



First Aid and Medical Policy

SCOPE: This policy applies to the whole school, including the Early Years Foundation Stage.

POLICY REVIEW

Latest Review Date	Reason for review	Reviewed by	Formally adopted by the Governors
May 2019	Annual Review	D Howers / SMT / Full Governing Body	24 th June 2019

Period of review:	Annually
Next Review date:	May 2020

PERSONNEL WITH RESPONSIBILITY FOR FIRST AID (INCLUDING FOR EYFS)

OVERALL RESPONSIBILITY	POLICY IMPLEMENTATION & MONITORING	PRE-PREP	FOUNDATION STAGE
Mrs Katharine Mansfield (Acting Head)	Mrs Diana Howers (Bursar)	Mrs Kate Perry (Head of Pre-Prep)	Mrs Kate Willis (Foundation Stage Coordinator)

APPROVAL

This policy was developed with reference to the DfE Guidance on First Aid 2014. The policy was reviewed by the school's Board of Governors against the Independent Schools Standards Regulations on 24th June 2019 and was approved for full adoption and implementation.

VISION, CORE VALUES AND AIMS OF THE SCHOOL

This policy sets out to support the school's **Vision, Core Values and Aims**

Our vision is *Excellence* for all our children in:

- Learning and achievement
- Personal development
- Pastoral care
- Preparation for life

Our *core values* are:

- Every child is unique, valued and capable of achieving their potential.
- Strong partnerships between home and school promote effective learning for each child.
- Personal, social, moral and spiritual development are equally important as academic success.
- Children learn best when they are happy, safe and secure.
- It is not who a child is by birth that matters but rather what they make of their life.
- A commitment to the development of the whole child through a stimulating curriculum.
- A cherished Christian ethos which underlies all school life.

Guided by our Christian ethos and core values *we aim to:*

- Provide all children with a first class education and to instill in them a thirst for knowledge and a love of learning.
- Inspire and support each child to fulfil their potential and to develop their talents.
- Develop each child's confidence, self-esteem, independence and integrity.
- Promote a culture of care, respect and traditional values within our school family and the wider community.
- Develop children's spiritual awareness and a growing understanding of the beliefs of others.
- Lay the foundations for a happy and successful life.

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Aims

- Outline the practical arrangements for first-aid at the point of need
- To provide a clear policy to support the provision of first-aid within school
- To ensure that all staff are aware of first-aid arrangements, including the

- location of equipment, facilities, and first-aid personnel
- To provide guidelines for the administration of medicine in school
- To provide guidelines for dealing with medical conditions in school
- To provide procedures for monitoring and reviewing the school's first-aid needs.

Introduction

The Health and Safety (First Aid) Regulations 1981 place a duty on the School to make adequate first aid provision for first-aid in the workplace. This includes employees and anyone else on the premises, should they become ill or injured at work. The policy was written and reviewed taking regard to the DfE Guidance on First Aid 2014.

First-aid provision

First-aid provision is based on risk assessment taking into account the number of employees, the complexity of the building, the accessibility to emergency services, the hazards and risks involved in activities at school and the needs of the children including those with special medical needs or disabilities. This First Aid Policy has been drawn up to ensure that first aid is administered in a timely and competent manner.

First-aiders

Training: First Aiders are required to undertake one of the following courses:

- One day Emergency First Aid (EFA) valid for three years
- Two day Paediatric First Aid training revalidated three yearly
- Three day First Aid at Work (FAW) training validated two yearly

As it is a requirement that at least one member of staff is a qualified first aider when children are present on site, all staff are required to undergo first aid training with refresher training every three years. Names of those members of staff trained (and the appointed person) are found in the medical room, the staff room and the Health and Safety Manual (See Appendix A). A first-aider must hold a current First-Aid certificate having completed a training course approved by the Health and Safety Executive. Certificates are usually valid for three years. Training is updated regularly but staff must inform the Deputy Head if their certificate is nearing expiry so that further training can be arranged. At school, the main duties of a first- aider are to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school
- When necessary, ensure that an ambulance or other professional medical help is called
- The number of first-aid personnel required is based on risk assessment. Consideration needs to be given to there being:

- Adequate provision for lunchtime and breaks
- Adequate provision in case of absence
- First-aid provision for off-site activities
- Adequate provision for practical departments
- Adequate provision for out of school activities
- Adequate provision for trainees working on site

For children in the EYFS at least one person who has a current pediatric first aid certificate is on the premises at all times when the EYFS children are present. There is at least one person on EYFS outings who has a current pediatric first aid certificate. (From EYFS Inspection Guidance.)

Appointed person

In addition to staff trained in first aid there is also an appointed person, who is not necessarily a trained first-aider. The Housekeepers are the school's appointed persons. An appointed person is someone who:

- Takes charge when someone is injured or becomes ill
- Looks after the first-aid equipment e.g. restocking the first-aid containers
- Ensures that an ambulance or other professional medical help is summoned when appropriate.

Dealing with an emergency situation

There should always be at least two members of staff dealing with an emergency situation. All classrooms have telephones to call for assistance, in addition emergency cards to take to the closest occupied classroom stating 'Help is required' are provided in each classroom. The Housekeepers have school mobiles that enable them to call the emergency services.

Providing information

All staff are aware of the location of equipment, facilities and first-aid personnel. This information is displayed in school and is part of the Induction program for new staff.

First-aid containers

First-aid containers (all marked with a white cross on a green background) are located in the following places:

- Medical room
- Food Technology Room
- EYFS (located in the Nursery washroom)
- ICT room
- Main Hall

- Science room
- Kitchen

First-aid kits are to be taken out to the playgrounds, and brought back in, each break and lunchtime. As a minimum, first-aid kits should include the following:

Item	Number
A leaflet giving general advice on first-aid	1
Individually wrapped sterile adhesive dressings (assorted sizes)	20
Sterile eye pads	2
Individually wrapped triangular bandages	4
Safety pins	6
Medium sized individually wrapped sterile un-medicated wound dressings	6
Large sterile individually wrapped un-medicated	2
Disposable gloves	1 pair

When taking a first-aid box off-site for an activity or visit, the level of provision of first-aid is assessed. If there is no specific risk the provision in the box can be as follows:

Item	Number
A leaflet giving general advice on first-aid	1
Individually wrapped sterile adhesive dressings (assorted sizes)	6
Individually wrapped triangular bandages	2
Safety pins	2
Individually wrapped moist cleansing wipes	several
Large sterile individually wrapped un-medicated wound dressings 18cm x 18 cm	1
Disposable gloves	1 pair

A first aid kit is taken to offsite Games lessons, including individual medical requirements for children with specific medical conditions.

It is the Housekeepers' responsibility to ensure that the First Aid boxes are checked and restocked as appropriate.

Medical room

The medical room is readily available for use when needed. It has a wash basin and is located near the toilets. It is fitted out with paper towels, a pedal bin for biological waste,

a sharps box for the safe disposal of used needles (when required) , a bed, bedding, sick bowls and first-aid equipment. First-aid equipment is easily moveable in case of emergency. The bedding is washed weekly or more frequently if soiled. Accident books are kept in the medical room. There is also a lockable cupboard accessed by the use of RFID cards. The Housekeeper is responsible for making sure that the medical room is kept in good order. Children who are unwell should not be left unattended for long periods. The baby monitor can be connected to the Office for short periods of time when necessary. EYFS children should never be left alone in the medical room

Hygiene/Infection Control

All school staff take appropriate precautions to avoid infection and understand and follow basic hygiene procedures.

- **Handwashing:** is one of the most important ways of controlling the spread of infections, especially those that cause diarrhea, vomiting and respiratory disease. Pupils are encouraged to wash hands after using the toilet, before eating or handling food and after handling animals. Cuts and abrasions are covered with waterproof dressings.
- **Coughing and sneezing** easily spread infections. Pupils are encouraged to cover their mouth and nose with a tissue.
- **Personal protective equipment (PPE).** Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons are available in the medical room. In addition a bio-hazard pack is available for use when dealing with spillages of bodily fluids. Goggles are also available for use if there is a risk of splashing to the face.

Procedures for dealing with the spillage of bodily fluids

Blood and body fluid spills pose a risk of transmission of infection and disease. The main risk is infection following hand to mouth/nose/eye contact, and via broken skin (cuts or scratches). The responsibility for dealing with or delegating the removal of body spillages rests with the Housekeepers. See Appendix H -Blood and bodily fluid spillages – for further information.

Accident books

The Housekeeper is informed of all accidents and injuries. Any child who needs medical attention is sent to the Office who will call the Housekeeper. Children who are sick or injured are to be accompanied.

Accidents are recorded in the accident book. In the case of a child, it will be the person who first deals with the accident who records details of the incident. Adults may record their own accidents. Once the accident has been recorded the Housekeeper is informed; the information remains confidential and the sheet removed from the book and given to the

Housekeeper who will ensure that it is passed to the Bursar for Health and Safety monitoring. The Bursar will determine whether accidents need to be reported to RIDDOR.

For children within the EYFS, Southend Children's Social Care is notified of any serious accident or serious injury to or the death of any child whilst in our care and act on any advice given (from EYFS Inspection Guidance). In the Bursar's absence accident record forms are passed to the Deputy Head.

Accident reporting

Parents are advised on the same day of any accidents (See Appendix B). The way accidents are reported to parents vary on the degree of seriousness of the accident. Minor accidents are reported to parents by way of a note from the Housekeeper. If there is a visible mark or the skin is broken the Housekeeper will attempt to speak to the parent prior to collection. In the event that the parent is unobtainable a message will be left on an answer phone if available. The Bursar retains copies of all Accident forms [Appendix B(i)] to monitor any trends. Accident Forms issued to EYFS children should be given to the Form teacher to stick in the child's Home School Link book. Parents are asked to sign the form and return to the form teacher to acknowledge that they have seen their child has had an injury at school.

Head injuries

Whenever a child bumps their head the parents are informed on the same day. Normally the Housekeeper or Office staff will phone the parent, but if no-one is available then the form or supervisory teacher will do so. If the injury is minor, a text message will be sent to the parent via InTouch. In the event of a more serious head injury, every attempt will be made to speak to the parent or an emergency contact. A note is also sent home with the child on the same day. (See Appendix B). The form teacher is also made aware of the situation.

Sick children

If a child becomes unwell during lessons they are sent to the Office accompanied, and the Housekeeper will be summoned to them. If necessary staff may call for an adult to take the child to the Housekeeper or call for the Housekeeper to come to the classroom. If a child has vomited or has diarrhea the parents or an emergency contact is contacted and the child sent home. A note is sent home with the child to inform the parents of the situation and to remind them that the child must remain at home for 48 hours after the last incident (See Appendix B)

Mental Health

Where a member of staff becomes concerned about the mental health or behaviour of a child, they should report this in the first instance to the school's designated safeguarding

officer who will action where necessary. For further guidance please see the school's Safeguarding Policy.

Medical records

All new parents receive a Parental Consent/Medical Form (See Appendix C) which asks for information on any known allergies or medical conditions and any medication or special treatment that is required in school. It also asks for written permission to administer calpol or piriton. The Admissions Registrar will seek clarification or further details of any issues raised. The Office ensures that a copy of this form is kept on each pupil's file. Parents are asked to update any information held by the school termly via Edulink One

Some children may have specific needs such as diabetes, anaphylaxis reaction, severe allergies or asthma. If a child has been issued with a specific Care Plan by their GP or specialist paediatric nurse, a copy of this is requested in school. The Form Teacher is informed by the Housekeepers/Admission Registrar of those children in their class that have a medical condition. A copy of the Care Plan is also displayed in the staff room to ensure that all staff are aware of the condition, the symptoms and the treatment. A separate Risk Assessment is undertaken for children with Anaphylaxis (Appendix I).

Administering medication

Medicines should only be brought into school when essential such as those prescribed by a doctor, dentist, nurse or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. This also includes lozenges. Parents need to complete a medicine form (See Appendix D) available from the Office or which can be downloaded from the website/school app. If medication is requested a note is sent home with the child on the same day detailing the dose and time the medicine was administered. (See Appendix E) The Office staff or Housekeeper inform Form Teachers of any children that are receiving medication.

The Housekeeper receives all medication that is brought into school and ensures that it is stored in accordance with the product instructions (paying particular note to temperature).

The member of staff who has received the medication ensures that the container is clearly labelled with the following information:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration

- Any side effects
- Expiry date.

Children will not be given medicines brought in from home without their parent's written consent. Before administering the medication, the Housekeeper will check that the details provided by the parents are consistent with the instruction on the container.

If a child becomes unwell during the day and requires either calpol or piriton, the Housekeeper will check the child's consent form to ensure that written permission has been given. If it has, verbal consent will be obtained prior to administering. A check will also be made to see if the child has had any medication prior to attending school. Following administration, a note is sent home with the child on the same day detailing the time and the dosage and from whom the permission was granted. (See Appendix E). An accurate record is kept on the pupil record on SIMS.

Some children have a medical condition that requires them to receive medication on a daily basis. The Housekeeper administers this medication in accordance with the procedures above and records this information on a *regular medicine sheet*. (Appendix F).

If a child refuses to take medicine, staff will not force them to do so, but will note this in the record and inform parents.

For children in the EYFS staff will ensure that they discuss with parents the procedures in place for responding to children who are ill or infectious. This is normally done through the Form Teacher or via the School Office. Where prescription medicine is administered parents are asked to confirm that the medicine has been prescribed by a doctor, dentist, nurse or pharmacist. Calpol or piriton will be administered following normal procedures with parents being contacted before administration with a note going home the same day to advise time and dosage.

RIDDOR

RIDDOR '95 (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) came into force on 1 April 1996. These regulations require the reporting of work-related accidents, diseases and dangerous occurrences.

Should an employee, volunteer or child have an accident at work or school which results in:

- over seven days absence from work or school because of sickness
- a major injury or condition
- a fatality,

the Bursar should be contacted immediately.

(N.B. If a non-employee has an accident and requires hospital treatment, this too should be reported to the Bursar.)

Storing medication

If a medicine is put in the same refrigerator as food it is put in an airtight container and clearly labeled. For additional security the Kitchen door is kept locked and only accessible using the RFID cards. Parents are responsible for disposing of medication. Controlled drugs are kept in a locked non-portable container out of reach of the children and only the Housekeepers are authorised to administer the medication. In the event of an emergency and the Housekeepers are not available any trained member of staff has permission under these circumstances to administer the medication following the guidelines detailed above. A record is kept for audit and safety purposes on SIMS. Parents are asked to collect medication at the end of the day.

Staff medication

Staff medication must be kept either in a secure location away from children or in the locked cupboard in the medical room.

Contagious Illnesses

There are times when children contract infections/illnesses that are highly contagious. Good hygiene is encouraged in all the children so that the risk of the infection spreading is reduced as far as possible. To help reduce this risk further, parents are asked to keep their child at home until the risk of infection has been reduced. This will usually be dependent on the nature of the infection, the age of the child and, for example, whether lesions have crusted or healed or relevant anti-biotic treatment has been started. Advice will be taken from the Health Protection Agency where necessary but parents are asked via the Parents' Handbook to support the school fully in reducing the risk of infection spreading.

For EYFS children if there is reason to believe that a child is suffering from a notifiable disease identified as such in the Public Health (Infection Diseases) Regulations 1988 the relevant authority will be informed. Advice from the HPA should be acted upon and the authority informed of any action taken. (From EYFS Inspection Guidance.)

Anaphylaxis

Staff are periodically trained about the causes of anaphylaxis shock, the symptoms and the treatment. Training is given in the use of epi-pens/or Jexts. Photos of children who have an epi-pen/Jext together with their Care Plan are displayed in the staff room. Two epi-pens/Jexts are kept in school for each child. Both are kept in the medical room and stored in a locked cupboard accessible by all staff through RFID cards. The relevant children's epi-pen/Jext must be taken on school visits and when attending offsite Games. Staff are made aware of the triggers through Care Plans and consideration is given to these, especially when planning any activities that involve the triggers. The school is within its rights to refuse to take a child into school or take a child off site if epi-pens/Jexts or inhalers are not provided by the parent.

An ambulance should always be called if an epi-pen/Jext has been administered.

Parents are responsible for ensuring that their child's medication is within the expiry date.

Emergency Epi-pens/Jexts

Following the update to regulations in 2017, the school now holds two emergency epi-pens/jexts. Written permission is obtained from parents to allow the use of these epi-pens/jexts in the event of an emergency. The Bursar holds the consent forms and this is noted on SIMS.

Asthma

Staff are periodically updated from a health professional what to do in the event of a child suffering an asthma attack. If a child has asthma, this should have been identified on their medical form, with details about their inhalers and treatment they need. Staff are made aware of these children and a list is put in the staff room.

Inhalers

Relievers are usually blue and are kept with the children or in the medical room. Nursery keep their inhalers in the classroom. They must be taken to offsite games, to the swimming pool and on visits outside school.

Preventers are usually brown, white, orange, red or grey and white. The preventer is usually taken first thing in the morning and last thing at night. Preventers are not normally needed by children during school hours, except on residential visits where their administration will be supervised by the member of staff in charge of First Aid.

Spacers make metered dose inhalers easier to use and more effective. Spacers will often be used in school because young children find it difficult to use some inhalers properly without a spacer.

All inhalers are clearly labelled with the child's name.

Parents are responsible for ensuring that their child's medication is within the expiry date.

The Housekeeper maintains a register for signing in/out emergency inhalers and epi-pens/Jexts.

Emergency Salbutamol Inhalers

Following guidance from the DfE in September 2014, the school now holds two salbutamol

inhalers that will be provided to children with Asthma in emergencies. Written permission is sought from parents agreeing to the emergency use of the school's inhalers. The Bursar has a copy of these consents and a note is made on SIMS. Clarification is also sought if they require anything above the normal 2 puff dosage. The school also holds two spacers, one for EYFS and Pre-Prep children and one for older Prep children.

Asthma attack

The signs of an asthma attack include:

- Coughing
- Being short of breath
- Wheezy breathing
- Feeling of tight chest
- Being unusually quiet.

If a child has an asthma attack they will need to take their reliever inhaler immediately. Staff will follow the procedures outlined below.

- Stay calm and reassure the child but don't restrict their breathing by putting an arm around their shoulder.
- Encourage them to breathe slowly and deeply.
- It is usually easier to sit upright or lean forward slightly. Lying flat on the back is not recommended.
- Ensure that tight clothing is loosened and offer the child a drink of water.
- As soon as they feel better they can return to normal school activities.
- The child's parents must be informed about the attack.

An ambulance or the child's doctor should be called if:

- The reliever has no effect after five to ten minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- The child is blue
- You have any doubts at all about the child's condition.

Continue to give reliever medication every few minutes until help arrives. A child should be taken to hospital in an ambulance, not in a member of staff's car as their condition can deteriorate rapidly.

Asthma and PE

Children with asthma may experience symptoms during PE. PE staff are made aware of which children have asthma. Children whose asthma is triggered by exercise may need reminding to take a dose of reliever medication a few minutes before the lesson. Children are encouraged to "warm-up" at the start of the session. Reliever inhalers will be taken to the swimming pool or the Games field. Children who say they need their medication will take it and rest until they feel better. If there are any concerns that a child may have undiagnosed asthma, staff will speak to the parents.

Defibrillator (AED - automated external defibrillator)

Sudden cardiac arrest (SCA) is a leading cause of premature death, but with immediate treatment many lives can be saved. AED's are easy to use, compact portable and very effective. They are designed to be used by lay persons; the machines guide the operator through the process by verbal instructions and visual prompts. The school bought an AED device in January 2015 which is located in the Medical Room. This device is fully automated and staff attended a briefing on its use. The device has also been registered with the East of England Ambulance Service. The Bursar makes audio and visual checks on the device weekly to ensure that it is working properly.

Diabetes

Children with diabetes in school will have specific needs. A Care Plan will be provided by the diabetic nurse for all diabetic children within the school and should be followed. The child's details and their Care Plan are displayed in the staff room. Staff are made aware of which children are diabetic, what their specific symptoms are and relevant treatment. The Housekeeper will ensure that there is close liaison with the parents and the diabetic nurse to ensure that the child's needs are met by the school.

Special consideration is given to any activity concerning a diabetic child that involves exercise, food or a change in routine for eating. Parents will be consulted regarding arrangements for educational visits or off-site activities. This is especially so for a residential visit and if possible, a meeting will be arranged with the diabetic nurse, parents and relevant staff prior to the residential visit.

Hypoglycaemia ("Hypo"): when the level of sugar in the blood is **too low**. Hypos can occur without warning and usually have a sudden, rapid onset.

The general indications that a diabetic child is suffering from a hypo are as follows:

- Hunger Trembling
- Sweating
- Anxiety or irritability
- Rapid heartbeat
- Tingling of the lips Blurred vision Paleness
- Mood change
- Reduced concentration
- Vagueness
- Drowsiness

Hyperglycaemia ("Hyper"): when the level of sugar in the blood is **too high**. The

symptoms of hyperglycaemia do not appear suddenly but usually build up over a period of time.

- Thirst
- Frequent urination
- Tiredness
- Dry skin
- Nausea
- Blurred vision

If left untreated, this can develop into ketoacidosis which is a life-threatening condition.

A diabetic child who is feeling unwell is not sent to the Office unaccompanied. They will be accompanied, preferably by an adult if their condition is giving cause for concern or the Housekeeper will be called to attend them in the classroom.

Generally, treatment is brought to the child rather than the child being sent to receive treatment, unless alternative procedures have been agreed with the parents, depending on each child's condition.

Children with diabetes will be allowed to eat regularly during the day and times to have snacks will be agreed with the parents.

Records will be kept, and given to parents of the child's blood glucose results in school.

An ambulance should be called if:

- The child's recovery takes longer than 10-15 minutes
- The child becomes unconscious.
- Deep and rapid breathing
- Vomiting
- Breath smelling of nail polish remover

Epilepsy

Children with epilepsy will have an individual Care Plan, which will be followed. Information about children with diabetes is displayed in the staff room. If a child experiences a seizure, details will be recorded and communicated to parents including:

- Any factors which might possibly have acted as a trigger to the seizure
- Any unusual "feelings" reported by the child prior to the seizure
- Parts of the body demonstrating seizure activity
- The timing of the seizure – when it happened and how long it lasted
- Whether the child lost consciousness
- Whether the child was incontinent.

During a seizure staff will follow the procedures outlined below:

- It is important to make sure that the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course.
- In a convulsive seizure putting something soft under the child's head will help to protect it.
- Nothing should be put in the child's mouth.
- After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered.

An ambulance should be called if:

- It is the child's first seizure
- The child has injured themselves badly
- They have problems breathing after a seizure
- A seizure lasts longer than the period set out in the child's health Care Plan
- A seizure lasts for five minutes if you do not know how long they usually last for that child
- There are repeated seizures, unless this is usual for the child as set out in the child's health Care Plan.

Sending a child to hospital

There may be occasions when it is necessary to call a parent to come to school to assess their child. The parent at that point can make the decision whether to take the child to hospital. When necessary if the parent cannot be contacted or when it is obvious from the illness/accident that medical attention is urgent, a trained first aider will make an assessment and call an ambulance. If this is the case, the Head will be informed.

If an ambulance is called and in the absence of a parent/emergency contact, a member of staff will always accompany a child to hospital and will stay until the parent arrives.

When calling for an ambulance staff will follow the procedures below:

Provide:

- the school's telephone number - 01702 478719
- The school's address - St. Michael's School, 198 Hadleigh Road, Leigh-on-Sea, SS9 2LP
- The exact location – the London Road (A13) end of the Hadleigh Road, on the left-hand side coming from the London Road
- Your name, the name of the child and a brief description of their symptoms.
- Inform the ambulance control of the best entrance and state that the crew will be met by a named individual and taken to a named location of the child

- Parents should be informed that an ambulance has been called.

Telephones

The school's mobile phone, or when that is not available, the Group Leader's personal mobile phone, should be taken to all off site activities. All mobile numbers are logged with the Secretaries before the visit.

Review of policy

This policy and the first-aid provision in school will be reviewed annually.

Associated policies/documents

This policy will be used in conjunction with the following school policies:

- Health and Safety Policy
- Equal Opportunities Policy
- Educational Visits Policy
- Complaints Policy
- Staff Handbook

Useful Contacts

Health Protection Agency	www.hpa.org.uk
Health Services Clinic, Rayleigh	01268 366600
East of England Ambulance Service	01954 712400 ext. 8500

Appendices

Appendix A	List of staff with First Aid training and appointed person(s)
Appendix B & B(i)	Notification of Sickness or Accident Forms
Appendix C	Parental Consent Form
Appendix D	School Medicine Record
Appendix E	Notification of medication given Form
Appendix F	Regular Medicine Sheet
Appendix G	Diabetic Procedures and Communication Log Book
Appendix H	Blood and bodily fluid spills
Appendix I	Anaphylaxis Risk Assessment

Diana Howers
May 2019