First Aid and Medicines Policy and Procedure

This policy applies to all sections of Charlotte House School including EYFS due attention has been paid to the DfE document Guidance on First Aid.

Staff responsible:	SMT
Last review/update date:	September 2016 Updated May 2017
Review cycle:	3 years
Reviewed by Committee:	Health & Safety
Approved by Board of Governors:	24 November 2016
Next review date:	September 2019
Related policies:	Child Safeguarding Policy Health & Safety Policy
This document also appears on:	Website ISI Portal

1. First Aid Information

First Aid boxes are checked regularly – by a Teaching Assistant and contain basic items for dealing with injuries. First aid boxes are located in the following places:

Sports Hall
Dining Room
Inside Reception and Nursery cloakroom
Outside Form VI
Staff-room (I permanent, 1 travel kit)
Science room
School office
Sick Bay (portable kit)
Main kitchen
Minibus (x 1)
School car (x 1)

All staff (See appendix 1) are trained in first aid and renew their training every three years so therefore there is always a qualified first aider on site when children are present and also any education visits. In the case of EYFS pupils there is always a paediatric first aider on-site and/or accompanying them on trips. At least two members of Early Years staff also have paediatric first aid qualifications. In addition

Mrs Mulligan who is our chief First Aider has attended an Emergency First Aid at Work course which is valid until December 2017.

All minor injuries and treatments are logged, a book, containing tear-off slips, is kept in each first aid box. Once completed, these are to be passed to School Office. Parents are informed of any accidents causing concern straightaway.

The Bursar is responsible for reporting of injuries, diseases and dangerous occurrences (RIDDOR) to the Health and Safety Executive (telephone 0845 300 99 23). RIDDOR applies to all work activities, but not to all incidents. Further information and advice about RIDDOR reporting requirements can be found in the HSE Information Sheet EDIS1: "Incident Reporting in Schools (Accidents, Diseases and Dangerous Occurrences)". A copy of this document is included in the School's Health & Safety Policy.

2. Information regarding children's illnesses

All staff must be aware of existing allergies and medical conditions. At the beginning of each academic year, a list of girls with conditions requiring attention is updated and kept in the 'battle boxes' in the school office and the staff room and also in each of the First Aid boxes. This is further updated as and when new information is received.
In addition, information about other potentially difficult medical circumstances is discussed at Pupils' Concerns meetings every other week.
The Catering Department is always informed by the School Office of pupils with specific allergies, food intolerances and religious regimes.
The Parents Handbook details our school policy on children returning to school after infection or illness. (See appendix 2)

3. Administration of Medicines

Charlotte House does not hold a supply of any medicines.
A request to administer medicine to pupils including EYFS must be made in writing using the Medication Form available from the school office and to download from the School's website. Each request will be considered on an individual basis. Medication must be prescribed for the individual child, clearly labelled with the pupil's full name and instructions for administration. All medication must be recorded in The School Secretary's log book. In general, it is the School Secretary's responsibility to administer medication; however occasionally the Form Tutor may administer on her behalf.

4. Medical Conditions / Allergies
Anaphylactic Shock.

- Pupils must be made aware of their allergy and this is the responsibility of their parents/guardians.
- All staff should be aware of the location of epi-pens and the administration procedures.

- Epi-pens are kept in the staffroom, appropriately labelled with the pupil's name, and are removed and returned to parents at the end of each term.

Diabetes - Epilepsy - Asthma

- Parents must inform the school about these conditions through the Essential Information Form to be completed at the start of each academic year.
- Asthma inhalers for Pre-Prep girls are kept in the form room, severe asthmatics in the Prep school are encouraged to carry round their own inhalers and a spare is labelled up in the school office for emergencies.
- The school must be informed of all recent attacks and related symptoms.

See appendix 3 for advice on procedures to be followed in the case of dealing with an asthma attack, epileptic fits and/or diabetic incidents.

5. Medical Emergencies

1.1 In School:

In the event of injury or medical emergency the School Secretary should be contacted on Ext.202. If the School Secretary is not available, most teaching staff are able to administer first aid. If in any doubt, teaching staff should not delay calling an ambulance. The Head must always be informed in the event of an emergency. The child's parents will also be contacted as a matter of urgency. If they are not contactable the emergency contact will be called.
If the situation is life threatening – asthma attack, cardiac arrest, anaphylactic shock etc – then an ambulance should be called immediately without waiting for the School Secretary to arrive on the scene. No casualty will go to hospital from school unaccompanied.

1.2 Out of School:

Staff members taking pupils off site will carry a first aid kit with them. There is a first aid box in the mini-bus and extra boxes can be obtained from the school office. The teacher in charge will check lists of girls going out of school for special medical conditions and ensure girls have their inhalers or epi-pens with them.

6. Procedures for dealing with spillage of body fluids

Protective, disposable gloves must be worn when dealing with any bodily fluids (blood, vomit, diarrhoea) or as a precaution when contact with blood or body fluid might be likely. These may be found in all First Aid kits. They should be disposed of immediately after use, double bagged if soiled and put in the external dustbins for domestic waste disposal.

Any body spillages must be cleaned immediately. Absorbent granules should be dispersed over a spillage and left for a few minutes. The spillage should then

be swept, using a designated dustpan and brush onto newspaper, double bagged and put in the external dustbins for domestic disposal. (Containers of sani-dri absorbent granules are kept in the Early Years lavatories in a locked cupboard together with nappy sacks, disinfectant & a dustpan & brush). The affected area should then be cleaned with warm water/ disinfectant and left to dry. Following contact with any body fluids, hands should be washed.

As agreed with Three Rivers District Council, Charlotte House does not generate enough waste from matters regarding First Aid to warrant a separate clinical waste collection by the Council. Any used dressings or soiled items should be double bagged and put in the external domestic waste containers.

7. Storage and declaration of staff medication.

Staff who require any medication themselves must ensure this is kept securely where children cannot access it either in a locked drawer or in the staffroom. If a member of staff is taking any medication which may impinge on their ability to supervise children (eg. Cause drowsiness) they must alert the Bursar.

Appendix 1

Staff with First Aid Qualifications

Kate Arch **
Hannah Cowen **
Carol Coyne *
Nicola Davison **
Charlie Francis *
Ana Ingles *
Loraine Joiner *
Christine Longhurst *
Michelle Muchmore *
Sarah Mulligan ***#
Sallyann O'Dell *
Annette Parker *
Reena Patel *#
Carlene Walters-Selley **
Louise Williams *
Nathalie Wildman *#
Penny Woodcock *
Eva Yiacoumi-Vasco *

* First Aid for Schools
** Paediatric First Aid
*** Emergency First Aid at Work
#Diabetic training

Appendix 2

Guidance on infection control in schools and other childcare settings

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	*See: Vulnerable Children and Female Staff – Pregnancy*
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). *See: Female Staff – Pregnancy*
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). *See: Vulnerable Children and Female Staff – Pregnancy*
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	*See: Vulnerable Children and Female Staff – Pregnancy*
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required,

		contact your local PHE centre. *See: Vulnerable Children and Female Staff – Pregnancy*
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Diarrhoea and/or vomiting		
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	48 hours from last episode of diarrhoea or vomiting Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance.
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
Respiratory infections		
Flu (influenza)	Until recovered	*See: Vulnerable Children*
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary
Conjunctivitis	None	
Diphtheria *	Exclusion is essential. Always consult with your local HPT	If an outbreak/cluster occurs, consult Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE your local PHE centre centre will organise any contact tracing necessary

Glandular fever	None	
Head Lice	None	
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills s*ee: Good Hygiene Practice*
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre

Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

Appendix 3

Epilepsy/Diabetes/Asthma

- When a child has a known medical problem several steps are taken:

- The parents advise details of the child's symptoms and give a detailed care plan if required

- In the event of an epileptic fit, objects around them that could hurt the patient should be removed, the patient's airways should be checked and cleared if necessary and following the seizure, they should be placed in the recovery position. Parents will be contacted to inform them of the seizure. If they request an ambulance to be called the school will do so.

- In the event of a major asthma attack or severe hypoglycaemia leading to unconsciousness, the child should be placed in the recovery position and an ambulance called immediately. Parents will then be contacted to inform them.