



# Medical and First Aid Policy

Oasis Academy Shirley Park Primary Phase

Implementation: September 2018

Reviewed no later than September 2024

Review Date: September 2021

Reviewed by: Sharon Sinclair

Review Date: September 2023 – S. Sinclair

# **First Aid and Medication Policy**

## **Introduction:**

The Academy offers and is committed to giving all students opportunities, with and without medical needs, access to the curriculum. Every effort is made by staff to provide the highest level of care to all students.

All medical information, data and records produced for pupils, staff and pupils' parents/ carers are handled confidentially. In this document, the term parents/carers are the adults who hold responsibility for the pupil. All data will be handled in line with the Data Protection Act (DPA).

## **Aims:**

This document aims to:

- Provide a clear policy, which outlines the procedures adhered to when First Aid and Medical Needs are administered within the academy.
- Identify and provide a service and support to the pupils with Medical Needs; including long term and short term and all complexities.
- Define responsibilities for pupils' safety whilst attending the academy.
- Define the day to day (daily) care requirement and procedures for Medical Needs.
- Outline (Define) the individual responsibilities for all pupils' safety.
- Lay out the procedures to ensure a safe and secure management of any medication.
- Define and outline the procedures in First Aid including First Aid in emergency events and during the everyday running of the academy.

## **1. First Aid Team**

There is a team that have all been First Aid trained. They are the people responsible for any treatment and administering medications (unless otherwise stated in this document). Members of the first aid team are always on duty: If called upon during the school day, they will prioritise first aid above their current task, even if they are on a break or lunch. The decision to call an ambulance and administer medication in **emergency situations**, such as Epipens and inhalers, will be taken by First Aiders. In the unlikely event that a first aider is not available, any staff member can make the decision to act. **Time should not be wasted trying to locate a member of the Senior Leadership Team (SLT) for advice.**

## **2. Recording Medical Information and Contacting Home**

Anytime first aid is administered by someone other than a First Aider, a written record must be made (See section 4). If in a classroom, the adult who applies a plaster or wipe is required fill in a First Aid letter to go home and record it in the class record book. The first aid letter (appendix a/b) **must be signed by a first aider**, before it is sent home that day. These letters and books are stored in the First Aid Room or class medical bags.

First Aiders, that administer treatment to any injury, need to record on a first aid letter to go home with the pupil that day. If not in class, these are available in the first aid areas. A photocopy/carbon copy must then be made and stored in the first aid folders and then scanned so it can be logged on Handsam.

The purpose of a written record is to legally cover the academy in the event a parent/carer or other interested party makes an allegation that a child has not been appropriately cared for by academy staff. It also equips the parents/ carers to deal with any symptoms that may result from their child's injury. Therefore these must be accurate and **go home the same day**.

A phone call to parents/carers should be made in the event of **a head injury** (where a bump or lump appears after an incident) asthma attacks, seizures, unconsciousness, vomiting (visible and not on the list of pupils with reflux or special measures put into place), suspicion of a fracture, sprain or break, mobility issues from an incident or injury or in the need for a pupil to be taken to hospital. If a temperature reaches 100.4, a phone call home also needs to be made. If a phone call is needed to be made, then a log in the 'phone book' should be made. Details (time and who was contacted) needs to be added to the First aid letters and record book. Wherever possible, the person who administered the treatment needs to make the phone call. Any clarification can then be provided. This does not apply in the case where an ambulance has had to be called (see section 6). Often, many phone numbers are held by the school for a parent/ carer. Always call the mobile phone number first and leave a message, if you can't get through. Continue to try the other contact numbers (i.e. work contact). For head injuries where no serious concern is raised by the first aider (no lump/ bump etc.) then the first aider must notify class teachers for them to monitor them in the classroom.

If a First Aider is unsure of what treatment to administer, they are to call another First Aider for a second opinion. They should also, in major cases, keep a member of SLT updated (see section 5 and 6).

### **3. First Aid Boxes**

Across both sites are a number of First Aid points. These areas will have a Green First Aid box. These boxes will be checked monthly and restocked if needed.

#### **Stroud Green**

There are First Aid boxes available at:

- Hall – above the first aid trolley
- Floor One
- Floor Two

First Aid equipment for lunchtimes and break times are stored in the unit to the side of the stage. All classrooms will also have a basic first aid kit (appendix c) provided in the class medical bags.

#### **Long Lane**

The First Aid boxes are available at:

- Reception / Office Foyer
- Outside Heads Office (in corridor)
- Dining Hall (in the unit on the back wall)
- Down the Orchard corridor by the back door

First aid equipment for lunchtimes and break will be stored in the First Aid corridor, leading into the First Aid Storage Room. The filing cabinet will store the record books. All classrooms will also have a basic first aid kit provided in their class medical bags.

If it is noticeable that an item is running low, or you have used the last one, replenish it or bring it to the attention of a First Aider.

#### 4. Injury Type, Treatment and Who Can Administer

There will be a number of injuries that First Aiders will come across. To make First Aid provisions effective, efficient and more manageable in larger cases, the table shows what to do in various scenarios.

Injury Type	Treatment	Who Can Administer	How to record
Surface cuts, grazes	Clean the area (and apply a plaster if needed)	All Staff	First aid letter (signed by a first aider)  Copy made and filed
Deep cuts, eye irritations, bumps, ligament pains,	Decide on most effective treatment. If in need of a second opinion, call for a second First Aider	First Aiders	First aid letter  Copy made and filed
Prescription medications	Refer to Prescription Form (appendix d ) which is completed by Parents and Carers	First Aiders Or appropriate staff member (If agreed by First Aid Lead, and a member of SLT)	Prescribed Medications folder in class medical bag or Main office.
Head injury	Decide on most effective treatment. If in need of a second opinion, call for a second First Aider	First Aiders	<b>Bumped Head injury first aid letter</b> <b>Teacher informed</b> Copy made and filed +sticker in SG Parent/ carer called, if a lump or bump appears or if in your opinion the parent needs to be contacted before the end of the school day.
Vomiting, bleeding, serious head injury or mobility impaired	Decide on most effective treatment. If in need of a second opinion, call for a second First Aider <b>Wherever there is bleeding, steps must be taken to ascertain where the bleeding is coming from.</b>	First Aiders	First aid letter Copy made and filed Parent/ carer called

Severe allergic reactions, anaphylactic shock, asthma attacks, unconsciousness, severe bleeding	Emergency treatment (e.g. Epipen, asthma pump). Ambulance called if needed (see section 6)	First Aiders All staff (see section 1)	First aid letter  Copy made and filed  Parent/ carer called
<b><i>If a phone call is needed to be made, then a log in the 'phone book' should be made. Details (time and who was contacted) needs to be added to the First aid letters and record book.</i></b>			

## Nosebleeds

If a nosebleed does not stop within **ten minutes**, parents/carers should be called and a First Aider alerted. The tip of the nose is to be pinched whilst the child leans forward, this is to aid clotting. If it continues not to clot or ease, a cold compress should be applied to wrist or side of neck. A First Aid Letter and copy should be made, also stating how long the nose bleed lasted for and what time the nose bleed started.

## Plasters

When a plaster is being administered, the member of staff should ensure the following protocol is followed:

- Check the pupil has no allergy or is allowed plasters. (If unsure, a medical list is readily available in the main offices).
- If parents or carers have brought in special plasters, one of these should be applied.
- In the event of not having special plasters, in school or readily available, then a First Aider should be called to apply a dressing of a different kind.

## 5. Illness in the Academy

Any contagious illness that is suspected regarding a pupil (including; Chicken Pox, Measles, Scarlet Fever, Ringworm, Meningitis) a second First Aider should also look and then speak to the Safeguarding Team and Health and Safety Champion. This way a suitable action can be put into place to protect the other pupils and staff in the academy. The child's parents/ carers will also be notified. The First Aid Lead or Health and Safety Champion will contact the South London Health Protection Team to notify of any cases. They will then decide if any intervention is required:

South London Health Protection Team  
Public Health England  
3rd Floor, Zone C  
80 London Road  
London SE1 6LH  
Tel: 0344 326 2052 (Daytime and Out of Hours)  
Fax: 0344 326 7255  
E-Mail  
[slhpt.oncall@phe.gov.uk](mailto:slhpt.oncall@phe.gov.uk)

If a student is ill or vomiting in a lesson, the teacher of that lesson should send another pupil with a message to the first available First Aider who should take their temperature. If vomit is visible, then the First Aider will call home and ask for the parent or carer to collect the pupil. A record should be

made and parents/ carers contacted (section 2) pupil's attendance must be checked and the office notified as to why the pupil needs collecting.

In certain cases, such as reflux, First Aid Letter (copy made) to accompany the pupil only, will be needed. In some cases, direction may be given that pupils can only go home if vomiting and temperature is high. A list of pupils is available on request and used in discretion. In the case of a pupil becoming unconscious or too ill to move, then the teacher must call for a First Aider (see section4).

## **6. Ambulances**

In the case that an Ambulance is required, the decision will be made by a First Aider and a message sent to the office to request the call to be made. The office will alert a member of the Senior Leadership Team (SLT), who will contact the parents/ carers.

An Ambulance should only be called in the event of a serious emergency. For all other injuries that require hospital treatment, parents must be called to collect their child and take them to hospital.

In the case of a pupil being taken to hospital and parents/carers are not contactable, the academy will act in loco parentis and give permission for any treatment to be administered keeping in mind any Advanced Medical Directives the school may have on file for the child in question. Staff that accompany the pupil will bring:

1. child's contact sheet
2. child's medical records
3. First Aid Letter (which shows treatment given)

Office staff will locate 1 and 2 as soon as ambulance call is made and hand it to accompanying staff member. A First Aider will provide number 3.

## **7. Medications**

### **Prescribed Medications / Prescriptions**

The First Aid Lead will be notified of any medication that is brought into the academy for any pupil. A 'Prescribed Medications' form (appendix d), will need to be completed by the parent/carer and medication stored in the office (or classroom on case by case basis; e.g. inhalers). Prescribed medication will only be administered by First Aiders or other staff member (As agreed by the First Aid Lead First and a member of SLT). The dosage and timings for the medication will be provided by the parents/carers of the pupil. Relevant staff will be notified of a pupil's prescribed medication.

When a prescribed medication is administered, a record is to be completed. This record (appendix e) is kept in the 'Medical Needs / Records' folder, which is stored in the main office (or in class medical bag). The Academy cannot be held responsible for any reactions to any medication that is provided. In the case a reaction occurs, first aid will be administered with appropriate actions such as, recording, calling parents or an ambulance. SLT also need to be called and notified.

### **Non-Prescribed Medications**

If a non-prescribed medication, or over the counter purchased medications, are brought into the school, the Academy is not obliged to administer this medication, unless agreed at the discretion of the Head Teacher and with parental consent being provided.

A 'Prescribed Medications' form will still need to be completed and signed by both the Head Teacher or Deputy Head Teacher and the parent or carer of the pupil. This form will then show that the non-prescribed medication has been consented to; with permission to it being administered in the school. A First Aider (or other staff, as agreed) will administer it and add a record in the 'Medical Needs / Records' folder.

## **8. Residential Trips and Day Trips**

### **Day trips**

On school visits and day trips, the First Aider should be aware of all medical needs and take the basic First Aid kit that is readily available in the class medical bag which has equipment to cover all minor injuries. They will also carry medications including; Epipens, Asthma Pumps and spacers. If these are used, then a record of all medication and First Aid treatment must be made in the record book, with a First Aid letter to accompany the child home. This then acknowledges the academy chaperoned treatment of one of its pupils. All medications should be checked before the journey begins. Parents need to be informed during or at the end of trip (see section 4).

Prescribed medication must also be administered. The First Aider carries the medication and is responsible for administering it to the relevant pupil at the relevant times. A record must be kept. At school, this record should then be put into the 'Medical Record / Needs' folder.

### **Residential Trips**

On residential trips the First Aider in attendance will carry a First Aid pack with a medical list of all attendees. The First Aider should be aware of all medical needs and be readily available to administer medications and treatment. Any treatment or administering of medication (as instructed by the parent in writing) should be recorded: A First Aid letter and a record should be kept in the trip record folder, so they can be stored at school upon return. Parents need to be informed during or at the end of trip according to the injury (see section 4).

## **9. Hygiene and Infection Control**

The academy will manage contagious infections that become apparent as best they can. If a pupil is suspected to have a sign or symptom of an infection, the parent or carer of the pupil will be called and recommended they are taken to their GP or a Health Care Centre. Where necessary the child must be isolated following the isolation guidance.

When administering or treating injuries involving blood, all people administering First Aid will wear suitable PPE. Gloves, aprons, masks and hand sanitiser will also be readily available in first aid areas and class medical bags, meaning hands are able to be sterilised after giving treatment.

## **10. School Nurse**

The academy will work closely with the school nurse on relevant topics throughout the year. This will be discussed within the academy, with the safeguarding team and then the School Nurse.

## **11. Waste Management**

All clinical waste should be placed into the yellow bags, in the medical bins. These will then be emptied and renewed monthly, by a contractor. No staff should touch or try to empty the medical waste bins. If a collection needs to be made sooner, the Site Management Team should be spoken to.

## **12. Special Medical Needs**

To enable every pupil to access all the curriculum and learning in all environments, the academy welcomes all needs of its pupils. Also, the academy will do its utmost to manage the medical needs of pupils in all learning environments.

The academy will have a team of First Aiders that will lead the everyday administration of treatment and medications. The academy will advise staff on the management of all medical conditions including; Asthma, Diabetes and Anaphylactic Shock. To protect and help in the best way possible, the academy will do the following:

### **Epilepsy**

The academy staff and first aid team will be made aware of pupils and an outline of their condition. In the case of seizures, the academy staff will follow protocol from their training. The pupil will be put into the recovery position and a call for parent/carer to come to the school will be made. If a pupil is having a seizure but is unconscious for ten minutes or longer, an ambulance is to be called (see section 6).

A seizure diary will also be set up for the pupil and be placed in the First Aid Bases (in relevant campus) and Classroom medical bag.

### **Asthma**

Each Asthma pump, along with a spacer, will be stored in classrooms, in the pupil's class medical bag. Each pump will also have a copy of the pupil's care plan for reference. There will also be an Asthma Record Sheet (appendix f) that needs to be recorded, every time the Asthma Pump is used or administered. If a pupil is able to use the pump independently, a member of staff should be there to witness and sign the record sheet to state they were with an adult. Spacers will be cleaned periodically which will be arranged by the First Aid Lead. Children with permission can be administered emergency salbutamol. (See separate policy).

### **Skin Conditions**

Skin conditions are individual and can vary for each pupil. To manage the skin condition, an Individual Care Plan (appendix g) will be set up, in liaison with parents/carers, the First Aid Lead and a member of the Safeguarding Team.

### **Allergies**

All allergies will be noted in medical records, available in main offices and class medical lists. Additionally, all staff will be made aware, via information in the staff room on both campuses. Epipens will be stored in classroom medical bags. With each Epipen, will be an Individual Care Plan with details of symptoms for each individual pupil. The dining hall will also have a record of all pupils and their allergies for use at lunch times. If a pupil experiences anaphylactic shock procedures outlined in section 4 must be followed (see appendix h, for how to recognise and manage anaphylactic shock).

### **Diabetes**

Parents/Carers will provide their diabetic kits for the school. In the classroom medical bags and in the First Aid Area, at Long Lane, will be a sharps bin for any needles etc that are used. Each pupil will



have an Individual Care Plan. The Academy will work with the Diabetic Team to ensure each care plan and pupil's needs are covered.

## **Monitoring and Reviewing**

### **Policy on specific medical issues**

The academy will review and adapt their policies and procedures, to make medical administration more manageable, effective and efficient. The First Aid Leads will have a consistent communication with SLT, to improve First Aid and Medical intervention administration.

The policy may require to be amended and changed constantly throughout the academic year. This will be done in the best interests of the academy.

<b>Outline</b>	<b>By</b>	<b>Date</b>
Written		September 2017
Reviewed	AAG KDA	October 2017
Changes	AAG	November 2017
Implemented	ABR	November 2017
Planned Review Date	AAG KDA	January 2017
Reviewed	AAG	Feb 2018
Changes	AAG	March 2018
Reviewed	LEV	August 2023
Changes	LEV SSI SNE KNE	September 2023

## Appendix a

### I bumped my head today



Name -

Class -

Details of incident:

Date.....Time.....Location.....

What happened:.....

.....

.....

.....

First aid administered:.....

.....

First aider -

### Please keep an eye on me.

If you notice any of the symptoms below in your child, seek immediate medical attention via A&E or calling NHS 24 on 111

- Unconsciousness/difficulty staying awake.
- Seizures or fits
- Difficulty speaking or slurred speech.
- Confusion or difficulty understanding what people are saying.
- Memory loss
- Problems with vision.
- Difficulty walking or with balance.
- Weakness.
- Clear fluid leaking from nose or ears.
- Bleeding from one or both ears.
- Loss of hearing, or bruising behind ears.
- A lasting headache.
- Irritability or unusual behaviour.



# **First Aid Letter – not to be used for head injuries**

Child's Name			
Class		Date	

First Aider's Name/ First Aiders' Names if more than one	
--	--

Time of injury		Time of treatment	
Description of injury			
Description of treatment			
Call home required?	<p><b>Yes</b> <input type="checkbox"/></p> <p>I called at.....and spoke to...../ I was unable to contact anyone (delete as appropriate)</p> <p><b>No</b> <input type="checkbox"/></p> <p>Following assessment it was not deemed necessary to contact you at the time treatment was administered</p>		
<p><b>You should monitor your child and if you notice a deterioration in their condition should consult a doctor. This could be a General Practitioner or a doctor at the Minor Injuries Centre or Accident and Emergency Department</b></p>			

## Appendix c

### **Basic First aid Checklist**

10 x Small Finger Plasters

10 x Large Finger Plasters

10 x Small Square Plasters

10 x Large Plasters

20 x Wipes

5 x Sick Bags

1 x Thermometer

### **For Trips add the following**

1 x Eye Wash

1 x Triangular Bandage

1 x Large Ice Pack

2 x Record Sheets

15 x First Aid Letters

(Year 5 and 6 Only add the following)

5 x Sanitary Towels

5 x Sanitary Waste Bags

**OASIS ACADEMY SHIRLEY PARK PRIMARY**

**Request for the Administration of Medication in School**

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

**DETAILS OF PUPIL**

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_ M/F: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

**MEDICATION (as prescribed only by a doctor)**

Name/Type of Medication (as described on the container) \_\_\_\_\_

For how long will your child take this medication: \_\_\_\_\_

Date dispensed: \_\_\_\_\_

**Full Directions for use:**

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Self Administration: \_\_\_\_\_

Procedures to take in an Emergency: \_\_\_\_\_

**CONTACT DETAILS:**

Name: \_\_\_\_\_ Daytime Telephone No: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake. I understand that no member of staff can be held responsible for the administration of medicines.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

Partnership to pupil: \_\_\_\_\_



## Appendix f

Oasis Academy Shirley Park

### Asthma Pump Usage Record

Date	Name	Year Class	Asthma Pump (Name of Medication)	Amount	<u>Self</u> <u>Medicated</u> / Assisted	Print Name	Signed

Appendix g

**OASIS ACADEMY SHIRLEY PARK PRIMARY**

Health Care Plan for ongoing medical condition.

Name of school	Oasis Academy Shirley Park Primary Long Lane, Croydon, CR0 7AR Tel No: 020 8 654 3594
Child's Name	
Class	
Date of birth	
Child's Address	
Medical diagnosis or condition	
Current medication dosage	
Date	
Review Date	

Family Contact Information

Name	
Tel. No: (work)	
(home)	
(mobile)	
Name	
Tel No: (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Tel No:	
G.P.	
Name	
Tel No:	



Describe medical needs and give details of child's symptoms.

Daily car requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs.

Follow up care

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

Form copied to

# Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

## Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

## ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



## Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- |          |   |   |
|----------|---|---|
| <b>A</b> | : | Persistent cough<br>Hoarse voice<br>Difficulty swallowing, swollen tongue                 |
| <b>B</b> | : | Difficult or noisy breathing<br>Wheeze or persistent cough                                |
| <b>C</b> | : | Persistent dizziness<br>Becoming pale or floppy<br>Suddenly sleepy, collapse, unconscious |

## IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:  
(if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector\* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS



**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

## After giving Adrenaline:

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.