

# LYCÉE INTERNATIONAL DE LONDRES WINSTON CHURCHILL

("the School")

## Policy #10: Procedures for First Aid and Medical Welfare

### **Mission**

Through a rigorous, bilingual programme and innovative methods, we educate students to become responsible, creative, and principled global citizens. We teach them to think critically and act ethically, to form and express their own opinions and respect those of others, to define their own life goals, and to make sense of and embrace change.

Our values are: Excellence, Creativity, Integrity, Awareness and Community.

In support of these aims and values we are committed to ensuring the following: we are committed treating all our students with respect and dignity.

### **Introduction**

This is a whole school policy, which also applies to students and staff members from the Early Years Foundation Stage to Year 13.

We are committed to ensuring our policy has been prepared in accordance with DfE Guidance on First Aid and Medical Welfare in school. Its status is advisory only. The policy applies to students and to staff members. It is available to parents, prospective parents and students via the Website and to all staff members via the Employee Handbook.

This policy is designed to comply with the school's duties to students and visitors and Paragraph 13 of the Education (Independent School Standards) Regulations 2014. Nothing in this policy affects the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services at the site of the incident.

It is also designed to comply with the common law and the Health and Safety at Work, etc. Act 1974 and subsequent regulations and guidance to include the Health and Safety (First Aid) Regulations 1981 in respect of an employer's duty to provide adequate and appropriate equipment, facilities and personnel to enable First Aid to be given to employees in the event of illness or accident.

The policy has regard to the guidance listed here. It is recommended that this guidance is also consulted:

- *'First Aid at work: Health and Safety (First Aid) Regulations 1981 approved code of practice and guidance', as amended in 2013 and 2018.*
- *First Aid in Schools (DfE 2000; updated February 2014)*
- *Early Years Foundation Stage Requirements (DfE September 2021)*

This policy also covers the arrangements for administering medicines, including systems for obtaining information about a child's needs for medicines and for keeping this information up to date.

## **A. First Aid**

### **Definition**

"First Aid" means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse, as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. First Aid does not generally include giving tablets or medicines to treat illness.

This policy outlines the school's responsibility to provide safe, appropriate first aid (the initial assistance or treatment given to someone who is injured or suddenly taken ill) or medical care to day students, staff, parents and visitors to ensure best practice.

It includes arrangements for first aid within the school environment and for activities off site involving students and members of staff. Where more than basic first aid is required, the parent/guardian of the student will be notified as soon as possible. Consent to administer first aid is obtained from parents/guardians on admission to the school.

# 1. Responsibilities

Lycee International de Londres Winston Churchill, both as an employer and in providing appropriate care for students and visitors, as monitored by its Governors, has overall responsibility for ensuring that there is adequate and appropriate First Aid equipment and facilities, and appropriately qualified First Aid personnel and for ensuring that the correct First Aid procedures are followed.

HR will keep a record of the need for staff first aid training, to organise the necessary training sessions and is responsible for:

- the school has adequate First Aid equipment and facilities
- an adequate number of appropriately qualified First Aid personnel are on school site at all times when children are present, including staff with a full\* paediatric first aid qualification when children in the EYFS are on site.
- all off-site visits include an appropriate number of staff with a suitable first aid qualification, including staff with a full paediatric first aid qualification if the trip involves children in the EYFS.
- staff have the appropriate and necessary First Aid training, as required, including paediatric first aid training in relation to children in the EYFS, and that they have sufficient understanding, confidence and expertise in relation to First Aid.
- Maintain a record of those trained in First Aid, including this as Appendix 1 in this policy and presenting the record periodically for discussion at the Health and Safety committee

**The Lead First Aider, (School Nurse), is responsible for ensuring that:**

- all staff and students are familiar with the school's first aid and medical procedures.
- all staff are familiar with measure to provide appropriate care for students with particular medical needs (eg. Diabetic needs, Epi-pens, inhalers).
- a personal evacuation plan is drawn up and implemented, if required in relation to any student with ongoing or temporary limited mobility.
- a list is maintained and available to staff for all students with particular medical needs and appropriate measures needed to care for them.
- First aid supplies are restocked and first aid kits are replenished.
- First aid and medical facilities are suitably maintained.
- correct provision is made for students with special medical requirements both in school and on off-site visits.

- on a monthly basis, First Aid records are reviewed to identify any trends or patterns, with a report submitted to the Health and Safety committee
- familiarity is maintained regarding RIDDOR reporting requirements, including the RIDDOR in schools guidance, liaising with the Health and Safety Officer (COO) to submit such a report, when required
- there is good communication with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
- contact is made with emergency medical services as required.
- an up-to-date knowledge and understanding of guidance and advice from appropriate agencies is maintained

The School Nurse must have completed and must keep updated a training course approved by the HSE.

In selecting a School Nurse, the Head of School will consider the person's:

- reliability and communication skills;
- aptitude and ability to absorb new knowledge and learn new skills;
- ability to cope with stressful and physically demanding emergency procedures;
- normal duties. A first aider must be able to leave their post to immediately attend to an emergency.

**Trained first aiders are responsible for:**

- providing appropriate care for students or staff who are ill or sustain an injury
- recording all accidents centrally in the school accident book (to be found in the medical room).
- in the event of any injury to the head, however minor, ensuring that a note from the office is sent home to parents/guardians and a copy placed in the student's file.
- in the event of any accident or administration of first aid involving a student in EYFS, written or electronic communication is sent home to parents/guardians and a copy placed in the student's file when necessary.
- making arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day
- informing the Lead First Aider of all incidents where first aid has been administered.

### **All staff are responsible for:**

- summoning a qualified first aider (or, if the student is capable, arranging for him/her to be taken to a first aider) in the event of a student having an accident, sustaining an injury or being taken ill.
- whilst awaiting for the arrival of a first aider, act 'as a reasonable parent would act' in providing care and support to the student
- ensuring that, if medication is brought into school by staff for personal use, it is stored securely, beyond the reach of students, for example, in a locked cupboard, not in a jacket pocket or a handbag brought into the classroom.
- informing **HR** if they are taking any medication (both short term and on an ongoing basis) which may affect their ability to undertake aspects of their role. A typical example here is medication for hay fever which may cause drowsiness.

## **2. Healthcare staff & First Aid training**

### **First Aiders**

Lycee international de Londres Winston Churchill will ensure a ratio of at least one First Aid at Work (FAW) qualified member of staff to 100 employees. There will always be at least one qualified first aider on site whenever children are present and a fully qualified paediatric first aider whenever EYFS children are present. DfE requirements stipulate that only the 2-day/12-hour paediatric first aid qualification meets the requirements as stated in the EYFS Framework requirements.

The First Aiders are able to respond to first aid issues as they arise during the school day and on school trips. If staff members think that their role requires a first aid qualification, or they would like first aid training, then they should discuss this with their line manager or HR.

A comprehensive list of First Aid qualified staff is included in Appendix 1 of this document. The list is posted in Vie Scolaire office, School Nurse's office and staff rooms.

During sports activities, on the school's outside play areas, there must always be at least one member of staff with current First Aid training. Such staff are responsible for the first aid kits for these occasions.

## USEFUL CONTACTS

EMERGENCY	999 OR 112
MEDICAL ADVICE	111
SCHOOL NURSE	020 38 24 49 11
PASTORAL TEAM	020 38 24 49 08
PRIMARY OFFICE	020 38 24 49 31

### **First Aid Training**

First Aid training will be offered to all staff on taking up appointments. Staff working in EYFS, who qualified from 2017 onwards, may be required by the school to undertake Paediatric First Aid training, since this is obligatory in the EYFS requirements in order for such staff to be included in statutory ratio calculations. Specialist first aid training (for example in connection with the teaching of sport and science) will be considered for staff who teach in curricular areas where more specific understanding will be beneficial. All first aid training and requalification courses will be coordinated by HR. First aid training for each first aider will be updated every 3 years. All staff are given information on the school's first aid procedures and facilities during their induction training.

### **Chronic Illness and Emergency Care Training**

HR will organise Anaphylaxis and Asthma training to all staff each year . In addition, training will be provided when appropriate in relation to diabetes and epilepsy and, if a child joins the school with other specific medical needs, then staff training will be organised as part of the Individual Health Care Planning process.

### **First Aid Training - EYFS Requirements**

HR will arrange Paediatric first aid courses and refreshers, ensuring they are EYFS compliant as described in EYFS Practice Guidance. Training for the Paediatric First Aid qualification will be consistent with the training set out in Annex A of the *DfE Statutory Framework for the Early Years Foundation Stage* (September 2021).

### **3. Healthcare Facilities & equipment**

The school has dedicated a room as its medical facility. The room allows children with minor injuries and illnesses and/or ongoing healthcare needs, to be cared for during the school day. It is equipped as follows, in accordance with official guidance:

- a couch, bed or similar facility to allow a student to lie down
- a sink within the room and a toilet close by
- suitable privacy should a student require medical attention to an intimate part of the body
- a lockable medical cabinet, either in the room or elsewhere on site.

#### **First Aid Boxes**

The Health and Safety Officer (COO) and the School Nurse are responsible for ensuring that all First Aid Boxes meet statutory requirements and have appointed the Lead First Aider, (School Nurse), to undertake the day-to-day management and replenishment of first aid boxes and supplies. All First Aid Boxes are checked monthly. If a first aid box is used, then the first aider must restock the items removed.

#### **First Aid Boxes - contents**

First aid boxes and medicines are stocked appropriately for the age of the children they are to be used for. In some locations in the school, first aid boxes will include additional items according to the nature of the activities being undertaken there.

In line with HSE guidance, first aid kits contain, as a minimum;

A first aid guidance card

- adhesive hypoallergenic plasters
- triangular bandages (slings)
- cleaning wipes
- adhesive tape
- sterile eye pads
- medium sized unmedicated dressings
- large sized unmedicated dressings
- disposable gloves
- 1 resuscitator

**First Aid Boxes are located in the following areas:**

- nurse's office

- pastoral team office
- head of primary office
- primary reprography room
- taken to any external events, school trip
- library
- premises manager office
- sciences labs
- art rooms
- human resources (dedicated for member of staff only)

### **Automated External Defibrillator (AED)**

There is a fully automated external defibrillator (AED) situated in the Pastoral office in the annex building and in the small office by reception in the Legacy building. They are designed to be used by anyone and do not require any specific training, automated verbal and visual commands are provided during usage. However, in order to raise awareness in case of a cardiac arrest, the majority of school staff have been briefed on how to use the AED by the Lead First Aider. In addition, hands-on training will be provided through the Paediatric First Aid/Emergency First Aid at Work training sessions which the majority of staff attend every three years.

### **Bodily Fluid Spillage**

Specific guidance can be found in the Bodily Fluid Spillage Policy (see Appendix 3). Basic hygiene procedures must be followed by staff. Single-use disposable gloves must be worn when treatment involves blood or other bodily fluids. The same caution will apply to First Aiders and maintenance staff in case of bodily fluid spillage.

## **4. After school events & field trips**

Staff organising after-school evening or weekend performances or events are asked to nominate a first aider for the event. If staff are unsure about the appropriate level of cover required, they need to seek advice in advance from the Nurse. If such an event involves EYFS students, staff must nominate a suitably trained Paediatric First Aider to provide first aid cover.

When an activity is taking place off-site the designated leader of the party must follow the guidance in the Educational Visits Policy in respect of ensuring suitable first aid and medical provision, including for any students with medical conditions and any treatment they require. Risk assessments must consider the needs of such students and any impact they have on the consideration of staff:student ratios.



The trip leader is also responsible for liaising with the school nurse to ensure a good understanding of the medical needs of the students involved and for collecting a first aid kit and any students' medication needed during the trip. Individual medical needs for all students will be identified on the trip risk assessment. The trip leader is responsible for reporting any accidents and medical incidents that occur off-site to the lead first aider and the head of section.

While visit locations have a legal duty to provide first aid cover, the school has a duty of care to ensure students remain safe. There must be adequately qualified staff and procedures in place to ensure first aid care can be delivered quickly and safely, without risking further harm to the student or placing the rest of the group at risk from being left unsupervised.

Within the staffing ratio for visits, calculated according to the Educational Visits policy, at least one member of staff is to be appointed the nominated first aider (NFA) by the trip leader. The NFA(s) is/are responsible for carrying the first aid kit(s). If the off-site event includes EYFS students, the NFAs must include staff with a full paediatric first aid qualification.

Should a student become ill or injured during the visit, the supervising member of staff calls the NFA for assistance. The NFA will then move to the incident with his or her group and either pass the students in his or her group to the supervision of the group leader of the sick or injured student or, if more appropriate, distribute them between the various groups on the trip. The NFA can then attend to the child requiring treatment in the knowledge that the students are under supervision.

Duties of a First Aider:

- respond promptly to calls for assistance
- give immediate assistance to casualties with injuries or illness
- ensure that an ambulance or professional medical help is summoned, as appropriate
- record details of the accident and treatment
- clear the scene safely
- replace any first aid supplies used
- ensure that the school's procedures are followed in relation to informing parents/guardians.

The rules of First Aid learned in training must be applied rigorously and professional help summoned if deemed necessary. An Emergency First Aid booklet is available for reference in each box or bag.

If in any doubt, the First Aider should summon help from:

- Another staff member from the list of First Aiders
- NHS 111
- Emergency services: 999

## **5. Guidance on when to Call an Ambulance**

In a life-threatening emergency, if someone is seriously ill or injured, and their life is at risk, always call 999. A detailed procedure for calling an ambulance can be found at Appendix 2.

Examples of medical emergencies include (but are not limited to):

- chest pain
- difficulty in breathing such as a severe asthma attack (see Appendix 4)
- unconsciousness
- severe loss of blood
- severe burns or scalds
- choking
- concussion
- drowning or near-drowning incidents
- severe allergic reactions / use of Epipens
- diabetic emergencies
- fitting

In an emergency, an ambulance will be called by the School Nurse, First Aider or another nominated person. The ambulance will access the school site via the King's Drive gate unless another is more appropriate.

## **6. Contacting Parents / Guardians**

For all but the most minor consultations, Primary & Secondary parents/guardians should be contacted as soon as possible after the event if their child has received the attention of a First Aider or school nurse.

If the consultation is with an EYFS student all incidents must be reported to parents/guardians, who will be informed on the same day or as soon as is reasonably practical.

In the case of a head injury, the Head Injury Information Letter (Appendix 8) must be added to the electronic communication to parent or guardian. The school keeps a record confirming that parents have been informed.

Parents can be informed of smaller minor incidents at the end of the school day by the form teacher. However, parents should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury. Examples include, but are not limited to:

- head injury
- suspected sprain or fracture
- following a fall from height
- dental injury
- anaphylaxis, and following the administration of an epi-pen
- epileptic seizure
- severe hypoglycaemia for students, staff or visitors with diabetes
- severe asthma attack
- difficulty breathing
- bleeding injury
- loss of consciousness
- if the student is generally unwell

For Secondary students, if non-emergency transportation is required, an authorised taxi service will be used if parents are delayed. An email from the parent is required before putting a student in a taxi.

## **7. Accident Monitoring**

All accidents/incidents requiring remedial action or referral to hospital or GP should be recorded in the accident book. The accident book is kept in the Health Office.

### **- External Reporting Requirements**

The COO and School Nurse will maintain an understanding of RIDDOR reportable incidents under the statutory regulations, as they apply both to employees and visitors, and to students, as set out on the [RIDDOR website](#) and the separate [RIDDOR in Schools guidance](#). The COO, liaising with the Lead First Aider, is responsible for completing a RIDDOR report, when necessary.

### **- Review of Accidents and Incidents**

The Health and Safety Officer (COO) or the School Nurse will undertake a periodic review of accidents, incidents and near misses, including an analysis over time for

patterns and trends. If the issue occurs on an off-site event, the COO will also be involved in its review. Reviews are reported to the Health and Safety Committee and will include, where appropriate, a review of relevant risk assessments and consideration of how accidents, incidents and near misses can be reduced in future.

## **B. Medical Welfare**

### **1. Guidance to Staff for Management of Chronic Medical Conditions & Disabilities within School (including EYFS)**

As part of the admission process, parents are required to complete a Health Questionnaire on Eduka, which highlights on-going medical conditions and any significant past or family medical history.

Thereafter, parents are required to update the school of any other changes that occur throughout the year. Medical information is made available to members of staff within the school if it is deemed important for the safety and wellbeing of the child.

For certain medical conditions, an Individual Health Care Plan, PAI, is created, in conjunction with parents and the child's medical practitioners. This is put in place, shared with relevant staff, and is reviewed each school year or when changes are communicated to the school nurse by the parents/guardians. For children, whose condition falls under SENDA, a 'reasonable adjustments checklist' is completed, and a care plan is written that is tailored to the needs of the child.

Please refer to Appendices 4-7 for detailed procedures covering asthma, anaphylaxis, diabetes & epilepsy.

If a student has either temporary or ongoing limited mobility, the school will consider whether the student requires a *personal emergency evacuation plan (appendix 11)*, for implementation in fire drills and similar occasions. If this is the case, the lead first aider will ensure that a plan is drawn up, taking advice from parents and healthcare professionals, as appropriate, and will ensure that relevant staff are trained in its implementation.

### **2. Infectious Illnesses**

Examples are Chicken Pox, Parvovirus, Measles, Mumps, Rubella, Whooping Cough, Scarlet Fever, Flu, Norovirus. If an infectious illness is suspected, it is reported to the Head of Section. Following current guidelines from Public Health England (PHE), the Head of School will send a message to the school community, as appropriate, to advise them of the presence of the illness and any measures that need to be taken, liaising with parents as required. This will ensure that parents

are aware of the illness, its treatment and the recommended period of time for children, who have been infected, need to be kept away from school to prevent the illness spreading.

Vomiting and diarrhoea could be symptoms of Norovirus. Any person suffering from these symptoms should stay away from school until 48 hours after their last episode.

PHE guidance on periods of exclusion due to an infectious illness and associated advice can be found in Appendix 9.

### **3. Management of Acute Illness**

#### **Becoming Unwell at School**

If a child is unwell and needs to be kept off school, it is essential that parents telephone or e-mail the Pastoral Office on the first morning of absence with brief details. If parents have not communicated with the school, the reception staff at either site will contact parents of an absent child during the morning.

If a child becomes unwell at school, then he or she will go to the Health Office where an assessment will be made by the school nurse.

Many minor ailments can be treated with non-prescription medication, such as paracetamol for a headache. If necessary, parents / guardians will be contacted and suitable arrangements made for the child to go home from school.

The school will follow guidelines set by Public Health England with regard to the recommended period of absence for a particular illness. The aim is to minimise the spread of the illness through the school and we appreciate parents' co-operation in following the guidelines.

### **4. Administration of Medication to Students**

The school aims to support as far as possible, and maintain the safety of, students who require medication during the school day.

However, it should be noted that:

- no child should be given any medication without their parent's written consent. this may be provided either by on-going consent, given on eduka when the parents register the child to join the school, or given on a case-by-case basis (see below)
- no products containing aspirin are to be given to any student at school, unless prescribed by a doctor.

### **(i) Administration of Medication**

Any member of staff administering medication should be trained to an appropriate level, this includes specific training e.g. use of Epipens

- the medication must be checked before administration by the member of staff confirming the medication name, student name, dose, time to be administered and the expiry date.
- in the absence of the School Nurse, it is advisable that a second adult is present when administering medicine.
- wash hands.
- confirm that the student's name matches the name on the medication.
- explain to the student that his or her parents have requested the administration of the medication.
- document any refusal of a student to take medication and report this to parents.
- document, date and sign for what has been administered.
- ensure that the medication is correctly stored in a locked room, drawer or cupboard, out of the reach of students.
- antibiotics and any other medication which require refrigeration should be stored in the fridge in the medical room. all medication should be clearly labelled with the student's name and dosage.
- parents should be asked to dispose of any out-of-date medication.
- at the end of the school year:
  - o all medication should be returned to parents
  - o any remaining medication belonging to children should be disposed of via a pharmacy or GP surgery.

### **(ii) Non-Prescription Medication**

These are only to be administered by the school nurse. A teacher or student supervisor may administer non-prescription medication on a residential school trip provided that written consent\* has been obtained in advance. This may include travel sickness pills or pain relief. If the Nurse is not in school, written parental permission must be received before any medication is given.

All medication administered must be documented, signed for and parents informed of the administration in writing through Pronote for secondary students, in writing or phone call for EYFS and primary students.

Consent from parents for the whole school is gained on registration via eduka ( admissions platform) . for primary student, parents called before administration, for secondary students , parents informed via pronote

\* Parents are asked to complete a consent form to cover the administration of non-prescription medicines when deemed necessary by the school nurse. For medication such as Paracetamol, where there is a risk associated with too frequent dosages, the school will contact parents immediately before the administration of the medication to check whether a dosage was given prior to the child leaving home. Parents must be informed via pronote on the same day or as soon as is reasonably practicable, that the administration of medication has taken place.

### **(iii) Prescription-Only Medication**

Prescribed medicines may be given to a student by a First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained. Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course. The school will accept medication from parents only if it is in its original container, with the original dosage instructions. Prescription medicines will not be administered unless they have been prescribed for the child by a doctor, dentist, nurse or pharmacist.

An email is requested on the administration of temporary medicines in school, sent to the Head of primary/the school nurse or the pastoral team.

### **(iv) Emergency Medication**

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a health care plan (PAI) may be required. Please refer to the section above on the Management of Chronic Medical Conditions.

### **(v) Emergency Asthma Inhalers and Emergency Adrenaline Auto-injectors (Epi-pens)**

For a number of years, it has been possible for schools to keep emergency asthma inhalers to cover the eventuality of a student's inhaler being lost or running out during school time. Since October 2017, this provision has been extended to enable schools also to keep emergency Epi-pens. This provision enables schools to purchase Epi-pens, without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working. Spare Epi-pens are kept in the Health office. Several members of staff including supervisor Lunch time, are trained (allergy wise training)

Always call an ambulance when using an Epi-pen (appendix 2)

Further information can be found on this website:

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

#### (vi) Needlestick Injuries

If there is any accidental injury to the person administering medicine via an injection by way of puncturing the skin with an exposed needle, then the following action must be taken:

- bleed the puncture site
- rinse the wound under running water for a few minutes
- dry and cover the site with a plaster
- seek medical advice immediately
  - o you may be advised to attend accident and emergency for a blood test
  - o information on how the injury occurred will be required
  - o details of the third party involved will be required
    - o if the third party is a student, then the parents must be made aware that their child's details will have to be given to the medical team who are caring for the injured party.
    - o this all needs to be undertaken with the full permission of the head
- an accident form must be completed.

## 5. Cross-references

This policy needs to be read in conjunction with the following policies:

- alcohol and drugs policy
- staff stress policy
- violence towards staff policy
- bereavement policy
- anti-bullying policy
- health and safety policy
- risk assessment policy
- safeguarding policy
- educational visits policy

Appendix 1 [First Aid - Emergency list 2022-2023](#)

Appendix 2 [Procedure when an ambulance is coming](#)

Appendix 3 [Body fluids spillage](#)

Appendix 4 [Asthma procedure LIL](#)

Appendix 5 [Anaphylaxis procedure LIL](#)

Appendix 6 [Guidance on diabetes](#)

Appendix 7 [Guidance on epilepsy](#)



Appendix 8 [Head injury letter for parents](#)

Appendix 9 [Guidance on periods of exclusion due to an infectious illness and associated advice](#)

Appendix 10 [Emergency procedure](#)

Appendix 11 [Personal Emergency Evacuation Plan template](#)

Policy created in 2015.

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