

GFM

Medical Conditions and First Aid Policy

Approved by		Date	January 2022
Maintained by	Schools Executive	Next review due	January 2024

Please note:

The GFM is undertaking a full review of its provision for:

- Students with medical conditions
- Students with health needs who cannot attend school
 - Responsive first aid (medical)
- Responsive first aid (mental health and well-being)

The full review includes working with all stakeholders and has been prompted by a desire to enhance our provision for young people in light of the broader range of well-being, mental health and medical needs we are seeing (that can be attributed to a range of factors with the global pandemic being a significant one.)

For the duration of the review this policy should be used to inform procedure and practice.

Medical Conditions and First Aid Policy

This policy is revised and updated when necessary and reviewed every two years.

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GFM Ethos and core principles

Our collective and moral accountability is to provide a fully inclusive education with the best quality learning for all so everyone in the school community makes progress, achieves to their best, and is happy and well. The school recognises its primary responsibility to safeguard and promote the welfare of all its learners and is therefore committed to ensuring a thoughtful and responsible approach to first aid, administration of medicines and the support of students with medical conditions.

We support youngsters with medical and first aid needs in a prompt and caring manner to minimise impact on their learning, engagement in lessons and the opportunity for them to engage in extracurricular activities. Our provision includes:

- Thoughtful and responsible decision making around first aid, administration of medicines and support of those with a medical condition/s
- The commitment to accessing expert support, advice and guidance in a timely and appropriate way
- Suitably stocked first aid provision across the school
- Designated Qualified First Aiders, Welfare Assistants and Pastoral staff available to oversee first aid arrangements, coordinate planned activity and provide support in situations requiring thought and prompt action
- Named First Aiders and Appointed Persons to support in the administration of first aid, medicines and to provide support for a child with a medical condition/s
- Support, guidance and information provided for employees on all aspects of this policy and practices associated with this policy.

An annual assessment (**Appendix A**) is carried out annually by a Team of staff.

This review ensures each school in the GFM is meeting statutory and advisory responsibilities:

- Overseeing and enabling an ethos and culture of inclusivity for all in the school community, and a commitment of staff to act thoughtfully and responsibly to secure the well being and safety of students and staff
- Ensuring appropriate insurance arrangements are in place and up to date (in liaison with the GFM Central team)
- Overseeing the training and development of staff working directly with students around first aid, administration of medicines and supporting students with medical needs. Training is in place for the first aid team & the team of volunteers.
- Reviewing policy, and policy into practices - providing guidance on any updates or amendments to current policy, practices and procedures
- Ensuring record keeping for IHCPs is current and appropriate
- Ensuring an up to date record of first aiders and certification dates is kept by the Inclusion team and shared with staff at appropriate times.

Responsibilities

Trustees and Non-Executive Ambassadors

Health & Safety policies, including First Aid, Administration of Medicines & Students with Medical Conditions Policy are adopted and reviewed by the Governing Body Committee in accordance with statutory expectations and advisory guidance.

Executive

The headteacher delegates specific responsibility for collating the policy, and ensuring policy into practice with detailed procedures to a nominated Assistant Headteacher and the School Leadership Team.

School Staff

Staff are responsible for taking action that prioritises the well being and safety of the child, and secures the staff and student's welfare. GFM staff are expected to act thoughtfully and responsibly in their 'locus parentis' role. The school undertakes to provide appropriate training and guidance to a number of first aiders/appointed persons so that students and staff have easy access to those with additional training in safeguarding, first aid and health and safety.

Policy into practice

The aims of this policy are to:

- Establish the role the school and its staff will take in supporting children with medical conditions, and their families
- Ensure the school provides appropriate training and guidance for an appropriate number of first aiders/appointed persons in accordance with statutory requirements
- Establish the role the school and its staff will take in supporting children and their families in the administration of medicines
- Establish the role the school and its staff take in supporting children with medical conditions to fully participate in school life
- Establish clear procedures for storage, administering medicines and communicating with families
- Ensure that the interests of students and staff are safeguarded whilst carrying out this policy.

Staff are expected to provide an inclusive school environment for all, and act thoughtfully and responsibly in their 'in loco parentis' role. When and where appropriate staff will be provided with relevant training in order that additional support can be provided if appropriate for a student with medical needs.

Parents or carers are expected to inform the school of any medical condition or medication which is likely to have an adverse impact on a students' education.

Parents and carers are expected to contact the school if their child has a communicable disease. Some conditions have a minimum exclusion time from school and may need to be

notified to the public health authority. A full list of communicable and notifiable diseases can be found on the Public Health England website. At the time of reviewing this policy the link to this information is: <https://www.gov.uk/topic/health-protection/infectious-diseases>

Reactive first aid

Staff are responsible for taking action that prioritises the well being and safety of the child and secures pupil and staff welfare. The school expects all staff to act thoughtfully and responsibly when finding themselves faced with a situation where a child is hurt or unwell, providing care and support for the child and seeking support from another adult.

Primary Phase

Each school has a paediatric trained First Aider on site. In addition, there are a number of qualified First Aiders.

Special Phase

Staff are required to complete regular appointed persons refresher training to validate Physical Intervention certification (as per Positive Handling Policy). In addition there are a number of qualified First Aiders.

Secondary Phase

Staff are expected to apply the STAR principle (as we do in response to a safeguarding flag or concern) stopping and thinking, before taking action, then reflecting on the situation and action taken; Stop, Think, Act, Reflect.

Each GFM school provides appropriate training and guidance to a number of first aiders/appointed persons so that children and staff have easy access to those with additional training in safeguarding, first aid and health and safety.

Each GFM school works with children and young people to support and encourage them keeping themselves safe and well.

Primary, Special and Secondary Phase

Students are supported and encouraged by staff to keep themselves safe and healthy. This is formally through the PSHRE curriculum where the curriculum intends to provide opportunity for learning and reflection that enables students:

- To make informed choices and decisions in order to stay healthy, happy and safe
- Be concerned about the welfare of others
- Be responsible in how they act as citizens, and able to successfully deal with significant life changes and challenges
- Be prepared for the challenges and opportunities of adult and working life, in a complex and diverse world

Parents and carers will be contacted if their child is unwell or if their child has sustained an injury that needs a parent or carer decision and next stage action. Staff will contact the emergency services if the injury or illness is deemed to require immediate or urgent medical attention. There is a specific response if a child has received a head injury on site - with the parent and carer being contacted by phone, with a follow up letter [Appendix C](#).

Staff are expected to ensure accurate records are kept of an injury or accident involving a child or a member of staff in the school.

Primary Phase

All accidents requiring first aid care are to be recorded with (at least) the following information:

- Name of injured person
- Name of the qualified first aider/appointed person
- Date of the accident
- Type of accident (e.g. bump on head etc.)
- Cause of accident
- Care provided and action taken

A medical event entry should be made using the school's online system Arbor. Where this isn't possible the paper version of the accident records should be completed, these are stored in the school's first aid room. All medical records, records of administered medicines, risk assessments, records of asthma and allergies, consent for emergency medicines are kept in the files stored in the school office.

Special Phase

The accident book is located in the First Aid cupboard (located in the Assistant Headteachers' office). This is for recording all accidents/injuries and responsive first aid given or when first aid is refused.

Each record is numbered with the following information required:

- The date, time and place of incident
- The name and year group of the injured or unwell person
- Details of the injury/illness, action taken including any first aid given
- What happened to the person immediately afterwards
- The name of the member of staff, first aider or person dealing with the incident

A note of the entry is also recorded on CPOMs.

Contact is made with the child's parent or carer as soon as possible after an injury or when they are unwell. In the event of contact with the emergency services, contact is made with the parent, carer or next of kin as soon as is practically possible.

Secondary Phase

An electronic 'First Aid Log' is kept recording all responsive and planned first aid treatment given by staff including staff with first aid training and appointed persons. If a written accident form is completed this is kept in the Hub by the Qualified First Aider. The log keeps a record of:

- The date, time and place of incident
- The name and year group of the injured or unwell person
- Details of the injury/illness, action taken including any first aid given
- What happened to the person immediately afterwards
- The name of the member of staff, first aider or person dealing with the incident

Contact is made with the child's parent or carer as soon as possible after an injury or when they are unwell. In the event of contact with the emergency services, contact is made with the parent, carer or next of kin as soon as is practically possible.

The Care of Children with Medical Conditions - short term, long term and/or complex medical needs

GFM schools are committed to ensure that, as far as is reasonably possible, a child's medical condition is managed safely and sensitively and that they are able to fully participate in school life.

Individual Health Care Plans (IHCPs) are drawn up to ensure a child with a medical condition is able to access education in full. IHCPs are put together following a meeting with the child, their family, medical professionals as appropriate, and staff from school. The IHCP is shared with staff following protocols for information sharing.

Primary Phase and Special Phase

IHCPs are coordinated by the Paediatric First Aider and/or SENCO and shared with staff as appropriate. Where medical conditions are detailed in EHCPs with provision identified, the IHCP will be directly linked and reviewed as a minimum in line with the EHCP review.

Secondary Phase

IHCPs are usually coordinated by the Inclusion Team and shared with class teachers, the child's Tutor and Head of Year. In some cases IHCPs are shared with line managers.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition) as a result of a medical need, each GFM school will work with medical professionals, the family and the child, the education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Parents and carers are asked to inform the school about any medical condition that affects their child via the admission form on entry to the school, or to a member of staff if the child is already attending the school. Relevant information is shared with the key colleagues and the Inclusion team. Where a student / child has an EHCP medical conditions are usually recorded on the EHCP.

Absence from school because of illness should be rare. Children suffering from infectious or acute illnesses e.g. throat infections, eye infections, ear infections, diarrhoea and sickness should be kept at home until they are fully recovered. Occasionally a child will return to school who is able to cope but still taking prescribed medicine.

GFM Schools work closely with the School Health Services and School Nursing Service who are able to meet with parents, students and school when supporting students with specific health needs. GFM schools do not employ a Matron or School Nurse.

The Care of Children with health needs who cannot attend school

GFM schools work with children, their families and where appropriate the local authority to make arrangements for education for children with health needs who cannot attend school. This includes ensuring as far as possible continuous and consistent provision and maintaining contact with peers and the GFM school.

In assessing need and setting up provision:

- the needs of the child are prioritised
- liaison with the family, takes place through the Inclusion Team
- as appropriate Google Classroom and other online learning tools are utilised
- the child is able to, and encouraged as appropriate to maintain communication with their classmates through online learning platforms.

As appropriate, close partnership working with The Local Authority ensures the child / young person is able to access their learning and make progress. If a child is under the care of a hospital and attending provision through a hospital school, GFM schools will liaise directly with the hospital school.

An individually tailored reintegration plan is designed with the child/young person and their family and other relevant agencies at an appropriate point,. The plan may include reasonable adjustments, progress and learning planning and reintegration with peers.

Administration of medicines (including storage)

Primary Phase

Firstly the member of staff must check that written consent has been given and then must check that the medicine is in the original prescribed container and has the following information:

- child's name
- name of medicine
- prescribed dose
- method of administration
- time/frequency of administration
- any side effects
- expiry date
- any other written instructions provided by the prescriber

Where possible the member of staff administering the medicine will be qualified to do so, particularly if this is to be administered via injection. Alternatively, another qualified first aider will administer the medicine. No member of staff can be forced to administer medicines.

The member of staff will record the date, time and dose given to the child on the reverse of the administering medicine form, this form will be used throughout the course of medicine, filed following course finish and kept within the school office cupboard. It is advised that if it is possible to get doses and medicines checked by a second person, before administering to the child, to do so.

Only one parent/carer is required to agree to or request that medicines are administered.

Medicines will be returned by members of staff at the school office to the child's parent/carer. Medicines will not return home via the child themselves unless written permission has been given.

Administering Paracetamol

The school has chosen to keep a supply of Calpol (paracetamol solution) onsite. Prior permission has been requested using a google form and consent is recorded and stored in the school office. With this consent, children can be administered Calpol after one o'clock by the qualified first aider or appointed person. However, should the child require pain relief prior to one o'clock, consent will be requested in the form of a telephone call or email. When the medicine has been administered, a text is sent to the child's nominated contact to inform them of the time the medicine was administered and the dosage given.

Storage of Medicines

All prescribed medicines and Calpol are kept in the school office or locked storage box, where required, in the Staff Room fridge. Children are not ever able to access these medicines independently of a staff member.

Instructions for their storage should be carefully followed. Any medicines stored must be clearly labelled with the name of the child and instructions for use.

Asthma inhalers are stored in a clearly marked drawstring bag in the classroom. Auto-injectors are stored in the school office in clearly identifiable bags. These medicines will not be locked away. In some cases, permission may be given for children to carry these on their person. In all cases the child will know where their medicine is stored.

Special Phase

Students are facilitated to administer their own medicines.

Medicines are kept in the first aid cupboards, where all staff can access in an emergency if required. Those requiring refrigeration are kept in the staff area fridge. Students are encouraged to carry inhalers on their person where possible.

If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHCP if in place. Parents and carers will be informed if there is a concern with a student not taking their medication.

Secondary Phase

Students are encouraged to access their own medicines, and develop a thoughtful and responsible approach to self-medication.

Life saving medication such as inhalers, epipens, or a diabetic kit will be kept with the student at all times, and measures secured with the student, their family and where appropriate a medical professional in order that they can access and use their medication as appropriate.

Non life saving and controlled drugs will be kept in the Hub. If there is an adjustment to this arrangement this will be agreed in discussion with the family, the child, medical professionals if appropriate and the team in school. Agreements will be recorded on the IHCP. Students are not permitted to carry non-prescription medication with them.

If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHCP. Parents and carers will be informed if there is a concern with a student not taking their medication.

It is the responsibility of the parent to ensure that the school is supplied with medication which is in-date and usable. The parent will be expected to bring in replacement medication before the expiry date of medication already held. Any child with life-saving or emergency medication will not be allowed to attend school if their medication is out of date.

Prescription medication

Primary Phase

If a child needs medicine administered in school the expectation is for the child to be supported in taking the medicine in school, as they would at home by their family. The family will need to provide permission for the young person to take the medicine. The medicine should be sent to school clearly named so it can be locked away until it needs to be administered. The medicines will be administered according to the pharmacy label instructions and must be in the original container/packaging in which it was received from the pharmacist. There must be no overwriting or handwritten alterations to any pharmacy labels showing the dosage and frequency by which the medication is to be administered.

Special Phase

Managing medicines outside normal school hours is encouraged with the young person and the family having full responsibility. eg a medicine which is prescribed to be taken three times daily could be taken in the morning, after school and at bedtime.

If a child needs medicine administered in school the expectation is for the child to be supported in taking the medicine in school, as they would at home by their family. The family will need to provide permission for the young person to take the medicine, the medicine will be left with the First Aid Lead, and the child will be supported taking the medicine in the reception area. The medicines will be administered according to the pharmacy label instructions and must be in the original container/packaging in which it was received from the pharmacist. There must be no overwriting or handwritten alterations to any pharmacy labels showing the dosage and frequency by which the medication is to be administered.

Medication will be kept in a locked safe in the First Aid cupboard, located in the Assistant Headteachers' office. Medication requiring refrigeration will be kept in a fridge in the staff area. All emergency medicines (epi-pens, inhalers etc.) are kept in the secure, but unlocked First Aid Cupboard for immediate access. The label on the medicine container needs to be checked against the student's details and with the consent information from parent/carers. Any discrepancy should be queried with the parent/carer before administering a medicine. Full notes of the conversation and outcome will be recorded on CPOMS.

After the child has been supported in taking the medicines, the register of medication administered will be completed by the facilitating member of staff.

Secondary Phase

Managing medicines outside normal school working hours is encouraged with the young person and the family having full responsibility. eg a medicine which is prescribed to be taken three times daily could be taken in the morning, after school and at bedtime.

If a child needs medicine administered in school the expectation is for the child to be supported in taking the medicine in school, as they would at home by their family. The family will need to provide permission for the young person to take the medicine, the medicine will be left with one of the First Aid team, and the child will be supported taking the medicine in the Hub. The medicines will be administered according to the pharmacy label instructions and must be in the original container/packaging in which it was received from the pharmacist. There must be no overwriting or handwritten alterations to any pharmacy labels showing the dosage and frequency by which the medication is to be administered.

Medication will be kept in a locked cabinet, located in the Hub, access to the cabinet will only be by those in the First Aid Team. Antibiotics will be kept in a fridge in the Hub. All emergency medicines (epi-pens, inhalers etc.) are kept in a secure, but unlocked cabinet in the Hub for immediate access. The label on the medicine container needs to be checked against the school medicine record on the IHCP. Any discrepancy should be queried with the parent/carer before administering a medicine. Full notes of the conversation and outcome will be recorded on SIMS.

After the child has been supported in taking the medicines, the register of medication administered will be completed by one of the First Aid Team.

To note:

Inhalers and epi-pens are always readily available for immediate use by the child and care is taken to ensure other children do not access them.

The school's emergency inhaler will only be used by children for whom parental consent has been given verbally or in writing, and where the child has a diagnosis of asthma and prescribed an inhaler. The school's emergency inhaler can be used if the students' inhaler is not available (for example, because it is broken or empty).

Staff in the school work closely with parents, carers and the child when there are situations where administration of medicine may be required during the school day. As laid out in this policy and the practices with this policy, the school sets out to ensure staff in each GFM school are confident and comfortable in delivering their responsibilities and accountabilities. This way parents, carers and children can feel confident in the support they can access through the school and / or other medical professionals supporting the child, family and the school.

The school will not authorise or administer medicine without parental or carer permission.

From 1 October 2017 new legislation was passed in Westminster to allow schools in the UK to keep spare adrenaline auto-injectors (EpiPen) for emergency use. EpiPens deliver a potentially life-saving dose of adrenaline in the event of a severe allergic reaction (anaphylaxis).

From 1 October 2014 an amendment to the Human Medicines Regulations 2012 allowed schools to purchase and hold stock of asthma inhalers containing salbutamol for use in an emergency.

The location of these on each GFM site are:

Gomer Junior	<i>The School Reception Office</i>
Rowner Junior	<i>The Medical Cabinet in the Disabled Toilet</i>
LWS	<i>First Aid Cupboards - Ass. Headteachers' Office</i>
SGL	<i>Children & Family Services Office</i>
Bay House	<i>The Welfare Office</i>
Brune Park	<i>The Welfare Office</i>

EA	<i>The Site Office</i>
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Non-prescription Medicines

- Paracetamol or calpol is available in each GFM school, and can be given to children/students when parents/carers have signed a permission form. This can be given for no longer than three days
- School staff will not administer aspirin unless prescribed by a Doctor and provided in packaging (to include the prescriber's instructions)
- If a parent wishes to provide non-prescription painkillers for their child, GFM schools have been advised to only accept the following: paracetamol and ibuprofen
- If a parent wishes to provide non-prescription antihistamines GFM schools have been advised to accept these
- Non prescription painkillers or antihistamines can be given for no longer than three days
- Permission from the parents/carers must be given before non-prescription medication can be accepted by a GFM school.

After the child has been supported in taking the medicines, the register of non prescription medication administered will be completed by one of the nominated team.

Nominated teams by GFM site

Gomer Junior	<i>Any First Aider</i>
Rowner Junior	<i>Any First Aider</i>
LWS	<i>Leadership/First Aiders</i>
SGL	<i>First Aiders</i>
Bay House	<i>The Welfare Office</i>
Brune Park	<i>The Welfare Office</i>
EA	<i>The Site Office</i>

Disposal of medicines

Medicines should not be allowed to accumulate. No medicine may be used after its expiry date. Some medicines eg: insulin, eye drops and eye ointments have to be discarded four weeks after opening. The date of opening must always be recorded on the container for these preparations.

The safe disposal of clinical waste is the responsibility of the the GFM Estates Team on each site. Approved 'yellow' bags are used for the temporary storage of such waste in clearly defined and safe areas prior to removal from the school by an authorised contractor. Any syringes, needles or other sharp instruments will be disposed of in the sharps bin until

removed by an authorised contractor. Each school site has a bodily fluid bin and any bags with sick or blood must be placed in there and not put in normal waste bins

Inoculations

The School Immunisation Team contact GFM schools with dates for age appropriate inoculations and makes arrangements for their administration. Parents and carers will complete forms provided..

Special Phase

Year 8 HPV - 2 parts
Year 9 Booster of Diphtheria, Tetanus and Polio
All Year groups - Influenza (nasal)

Secondary Phase

Year 8 (Girls & Boys) HPV - 2 parts
Year 9 Booster of Diphtheria, Tetanus and Polio

Concern or complaint

The GFM Concerns and Complaints policy outlines actions to be taken should there be a concern or a complaint to be raised by a child and / or their family.

Visits and Trips

The teacher or member of staff in charge of a trip away from school will liaise with nominated team to discuss any identified needs for children / students attending the trip, and to agree with the child, the family and the trip lead any specific medical or first aid requirements and how these will be supported on the trip. First aid kits are issued for all trips and as with each school day, staff accompanying the trip are expected to act thoughtfully and responsibly in their 'in loco parentis' role.

A risk assessment will be carried out prior to each trip or visit when medical conditions will be considered. Factors considered will include:

- How all children will be able to access the proposed activity
- How routine and emergency medication will be stored and administered
- Where help can be obtained in an emergency and whether a child/student is able/capable/responsible enough to carry their own medication during the trip.

Parents and carers will always be sent a trip permission form to be completed and returned to school before the child leaves for an overnight stay. This requests up-to-date information about the child's current medical condition and how it is to be managed whilst away.

Staff on educational visits and out-of-school-hours activities will be fully briefed on a child's individual medical needs. They will have access to the Individual Healthcare Plans and any necessary medication and medical equipment for the duration of the visit.

A child's medication will be in individual boxes with their name clearly marked on the box. They will be handed to the trip lead before the trip.

Special Phase

Any students who are not able to carry their own medication will have their medication looked after by a designated adult and the student made aware of the person carrying their medication.

Each box will contain a medication record so that any medication given whilst on the trip is recorded and signed by the person administering the medication. Any students who have a care plan will have a copy of the care plan in their box so that instructions can be followed should an emergency arise.

Secondary Phase

The lead member of staff will give the medicines to the individual child who will be reminded and supported in being careful and to keep their medication safe.

Any students who have a care plan will have a copy of the care plan in their box so that instructions can be followed should an emergency arise.

All medication must be returned by the trip leader and handed over to the parent/carer on return.

If any child/student uses an inhaler, epi-pen or are on any other medication they must have these items on the trip with them - either with the designated adult or in their care. This is to ensure the child/student is safe and well for the duration of the trip.

To note - policy into practice in GFM schools sets out to ensure that situations of unacceptable practices do not arise. In line with mandatory guidance (2017) from the Department for Education guidance of unacceptable practices include:

- Preventing children from easily accessing inhalers and medication, or preventing children from administering their medication when and where necessary
- Assuming that every child with the same condition requires the same treatment.
- Ignoring the views of the child or their parents or carers, or ignoring advice from medical professionals or medical evidence or opinion (although this may be challenged)
- Sending children with medical conditions home frequently, or prevent them from engaging with normal activities, including lunch, unless this is specified in their IHCP
- Acting irresponsibly in situations such as leaving an unwell child without care, sending an injured or unwell child for care unaccompanied
- Penalising children for their attendance record if their absences are related to their medical condition eg hospital appointments.
- Preventing children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Requiring parents or carers, or making parents or carers feel obliged to attend school to administer medication or provide medical support to their child, including with

toileting issues when this can be arranged in agreement with the school, the child and the family

- Requiring or expecting parents or carers to give up working because the school is failing to support their child's medical needs. Schools must not prevent children from participating, or create unnecessary barriers to them participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Appendix A

Risk assessment of First Aid Provision on each GFM site to be nominated Executive plus three staff.

Issue	Level of risk	Controls in place
Number of first aiders <i>(link to First Aid Officers, Training and Recommended Numbers (2 - 16/494441))</i>		<ul style="list-style-type: none"> • Number to staff / student ratios • Location of people and sites • Training provided and required Policy 'in loco parentis' and staff self responsibility Calling an ambulance Support in the event of head injury management Covid control (can be applied to other infection control)
No of appointed persons		Rationale with policy and culture
Location of First Aid kits		<ul style="list-style-type: none"> - Number of kits? - Type of kits? - Location of kits? - Other equipment? - Who is responsible for maintenance? - Emergency Medication approach (asthma, anaphylaxis) - Protocols established to mitigate hazards through / with first aid
Arrangements for offsite activities / trips		
Out of school hours arrangements eg parents evening and community events		
Specific hazards		*review list and explore mitigation
Specific need of each site		<ul style="list-style-type: none"> - is it a low risk workplace (office)? - is it a high risk workplace (workshop)? - is there a combination low risk in some areas and high risk in others? - distance / time to medical treatment
Previous learning		<ul style="list-style-type: none"> - past Injuries/illnesses/incidents - first aid records - anything to learn and consider?
Continuity of provision		

Hazard	Potential harm including but not limited to:
Sport / PE	muscular sprain/strain, laceration, concussion, fracture

Manual tasks	muscular strain/sprain
Animals	bites, stings, kicks, scratches, diseases
Machinery / equipment	laceration, fractures, amputation, bruises, dislocation, crushing
Biological	infection, allergic reactions.
Working at height	fractures, lacerations, dislocation, concussion
Electricity	electric shock, burns
Hazardous chemicals	poisoning, irritation, chemical burns. Injury resulting from fire or explosion
Extreme temperatures	burns, heat stress, fatigue, hypothermia, frost bite, shock
Built/Natural Environment	bruises, lacerations, slips, trips, falls
Violence	nausea, shock and physical injuries
Medical Conditions	health conditions requiring emergency response/medication (e.g. anaphylaxis, asthma, diabetes, epilepsy)

Appendix B

Advice following a head Injury - Letter to Parents

Dear Parent / Carer

Following our phone call home to you today (add detail) this is to follow up to share advice and guidance for monitoring a child following a head injury.

Minor Head Injuries

Minor head injuries and knocks to the head are common, particularly in children. Following the injury, if the person is conscious (awake), and there is no deep cut or severe head damage, it is unusual for there to be any damage to the brain.

However, sometimes a knock to the head can cause damage to a blood vessel which may bleed next to the brain. This is uncommon, but can be serious. Symptoms may not develop for several hours, or even days, after a knock to the head. In rare cases, symptoms can develop even weeks after a head injury. This is why 'head injury instructions are given to people who have visited the emergency department at a hospital. These are the symptoms to look out for following a knock to the head.

Drowsiness

After a knock to the head, children will often cry, be distressed and then settle down. It is quite common for them to want to sleep for a short while. This is normal, however, it will appear to be a 'peaceful' sleep, and they wake up after a nap.

Headache

It is normal after a knock to the head to have a mild headache. Sometimes there is also a tenderness over bruising or mild swelling of the scalp. Some paracetamol will help. A headache that becomes worse which is of more concern.

See a doctor quickly if any of the following occur after a head injury

- Increasing drowsiness
- Worsening headaches
- Confusion or strange behaviour
- Vomiting
- Loss of use to part of the body, for example, weakness in an arm or leg
- Any visual problems, such as blurring of vision or double vision
- Blood, or clear fluid, leaking from the nose or ear
- Unusual breathing patterns

If in any doubt please consult a medical professional or contact 101.

signed