

Headcorn Primary School

Policy for First Aid, Management of medical conditions And Intimate care



This policy is required to be reviewed every 3 year and will be updated at any other time as necessary to latest guidance or regulations issued by KCC or DFE. Any amendments will require the approval of the Head Teacher and First-Aid Co-coordinator.

Approval Body	Head Teacher
Approval Date	December 2021
Date for Review	December 2024
Signed – Head Teacher	S Symonds
First Aid Co-Ordinator	C Bennett

Medical Awareness

Each year we produce a Medical Awareness List, which is given out to all teachers. The list contains information on all children who have a medical condition which may require intervention from our staff. The list is organised by class, and gives the name of the child, their condition, and the action to be taken if required. It is the responsibility of the class teacher to familiarise themselves with this list in the first week of term every September. Any changes or additions to this list must be given to the school secretary as soon as they are known. This is especially important when children with medical conditions join the school within the academic year. In addition, teachers must attach a notice to the inside front cover of the class register indicating where this list can be found in each classroom so that supply teachers are aware of the information. Finally, all classes must have two notices on their door, one of which will state where the first aid kit and asthma inhalers are kept and the other will list the First Aiders in the school.

Children with a serious medical condition will have their photographs displayed confidentially in the staff room, so that staff can become familiar with them. The kitchen staff are made aware of children with food allergies. Photographs are displayed at the kitchen's serving counter. All midday supervisors are also made aware of children with medical conditions and/or allergies to food or plasters.

Illness at School

If a child has an illness which requires them to receive an extended course of medication administered during the school day, the parents and school will liaise to decide on how this can be addressed without adversely affecting the child's education. School staff will only administer medicine to a child if the parent has completed a medication permission form. All medicines to be administered must be in a labelled container with the child's name, dosage and frequency clearly on it. Any child with an existing medical condition that may require hands on medical attention will have a health care plan to ensure the appropriate care is given under the correct circumstances.

If a child is taken ill whilst in the classroom, the teacher will assess the condition of the child. The child will be examined by a First Aider and if it is agreed that the child should go home, the parent will be contacted. The child will be sent to the medical room to await collection.

Teachers will only send children to the office after they have become convinced that the child needs to go home.

If a child suffers an injury during lesson time, and the class has a First Aider attached to it, the injury will be dealt with by them. If necessary, a First Aider will be called for. Should an emergency occur, the class teacher will contact the nearest First Aider for immediate assistance.

During break times, supervisory staff will be expected to address any minor injuries which occur on the playground. Class teachers must be informed whenever one of their children suffers a significant injury, so that they can inform the child's parents.

Parents must be informed in writing if their child suffers any blow to the head during the school day, and if the child has suffered a significant blow to any other part of the body. First Aiders treating a child with a head injury should inform the School Office so their parent can be advised. Accident report books are kept by all first aiders. It is the responsibility of the class teacher to ensure that a child has received a letter when required and that they take it home with them at the end of the day. Any child who has suffered from diarrhoea or vomiting must not return to school

until they have been completely clear of symptoms for 48 hours. In addition they should not go swimming for 14 days after their illness.

Provision for First Aid

The school has a number of First Aiders. The names of these individuals are displayed prominently around the school.

Each classroom has its own first aid kit. It is the class teacher's responsibility to ensure that the door of their room contains a sign which clearly identifies where the kit is kept.

In addition, first aid bags are kept in every key stage area, for use by those completing a break time duty. Further bags are kept in the medical room. These must be carried by the teacher whenever they take children off site.

The school has a dedicated first aid room. Children must not be left in corridors when unwell. The medical room will be used to provide them with a quiet room, where they can remain until collected by parents, or where they can be treated.

The medical supplies in the medical room and class first aid kits will be monitored and replenished by the First Aid Co-ordinator. If staff become aware that a particular first aid kit requires re-supplying, they must either replenish it from supplies in the medical room or contact the First Aid Co-ordinator.

The highest levels of hygiene will be carried out by all First Aiders wherever possible.

Serious Accidents

Should a serious accident occur, and either a pupil, a staff member or a member of the public require hospitalisation, those staff who attend the incident will, as they see fit, call for help from other staff members, including those qualified in first aid, and act on the advice of the first aiders in deciding whether to call an ambulance.

Any serious accidents must be recorded using the appropriate forms found in the accident file. This file is kept in the office. The School Business Manager can provide guidance on which forms need to be completed for a particular accident.

Headlice

If a child is found to have headlice, their parents will be informed by the school office. All parents and carers of the other children in that class will be advised and asked to inspect their child's head and to treat any infestation accordingly.

Infection

When administering first aid, disposable gloves should be worn. Whenever possible, hands must be thoroughly washed prior to, and after, first aid having been given.

The absence of gloves should never deter the administering of emergency first aid.

All first aid kits will contain disposable non-sterile gloves.

Any surfaces contaminated with blood or other bodily fluids must be dealt with according to the correct procedure.

Intimate care (attending to the needs of children who have wet or soiled themselves)

If possible, the parent or carer should be asked to come to the school and will therefore be able to attend to any of the intimate needs of the child. However, if the parent or carer is not able to attend, the parent/carer will be informed, and the following guidance should be followed.

Only a staff member (with a full DBS) is able to supervise or carry out intimate care. You must ensure that another colleague is aware that you are supporting a child's intimate care needs. In order to protect yourself from allegations, you should aim to remain potentially visible to colleagues, whilst providing privacy for the child. For example, keep the door slightly ajar. Talk to the child throughout the incident, making clear what is happening. If necessary, a second adult can be summoned via the school office.

The child should be involved as much as possible in his or her own intimate care.

All classrooms have designated toilet areas nearby. Other pupils may be directed to use alternative toilets while the intimate care needs of one child are attended to (in order to protect their privacy). It is not appropriate to use the staff toilets.

Protective gloves must be worn if contact is to be made. A supply of wet wipes and nappy sacks (for containing soiled underwear) will be provided on request from the First Aid Co-ordinator. Disposable plastic overalls are also provided.

Care should be taken to dispose of any soiled nappies hygienically in the bin provided for this purpose in the medical room. Soiled clothing should be placed in a nappy sack and tied firmly for returning to parents.

The school policy for Health and Safety has a section concerning spillages of urine or faeces.

Every child must be treated with dignity and respect. Privacy should be ensured appropriate to the child's age and situation, regardless of whether it is staff or a parent/carer attending to the child's needs.

Try to avoid doing things for the child, to allow the child to be as independent as possible. This is important for tasks such as removing underwear as well as for washing the private parts of a child's body. Support children in doing all that they can for themselves.

Be responsive to a child's reactions. Encourage the child to have a positive image of his/her own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey messages about what his/her body is worth. Your attitude to a child's intimate care is important.

If a member of staff has concerns about managing personal or intimate care then they should make these known to the Head Teacher.

Staff should report any incident causing concern to the DSL immediately using CPOMS.

Any of the concerns shown below must be reported immediately to the DSL:

1. the child is accidentally hurt during intimate care
2. the child seems sore or unusually tender in the genital area
3. the child says something indicating misunderstanding/misinterpretation of the care being provided
4. the child appears to be sexually aroused by your actions
5. the child has a very strong emotional reaction without apparent cause (sudden crying or shouting).

Staff should be aware that intimate care is to some extent individually defined and varies according to personal experience, cultural expectation and gender. Do not hesitate to seek advice from the Head Teacher or more experienced colleagues.

First Aid Co-ordinator - Schedule of Responsibilities

The first aid co-ordinator will complete the following duties:

Duties	Frequency
Check the contents of all first aid bags	6 times a year
Check the details of all first aid signs around the school	3 times a year
Check the presence of all medical awareness signs on classroom doors	3 times a year
Check the signage and storage for all asthma inhalers	September
Check the medical awareness and emergency awareness lists	September
Check and update health care plans	3 times a year

Note: References in this document to “First Aider” mean a person who has a recognised and up to date First Aid qualification.