



First Aid and Medical Absence Policy

Approved by the Governing Body: December 2021

Review by: December 2022

Contents

- 1.0 Purpose
- 2.0 Relevant Policies
- 3.0 First Aid
- 4.0 Training
- 5.0 Minor Accidents and Emergency Care
- 6.0 Administration of Medicine
- 7.0 Sickness
- 8.0 Allergies and Health Matters
- 9.0 A Well Child
- 10.0 Exclusion Periods
- 11.0 Review
- 12.0 Approval by the Trust Board

1.0 Purpose

Melrose Learning Trust is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors in its schools.

The schools will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors.

This policy aims to:

- Ensure that schools have adequate, safe and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Promote effective infection control.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

2.0 Relevant policies

The policy is implemented in conjunction with the following Trust/school policies:

- Health and Safety Policy
- Safeguarding Policy
- Educational Visits Policy

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, and those appointed for offsite use, will be checked regularly by the appointed first aid person and replenished.

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.

First aid notices will be clearly displayed throughout the school with information on the names and locations of first aiders to ensure that pupils and staff know who they must contact in the event of illness or injury.

The school will ensure that there is always a sufficient number of first-aid personnel available on site at all times to provide adequate cover to all areas of the school.

In line with government guidance, and taking into account staff:child ratios in Early Years, the school will ensure that there is at least one member of staff with a current and full Paediatric First Aid (PFA) certificate on the premises and available at all times when pupils are present, and accompanying EYFS pupils on any and all outings taken.

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 (e.g. 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. Parents must complete and sign an Administration of Medication consent form. Any such administrations will then be noted on 'Record of medicine administered' form which are kept on file. This will record the following details: name of child, name of staff member, date, time, medicine, dose given and any reactions. 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 'Record of medicine administered' and kept on 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 medical cupboard in the STEAM room.

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 to develop an individual care plan.

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. Treatment is recommended

Chickenpox – five days from onset of rash and when all rash is dry and crusted 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 4 days after the rash appears. It must be notified to health authority.

Hand, foot and mouth- no exclusion needed.

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 or 48 hours after starting antibiotic treatment

Measles – exclude for 4 days after onset of rash and recovered. It must be notified to health authority.

Meningitis – exclude until well. . It must be notified to health authority.

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

Vomiting – at least 24 hours after symptoms stop

Whooping cough – exclude for two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics

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)