



Wynyard

CHURCH OF ENGLAND
PRIMARY SCHOOL



First Aid and Medical Absence Policy

Approved by the Governing Body: March 2019

Review by: September 2021

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1.0 Purpose

To outline the procedures followed in the event of First Aid being required.

2.0 Relevant policies

Health and Safety
Safeguarding.

3.0 First Aid

The Head Teacher will ensure that a first aid kit is kept in each key stage area. Also, that this complies with relevant regulations. The contents of each first aid box in school will be checked regularly by an SLT member and replenished, this will be documented on the list in each First Aid Box and updated.

Other medication will be kept in the medical room, out of the reach of children.

4.0 Training

The Headteacher will ensure that relevant staff have basic first aid training within a year of the start of contract and that there is at least one member of staff with a current first aid certificate on site at any time. The Headteacher will also ensure that there are at least two members of staff trained in paediatric first aid.

5.0 Minor accidents and Emergency care

- I. Staff attending a minor accident will record the occurrence on the Evolve Accident Book MIS system. The report will generate an email or letter to the child's first named emergency contact detailing the minor accident and any treatment given.
- II. Should the injury be deemed more serious (eg a significant bump to the head) the office/HT/SLT should be consulted to decide whether a telephone call to parents is required.
- III. It is the decision of the senior staff member present at an incident to determine when emergency medical services should be called. It is then their responsibility to ensure all advice given is followed. Parents will be contacted as quickly as possible, usually by another

staff member on a separate phone line. Our duty of care is at all times to all the children present.

6.0 Administration of medicine

Staff are not generally authorised to administer medicines. Parents wishing their child to receive, for example antibiotics, should aim to give these before or after school hours. Where this is not possible, administration will only be undertaken by a qualified first aider and at the discretion of the Head Teacher. Any such administrations will be noted on school 'Administration of Medication' forms which need to be signed by parent and kept in the child's medical file. This will record the following details: name of child, name of staff member, date, time, medicine, dose given, expiry date as shown on container, parent signature or written permission authorisation. Any medication, including inhalers, must accompany children when taken off site such as for Educational Visits.

In the case of, for example, asthma, a child may need to use their inhaler under the supervision of a member of staff. Any such administrations will be noted on the specific form found in the Asthma Policy and kept in the child's medical file. A letter of consent from parents must be given before any such assistance can be given and should also consent to the use of School's emergency Salbutamol inhaler if required. Any such medications brought into school will be kept by the staff clearly labelled and out of reach of the children – usually in the office.

7.0 Sickness

We do not keep children in school who are showing symptoms of sickness. If a child seems to be unwell during school hours they will be taken aside by a member of staff. Parents or others named will be contacted and asked to collect their child. Special attention will be given to all hygiene issues with respect to the other children in attendance.

A child who has been unwell should only return when they have had no symptoms for at least 24 hours and then only at the discretion of the Head Teacher.

8.0 Allergies and Health Matters

Staff will be informed of all relevant health issues regarding the children in their care and necessary precautions and trigger situations, these details are also requested on registration forms. Strict confidentiality will be maintained. Where appropriate, staff may meet with parents or health professionals prior to a child beginning at the school.

9.0 A well child

We consider a well child to be one that:

- Has plenty of energy
- Has good and even colour in their skin tone
- Is happy
- Has a temperature within a normal range
- Has clear sparkly eyes with responsive iris and non-dilated pupils
- Has clear breathing passages and quiet breathing patterns
- Has no gastric symptoms nor signs of prolonged dizziness or headache
- Has no persistent unexplained pain

10.0 Exclusion Periods

Athlete's foot – no exclusion necessary, use of verrucae sock recommended

Bronchitis/Trachitis – excluded for duration of symptoms

Chickenpox – excluded until all spots have scabbed over

Cold sores – no exclusion needed but extra care should be taken

Conjunctivitis – no exclusion needed, extra care taken whilst eye is secreting discharge or is sticky

Croup – exclusion whilst symptoms persist

Diarrhoea – at least 24 hours after symptoms stop

German Measles / Rubella – exclude for 5 days after the rash appears. It must be notified to health authority.

Head lice – treatment at home. No exclusion needed

Hepatitis A - excluded for 7 days after onset of jaundice (or 7 days after symptoms if no jaundice)

Impetigo – exclude until sores have scabbed over

Measles – exclude for 5 days after onset of rash, it is notifiable

Meningitis – exclude until well

Molluscum Contagiosum – no exclusion needed, to be covered where possible for swimming

Mumps – exclude for 5 days after onset, it is notifiable

Ringworm – no exclusion necessary but must be covered

Scabies – exclude until treated

Scarlet fever – can return 24hrs after the start of treatment, it is notifiable

Shingles – exclude if rash is weeping and cannot be covered, can cause chicken pox

Slapped Cheek – contagious period is prior to symptoms so exclusion ineffective

Tonsillitis – exclude whilst ill

TB – take professional advice for the individual

Typhoid fever – until 3 negative stool samples have been given with at least a week between each and beginning at least 3 weeks after the completion of treatment.

Vomiting – at least 24 hours after symptoms stop

Whooping cough – exclude for 3 weeks after onset of cough

Please refer to the attached Guidance from Public Health England, '*Guidance on infection control in Schools and Other Childcare Settings*'

For further information, school staff should consult '*Infectious and Contagious Disease Advice Line*' – **0300 3038596**.

11.0 Review

This policy will be reviewed every three years.

12.0 Approval by the Trust Board

This policy has been formally approved and adopted by the Trust Board

Signed:



(Chair of Trust Board)