

Policy and Procedures for:

Supporting pupils with Medical
Conditions, First Aid and Bereavement

**Sefton Park Infant and Junior
Schools**



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The Children Act 1989 aimed to ensure that the welfare of the child was paramount, working in partnership with parents to protect the child from harm. All intentions of this policy endorse that aim as we endeavour to support and maintain pupils' health and well-being.

1. Introduction

- This is a Statement of Policy for the federated Sefton Park Schools and has been approved by the governors of Sefton Park Schools. It should be read in conjunction with the DfE Statutory Guidance "Supporting Pupils at Schools with Medical Conditions" 2014, "Guidance for First Aid for Schools" 2014 and the "Statutory Framework for the Early Years Foundation Stage" 2014.
- Education Establishments, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. The local authority must secure that the plan provides for the child or young person to be educated in a maintained nursery school or mainstream school, unless that is incompatible with:
 - i) the wishes of the child's parent or the young person, or
 - ii) the provision of efficient education for others.
- Under Workplace Reform teachers' conditions of employment do not include giving medication or supervising a pupil taking it. However, education establishments cannot refuse to take responsibility for supporting pupils at schools with medical conditions. It should be an integral part of the establishment's approach to safeguarding pupils. We must strive to be an inclusive institution and appeal for volunteers from the staff as a whole to come forward. If not, the establishment must manage change to include in appropriate jobs/recruit as necessary.
- The Health and Safety (First Aid) Regulations (updated 2013) require employers to provide trained persons, equipment etc., to deal with First Aid emergencies and ill-health occurring at work.
- First Aid is provided in order to:
 - Preserve life,
 - Limit the effects of the condition and
 - Promote recovery.
- The purpose of the Bereavement content is to assist everyone involved at a time when there maybe shock, upset and confusion ensuring that there is as little disruption as possible, effective communication takes place and each member of the establishment is supported to help them through a very difficult period of time.

2. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- There is robust regard for the health and safety of all staff, pupils and visitors.
- Staff and governors are aware of their responsibilities with regards to health and safety.
- The school has a framework for responding to an incident and recording and reporting the outcomes.
- To support pupils and/or staff before (where applicable), during, and after bereavement

The school will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)
- Identifying key staff within school and LA, including pathways of support

The named person with responsibility for implementing this policy is the Designated Safeguarding Lead (DSL)

3. Legislation and statutory responsibilities

Medical Conditions:

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

First Aid:

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

4. Roles and responsibilities

4.1 Governors

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions, for First Aid and for dealing with Bereavement. The governing body will ensure that sufficient staff have received suitable training and are competent.

4.2 The Head teacher

The head teacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure that an appropriate number of First Aiders are present in the school at all times
- Ensure that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensure all staff are aware of first aid procedures
- Ensure appropriate risk assessments are completed and appropriate measures are put in place
- Ensure that managers undertake risk assessments, as appropriate, and that appropriate measures are put in place
- Ensure that adequate space is available for catering to the medical needs of pupils
- Report specified incidents to the HSE when necessary (see section)

These tasks are delegated to the DSL, although the head teacher remains responsible for ensuring this is done.

4.3 Staff

- Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.
- Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- Teachers will take into account the needs of pupils with medical conditions that they teach.

- All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- All staff must ensure they follow school first aid procedures
- All staff must ensure they know who the first aiders in school are. The Lead First Aider is responsible for updating the board, the DSL is responsible for alerting them to any updates.

4.4 Parents

Supporting Pupils at Schools with Medical Conditions is primarily a parent/carer responsibility. Pupils should take medication at home where possible. The vast majority of antibiotics do not need to be taken at school as they can be taken before and after school and again at bed time.

If the child is acutely unwell, parents/carers should keep them at home for an appropriate period, e.g. sickness and/or diarrhoea for 48 hours (though if over-eating has been known to have taken place, for example, flexibility can be applied). More information on exclusion periods following infectious diseases is available from (what is currently known as) Public Health England:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/789369/Exclusion_table.pdf

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs and contact details.
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

Parents/Carers are also responsible for informing the establishment about any major injuries occurring outside of the establishment, for example, if they return with a plaster cast. This is so that the establishment can prepare for any additional needs this pupil may then have, and if necessary, risk assess. **Externally occurring injuries also need to be reported to the DSL immediately.**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

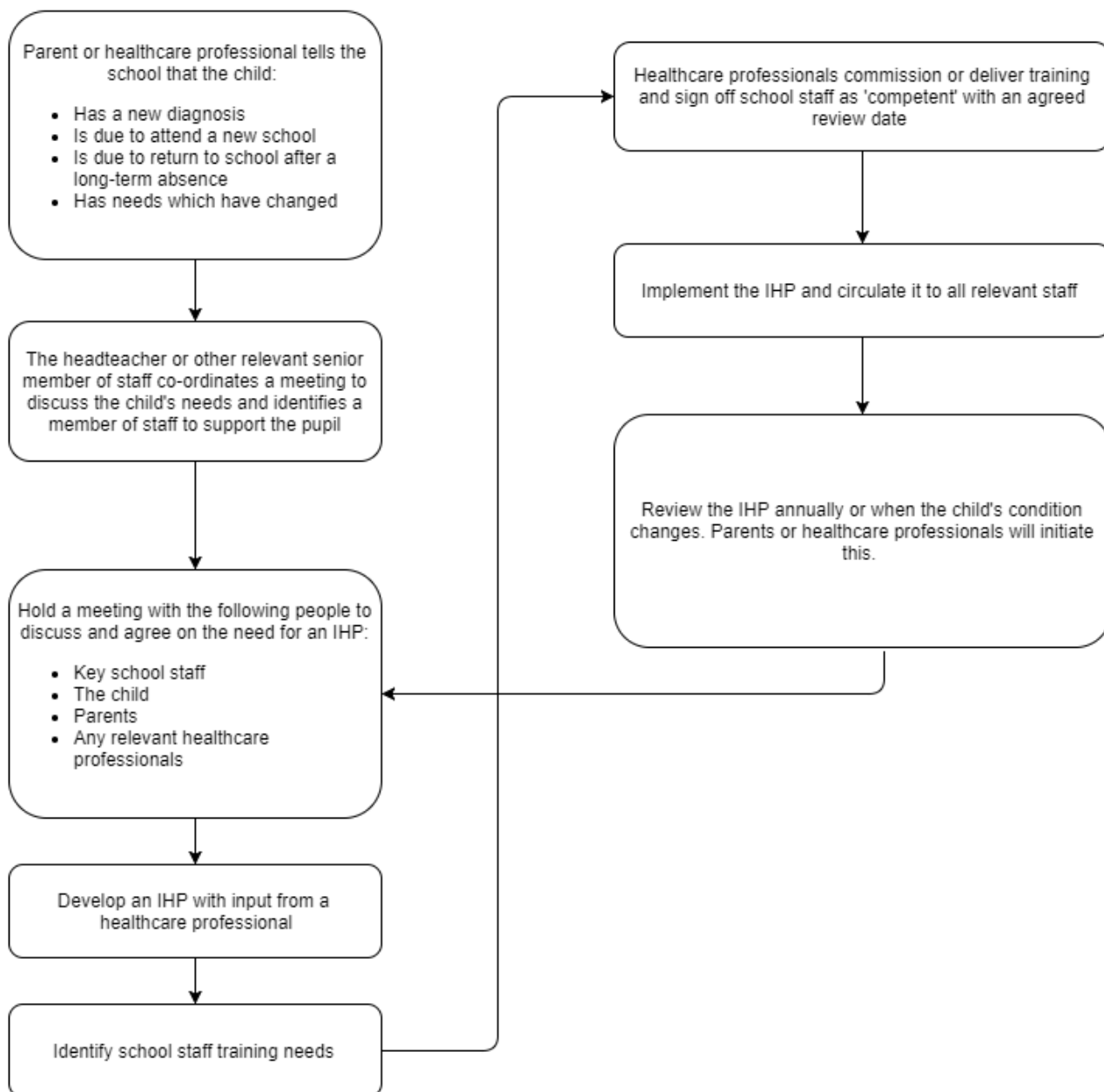
Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Supporting Children with Medical Conditions

5.1 Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



5.2 Individual Healthcare Plans

The head teacher has overall responsibility for the development of Individual Healthcare Plans for pupils with medical conditions. This has been delegated to: **The Inclusion Leader/SENDCo**

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the head teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. We will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents for medication to be administered by a member of staff.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

We will maintain a register which records their pupils' medical conditions and allergies e.g. asthma, epilepsy and anaphylaxis. Pupils with severe allergies and requiring adrenaline pens must complete/have an individual healthcare plan. This information must be disseminated amongst all appropriate staff/volunteers involved in the supervision of pupils (including Supply Teachers). A copy of this information will be kept in the school office. Teachers will be informed of the medical needs of new classes (this information will be on Arbor).

Supply staff are required to familiarise themselves with information about the relevant class/es on arrival by referring to the register, and following this up by checking the in-class medical bags. IHPs must be referred to where appropriate. Visiting professionals and volunteers will be informed of medical needs where this is critical; who is responsible for this will depend on who has initiated the visit, e.g. Inclusion Lead, class teacher. When working with volunteers, it is up to school staff to decide on the level of information to be provided, bearing in mind concerns around safety and confidentiality.

In our school, we consider it best practice for new teachers to meet with parents of children with IHCs in Term 6. In term 6, (or when a new class teacher starts midyear) the Inclusion lead will facilitate a meeting between parent/carers of any child with medical needs and the receiving class teacher.

It is important to find the appropriate balance between information sharing and confidentiality. Key information such as 'severe allergy' or 'emergency medicine needed' must be kept on display in the staff room. Files containing individual healthcare plans must be available in the staff room but not on public display. Similarly, information on food allergies needs to be stored discretely.

5.3. Managing and administration of medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

Non-prescribed medication must not be brought into the education establishment, whether self-administered or given by staff/volunteers, unless supplied and authorised by the parents/carers in writing and **agreed by the named person (DSL)**

Over-the counter medication can only be given by staff in exceptional circumstances and when pupils are not able to self-administer, (under supervision for younger pupils) and with prior permission from the parents/carers by way of a written note. Parents/carers will have had to provide the medication and clearly label it and confirm the dose and duration. It will be returned immediately on conclusion of the school day. Dosage of paracetamol is per product specification, with Calpol always used for age 6 and under.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

Medication will be stored safely in Medical Bags alongside a copy of the IHC. Pupils will be informed about where their medicines are at all times. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required/out of date. Teachers are responsible for checking bags and making sure that medication is in date once a term. The DSL will ensure that this is done.

Only suitably trained individuals can administer medicines to pupils.

Before administering the medication, parent/carer must be asked the following questions.

Reference must be made to the Care Plan if appropriate:

- Have they taken any other medication?
- Has the Doctor told you to take your medicine in a certain way? E.g. with / not with anything?
- Are you allergic to any medication? **(Appendix A)**

Medication directly administered by staff should always be recorded, together with details of the dose, frequency, date, time, name of pupil and main symptom(s) identified, which would prompt a course of action **(Appendix B)**

Members of staff should read and comply with the instructions on the container supplied or with the packaging. Expiry dates must be checked. All oral medication should be taken with at least half a glass of water, or other liquid if specified. Failure to obtain relief from the prevailing symptom(s) and any other concerns, following administration of prescribed or non-prescribed medication, must result in the Parents/Carers being informed. The pupil concerned must be referred as necessary to an appropriate medical practitioner.

5.4 Dealing with Medicines Safely

- a) Some medicines may be harmful to anyone for whom they are not prescribed. Where an establishment agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. In line with COSHH (Control of Substances Hazardous to Health) Regulations, there must be a system of checks in place to ensure that all medicines are issued to the correct pupil.
- b) Head teachers should make adequate provision for the safe and appropriate storage of medication. Case-by-case risk assessments will be needed to identify the safest and most appropriate way to store these.
- c) Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers. The only exception to this is certain medications for diabetes.
- d) Pupils should know where their own medication is stored.
- e) Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. The school must restrict access to a refrigerator holding medicines. **Medical equipment which needs to be refrigerated is kept in the fridge in the office.**
- f) It is wise to have two adrenaline pens for each child at risk of anaphylaxis - stored with the child in class. Each adrenaline pen would ideally be stored in a plastic wallet that also contains the name of the child, her/his photograph, and a copy of the child's individual healthcare plan.
- g) Staff should not dispose of medicines. Parents/carers should collect medicines held at establishment at the end of each term. Teachers should check medical bags at the end of every term. Parents/carers are responsible for disposal of date-expired medicines. If parents/carers do not collect all medicines they should be taken to a local pharmacy by the First Aid Leads for safe disposal at the end of academic year
- h) Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents/carers on prescription from the child's healthcare practitioner. A waste contractor must collect and dispose of the boxes.
- i) All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves, aprons and masks as necessary, and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. This is clinical waste and has to be disposed of by a suitable contractor

5.5 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

5.6 Asthma

Not all children with asthma will need an IHP. When a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their admission form. This will be recorded on Arbor. Generic emergency salbutamol asthma inhalers: In accordance with the Human Medicines Regulations, amendment No2 2014, the school is in possession of 'generic asthma inhalers' (one per school) to use in an emergency. These are kept in the filing cabinet in the Junior office. These inhalers can be used if pupils' prescribed inhaler is not available, broken or empty. In case of emergency an adult needs to be sent to get the asthma pump (or card system used) while a First Aider remains with the child.

Once an asthma pump has been administered (older children can self-administer with supervision) the First Aider needs to record the time and dose of salbutamol (how many puffs). This needs to be recorded on the administration of medicines form.

5.7 Food Allergies and Special Diets

We are a nut free school. However, all children with a nut allergy will have an IHP (following the procedures outlined above)

If a pupil has a food allergy which requires a special diet, the parent/carer should inform the school in the first instance. Parents will be asked to email Chartwells:

Chartwells.specialdiets@compass-group.co.uk for a copy of the **Chartwells Special Diet Request Form**. This should be completed and returned with medical correspondence confirming the allergy/intolerance. Parents/carers should attach an up to date photograph of their child for identification.

A special diet FAQs sheet will be added to the induction pack, signposting parents/carers to the requirement to contact Chartwells to initiate a special diet plan.

Office staff will generate a photograph ready to be added to the file kept by our staff and the visual record we provide for Chartwells, which we put on their hot trolleys.

Once the diet had been investigated, Chartwells will then send their staff a diet sheet with a photograph. Diet sheets will be displayed in kitchen, and checked by cook before/during meal preparation. Cook has responsibility for informing Chartwells staff of any special diet requirements.

Children with special diets will be given an orange band to alert lunchtime staff that they have a special diet. Class teachers to discreetly check with any children who have special diets re whether or not they are having a school meal, to minimise possibility that they ask for a lunch after food has been prepared.

The class teacher will take register for dinners in the morning.

Office staff print out numbers and details of any children needing special diets (highlighting all those children who have special diets as an additional safeguard for kitchen staff)

Office staff print out paperwork for the class teacher to distribute coloured bands to specific children. **Adults** (teacher or TA in class at the time) **need to hand bands to individual children and not allow children to distribute these or collect their own, for the safety of all children.**

A copy of the diet sheet and photograph, including annotation 'epi-pen' if they have an epi-pen, will be kept in a folder in the Infant Hall (drawers) A copy of this sheet is to be displayed on the food trolley so that the person serving can do a visual check.

The person overseeing the hall at lunchtime is to ensure they check that child has been given correct meal, using diet sheet as a reference. Children in KS1 who have special diets must be accompanied to the trolley by supervising staff.

5.8 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

5.9 Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Individual health care plans should include instructions as to how to manage a pupil in an emergency. All members of staff, including SMSAs, need to be briefed on what to do, or who to contact in the event of an emergency. There may be pupils who have a "do not resuscitate" instruction, and this information should be sensitively communicated to all staff members involved.

In the event of anaphylactic attack it is important to administer an adrenaline pen as soon as possible and then call 999 for an ambulance, stating your postcode. If a defibrillator machine is held in the school it is paramount that this is used as soon as possible. School will ensure that at least 2 members of staff are trained in its use.

5.10 Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. Trained individuals must be available at all times of the establishment day

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Inclusion Leader.

Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

5.11 Record keeping

Written records must be kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in medical bags in the classroom and in the Staff Room and all staff are aware of this.

5.12 Liability and indemnity

Governors will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

6. First Aid in school

6.1 Roles and responsibilities

First Aid Leads are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Carrying out an annual First Aid Risk Assessment (**Appendix C**)

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

Names and pictures of our school's First Aiders are displayed prominently around the school. We ensure that all our First Aiders have a Paediatric First Aid (PFA) Certificate and that there are sufficient numbers to cover the Infant and Junior schools.

As we have Early Years Foundation Stage provision, we ensure that at least one person who has a current PFA certificate must be in each building (Ashley House and main school) at all times.

6.2 First Aid procedures

The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment. **We have an emergency card system to call for assistance.** A set of cards are available in each playground and classroom to aid rapid communication of any medical or other emergencies, where there is need of additional adult support. These identify the location (specific named classroom or

playground), and indicate different needs. These cards are to be prominently displayed in class and easily available for staff members in each playground. The green card with a white cross is to be used for first aid requiring additional adult support, the red card labelled 'Urgent! Assistance Required' should be used in cases of medical emergency and the green card labelled 'Assistance Required' is to be used where additional adult support is needed but not imminently. An adult will remain in the playground/classroom while the card is used by an adult or child, to summon further assistance. The procedure is to go first to the office but if there is no-one available there to go to classrooms until they locate an adult who is able to come and assist. Children will be regularly reminded of these procedures, including being taken through scenarios in class and also in assemblies.

- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, parents will be contacted immediately
- The First Aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

6.3 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- A suitably trained member of staff (Administration of Medication/First Aider etc), if the Risk Assessment identifies this as a requirement. (N.B. a First Aider is always required for off site visits involving Early Years).
- Parents' contact details

If pupils require medication:

- parents/carers must sign consent forms detailing that medication is appropriate for their child's use and highlighting any known substances to which that the child has an adverse reaction.

Risk assessments will be completed by the class teacher prior to any educational visit that necessitates taking pupils off school premises. If children with medical conditions are being taken off site, relevant members of staff will need to be involved in the Risk Assessment process.

There will always be at least one first aider with a current Paediatric First Aid (PFA) certificate on school trips and visits involving Early Years children, as required by the statutory framework for the Early Years Foundation Stage.

6.4 First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages

- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in the drawers in the Infant Hall, in all classrooms and in each playground. The First Aid Lead has overall responsibility for ensuring that First Aid kits are complete.

6.5 Accident Record Keeping

An accident form (linked to Arbor) will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury. There should be one incident per page, due to data protection. **Any serious incident must be reported to the Head teacher and DSL immediately.** The Health and Safety committee must also regularly analyse the incident book to spot any patterns and for investigative purposes.

Records held on Arbor will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979. We use a tablet (stored in the drawers in the Infant Hall) to record medical incidents and accidents on Arbor.

6.6 Notifying parents

Parents will be informed of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day.

6.7 Reporting to the HSE

The Head teacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7). The Head teacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident, going through Bill Crocker at Delegated Services if an agreement for service is in place.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - o Fractures, other than to fingers, thumbs and toes
 - o Amputations
 - o Any injury likely to lead to permanent loss of sight or reduction in sight
 - o Any crush injury to the head or torso causing damage to the brain or internal organs
 - o Serious burns (including scalding)

- o Any scalping requiring hospital treatment
- o Any loss of consciousness caused by head injury or asphyxia
- o Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - o The collapse or failure of load-bearing parts of lifts and lifting equipment
 - o The accidental release of a biological agent likely to cause severe human illness
 - o The accidental release or escape of any substance that may cause a serious injury or damage to health
 - o An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)
<http://www.hse.gov.uk/riddor/report.htm>

The Head teacher (delegated to DSL) will contact their local health protection team as soon as they suspect an outbreak of an infection or disease to discuss the situation and agree if any actions are needed. It is useful to have the information listed below available before this discussion as it will help to inform the size and nature of the outbreak:

- total numbers affected (staff and children)
- symptoms
- date(s) when symptoms started
- number of classes affected

Head teacher (DSL) will telephone their local HPT as soon as possible to report any serious or unusual illness particularly for:

- Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningitis
- tuberculosis
- typhoid
- whooping cough (also called pertussis)

The [full list of notifiable diseases](#) was updated in 2010.

6.8 Reporting to Ofsted and the Local Authority

The Head teacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The will also notify the Local Authority and Children's services of any serious accident or injury to, or the death of, a pupil while in the school's care.

6.9 Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until.

At all times, at least 8 staff members will have a current pediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 2 years.

7. Dealing with bereavement in school

Within our school community there will almost always be some recently bereaved children who are struggling with their own situation – or sometimes the entire school community is impacted by the death of a member of staff or pupil. The following procedures will help our school to consider a response in the event of the death of a child, member of staff, parent or member of the community.

All staff and pupils faced with a bereavement will be provided with appropriate support. This will be by:

- offering opportunities to express feelings in a safe and supportive environment
- the development of an action plan to support staff and pupils.
- gaining access to specialist help if necessary (Winston's Wish, Cruse, the school's link Educational Psychologist will support and respond to critical incidents)

The head teacher will be the first point of contact for the family/child concerned and subsequent communication. The head teacher will ensure that the school possesses the salient facts about the death and will inform staff/pupils/governing body as necessary. Bereavements within the school must be handled sensitively and appropriately, with a trained lead.

If a child or member of staff dies during the school day, where feasible, all pupils must know before they leave for the day and details circulated to all involved to avoid speculation which may be hurtful to the parents and pupils.

Contact with the deceased's family should be established by the Head teacher and their wishes respected in communicating with others.

2. Staff should be informed before pupils and be prepared (through prior training) to share information in age-appropriate ways, as agreed by each individual circumstance.

3. Pupils who are affected should be informed, preferably in small groups, by someone known to them.

4. The Local Authority must be informed as soon as possible to enable support for the school to be put in place.

5. Once the family know, a plan must be in place with regards to dealing with the media following a bereavement – usually a designated member of staff to act as Press Officer, or a PR support organisation. Support would be provided by the Local Authority. Head or Deputy would speak to members of the press.

6. A letter to all school families affected should be composed at the earliest opportunity and a decision made as to whom, and how, it should be distributed.

7. The school should be aware that the timetable may need some flexibility to accommodate the needs and wellbeing of children affected by the situation.

8. Staff affected by the death will be offered ongoing support as appropriate.

9. In consultation with the bereaved family, arrangements for staff and pupils to attend the funeral will be decided and communicated.

10. School should be aware that the impact of bereavement follows a child throughout their school life so information should be recorded and shared with relevant people, particularly at transition points.

8. Complaints

Parents with a complaint should discuss this directly with the DSL in the first instance. If the DSL cannot resolve the matter, they will direct parents to the school's complaints procedure.

9. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

10. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equalities and objectives
- Health and safety
- Safeguarding (Child Protection)
- Special educational needs and Disability (SEND) information report and policy