

## **6.29 First Aid Policy**

**2025 - 2026**

***This policy should be read in conjunction with following School policies:***

- 6.06 Anti- Bullying Policy
- 6.10 Child Protection and Safeguarding Policy
- 6.17 Critical Incident and Disaster Recovery Policy
- 6.30 Health and Safety Policy
- 6.43 Restraint of Pupils Policy
- 6.51 Supervision Policy
- 6.57 Working with Volunteers Policy

**and**

- DfE Guidance on First Aid for Schools

## 1 Introduction

- 1.1 This is the first aid policy of The Maynard School. It is available to parents of pupils and of prospective pupils on request and to all members of School staff.
- 1.2 The arrangements within this policy are based on the results of a risk assessment carried out by the school in regard to all staff, pupils and visitors.
- 1.3 This policy is drafted in accordance with regulation 13 of the Education (Independent School Standards) Regulations 2014 (SI 2014/3283), the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917), the *First Aid at work: Health and Safety (First Aid) Regulations 1981 Guidance on Regulation*.
- 1.4 This policy can be made available in large print or another accessible format if required.

## 2 Definitions

**Appointed Persons** are members of staff who are not qualified First Aiders but who are responsible for looking after the First Aid equipment and facilities and calling the emergency services if required.

**EFAW:** means Emergency First Aid at Work.

**First Aid:** means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack.

**FAW:** means First Aid at Work.

**First Aiders:** are members of staff who have completed an approved First Aid course and hold a valid certificate of competence in FAW or EFAW or an approved alternative qualification which has been identified in place of FAW or EFAW which meets the requirements of the First Aid Guidance.

**First Aid Guidance:** is the *First Aid at work: Health and Safety (First Aid) Regulations 1981 Guidance on Regulation* (Health and Safety Executive, L74, 3rd edition, 2013).

**First Aid Personnel:** means First Aiders or Appointed Persons or both.

**Inhalers Guidance:** means the Guidance on the use of emergency salbutamol inhalers in schools (Department of Health, March 2015).]

**Staff:** means any person employed by the school, volunteers at the school and self-employed people working on School premises.

**School:** is the school defined in 1.1 above.

**School Accident Book:** has the meaning given in 13.1 below.

**School Nurse:** is Melissa Davey who is primarily located in the School's Sick Bay on her days of work.

**The First Aid Room:** is located on the ground floor of the Main School building and is clearly signposted and identifiable with a white cross or white writing on a green



background. It is used for the provision of medical or dental treatment, including First Aid, when required. The First Aid Room has essential First Aid facilities and equipment. As far as is possible, the school reserves this room exclusively for giving medical treatment.

### 3 Aims of this policy

#### 3.1 To ensure that:

3.1.1 the school has adequate, safe, and effective First Aid provision in order for every pupil, Staff, and visitor to be well looked after in the event of any illness, accident or injury.

3.1.2 all Staff and pupils are aware of the procedures in the event of any illness, accident, or injury.

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

### 4 Responsibilities

4.1 The school will ensure that there are adequate and appropriate First Aid equipment, facilities, and First Aid Personnel on the School site.

4.2 The Head delegates to the school Nurse the day-to-day responsibility for ensuring that there is adequate First Aid equipment, facilities, and First Aid Personnel available to the school.

4.3 The Head in conjunction with the school Nurse will regularly review the School's First Aid needs to ensure that the School's First Aid provision is adequate.

4.4 The Head delegates to the school Nurse responsibility for collating medical consent forms and important medical information for each pupil and ensuring the forms and information are accessible to staff as necessary.

4.5 The Head is responsible for ensuring that Staff have the appropriate and necessary First Aid training as required and that they have appropriate understanding, confidence, and expertise in relation to First Aid.

4.6 **First Aiders:** The Head is responsible for ensuring that the school has as an adequate number of First Aid Personnel on site at all times.

4.7 There will be at least one First Aider on each school site when children are present. Also in the Early Years Foundation Stage (**EYFS**) setting at least one person who has



a current  
paediatric First Aid certificate<sup>1</sup> must be on the premises at all times when children are present.<sup>2</sup> On outings including children from the EYFS there must be at least one person who has a current paediatric First Aid certificate<sup>3</sup>.

- 4.8 First Aiders including those who hold paediatric first aid certificates are listed in Appendix 6
- 4.9 The main duties of First Aiders are to give immediate First Aid to pupils, Staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the School Office.
- 4.10 First aiders will undergo updated training at least every three years to maintain their qualification.
- 4.11 All Staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of First Aid. All Staff will use their best endeavours, at all times, to secure the well-being and welfare of the pupils.

## 5 First Aid boxes

- 5.1 First Aid boxes are marked with a white cross on a green background. The content of the First Aid boxes will be appropriate for use with children and will be determined by the School's First Aid needs assessment and will usually be stocked in accordance with Appendix 2 of the First Aid Guidance.
- 5.2 First Aid boxes are located at key positions around the school site and are as near to hand washing facilities as is practicable:

First aid boxes are located in:

- Main School – Head's office, office, medical room, and staffroom
- Pring – B1, B2, P1, P2, C1, C2
- Junior School – staffroom, Pre-Prep office, J2 for PP playground use, Pre-Prep Foyer Med cupboard
- Tregear – staff room, Upper and lower Art rooms
- Library
- Murdin Link – Food and Nutrition room
- Bradley Hall – PE office
- Kitchen
- Estate Manager's Office
- Travelling First Aid kits – minibuses, PE Office, Bradley Hall, Ryan House (Head of Sixth Form Office), Pre-Prep office. Kits required for other occasions should be ordered in advance from The School Nurse

<sup>1</sup> The certificate must be for a full course consistent with the criteria set out in Annex A of the Statutory Framework for the Early Years Foundation Stage

<sup>2</sup> EYFS requirement only. See para 3.25 of Statutory Framework for the Early Years Foundation Stage.

<sup>3</sup> EYFS only.



### 5.3 If First

Aid boxes are used, they should be taken to the school Nurse who will ensure that the First Aid box is properly re-stocked. The school Nurse will examine the First Aid box(es) at this point and otherwise regularly in order to dispose of items safely once they have reached their expiry date.

- 5.4 All requirements for the First Aid kits are supplied by the Sick Bay and are regularly stocked at request of individual departments.
- 5.5 **School minibuses:** The School's minibuses should have a prominently marked First Aid box on board which is readily available for use, and which is maintained in a good condition. The First Aid box should be stocked in accordance with part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078) which is set out in Appendix 1.
- 5.6 **Off-site activities:** First Aid boxes for any off-site activities are available from the School Nurse

## 6 Information on pupils

- 6.1 Parents are requested to provide written consent for the administration of First Aid, medical treatment, and medication. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.<sup>4</sup>
- 6.2 The school Nurse will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the School to the Head, class teachers and First Aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a pupil or other members of the school community.
- ## 7 Procedures for pupils with medical conditions such as asthma, epilepsy, diabetes etc
- 7.1 The information held by the school will include details of pupils who need to have access to asthma inhalers, EpiPen, injections or similar and this information should be circulated to teachers and First Aiders.
- 7.2 Where appropriate, individual pupils will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis. In other cases, the equipment will be kept, suitably labelled, by the school Nurse
- 7.3 The school has guidance and protocols in place to deal with common medical conditions such as anaphylaxis, asthma, epilepsy, and diabetes. Copies of the guidance and protocols can be found in Appendix 5.
- 7.4 **Asthma:** the school adopts the Inhalers Guidance in respect of the use of emergency salbutamol inhalers and holds stock salbutamol inhalers which can be used when a pupil is not able to access his or her own inhaler.<sup>5</sup>

<sup>4</sup> NMS requirement

<sup>5</sup> Recommended but not compulsory see <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>.

**Procedure in the event of illness**

- 8.1 Pupils may visit the School Nurse in the Sick Bay or the staff in the school Office during break or lunch. If a pupil is unwell during lessons, then they should consult the member of Staff in charge who will assess the situation and decide on the next course of action. Where necessary, the pupil will be accompanied to see the School Nurse in the Sick Bay or to see the staff in the school Office. The School Nurse/ First aid staff staff will provide the First Aid as required and decide on the next course of action.
- 8.2 The school will discuss with parents the procedures for children who may become ill or infectious and take necessary steps to prevent the spread of infection and illnesses.<sup>6</sup>

**9 Procedure in the event of an accident or injury**

- 9.1 If an accident occurs, then the member of Staff in charge should be consulted. That member of Staff will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. If necessary, the School Nurse should be called as soon as is possible. Appointed Persons or First Aiders can also be called, if necessary, and should be called if the school Nurse is not available immediately. However, minor the injury, a first aider should be sought
- 9.2 In the event that a First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for the school Nurse or for an ambulance or making arrangements to transport the injured person to A & E or access other appropriate medical services.
- 9.3 **Ambulances:** If an ambulance is called then the School Nurse or First Aider in charge should make arrangements for the ambulance to have access to the accident site. Where necessary GPS co-ordinates should be provided, and arrangements should be made for the ambulance to be met.
- 9.4 Staff should always call an ambulance when there is a medical emergency and / or serious injury.
- 9.5 Examples of medical emergencies may include:
- a significant head injury
  - fitting, unconsciousness, or concussion
  - difficulty in breathing and / or chest pains
  - exhaustion, collapse and / or other signs of an asthma attack
  - a severe allergic reaction
  - a severe loss of blood
  - severe burns or scalds
  - the possibility of a serious fracture.

<sup>6</sup> EYFS only. The School may have a separate policy on this in practice.

- 9.6 Arrangements should be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of Staff if it is not possible to contact the pupil's parent(s) (or legal guardian(s)) in time.

## 10 Administration / Storage of Medicine

See appendices 11 and 12.

## 11 Hygiene and infection control

- 11.1 If a spillage of blood or other bodily fluids occurs, the School Nurse and Estates must be informed. The Estates team will then arrange for the proper containment, clear up and cleansing of the spillage site.
- 11.2 All Staff should take precautions to avoid infection and to follow basic hygiene procedures (such as regular hand washing).
- 11.3 The First Aider should take the following precautions to avoid risk of infection:
- 11.3.1 cover any cuts and grazes on their own skin with a waterproof dressing.
  - 11.3.2 wear suitable single use disposable gloves when dealing with blood or other bodily fluids.
  - 11.3.3 use suitable eye protection and a disposable apron where splashing may occur.
  - 11.3.4 use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation.
  - 11.3.5 wash hands after every procedure.
- 11.4 If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:
- 11.4.1 wash splashes off skin with soap and running water.
  - 11.4.2 wash splashes out of eyes with tap water or an eye wash bottle.
  - 11.4.3 wash splashes out of nose or mouth with tap water, taking care not to swallow the water.
  - 11.4.4 record details of the contamination.
  - 11.4.5 report the incident to the School Nurse / School Office and take medical advice if appropriate.

## First Aid in the physical education department

**Location of first aid equipment:** The department is responsible for providing First Aid boxes and bags for the relevant sporting areas within the school. Each member of PE staff have their own first aid bags which can be used by Staff and team managers for home and away fixtures.

**Away fixtures:** A medical bag should be taken with the travelling team. If an incident occurs medical treatment should be sought from the visiting school First Aid Personnel. If necessary, the pupil should be taken to the nearest casualty by a member of Staff. Treatment and after-care should then be followed up by the PE staff i/c fixture in first instance. Any incident of treatment must be reported to the school Office on return to School.



## Reporting

- 12.1 In the event of an accident, injury or illness requiring First Aid the relevant First Aider should complete a records of First Aid provision, as set out in Appendix 2. [These records will be regularly monitored for patterns and reviewed at Governor Health and Safety meetings ~~by the Bursary~~ to identify whether review or change in practice is needed.<sup>7</sup>]
- 12.2 All injuries, accidents and illnesses, however minor, must be reported to the school Office, via an accident form which is responsible for ensuring that the accident report forms and books are filled in correctly and that parent(s) or guardian(s) and HSE are kept informed as necessary.
- 12.3 **Reporting to Parents:** In the event of serious accident, injury or illness parents or guardian(s) must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Head if necessary.
- 12.4 **EYFS pupils:** The School will inform parents of any accidents or injury or First Aid treatment that is given to pupils in the EYFS setting on the same day or as soon as is reasonably practicable.<sup>8</sup>
- 12.5 The school must notify local child protection agencies, as appropriate, of any serious accident or injury to, or the death of, any child whilst in their care and act on any advice given.<sup>9</sup> The School (as a registered provider) must notify Ofsted of any serious accident, illness or injury to, or death of, any child whilst in their care, and of the action taken in respect of it. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.<sup>10</sup>
- 12.6 **Reporting to HSE:** Schools are legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (**RIDDOR**) to report the following to the HSE:

### 12.6.1 Accidents involving Staff

- (a) work related accidents resulting in death or 'specified' injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or
- (b) work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days: or
- (c) cases of work-related diseases that a doctor notifies the school of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
- (d) certain dangerous occurrences (near misses – reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

<sup>7</sup> Boarding schools only - see NMS Appendix 3.

<sup>8</sup> EYFS requirement (3.50).

<sup>9</sup> All EYFS providers (3.51)

<sup>10</sup> Registered EYFS only.



### 12.6.2 Accidents involving pupils or visitors

- (a) accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:
  - (i) any School activity (on or off the premises);
  - (ii) the way a school activity has been organised or managed (e.g. the supervision of a field trip);
  - (iii) equipment, machinery, or substances; and / or
  - (iv) the design or condition of the premises.

12.7 More information on how and what to report to the HSE, can be found in *Incident reporting in schools (accidents, diseases, and dangerous occurrences)* (EDIS1 (revision 3)) and at <http://www.hse.gov.uk/riddor/resources.htm>. It is also possible to report online via the following link: <http://www.hse.gov.uk/riddor/index.htm>.

## 13 Records

13.1 **School Accident Book:** All injuries, accidents, illnesses and dangerous occurrences (unless very minor in the view of the school Nurse) must be recorded in the school accident and illness book (School Accident Book).

13.2 The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness and what First Aid was given. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored in accordance with the school's policy on data retention.

13.3 **Accident report form:** The School Nurse/ First Aider/ will fill in an accident report form for every serious or significant accident that occurs on or off the school site if in connection with the school's activities. The school will keep a written record of **all** accidents or injuries and First Aid treatment provided<sup>11</sup>. Accident report forms will be kept by the School Office with the School Accident Book. Records will be retained in accordance with the school's normal practices. Where there is a risk of claim, records will normally be retained for at least three years or if the person injured is a minor (under 18), until they are 21. A template form is set out at Appendix 2.

13.4 **Accident to Staff causing personal injury:** The School Nurse/ First Aider will fill in an accident report form in respect of any accident-causing personal injury to Staff in the form set out in Appendix 3 and provide a copy of this accident report form to the Head. The Head will take reasonable steps to investigate the circumstances of accidents once (s)he receives notice of it. If it is found that there are discrepancies between the information reported and the Head's findings these should

also be recorded on the form. These records will be kept by the school Office for at least three years or if the person injured is a minor (under 18), until they are 21.<sup>12</sup>

<sup>11</sup> EYFS requirement paragraph 3.50

<sup>12</sup> Requirements under Social Security (Claims and Payments) Regulations 1979, see regulations 24 and 25 - a requirement for employers who employ more than 10 members of staff (i.e. most Schools).

## 14 Automated External Defibrillators (AEDs)<sup>13</sup>

- 14.1 The school has an AED located on the wall in the corridor outside of the medical centre in the main school building.
- 14.2 An AED should only be used where a person is in cardiac arrest. It should not be used where a person is conscious, breathing and / or his or her heart is still beating.
- 14.3 If a person is suffering from a cardiac arrest, the first person on the scene should immediately call the emergency services and commence CPR. If possible, a First Aider who is trained in the use of AEDs should be called for. However, AEDs are designed to be used by any person by following the step-by-step instructions on the AED.
- 14.4 The person administering the AED should ensure that the area around the casualty is clear before administering the AED. He or she should then stay with the casualty until the emergency services arrive.

## 15 Monitoring

- 15.1 The Head or another senior member of staff will regularly monitor and review the school's systems and management of medical welfare and any trends in accidents, injuries and illnesses at the School in order to identify whether a review or change in welfare practice is needed.

Approved by:	Governors	November 2023
Reviewed by:	LG/SL/ MD	Sept 2025
Date for Review	: SLT	Sept 2026

Authorised Governor	by	
Signed		
Dated		

## Appendix 1 Part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078)

First Aid equipment:

- Ten antiseptic wipes, foil packed
- One conforming disposable bandage (not less than 7.5 cm wide)
- Two triangular bandages
- One packet of 24 assorted adhesive dressings

<sup>13</sup> It is not compulsory for schools to have AEDs and it does not currently form part of the EFAW or FAW courses but if there is an AEDS at the School it is recommended that staff are given instruction / training see DfE guidance <https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools>



- Three large sterile un-medicated ambulance dressings (not less than 15.0 cm × 20.0 cm)
- Two sterile eye pads, with attachments
- Twelve assorted safety pins
- One pair of rust less blunt-ended scissors.



## Appendix 2 Record of First Aid (optional)<sup>14</sup>

It is good practice for a book to be kept recording incidents. Where there are a number of First Aiders it is advisable that there is one central book, if possible. The book should be kept in accordance with the requirements of GDPR

Record of First Aid	
Date and time	
Name of pupil who required First Aid	
Location of administration of First Aid and location of incident (if applicable)	
Details of the injury / illness / event and what First Aid was administered	
What happened to the person immediately afterwards (did they go home / to hospital etc)?	
Were the pupil's parents informed?	
Was the HSE informed? (If so, please provide details of the date and method of reporting)	
Name of First Aider / appointed person	
Signature	
Date of signature	

<sup>14</sup> In EYFS settings it is mandatory for a written record to be kept see EYFS paragraph 3.50



### Appendix 3 Record of accident-causing personal injury to Staff

Record of accident-causing personal injury to Staff	
Date and time of report	
Date and time of accident	
Full name (Staff member)	
Address (Staff member)	
Occupation (Staff member)	
Location of administration of First Aid (if applicable) and location of accident	
Details of the injury / illness / event and what First Aid was administered (if applicable)	
Cause of injury	
What happened to the person immediately afterwards (did they go home / to hospital etc.)?	
Was the HSE informed? (if so, please provide details of the date and method of reporting)	
Name of First Aider / appointed person (if applicable)	
Name of person making the report	
Occupation of person making the report	
Signature	
Date of signature	

The school Office should retain a copy of this form with the School Accident Book and provide a copy to the Head for the purposes of any investigation.



#### Appendix 4    Consent for First Aid

I consent to my child receiving First Aid by an appropriately trained member of staff.	..... [name of child]
	..... [child's date of birth]
Signed	.....
Relationship to child	.....
Date	.....

**Appendix 5 Guidance and protocols for specific medical conditions<sup>15</sup>**a) **Anaphylaxis**

Source:

<https://www.nhs.uk/conditions/anaphylaxis/>b) **Asthma**Source: <https://www.nhs.uk/conditions/asthma/>c) **Diabetes**Source: <https://www.nhs.uk/conditions/diabetes/>d) **Epilepsy**

Source:

<https://www.nhs.uk/conditions/epilepsy/><sup>15</sup> Insert the School's guidance and protocols.



## **Appendix 6: Providing access to education for pupils suffering periods of absence**

When students are absent from school on medical grounds it is important that they are able to keep up with their studies, as far as their medical condition allows. The school recognises the importance of keeping the student and her parents as involved as possible in all discussions and decision-making about the way the situation will be handled.

**The Assistant Head** is responsible for dealing with students who are unable to attend school on medical grounds, but she will normally delegate day-to-day liaison with parents and teachers to the student's Head of Year.

**Subject teachers** are responsible for providing work where appropriate, marking any work set and monitoring progress and offering support sessions during periods of extended illness or when the student returns.

**The Examinations Officer** is responsible for organising room changes if they are necessary to make access possible. The Head of Year needs to ask for this to be arranged. They may also need to be involved if access to public examinations is an issue.

**When a student has missed 3 consecutive school days**, her tutor or Head of Year will phone home to see how she is and find out if parents would like some work to be sent home. Where it is confirmed that the student is well enough to do some work but cannot attend school for a while, the Head of Year will liaise with her teachers and then write to the parents to let them know what work and materials will be provided. The nature and quantity of this work will vary according to the subject, the topic being studied and the student's age. Parents can normally arrange to pick up work from reception (and deliver completed work); alternatively, it may be convenient for another student or a member of staff to deliver it.

**If it is likely that the student is going to be away for more than 10 days**, the Assistant Head and Year Head will liaise with her teachers to draw up a work programme for the rest of the half term. This will be repeated at half termly intervals. The Assistant Head will organise and attend half termly reviews with parents, the Head of Year and if possible, the girl, to discuss progress and strategies for dealing with the situation. The Year Head will ensure that students who are unable to attend school on medical grounds are kept informed about school events and will encourage liaison with peers, for example, through visits and videos.

**If a student has to spend periods of time in hospital**, the Assistant Head will liaise with hospital services to enable them to draw up a personal education plan and organise the provision of work packs in advance for students who are admitted to hospital on a regular basis.

**After a lengthy absence, careful planning involving discussions with the student, her parents, medical professional and all her teachers will take place to ensure that the student can reintegrate successfully.** It may be appropriate to consider a reduced timetable either as a temporary measure during the reintegration process or as a permanent change.

**The student's progress after her return will be closely monitored** by all her teachers and any concerns reported back to the Year Head. Extra support should be provided by the Tutor if necessary. Parents will be kept informed about progress.

Planned support and close monitoring by the Tutor will also be necessary if a student has a lot of short duration but repeated periods of absence. Any concerns regarding student

wellbeing and safeguarding due to extended periods of absence, must be communicated via blue forms) to the Head in the first instance.

## **Appendix 7: Procedures Pre-Prep and Junior School**

### **Administering medicine during the school day?**

Parents are asked to give details in writing if they wish their daughter to take or use prescribed medicines, e.g., antibiotics, asthma inhalers. This letter should be addressed to the class teacher or Head of Pre-prep and should include details of the timings and dosage required. Parents complete a form (available from the school and Junior School office) for medicines that will need to be taken for more than one day. The only other medicines administered are Paracetamol or Calpol, and only if parents have given permission in the Personal Information Sheet. In cases of prolonged illness or, should a student need regular medication, the school may seek advice from the individual's GP in order to best support their needs.

### **In all cases of head injury:**

- The pupils should be assessed for potential concussion and a first aider called
- Apply a cold cloth or ice pack to point of impact to reduce the pain. Recent advice on First Aid training courses suggests that a cold cloth is preferable so as not to mask any more serious injury.
- Replenish every few minutes and continue for 10 mins.
- If injury occurs in playtime the individual must be placed with an adult for supervision.
- In lessons - sit in usual place with red sticker/wristband.
- The student should carry on the day as normal, but staff should continue to observe for changes in condition (red sticker/wristband). Avoid active lessons if necessary.
- In the case of head injuries, a first aider must be consulted.

The Junior School Assistants are the primary first aiders in the Junior School.

All head injuries must be reported to the School Office to be recorded in the accident book. The Junior School staff, or office staff will telephone and talk to parents to inform them of the incident. If they are unable to reach parents in person, the office staff will alert the Junior School staff of this fact before the end of the school day.

Students who receive a blow to the head but who are assessed by a first aider as in good health will be given a sticker / wrist band to wear. This will indicate in subsequent lessons that staff need to be vigilant in case the pupil's health deteriorates.

Any injuries to the head will be treated as potentially serious. All blows to the head will be reported to parents before the pupil returns home.

### **Senior School**

All head injuries are potentially serious and require a thorough assessment by a qualified first aider followed by the appropriate treatment. A head wound or bruising should alert us to the risk of deeper, underlying damage.

### **Treatment for a Casualty with a Serious Head Injury**

**The school office must be notified in order that a first aider can attend. An ambulance must be called without delay and inform the SLT on duty.**

Recovery position, assess condition every few minutes - level of consciousness - obeys commands, talking, pulse, pupil reaction, breathing.



Handle head  
carefully as there may be a neck injury  
Treat any wounds  
Put a pad over the ear if discharging fluid - do not plug  
Record findings accurately, ready to give to the emergency services  
If condition deteriorates and casualty becomes unconscious apply life-saving procedures until emergency services arrive  
Member of Staff to report accident to school office. Office staff will contact parents or another emergency contact and record information in the Accident book.  
**A first aider should accompany the student to casualty until the parents can take over the responsibility.**

### **Less serious injury**

Any blow to the head that is heavy enough to cause a bruise or scalp wound can cause concussion.

### **Treatment for concussion**

Call the office and ask for a First Aider to attend. Concussion is not usually associated with lasting damage to the brain. The casualty will have a brief period of impaired consciousness which could last a few minutes and is usually followed by a full recovery. By definition the casualty can only be confidently diagnosed with concussion once a full recovery is made. Therefore observation, either at home or at school, is required until full recovery is achieved. The time it takes will be different for everyone.

Lie or sit casualty in a quiet space supervised by an adult.  
Ascertain what symptoms casualty is experiencing.  
Assess regularly - are you feeling better? Do you still have...? Are you experiencing any new symptoms?  
Treat any wounds  
Apply a cold compress to the point of impact if necessary.

If condition deteriorates or you are in any doubt follow procedure for Serious Injury

### **If recovery is good:**

A member of staff should report accident to school office. Office staff will contact parents or another emergency contact and record information in the Accident book.

### **The student should be sent home (in all cases of concussion) under parental/guardian supervision**

Give head injury sheet to parents highlighting what they should look out for over the next 24 hours.

### **Minor injury**

- Accident observed or gauged to be minor and when no signs of concussion evident. May still have some, but minimal, soft tissue damage. If in any doubt treat as concussion.
- Apply a cold cloth or ice pack to point of impact to reduce the pain - Replenish every few minutes and continue for 10 mins. A cold cloth is preferable as an ice pack may mask a more serious injury  
Observe casualty for a given time. If injury occurs at break the student will be taken to The Office or a First Aider.

- In lessons - sit in usual place with red sticker/wristband. The student should carry on the day as normal, but staff should continue to observe for changes in condition (red sticker/wristband). Avoid active lessons if necessary.
- Send home at the end of the day as normal. Give a head injury sheet to parents.
- A member of staff should report any accidents to school office. Office staff will contact parents or another emergency contact and record information in the Accident book.
- Red sticker/wristband will not be required after 24 hours.
- Inform member of SLT on duty if an accident occurs.

### **Specific conditions**

#### **Eating Disorders**

The school recognises that from time-to-time students may develop eating disorders such as anorexia, bulimia or binge eating disorders. If the school should be concerned that a student is developing an eating disorder, consultation will take place with parents, who will be encouraged to see their GP and refer to CAMHS for intervention. Should parents refuse to engage in this process, then the school will make a referral through the Multi-Agency Safeguarding Hub. Key staff undergo training in identifying and supporting students with eating disorders. This will include Heads of Key Stage and members of the Safeguarding team.

#### **Mental Health**

The school recognises the increasing prevalence of mental health disorders and episodes amongst young people and children and the impact that this can have on families and individuals. The school actively promotes good mental health amongst all of the school community through the pastoral system, a range of visitors and guest speakers promoting wellbeing and resilience, visiting professionals providing information and promoting self-esteem, and a wide range of activities to encourage engagement. More detailed information is available in the Child Protection and Safeguarding Policy which is available online or from the school office.

### **Appendix 8: Dealing with illness or injury during the school day**

A student should  
initially go to the Main School Office/ School Nurse

ANY STAFF MEMBER SHOULD

1. Call an ambulance if the problem is serious enough to warrant hospitalisation.

OR

2. Seek First Aid treatment from a qualified First Aider as required, contact the School Office who will then deal with the situation

AND/OR

3. Take to Medical Room (Nurse in Mon to Thurs) OR Main School Office

### **Medical Room Procedures**

1. If staying in the Medical Room she will be signed in by the nurse of first aider.
2. Nurse/First Aider will check for any pre-existing conditions that may require continuous supervision/ or a bump to head, If the nurse is not on duty the first aider will inform the first aid co Ordinator and arrangements for a member of staff to sit with the student will be made
3. Nurse/First Aider will telephone the student's parents to let them know that their daughter is feeling unwell and is in the Medical Room. Parents will also be advised/ discuss if the need to collect daughter
5. A member of the office staff will check the Medical Room every 15 minutes to monitor the condition of any student who is there. A timer is set to alert them of the need to do so.
6. There is an alarm bell in the Medical Room that is connected to the school office for use by the student.
7. If, in the opinion of the Nurse/First Aider, the student is well enough to return to lessons before or at the end of the hour she will be signed out of the Medical Room and will return to lessons.
8. If the student is not well enough to return to lessons after 1 hour's duration her parents will be phoned and asked to collect her as soon as possible. First Aid Co-ordinator informed
9. The door to the Medical Room remains locked when not in use. No student can gain access without the permission of a member of the office staff.
10. Students who require minor treatment; the administration of Paracetamol (with Parent's permission) or a plaster etc. Can see the nurse of First aider via the School Office at break, lunchtime or between lessons without needing permission. The event will be recorded.

### **Recording Pupils in Medical Room**

The following details are then entered into the medical room book:

- Time & outcome, i.e. return to lessons or collection by parent.

### **Appendix 9: Pre-Prep Intimate Care Policy**

*To be read with: Devon County Council, GUIDANCE ON TOILETING AND PROVISION OF INTIMATE CARE FOR CHILDREN IN NURSERY AND RECEPTION CLASSES*

## **Introduction**

The Maynard School is committed to ensuring that all staff responsible for the intimate care of our pupils will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

## **Definition**

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent should undertake the procedure.

## **Our Approach to Best Practice**

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity are of paramount importance.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for herself as she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

## **The Protection of Children**

Child Protection Procedures and Multi-Agency Child Protection procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of ability, development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns the Designated Safeguarding Lead or member of the Safeguarding team. If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into, and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed.



## **Appendix 10: Administration and Storage of Medicines Policy**

The Maynard School understands the importance of taking medication as prescribed in order to support pupils with medical conditions.  
This policy should be read in conjunction with the First Aid Policy

### **Storage of Medication**

#### **Safe storage –emergency medication (Epipen & Inhalers)**

- a. Emergency medication is readily available to pupils who require it at all times during the school day.
- b. All pupils carry their own epipen and asthma inhalers at all times. A spare epipen and a spare salbutamol inhaler for generic use is kept in the following locations -
  - Main Reception
  - The Head's Office
  - Junior Head's Office
- c. Pupils are reminded to carry their emergency medication with them at all times.

#### **Safe storage – non-emergency medication**

- a. All non-emergency medication is kept in a lockable cupboard in the School Office/ Junior School Staff Room.
- b. Pupils with medical conditions know where their medication is stored and how to access it.
- c. Staff ensure that medication is only accessible to those for whom it is prescribed.

#### **Self-Medication**

- a. The school recognises that pupils should be allowed to carry their own medicines and relevant devices (such as inhalers), wherever possible or should be able to access their medicines for self-medication quickly and easily.
- b. Following consultation between the school, parents and the pupil, a pupil will be permitted to store and carry their own medication if it is deemed that they are sufficiently competent to do so.
- c. Pupils will be made aware the medication is strictly for their own personal use and it should not pass to any other pupils under any circumstances.

#### **Administration of medication**

- a. Where a pupil requires supervision to take their medication or where such medication will be administered by staff, pupils receiving medication should be made aware of when and where they should attend at the prescribed times during the course of the medication to receive their treatment.
- b. All medicines supplied to the school by parents should be provided in the original container and clearly labelled with the pupil's name, the name and dose of the medication and the frequency of the dose.
- c. If staff are in any doubt over the procedure to be followed, the parents will be contacted before action is taken.
- d. If a pupil refuses medication, Staff will record this and report this to parents as soon as possible.



**Off site visits and sporting events**

- a. The Maynard School actively supports all pupils with medical conditions to access and enjoy the same opportunities at the School as any other pupil, which includes ensuring that they are able to take an active role in school trips and sporting activities, unless it is contraindicated by a medical professional involved in a pupil's care.
- b. All pupils requiring preventative medication (particularly for sport), if sufficiently competent to self-medicate, are responsible for carrying their medication with them. If not sufficiently competent, a member of staff shall carry the medication, individually labelled.

**Unacceptable Practice**

- a. Staff should use their discretion and training with regards to each individual pupil's medical needs by reference to the individual health care plan as appropriate.
- b. However, staff should be aware that the following practices are generally unacceptable - preventing access to medication and relevant devices (such as inhalers), where this is reasonably required
  - assuming that all pupils with the same medical condition require the same treatment
  - sending unwell pupils unaccompanied to the School Office or Medical Room.
  - penalising pupils for their attendance record, if their absences are related to their medical condition (e.g. hospital appointments)
  - preventing pupils from eating, drinking, or taking toilet breaks when required to enable them to manage their medical condition effectively.
  - requiring parents, or otherwise make them feel obligated to attend the school to administer medication or otherwise provide medical support during the school day.
- Preventing pupils from participating or creating unnecessary barriers to pupils participating in all aspects of school life.

**Appendix 11: Parental Agreement for School to administer medicine****PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE**

The Maynard School is able to administer prescribed medicine to your daughter. The school **will not** give your daughter medicine unless you complete and sign this form. If the medication is for a long period of time, an Individual Health Care Plan should be completed.

**Any medication to be kept in school must be clearly labelled with child's name and must be in the original container as dispensed by the pharmacy.**

Daughter's Name ..... Date of Birth: ..... Form: .....

### **Medication**

My daughter has been prescribed:

Medicine Name / Type of medicine (as described on container)

.....

For (please specify medical need):

.....

Prescribed from: ..... Medicine Expiry date: .....

Dosage and method: .....

Timing/s: .....

Special precautions / other instructions: (e.g. must be kept in fridge)

.....

Are there any side effects that the school needs to know about?

.....

Self-administration? YES / NO (please circle)

Procedures to take in an emergency:

.....

### **Consent**

I consent to the medication listed above being administered by a member of staff. YES / NO

The above information is, to the best of my knowledge, accurate at the time of writing and I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature: ..... Date: .....

Name: ..... Relationship: .....