

## **Medical Treatments and First Aid Policy (including EYFS)**

### **1 Scope**

This policy is applicable to all those involved in the provision of first aid related to school activities and its requirements for the provision and implementation of first aid for pupils and staff. Separate appendices deal with the process and restrictions on administering medication to pupils, the policy on notification and control of infection outbreaks (Appendix 1) and guidance on protection of pupils and staff to UV exposure when undertaking outside activities (Appendix 2).

### **2 Objectives**

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

### **3 Medical Treatments and First Aid**

The school has a number of staff who are qualified first aiders and who have attended a variety of First Aid course (see below). The School Medical and Welfare Manager publishes up-to-date lists of qualified first-aiders and arranges training as qualifications expire in a three year cycle. Lists are displayed in the staff common room, the school office and alongside all wall mounted first aid kits. At least one qualified first aider will be on site when there are children present. First Aiders and Appointed Persons will receive initial training followed by updated training every three years. Where no specialism is indicated, staff have completed the Emergency First Aid at Work course. From the 31st December 2016, first aid training providers will be required to train workplace first aiders in the use of automated external defibrillators (AEDs), on all first aid at work courses.

All staff members in the EYFS department hold a Paediatric First Aid certificate.

See Appendix 3 for details of staff with First Aid qualifications.

### **4 Medical and Welfare Manager**

The school provides a Medical and Welfare Manager who is available on the premises to provide medical support between 8.30am and 4.30pm during term time. The Medical and Welfare Manager staffs the treatment room each break & lunchtime and deals with routine medical incidents during these times. The Medical and Welfare Manager will also be on call during the rest of the school day to deal with sick or injured pupils as required (Tel. Speed dial 870 or Medical room 270)). The Medical and Welfare Manager deals with incidents on a daily basis, therefore will develop a good working relationship with pupils, and know and understand those pupils who need more frequent treatment or those who have long-term medical conditions thus providing continuity of care.

### **Cover Arrangements During the Medical and Welfare Manager's Absence**

On occasions days when Medical and Welfare Manager is not in school the medical room will not be staffed during lesson time. It will be staffed by a qualified first-aider at break and lunchtimes. Children claiming to be ill / injured should not be sent or taken to the Medical room during lesson

time. They should be encouraged to wait until break or lunchtime for minor treatments. If it is an emergency then they or the staff member should call the duty first-aider.

The Director of Studies will provide a cover-list of qualified first-aiders (the “duty-first-aider”) who will either be on-call (to provide first-aid for emergencies) or will be present and on-duty in the medical room at Break and Lunchtime to see pupils and respond to any medical issues that they have.

There are a number of first-aid kits located at strategic locations around the school which staff or first-aiders may use to treat pupils “in-situ” if required.

### **Lone-worker / Safeguarding Precautions**

Staff who are asked to provide “*duty first aid cover*” may have reservations or feel uncomfortable providing some first aid care in certain situations that necessitate them making physical contact with children – especially children who are of a different age group that the staff member normally works with or of the opposite sex. Staff must avoid placing themselves a situation which could result in allegations against them. Any or all of the following routines may be adopted by the duty first-aider in such situations and if the injury/illness or treatment make these appropriate:

- Leave the treatment room door open so that the patient and first-aider are visible to passing staff/pupils
- Have a second pupil present –(ill/injured children are often accompanied by a “friend”)
- Have the patient sit in the chair outside of the treatment room so that consultation and treatment can be visible to staff / pupils passing (this may not always be appropriate)
- Make an accurate record of events, actions & treatment within the child’s medical records at the time or as soon as practicable

There is no set routine in such situations as much will depend on the child, the type of illness / injury and the resources available at that time. If in doubt then have a second member of staff present. Or, report any concerns to a DSL.

## **5 Treatment**

5.1 All treatment will be undertaken in a way that maintains a person’s dignity and privacy. The purpose of treatment is to prevent further harm, aid-recovery and to minimize the loss of education to the child.

5.2 If a child suffers a minor injury or feels ill he/she should report this to his/her form tutor or subject teacher, or, if at break or lunch-time, to the member of staff on duty. The member of staff concerned may authorise treatment by the “Medical and Welfare Manager” or first-aider by completing and sending the child, a Medical Treatments form to the “Medical and Welfare Manager” or first aider’s location. Alternatively, the member of staff may telephone the Medical and Welfare Manager and alert him/her of the pupil’s impending visit. On receipt of such a call the Medical and Welfare Manager will complete a Medical Treatment Form.

5.3 The tutor should record in the form book the name of the child and the time that they left the lesson. This will inform tutors in following lessons of the location of the child if they have not return for the following lesson

5.3 (a) Should a pupil report to the Medical and Welfare Manager without the authorisation of a member of staff (no Medical treatment Form or phone call) then the pupil should be sent back to lessons unless there is an obvious injury or clear distress.

5.4 If a pupil is ill in class they may (depending of the child's age) be accompanied by another member of the class to the Medical and Welfare Manager or to the school office, where a member of staff will either locate the Medical and Welfare Manager or summon a first-aider to deal with the problem.

5.5 After treatment the Medical and Welfare Manager /first aider will make a report of details of the injury/illness on the school admin system and inform parents if necessary. Parents will be informed depending on the age of the child and the nature of the illness/injury. Anything resulting in physical bruising, bleeding or abrasion or an illness which requires further treatment or monitoring will be notified to parents. Parents of EYFS pupils will be informed of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, and any first aid treatment given.

5.6 Depending on the nature of the illness/injury, the pupil will then return to lessons or, if unable to take part in lessons, be collected by their parents or attend hospital. Depending on the nature of the injury, the age of the child the child will either be accompanied by his/her parent or by school staff.

5.7 Following any treatment the Medical and Welfare Manager/first-aider will complete the Medical Treatment Form which will be returned to the class teacher by the pupil. This will brief the tutor on any possible outcomes as a result of any illness, accident/injury or medication and follow-up treatment. No confidential information should be disclosed on the Medical Treatment Form. The form should then be returned to the pupil who may pass this on to their parents after school.

5.8 If the child is sent home the class teacher and school office will be notified by the Medical and Welfare Manager/first-aider. No confidential information should be disclosed.

5.9 On return of a child to lessons or on receipt of notice that a child has gone home the class teacher will record in the form book the time of return of the child to lessons; or that the child has gone home and will be absent for the remainder of the day.

5.10 If there has been a spillage of body fluids, the maintenance department will be called to deal with the spillage appropriately.

5.11 The Bursar is responsible for accident reporting and for carrying out accident investigation and where appropriate, implementing remedial action to avoid recurrence.

5.13 Serious accidents, illnesses or injuries (as defined below) are also recorded in the Accident/Injury Book which is located in School Office. Accurate recording of the accident/injury suffered is essential and is in the interest of the school, for pupils and employees alike.

## **6 Parental Consent**

6.1 When a child joins the school Parents (and persons with parental responsibility) must complete a medical information form which must be passed on to the Medical & Welfare manager who will enter medical details onto the school management information system. In completing this form, parents (unless they specifically opt-out) give consent to school staff administering first aid treatment, administering over-the-counter-medications and dressings as well as consent for staff to authorise anaesthetic or other urgent medical attention. This consent is valid while at or outside of school during any school activity.

### **Note:**

- EYFS pupils require specific written consent for each administration of medication.
- Pupils over the age of 16 can also give consent.

6.2 Notwithstanding the blanket consent provided by parents if it is considered necessary for a child to be issued medication then staff will attempt to contact the child's parents and notify them of the situation and clarify that they are still content for the medication to be issued. This may be done over the phone, via e-mail or in writing.

Sometimes it may not be possible to contact the parents. In these circumstances the member of staff may revert to the blanket consent provided by parents when the child joined the school. If in doubt then the Head, or senior person present, will make a decision in light of the circumstances. The decision must be seen to be reasonable, and should only go against a parent's express wishes if the child's life is in danger. This is rare, and normally teachers are able, for example on a school visit, to accommodate parents' wishes at the same time as ensuring that the child's health and safety is safeguarded, which is the prime duty of the school under the Children Act 1989.

6.3 Should a pupil require medication within the first four hours of the school day then, to prevent accidental overdose, staff should determine whether the child has been issued with medication earlier that morning. This may mean contacting parents, referring to Isams or depending on the child's age and maturity speaking to the child. If medications are issued within four hours of the start of the school day then the Isams recorded must be annotated to record the level of checks made to establish whether any prior medication had been issued. Equally if a decision is made not to issue medication – the reasons for this.

## **7 Complaints**

If parents or pupils are unhappy with the medical support provided they should be able discuss their concerns directly with the duty medic or form tutor. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## **8 Recording First Aid Incidents**

Staff who treat first aid incidents will record these on ISAMs. Staff who become aware of or involved in medical matters of a social, welfare, emotional nature or safeguarding nature should make NOT make a fully descriptive record of this on ISAMs but make a file note report (via e-mail or paper) to the Medical and Welfare Manager who will file and deal with the issue appropriately. Visits to the sick-bay will be recorded on ISAMs to preserve confidentiality. If teaching staff or the

duty medic have concerns that a pupil is regularly missing lessons to visit sick-bay then they should raise this matter with the member of staff concerned.

## **9 Reportable Incidents**

9.1 An incident that must be reported to the H and S Executive includes certain injuries, diseases and dangerous occurrences. Most incidents that happen in schools or on school trips will not need to be reported. Exceptionally, an incident does need notifying to the Health and Safety Executive under RIDDOR.

9.2 RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) this is the Health and Safety reporting procedure for any injuries that occur within the workplace. Any near miss, fatality, major accident or injury resulting in a person being unable to attend work for over 7 consecutive days has to be reported to the Health and Safety Executive. For accidents where the person is absent for more than 7 days a report has to be completed and an investigation carried out and sent to HSE within 15 days. Forms for Incident Reporting are used to report injuries, diseases and dangerous occurrences to the Health & Safety Executive (HSE) copies of which are to be found online at [www.hse.gov.uk/forms/incident/index.htm](http://www.hse.gov.uk/forms/incident/index.htm) .

## **10 Section F1: Injuries and ill health involving employees**

10.1 Under RIDDOR, the responsible person must report the following work related incidents, including those resulting from physical violence, if an employee or self-employed person is injured while working at the premises.

10.2 Accidents which result in death or major injury must be reported immediately (e.g. fracture other than to the fingers, thumbs and toes; amputation; dislocation; eye injury; electrical shock or burn leading to unconsciousness, or needing resuscitation or admittance to hospital for more than 24 hours.)

10.3 Accidents which prevent the injured person from continuing with their normal work for more than seven days must be reported within 15 days of the accident.

10.4 Reportable diseases – employers and self-employed people must report occupational diseases, when they receive a written diagnosis from a doctor: e.g. metal poisoning; dermatitis caused by occupational chemicals; infections acquired on a field trip such as TB or leptospirosis; repetitive strain injury.

10.5 Work related stress and stress-related illnesses are not reportable under RIDDOR. To be reportable the injury must have resulted from an ‘accident’ arising out of or in connection with work.

## **11 Section F2: Incidents to pupils and other people who are not at work**

Injuries to pupils and visitors who are involved in an accident at school or on an activity organized by the school are only reportable under RIDDOR if:

- the accident results in the death of the person and arose out of or in connection with a work activity
- the accident results in an injury that arose out of or in connection with a work activity and the person is taken from the scene of the accident to hospital.
- an accident to a pupil arises out of or in connection with work if: there is a failure in the way a work activity was organised e.g. inadequate supervision; or equipment or substances were used inappropriately or poorly maintained.

## **12 Section F3: Dangerous Occurrences**

These are specified as near miss events, e.g.

- collapse or failure of load bearing parts of lifts and lifting equipment
- accidental release of a biological agent
- accidental release or escape of any substance that may cause a major injury or damage to health
- an electrical short circuit or overload causing fire or explosion
- any unintended collapse of any building or structure
- failure of any closed vessel e.g. boiler or any associated pipe work

## **13 Reporting Accidents within School**

13.1 All accidents, including the reportable accidents above, involving pupils, employees or visitors must be recorded in the school accident log.

13.2 Accidents/illnesses that result in the pupil/member of staff being sent home.

13.3 Absence from school as a consequence of an accident/illness the previous day.

13.4 Any obvious visible injury or trauma.

13.5 If it is suspected that a pupil or member of staff has suffered a serious injury (fracture, serious bleeding, concussion etc) or who is seriously ill, the duty medic or a First Aider should immediately be summoned to attend to the child/staff, and first aid applied at the scene, and an ambulance called if necessary. The Head must be notified immediately of any serious injuries or illnesses. Serious injuries must be recorded in the school accident book (in addition to any log on the school admin system). The Bursar will complete a RIDDOR assessment and refer reportable incidents to HSE if necessary.

13.6 The Bursar will check the accident book each week and ensure any reportable incidents are referred to the HSE via RIDDOR.

## **14 Administration**

The admissions secretary is responsible for liaising with parents of pupils joining the school and will collate and file the medical consent forms. At the start of each academic year the admissions secretary will publish a list of:

- pupils who have long term medical requirements (for staff notice board, treatment room and school office). This will be updated by the duty medic each time new information is received.
- pupils with specific dietary medical needs (for staff notice board, catering, treatment room & school office). This will be updated as necessary by the admissions secretary.

## **15 Medical Consent Form**

15.1 The consent form will require that parents give their consent (or not) for:

- Pupils to receive first aid treatment,
- Pupils to receive basic over-the-counter medication if appropriate (e.g.: Paracetamol, Calpol etc)
- Staff to authorise emergency anaesthetic treatment whether during the school day, or engaged in an after school activity or while on any school organised visit.
- Parents must inform the school of any other information which may have an effect on the child's health or well-being while at school. This includes:
  - Existing long term medical conditions (asthma, allergies, etc)
  - Medical dietary requirements (as opposed to likes , dislikes)
  - Special educational needs
  - Any social or welfare matters
- This information is requested as a part of the medical consent form.

15.2 On school visits parents must complete a consent form on which they are required to declare any new medical conditions their child has.

## **16 Medicines**

16.1 Medicines may be administered at school when it would be detrimental to a child's health or school attendance not to do so.

16.2 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

16.3 Parental permission must be obtained before any medication is issued. This consent may be obtained via the standard medical consent form which parents complete on entry into the school. Otherwise consent may be obtained at the time of the injury/incident via telephone, text or e-mail as appropriate in the circumstances and in relation to the illness/injury and age of the child.

16.4 If a pupil need to bring their own medication into school to take during the school day parents must complete a Medication Form (available from school reception or medical treatment room) in full and provide this, along with the medication, either to the pupil's form tutor or the duty medic as appropriate. Medicines supplied by parents or pupils will not be issued by the duty medic unless a current Medical Form has been completed. Before issuing any medication, whether prescribed or over-the-counter medication, and to avoid accidental overdose, staff should establish whether the child has been issued any earlier that day by parents or another member of staff.

Parents are responsible for ensuring that the correct medicines are presented in the original packaging, are in date and have their child's name clearly marked. The Medication Form should accompany the medication and specify the contents, name of pupil, dosage – and how and when to be administered. Medicines not in their original container, as dispensed, will not be accepted

16.5 All medicines will be stored safely in the treatment room under the care of the duty medic or, if appropriate in the circumstances, in another secure location arranged by the child's tutor in an area that pupils may not access. Children should know where their medicines are at all times and the arrangements to access them as needed. Controlled drugs that have been prescribed for a pupil and not in their possession must be securely stored in a non-portable container.

16.6 It is good practice to support and enable pupils, who are able, to take responsibility to manage their own medicines from a relatively early age and the school encourages this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

16.7 In general pupils 12 years of age or older who have been prescribed medicines or a controlled drug may have it in their possession and may self-medicate when specific written permission has been received from parents. Passing it to another child for use is an offence and, if necessary, the school will monitor the storage and use of medicines held by pupils and reserves the right to insist on such medicines being stored securely by school staff if there is reason to believe the storage and use of medicines by the child puts them or other children at risk.

16.8 Depending on the age of the child and the medical situation Ventolin inhalers, blood glucose testing meters, adrenaline pens (Epipen), insulin pens or similar may be retained by a child who may self-administer if appropriate and should be always readily available to children and not locked away. This is particularly important when off school premises e.g. on school trips.

16.9 No child under 16 will be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. (In such cases, every effort should be made to encourage the child or young person to involve their parents whilst respecting their right to confidentiality).

16.10 While at school or at an external school event if a child is ill/injured then the duty medic may administer standard over-the-counter medicines (Calpol, paracetamol, etc.) to children if to do so is an appropriate form of treatment and will enable the child to remain at school and take part in lessons or activities. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Only standard paracetamol will be issued to pupils 12 and over. Specially prepared commercially available tablets or liquid (Calpol etc) for the under 12s. Painkillers will not be issued to pupils who are taking other medication. As

with other medication a record will be kept of – name, date/time, type and dosage, reason, person handing the tablet over.

16.11 No children under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

16.13 Staff administering medicines will do so in accordance with the prescriber's instructions.

16.14 Only the Medical and Welfare Manager, nominated first-aider or the child's tutor/teacher should have access to a child's controlled drugs or medication and when necessary assist the child take the medication.

16.15 A record will be kept (using ISAMs) of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted

16.16 When no longer required, medicines should be returned to the parent to arrange for safe disposal.

16.17 Sharps boxes are to be available in the medical treatment room for the disposal of needles and other sharps.

16.18 Staff must not give prescription medicines or undertake health care procedures without consulting guidance in relation to checking dosage, timings and the need to record that the medication has been issued. In many cases medicines will be common over-the-counter medicines familiar to all adults. Most medications will be issued by the duty medic but when medicines are likely to be issued by other staff the duty medic will liaise with relevant staff, to ensure that they are competent in administration of the particular medicine, and secure their agreement.

16.19 If the medicine may be dangerous if wrongly administered, or where administration requires intimate contact or an injection, the duty medic should ensure that staff are trained specifically in the particular procedure and certified as properly trained by the appropriate health professional.

16.20 The Bursar will make arrangements to review the log on a regular basis

16.21 Long Term Medical Conditions & Health Care-Plans

16.22 The school expects parents to provide sufficient and up-to-date information about their child's medical needs and must notify the school that their child has a medical condition. The school will expect that parents (and where necessary healthcare professionals) are involved in the development and review of their child's individual healthcare plan. Parents should provide medicines and equipment and always make sure that they or another nominated adult are contactable at all times.

16.23 Pupils are often best placed to provide information about how their condition affects them and will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their individual healthcare plan. Other pupils are expected to be sensitive to the needs of those with medical conditions.

16.24 Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent and the relevant healthcare professional. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a pupil. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

16.25 Parents whose child has a long-term medical condition or disability should make the school aware of the condition and contact the duty medic (or child's tutor) to assist the school develop a health care-plan that is best able to meet the child's needs while at school. Parents are expected to work with the school in the development of the care plan and to agree to its contents and implementation. Care plans will be reviewed annually and maintained & published by the duty medic. Copies will be stored in the treatment room and available to staff via the SiS & in the senior & junior common rooms.

## **17 EYFS – Restrictions**

In the case of an EYFS child, prior written consent must be given each day that a child is to be administered medication. Parents must supply the medication and a signed & dated written consent that specifies the medication to be given and the dosage, for each day that an EYFS child is to receive such medicines. Medical staff may use a pre-printed, self-completing document available for EYFS parents to complete and provide such permission. This can be completed (for example) while dropping off their child at school. No EYFS child may be issued ANY medication without express written parental consent supplied that same day. A record must be kept of medication issued. All parental consents must be filed for reference.

## **18 Confidentiality**

18.1 Details of medical and welfare matters are confidential and what happens in the school treatment room will not be discussed or made available to other pupils, staff or the school management team unless to do so would put the safety of that child at risk.

18.2 A record of any treatment or visit to the treatment room will be logged on the school admin system. Details which are already within the public domain may also be logged. For example: if a child fell over, or was injured during an incident at school or during a sports fixture then clearly this would be known to others and therefore there is no reason that these known facts should be confidential. Indeed, the clear recording of such incidents such is necessary to enable the better management of safety at school. Details of personal medical treatment or counselling must be confidential. Full recording of details of treatment will be made by the duty medic. Records of

treatment will be kept solely in the treatment room and will be accessible only to the duty medics. Teachers, school managers or other staff will not have routine access to medical records.

18.3 There are some exceptions to confidentiality being maintained. Staff may have occasion to need to be aware of a child's medical condition if it is in the child's own interests and to ensure their safety. Examples of this would include publishing to staff, a list of those children who have allergic reactions or require asthmatic inhalers, Epipen injections etc. Without this information staff would not be able to ensure that child's safety during school activities or visits. This list should be published on the Common room(s) notice board, SiS and with the office and duty medic who is responsible for maintaining and updating the list. The information on the list is to remain confidential.

## **19 First Aid Kits**

First Aid Boxes are kept in a variety of locations around the school including the School office, Kitchen, Science Laboratories, Nursery, Design & Technology, Junior School corridor, P.E. Office (+ portable kit) and in each minibus. There is also a kit kept in the treatment room which may be signed out by teachers taking pupils away on a school visit. Subject departments are responsible for the supply and replenishment of their respective first-aid kits. The duty medic will check and restock kits available in public areas of the school but not those within departments.

## **20 Games/PE**

20.1 Senior and Junior children who may need access to a Ventolin inhaler, Epipen or other medicines during games/swimming sessions must take them with them to that lesson and deposit them with the teacher in charge of that session.

20.2 When Kindergarten children attend games any inhalers (or other medicines), which have been deposited with form staff, must be taken by staff to the games session.

## **21 School trips & sports fixtures**

21.1 Provision must be organized with consideration of the nature of the event and the risks associated with the activity. At least one member of staff must be first-aid trained and a first-aid kit must be available.

## **22 Ambulance / Hospital Treatment**

22.1 Should staff feel that a pupil needs to attend hospital then an ambulance should be called. Ambulance crews will often attempt to deal with the injury / illness at the location of the incident rather than take people to hospital un-necessarily. If the ambulance crew can treat the matter in-situ this may alleviate the dilemma of staff deciding whether to accompany a child to hospital or remain with other pupils in their care.

Should a pupil require an ambulance and ultimately need hospital treatment during the trip or at school then consideration must be given to the pupil being accompanied by a member of staff. Whether this is necessary will depend on the age of the child, the nature of the injury, whether a family member is available or is able to meet the child at the hospital and also the requirement to

ensure adequate supervision to other pupils at school or on the trip. If there are additional staff available with the party or team then it may be reasonable for a member of staff to accompany the pupil to hospital. If the loss of a member of staff from the party would potentially jeopardize the care, safety & welfare of the other pupils then it may be undesirable to reduce that level of supervision and consequently the injured or ill child may need to be taken to hospital by the ambulance unaccompanied until other arrangements can be made.

22.2 There is no legal requirement that a member of staff must accompany a pupil in an ambulance. Once a patient, the injured child's safety & welfare becomes the responsibility of the ambulance service and/or hospital. Staff must make a decision based on the circumstances at the time bearing in mind their responsibility towards the injured child and also their responsibility to the other children in the party / team.

22.3 Sports fixtures or trips that are within a 45 minute drive of the school can request back-up support from the school in the event of such an injury / illness. If sports fixtures or activities are judged as having a higher possible incidence of injury (i.e. rugby matches, skiing etc) and are organized at a venue greater than a 45 minute drive then during the planning of the trip, consideration must be given to an additional member of staff accompanying the party to provide additional adult supervision if it is required.

22.4 Should an incident occur while on a trip / sports fixture that requires ambulance / hospital treatment then a record of the incident must be made on the school management information system on return to school. Staff must include within the report reasons and justification for decisions taken in relation to whether a member of staff accompanied the pupil to hospital or not.

### **23 Entry to the School**

When a child is admitted to the school parents are asked to sign a document consenting (or not) to their child receiving first aid treatment, basic medication and emergency anaesthetic treatment both at school or while on school visits. They must also provide any other information which may have a bearing on their child's health, safety and welfare while at school.

### **24 Hazards in subject teaching**

Heads of departments will carry out and review risk assessments for specific activities within their departments. Copies will be found with the Health and Safety officer and in departmental handbooks.

### **Legal Requirements & Education Standards,**

#### **References:**

A: Handbook for the Inspection of Schools - The Regulatory Requirements, Part 3 ([www.isi.net](http://www.isi.net))

B: Reference Guide to the key standards in each type of social care service inspected by Ofsted ([www.ofsted.gov.uk](http://www.ofsted.gov.uk))

C: Early Years Foundation Stage (EYFS) Checklist and Monitoring Reference for Inspectors ([www.isi.net](http://www.isi.net))

D: DfE "Guidance on First Aid for Schools" ([www.dfe.gov.uk](http://www.dfe.gov.uk))

E: HSE home page, First Aid at Work ([www.hse.gov.uk](http://www.hse.gov.uk))

F: MOSA Guidance: "First Aid Provision and Training in Schools" ([www.mosa.org.uk](http://www.mosa.org.uk))

G: Health and Safety Executive, ([www.hse.gov.uk](http://www.hse.gov.uk))

H: Vaccines, diseases and immunisations ([www.immunisation.nhs.uk](http://www.immunisation.nhs.uk))

I: Department for Health ([www.dh.gov.uk](http://www.dh.gov.uk))

**Review by: Medical and Welfare Manager**

**Date reviewed: March 18**

**Review date: March 19**

**Governor responsible: Kirsty Hillocks**



Points to consider include:

- German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and ante-natal carer immediately.
- Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child. Any potential exposure should be reported to the ante-natal carer.
- Chickenpox can affect the pregnancy if a woman has not already had the infection. Any potential exposure should be reported to the GP and ante-natal carer.

### 3.7 Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Any immunisations that have been missed should be addressed via the Medical and Welfare Manager.

### **Legal Requirements & Education Standards**

#### **References:**

A: Handbook for the Inspection of Schools - The Regulatory Requirements, Part 3 ([www.isi.net](http://www.isi.net))

B: Health and Safety Executive, ([www.hse.gov.uk/](http://www.hse.gov.uk/))

C: Vaccines, diseases and immunisations ([www.immunisation.nhs.uk](http://www.immunisation.nhs.uk))

D: Department for Health ([www.dh.gov.uk](http://www.dh.gov.uk))

Review by: Bursar / Medical and Welfare Manager

Date reviewed: March 18

Review date: March 19

Governor responsible: Kirsty Hillocks

## **Appendix 2            Sun Protection Policy**

### **1        Scope**

This policy is applicable to all employees and pupils of the school

### **2        Objectives**

To ensure that:

- 2.1        Employees and pupils are protected from the harmful effects of the sun;
- 2.2        Schools encourage good health in line with the national healthy schools programme

### **3        Guidance**

3.1        At Gad's Hill School we want all children and staff to enjoy the time that they spend time outside safely without the risk of the harmful effects of the sun. We will work with staff, children and parents to achieve this in a number of ways:

- Parents will be asked to provide sunscreen for the children as well as suitable clothing and hats.
- Activities set up outdoors should be kept in the shade where possible and children encouraged to use shaded areas for their games.
- Nursery age children should be encouraged to wear hats with brims so that most of their face is shaded.
- Sunscreen should be applied that is factor 15+, to all exposed parts of the body 15-30 minutes before going out in the sun not forgetting ears, shoulders, necks, noses and tops of feet etc.
- All children should wear sunscreen. Parents whose children are allergic to sunscreen should either try to find an alternative or ensure that their child is adequately covered with long sleeved and long legged clothing.
- If children are playing in water, sunscreen will wash off and will need to be reapplied once they have been dried.
- Sufficient hydration is vital in hot weather and staff must ensure that children have adequate access to drinking water.

3.2        Staff need to remember to take care when taking the children out. Pupils must wear suitable clothing and hats and extra sunscreen must be taken for reapplication. Staff also need to consider whether the venue they are travelling to will have a sufficient shaded area for the children.

3.3        Children should be taught appropriately about the need for sun protection and its importance through discussion and topics during SMSC and in assembly.

### **Legal Requirements & Education Standards References:**

A: Handbook for the Inspection of Schools - The Regulatory Requirements, Part 3 ([www.isi.net](http://www.isi.net))

B: Sun protection, advice for employers of outdoor workers ([www.hse.gov.uk/pubns/indg337.pdf](http://www.hse.gov.uk/pubns/indg337.pdf))

C: [Guidelines for Environmental Design in Schools](#)" DCSF Guidance

D: [www.sunsmart.org.uk](http://www.sunsmart.org.uk) (separate guidance for nurseries and pre-schools, primary schools and secondary schools)

Review by: Medical and Welfare Manager

Date reviewed: July 2018

Review Date: July 2019

Governor responsible: Kirsty Hillocks

**Appendix 3 (last update 04/07/2018)**

<b>Name (* assessor trained)</b>	<b>Type</b>
BAKER RACHAEL	EFAW
BATTHER SOPHIE	EFAW
BLANN CLAIRE	
BRISTO CAROL	EFAW
BURKE STEPHANIE	EFAW
BUTLER EMMA	EFAW
CROWTER AMANDA	EFAW
CULLEN GLYNDA	EFAW
EDMONDS STEPHANIE	Paediatric
ELLIS SARAH	EFAW & Paediatric
FUNNELL REBECCA	Paediatric
GIBSON CHRIS	EFAW
GODDING CHRISTIE*	EFAW & Paediatric
HARRIS RICHARD	EFAW
HENWOOD CAROLINE	Paediatric
HUNTER LIAM	EFAW & Paediatric
HURREN JULIA	EFAW
IRONMONGER NATALIE	Paediatric
JAGO CHARLOTTE	EFAW
JOHNSON KAT	Paediatric
LAMB MARK *	EFAW & Paediatric
LAVERY ANDY	EFAW & Paediatric
MARSHALL LISA	Paediatric
MAXWELL HANNAH	Paediatric
MILLS DEBBIE	Paediatric

OSTREHAN BRIDGET	EFAW
PAGE JODIE	Paediatric
PATEY MIKE	Paediatric
RANA SAMEENA	EFAW
ROBERTS CHENAI	EFAW
ROUMANA GEMMA	EFAW & Paediatric
SANDHU RAVINDER	EFAW & Paediatric
SAVAGE PAUL	EFAW
SHOVE CLARE	Paediatric
SPELLAR NINA	Paediatric
TASSEL PAUL	EFAW
TYLER JACK	EFAW & Paediatric
WADEY PAUL	EFAW
WARDELL RODNEY	EFAW
WARING JOHN	EFAW
WILSON VICTORIA	Paediatric