



WOOTTON PARK

'Ipsam quod faciendum est diutius'

Title	First Aid Policy
Year	2018/2019
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First Aid Policy

Purpose

To outline the procedures followed in the event of First Aid being required.

Relevant policies

Health and Safety, Safeguarding.

First Aid

The school ensures that a first aid kit is kept on site at all times. Also, that this complies with relevant regulations. Its contents are frequently checked and replenished, as documented on the list in the First Aid Box.

NOTE IT IS ESSENTIAL MOUTH AND NOSE BARRIERS ARE PRESENT AND NO MOUTH TO MOUTH RESUSCITATION IS GIVEN WITHOUT A BARRIER IN PLACE.

It is kept in the staff space in the emergency exit box, out of the reach of children.

Training

The Principal will ensure that relevant staff have basic first aid training within a year of the start of contract and that there is at least one member of staff with a current first aid certificate and at least one person who has a current paediatric first aid certificate on the premises and available at all times when children are present, and must accompany children on outings

Emergency care

It is the decision of the senior staff member present at an incident to determine when emergency medical services should be called. It is then their responsibility to ensure all advice given is followed. Parents will be contacted as fast as possible, usually by another staff member on a separate phone line. Our duty of care is at all times to all the children present.

Parental permission

All parents are asked to give permission at the time of acceptance for their child to receive necessary emergency medical treatment and for professional advice to be sought and followed.

Administration of medicine

Staff are not generally authorised to administer medicines. Parents wishing their child to receive, for example antibiotics, should aim to give these before or after session hours. Where this is not possible administration will only be undertaken by a qualified first aider. Any such administrations will be noted in the Medicine Book in the First Aid Box. Recording the following details: name of child, name of staff member, date, time, medicine, dosage, and expiry date as shown on container, parent signature or written permission authorisation.



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In the case of, for example, asthma, a child may need to use their inhaler under the supervision of a member of staff. Any such administrations will be noted in the Medicine book. A letter of consent from parents must be given before any such assistance can be given. Any such medications brought into school will be kept by the staff clearly labelled and out of reach of the children.

Sickness

We do not keep in school children who are showing symptoms of sickness. Particular illnesses have specified exclusion periods.

A child or member of staff who has been unwell is required not to return until they have had no symptoms for at least 48 hours. Staff must provide a self certification form or a doctor's note.

If a child seems to be taken unwell during sessions they will be taken aside by a member of staff. Parents or other named contacts will be contacted and asked to collect their child. Special attention will be given to all hygiene issues with respect to the other children in attendance.

Allergies and Health Matters

Staff will be informed of all relevant health issues regarding the children in their care and necessary precautions and trigger situations, these details are also requested on registration forms. Strict confidentiality will be maintained. Where appropriate, staff may meet with parents or health professionals prior to a child beginning at the school.

A well child

A well child is considered to be one that

- Has plenty of energy
- Has good and even colour in their skin tone
- Is happy
- Has a temperature within a normal range
- Has clear sparkly eyes with responsive iris and non-dilated pupils
- Has clear breathing passages and quiet breathing patterns
- Has no gastric symptoms nor signs of prolonged dizziness or headache
- Has no persistent unexplained pain

Absence Periods

Athlete's foot – absence for as long as symptoms show or allowed in with veruciae socks.

Bronchitis/Trachitis – absence for duration of symptoms

Chickenpox – absence until all spots have crusted over

Cold sores – no absence needed but extra care should be taken

Conjunctivitis – absence whilst the eye is secreting discharge or is sticky

Croup – absence whilst symptoms persist

Diarrhea – absence until 48hrs after symptoms have stopped

German measles / Rubella – absence for 5 days after the rash appears. It must be notified to health authority.



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Head lice – absence until treated by parents

Hepatitis a - until jaundice has gone or for at least 5 days, whichever is longer

Impetigo – absence until sores are crusted over

Measles – absence for 5 days after onset of rash, it is notifiable

Meningitis – absence until well

Mumps – absence for 5 days after onset, it is notifiable

Ringworm – no absence necessary but must be covered

Scabies – absence till treated

Scarlet fever – absence for 5 days after the start of treatment, it is notifiable

Slapped Cheek – contagious period is prior to symptoms so exclusion ineffective

Tonsillitis – absence whilst ill

TB – take professional advice for the individual

Typhoid fever – absence until 3 negative stool samples have been given with at least a week between each and beginning at least 3 weeks after the completion of treatment. **Vomiting** – absence till at least 48hrs after symptoms stop

Whooping cough – absence for 3 weeks after onset of cough

For further information consult NHS direct.

Reporting

All serious accidents or incidents will be logged by the school health and safety lead who will in turn report to the LGSS representative. It will then be logged with the HSE.

Review

This policy will be reviewed annually by Governors.