessible place e.g. on the teacher’s desk. The need for a child to have ready access to their inhaler should override any concerns about misuse by others.

• Some medications may need to be refrigerated. An appropriate refrigerator, with restricted access, should be identified and the medication should be placed in a closed plastic container with the lid clearly marked “Medication”. This container should then be kept on a separate shelf in the fridge.

A designated person should check the medication cupboard at least once every term, to ensure that medication has not reached its expiry date. Medication which is no longer required should be disposed of in accordance with the school policy.

ADMINISTRATION OF MEDICATION

Staff agreeing to administer medication should have received training appropriate to the tasks they are asked to perform.

Facilities should be available to enable staff to wash their hands before and after administering medication and to clean any equipment used after use.

Ideally, medication administration should take place in the same room as where the medication is kept. All the necessary paperwork should be assembled and available at the time of administering medication. This will include the written consent and school medication administration records.

Medication should only be administered to one child at a time.

It is expected that in normal circumstances the child requiring medication will be known to the member of staff administering it. There should be a mechanism in place which enables staff administering medication to positively identify the child at the time of administration e.g. by confirming with the child where possible their name, date of birth and/or comparing with a recent photo attached to the medication administration record / consent form. When the child is not known or cannot give his or her details then a second check with a member of staff who does know the child and comparison with a recent photo or some other way of checking identity should be implemented. (NB Remember that parental consent will be needed for photographs taken to go on medication records.)

Before administering medication the member of staff should check

• the child’s identity

• that there is written consent from a parent/carer

• that the medication name and strength and dose instructions match the details on the consent form

• that the name on the medication label is that of the child being given the medication

• that the medication to be given is in date

• that the child has not already been given the medication

If there are any concerns about giving a medication to a child, then the member of staff must not administer the medication but should check with the parent/carer or a health professional, documenting any action taken.

Immediately after administering, or supervising the administration of medication, written records should be completed and signed.

When a medication cannot be administered in the form in which it is supplied e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the parent/carer, following advice from a healthcare professional.

If a child refuses to take a medication they should not be forced to do so. Refusal should be documented and agreed procedures followed. Parents should be informed as soon as possible on the same day. If a refusal could result, or results in an emergency then the school’s emergency procedures must be followed.

RECORD KEEPING

A parental consent form must be completed each time there is a request for medication to be administered. All relevant information must be supplied including:

• child’s name

• child’s date of birth

• name, strength and quantity of medication provided

• clear concise dosage instructions

• reason for the request

• emergency contact names and telephone numbers

• parent/carer signature

Reasons for any non-administration of medication should be recorded and the parent/carer informed as soon as possible “wasted” doses (e.g. tablet dropped on floor) should also be recorded.

When a child is self-administering there should be a written request which states whether or not the self-administration needs to be supervised. If it is supervised a record should be kept as above.

Appointed persons:

* Lauren Ashford-Palmer
* Natalie Roberts
* Janssen Moyo

Appendix 1 Body Fluid Spillage Policy Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages. References This document is to be used in conjunction with:

• Gems Health and Safety policy.

• Health Protection Agency guidelines on Infection Control. Up to date versions available on the internet.

• Needlestick Injury Policy. Staff Contact

• Facilities Manager to be contacted initially so that he can arrange for a member of his team to clean the area appropriately.

• The initial clean up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the ‘Initial Clean Up Procedure’.

• Get some disposable gloves from the nearest First Aid kit.

• Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner).

• Put more absorbent towels over the affected area and then contact the Facilities Manager for further help.

• The bin that has had the soiled paper towels put in, then needs to be tied up and ideally placed in the yellow bin or double bagged and put in an outside bin.

• Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.

• The area then needs to be cordoned off until cleaned.

• If a cleaner is not immediately available then a disposable cleaning kit will need to be used.

• If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly. Procedure for Blood and Other Body fluid Spillage

• Gloves to be worn at all times

• Any soiled wipes, tissues, plasters, dressings etc must ideally be disposed of in the clinical waste bin (Yellow bag). If not available then the glove being used needs to be taken off inside out so that the soiled item is contained within and placed in a bin which is regularly emptied. GEMS First Aid Policy. April 2013 (Last modified 20.01.14)

• When dealing with a spillage, absorbent paper hand towels need to be place on the affected area so absorbing the spill.

• If a disposable spillage kit is available then the instructions for use should be followed.

• If not then contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in a yellow bin or put in another bin liner and put in an outside bin.

• The area must be cleaned with disinfectant following the manufacturer’s instructions.

• A ‘Wet Floor Hazard’ sign then needs to be put by the affected area.

• The area should then be ventilated well and left to dry.