

First Aid Policy

2024 - 2025



This policy will be reviewed on an annual cycle

Person responsible for the Policy:	Headteacher, SENDCO
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1. Introduction

At RLA, we aim to provide a safe and caring environment for all of our children; but, this is especially important for those children who happen to have additional needs.

We recognise that, wherever possible, children with specific medical needs should attend mainstream school and take a full part in school life with additional support when needed. Children with specific medical needs are welcomed at RLA, along with any other child, but admission may be delayed for children with more complex or specific needs whilst appropriate provision and reasonable adjustments are arranged, to ensure the child is successful at RLA.

Revoe Learning Academy works closely with Public Health England (PHE), NHS Blackpool and other relevant outside agencies in order to effectively support the health of all stakeholders.

“All staff caring for children have a common law duty of care to act like any reasonably prudent parent. The duty of care extends to taking action in an emergency.”

This policy adheres to the Statutory framework for the early years foundation stage setting the standards for learning, development and care for children from birth to five

2. Illness Summary.

- It is the responsibility of the child's parent or carer to ensure that RLA has adequate information regarding the child's condition and medication. This information should be in writing, signed and current.
- Parents/carers should not bring a child to RLA, including hosted groups, who is unwell.
- If a child has a transmittable, infectious disease, refer to NHS posters located in the Main Office to see how long the exclusion period should be for.
- Staff will also check this and will ask parents not to leave children who are still in their exclusion period.
- If a child is unwell, or displays symptoms of a transmittable, infectious illness, the parent/carers will be contacted by our Office to collect the child and signposted to health services.
- With PHE advice, we can request that all family members do not attend RLA for a published time period (self-isolation) if a family member is infectious.

3. Admitting Pupils with Specific Medical Needs.

All children are welcome at RLA. Children with specific medical needs or disabilities have the same rights of admission as all other children, in accordance with our Admissions Policy and the Equality Act 2010.

- It is the responsibility of parents / carers to inform RLA of any medical needs, including dietary needs, concerning their child. They also need to provide up to date information about their child's medical condition, treatment and/or any special care needed.
- On entry, parents / carers are asked to complete admission forms requesting medical information. During the year, parents / carers are reminded to inform us of any changes that need making to their child's medical information. Parents / carers are given their child's data sheet to check and amend to ensure that our records are accurate. Staff are available to support if needed.

Health Care Plan (HCP). **A co-produced written plan may be necessary in order to support a child with long term or complex or specific medical needs or allergies. This includes details of the pupil's condition, any dietary requirements, any medication including possible side effects, what to do in an**

emergency and any help/support that RLA can give. The health care plan is updated when new information is given to the Academy or at least bi annually through the Data Collection process.

The relevant staff will be informed by the SENDCO of its details. A copy is kept in the class first aid rucksack, the HCP file kept by the SENDCO, the Office and Kitchen.

We ensure staff working with the child are trained to an appropriate level; understand the nature of the condition; and know the administration of any required medication. Staff can help with the administration of medication and be trained to do so but it is not part of their role profile. Any SLT and Admin Team are responsible for administering medication.

4. Medication

Storage of Essential Medicines. Any essential medicine brought into RLA must be current; in the original packaging, labelled with the child's name; and left in our Academy Office. However, it may be necessary for some children to have their medication with them in the classroom – asthma inhalers, insulin and epi-pens. Controlled drugs are kept in our locked storage and a witnessed record is kept of how much is administered, when administered and by whom. Medicines requiring refrigeration will be stored in a fridge.

Medication.

Medicines should only be taken during the academy day when essential ie. when it would be detrimental to a child's health and attendance if the medicine was not administered. Written permission and full instructions for the administration of the medication must always be given by parents / carers using our Medication Form (see Appendix 2 and 3). Only medicines that are current and have been officially prescribed will be accepted.

Non-prescribed medicines may be required to be administered during school time e.g. travel sickness pills; or on a residential visit where parents have specifically given written permission for staff to administer paracetamol for headaches, etc.

Aspirin and Ibuprofen must never be given to a child under 16 years of age, unless prescribed by a Doctor.

If a child needs non-prescribed medicine during the day, parents / carers are asked to come to RLA to administer it to their children. If this is not possible, a medication form (**see Appendix 2**) for the administration of essential, non-prescribed medication **only** must be completed at our Academy Office.

If a child refuses to take the medication, staff will not force it on them but will record and inform parents / carers. Medication **will only** be given to the child whose name is on the box/bottle and on the Medication Form.

Asthma Inhalers. These are stored in the class first aid 'rucksack' along with the class asthma register and are always accessible to the child under the supervision of an adult or themselves, age appropriate. An up-to-date asthma register is kept and the SENDCO is informed of any new cases of asthma. The register details known asthmatics, their required medication and dosage and the child's photograph. At no time should another child's inhaler be used. In the event of an emergency, and the child's medication is unavailable, the member of staff must seek health advice immediately – **contact 111**.

Parents and carers should ensure that the inhaler is replaced before it becomes empty or out-dated. Staff will endeavour to remind them but will encourage the children to take responsibility for ensuring that medication is current and sufficient for academy hours.

Medication for ADHD. Medication for ADHD are controlled, schedule 2 drugs. They should only be administered under the strictest guidelines. Possession of these drugs by anyone other than the person for whom they are prescribed is a legal offence and could lead to prosecution. Great care is taken when administering these drugs and careful details of dose, time administered and remaining medication, are kept. ADHD medication **must** be kept in the original packaging with dosage clearly indicated. It will be stored in locked storage away from children.

Insulin Dependent Children who Require Daily Injections of Insulin. Finger prick blood testing and monitoring of food intake is ongoing throughout the day. A private area is provided to ensure the child's dignity. When required, we ensure staff are trained to administer and supervise such procedures. If required, the child's parents / carers will be informed and asked to come to RLA to attend to their child's needs. If a child refuses to allow the insulin to be injected, staff will not force it on them. Parents/carers/Health will be contacted immediately and advice taken. Insulin is stored in the child's classroom and/or class first aid rucksack; all necessary equipment moves around RLA with them.

- **Record Keeping:** RLA keeps records of all children who have medical conditions, updated on at least an annual basis or when new information is received. Copies are kept with the class teacher (ruck sack), Office, SENDCO, kitchen and school nurse. The Admin Manager and SENDCO are responsible for updating medical records. Staff are informed on a need to know basis. Pupils taking medication on a regular basis have a register where the dose, time at which it is taken and the person administering it are recorded (Appendix 4).
- Any accidents receiving first aid are recorded in the First Aid Incident Log book. A copy of the incident is given to the child to take home. Parents are contacted by phone for serious injuries.

5. Emergency Procedures

All staff are made aware of emergency procedures through induction and regular training. In the case of an accident, sudden acute illness or where there is any doubt, a member of SLT must be informed in person who will then take appropriate action which may include contacting the emergency services.

In the event of emergency services being called or accessed, the designated member of staff must take the child's data collection sheet, emergency treatment form (from the child's file) and EHCP with them, all available from our Academy Offices. Parents/carers will be contacted and a member of staff will stay with the child until they arrive.

- **Staff Training:** We have appropriate numbers of paediatric-trained staff. In addition, we have a team of 'At Work' first aid trained staff. The training is provided through approved providers arranged by the SENDCO, and repeated in accordance with best practice i.e. within 3 years.
- **Trips and Sports Activities:** An identified first aider attends all visits and events. First aid kits can be found on our mini-bus and in every classroom. If other transport is being used, a first aid kit must be taken along with any personal medication and the work phone. Children's medical information must be taken and kept secure and confidential. If a child has special medical needs or disabilities, an additional staff member may be required to attend / accompany the child.

6. Risk Assessment

If a child with medical needs is attending RLA, it is important that a risk assessment is in place that covers things such as staffing arrangements and facilities for administering medication/fire evacuation etc. As soon as we are made aware by the parent, our SENDCO and appropriate member of our Senior Leadership Team ensure that the risk assessment is co-produced with parents; signed to confirm that all parties understand the arrangements; and shared with relevant staff on a need-to-know basis.

7. First Aid Procedures At RLA

Only staff who have a current paediatric first aid certificate should administer first aid. We have a number of qualified first aiders at RLA who are able to administer aid for minor injuries incurred by adults or pupils.

Names of current first aiders can be found in the Dining Room; Kitchen; Staffroom; Main Office, and Hall.

First Aid rucksacks are kept in every classroom and are taken on play duties, visits and trips.

Further first aid facilities can be found in Phase Corridors; Dining Hall, Kitchen, Main Office.

First aid stock is overseen by the Mrs. Wood our Business Manager, who ensures that all first aid boxes are regularly checked and replenished. Any queries regarding supplies of first aid these should be addressed to Mrs. Wood in the first instance.

Disposable gloves are provided and should always be used when dealing with body fluids such as open wounds, vomit, urine, etc.

Soiled dressings should be placed in tied, yellow, plastic bags and placed in the covered bin.

Non allergenic plasters and dressings are available if required. First Aiders should check that the child is not allergic to plasters. If the child is unsure, check with the Office team before applying plasters. If in doubt, use a sterile dressing.

Cuts and grazes should be cleaned with water or an antiseptic wipe if water is not available. **Antiseptic creams should not be used.**

Sterile eye wash pods are available only for the use of eye injuries and these can be found in first aid boxes.

Recording and Reporting Procedures

All first aid incidents must be recorded in our First Aid Incident Log **in pen**. The top white copy is for the child to take home with them. Blue and pink copies must be kept in our Incident Log as an evidence record. The First Aid note must be signed by the first aider for accurate recording.

Any incident more serious than a cut, bruise or graze, or where a first aider has a concern must be reported to a member of the Senior Leadership Team (Mr Osborne, Ms Preston, Mrs Raistrick, Ms Buckley, Ms Plant and Mrs Haley) **in person** in order for a decision to be taken with regards to an appropriate next course of action.

Parents / carers should be notified immediately by telephone or text if unavailable. In addition, an accident/incident/near miss report form (Appendix 6) and Witness Statement (Appendix 7) must be completed.

All bumps to the head, even if the child appears well and able to remain in school, **must** be reported to the class teacher, SLT and parent.

Parents/carers must be informed of any injuries, via the child, using the 'Your Child's First Aid Note' in the Incident Log.

Injuries incurred when using school equipment, e.g. fingers trapped in doors, playground / stair injuries, should be reported on the same accident forms in case information is required for Health and Safety.

If a child receives an injury to a body part covered by outer clothing, the child will be asked for their permission to look at the injury. If a child suffers an injury to a body part covered by underwear, and it is medically necessary for a member of staff to look at the injury, then two members of staff are present and the child is asked for permission.

If a child has a toileting accident, a spare set of clothing should be given to him/her to change into. If the child is too young / unable to attend to themselves, two members of staff should clean and change him/her encouraging the child to do as much as possible for him/herself – **see our Intimate Care and Toileting Policy.**

If baby wipes are used, these are not to be flushed away but placed in the appropriate bins as for soiled dressings.

Soiled garments should be placed in a plastic bag and sent home with the child. Parents / carers should be asked to wash borrowed clothing and return them to RLA as soon as possible.

8. Guidance for Treatment of Common Injuries

Nose bleeds: The child should sit leaning forward. The soft part of the nose, halfway up, should be pinched until bleeding ceases, releasing pressure after 10 minutes. Seek medical advice if the bleeding continues after 20 minutes. Encourage the child not to swallow or disturb the clot by blowing etc. The class teacher must be informed and the child should not do PE or run about for at least 4 hours.

Minor cuts and grazes: These should be cleaned with cold water and tissues. An antiseptic wipe may be used if the wound does not appear clean or if water is unavailable although check first that the child has no allergy. A dressing may be used if the wound continues to bleed.

Deep cuts, large wounds, sprains, etc. : Any injury which requires medical attention must be reported to a member of SLT immediately (Mr Osborne, Ms Preston, Mrs Raistrick, Ms Buckley, Ms Plant and Mrs Haley). If the injury is thought to be serious, the child should not be moved and emergency procedures should be followed. Parents/carers should be informed and if staff or parents are unable to provide transport an ambulance should be called.

Minor burns and scalds: The injury should be immersed in cold water for 10 minutes. Do not use plasters or cream and be careful not to break blisters.

Splinters: Leave alone and inform parents.

Teeth / Mouth Injuries: For any incident involving injury to teeth or the mouth area, expert dental advice must be sought, parents contacted immediately so that the likelihood of successful treatment / outcome is maximised.

Fainting: If a child is in danger of fainting they should sit down and put their head on their knees and be watched carefully. If they actually faint, lay the child on their back, raise their feet, loosen clothing, fan to cool down and inform an SLT member and the parent / carers.

Epileptic seizure: A child known to have epileptic symptoms must have an HCP and this must be known to relevant staff. Remove objects from around the child and cushion the head. Move other children away from the area. After the seizure is finished, if possible, turn the child into the recovery position. Watch the child carefully, noting the time of the seizure. Inform a colleague to contact our Main Office immediately. They will then contact parent / Health / SLT.

Appendix 1



PARENT AGREEMENT:

PRESCRIBED MEDICATION FORM



Before administration, RLA Staff must check the child's medication bottle/box with the parent/carer and the boxes below must be ticked accordingly. If any box below fails to be ticked, then the medicine **must not** be administered.

Original container as dispensed by the pharmacy:	Child Full Name:	The original container provides clear instructions regarding administration:
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Child's Name: Date:

Name of medication:

Reason for medication:

Date prescribed: Expiry Date:

Length of course of medication:

Dosage and strength

Time(s) to be administered

Has your child taken this medication before (circle answer) Yes No

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to RLA staff administering medicine in accordance with RLA's Medical and First Aid policy. I will inform RLA immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed:.....Date:.....

Print Name

NB. Please note that a member of RLA's Senior Leadership Team has to authorise in the first instance a member of staff to administer a prescribed medicine. A second member of staff will check all the details on the prescription label to ensure they are full and correct, and countersign to witness the medication being given.

You will be contacted immediately if your child refuses their medication. We reserve the right not to administer thereafter.



Appendix 2 Medication Slip

Date	Time of last home dose	Amount of last dose	Time given at School	Signed by person administering medicine	Witness Initials



Appendix 3 Revoe Learning Academy Risk Assessment

Assessed by		Assessment Date	
Assessed Activity			

What is the hazard?	What is the Potential harm?	Who is at risk?	Controls In Place	Likelihood	Severity	Risk Rating	Further Potential Controls

Likelihood: 1(very low) – 5 (very high)

Risk rating: Likelihood x Severity

Severity: 1(very low) – 5 (very high)

Signature of Parent/Carer		Signature of SLT	
Signature of Class Teacher		Signature of Child	

Appendix 4 Accident/near Miss Form

SECTION A - To be completed by the person involved, or their representative, and passed to the responsible person for the activity/premises to investigate and retain.

Revoe Learning Academy will not share your personal information with any others unless we are required to do so by law.

- Involves any person in connection with Revoe Learning Academy owned or occupied premises, or **work related** activities/processes.
- Involves any person whilst in the care or using the service of Revoe Learning Academy and occurring in connection with work activities/failings carried out by your service/department or as a result of work premises issues or failings.
- Involves any vehicle, plant, equipment, materials, premises or livestock owned or in the possession of the Revoe Learning Academy

You may wish to use this form to record further accidents, incidents & near misses relating to your service or building as a record.

1. Personal Details of the person involved (please print clearly, not all details may be known)

PLEASE HIGHLIGHT THE RELEVANT CATEGORY OR STATE OTHER UNDERNEATH

CONTRACTOR ☐ MEMBER OF THE PUBLIC ☐ PUPIL ☐ VISITOR ☐ VOLUNTEER ☐ CLIENT ☐

Forename(s): _____

Surname: _____

Home Address: _____ Postcode: _____

Contact Telephone Number _____

Gender: Female ☐ Male ☐

D.O.B: ____ / ____ / ____ (If known)

Is the person involved over 18: Yes ☐ No ☐

2. DETAILS: ACCIDENT ☐ INCIDENT ☐ NEAR MISS ☐ (Please tick)

Date:	
Time:	(24hrs)

Location Address:	
Exact Location:	(Poolside, Kitchen, Sports Facilities, Classroom, Playground etc.)

Please provide full details below of what happened (including nature of activity, what you were doing and any diagrams or photographs if appropriate)

(Please continue on another sheet if required)

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Was the person in section 1 injured?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If yes, please provide details below including parts of the body affected and type of injury)	

Was first aid / medical treatment provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If yes, please provide details below of treatment given and by whom?)	

Following the report, were any further injuries discovered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If yes, please provide details below)	

Did the person seek professional medical attention (Walk-in Centre or GP):				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date:		Time:	(24 hrs)	Location:	

Did the non-employee go to hospital:				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date:		Time:	(24 hrs)		

If yes did they go straight from scene:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which Hospital attended:	

To the best of my knowledge the above information is correct

Name of person completing the form: _____ Job Title: _____

Signature _____

SECTION B - To be completed by the Investigating Officer / Responsible Person of the Premises
(Section B onwards must not be shared with anyone outside of Revoe Learning Academy)

Investigators Name: _____ (please print)

Are you satisfied that the details given in 'Section A' are correct?

Yes ☐ No ☐

(If no, please provide details below)

Are you satisfied that the details given in 'Section A' are correct?

Yes ☐ No ☐

(If no, please provide details below)

Was any work equipment, machinery or vehicles involved:

Yes ☐ No ☐

(If yes, please provide details including model, make and part causing injury below)

If it involved a fall from height, please give distance:

3. Witnesses Details (If required, ask for statements and provide with the report)

Name:	Address:	Telephone Number:

4.

Had a Risk Assessment been completed for this Task/Activity/Premises:

Yes ☐ No ☐ N/A ☐

Was the risk assessment available if applicable?

Yes ☐ No ☐ N/A ☐

(If no, please give detail and further information via email etc. if required)

Immediate cause of incident?

Underlying cause of incident?

Immediate action to prevent re-occurrence?

Future action to prevent re-occurrence?

To the best of my knowledge the information provided is correct

Signature of Investigator :

Date:

Counter Signature of (INSERT NAME):

Date:

(INSERT NAME) Job Title:

The completed form, along with any supporting documentation e.g. Witness Statements, Photographs, CCTV, Risk Assessments, Policies or Procedures etc will be retained by the school in the Accident Folder in the school office

Advice and support on the report can be discussed with the Blackpool Council Health and Safety Team. If identified as a RIDDOR this will be undertaken by the Corporate Health and Safety Team subject to a current Service Level Agreement being in place. The RIDDOR report will be forwarded to the relevant person at the school for retention with all subsequent documentation.