



THE MENDIP SCHOOL

FIRST AID POLICY

Review Due:	23.03.2022
Last Review	23.03.2021
Applicable to:	The Mendip School
Reviewed By:	Ian Conley
Approved By:	School Governors

THE MENDIP SCHOOL FIRST AID POLICY

Rationale

- To ensure an effective response to injuries and sudden illness in pupils and staff.
- A separate policy is in place for the administration of medication- 'Policy and guidance for supporting pupils with medical needs'

Aims and Objectives

- To identify a member of staff qualified as a First Aider 'In The Workplace' in each of the following staff groups; teaching, office and learning support assistants.
- To provide First Aid equipment and provision in accordance with Health & Safety recommendations
- To ensure that all staff are aware of the appointed First Aiders
- To ensure all staff are aware of correct reporting and recording procedures relating to accidents

Guidelines

- There is a designated room for First Aid.
- All treatments must be in accordance with medical guidelines recommendations
- Names of qualified First Aiders will be displayed in the First Aid Room and by every first aid kit
- First Aid Boxes are located in:
- Designated First Aid Room
- Children requiring First Aid treatment should be dealt with initially by the member of staff involved. Where there is doubt or in more serious circumstances a message should be sent by reliable means to either the school office or direct to a qualified First Aider.
- Accidents to pupils should be recorded in the pupil accident book and reported to parents via the tutor. Accidents to staff must be reported on the BANES On-line accident form (Advice from Office).
- Serious accidents, resulting in a person being taken to hospital, must be reported to the Headteacher or Deputy Headteacher and reported on the BANES On-line accident form. (Advice from Office)
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- The Headteacher or Deputy Headteacher must be informed if it is felt necessary to send or take persons home due to illness or injury.

A typical First Aid Kit should consist of the following items;

- 2 small (eye pad) bandages
- 6 medium bandages
- 2 large bandages
- 4 triangular bandages
- 6 safety pins
- 1 pair of disposable gloves
- 6 antiseptic wipes
- 1 leaflet containing general First Aid advice
- 20 plasters of assorted sizes

Some of the First Aid Kits are required to contain alternative or additional items. This information can be found in a document (a copy of which is placed in the green ring binder in the First Aid Room.)

This document can be used to check that all First Aid Kits are suitably stocked. Stock levels should be monitored regularly and re-ordered as required. Any items which have passed their expiry date should be discarded safely.

The location of all First Aid Kits should be designated with a green cross, together with a list of suitably qualified First Aiders.

Medication Checks

Students' medication is typically stored the medication cabinets.

Medication is occasionally stored in other locations if required. This information, along with medication type, quantity and expiry date is recorded and stored in the green ring binder in the medical room.

Parents / carers should be informed when medication stock levels are low or medication is nearing expiry, in order for replacement medication to be sent to school. All expired medication should be discarded safely.

Past medication checklists are archived and stored in a secure place.

Individual Students' Medication Records

Students who require medication to be taken in school require a monthly medication administration sheet. This should be completed on each occasion that a student requires medication. Current sheets are kept in a black ring binder in the First Aid Room, along with documentation describing the medication to be taken and dosage required. At the end of each calendar month, students need to have a new medication administration sheet prepared for medication to be administered in the next month. These can be found at

T:\Medication\Medication\medical administration record. Completed sheets can be placed in the 'Care Plans' pigeon hole in the office to be filed by administration staff. For students taking medication for short periods, blank medication administration sheets are kept at the back of the black file.

Dealing with body fluids

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed.

- When dealing with any body fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately.

Bodily fluids include:

- Blood, Faeces, Nasal and eye discharges, Saliva, Vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available in all 1st aid boxes) then placed in the waste bin in the sick room. Avoid getting any body fluids in your eyes, nose, mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other pupils and staff.

Students' Medical Information

All students' medical information, whether medicated or not, is stored in a blue soft covered file in the First Aid Room.

Review Due: March 2022

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
Chickenpox	5 days from onset of rash	Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing
Measles	5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed
Hepatitis A	Exclusion may be necessary	Consult the Health Protection Agency
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatment is recommended for the pupil and family members
Mumps	5 days from onset of swollen glands	
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better
Influenza	Until fully recovered	
Cold sores	None	Avoid contact with the sores
Warts, verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Glandular fever	None	
Tonsillitis	None	