

**St. Joseph's
PARK HILL SCHOOL**

ST. JOSEPH'S PARK HILL



First Aid Policy

Mission Statement

At St. Joseph's Park Hill we prepare our children for the challenges of the future in a nurturing and stimulating environment built on Catholic foundations.

Reviewed June 2024

First Aid

This policy refers to the DfE guidance on First Aid and should have regard to any guidance provided by the Health and Safety Executive. It also refers to the Health and Safety (First Aid) Regulations 1981, Health and Safety at Work etc Act 1974 and associated regulations, Schools Premises (England) Regulations 2012.

Under the Health and Safety (First Aid) Regulations 1981, St Joseph's Park Hill school will provide adequate and appropriate equipment, facilities and trained personnel to ensure their employees and pupils receive immediate attention if they are injured or taken ill at school. The School Business Manager has overall responsibility for managing First Aid on site.

An annual training programme ensures that staff are trained as per the Safety training, see appendix 3. All early years practitioners will hold a Paediatric First aid qualification which will meet the requirements of the Early Years Foundation stage. Level 6 Outdoor First Aid will be held by the Forest School Leader and another member of staff. Emergency First Aid at Work will be held by two members of staff to cover staff on site.

All parents complete a medical information form when their child enters the school, giving details of allergies, medical conditions etc. Details are also kept for staff where relevant. These are kept in the office. A list of children with allergies is given to all staff, and one is kept in the dining room. For food allergies, the school menu is reviewed and a special menu is produced and kept in the dining room along with a photo of the child affected. The menu highlights what changes to the menu is needed each day.

A list is kept of all children with asthma, and their inhalers are kept in the classrooms. A record is kept with each inhaler to record when the inhaler is administered. Staff to ensure inhalers are taken whenever the pupil leaves site. A separate Asthma protocol is in place.

First aid kits are kept in the office, KS1 (bottom corridor outside the Pre-school classroom), dining room, Pre-school and in the Forest School.

The following table includes the minimum items that should be included in each first aid kit around school.

- a leaflet giving general advice on first aid – HSE information is available
- 20 individually wrapped sterile adhesive dressings (assorted sizes) including hypo allergenic plasters
- 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

A first aid kit is taken on all trips. The School Business Manager is responsible for ensuring that they are checked regularly and kept stocked, this will be documented.

This first aid as a minimum should contain:

- a leaflet giving general advice on first aid – HSE information is available
- 6 individually wrapped sterile adhesive dressings
- 1 large sterile unmedicated dressing
- 2 triangular bandages individually wrapped and preferably sterile
- 2 safety pins
- individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves
- ice pack
- resuscitator
- survival blanket

The Forest School first aid kit and the office first aid kit also contains burns dressings and larger bandages.

The Automated External Defibrillator is located in the School Business Manager office.

Blue plasters are available in the kitchen for use by kitchen staff.

If a child is unwell the parents are informed and the child is sent home. If necessary the child is kept in the sick bay (school office) until the parent arrives.

A child appearing to be suffering from an infectious disease is isolated in the sick bay and parents informed. Any child having suffered from vomiting or diarrhoea will be sent home immediately and will not be allowed to return within 48 hours. Any areas where the child may have soiled will be cleaned as per the Preventing and Controlling infections section of this document.

A list of guidance on isolation times for common illness can be found in Appendix 2 of this document (Health Protection in Children and Young People Settings: Exclusion table).

Guidance can be obtained from Managing Outbreaks and Incidents (www.gov.uk) if any advice for outbreaks is needed. Many infectious diseases can be managed by reinforcing the measures recommended in Preventing and Controlling Infections and by:

- encouraging all people are unwell not to attend the setting or remain separate from others, wherever possible
- ensuring all eligible groups are enabled and supported to take up the offer of immunisation programmes including coronavirus (COVID-19) and flu
- ensuring occupied spaces are well ventilated and let fresh air in
- reinforcing good hygiene practices such as frequent cleaning
- requesting parents / guardians inform the setting of a diagnosis of any infectious diseases

During an outbreak or incident, when there are several cases or indications of more serious disease, additional measures may be required.

These may include:

- Considering communications to raise awareness among parents / guardians
- Reinforcing key messages amongst children and young people, including the importance of hand and respiratory hygiene measures
- Discussing with health visitors or school nurses, about support they can offer, particularly if a pupil may face barriers to accessing health care

People who are showing the symptoms of an infectious disease could be advised to stay away from the setting for the minimum period recommended and until well enough to attend.

If a parent with symptoms attending the setting, where they have a confirmed or suspected case of an infectious illness, we can refuse the child to attend, if in our reasonable judgement, it is necessary to protect other children and staff from possible infection. Advice will be sought from the local health protection team.

Remote education may be provided depending on the timescales involved. Consideration may be needed for vulnerable children and the appropriate agencies may need to be involved to protect the safeguarding of the child.

It may be necessary to contact the local UK Health Security Agency (UKSHA) Health Protection Team (HPT). Advice on when or when not to contact is included in Guidance for Specific Infectious Diseases (www.gov.uk).

This may not be limited to but could include:

- A higher than previously experienced and/ or a rapidly increasing number of absences due to the same infection
- Evidence of severe disease due to infection, for example if a individual is admitted to hospital
- More than one infection circulating in the same group of people, for example chicken pox and scarlet fever
- An outbreak or serious illness for example, E.coli, food poisoning, hepatitis, measles, meningococcal meningitis or septicemia, scarlet fever, tuberculosis, typhoid and whooping cough.

Confidentiality will be maintained by the health protection teams, therefore information given to the school from the team for distribution during an outbreak will never name cases or give out personal details.

Treatment

Minor cuts and abrasions are cleaned with water and covered only if necessary. Any plaster allergies are noted in the First Aid boxes. All treatment is recorded in the treatment log.

Bumps to the head are treated with a cold compress and the child is kept in the office to watch for signs of concussion. An accident report is completed and the parents informed at the time of the incident by phone, where possible, and will be asked to sign the form on collection. The child wears a "bumped head" sticker for the rest of the day.

In the event of an accident occurring to a child during games, PE or while on the playground, the member of staff on duty remains with the child and sends another child to the office for assistance. The First Aider will attend to the injured child.

If a child suffers an accident which requires hospital treatment, the parents or emergency contact are informed. If they cannot be contacted, a member of staff accompanies the child to hospital and waits for a parent to arrive. In severe cases an ambulance will be called.

An ambulance shall be called by the school receptionist or appointed member of staff, on the instruction of the first aider. It should be called when any life-threatening conditions such as problems with the airway, breathing or circulation resulting in a life-threatening condition, or a serious bump to the head resulting in concussion and / or where any further medical attention is required (such as but not limited to: seizures lasting more than 5 minutes, spinal injury, severe burns, severe allergic reaction, asthma attacks that do not respond to their inhaler etc). Obviously, each case will need to be assessed on an individual basis.

Care plans are in place for any children with medical conditions, such as asthma, epilepsy and diabetes, or any other conditions presented that requires a care plan and staff will undergo any training necessary for individual children.

If a child requires to have an EpiPen administered this is kept in the office (unless a school visit is taking place when the class teacher should ensure that it is taken with them) along with full instructions. The parent is responsible for ensuring that it is replaced when out of date. Full training is arranged for staff who have contact with the child to recognise when the EpiPen is needed, and how to administer it.

Parents of children who are asthmatic will be asked to fill in a treatment form and asked to provide an inhaler that is kept in school at all times. These instructions will be kept with the inhaler in their classroom together with a sheet for recording when the inhaler has been administered. Staff are to ensure that they take any inhalers with them when PE / Games lessons take place or when any off-site visits occur.

Any children with diabetes, epilepsy or similar conditions will have appropriate measures put in place via the Care plan to ensure that all staff know what signs to watch for and how to administer.

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Preventing and Controlling infections

All staff and pupils have access to liquid soap, warm water and paper towels. Children are taught the importance of hand hygiene and are taught to wash their hands after using the toilet, before eating and after playing out. Sanitiser is also available around school to use after hand washing and at regular points through the day. The children are all encouraged to sanitise their hands when entering school first thing and when returning from the playground.

Staff must wear gloves and (apron where possible) when dealing with bodily fluids. These are kept in the Pre-school, office and with first aid boxes. Any bodily fluid spillages must be attended to immediately and must be cleaned using disposable cloths. These, along with any used swabs, wipes etc must be placed in clinical waste bags and tied securely before disposal. Any spillages must be treated with the designated powder to clean up the area and disposed of in the clinical waste bags. Children are to be removed from the area whilst this is done. Staff should apply good personal hygiene after cleaning the area to prevent contamination.

All children are encouraged and taught how to prevent the spread of coughs and colds by following the below guidance:

- cover nose and mouth with a tissue when coughing and sneezing, dispose of used tissue in a waste bin, and clean hand (tissues and sanitiser are available in all classrooms)
- cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand
- keep contaminated hands away from their eyes, mouth and nose
- clean hands after contact with respiratory secretions and contaminated objects and materials

School is cleaned using detergent and water. This is followed up by sanitiser in the dining room and in the classrooms.

In the event of an outbreak of infection, guidance and advice will be sought from the UK Health Security Agency (UKSHA) to enhance or more frequently clean susceptible areas.

Disposable cloths are used for cleaning and are colour coded for the areas to be used in. Kitchen - green, classrooms – blue, toilets – red.

A dishwasher is used for the cleaning of dishes in the dining room.

Personal protective equipment of gloves and aprons are available for the purpose cleaning.

Staff are encouraged to ventilate their classroom whenever possible.

Any waste produced containing blood will be disposed off in the “sanitary” waste bin.

Recording and Reporting

All occasions when first aid requires to be administered is entered into the treatment log. There is a separate Accident Book to record any staff injuries. The treatment log records the date, time, name, brief details of what happened, details of injury, treatment administered and person carrying out the treatment. An accident form is completed for any head injuries, nosebleeds or more serious injuries, this is signed by the parents /guardian where possible and notification is made by ParentMail or telephone call.

All accidents and treatments are recorded in the treatment log which is located in the office. Regard shall be paid to the RIDDOR 2013 regulations when recording accident reports, see section under RIDDOR.

All accident reports for Pre-school and reception children must be shared with the adult collecting on the same day as the accident and must be signed and dated by both the adult collecting and the member of staff informing. A text or e-mail will be sent to notify of a bumped head or nosebleed via Parentmail the same day for any child in school.

Each accident report is reviewed by the School Business Manager who will monitor for any patterns or trends. If anything is noted then further investigation will be carried out to see if any remedial action on site is required. This process will be discussed and reported to the Health and Safety Governor via the Health and Safety update at Governors meetings or as required.

Reporting under RIDDOR

The requirements are found in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Reference to current RIDDOR guidelines will be made if anyone is involved in an accident at the school is only reportable if:

- the death of the person, and arose out of or in connection with a work activity;
or
- an injury that arose out of or in connection with a work activity **and** the person is taken directly from the scene of the accident to hospital for treatment

The School business Manager should consider whether the incident was caused by:

- a failure in the way a work activity was organised (for example inadequate supervision of a field trip)
 - the way equipment or substances were used (for example lifts, machinery, experiments)
 - the condition of the premises (for example poorly maintained or slippery floors)
- If there are any doubts the School Business Manager will consult with the HSE.

Medication

All children's medication, except inhalers, should be labelled with the child's name and be kept in the school office until it is required.

If parents request staff to administer medicine to their child, it is kept in the school office with their name on, in the office along with their written authority and instructions as to time and amount. The medicine is administered by the School Business Manager or Receptionist who records the time and amount and signs the form.

When administering a child's medicine, the member of staff should do the following checks:

- The name on the medicine matches the name on the form
- The type of medicine is the same as per the form
- The medicine is in date
- The time of day which the medicine is being given is as per the completed form (not early)
- The dosage on the form is the same as per the medicine instructions, and the correct dose is administered

Once the dose is given, the amount and time given is recorded on the parental form and, a text via parentmail is sent to the parent confirming the medicine type, dosage and time administered.

The form is then placed in the child's folder.

All staff administering medicine will be trained in the above procedure. Mrs Duncan and Mrs Kendall received the above training on the March 2022.

If a child is unwell, parents will be contacted, if a request is made by the parent to administer Calpol or Ibuprofen then verbal consent will be recorded on an "administering medicine form" and the parent will be asked to sign on collection. A text will also be sent as per above.

Any child who is known to have asthma, is placed on the school asthma record with details of their inhaler. This record is to be updated at the start of each school year or when informed of any changes.

Any child who uses an inhaler in school should give it to their class teacher who will ensure that it is labelled and will keep readily available in class.

If any child requires medication that requires training, then at least two members of staff will receive training from either a medical practitioner or the parent if appropriate.

An epipen will be kept on site, should any children attending school, have one prescribed. In the event of a child requiring an epipen, all staff will undertake training to know what signs to look for and how to administer.

The “sick” bay is in the office where access to a sink, toilet and bed are available.

Staff taking any medication should seek medical advice if this may affect their ability to care for children. Any staff medication should be stored securely at all times.

Mental Health

The Mental Health First Aid Champion for staff welfare is the Headteacher, Mrs Whitehead. The Pastoral Lead is a trained mental health first aider for the support and wellbeing for the pupils.

The staff also have access to the Care First plan where they can speak to and obtain any advice from an external company.

Please see the Safeguarding and Child Protection Policy and Pastoral Care Policy for how children are supported.

Monitoring and Review

The health and safety policy will be reviewed periodically as and when necessary and in any event every 12 months.

APPENDIX 1



ST JOSEPH'S PARK HILL SCHOOL

ADMINISTERING OF MEDICINES FORM

I request that a member of staff administer the named medicine to my child, complying with the given instructions.

Name of Child:

Name of Medicine:

Dosage:

Time to be administered:

Parent/carers name and relationship to child:

Signature:

Date:

Date	Time	Administered by - Signature

APPENDIX 2

Health Protection in Children and Young People Settings: Exclusion table
(www.gov.uk)

Infection	Exclusion period	Comments
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, <u>contact your local UKHSA health protection team.</u>
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. For more information, see <u>Managing outbreaks and incidents.</u>
Diphtheria*	Exclusion is essential. Always contact your <u>local UKHSA health protection team.</u>	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your <u>local UKHSA health protection team.</u>
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your <u>local UKHSA health protection team.</u> For more information, see <u>Managing outbreaks and incidents.</u>
Glandular fever	None	
Hand foot and mouth	None	Contact your <u>local UKHSA health protection team</u> if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	

Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your <u>local UKHSA health protection team</u> will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your <u>local UKHSA health protection team</u> for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your <u>local UKHSA health protection team</u> will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your <u>local UKHSA health protection team</u> will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your <u>local UKHSA health protection team</u> for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	None (to avoid close physical contact with others until 24 hours after the first	Household and close contacts require treatment at the same time.

	dose of chosen treatment). Those unable to adhere to this advice (such as under 5 years or additional needs), should be excluded until 24 hours after the first dose of chosen treatment.	
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your <u>local UKHSA health protection team</u> .
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB).</p> <p>Exclusion not required for non-pulmonary or latent TB infection.</p> <p>Always contact your <u>local UKHSA health protection team</u> before disseminating information to staff, parents and carers, and students.</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.</p> <p>Your <u>local UKHSA health protection team</u> will organise any contact tracing.</p>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	<p>Preventable by vaccination.</p> <p>After treatment, non-infectious coughing may continue for many weeks. Your <u>local UKHSA health protection team</u> will organise any contact tracing.</p>

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security

Agency (UKHSA) health protection team (HPT) of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.

The NHS website has a [useful resource](#) to share with parents, Is my child too ill for school?

APPENDIX 3

List of Trained First Aiders

Name	Date of course	Expiry date
Janice Allott	February 2022 (Paed)	February 2025
Pauline Duncan	December 2021 (Work) June 2022 (Paed) October 2022 (Level 6 Outdoor First Aid)	December 2024 June 2025 October 2025
Elin Kendall	February 2022 (Paed) April 2022 (Work)	February 2025 April 2025
Elizabeth Watson	May 2021 (Paed)	May 2024
Karen Bleasdale	June 2021 (Paed)	June 2024
Emily Earnshaw	March 2024 (Paed)	March 2027
Claire Taylor	February 2023 (Paed) December 2022 (Level 6 Outdoor First Aid)	February 2026 December 2025
Gayle Wilkinson	December 2022	December 2027
Charlotte Fidoe	January 2024	January 2027
Nimrah Ashraf	February 2024	February 2027
Amanda Greenall	February 2024	February 2027
Rina Teoli-Rush	March 2024 (Paed)	March 2027
Luke Davies	April 2024 (Paed)	April 2027
Susana Hannah	June 2022 (Paed)	June 2025
Sandra Barker	June 2022 (Paed)	June 2025
Charlotte Grillo	June 2022 (Paed)	June 2025
Richard Bailey	June 2022 (Paed)	June 2025
Joanne Maudsley	June 2022 (Paed)	June 2025

Training

August 2012	Dietician and training for feeding a child through a tube	A. Robinson Karen Bleasdale
Sept 2012	Diabetes Nurse	All staff and support staff
February 2013	Refresher information for epilepsy following changes in child's health / recent seizures	All teaching staff
March 2016	Training for Epilepsy	All staff
October 2019	Protocol for management of Asthma	All staff
January 2020	Advice for respiratory disease management within school from Respiratory nurse	MW / JM