

## **Medical and First Aid Policy**

### **1. Introduction**

1.1. This policy covers the School's arrangements for First Aid, the administration of medicine, the care of pupils with medical conditions and for those who are unwell.

1.2. It applies to all four RGS Schools with an additional Appendix outlining the specific arrangements and provision at each individual school – RGS Worcester (Appendix A), RGS The Grange (Appendix B), RGS Springfield (Appendix C) and RGS Dodderhill (Appendix D).

1.3. It is available to parents of pupils and to all members of staff and aims to ensure there is a high standard of medical and First Aid provision within all four schools for all ages.

1.4. The policy has been developed in accordance with 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 both 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.
- Supporting Pupils at School with Medical Conditions, Department for Education 2014, which gives guidance about the support that pupils with medical conditions should receive at school.
- The Medicines Act 1968, which specifies the way that medicines are prescribed, supplied and administered in the UK.

### **2. Aims of this policy**

2.1. To ensure that:

- there is an adequate provision of safe and effective First Aid for pupils, staff and visitors at all times and that the same provision is available for school trips/off site activities.
- all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- each school implements and maintains an effective system for the administration of medicines to all pupils and in doing so ensures the provision of support to pupils with medical needs.

### **3. Responsibilities**

3.1. The Board of Governors have overall responsibility for the implementation and review of this policy, ensuring that appropriate Risk Assessments are completed and appropriate measures put in place.

3.2. The Heads / Assistant Head (Pastoral) / Senior School Nurse are responsible for ensuring that there are adequate First Aid equipment and facilities available to the School, including provision of adequate space for catering to the medical needs of pupils and that this is regularly reviewed to ensure that the School's first aid and medical provision is adequate.

3.3. School staff are responsible for ensuring they follow First Aid procedures, know who the First Aiders in school are and complete Accident Forms for all incidents as appropriate.

3.4. Each School will ensure that there is an adequate number of trained First Aiders to cover day to day and other school activities.

3.5. In the Early Years Foundation Stage (EYFS) settings for at least one person, who has a current paediatric First Aid certificate, to be on the premises at all times when children are present.

3.6. Wherever possible, the School will endeavour to have at least one First Aid trained member of staff (Paediatric First Aid for EYFS pupils) to accompany pupils on all trips and visits out of school; priority will be given to overseas trips and those with an overnight stay.

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

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Access to parents' contact details

3.8. Each School will ensure that a trained First Aider is available during times when pupils and visitors are on the School premises out of school hours.

3.9. For all events, a First Aider will be appointed by the Event organiser and noted in the Event Risk Assessment. The nominated First Aider/School Nurse will take charge of the First Aid arrangements in the event of an incident and will administer treatment appropriate to their level of training. All accidents will be recorded in the same manner as they would be on a normal school day.

3.10. The Heads / Assistant Head (Pastoral) / Senior School Nurse are responsible for:

- the overall development and monitoring of Individual Health Care Plans (IHCP).
- ensuring that sufficient numbers of suitably trained staff are available to support pupils' medical needs at all times and that they are able to access all relevant information.
- ensuring that information regarding an individual pupil's medical condition is shared with appropriate staff on a need to know basis.

#### **4. Health information**

4.1. Health information for pupils is provided by parents when their children are enrolled in the School, and parents are requested to provide written consent for the administration of First Aid, medical treatment and medication.

4.2. Parents or guardians have primary responsibility for their child's health and should provide the school with accurate and up to date information about their child's medical conditions and medication. This may include appropriate medical evidence and/or advice relating to their child's medical condition.

4.3. The Health information forms submitted by parents are reviewed by the School Nurses, who will ensure that iSAMS is updated according to the information provided. Annual reminders will be sent via email to parents asking them to inform the school if there have been any changes to their child's medical information.

4.4. The School Nurses are responsible for the ongoing review of pupils' confidential medical records and provision of essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at school. This information is kept confidential but may be disclosed to relevant staff if it is necessary to safeguard or promote the welfare of the pupil.

4.5. When a pupil is identified as having a long term or complex medical condition or health need, an Individual Health Care Plan will be produced for that pupil.

#### **5. Individual Health Care Plans (IHCPs)**

- 5.1. IHCPs help to ensure that we fully support pupils with medical conditions in school. They provide clarity about what needs to be done, when and by whom.
- 5.2 Plans should be drawn up in partnership between the School, parents and, where appropriate, healthcare professionals and the pupil themselves.
- 5.3 The School's template IHCP can be found on the School Portal and ~~paper~~ ~~copies of~~ completed IHCPs are stored securely on the pupils iSams profile.
- 5.4 IHCPs will be reviewed at least annually, or more frequently as appropriate, if their condition or treatment changes.
- 5.5 Specific medical information contained within the IHCP is only shared with relevant staff when it is important for the wellbeing of the student whilst at school and on trips.
- 5.6 Where appropriate individual pupils will be given responsibility for keeping inhalers and auto injector devices with them, and this will be reviewed on a regular basis. The IHCP for anaphylaxis includes provision for a spare auto-injector device to be held in the Health Centre, Medical Room or School Office.
- 5.7 The School Nurses can be contacted for any information or advice on these specific conditions, and any other conditions a pupil may have, and offer training as needed.

## **6. Administration of Medication**

### **6.1 Consent**

6.1.1. Parental consent for the administration of over the counter (OTC) medication is requested on entry to the School via the Medical Form. The list of medication will always include paracetamol, and there will be provision for other medicines according to the child's age. Parents will be asked to confirm their agreement to staff administering those medicines in the event that their child should require it during the school day.

6.1.2. No pupil will be given medication without parental consent and only those medicines selected by the parents as recorded on iSAMS should be given. If there is no consent recorded, verbal consent may be obtained for that episode at the discretion of the School Nurse.

6.1.3. If a child is deemed to be Fraser competent, in that they understand the need and consent to accepting medication, then over the counter medication can be given without parental consent, providing that parents have not expressly refused consent.

### **6.2. Over the Counter (OTC) Medication**

**6.2.1.** OTC medication can only be administered by a School Nurse/Health Care Assistant or a member of staff with a Level 3 First Aid certificate who has additionally completed the Educare course 'Administration of Medication in Schools' and should only be given to a child during the school day if there is a health reason to do so e.g. for pain relief or treatment of fever.

**6.2.2.** In the absence of a School Nurse, all First Aid trained staff should be aware of the correct procedure for issuing medication to a pupil, which includes checking the age of the child, parental consent and any known allergies. Medication should never be administered without first checking appropriate dosages and when the previous dose was taken.

**6.2.3.** No pupil under 16 should be given medicine containing aspirin unless prescribed by a doctor.

### **6.3. Prescription Medication**

**6.3.1.** Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

**6.3.2.** Prescribed medicines should only be administered at school when it would be detrimental to a child's health not to do so and, in this event, written instructions should be provided by the parent or guardian via the relevant form at each school stating the name and class of the pupil, together with the dose and time of day it should be given.

**6.3.3.** Pupils receiving medication should be made aware of when and where they should attend at the prescribed times during the course of medication to receive their treatment. For younger pupils either the child's key worker or form teacher will assume responsibility for timing of dosages.

**6.3.4.** All medicines supplied to the School by parents should be in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage.

**6.3.5.** If staff are in any doubt over the procedure to be followed, the parents will be contacted before action is taken.

**6.3.6.** If a pupil refuses their medication, this will be recorded and reported to parents.

**6.3.7.** Parents/pupils should collect all medicines when they are no longer required, date expired or at the end of each term as applicable. In the event that they are not collected at this time or within 14 days of contacting parents, the School Nurse/designated First Aider may then take the medication to the nearest pharmacy for safe disposal.

## **6.4. Storage of Medication**

**6.4.1.** All medication brought into school should be formally received by the School Nurse or designated First Aider and stored safely and securely in a locked cupboard or fridge in accordance with individual product instructions.

**6.4.2.** If a pupil is prescribed a controlled drug, unless otherwise agreed as part of an IHCP, it should be securely stored in a locked, non-portable container and only named staff should have access.

**6.4.3.** All medicines should be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

**6.4.4.** Where appropriate, individual pupils will be given responsibility for carrying emergency medication and relevant devices (such as inhalers and auto injector devices) with them to ensure quick and easy access. In other cases, the equipment will be kept suitably labelled, at the Health Centre/Medical Room or by School Office staff. The school will consider the age of the pupil, safety of other children and medical advice from the prescriber in reaching this decision and this will be reviewed on a regular basis.

## **6.5. Record Keeping**

**6.5.1.** All medication administered must be documented and recorded accurately in the medication book or on the appropriate form as applicable at each school and written records kept in accordance with the School's normal practices.

**6.5.2.** School Nurses will also document this information together with any consultations on the pupil's individual health record on iSAMS. First Aiders will record this information using our Google Drive provision for healthcare records or a paper system as appropriate.

**6.5.3.** The time that medication is administered should always be documented, and for EYFS two staff signatures should be recorded.

**6.5.4.** Where ~~proprietary~~ any medicine has been given, parents will be notified of the time and dose administered and any relevant forms signed as applicable at each school.

## **6.6. Administration of Medication Away from School**

**6.6.1.** Prior to any school trip or educational visit, parents will be asked to complete a consent form online via parent portal. This form will indicate whether a pupil is taking medication and give staff permission to supervise its administration.

**6.6.2.** A First Aid kit containing over the counter medicines will be provided for residential trips as appropriate. This would usually be limited to analgesia, antihistamines and additional auto-injectors & inhalers.

**6.6.3.** Any other pupil medications should be given to the Trip Organiser/First Aid trained staff with instructions on administration from the parents and/or Health Centre with information as to the reason for giving and any medical conditions.

**6.6.4.** Medication should be stored in a secure container and the normal administration procedure followed, which includes the accurate recording of any medicines administered whilst on the trip.

6.6.5. Staff whom administer medication on a trip should be trained to the level as referring to in the policy at 6.2.1

## **7. First Aiders**

7.1 First Aiders will give immediate First Aid to pupils, staff or visitors and, where necessary, ensure that an ambulance or other professional medical help is called.

7.2 All First Aid trained staff should read and be aware of this policy and ensure it is followed in relation to the administration of First Aid.

7.3 All First Aiders must have completed a recognised and accredited training course and must hold a valid certificate of competency.

7.4 The School will keep a record of all trained First Aiders, what training they have received and when this is valid until.

7.5 First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the School Nurse, Head Teacher or designated person as appropriate and undergo refresher training at least every 3 years to maintain their qualification.

7.6 All First Aid trained staff will also undertake in-house anaphylaxis awareness training annually.

7.7 An up to date list of all First Aiders is available in each school Reception, and in specified locations around the Schools. This list is also available on Google Drive.

## **8. Procedure in the Event of an Accident or Injury**

8.1. If an accident occurs, then the School Nurse/First Aider should be called immediately to assess the situation, examine the injured person and decide on the next course of action.

8.2. First Aid would normally be administered in the Health Centre or Medical Room, or where practicably possible. This does not apply if there is any indication that the injury is one which could be exacerbated by movement such as injuries to the neck or back. If in doubt, the casualty should not be moved until professional medical assistance can be provided.

8.3. In the event of someone sustaining an accident or injury, it is the School Nurse or First Aider attending the incident who is in charge and his/her instructions or requests to other members of staff should be followed. It is the duty of other staff present to assist the School Nurse/First Aider in any way possible including helping to secure the immediate area of the casualty from intrusion of other people.

8.4. In the event that the School Nurse/First Aider does not consider that they can adequately deal with the presenting injury or condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance or making arrangements to transport the injured person to A&E or other appropriate medical services.

8.5. Basic First Aid should be carried out as necessary prior to transferring the casualty to the Health Centre or Medical Room, whilst awaiting an ambulance or making arrangements to transport the injured person to A&E or other appropriate medical services.

#### 8.6. Calling an Ambulance

8.6.1. Staff should always dial 999 and request an ambulance in the event of an obvious medical emergency and/or serious injury. This may include:

- a severe allergic reaction
- unconsciousness or fitting
- concussion or other significant head injury
- difficulty in breathing and/or chest pain
- other symptoms of a severe asthma attack, eg exhaustion, collapse
- severe loss of blood
- severe burns or scalds
- the possibility of a serious fracture.

8.6.2. Reception/School Office should be informed and arrangements made via the Caretaker, Maintenance Team or member of SLT as appropriate, for the ambulance to have access to the accident site.

8.6.3. Parents will be contacted immediately.



8.6.4. The injured person should not be moved if there is any suspicion that doing so could exacerbate their injuries. In cold, wet weather, it may be necessary to keep them warm and dry with a blanket or item of clothing. Foil blankets are available from the Health Centre or Medical Room and in all first aid kits.

8.6.5. The School Nurse/First Aider will normally be responsible for accompanying any pupil in the ambulance in the event that it has not been possible to contact the pupil's parent or legal guardian in time. This member of staff will also stay with the pupil in hospital until their parent or guardian arrives and the Head or Assistant Head (Pastoral) should be informed.

## **9. Transfer to Hospital when Emergency Ambulance not indicated:**

9.1. If hospital treatment is needed for a pupil, but an ambulance is not necessary, their parents should be contacted to collect their child and take them directly to hospital.

9.2. If it is felt an ambulance is not required and parents are unavailable, the School Nurse or First Aider if possible, but if not another member of staff, should accompany the pupil to hospital in a taxi.

9.3. For safeguarding reasons, staff should not use their own cars to take injured pupils to hospital unless there is an exceptional reason for doing so and, if they do, a second adult should accompany them. Where possible, pupils should travel in the back of the vehicle and a member of SLT should be informed as soon as is practicable.

9.4. If an ambulance is required (or parents are unavailable), the School Nurse (or First Aider in their absence) should accompany the pupil to hospital, and the pupil's parents should be informed.

9.5. Health information forms detailing a pupil's medical history and emergency contact numbers are kept in the Health Centre/Medical Room. Where possible, a copy of these should accompany the pupil to hospital. If paper records cannot be accessed from the Health Centre/Medical Room, some details can be accessed from iSAMS via Reception.

9.6. Staff accompanying a pupil to hospital cannot give consent to medical treatment. Consent can only be given by the patient, their parents or the Courts. In an emergency situation, medical staff will act in the best interests of the pupil if they are unable to contact their parents.

## **10. First Aid procedures for pupils with anaphylaxis, asthma, epilepsy and diabetes**

10.1. The information held by the School will include details of pupils who need to have access to inhalers, auto injector devices (Epipens), injections or similar and all staff are made aware of where to access information identifying those pupils with anaphylaxis, diabetes and epilepsy. General health information that teachers need to be aware of within the school setting is accessed via 'Health Notes' on the iSAMS system.

10.2. First Aid trained staff should follow the guidance taught on recognised and accredited First Aid courses. Further guidance and protocols can be found via the following links:

Anaphylaxis: <https://www.nhs.uk/conditions/anaphylaxis/treatment/>

In following this guidance, the pupil's own auto injector pen should be used where available, otherwise the schools hold a stock of emergency auto injectors, which can be used with parental consent when a pupil of Year Seven or above is not able to access his or her own.

Asthma: <https://www.nhs.uk/conditions/asthma/asthma-attack/>

In following this guidance, the pupil's own inhaler should be used if possible, otherwise the schools hold stock salbutamol inhalers which can be used with parental consent when a pupil is not able to access his or her own.

Diabetes: <https://www.nhs.uk/conditions/type-1-diabetes/type-1-diabetes-in-children/>

Epilepsy: <https://www.nhs.uk/conditions/what-to-do-if-someone-has-a-seizure-fit/>

## **11. Procedure in the Event of Illness**

11.1. Where there is a School Nurse on site, pupils and staff may visit the School Nurse in the Health Centre or Medical Room during school hours.

11.2. If a pupil is unwell during lessons then they should consult the member of staff in charge, who will assess the situation and decide on the next course of action.

11.3. Depending on the provision at the School, the pupil will be assessed by either the School Nurse or First Aider/Form Teacher who will provide treatment as required and decide on the next course of action.

11.4. Where necessary, the pupil will be accompanied to see either the School Nurse or First Aider in the Health Centre or Medical Room as appropriate.

11.5. If the School Nurse or 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, either the School Nurse or First Aider will recommend next steps to the parents.

11.6. It is the responsibility of the parents to arrange for the collection of the pupil by a responsible adult.

11.7. For older pupils, parental consent is required if travelling alone and parents should confirm arrival immediately on return home.

11.8. Sixth Form students travelling home alone using their own transport should only do so if it is deemed safe by the School Nurse or designated First Aider and with parents' consent. They should confirm arrival immediately on return home.

11.9. If emergency services are called, parents will be contacted immediately and the guidance followed as outlined in Section 8.

11.10. In the case of infectious illness, it may be necessary for a parent to collect their child and School will take necessary steps to prevent the spread of infection. Some illnesses require ongoing exclusion, and guidance from Public Health England on infection control in schools will be followed. See Appendix for information on specific infectious diseases.

11.11. On occasions, it may be necessary to contact Public Health England for advice and support on managing outbreaks.

11.12. The School will follow guidance for notifiable illness and will report to Public Health England and Ofsted if a pupil or staff member becomes infected.

## **12. Provision of First Aid for School Trips/Off-site Activities**

12.1. Staff planning educational visits or off-site activities should consider the level of First Aid cover that will be required. Only official consent forms may be used and it is the responsibility of the Trip Leader to ensure that they are collected in a timely manner.

12.2. Staff should also consider whether any reasonable adjustments need to be made to enable pupils with medical needs or chronic illnesses and long-term conditions to participate as fully as possible and safely on school trips. This may require an individualised Risk Assessment, taking into account any steps needed to ensure that all pupils can attend a trip/visit safely, e.g. alternative venues or activities may need to be considered from those usually used.

12.3. A list of pupils going on the trip should be given to the School Nurse or designated First Aider by the Trip Leader at least a week in advance, from which a trip pack will be generated identifying pupils with specific medical needs. This information, together with parents' contact details, will be given to the Trip Leader and any other members of staff on the trip that need to be aware. This information must be signed for, and any member of staff accessing this data is responsible for its confidentiality and safe return.

12.4. A First Aid kit should be taken when pupils leave the school on organised trips or for off-site activities and only the School First Aid kits should be used. In the event of a trip where a Risk Assessment indicates that extra items/equipment might be required, these items should be carried separately to the First Aid kit.

12.5. First Aid kits for any off-site activities are kept in the Health Centre or Medical/First Aid Room and should be requested from the School Nurse or designated First Aider with one week's notice. They must be signed for on collection and returned to the Health Centre or Medical Room directly after the trip.

12.6. Parents are expected to provide appropriate sun protection for their children in the form of high factor sunscreen and hats and are responsible for ensuring all necessary vaccinations are up to date by speaking with their GP or Practice Nurse prior to the trip. For EYFS, please refer to additional sunscreen policy.

12.7. In the event of a pupil presenting with an injury or condition during a school trip which the First Aider does not consider they can adequately deal with, they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance or taking the pupil to the nearest A&E department, minor injury unit or other appropriate medical services. Any incident of treatment must be reported to the School Nurse on return to school and any after-care followed up.

### **13. Provision of First Aid for Sporting Events and Away Fixtures**

13.1. Staff supervising sports fixtures should have access to a First Aid kit appropriate to the activity they are supervising. Medical bags for away fixtures can be obtained from the School Nurse or designated First Aider and should be returned regularly for restocking.

13.2. A player who has an open or bleeding wound must leave the playing area until such time as the bleeding is controlled and the wound is covered or dressed.

13.3. Disposable gloves must be worn by all staff when dealing with bleeding or spillage of body fluids, no matter how small, and disposed of appropriately.

13.4. Sponges and water must not be used at the sports field. Only fresh water should be used to irrigate wounds and in the event of a wound requiring further cleaning alcohol free wipes or gauze and fresh water/saline should be used.

13.5. If an injury or incident occurs and it is deemed that it would be harmful for the pupil to continue playing, the referee shall require the player to leave the field to be medically examined. Medical treatment should be sought from the host school First Aid personnel. In the event that the injury cannot be dealt with adequately, arrangements should be made for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance or taking the pupil to the nearest A&E or minor injury unit. Any incident of treatment must be reported to the

School Nurse/School Office on return to school and any after-care followed up. All injuries should be recorded in the same manner as a normal school day.

13.6. A clearly written aide memoire is to be included in all medical kits as a prompt for staff taking teams to sporting events and/or fixtures and information to be provided to the parent and pupil with a suspected possible concussion.

13.7. All staff taking teams out are aware of the practices and requirements for assessing concussion, including necessary training to be undertaken annually.

13.8. All staff taking teams and practices are aware of the full reporting requirements after a head injury to parents, accident report, follow up protocol etc.

## **14. First Aid boxes/bags**

14.1. First Aid boxes are marked with a white cross on a green background and are located in the Health Centre or Medical Room of each school as well as key areas where accidents are most likely to happen. For further information regarding specific locations for each individual school, please refer to the relevant appendix.

14.2. First Aid trained staff and/or Heads of Department are responsible for monitoring the contents of First Aid boxes and ensuring that they are replenished as needed.

14.3. First Aid boxes should be taken to the School Nurse or designated First Aider, who will ensure that the First Aid box is properly re-stocked. This should be done at least termly or at the request of individual departments as and when First Aid boxes are used. The School Nurse or designated First Aider will examine the First Aid box(es) at this point, and otherwise regularly, in order to dispose of items safely once they have reached their expiry date.

14.4. A typical First Aid box/bag will include the following but contents will vary depending on the size and location of the kit, with sports First Aid bags being the most extensively stocked and containing an emergency salbutamol inhaler which can be used in the event of an asthmatic pupil or staff member not having their own inhaler with them:

- Triangular bandage
- Assorted adhesive dressings
- Disposable gloves
- Bag containing pieces of gauze
- Alcohol free wipes
- Plasters of assorted sizes
- Eye pad
- Assorted bandages
- Adhesive tape
- Safety pins

- Burn gel sachets
- Steristrips
- Scissors
- Ice Packs
- Mini resus guard
- Foil blanket

14.5. Emergency salbutamol inhalers: Where a medical bag contains an inhaler, this should be used with the aerochamber provided. To avoid possible cross infection, the aerochamber should not be re-used but can be given to the pupil or staff member for future personal use. The inhaler itself can usually be re-used provided it is cleaned after use. This involves removing the canister and washing the plastic inhaler housing and cap in warm running water and leaving to dry in a safe, clean place. The canister should then be returned to the housing and the cap replaced and the inhaler returned to the medical bag. The School Nurses can assist with this as needed.

14.6. School minibuses: The School's minibuses should have a prominently marked First Aid box on board which is readily available for use and which is maintained in good condition and replenished as necessary.

14.7. Off-site activities: A First Aid box should be taken when pupils leave the school on organised trips or for off-site activities including sports events. First Aid boxes/bags for any off-site activities are kept in the Health Centre or Medical Room and should be requested with one week's notice if possible.

## **15. Automated External Defibrillators (AEDs)**

15.1. RGS has a number of AEDs located across the four school sites. Please refer to the relevant appendix for their exact location in each school.

15.2. AEDs are designed to be used by any person following the step by step instructions.

15.3. An AED should only be used where a person is thought to be in cardiac arrest. It should not be used where a person is conscious, breathing and/or his or her heart is beating.

15.4. Resuscitation Council (UK) Guidelines (2015) state that the absence of normal breathing continues to be the main sign of cardiac arrest in a non-responsive patient. The presence or absence of a pulse is recognised to be difficult to judge even by trained healthcare staff.

15.5. If a person is found to be in cardiac arrest, the first person on the scene should immediately call 999 and summon the help of the School Nurse or a First Aider to commence CPR whilst waiting for the nearest AED to be brought to the scene.

15.6. The person applying the AED should ensure that the area surrounding the victim is clear when it advises “stand clear” as the shock will be administered automatically. He/she should continue to follow AED instructions until the emergency services arrive.

15.7. Regular checks of AEDs will be undertaken monthly by either the School Nurses or designated First Aider and logged in the booklet located inside the case of the machines.

15.8. Pads and batteries will be obtained and replaced as needed by the School Nurses or designated First Aider in accordance with checks and shelf-life dates specified.

## **16. Hygiene and Infection Control**

16.1. All Staff should take precautions to avoid infection and to follow basic hygiene procedures such as regular hand washing.

16.2. The First Aider should take the following precautions to avoid risk of infection:

- Cover any cuts and abrasions on their own skin with a waterproof dressing;
- Wear personal protective equipment (PPE) including disposable, non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids. Goggles should also be worn if there is a risk of splashing to the face;
- Use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- Wash hands after every procedure.

16.3. If the First Aider suspects that they or any other person have been contaminated with blood or other bodily fluids, wash with soap and running water or irrigate the area as appropriate and seek medical advice.

16.4. Cleaning of blood and body fluid spillages: All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, ensuring correct use of PPE. When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer’s instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste appropriately. Spillage kits for blood spills are available from the Health Centre or Medical Room.

16.5. Sharps: eg needles should be discarded immediately into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

16.6. Sharps injuries and bites: If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed and wash thoroughly using soap and water. Contact GP or attend local A&E or Minor Injury Unit immediately.

16.7. Laundry: PPE should be worn when handling soiled linen and children's soiled clothing should be bagged to go home, never rinsed by hand. Soiled linen where applicable should be washed separately at the hottest wash the fabric will tolerate.

## **17. Accident reporting and record keeping**

17.1. Accident report forms: In the event of an accident or injury requiring First Aid, the relevant member of staff should complete an Accident Report form on the same day or as soon as is reasonably practical after the incident. As much detail as possible should be supplied when reporting the incident including a description of the nature of the event and what First Aid was given. What happened to the injured or ill person immediately afterwards should also be recorded. Further details of the process for accident reporting at each individual school can be found in the relevant appendix. Records will be retained in accordance with this guidance and in line with the School's normal practices.

17.2. RGS Worcester use a system called Return to Play which all head injuries and sporting injuries will be reported on through this portal - this then generates guidance on whether a pupil is safe to play sports; parents will be notified from the generating of the report and depending on the injury the pupil may receive a medical virtual appointment with a concussion specialist Doctor.

17.3. If a follow-up investigation is requested for any incident, the Facilities and Compliance Manager will carry out an investigation to determine the cause and make any recommendations for measures to be put in place to prevent a re-occurrence.

17.4. Notifying parents: In the event of serious accident, injury or illness, parents will be informed as soon as practicable. The member of staff in charge at the time should decide how and when this information should be communicated, in consultation with the Head or other member of SLT if necessary.

17.5. EYFS pupils: The School will inform parents of any accidents or injury or First Aid treatment that is given to pupils in the EYFS setting on the same day or as soon as is reasonably practicable.

17.6. Reporting to Ofsted and child protection agencies: The School will notify Ofsted, ISI and Worcestershire Children First, as appropriate, of any serious accident, illness or injury to, or death of, a pupil while in the School's care. This should happen as soon as is reasonably practicable, and no later than 14 days of the incident occurring.

17.7. Reporting to HSE: Schools are legally required to report certain types of incidents under the Reporting of Injuries, Diseases and Dangerous Occurrences



Regulations 2013 (RIDDOR) Further information on how and what to report to the HSE can be found at <http://www.hse.gov.uk/riddor/resources/htm>. The Facilities and Compliance Manager will inform the HSE of any RIDDOR reportable accidents, injuries and diseases for all four RGS schools.

17.8. All records will be retained in accordance with the School's normal practices and forms kept for a minimum of 3 years or if the person injured is a minor (under 18), until they are 21 years old.

## **18. Immunisations**

18.1. It is the School policy to facilitate the immunisation of children as recommended in the National Child Health Programme. Information about immunisations and vaccines can be obtained from: [www.nhs.uk/conditions/vaccinations/](http://www.nhs.uk/conditions/vaccinations/)

18.2. The School Nurse or designated First Aider will liaise with the local Immunisation Team and make arrangements for these to be carried out during the school day. All vaccinations given at School will be documented on the pupil's iSAMS record. This will be undertaken by the School Nurse, First Aider or School Office as appropriate at each school.

## **19. Monitoring**

19.1. The Heads, Assistant Head (Pastoral) and Senior School Nurse will regularly monitor and review the School's systems for the provision of First Aid and medical care and any trends in accidents, injuries and illnesses in order to identify any change needed

19.2. The Heads, Assistant Head (Pastoral) and Senior School Nurse attend a Health and Safety Committee meeting termly to discuss accidents, injuries and the Health and Safety surrounding the school.

## **20. Insurance**

20.1. The Governing Body will ensure that there is adequate insurance in place which appropriately reflects the level of risk at the School.

20.2. All staff required to provide First Aid, support to pupils with medical conditions and administer medicines are covered by the School's liability insurance. A copy of the relevant insurance policy is available to all staff on request.

Created: April 2021 to replace the existing Medical Policy.

Endorsed: The Strategy Group, DSL and RGSW Nurses.

Reviewed by the Senior Nurse: May 2025

Next Review: July 2025