	<p style="text-align: center;">First Aid Policy</p> <p>Updated: 12-25 Prepared by: KED/SHCC</p> <p style="text-align: right;">Next Review: 12-26 Approved by: GIH/JOH</p>
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This Policy applies throughout the School from the EYFS to Year 6.

Aim

To set out clearly the principles and procedures for first aid at the School. This guidance is applicable to all those involved in the provision of first aid related to school activities.

Status

The Governors and Head accept their responsibility under the Health and Safety (First Aid) Regulations 1981 and acknowledge the importance of providing first aid for employees, pupils and visitors (including visiting teachers and other adults who are self-employed, employees of external contractors and providers of services and volunteers) on the School site and on School-related educational visits and activities.

The Governors are committed to this procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

In compliance with statutory guidance Keeping Children Safe in Education (KCSIE), the School ensures all staff are familiar with the procedures for responding to medical emergencies, including the administration of first aid, emergency medication, and the use of life-saving equipment such as defibrillators, inhalers and Adrenaline Auto Injectors (AAI's) and know how to record and report incidents promptly.

Roles

- Health & Safety Co-ordinator: The Bursar (Mrs Sharon Chen Cooper)
- Principal First Aider: The School Secretary (Mrs Gillian Harvey)

These individuals are responsible for the implementation of this policy.

First aid organisation

The School's arrangements for carrying out the Policy include the following key principles:

- Governors' duty to approve, implement and review this policy
- Individual responsibility on all employees
- Duty to report, record and, where appropriate, investigate all accidents and near misses

- Recording of significant occasions where first aid is administered to employees, pupils and visitors
- Provision of equipment and materials to carry out first aid treatment
- Arrangements to provide training for employees and to maintain a record of that training, including refresher training, induction for new staff, and training for emergency medication and defibrillator use
- Establishment of a procedure for managing accidents in School which require first aid treatment
- Establishment of a procedure for managing accidents on educational visits or fixtures outside School which require first aid treatment
- Provision of information to employees on the arrangements for first aid
- Undertaking a risk assessment of the first aid requirements of the School
- Ensure that first aid procedures are reviewed regularly and updated according to the latest safety and health and public health guidance

Medical room

In compliance with The Education (School Premises) Regulations 1999, the Governors will ensure that a room will be made available for medical treatment. This facility contains the following and is readily available for use:

- Sink with running hot and cold water
- Drinking water and cups
- Paper towels
- Smooth-topped work surfaces
- Range of first aid equipment and proper storage (secure, where appropriate)
- Chairs
- Low bed, blankets and pillows
- Soap
- Protective gloves for first aiders
- Suitable refuse container (foot-operated) lined with an appropriate bag
- Appropriate record-keeping systems and facilities
- Nearby telephone
- A full list of pupil medical information/allergies

The School's medical room is located next to the School Office.

There is a Mediana defibrillator with instructions for use in the School Office, which is suitable for use on both adults and children. It is listed on the nationwide defibrillator network, The Circuit. Updates are made by the Bursar.

The School may also hold spare emergency salbutamol inhalers and Adrenaline Auto-Injectors (AAs) for use in emergencies in accordance with current Department of Health and DfE guidance. These are supplementary to pupils' own devices and are stored in a clearly labelled, easily accessible location known to staff.

Staff are trained in the use of the defibrillator and other emergency first aid equipment, with training updated regularly

The Principal First Aider conducts an annual risk assessment (at the start of the academic year) of the medical room in conjunction with the Health & Safety Officer. During these assessments, and when necessary, the medical room is thoroughly cleaned and all used or out-of-date supplies replaced.

Practical first aid arrangements

Pupils who begin to feel ill during the school day should be sent to the School Office if unable to participate in class activities. The Principal First Aider will look after them and decide whether or not parents need to be informed and/or asked to collect them from School. The Principal First Aider will consult with the parents as to the best course of action.

In cases where pupils show signs of serious illness or injury, staff will follow safeguarding procedures and immediately inform the Designated Safeguarding Lead if necessary, in line with KCSIE guidance ensuring that first aid and safeguarding are integrated.

All staff are made aware of pupils' Individual Healthcare Plans (IHPs) or Allergy Action Plans and their responsibilities in administering emergency medication and responding to medical emergencies. These plans are shared on a need-to-know basis with staff, including teachers, trip leaders, catering staff, and lunchtime supervisors.

First aid boxes in the School are located as follows:

- Kitchen, School Office, Main building corridor, EYFS, science room, after-school care and with the PE Co-ordinator. In cases where class teachers feel able to administer minor first aid, first aid kits are also provided in their classrooms

In addition, there are travel kits for educational visits and match fixtures. The contents of these boxes vary according to location and are checked on a monthly basis by the Principal First Aider.

Staff attending an accident should use the nearest first aid box to access materials to deal with the accident, if possible. The nearest box to the playground is on the ground floor of St Mark's building. If the teacher requires assistance, they should send the pupil, accompanied, to the School Office for attention from the Principal First Aider, phone the front office or send a pupil to request that she comes to the scene of the accident/incident. If the contents of the boxes become depleted, staff should inform the Principal First Aider. These boxes are also checked before the start of each term by the Principal First Aider.

Individual healthcare plans

Pupils may have individual healthcare plans to ensure the School effectively supports them with medical conditions. Healthcare plans should be drawn up in partnership with the School, parents, and relevant healthcare professionals. These plans provide clarity about what needs to be done, when and by whom. They are available in the locked medical cabinet with the relevant medication for all who need to refer to them, while preserving confidentiality. These plans (and their review) may be initiated in consultation with the parent, by a member of School staff or a healthcare professional involved in providing care to the child.

A risk assessment may also need to be produced in certain cases, where there is an additional risk to the pupil; e.g., for a pupil with Coeliac disease, which will be produced and signed by the School and parents.

Individual care plans are reviewed annually, or earlier if the child's needs/recommendations change. These are reviewed in consultation with the School, parents, and relevant healthcare professionals. In cases where care plans/risk assessments are provided by a paediatrician, the school uses this care plan. The Principal First Aider ensures that expiry dates of medication are recorded and that parents are asked to supply an in-date replacement.

In cases of significant medical need, the School will consult with external agencies such as the Local Authority, medical professionals, and specialists to ensure adequate support.

Administration of first aid and medicines to pupils

The School acknowledges that pupils may require medication during the school day as part of either long-term management of a health condition or during a short period of illness/injury.

The School will administer medication provided that the parent(s) of the pupil adheres to the following safety guidelines:

- The School will administer medication in School provided written permission, and with full instructions regarding frequency and dosage, etc., has been received from the parent(s) using the permission to administer medication form (Appendix 3)
- A log of permission for, administration of and medication given is kept in the form of Appendices 3 & 4
- Prescribed medication must be received by the School in the original, intact container or packaging. The pharmacy label should be clear and not obstructed in any way. The label must state the following:
 - the name of the child
 - the date of birth
 - and route of administration, intervals and amount to be given

The information on the label should be checked to ensure it is the same as on the parental consent form. This information should be reviewed regularly to ensure it remains accurate and current. All changes in dosage, new medications, or emergency plan updates are recorded and communicated promptly to relevant staff.

- For Years 1 – 6, non-prescription medication (such as infant paracetamol or ibuprofen) will only be administered when parental permission has been given to the Principal First Aider by telephone/email/letter
- The administration of non-prescription medication (such as infant paracetamol or ibuprofen) will be recorded in a log book, showing the date, time and dosage, together with the name of the child, and their class, with confirmation that a parent has been contacted to give permission
- For EYFS, written permission is required for the administration of both prescription and non-prescription medication
- All medication must be handed in by an adult to an adult

- Each time there is a variation in the pattern of dosage, a new form should be completed and the previous one filed away safely in the medicines archive file, which is located in the admin office
- If a child refuses to take a medication, they should not be forced to do so. Refusal should be documented and agreed procedures followed. Parents should be informed as soon as possible on the same day
- Reasons for any non-administration of medication should also be recorded and the parent/carer informed as soon as possible; “wasted” doses (e.g., tablet dropped on the floor) should also be recorded
- When a child is self-administering, there should be a written request that states whether or not the self-administration needs to be supervised

Storage

Medication, when not in use, is stored in a safe and secure cupboard and labelled accurately. The Principal First Aider will be responsible for ensuring that, when medicines are admitted to school premises, a system of safekeeping is in place, which restricts open access by pupils to medicines but is accessible for the relevant children when required.

Certain medicines require special storage, e.g., to be stored away from light or within certain ranges of temperatures, etc. Such requirements must be clearly identified in writing to the school on the label and on the form. An appropriate refrigerator, with restricted access, is available for medication that requires refrigeration. Storage areas are checked regularly to ensure all medication being stored is in date, the packaging is intact and if it is still required. Expired medication or medication no longer required must be given back to the family, who may return it to the dispensing pharmacy for correct disposal.

Facilities are available to enable staff to wash their hands before and after administering medication and to clean any equipment used after use. Any additional equipment or PPE that has been provided is used and stored alongside the medicine, e.g. gloves, sharps bin, hand sanitiser, etc.

Educational visits/off-site sports events and other school journeys

All staff accompanying such visits are aware of any medical needs of pupils. The administration of medicines during educational visits and other out-of-school activities may require special attention and pre-planning. Should the pupil be going on an educational visit, a copy of the parents’ permission and full written instructions, together with the prescribed medication(s), should be taken and administered by staff supervising the visit. Staff will record administered medication on the relevant form.

An individual risk assessment will be carried out in consultation with parents and pupils for residential visits. Advice to be sought from relevant professionals to ensure pupils can participate safely and the plan must include consideration for the pupil’s dignity and privacy, e.g., being able to go to a private place whilst on a school trip to have insulin.

The Principal First Aider provides the visit group leader with a first aid kit and a school mobile phone prior to departure.

There will always be at least one first aider with a valid paediatric first aid certificate on school visits for pupils in Nursery and Reception, as required by the statutory framework for the Early Years Foundation Stage. All teachers receive first aid in schools training and all other staff receive basic first aid training.

See the Educational Visits Policy for more information.

Emergency medicine (asthma inhaler and EpiPen)

From October 2014, schools have been able to voluntarily hold Salbutamol asthma inhalers for emergency use, i.e., in the event of a pupil displaying symptoms of asthma but their own inhaler is not available or is unusable. We would only administer this in other situations, following advice from the emergency services and whilst acting in loco parentis in an emergency situation. Detailed protocols, including template consent and notification of use forms, are available from the [Department of Health Guidance](#) on the use of emergency salbutamol inhalers in schools. As with other emergency medications, this will be easily accessible and under the control of staff.

Since September 2017, Schools can also obtain emergency Adrenaline Auto Injectors (AAI) for treating anaphylaxis. Information is available from the Department of Health Guidance "[Guidance on the use of Adrenaline Auto injectors in Schools](#)". See the school's Allergy and Dietary Requirements Policy for more information.

Both of these items are available on-site and easily accessible for use by the first aid team. Expiry dates are retained by the Principal First Aider and are replaced/disposed of as necessary.

Disposal of medicines

Any medication which has reached its expiry date should not be administered. Medicines, which have passed the expiry date, should be returned to parents/guardians for disposal. Medications should be returned to the child's parent/carer when the course of treatment is complete, when the expiry date has been reached or at the end of each term (or half term if necessary).

Sharps boxes will always be used for the disposal of needles or glass ampoules. Sharps boxes can be obtained by parent/carer on prescription from the child's GP or Consultant. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

Arrangements for pupils with particular medical conditions, allergies and dietary requirements

Parents are required to give details in writing and discuss with the School Office staff any long-term health care needs, for example, asthma, epilepsy and diabetes. The same applies to allergies, allergy management, dietary intolerances and dietary requirements. This will ensure that the School has the necessary medication and that the appropriate information is recorded on iSAMS and held on record.

Staff are given lists of pupils with medical conditions who they are likely to come into contact with. The kitchen staff have details of children with allergies and dietary requirements attached to their photographs.

- Pupils suffering from asthma are required to have an in-date inhaler/reliever in School

- Pupils suffering from allergies who have been prescribed an Adrenalin Pen (e.g., EpiPens) are required to have two in-date Adrenalin Pens in School
- Pupils suffering from allergies that require other types of medication must have in-date medication in school

Should a medical condition or allergy be diagnosed, or should the management of an existing condition change during the course of a pupil's time at the School, it is the responsibility of parents to update the School about the change, by contacting the Principal First Aider by email on secretary@cavendish-school.co.uk.

See the Supporting Pupils with Long-term and/or Serious Medical Conditions in School Policy and the Allergy and Dietary Requirements Policy for more detailed information.

Duties of staff to record and report accidents, incidents and injuries

Accident, incident and injury definitions

An accident is an unfortunate event or occurrence that happens unexpectedly and unintentionally, typically resulting in an injury, for example, tripping over and hurting your knee. An incident is an event or occurrence that is related to another person, typically resulting in an injury, for example, being pushed over and hurting your knee. An injury is damage caused to a person's body by an accident or attack. Minor injuries include scratches, grazes, paper cuts and small bruises.

The School is required to maintain a record of all but minor accidents, incidents and injuries to employees and pupils. These records are to be retained by the School Office for a minimum of three years. The School should not retain copies for longer than necessary in order to comply with the requirements of data protection legislation¹.

All accidents and dangerous occurrences, however minor, arising out of or in connection with work and School activities must be reported to the Health & Safety Co-ordinator or through the Principal First Aider. The requirement applies to accidents involving staff, pupils, parents, contractors, visitors and members of the public. It applies to accidents and incidents that occur on and off site when a School activity is involved. A termly report is to be made to the Governors by the Health & Safety Co-ordinator. See also reporting requirements under RIDDOR and for EYFS below.

Accident/incident report forms produced by the Principal First Aider are used. Action required by staff of Years 1 to 6 pupils is as follows:

- The person reporting the accident/incident brings the pupil to the office for the attention of the Principal First Aider/office staff – unless it is unsafe to do so, in which case staff will go to the child
- The Principal First Aider/office staff complete the database to show the details of the accident/injury, see appendix 1

¹ **"Data Protection Legislation"** means any data protection legislation from time to time in force in the UK including the Data Protection Act 2018 and the UK General Data Protection Regulation (or any successor legislation).

- A letter is prepared using the data and is sent to parents using iSAMS as soon as possible after the event and no later than the end of the School day. A copy is sent to the class teacher
- Parents are asked to acknowledge receipt of the informational email
- Near incidents/accidents (known as 'near misses') are reported in the same way
- The Principal First Aider maintains a central log of all accidents on an Excel database
- A copy of the email is automatically stored on the pupil's iSAMS file
- Serious accidents/incidents should be reported orally as quickly as possible
- Action required by EYFS staff is similar. Records of all but their most serious accidents are kept in EYFS, see appendix 2
- 'Bump to the head' incidents are recorded, stored and notified to parents in the same way
- Parents are asked to respond to the informational email
- Accident/incident records are inspected regularly by a Governor

Minor cut and graze definitions

An injury is defined as a minor cut or graze when only the surface layer of the skin is cut or scraped off.

If a pupil receives more than a minor cut or graze, the accident should be reported to the parents in the same way as described above. HSE guidance on cuts and grazes can be found at the end of this policy.

Bump to the head definition

The National Institute for Health and Clinical Excellence (NICE) defines a head injury as any trauma to the head other than shallow injuries on the surface of the face.

Any bump to the head suffered by any pupil must be referred to the Front Office straight away. The Principal First Aider will assess pupils to determine the extent of said head bump. If the injury is found to be serious or if a concussion is suspected, the procedure below will be followed.

Any bump to the head suffered by any pupil will be recorded using the database and iSAMS recording system as detailed above. If there is visible grazing or a visible bump, parents will be contacted immediately by the School Office. NHS guidance on head injuries can be found at the end of this policy.

Procedure to follow where a pupil sustains a serious head injury at School

Where a pupil sustains a suspected head injury or concussion, the person supervising the activity should immediately call for first aid assistance via the School Office.

All first aiders will adopt a cautious approach if they are in any doubt as to whether a head injury has occurred and/or whether the head injury has caused a concussion.

First aiders are aware of the symptoms of a concussion. The British Medical Journal has published a one-page 'Pocket Concussion Recognition Tool' to help identify concussion in children, youth and adults that has been provided to all first aiders. This can be found at:

<https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf>

The tool identifies the following signs and symptoms of suspected concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- “Don’t feel right”
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- “Pressure in head”
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like “in a fog”
- Neck pain
- Sensitivity to noise
- Difficulty concentrating

Where a pupil displays any of the symptoms above, parents will be contacted immediately by the School Office, who will advise that medical advice is sought as soon as possible.

After assessment by a first aider, if it is determined that a pupil is displaying any of the “red flag” symptoms, the ambulance services will be called on 999. The ‘Pocket Concussion Recognition Tool’ identifies the following red flags:

- Pupil complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Parents will then be contacted as soon as reasonably possible. In line with the 'Keeping Children Safe in Education (KCSIE)' guidelines, the school ensures that the welfare of pupils remains a priority at all

times. The school will monitor and review the pupil's condition after any injury or potential concussion until medical advice is obtained.

Anyone sustaining a serious head injury, including those showing symptoms of concussion, will not be allowed to drive themselves or travel home unaccompanied.

The procedure for reporting an accident will then follow.

Transport to hospital or home

The Principal First Aider will determine the sensible and reasonable action to take depending on the circumstances of each case.

Where the injury is an emergency, an ambulance will be called, following which the parents will be called. In accepting a place at the school, parents are required to give their consent for the Head or other nominated representative to provide, on the advice of qualified medical opinion, emergency medical treatment, including general anaesthetic and surgical procedure under the NHS if the school is unable to contact a parent.

Where hospital treatment is required but is not an emergency, the Principal First Aider will contact the parents in order for them to take over responsibility for the pupil.

Hygiene procedures for disposal of body fluids (clinical waste management)

Clinical waste definition

The legal definition of clinical waste is given in the Controlled Waste Regulations 2012:

“ “clinical waste” means waste from a healthcare activity (including veterinary healthcare) that (a) contains viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms, (b) contains or is contaminated with a medicine that contains a biologically active pharmaceutical agent, or (c) is a sharp, or a body fluid or other biological material (including human and animal tissue) containing or contaminated with a dangerous substance within the meaning of Council Directive [67/548/EEC](#) on the approximation of laws, regulations and administrative provisions relating to the classification, packaging and labelling of dangerous substances, and waste of a similar nature from a non-healthcare activity;”

Bodily fluids definition

Bodily fluids include blood, urine, faeces and vomit.

The safe disposal of clinical waste, including bodily fluids, is a shared responsibility of the Principal First Aider and the Site Manager. Approved yellow bags must be used for the temporary storage of such waste in clearly defined and safe areas prior to removal from the School by our authorised contractor. A link to HSE guidance on cleaning up bodily fluids can be found at the end of this Policy.

Responsibilities

The Head and the Health & Safety Co-ordinator appoint the Principal First Aider and the relevant sections of her job description are detailed below.

In general, the Principal First Aider will:

- Take charge when someone becomes injured or ill
- Look after the first aid equipment, including restocking when required
- Check all first aid materials are within their 'use by' date
- Liaise with parents to keep supplies of individual medication within their expiry date
- Oversee the updating of pupils' healthcare plans and allergy management plans in conjunction with parents and healthcare professionals
- Ensure that an ambulance or other further professional medical help is summoned when appropriate
- Oversee records of all first aid incidents at the School

Information on first aid arrangements

The Health & Safety Co-ordinator will ensure that all employees at the School are informed of the following:

- The arrangements for reporting and recording accidents
- The arrangements for first aid
- Those employees with first aid qualifications
- The location of first aid boxes

In addition, the Health & Safety Co-ordinator will ensure that signs are displayed throughout the School providing the following information:

- Those employees with first aid qualifications
- The location of first aid boxes

First aid training

The Principal First Aider and additional first aiders receive advanced training every three years. There are several members of staff who have First Aid at Work training and at least one of these is always present on the premises when pupils are present. A number of EYFS staff receive paediatric first aid training and at least one of these is always present in School with pupils and also accompanies their trips. The School meets its statutory requirements for paediatric first aid training under the EYFS statutory framework. Class teachers receive First Aid in Schools Training, which will be updated every 2/3 years. Any other relevant staff receive first aid essentials training, which will be updated every 2/3 years. Qualified first aiders accompany residential trips.

A list of all qualified first aiders is displayed at various points around the school, together with their individual photos; this list contains contact details for the individuals.

Staff training for anaphylactic shock and how to use Adrenaline Pens (e.g., EpiPen) is provided annually for staff.

A first aid certificate does not constitute appropriate training in supporting children with certain medical conditions. The School Nursing Service can provide training on specific medical conditions and how to administer the medication and respond to an emergency, e.g. Epilepsy and Buccal Midazolam training, diabetes and insulin training.

All staff are trained in the use of the Mediana defibrillator.

An up-to-date record of first aid training is maintained by the Head of HR & Compliance.

Where a pupil has an individual healthcare plan or a medical condition that requires specific emergency action, the school will ensure that relevant staff are made aware and receive training as necessary.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

The Governors are aware of their statutory duty under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in respect of reporting the following to the HSE as it applies to employees:

1) The death of any person

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence against a worker.

2) Specified injuries to workers

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:
 - covers more than 10% of the body
 - causes significant damage to the eyes, respiratory system or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness
 - requires resuscitation or admittance to hospital for more than 24 hours

3) Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as a result of their injury. This seven-day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

4) Over-three-day incapacitation

Accidents must be recorded, but not reported, where they result in a worker being incapacitated for more than three consecutive days. As we are an employer who must keep an accident book under the Social Security (Claims and Payments) Regulations 1987, that record will be enough.

5) Non-fatal accidents to non-workers (e.g., members of the public)

Accidents to members of the public or others who are not at work, e.g., pupils, must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

Detailed information on RIDDOR reporting requirements in schools can be found here:

<https://www.hse.gov.uk/pubns/edis1.pdf>

The Health & Safety Co-ordinator or, in her absence, the Head of HR & Compliance (after checking with the Head), is responsible for notifying the HSE in applicable cases.

All incidents can be reported online, but a telephone service is also provided for reporting fatal and specified injuries only - call the Incident Contact Centre on 0345 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm). For out-of-hours incidents involving work-related death, serious incident causing multiple casualties or major disruption, ring the duty officer on 0151 922 9235.

Where an employee, pupil or visitor has been injured or becomes ill as a result of a notifiable accident or dangerous occurrence which is a cause of death within one year of the date of that accident, the HSE must be informed in writing as soon as this is known.

In line with the Health and Safety Executive's (HSE) guidance, a record of all RIDDOR reportable incidents must be kept for at least three years.

Ofsted

There is a duty under the Statutory Framework for the Early Years Foundation Stage to notify Ofsted of a serious accident, injury or death of a child in our EYFS provision within 14 days of the incident. Ofsted recommends that the relevant local authority child protection agency is notified at the same time.

Ofsted may be contacted on 0300 1234 234 or by email: enquiries@ofsted.gov.uk
Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD

Charity Commission

There is a duty to report protecting people and safeguarding incidents (where a beneficiary or other individual connected with the charity's activities has/alleges to have suffered serious harm) to the Charity Commission.

Charity Commission serious incident reporting line: Tel 0300 065 2199

Charity Commission online reporting form:

<https://ccforms.charitycommission.gov.uk/report-a-serious-incident>

There is a statutory duty to keep a record following enquiries from the Department for Work and Pensions concerning claims for any of the prescribed industrial illnesses.

Communicable diseases

The School Office should be informed immediately by parents if a child has been diagnosed with a communicable disease such as chicken pox or measles. The School will then inform any parents of children who may have been in contact with this child. All outbreaks including, for example, head lice or threadworms, are notified to parents of the relevant year group by iSAMS.

The School keeps abreast of HSE guidance on specific infections, epidemics and pandemics.

Return to School after illness

If a child is ill the child should remain away from School until able to fully participate in the school day. In particular, if a child has had diarrhoea or vomiting, the child must be clear of this for a 48-hour period before returning to School. If a child has had a higher than normal temperature (an abnormal temperature for a child is usually considered to be a temperature of 37.5 °C or above), this must register within the normal range for a 24-hour period before the child returns to School. It may be advisable to avoid swimming for a longer period.

If a child is off school because they're unwell, we want them to focus on resting and getting better. We won't send home schoolwork during this time, as recovery is the most important thing. Once they're feeling well enough to return, we'll help them catch up on what they have missed.

Review of First Aid Policy

The First Aid Policy is reviewed annually, or sooner if statutory guidance changes, following a significant incident, or when the school population changes.

Reference

- Health and Safety (First Aid) Regulations 1981
- Health and Safety at Work Act 1974
- The Education (School Premises) Regulations 1999

- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Statutory framework for the early years foundation stage 2017
- The School Premises (England) Regulations 2012
- The Controlled Waste Regulations (England and Wales) 2012
- Social Security (Claims and Payments) Regulations 1987
- Social Security Administration Act 1992
- Data Protection Act 2018 and related legislation, including UK GDPR
- The Privacy and Electronic Communications Regulations 2003
- Protection of Freedoms Act 2012

Department for Education (DfE) *Supporting pupils with medical conditions at school*

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Public Health England: *Guidance on Infection control in schools and other childcare settings* (2017)

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

Department for Education (DfE) *Advice on standards for school premises* (2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410294/Advice_on_standards_for_school_premises.pdf

DfE *Guidance on first aid for schools*

<https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education>

Government guidance on how to report a serious incident in a charity (2014 updated 2019)

<https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity>

Department for Education (DfE) *SEND code of practice: 0 to 25 years*

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Defibrillator instruction video

https://www.youtube.com/watch?v=QZR_3U5iESE

Cuts and grazes

<https://www.nhs.uk/conditions/cuts-and-grazes/>

Head injuries

[Head injury and concussion - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/head-injury-and-concussion/)

Cleaning up bodily fluids

<http://www.hse.gov.uk/pubns/guidance/oce23.pdf>

Linked policies

- Allergy and Dietary Requirements Policy

- Educational Visits Policy
- Health and Safety Policy
- Intimate Care Policy
- Physical Restraint Policy
- Privacy Notice
- Risk Assessment Policy
- Safeguarding and Child Protection Policy
- Supervision of Pupils Policy
- Supporting Pupils with Long-term Medical Conditions Policy

APPENDIX 1 – Accident Form



THE CAVENDISH SCHOOL

Dear parents/carers,

Please find below a short form, detailing an Incident/Accident which occurred earlier today. Please be assured that we will have contacted you already by telephone, if it was deemed necessary. If you would like to discuss the matter in more detail with us, please do not hesitate to contact Gill Harvey in the School Office, via telephone 0207 485 1958 or email secretary@cavendish-school.co.uk

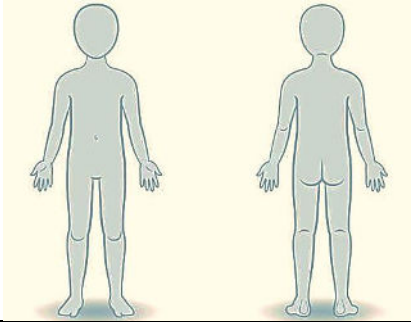
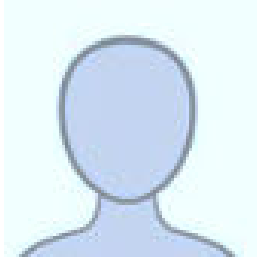
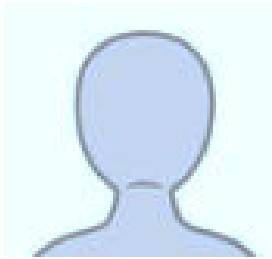
A copy of this form will have also been sent to «Forename»'s teacher, so that she can continue to keep an eye on her for the remainder of the day. If we are at all worried, we will contact you again urgently. **We would be grateful if you would please acknowledge safe receipt.**

Kind regards
Gill Harvey

Pupil Surname:	«Surname»	Pupil Forename	«Forename»	Class:	«Class»
<i>Details of the Incident/Accident:</i>					
When it happened:					
Date:	«Date»	Time:	«Time»		
Where it happened:		«Where»			
How did the incident happen (cause)?					
«How_did_the_IncidentAccident_happen_Ca»					
Result of the incident: (symptoms):					
«Result_of_the_IncidentAccident_Symptom»					
Treatment offered in the Medical Room:					
«Treatment_Given_in_the_Medical_Room»					
Discharge from Medical Room:			«Discharged_from_the_Medical_Room»		
Teacher made aware of the Incident/Accident			«Teacher_made_aware_of_the_IncidentAccid»		
Parents informed?			«Parents_Informed»		

APPENDIX 2 - Pupil accident/injury in Early Years record - report to parents

Please find below a short form, detailing an incident/accident which occurred earlier today. Please be assured that we will have contacted you already by telephone, if it was deemed necessary.

Date:	Time:
Full name of child:	Class:
Brief description of accident (Where it happened/Cause):	
Result of the incident: (symptoms): <small>(If head injury please give specific details and refer to the Principal First Aider: The School Secretary (Mrs Gillian Harvey))</small>	
Signature:	
The child was injured in the area/s indicated: <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;">    </div>	
Treatment: <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <input type="checkbox"/> Water <input type="checkbox"/> Cold Compress <input type="checkbox"/> Plaster <input type="checkbox"/> Other (Please specify) </div>	
<small>(Please refer to Medical/Allergy information before applying plaster or another form of treatment)</small>	
Name of person/s who dealt with accident:	Signature:
Signature of parent/carer:	Relationship to child:
Follow up: <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <input type="checkbox"/> Head injury email sent <input type="checkbox"/> Parents advised to visit GP <input type="checkbox"/> Parents advised to visit A&E </div>	

Please check your child's injury and seek professional medical advice if you are at all concerned. A copy of this report is retained in school.

APPENDIX 3: Administration of Medication Authorisation Form



THE CAVENDISH SCHOOL

I give authorisation for a member of The Cavendish School staff to administer medicine to my child.

Name of child	
Class/form	
Name of medication	
The quantity of medication being handed in	
Dose to be administered	
Date/s medication to be administered	
Time/s	
Reason for the medication to be given	
Storage instructions	
Expiry date of medication	

Parent name²: _____ (please print)

Parent signature: _____ Date: _____

Data Privacy: the personal data, including special category personal data, provided to the School in this form will be processed in accordance with data protection legislation³. For further information, please see our Privacy Notice, which is available on the School's website.

² By signing this form, you confirm that you have informed and/or consulted any person with parental responsibility for your child.

³ **"Data Protection Legislation"** means any data protection legislation from time to time in force in the UK including the Data Protection Act 2018 and the UK General Data Protection Regulation (or any successor legislation).

School office use only

Name of staff administering medication: _____

Signature: _____

Date & time medication given (1): _____

Date & time medication given (2): _____

APPENDIX 4 - Pupil Individual Healthcare Plan



THE CAVENDISH SCHOOL

For a newly diagnosed condition, for a child new to the school with an existing condition, following a long-term absence or changing needs. (DFE guidance states that every effort should be made to do this within 2 weeks.)

Child's name

Class/form

Date of birth

Medical diagnosis or condition

Photo of child

--

Describe medical/allergy needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

--

If relevant, list the history of child's allergic reactions, with dates, if possible.

--

Name of prescribed medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision

--

In an emergency, describe what constitutes an emergency, e.g. signs and symptoms and the action to take if this occurs

--

Allergy Action Plan or medical needs plan developed by Dr/Consultant/Specialist/Parent – if relevant, please provide a copy

--

Specific support for the pupil's educational, social and emotional needs

--

I give authorisation for a member of The Cavendish School staff to administer medicine to my child as detailed on page 1.

Parent name⁴: _____ **(please print)**

Parent signature: _____ **Date:** _____

⁴ By signing this form, you confirm that you have informed and/or consulted any person with parental responsibility for your child.

Data Privacy: the personal data, including special category personal data, provided to the School in this form will be processed in accordance with data protection legislation⁵. For further information, please see our Privacy Notice, which is available on the School's website.

School office use only

Name of staff administering medication: _____

Signature: _____

Document review date: _____

5 "Data Protection Legislation" means any data protection legislation from time to time in force in the UK including the Data Protection Act 2018 and the UK General Data Protection Regulation (or any successor legislation).