



THE
MARIST
SCHOOL
ASCOT

THE MARIST SCHOOL

School DfE No: 868/6013

First Aid Policy - Pt 3, 13

(including the administration of medicines)

**Excellence as a habit not an action.
Excellence in who we are; Excellence in what we do;
Excellence in our service of others.**

FIRST AID POLICY

Purpose of the Policy

The school recognises its responsibility to provide first -aid and will ensure that staff, pupils and any visitors while on site, have access to adequate facilities and materials at all times during the working day. This policy has been prepared with due regard to the DfE Guidance on First Aid - Feb 2022.

The scope of this policy: This policy applies across the whole school including the Prep and Senior phases. (Lead First Aiders in Prep are trained in Paediatric First Aid too - see General Guidance below).

Legislation

The Health and Safety at Work etc. Act 1974 imposes a general duty on employers to ensure, so far as is reasonably practicable, the health, safety and welfare of all their employees. This extends to the provision of appropriate first-aid facilities.

The Health and Safety First-aid Regulations 2018 set out the basic requirements for the provision at work of first-aid equipment, facilities and appropriately qualified personnel. These requirements have been further expanded and updated by the production of the First-Aid Approved Code of Practice and Guidance 1997 (ACOP).

General Guidance

The DfE 'Guidance on First-aid in Schools' gives the legislation which should be followed. The regulations require employers to make an assessment of their first-aid needs within the workplace that is appropriate to their circumstances. The level of provision of first-aid facilities is based on risk assessment and the number of personnel on site. If staff, consider that the first-aid provision is not adequate they should immediately make representation to the Principal.

Members of The Marist School staff hold a valid certificate in Paediatric First Aid training. This is renewed every 3 years. Additional staff members hold First Aid certificates. At school functions there should be a minimum of one qualified person, two for a larger event, with Emergency First Aid persons making up the numbers at large events. On day trips, a First Aider is always present. On residential trips there should always be at least one Emergency First Aid member of staff.

First-Aiders

The School identifies the need for trained first-aiders in sufficient numbers and at suitable locations to enable first-aid to be administered without delay.

In the event of an accident, a First Aider may not be the first on the scene, but should they then call a more qualified person unless the injury is minor.

Account is taken of the person's normal duties because a first-aider must be able to leave to go to an emergency immediately. It is the School's policy to ensure an adequate number of non-teaching staff are trained first-aiders.

Whilst first-aiders carry out their duties voluntarily, they do so in the course of their employment. This is important in the event of a third-party claim arising from first-aid treatment. The School gives written confirmation that it fully indemnifies the staff against claims for negligence arising from the administration of first-aid to pupils or third parties, provided that the members of staff are acting within the scope of their employment at the Marist School.

The Marist School is committed to safeguarding and promoting the welfare of children and young people and expects all staff who hold current approved first-aid qualification, to follow the School's guidelines in relation to the administration of first-aid.

First-Aid Code of Practice

In the first instance an injury will be assessed as to how serious it is. This does not have to be done by a first-aider. If the injury is as a result of a fall from height, a knock to the head, a wound which bleeds or an abnormal swelling, then a first-aider should be called. If in any doubt, call a first-aider. The majority of school related incidents involving pupils are merely grazes and minor bumps requiring only time for the child/young adult to get over the shock and dry their eyes. In these cases, no formal record taking is necessary. If a first-aider is summoned and attends to a pupil, then a record must be made.

Communication

An official list of first-aiders is on Teams and available from HR.

PROCEDURE FOR CALLING AN AMBULANCE

- Call a first-aider. Emergency services can be contacted by ringing 999.
- First-aider decides if emergency services should be called. If so, call directly.
- Principal must be informed.
- If a pupil requires emergency hospital attention, parents/carers should be contacted and asked to meet their child either at school or at the hospital.
- At all stages there must be no delay.

If the pupil needs to travel by ambulance, they should be accompanied, where possible, by a member of staff with pastoral responsibility.

First-aid boxes

First-aid boxes and other kits are to be found in strategic places around the school including:

- Medical Rooms (Prep, Senior & EYFS)
- Deputy Head's office
- Key Stage 3/4 Office
- Taken on trips (provided by school office)

The contents of each first-aid kit are listed on a spreadsheet managed by the Compliance Officer and reflect the perceived need. Back-up supplies of first-aid equipment can be ordered as and when required.

It is important to keep the first-aid boxes fully stocked and that items are date checked as required. If an item is used it should be replaced immediately. In addition, the contents of each box is checked termly. If first-aiders also find that supplies are running low, it is their responsibility to replace missing items.

Travelling First-Aid Kits

There are first-aid kits available to take to outdoor activity/events. A list of contents is to be found with each kit. Any first-aid items used should be replaced immediately on return from the trip. Any medicines should be checked before departure and replaced or replenished as necessary.

Attention should be paid not just to the actual contents but also as to whether items are still within date.

Access to the medical room is always available when staff or pupils are on the premises. It has easy access to toilets and the entrance is wide enough for wheelchair and stretcher access.

Records

Pupils

After administering first-aid, the first-aider should ensure that the first-aid treatment log on iSAMS Medical Centre is completed. Parents/carers are to be informed if their child has had an accident requiring First Aid. Parents/carers are telephoned immediately if their child has received any form of head injury.

Employees/Visitors

After administering first-aid, the first-aider should ensure that the iSAMS Medical Centre and/or accident book(held by the Bursar) is completed.

First - Aid Inspection

An inspection will be conducted annually by the Front Office staff, during an ISI inspection, and annually by the Health and Safety Compliance Officer.

Review

A review of staff First Aid qualifications, First Aid procedures and First Aid kits is undertaken at least once a year at the beginning of the school year by the Front Office staff in both phases of the school.

Appendix 1

THE ADMINISTRATION OF MEDICINES BY STAFF

1. The general principle at all times is NOT to dispense medication where at all possible.
2. However, in practical terms, children may need to bring medication into school. Parents/carers will need to complete the permission form, with details of dosage clearly stated. This should be kept with medication, locked away in the medical cupboard. If they are going on a school trip for the day, the same procedure should be adopted, with the medication being given to the group lead.
3. Medicines are kept in the locked cupboard in the medical room in the respective school office. A record is kept of all medicines administered, the date and time of administration.
4. A stock check of all medication is carried out termly and recorded in the medical book and on ISAMS Medical Centre.
5. There is no legal requirement for a member of staff to administer any medication and, if they do volunteer, then they can be assured that they are covered by the school's insurance on employee liability.
6. This means that in normal school time no other medication, apart from that mentioned, should be dispensed. ON NO OCCASION should a member of staff be giving out their own paracetamol, for example, to a pupil or asking another member of staff to do so.
7. With regard to residential trips, the same general principles apply, i.e. if anyone is usually travel sick or is likely to suffer from migraine, then parents/carers should provide a signed consent form and the relevant medication; this medication must be in its original box and clearly labelled with the child's/young adults name. If there is any doubt about the well-being of a pupil, then medical advice should be sought.

8. It will then be the decision of the group leader as to whether he or she wishes to take charge of the dispensation of any prescribed medication (see footnote) or whether he/she defers that to another member of staff (e.g. a first aider who is willing to take that responsibility). Likewise, that person may also wish to take the role of overseeing general first aid kit with medicines such as paracetamol for use where a pupil has a signed permission form. It is best practice for only one person to oversee this and records must be kept.

9. Staff must make sure they are aware of any pupils in their teaching groups with anaphylaxis or diabetes, epilepsy etc. The Principal will ensure that staff are informed when current pupils' medical needs change, or when new pupils with existing medical conditions join the school.

10. Epi-pens - the following are recommendations:

- the child should be carrying an epi-pen (dependant on age) and they should be able to self-administer. There should be written notes from parents/carers as to guidelines; other children in class/group should be made aware of the condition;
- staff should be trained in the administration of the emergency treatment by a qualified professional;
- copies of guidelines should be issued to all staff;
- When a child/young adult or staff member at The Marist School has an epi-pen, a spare epi-pen is kept in the Medical Room.
- The school keeps a record of all pupils who carry an epi-pen.

Appendix 2

GUIDANCE NOTES FOR ALL STAFF

1. Anaphylaxis (Anaphylactic Shock) - severe allergic reaction

Symptoms:

- Apprehension
- Sweating
- Feeling of faintness
- There may be a burning sensation around the mouth
- A sensation of lump in the throat which may progress to hoarseness indicating swelling of vocal cords. Airways may be obstructed.
- Headache
- Dizziness

Immediate Treatment is required

- Stay calm - get help - contact a trained member of staff
- Place child on floor in sitting position to help relieve any breathing difficulties
- Call an ambulance
- Requires Adrenalin Injection (to be administered by a trained member of staff)

Storage, administration and disposal of Adrenalin

- Parents/carers to ensure supplies are maintained
- Store in a place known to all staff
- Dosage as specified by GP
- Dispose of syringe in jar or sealed sharps container. Nurse or other designated (i.e. First Aider) will collect
- Record date, time and action taken

2. Hypoglycaemia - relevant to pupils with Diabetes

Hypoglycaemia occurs suddenly when the blood glucose levels fall below 4mmol.

Common signs and symptoms are:

- Pale or ashen skin
- Dizziness
- Confusion
- Feeling weak
- Feeling hungry
- Sweaty
- Shaky/ trembling
- Nausea

This can occur because of the following:

- Too much insulin
- Not enough food to fuel an activity
- Cold weather/hot weather
- Missed meals or snacks
- A missed or delayed meal/snack
- Vomiting

What to do if hypoglycaemia occurs:

Pupil may be able to self-administer. If not, immediately give the pupil something sugary e.g. Glucose tablets x 3, Lucozade, fresh fruit juice, or sugary drink (about 100 ml). Follow this with some starchy food to prevent the blood glucose from dropping again e.g. sandwich or cereal bar, or fruit, or two biscuits, e.g. garibaldi, ginger nuts.

If still hypo after 15 minutes, give some more sugary food.

Hypo stop can be massaged into the pupil's cheek if they are too drowsy to take anything themselves (check if this is kept in school for the relevant pupil).

If the pupil is unconscious, do not give her anything to eat or drink and CALL 999 for an ambulance. Also contact parents/carers on contact numbers immediately.

3. Epilepsy

See Young Epilepsy guide for schools. www.youngepilepsy.org.uk

Signed:

A handwritten signature in cursive script that reads "Jo T. Smith". The signature is written in a dark ink and is positioned below the "Signed:" label.

**Mrs Jo Smith
Principal**