



## **FIRST AID AND MEDICAL POLICY AND PROCEDURE**

The Medical Coordinator is Nikki George, School Secretary. She is trained in First Aid, Paediatric First Aid, Defibrillator and Epipen usage and has a Level 1 qualification in the Safe Management of Medication in an Educational or Early Years Setting.

In the creation of this policy, due regard has been paid to the DfE Guidance on First Aid for schools. In doing so, Westbrook Hay Prep School will promote the health and wellbeing of all pupils and will make provision for first aid cover for all pupils, staff and visitors. Everyone will be treated with a high standard of care, compassion, courtesy and dignity and where necessary, further treatment will be sought.

If a pupil is unwell or is injured, attempts will be made to contact the next-of-kin. However, if it is deemed an emergency, the School will refer the pupil for further medical review, as required. The pupil will always be accompanied by a member of staff, who will remain with them, until a family member arrives to take responsibility.

In the event of a serious emergency within the school grounds, the attending member of staff should call (9)999, clearly stating location, casualty's name and the nature of the medical emergency.

### **First Aid Training**

#### **First Aid Supplies**

First Aid supplies are kept in a locked cabinet in the Medical Room which is situated in the corridor outside the Estates and Facilities Bursar's Office. The key is kept in the School Office.

#### **Location of First Aid Boxes**

Lower School – Nursery Reception, Year 1  
Middle School Office  
Medical Room  
School Secretary's Office  
Sports Hall  
Sports Office  
IT Suite  
DT Room  
Science Lab  
Lower School After School  
Performing Arts Centre  
Kitchen  
Swimming Pool  
Woodland Shed  
All Minibuses

Each First Aid Kit contains basic contents, but is designed to have certain items added that are relevant to the area they could be used in, for example blue plasters for the kitchen, bodily fluid bags for trips and eye wash equipment for the science lab.

It is the Medical Coordinator's responsibility to ensure all kits are kept up to date and well stocked termly. Staff members are requested to inform the Medical Coordinator if their first aid kit is used and items require replacing in the interim.

First Aid equipment/supplies must be accessible at all times for Early Years and so a first aid kit is taken on exploration in the grounds.

We provide a medical room which is readily available for use for medical examination and treatment, as well as for the care of sick or injured pupils. This contains a washing facility, located near a toilet and is not used for any teaching purposes.

### **Defibrillator Protocol**

This Policy establishes guidelines for the placement, care and use of the Defibrillator located at Westbrook Hay School.

The Defibrillator is used to treat the most common causes of sudden cardiac arrest (SCA), including ventricular fibrillation (VF). SCA is a condition that occurs when the heart unexpectedly stops pumping. SCA can occur to anyone, anywhere, at any time. Many victims of SCA do not have warning signs or symptoms.

A Defibrillator should only be applied to victims who are unconscious, without pulse, signs of circulation and normal breathing. The Defibrillator will analyse the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the Defibrillator will charge to the appropriate energy level and advise the operator to deliver a shock.

It is important to understand that survival rates for SCA are directly related to how soon victims receive treatment. For every minute of delay, the chance of survival declines by 7 - 10%. Treatment cannot ensure survival. In some victims, the underlying problem causing the cardiac arrest is simply not survivable despite any available care.

### **Storage and Accessibility**

The Defibrillator is located in the Front Hall of the Main School Building.

### **RESPONSIBILITIES**

The **Medical Coordinator** is the designated person responsible for the following:

- Coordinating **equipment** and accessories.
- Coordination of **training** for emergency responders.
- **Post event procedures:** checking equipment after an event; conducting a staff incident debriefing; and incident reporting as required in accordance with the School's **First Aid and Medical Policy**.
- Periodic **maintenance:** inspecting exterior and connector for dirt or contamination; checking supplies, accessories and spares for expiration dates and damage; checking operation by removing and reinstalling the battery. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.
- Revision of this procedure, as required; monitoring effectiveness of this system; communication with relevant staff on issues related to medical emergency response

### **Trained Staff**

Appropriately trained staff are responsible for activating the internal emergency response system and providing prompt basic life support including using the Defibrillator according to training and experience.



Staff should be aware that they are not liable for rendering such emergency care.

### **Guidelines**

Conduct an initial assessment of the patient and environment. If the patient is not responding and signs of breathing and circulation are not present, ensure the emergency services are called on

999/112, provide CPR until the Defibrillator arrives. If you are in doubt as to whether the victim has suffered from a sudden cardiac arrest, apply the pads. Follow the voice instructions for each step in using the defibrillator.

There are 3 basic steps to using the defibrillator to treat someone who may be in SCA:

1. PULL up the handle on the SMART Pads Cartridge
2. PLACE the pads on the patient's bare skin
3. PRESS the flashing Shock button if instructed

### **Recording Incidents**

All accidents involving children and staff are entered into the Treatment or Accident book on SchoolBase. For minor treatments a copy is emailed to the form teacher and parents the same day or as soon as reasonably practicable. For larger accidents an accident form is completed on SchoolBase and a copy of the form is emailed to the parents, teacher and a copy to the Healthy and Safety Officer if necessary.

All accidents / near misses will be reported in the annual Health & Safety Review at the policy review date or as requested.

### **Known Medical Problems – Individual Care Plans**

Some children/staff may have known medical problems (eg nut allergy or asthma) or permission may not have been given for the School to administer any form of medication. Where there is a known medical problem such as an allergy, diabetes, epilepsy etc., a Care Plan will be drawn up in consultation with the child's parents and GP. A copy of any Care Plan is kept in the child's medical file, together with a copy stored with any medication. For medicines which are kept at school i.e. inhalers and EpiPens, parents must ensure that these are still within the expiry date.

A copy is also forwarded to the child's GP and the Chairman of Governors. All medication listed on individual care plans for children in Lower School is kept by the Class Teacher. For those in Middle and Upper School, children may carry their own asthma inhalers (see attached form) with a spare being kept in the School Office and if a child requires an EpiPen, one is kept in the classroom and a spare in the School Office. A sample Care Plan is attached.

It is the responsibility of parents to keep the School updated of any changes to health and medical requirements for school. The School cannot be responsible if information is not forthcoming.

This information is collated onto a master list of medical conditions which is made available to all members of staff. Staff are required to familiarise themselves with the list of pupils with serious medical conditions. This is regularly updated on the arrival of new pupils or as new information comes to our attention. Any new information will be flagged with the relevant staff. Information highlighted includes:



- A list of asthmatics
- A list of serious medical conditions
- A list of EpiPen users

### Informing Parents

It is the first aider's responsibility to telephone any parent or designated emergency contact should this be necessary. The first aider can only recommend what action should be taken to the parent. It is the parent's responsibility to ensure their child is seen by a qualified practitioner and that the appropriate treatment is received. In extreme cases where a parent or designated contact cannot be reached within reasonable time, if appropriate an ambulance will be called. Our nearest casualty department is in Watford General Hospital. A child may not be driven to casualty by a member of staff. If a parent is unable to accompany a child to hospital, a first aider will accompany the child taking with them the pupil's medical file containing the child's medical history and parental permission (or refusal) for emergency treatment to be carried out *in loco parentis*.

### Administering Medication

If it is necessary for the school to administer prescribed medication during the school day, parents are required to fill in a 'Permission to Administer Medication Form' These forms are kept in the school office and can be found on the Intranet.

School will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage by completing a 'Permission to Administer Medication Form'. The Medical Coordinator or qualified first aider will only administer medication with the written permission of parents/guardians. Medication that requires refrigeration is placed in the School Office fridge. All medication is stored in either a locked cabinet or if necessary a locked fridge. Middle and Upper School children are encouraged to take personal responsibility for ensuring their medication is taken. Some medication can be taken as a 'double dose' morning or evening. Parents should consult their doctor before administering this.

In all cases the dosage given must be recorded on the form and Lower School must get the parent or designated carer to sign the relevant box on a daily basis throughout the course of medication. Medication must not be administered unless a form has been completed.

Calpol or pain medication will not be administered for routine illness. If a child requires Calpol or Nurofen to reduce a temperature, they should not be in school. Pain relief medication will only be issued by school for pupils with a specific medical issue requiring a short course of pain relief medication (eg broken leg, fitting of braces on teeth)

Children are not permitted to carry any "over the counter" drugs including throat lozenges, cough sweets, antihistamines and decongestants.

Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

Medication containing aspirin will not be given to pupils without written consent from the GP.

School holds an Emergency Salbutamol Inhaler which will be kept in the School Office at all times and is monitored by the Medical Coordinator and Miss Sarah Whitehead, Headmaster's PA. The emergency inhaler is only to be used by children with asthma, together with written



parental consent for its use which should be kept with the inhaler and the pupil's individual care plan.

The supply, storage, care and disposal of the inhaler is in line with the school's policy on supporting pupils with medical conditions.

All staff are expected to maintain professional standards of care but have no contractual or legal duty to administer medication.

Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication which may affect their ability to care for children, they should seek medical advice. The School must ensure that those members of staff only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises must be securely stored, and out of reach of children, at all times.

### **Administration of Medicines in EYFS**

Only medication prescribed by a doctor, dentist, nurse or pharmacist will be administered to children in Lower School. Administration of prescribed medicine will be same as stated above for the whole school.

### **Staff Indemnity**

The governing body fully indemnifies all staff against claims for any negligence, providing they are acting within their conditions of service and following governing body guidelines. The indemnity covers situations where an incorrect dose is administered or where any other mistake in the procedure it made.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each school year. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

'Sharps' boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from their child's GP or paediatrician. Collection and disposal of the boxes is the Parents' responsibility and should be arranged with the Local Authority's environmental services.

### **Safety/HIV Protection**

Always wear disposable gloves when treating any accidents/incidents which involve body fluids. Make sure any waste (wipes, pads, paper towels etc) are placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened securely ready to take home.

### **Matches and Games**

A designated member of the Games Staff should collect the First Aid bags containing general supplies and specific medication (epipens, asthma inhalers etc) from the School Office prior to the session commencing and returned at the end.





## APPENDIX 1

### Procedure for dealing with unwell / injured children or adults

#### Notes for staff

Should a child or adult either come to you, or be brought to you feeling unwell or having suffered an injury, the following procedure must be carried out:

- Remain calm;
- Ask the unwell or injured person to describe his or her problem;
- If the unwell or injured person is unwilling or unable to move DO NOT attempt to move them – send for help;
- Immediately inform the Medical Co-ordinator, or in her absence, a first aider;
- Inform the School Office who will liaise with the first aider regarding what action to take and contact the parents if required to do so;
- Remember: The qualified first aider is in charge of any situation – please do as they ask and do not interfere with the course of action they are taking. If you are asked to call an ambulance, please follow their instructions closely.
- Untrained staff should not make individual decisions regarding the welfare of a sick or injured child or adult. If no trained personnel are available, advice from the Headmaster or his designated representative must be sought.
- It is imperative when contacting parents or emergency contacts that we remain calm and concise and that we do not cause any distress.

It should be noted that staff are not required to dispense medicines as part of their contracts and any involvement would be purely on a voluntary basis.

If a child is unwell in class, or has had a minor accident, they should be escorted by a companion to Ms George or Miss Whitehead who will ascertain the extent of the complaint.

#### Notes for parents

##### **'Feeling Unwell'**

The following is an indication of the questions that may be asked. Each case is treated individually.

The child is asked to describe their symptoms;

- When did the child begin to feel unwell?
- Have they vomited/had diarrhoea?
- Did they eat breakfast/lunch/break?
- Do they feel well enough to try and carry on?



If the child has not been physically ill and is happy to carry on, they are encouraged to go back to class with the instruction to return either at a designated time (i.e. if first lesson, then perhaps breaktime) or if they feel worse. If the child has vomited or had diarrhoea then they must go home and remain there for at least 24 hours of being 'clear' before returning to school.

Some children may 'feel unwell' when they actually have something on their mind that is bothering them. This could be something as simple as not liking the lunch option or it could be that one parent is away on business and they are missing them, or it could be something more serious. Any information a parent gives to the School is treated with the strictest confidence and will only be relayed to those members of staff that 'need to know' Medical Co-ordinator Ms George and Deputy DSP for Child Protection Miss Whitehead are privy to that information. If a child comes to see Miss Whitehead 'feeling unwell' and there is any known concern the child will be asked (in addition to the questions above) if there is 'anything they are worried about'. The child then has the option to talk if they want to. Whether they do talk or not (no pressure is put on them) they are given no indication of any adult concern. (See Child Protection Policy for further information).

### **Minor Accident**

Examples being twisted ankle, slipped in playground, cuts, minor knocks etc.

Whilst examining the child is asked to describe what happened and the symptoms being experienced;

Minor cuts are cleansed and a plaster applied.

- Serious cuts, or if in any doubt, the parent is called and asked to collect their child and take for professional examination. Such injuries will be dressed (if appropriate) in the best manner possible without causing additional distress to the child;
- Twists and any other physical injury are examined, checked for swelling and an ice pack is applied for a 5-10 minute period. A further examination takes place and the child is asked to describe any symptoms still being experienced;
- If the child is happy to go back to class and can show their ability to use the injured area without discomfort or pain they will be allowed back to class (unless Games where they may be signed off for that day's lesson).
- If in any doubt whatsoever, the parent will be called to take the child to their own GP/Casualty;
- In all these cases an official accident report will be completed and a copy given to the parents;
- In all cases, the child will lead the examination in that they will remove shoes and socks themselves, will be accompanied by an adult witness (or if this is not possible at the very least another member of staff will be made aware of the intention to examine) if the area of injury is in any place other than the leg, arm, head, hand or foot (or if any clothing other than the normal outer garment has to be removed);
- The decision on what action to take is also discussed with the child before the parent is called.





- Bumps to the head involve extra observation. Concussion may not be immediately apparent so in addition to the ice pack the child is asked a number of questions designed to check mental alertness, vision and balance. No medication is ever given to a child who has had a bump on the head. If the bump was minor and the child is remaining in School, the staff are informed and asked to keep close observation.
- In cases of head injury the parent is informed and the decision whether the child remains in School or collected is made by them.
- Where a child is taken directly from School to hospital following an accident, the relevant first aider will make a full report of the incident to RIDDOR.

### **Return to school after illness**

If a child is returning to school with medication following a period of illness, the parent/guardian must be sure that the child is well enough to attend school before bringing them back. If there is any doubt, parents must consult their family GP or seek advice from the school's medical staff before bringing them into school. School medical staff are principally employed to provide medical care and first aid to those children and staff who become ill whilst at school, not those who become ill at home and are brought to school.

The Health Protection Agency offers guidelines on infection control procedures as well as the recommended period that pupils should be kept away from school if they have one of the common infectious diseases. Specific information regarding time away from school can be found here: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/353953/Guidance\\_on\\_infection\\_control\\_in\\_schools\\_11\\_Sept.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/353953/Guidance_on_infection_control_in_schools_11_Sept.pdf).

For health advice on current epidemics, the information will be made available by the School Secretary. When we are advised of any infectious illnesses such as chickenpox, a notification email will be sent to parents from the School Office.

Further information or advice please contact the School Office.

## APPENDIX 2

### Concussion and Maddocks score

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and / or symptoms (some examples listed below) and most often does not involve loss of consciousness.

Concussion should be suspected in the presence of any one or more of the following:

- Symptoms (e.g. headache),
- Physical signs (e.g. unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour (e.g. change in personality)

### Maddocks score

This is a simplified version of the Maddocks score which is used by professionals to ascertain sporting concussions. It is by no means a definitive diagnostic but is helpful in ascertaining the likelihood of a concussion and the need to call the emergency services. A score of 1 is given for every correct answer.

**"I am going to ask you a few questions, please listen carefully and give your best effort."**

- What venue are we at today?
- Which half is it now?
- Who scored last in this match?
- What team did you play last week / game?
- Did your team win the last game?

### Alternative questions for younger children

- Where are we now?
- Is before or after lunch?
- What did you have last lesson/class?
- What is your teacher's name?

A child diagnosed with concussion or suspected concussion will not be allowed to participate in sport until cleared by a medical professional.

APPENDIX 3

**Qualified First Aiders**

It is the school's policy to have at least one fully qualified and one paediatric first aider on site at all times. A paediatric trained first aider will accompany all Lower School trips.

Name	Position	Qualification	Date Qualified	Renewal
Sarah Whitehead <i>Resident member of staff</i>	Headmaster's PA Deputy DSP	St John Ambulance Fully Qualified (4-day)	13.03.12 Re-Qual	16.04.15
			31.03.15	30.03.18
Nicola George	School Secretary Medical Co-ordinator	St John Ambulance Fully Qualified (3-day) St John Ambulance Paediatric (2 Day) Safe Management of Medication in an Educational or EYFS Setting	28.01.15	27.01.18
			04.10.16	03.10.19
			13.10.15	
Kate Woodmansee	Marketing Manager & Registrar	St John Ambulance Fully Qualified (3-day)	25.11.15	24.11.18
Mandy Wharfe	Finance Manager	St John Ambulance Fully Qualified (3-day)	25.11.15	24.11.18
Kim Miles	Administrative Assistant	St John Ambulance Fully Qualified 3 Day	15.06.16	14.06.19
Victoria Gibbs	Head of Lower School	St John Ambulance Paediatric (2 Day)	22.09.16	21.09.19
Roz Sharp	Second Deputy	St John Ambulance Fully Qualified  Requalification (2 Day)  Paediatric First Aid	13.03.12 Re-Qual Re Qual	16.04.15
			14.03.17	14.03.20
			20.03.15	19.03.18
Sarah Webb	Nursery Teacher	St John Ambulance Paediatric First Aid	09.06.14	08.06.17
Patrick Ross		St Johns Ambulance Fully Qualified (3 Day)	18.09.15	17.09.18
Georgia Mackin	Early Years Assistant	Paediatric First Aid	14.01.15	13.01.18



Dionne Jewell	Year 1 Class Assistant	Paediatric First Aid	05.02.16	04.02.19
Pam McHugh	Early Years' Assistant	Paediatric First Aid	14.01.15	13.01.18
Rosie Gilden	Reception Teacher	Paediatric First Aid	08.05.15	07.05.18
Janette Coles	Playground Supervisor	Paediatric First Aid	14.01.15	13.01.18
Nicky Harburn	Early Year's Assistant	Paediatric First Aid	22.09.12 Re – Qual 15.09.15	21.09.15  14.09.18
Julie Barrett	Catering Assistant	St John Ambulance Fully Qualified (3-day)	29.10.13 Re-Qual  05.04.17	28.10.16   04.04.20
Teresa Harris	Head of Science	St John Ambulance Fully Qualified (3-day) St John Ambulance	06.12.13  Re-Qual 02.12.16	06.12.16  01.12.19
John James	Upper School Teacher	St Johns Ambulance Fully Qualified	11.12.14	10.12.17
Andy Lloyd	Head of IT	Royal Life Saving Society UK First Aid in the Workplace Level 2	04.09.15	03.09.18
Saviour Ndau	Year 6 Teacher	Royal Life Saving Society UK First Aid in the Workplace Level 2	04.09.15	03.09.18
Susan Monaghan	Games Coach	Royal Life Saving Society UK First Aid in the Workplace Level 2	04.09.15	03.09.18
Peter Makower	Head of Maths	St Johns Ambulance Sports First Aid Level 2 Award in Emergency First Aid at Work Royal Life Saving Society	06.07.12  04.09.15	05.07.15  03.09.18
Stuart Stedman	Upper School Teacher and Director of Games	Level 2 Award in Emergency First Aid at Work Royal Life Saving Society	04.09.15	03.09.18

Dan Pope	Games Coach	Level 2 Award in Emergency First Aid at Work Royal Life Saving Society	04.09.15	03.09.18
Richard Summerfield	Year 6 Teacher	Level 2 Award in Emergency First Aid at Work Royal Life Saving Society	04.09.15	03.09.18
Claire Young	Year 1 Class Assistant	Paediatric First Aid	11.05.17	Training booked
Teresa Henderson	Dance Teacher	St John Ambulance Paediatric First Aid (12 Hours)	02.04.15	01.04.18



APPENDIX 4

Healthcare Plan for Pupil's with Medical Needs

Name

Date of Birth

Condition

Class/Form

Date Review Date

CONTACT INFORMATION

Family Contact 1	Family Contact 2
Name	Name
Phone No.	Phone No.
Relationship	Relationship

Clinic/Hospital Contact	G.P.
Name	Name
Phone No.	Phone No.

Describe condition and give details of pupil's individual symptoms:

Describe what constitutes an emergency for the pupil and the action to take if this occurs:

Follow up care:

Who is responsible in an emergency: (state if different for off site activities)

Signed by Parents

Mother:

Father:

On behalf of Westbrook Hay

Name:

Signature:

Position: Headmaster

Form copied to: Pupil File, Class Teacher, GP, Chairman of Governors (Mr Andrew Newland).



APPENDIX 5

Request for Pupil to carry his/her own Medication

Asthma Inhaler

Form to be completed by Parent or Guardian

Pupils' Name	Class/Form
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Address
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Condition or Illness
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Name of Medication
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Procedures to be taken in an Emergency
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CONTACT INFORMATION

Name:
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Daytime Phone No.
Evening Phone Number:
Mobile:

Relationship to Child:
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I would like my son/daughter to keep his/her medication on him/her for use as necessary.

Signed:	Date:
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I give consent for the use of the School Emergency Salbutamol inhaler in an emergency

Signed:	Date:
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APPENDIX 6

Request for School to Administer Medication

Please use this form when your child has been prescribed a course of medication.  
The completed form and medication must be handed to a member of staff by an adult.

**DETAILS OF PUPIL**

Full Name:	Dob:	Class/Form:
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Address:
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Condition or illness:
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**MEDICATION**

Name/Type of Medication (as described on the container):
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For how long will your child take this medication:
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Date dispensed:
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Full Direction for use:
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**DOSAGE AND METHOD**

Timing:
Special Precautions:
Side Effects:

Procedures to take in Emergency:
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**CONTACT DETAILS**

Name:	Relationship to Pupil:
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Daytime Tel No's:
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I understand that I must deliver and collect the medicine (which is clearly named) personally to and from the relevant class teacher in Lower School or Mrs George if my child is in Middle or Upper School. I authorise.....as my child's designated carer.

Signed:	Date:
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Date	Day	Dose	Time	Administered By	Signed Parent/Designated Carer	by



APPENDIX 7

Permission for school to administer the school supply of Salbutamol inhaler in an emergency.

Please use this form when your child has been prescribed an inhaler to use at school. In the unlikely event that their inhaler runs out or is missing, please complete this form giving consent for school to administer the school inhaler in an emergency.

The completed form must be handed to Ms George (Medical Coordinator) by an adult.

DETAILS OF PUPIL

Full Name:	Dob:	Class/Form:
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Address:
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Condition or illness:
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MEDICATION

Procedures to take in Emergency:
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CONTACT DETAILS

Name:	Relationship to Pupil:
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Daytime Tel No's:
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I understand that the school emergency inhaler will be administered only in an emergency situation and give my consent for its use in such circumstances.

Signed:	Date:
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