



## WESTMINSTER UNDER SCHOOL

### First Aid and Medical Policy

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## Introduction and Scope

This policy relates to the administration of First Aid and medicines at Westminster Under School and relates directly to the HSE (First Aid) regulations 1981. It is aimed at all staff employed at Westminster Under School, who may either require help themselves or may quickly need to know how to seek emergency treatment for others in their care, e.g., pupils or other adults. This policy is also applicable to people visiting the School, for whom we have responsibility while on-site.

First aid is defined as emergency treatment administered to a sick or injured person before professional care is available.

This policy should be read in conjunction with the:

- Health and Safety Policy
- Trips and Visits Policy
- Staff Code of Conduct
- Staff Handbook
- Administration of Medicines Policy
- Supervision of Pupils Policy

## **Aims of First Aid and the School Surgery**

- To assist in medical provision for all pupils
- To ensure that appropriate First Aid provision is available at all times, both on School premises and during other school activities, such as educational visits and sporting fixtures.
- To promote health awareness (e.g. organising HPV vaccines, the importance of hydration, etc.)
- To help boys manage longer-term conditions, e.g. asthma, AAI use, diabetes, etc.
- To monitor medical incidents and to recognise patterns of incidents and/or behaviour and report appropriately.

## **Responsibilities**

### **All Staff**

Teachers are not expected to give First Aid in the normal course of the teaching day; however, the School invites any members of staff to volunteer to be trained as a First Aider. Staff in charge of our pupils are expected to use sound judgement and their best efforts at all times, particularly in emergencies, to ensure the health and welfare of pupils. As per the Health and Safety Policy, all staff are expected to report anything deemed unsafe, usually via the School's Management Information System (WUSMIS). Staff witnessing accidents will also log these on WUSMIS.

All teaching staff receive ongoing First Aid instruction as part of INSET training to enable them to provide basic First Aid, and to recognise when more specialist help is required.

New members of staff are required to read the First Aid and Medical Policy which lays out our practices and procedures. They are given anaphylaxis and asthma training by the Assistant Master, Extra-Curricular, as part of this induction. This includes peripatetic staff such as Visiting Music Teachers (VMTs) and Extras' Coaches.

### **The Medical Administrator**

The Medical Administrator is responsible for

- Assisting with the medical needs of boys on a day-to-day basis
- Day-to-day management of First Aid, including appropriate record keeping
- Maintenance of First Aid kits to ensure they are full and up to date
- Liaise with specialist members of staff as appropriate, e.g., the Assistant Master, Extra-Curricular

### **The Medical Assistant**

The Medical Assistant will be responsible for supporting the Medical Administrator in their usual role, acting as a 'second pair of hands', to be responsible for medical incidents while the Medical Administrator is on a break or is otherwise engaged in other responsibilities. They have a limited number of other ad-hoc responsibilities which are able to be combined with the postholder's other role.

### **Assistant Master, Extra-Curricular**

The Assistant Master, Extra curricular, is responsible for:

- Ensuring training for all staff is up-to-date and that we have enough staff to cover pupils and staff as necessary by HSE requirements
- Line managing the Medical Administrator
- Ensuring policies and procedures are in line with new and existing regulations

## **Treatment at the Surgery**

### **Illness at School**

While on School premises, for the majority of incidents, pupils are escorted to the Medical Room by a member of staff or fellow pupil for treatment, as appropriate. New pupils are informed to go to the Surgery for help in the event of an accident by their Form Tutor as part of their induction into the School.

All pupils treated in the Medical Room will be recorded on WUSMIS. In most cases the parent/guardian will be informed by telephone or email before the end of the school day of any injury and any subsequent treatment. In the case of serious injuries, parents will be informed immediately.

Any boy deemed by the Medical Administrator or a First Aider to be unfit for School should be collected by a parent or guardian as soon as possible. In practice, this is usually following a telephone call from the Medical Administrator. Pupils who are unwell will be isolated in the Surgery or the Sick Bay whilst awaiting collection to provide a quiet calm environment for the pupil and, in the case of illness, to minimise the risk of any infection spreading to other pupils and staff. There may be

some circumstances when older boys are unable to be collected and make their own way home. This will only be done by agreement between the Medical Administrator and the parents.

Absentee records are frequently monitored by the Medical Administrator to take note of any boy who is away on a regular basis. We may also need to determine if there are any infections or diseases affecting more than one boy. If a pattern of absence becomes apparent or there is a prolonged period of absence then action will be taken in line with the policy supervision of pupils (including policy on pupil attendance). If concerns are raised about an individual boy, the Form Tutor, Head of Year, Assistant Master, Pastoral or the Deputy Master, as appropriate, will speak to the parents to alert them of the boy's high absence rate and how it can be improved.

**During the 2022-23 academic year, the School's policy on pupils who have tested positive for COVID-19 is that they should remain away from School for five days following a positive test result.**

### **Administration of Medicines**

In the usual course of a School day, while on School premises, members of staff will not ordinarily be expected to administer medicines, though this is more likely while attending school events away from Vincent Square, e.g., while on trips or attending an away fixture for a sporting activity. The Administration of Medicines Policy has further information on the policies and procedures with regard to administering medicines and the training in place to support this.

### **Concussion**

Any head injury has the potential to cause concussion. Concussion is not always immediately obvious and its symptoms are often both varied and delayed. If any child sustains a head injury then they will be accompanied to the Surgery where they will be assessed by a qualified First Aider. They will be given a wristband, as detailed below, so that all adults are aware that the child has suffered a head injury so that they can monitor them appropriately. Parents are also notified by email at the earliest opportunity of any head injury using the proforma in Appendix A.

The School has regular concussion training which includes how concussions can be caused, delayed onset of symptoms and short and medium-term management of the condition.

### **Serious injuries**

In the event of serious injury, the Assistant Master, Extra Curricular will liaise with the Master and Bursar as soon as possible, but certainly within 24-hours about whether a RIDDOR report should be completed.

## **Wristbands**

If a boy receives medication, he will be given a yellow medical wristband to wear, which records the time and dosage of medication given. This acts as a warning to members of staff who may interact with the boy and also acts as a further reminder, in addition to a phone call or email home, for their parents.

Any bump to head or other minor head injury will be highlighted by the wearing of a blue wristband along with a phone call to one of the boy's parents. There will also be an email to the parents confirming the incident, severity and standard guidance on monitoring head injuries along with a do/don't sheet. A copy of the template email is in Appendix A.

The following day a phone call home will also be made to ensure there were no lingering symptoms or to collect the medical advice received by doctors.

## **Infection Control**

In line with Public Health England guidelines on infection control in schools, boys are required to remain off School for 48-hours from the last episode of diarrhea or vomiting.

Any boy suffering from 'flu (influenza) must remain off School until fully recovered.

If there is an infection or disease affecting a whole year group or the whole School, e.g., COVID-19 or hair lice, appropriate information will be sent to the affected group, or the whole school if necessary, with the appropriate Government recommendations.

## **Exposure to Bodily Fluids**

All staff are made familiar with standard precautions for avoiding infection and will follow basic hygiene procedures. There will be access to protective disposable gloves and care will be taken when dealing with spillages of blood / other body fluids and dealing with first aid dressings. All First Aid kits contain nitril gloves and face masks, further PPE is available in the Surgery.

## **First Aid Kits**

### **Availability of First Aid Kits**

Most First Aid kits are kept in the Medical Administrator's Office. However, additional First Aid kits are available in the following locations:

- The Art Department (one general First Aid kit)
- The Science Department (three First Aid kits; one in each lab and in the Science Prep Room, with extra supplies of sterile eye wash)

- In each of the two WUS minibuses (car specific First Aid kits)

The Medical Administrator is responsible for maintaining these kits.

- The Pavilion (one specialist sports First Aid kit)
- The Sports Centre (two general First Aid kits)

Westminster School medical personnel are responsible for maintaining these kits.

A further First Aid kit is kept in the kitchen (with blue plasters, etc.) which is supplied and maintained by the School's outside catering company, currently CH& Co.

### **Contents and Maintenance of First Aid Kits**

The Medical Administrator will regularly check and maintain the First Aid Kits mentioned above. Additionally, they will provide First Aid kits for any off-site activity (away fixtures, trips and visits that are not part of the normal timetable, etc.) which will contain sufficient and appropriate contents for the activity.

For off-site activities that are part of the regular curriculum, such as swimming or games at Battersea, the Director of Sport will ensure that the First Aid provision of the centre is appropriate.

### **Boys with Medical Conditions**

The School is committed to supporting pupils with specific medical conditions. Boys with particular medical conditions (e.g., diabetes, epilepsy, severe allergies, asthma, and so on) will have an Individual Healthcare Plan, details of which should be discussed between parents and the School before admittance or, for existing pupils, as soon as the parents become aware of the medical condition. The Healthcare Plan states the condition, the medication required, the dose and frequency and a photograph of the boy.

All personal medicines are kept in individually labelled orange 'medpacs' which also contain a copy of the boy's care plan. These are kept in an unlocked cupboard, so they are always available.

### **Pupils with a Severe Allergy**

In accordance with government guidelines which came into place in September 2017, the School has spare AAI's available for emergency use. The School's protocol has been written in accordance with the Guidance on the use of adrenaline auto-injectors in schools:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

All boys who have an AAI prescribed by their doctor should carry on their person at all times. Form Tutors should periodically check that boys in their form are carrying them. There should also be a spare labelled AAI for each boy kept in the surgery. These are kept in an unlocked cupboard, so they are always available. These spare AAIs will be taken with any off-site activity such as away fixtures or educational visits. Further details of this can be found in the Trips and Visits Policy.



## Appendix 1: Text for Email to Parents Regarding Head Injuries

Name of boy:

Form:

Your son sustained a knock to his head today (date) ..... at (time) .....

Details:

Symptoms:

Treatment:

We are querying a **suspected concussion** and request that he is reviewed by his GP today.

We would like to ensure that relatives/carers observe the following points until he is fully recovered:

- He should not be left alone
- No sedatives (e.g., cough linctus that causes drowsiness) for at least 48 hours as these can mask any change in condition
- Concussion symptoms are made worse by exertion, both physical and mental and the most important treatment for concussion is rest.
- He must not exercise or do any activities that make symptoms worse e.g., reading, computer games
- If mental activities such as reading and concentrating exacerbate symptoms he may have to stay off school until they subside
- If he goes back to activities before he is completely recovered, he is more likely to remain symptomatic for longer
- He may experience headaches, feel bad tempered, have poor concentration, feel slightly nauseated and more tired than usual.
- Simple pain killers e.g., paracetamol can help but **rest** is the most important treatment. It can take several days to recover from a minor head injury.

**IMPORTANT**, if any of the following occur you must seek a medical review **IMMEDIATELY**

- Drowsiness when normally awake or cannot be woken
- Headache that is getting worse or not relieved by paracetamol
- Weakness or numbness in one area of the body or decrease in coordination and balance
- Vomiting or prolonged nausea
- Slurred speech, difficulty speaking or understanding
- Increasing confusion, restlessness or agitation
- Loss of consciousness
- Convulsions
- Clear fluid/bleeding coming out of ears or nose
- New deafness in one or both ears
- Changes in vision such as blurring or double vision
- Dizziness
- Neck stiffness

### **Returning to sport following a concussion**

The School adheres strictly to the recommended guidelines for returning to sport following a concussion. Pupils must be symptom free and told they are fit to play by their doctor following a period of rest. Return to sport must follow a step-wise Graduated Return to Play (GRTP) as instructed by their doctor.