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## Annex A: Administration of Medication Procedures

### 1. Introduction

First aid can save lives and prevent minor injuries becoming major ones. Wotton House International School (WHIS) is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting employees, children and visitors.

1. The Proprietor has overall responsibility for ensuring that WHIS has adequate and appropriate first aid equipment, facilities and first aid personnel and for ensuring that the correct first aid procedures are followed.
2. This policy complies with Part 3 of the Education (Independent School Standards) (England) Regulations 2014, the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 and the First Aid at Work: Health and Safety (First Aid) Regulations 1981, approved code of practice and guidance. We also acknowledge the good practice guide in Guidance on First Aid for Schools<sup>1</sup>.
3. All staff should read and be aware of this Policy, know who to contact in the event of any illness, accident or injury and ensure Policy is followed in relation to the administration of first aid. All staff will use their best endeavours, at all times, to secure the welfare of the pupils.
4. Everyone on the School premises is expected to take reasonable care for their own and others' safety.
5. Nothing in this policy should prevent anybody from contacting the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy, and make clear arrangements for liaison with ambulance services.

### 2. Policy Aims

1. To ensure that WHIS has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury; no matter how major or minor.
2. To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
3. To ensure that medicines are only administered at WHIS when express permission has been granted for this.
4. To ensure that all medicines are appropriately stored.
5. To promote effective infection control.

### 3. Policy Actions

1. Appoint sufficient First Aiders (qualified by training) to take charge of first aid. Their certification will be reviewed regularly to ensure that it is current. If possible, all full time staff will be first aid trained. WHIS will maintain a record of who has had first aid training, which can be requested from the Administrator.
2. Have suitably stocked first aid boxes which will be checked and re-stocked every term.
3. Provide information to employees, pupils and parents on the arrangements for first aid and ensure notices are clearly visible indicating the location of the first aid boxes and the names of the First Aiders.
4. Have a procedure for managing accidents, including immediate liaison with emergency services, medical staff

<sup>1</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/306370/guidance\\_on\\_first\\_aid\\_for\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306370/guidance_on_first_aid_for_schools.pdf)

and parents.

5. Ensure that an accident record file is maintained in the Office and every incident that requires first aid is recorded including any treatment given. Parents will be informed of any occasion where any child has had an accident at school including any treatment given. The forms will be reviewed and analysed for patterns regularly and remedial action put in place.
6. Ensure whenever possible that a holder of a current First Aid certificate accompanies all trips with a portable first aid kit. Low-risk trips, such as walks to local parks, do not always need a First Aider.
7. Review and monitor arrangements for first aid as appropriate on a regular basis (annually at the very least).

#### 4. Details

1. **First Aiders:** The main duties of First Aiders are to give immediate first aid to pupils, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their first aid certificates are kept up to date through liaison with the Administrator.
  1. First Aiders have a responsibility to ensure all first aid kits are properly stocked and maintained. The First Aid Appointed Persons will be responsible for maintaining supplies.
  2. The current First Aid Appointed Persons are Mandy Owen, Sophie Sturdy, John Swann, Emma Zentner and Josie Brown.
2. **First Aid Boxes** and First Aid Travel Kits: The First Aid boxes are located in the following locations:
  1. School Office
  2. School Medical room
  3. Travel First Aid Box (available from office)
3. **Storage of medication:** See **Annex A: Administration of Medication Procedures**
4. **Ambulances:** First Aiders should always call an ambulance on the following occasions:
  1. In the event of a serious injury
  2. In the event of any significant head injury;
  3. In the event of a period of unconsciousness;
  4. Whenever there is the possibility of a fracture or where this is suspected;
  5. Whenever the first aider is unsure of the severity of the injuries;
  6. Whenever the first aider is unsure of the correct treatment.
  7. If an ambulance is called then the First Aider in charge should make arrangements for the ambulance to have access to the injured person. Arrangements should be made to ensure that any pupil is accompanied in an ambulance, or followed to hospital, by a member of staff until one of the pupil's parents, guardians or their named representative is present. A member of staff will remain with the pupil until one of the pupil's parents, guardians or a named representative appointed by a parent arrives at the hospital.
5. **Illness:** The school medical room (now located down the Wing before the Annexe) is set aside for the care and treatment of sick or injured pupils. This room may also be used for pupils to rest while they wait for their parents/guardians to arrive to pick them up. This area has easy access to a toilet and handwashing facilities. Pupils will be monitored during this time. When a child becomes ill during the day the parents/guardians will be contacted and asked to pick their child up from school as soon as possible.
6. **Visits and events off site:** Before undertaking any off-site events, the teacher organising the trip or event will assess level of first aid provision required by undertaking a suitable and sufficient risk assessment of the event and persons involved. This will be reviewed by the Principal before the event is organised.

#### 5. Emergency Procedures

1. The member of staff in charge will assess the situation and decide on the appropriate next course of action, which may involve calling immediately for an ambulance or calling for a First Aider.
2. If summoned, a First Aider will assess the situation and take charge of first aid administration. In the event that the First Aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they should arrange for the injured person to access appropriate medical treatment without delay.
3. Where an initial assessment by the designated First Aider indicates a moderate to serious injury then one or more of the following actions will be taken:
  1. Administer emergency help and first aid to all injured persons. As directed on the folder, make a note of what - if any - treatment was given. The purpose of this is to keep the accident victim(s) alive and, if possible, comfortable, before professional medical help can be summoned. Also, in some situations, action now can prevent the accident from getting more serious, or from involving more victims.
  2. Call an ambulance or a doctor, or take the accident victim(s) to a doctor or to a hospital. Moving the victim(s) to medical help is only advisable if the person doing the moving has sufficient knowledge and skill to make the move without making the injury worse.

3. Make sure that no further injury can result from the accident, either by making the scene of the accident safe, or (much easier if they are fit to be moved), by removing people from the scene.
  4. See to any children who may have witnessed the accident or its aftermath and who may be worried, or traumatised, in spite of not being directly involved. They will need to be taken away from the accident scene and comforted. Younger or more vulnerable children may need parental support to be summoned at once.
  5. Allocate staff resources carefully between helping the victim(s) (eg. by accompanying them to hospital), dealing with the direct aftermath of the accident and looking after pupils not affected by the accident. All three are important.
  6. Ask all adult witnesses and older children who are witnesses (including those arriving on the scene after the accident), to write down in their own hand and in their own words exactly what they saw and heard. This first-hand evidence can be invaluable, if litigation follows the accident.
4. Complete an 'Accident Report Form'.
    1. If the accident is serious, report the matter to the proprietors and the school's insurers, which may be able to give advice and assistance, especially if there is media interest shown.
    2. Decide whether the whole school needs to be informed and, if so, what to say in class or assembly and when.
    3. Begin at once to consider ways of preventing such an accident from happening again and implement those preventative measures.
    4. If the accident is serious, or fatal, report the matter to the Health and Safety Executive on Form 2508. Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) the employer must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease.
    5. Make arrangements for the return to school of the accident victim(s) and of those worried or traumatised by the accident.
  5. If the initial assessment indicates that a minor injury has taken place then one or more of the following actions will be taken:
    1. First Aid administered as necessary by designated First Aider.
    2. Complete an 'Accident Report Form'.
    3. Parents informed (generally at the end of the day).
  6. Reporting to parents: In the event of accident or injury to a pupil, at least one of the pupil's parents must be informed as soon as practicable. Parents must be informed in writing of any injury to the head, minor or major, and be given guidance on action to take if symptoms develop. In the event of serious injury or an incident requiring emergency medical treatment, the Office should telephone the pupil's parents as soon as possible. A list of emergency contact details is kept in the Office.

## 6. Bodily Fluid Procedures

First Aiders should take the following precautions:

1. Cover any cuts and grazes on their own skin with a waterproof dressing;
2. Wear suitable disposable gloves when dealing with blood or other bodily fluids;
3. Use suitable eye protection and a disposable apron, where splashing may occur;
4. Use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
5. Wash hands after every procedure.
6. If a First Aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids which are not their own, the following actions should be taken without delay:
  1. wash splashes off skin with soap and running water
  2. wash splashes out of eyes with tap water and/or an eye wash bottle
  3. wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
  4. record details of the contamination;
  5. take medical advice (if appropriate).

Revision Control Table	
Drawn up by	N Shaw
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## Annex A: Administration of Medication Procedures

1. Introduction The supervising or giving of medication to a child is a parental responsibility but teachers or school staff may be asked to perform this task. Teachers cannot be directed to undertake this role but may do so voluntarily after receiving appropriate training and using these Guidelines.
  1. As the employer, WHIS is responsible for developing and regularly reviewing its own medication policy and procedures, copies of which should be available to school staff and parents.
  2. Unless children are acutely ill they are encouraged to attend school. The aim is to keep children in school rather than restrict their education through exclusion on medical grounds. Sometimes it may be necessary for children to take medication during school hours.
  3. Children with medical needs which may require emergency treatment should have an individual management plan developed in partnership with parents, school staff, school nurses and medical advisers.
  4. Children should be taught about illness and disability and should be encouraged to respect medication. Fostering such an attitude may help to avoid possible problems of misuse of medication.
2. Medication in School
  1. We ask parents to request that their doctor, wherever possible, prescribe medication, which can be taken outside the school day. However, we as a school recognise that there are times when it may be necessary for a pupil to take medication during the school day.
  2. We are prepared to take responsibility for these occasions in accordance with these guidelines.
  3. Should we be asked to admit a child to school with medical needs we will, in partnership with the parents/carers, Medical Advisors, discuss individual needs to determine an appropriate Individual Healthcare Plan (IHP).
  4. Any resulting training needs will be met. On Admission to School all parents will be asked to complete an admissions form giving full details of child's medical conditions, regular medication, emergency medication, emergency contact numbers, name of family doctor, details of hospital Consultants, allergies, special dietary requirements etc
3. Administration & Storage of Medication in School
  1. Should a pupil need to receive medication during the school day, parents will be asked to come into school and personally hand over the medication to the Principal or designated member of duty staff.
  2. The medication should be in the container as prescribed by the doctor and as dispensed by the pharmacist with the child's name, dosage and instructions for administration printed clearly on the label.
  3. The form 'Medication Consent Form should be completed by the parent. This will be kept in the student medical file located in the medical room.
  4. A record of the administration of each dose will be kept on the 'Medical Administration' form, which will be signed by the member of staff who administered the medication.
  5. Reasons for any non-administration of regular medication should be recorded and the parent/carer informed on that day. A child should never be forced to accept a medication.
  6. Should the medication need to be changed or discontinued before the completion of the course or if the dosage changes, school should be notified in writing immediately. A fresh supply of correctly labelled medication should be obtained and taken into school as soon as possible. If medication needs to be replenished this should be done in person by the parent.
  7. Should the child be required or is able to administer their own medication e.g. reliever inhaler for asthma, we will request written confirmation by the parents in order to ensure the child understands their responsibilities in this area.
4. Controlled Drugs: With the exception of emergency medication e.g. buccal Midazolam, Controlled Drugs should be kept in lockable, non-portable, facilities. Where agreed, a child may be allowed supervised access to their own supply in order to self-medicate.
5. Storage & Disposal of Medication: All medication will be kept in a locked cupboard in the Medical Room. Medications should be returned to the child's parent/carer:
  - when the course of treatment is complete
  - when labels become detached or unreadable
  - when instructions are changed
  - when the expiry date has been reached
  - A check will be made of the medication cabinet at the end of each term, and parents will be asked to collect any medication which is out of date or not clearly labelled. If parents do not collect this medication it will be taken to the local pharmacy for disposal.
6. Sharps: Sharps boxes should always be used for the disposal of needles or glass ampoules. Sharps boxes can be obtained by parent on prescription from the child's GP or Consultant. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.