



# SOP11A: (13a) First Aid & Medical Policy

VERSION HISTORY				
VERSION	APPROVED BY	REVISION DATE	DESCRIPTION OF CHANGE	AUTHOR
006	L Ball	Sept 2024	Policy Updated for Staff Changes	CB
005	R Upton	Jan 2024	Policy Full Review	CB
004	R Upton	April 2021	Policy Reviewed	CB

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## **1 First Aid and Medical Policy**

- 1.1 This policy applies to all members of the school community including Early Years Foundation Stage (Nursery and Reception).

## **2 Urgent Medical Attention**

- 2.1 In the event of a child requiring urgent medical attention of any sort e.g. X-rays, injections, blood transfusion or an operation, staff are authorised to agree to such treatments in the school's name in the Headmaster's absence if and only if the following conditions are satisfied:
- 2.2 The medical authority tells you that the treatment is urgent or essential.
- 2.3 If the emergency is so serious as to warrant an immediate decision before parents or other named persons can be contacted
- 2.4 If the above does not apply, if you have tried to contact the child's parents but have failed to do so.
- 2.5 The child's medical notes have been consulted for any possible adverse conditions.
- 2.6 Please note that for further information on this important area see the relevant section regarding administration of medicines to pupils with medical needs.

## **3 First Aid**

- 3.1 Staff at Yateley Manor receive basic first aid training every three years conducted by a suitable certified training professional. Staff from across various departments e.g. Sport, Music, Pre-Prep, Maintenance, Year 3, Year 4, Cookery, DT etc were trained in First Aid.
- 3.2 These members of staff have received a certificate of basic competence. This certificate does not qualify the member of staff to act as a qualified 'First Aider' for the purposes of the 'Health and Safety Regulations 1981'. The Bursar retains the training records.
- 3.3 The School Matron has the First Aid at Work Qualification last updated in July 2023 and is the school's appointed first aider.
- 3.4 In addition to this the following members of staff hold the Early Years Paediatric First Aid Qualification.

### 3.5 First Aid at Work (renewal every three years)

Surname	Forename	Role	Date of Award
Boyd	Clare	Matron	24 July 2024

### 3.6 Paediatric Qualified (renewal every three years)

Surname	Forename	Role	Date of Award
Boyd	Clare	Matron	24 July 2023
Foster	Jo	Receptionist	24 July 2023
Cordery	Kirsty	Nursery Manager (EYFS)	24 July 2024
Bray	Amy	Nursery Assistant Manager (EYFS)	13 Nov 2021
Adams	Cassie	Nursery Practitioner (EYFS)	24 July 2024
Sigley	Lesley	Nursery Assistant (EYFS)	19 April 2022
Hall	Angie	Reception Teacher (EYFS)	19 April 2022
Poulton	Lisa	Reception TA (EYFS)	24 July 2023
Voller	Julie	Year 1 Teacher	19 April 2022
Belshaw	Suzanne	Year 1 Teacher	19 April 2022
Hendry	Lyndsey	Year 2 Teacher	19 April 2022
Nightingale	Vanessa	Year 2 Teacher	19 April 2022
Jenkins	Hannah	Year 3 Teacher	19 April 2022
Dearing	Samantha	Year 4 teacher	19 April 2022
Emmins	Ali	Sports Assistant	19 April 2022
Davies	Sandra	Teaching Assistant	19 April 2022
Foster	Claire	Teaching Assistant	19 April 2022
Heard	Kian	Learning Support, LAMDA Co-ordinator	19 April 2022
Sewell	Emma	Learning Support Assistant, Holiday Club Manager	19 April 2022
Skillett	Carly	Assistant Head Lower School	19 April 2022
Thompson	Clare	Assistant Head Upper School	19 April 2022

There will always be at least one qualified person on site when children are present. A qualified EYFS Paediatric First Aider will accompany any EYFS trips.

*As long as staff follow the school's documented procedures they will be covered by the School's Public Liability Insurance.*

## 4 First Aid Boxes

4.1 These are available in the following areas of the school:

- The Pavilion
- The Swimming Pool
- The Kitchen
- The Nursery
- The Workshop
- The Gymnasium
- Matron's Room
- The Fyson Blum Hall Entrance
- The Fyson Blum Hall in storage cupboard at the back of the Hall
- The Cleaning Cupboard by Matron's Room
- Mozart, Da Vinci & The Language Landing [Manor Place site]

4.2 In addition, there are eye baths in:

- Both Science Laboratories

4.3 In addition, there are 2 Asthma kits one in Matrons room and one at Manor place.

4.4 There are three defibrillators on site

- Fyson Blum Entrance Hall
- Manor Place Corridor
- Outside changing rooms

4.5 The contents of all first aid boxes/eye baths are regularly checked and updated by the School's Matron. The Defibrillators are monitored remotely by Almas Industries who manage the maintenance and servicing of the devices.

## 5 General Medical Information

### 5.1 Medical Questionnaires

5.1.1 On entering the school each child's parents should have completed a medical questionnaire giving details of allergies, medical conditions, inoculations as well as giving staff employed by the school permission to administer certain commercially available medicines e.g. paracetamol [Calpol]

5.1.2 These forms are completed by parents and returned to school before a child starts. The details are logged onto the SIMs database and teachers advised of any medical issues.

5.1.3 Parents are also required to complete a medical questionnaire the beginning of Year 3. Parents are reminded to inform the school of any changes before taking part in any educational visit or on a day to day basis.

## **6 Staff Responsibility**

- 6.1 All staff should acquaint themselves with the list of children's allergies and medical problems produced each term. This list is stored on SIMS and a copy is kept by the school's Matron and in the school office. All information held on these print outs is provided by the parents.

## **7 Parental Responsibility**

- 7.1 Parents are responsible for supplying information about medication that their child needs to take at school and for letting the school know of any changes to medication or the type of support needed from the school. All medication must be delivered to Matron giving details of the medication, dosage and permission for administration of said medication must be completed.
- 7.2 A record book logging all medication given is kept by Matron. There is no legal requirement to do so but a record of what medication has been given and when and by who is an example of good practice and indicates that correct procedures have been followed should there be a problem

## **8 Medical Support**

### **8.1 Risk Assessment of Medical Needs**

- 8.1.1 Before admission to Yateley Manor, the parent or carer is asked to complete a medical form to ensure that we have sufficient information about the medical condition of any child with long-term medical needs.
- 8.1.2 Where appropriate, Matron and School Staff will meet with the parents to discuss any care plan, including the administration of any prescription medicines that may be required to support the child's specific needs. The parents will be asked to complete an Administration of Medicines Form providing details of any medication needed on a regular or as needed basis and authorisation for staff to administer the medicine as appropriate.
- 8.1.3 An individual risk assessment is conducted by Matron who makes it available to all staff via the intranet and this assessment will accompany staff on day or residential trips. These assessments are updated when information changes and on a termly basis, and staff are informed of the changes.

## **8.2 Long Term Needs**

8.3 All parents of pupils at Yateley Manor will have completed a medical questionnaire on entering the school. These forms are stored in the school office and will detail those pupils who have long term medical needs.

8.4 The medical form should give the following information:

- Details of the condition;
- Any special requirements, e.g. Dietary;
- Medication and any possible side effects;
- Who to contact in an emergency.

## **8.5 Short Term Needs**

8.6 Any pupils may need to take some kind of medication at some time during their school life and for most this will be for a short period of time only.

8.7 Applying a lotion or perhaps finishing a course of antibiotics would be a typical example here and to allow pupils to have such medication given to them at school will obviously mean less time being spent away from school.

8.8 However medication should only be brought to school when necessary and should always be handed in to Matron or in the case of a residential trip, to the member of staff in charge of the trip.

8.9 A letter of parental consent must always accompany any medication

8.10 It will obviously be helpful if any medication can be given in dose frequencies that enable it to be taken outside school hours. Parents should be encouraged to ask their doctor or dentist to take this in to account when giving a child any prescription.

8.11 Medication is stored in a locked cupboard in Matron's room.

## **9 Storage of Medication**

9.2 Some medicines may be harmful to children and adults for whom they have not been prescribed. If the school administers such medicines then it has a duty of care to ensure that the risks to the health of others are properly controlled.

9.3 This duty derives from COSHH (The Control of Substances Hazardous to Health regulations) 2002. At Yateley Manor such medicines are administered and therefore this duty of care applies.

9.4 Any medication brought to school and handed to Matron should be stored in a container, which is clearly labelled with the name of the pupil, the name and dosage of the prescribed medication and the frequency of the administration.

9.5 Large volumes of medicines should not be stored in school.

9.6 Where a pupil needs two or more prescribed medicines each should be stored in a separate container.

9.7 All medication in school must be stored safely.

- 9.8 Pupils should know where their own medication is stored and that Matron has the key to the cupboard.
- 9.9 A few medicines such as asthma inhalers must be readily available to pupils and must not be locked away.
- 9.10 Other medicines should be kept in a secure place not accessible to pupils.
- 9.11 Some medicines need to be refrigerated. Such medicines can be kept in a refrigerator containing food, but must be stored in an airtight container and clearly labelled. Access to a fridge containing medicines should be strictly limited.
- 9.12 Pupils must have access to their medicine when it is needed but medication must only be accessible for those to whom it has been prescribed.
- 9.13 The school should not dispose of medicines - parents should collect medicines held at school at the end of each term. It is the parent's responsibility to dispose of all date-expired medicines.
- 9.14 Matron keeps a careful eye on both Epipen-Autoinjectors and inhalers kept in school and informs parents of approaching expiry dates. Pupils usually take their Epipen-Autoinjector home over the school holidays.
- 9.15 A 'Sharps' Bin is located in Matron's room. This is to be used to store all used needles e.g. staff, pupils or visitors who may be diabetic.

## 10 Administering Medication

- 10.2 This section is to be read in conjunction with the **Administration of Medicines Policy**
- 10.3 Some medicines may be harmful to children and adults for whom they have not been prescribed. If the school administers such medicines then it has a duty of care to ensure that the risks to the health of others are properly controlled.
- 10.4 This duty derives from COSHH [The control of substances hazardous to health regulations] 2002. At Yateley Manor such medicines are administered and therefore this duty of care applies.

### 10.1 Authority

- 10.1.1 When a child is required to take medication during the course of the school day, this medicine should be handed in to Matron when the child arrives at school. A note of authorisation from the parents must accompany this medication. This applies to all children in the school including those in EYFS.
- 10.1.2 When a child is away from the school premises either on a day trip or residential trip, the same procedure should apply. The letter of authorisation from parents and the appropriate medication should be handed to the designated member of staff for that particular trip.

## **10.2 Non-Prescribed Medication**

- 10.3 School staff other than Matron or matron's assistant [Office staff in Matron's absence] should not administer any non-prescribed medication to pupils. Members of staff will not know whether the pupil has taken a previous dose or whether this dose may react with a previous dose given or indeed other medication being given.
- 10.4 Children under the age of 12 must never be given aspirin unless prescribed by a doctor.
- 10.5 In the case of younger children who may not remember being given medication such as Calpol earlier in the day, under no circumstances should they be given another dose until either the parents have been contacted and permission obtained or the recommended time has lapsed since any previous dose.
- 10.6 If any pupil suffers regularly from acute pain such as that from a migraine, the parents must authorise through written consent and supply appropriate medication for their child's use.
- 10.7 Such medication should be handed in to Matron and shouldn't be kept by the pupil. The written authorisation must detail the dosage and the frequency of the dosage. Matron must supervise the child when taking this medication and a note sent home at the end of the day informing the parents of the dosage taken and the frequency. This will ensure that before giving a further dose at home, the parents are fully aware of the dosage already taken.
- 10.8 Matron logs all medicines given to children and adults on file in her room.

## **10.3 Prescribed Medication**

- 10.4 No pupil at Yateley Manor should be given any medication without the written consent of the pupil's parents.
- 10.5 If a member of staff should have to give any medication to a pupil perhaps on a field trip or residential trip, that member of staff must check the following before giving out the medication:
  - 10.6 the pupil's name;
  - 10.7 the written instructions from the parents or doctor;
  - 10.8 the prescribed dose;
  - 10.9 the expiry date of the medication.
- 10.10 If the member of staff is in any doubt whatsoever they should either check with the parents or a suitable health professional before taking any further action.
- 10.11 A record should be kept by the member of staff of all medication given to a particular pupil and this should be entered in the trip logbook. A second member of staff must also be present as a witness when the medication is being given to a pupil. Both members of staff must sign in the appropriate place in the log book.

## **10.12 Self-Management of Medication**

- 10.13 Children at Yateley Manor should only carry medication around with them if a genuine need arises such as children suffering from asthma. Any parents who wish their child to administer their own medication must provide written consent before this can be allowed to take place.

## **10.14 Pupils who refuse to take medication**

10.15 Any pupil who refuses to take medication should not be forced to do so. The school should inform the parents as quickly as possible. If necessary the emergency services should be contacted.

## **11 Effect of Medical Conditions on Activities**

### **11.1 School Outings and Residential Visits**

- 11.2 As far as possible pupils with special medical needs should be encouraged to participate in such activities as long as it is safe to do so. We ensure a first aider accompanies any school outings and residential visits, and all staff understand how to summon the emergency services.
- 11.3 Parents complete a medical form prior to a school outing or residential trip, these are checked by staff and Matron. Matron will liaise with parents if there are changes to medical information or medication needs to be administered during a trip. Once the trip is over all medical forms are returned to Matron where they are filed.
- 11.4 Staff involved in such trips must be aware of any pupils on the trip with special medical needs and when planning activities take into account how administration of any medication will take place. All pupils with specific medical conditions will have an individual risk assessment and all staff on a trip must have read and understood this assessment prior to the trip taking place. Please note that such information is for staff only and is not to be shared with parent helpers etc.
- 11.5 If there is concern as to whether it is wise and indeed safe for a pupil to participate in a particular trip, the leader of the trip and/or the parents should seek medical advice from the child's GP or Consultant and obtain written consent for the child to participate in the activities. Staff at the venue should also be consulted to ensure participation would be safe for the child.
- 11.6 During all school trips and residential visits Matron is on 24hr call.

### **11.2 Sporting Activities**

- 11.3 Most pupils with special medical needs can participate in extra-curricular sport or PE Indeed for many pupils such activity benefits their overall social, mental and physical health.
- 11.4 Some pupils may need to take precautionary action before and after exercise and should be allowed to do so. Obviously the member of staff in charge must be aware of pupils who have such needs and allow this to happen. All staff who take pupils for sport must be aware of the relevant medical conditions of pupils in their care and any emergency procedure should the need arise.

## **11.5 Emergency Procedures**

- 11.6 All staff must ensure that they know how to call the Emergency Services in the event of an emergency.
- 11.7 A member of staff should always accompany any pupil taken to hospital by ambulance. This member of staff should remain until the pupil's parent/s arrive.
- 11.8 Staff should never take a pupil to hospital in their own car, it is safer to call an ambulance

## **12 Reporting of Injuries, Diseases or Other Dangerous Occurrence**

- 12.1 All accidents to persons on school premises whether to staff, pupil or other person must be reported and fully investigated. The person must be taken to Matron's room.
- 12.2 Off site accidents during authorised school activities, such as day or residential visits, must also be recorded and fully investigated. Appropriate medical assistance may be required.

### **12.3 Accident Form - On Site**

- 12.4 The member of staff on duty must fill in the school's accident form recording in detail the pupil's name, age, gender etc. However, if a member of staff isn't available to do this, the form will be completed by matron.
- 12.5 Details of the accident as well as the names of any witnesses should be entered.
- 12.6 The possible cause of the accident should be entered and any advice for preventing a similar accident happening again.
- 12.7 The member of staff should then sign and date the form and pass this to the school matron who will complete the rest of the form including details of any treatment given etc.
- 12.8 When completed by Matron, the form should be passed to the Bursar who will check and then sign the final document.
- 12.9 If the duty member of staff didn't witness the accident then he should write 'Accident not witnessed' when completing the accident form.

### **12.10 Accident Form - Off Site**

- 12.11 On day outings or visits, the accident form should be completed on the trip. It is vital that this is not left until the following day, as important detail will inevitably be forgotten. A supply of accident report forms should always be taken on each trip by the trip leader.
- 12.12 Accident report forms should be taken on all school residential trips and completed in the usual way. A note of the accident should also be made in the 'Daily Log Book' kept by the trip leader.
- 12.13 Any accident report forms should be handed in to the Health and Safety Officer at the end of the trip together with the completed log book.

## **12.14 Accident Book**

- 12.15 Details of all accidents involving Prep or Pre-Prep children staff and visitors are logged by Matron in the accident book and a copy will be entered into the existing accident folder on computer.
- 12.16 The H.S.E. accident loose leaf Book B1510 2003 will be used to record accidents involving all staff and other adults including visitors to the school. These forms will also be used for accidents involving visiting pupils for matches etc. These records must be kept for children until they are 25 years old.
- 12.17 Such details should include the time the incident took place as well as the nature of the injury and the treatment given.

## **12.18 Notifying Parents**

- 12.19 If a pupil sustains an injury to the head then parents are contacted by telephone to inform them. If a sporting injury or severe bump they be sent the advice slip entitled "Advice for parents whose children have received a head injury whilst at school".
- 12.20 In the event of a Head injury, parents are usually advised by Matron to have their child checked over at A & E.

## **12.21 Action**

- 12.22 The Bursar reads through all accident report forms prior to each Health and Safety & Governors meeting and those of a sufficiently serious nature are discussed at the meeting to see if there are ways of preventing future similar incidents. Matron is always at these meetings.

## **12.23 Serious Accidents**

- 12.24 Certain accidents are of a sufficiently serious nature that they must be reported to the HSE using the appropriate online report form listed below. The form will then be submitted directly to the RIDDOR database. In normal circumstances this should be completed by the Bursar, or in his absence by the Health & Safety Officer. You will receive a copy for your records

# **13 Types of reportable injury**

## **13.2 The death of any person**

- 13.2.1 All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.
- 13.2.2 Specified injuries to workers (this does not include pupils – but see below)

**13.3 The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are:**

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:
  - Covers more than 10% of the body
  - Causes significant damage to the eyes, respiratory system or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which:
  - Leads to hypothermia or heat-induced illness
  - Requires resuscitation or admittance to hospital for more than 24 hours

**13.4 Over-seven-day incapacitation of a worker**

13.5 Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

**13.6 Over-three-day incapacitation**

- 13.6.1 Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days.
- 13.6.2 Non-fatal accidents to non-workers (e.g. pupils, parents and other members of the public)
- 13.6.3 Accidents to members of the public or others who are not at work (including pupils) must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances. There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.