



MILLAIS SCHOOL POLICY

Policy Title	First Aid and use of the Medical Room Policy
Person(s) responsible for reviewing/updating the Policy	Medical Welfare Officer
Approval Required By	Health & Safety Committee/FGBM
Review Cycle	Biennial Periodic updates may be made to reflect any new or changes to legislation and/or current first aid practice
Last Review (date)	October 2021
Current Review completed (date)	November 2022
Comments	<ul style="list-style-type: none"> Review November 2022: updates to Covid19 Note info pg.3 and Guidance for Infection Control in Schools (etc)' Poster updated and adapted to UK HAS & local HPT, p5 Review October 2021: updates re Managing Medicines Training for FAWs and changes to Covid-19 flowchart (Aug 2021 version and links to NHS website October 2021 re symptoms and self-isolation February 2021: updates re Covid-19 in addition to specific Covid-19 risk assessments January 2020: Addition of First Aid Policy statement page 2, updating to Use of Medical Room relative to changes in Public Health advice etc. pages 3-4, addition of Infection Control Guidance as an Appendix page 5. March 2019: revised to reflect changes in current procedures. <p>A version of this document is published to the Millais Website for view by both staff and parents. This document also is linked with Management of Medicines Policy</p>
Next Review (date)	November 2024

Scope (or Who is Governed by this Policy)	Headteacher, all staff (including supply, temporary and peripatetic staff), volunteers, governors or anyone working on behalf of Millais School and students; excludes external contractors and external lettings/clubs etc
Links to other Policies or Procedures or Documents <i>(including their location – physical or electronic)</i>	<ul style="list-style-type: none"> Medicines in Schools Policy Control of Infection Policy First Aid Risk Assessment & First Aid Risk Assessment for Covid-19 Whole school risk assessment for opening during Covid19 Pandemic Contacting the emergency services poster and First Aiders Safeguarding and Child Protection, School Trips and Visits
Where this Policy is published	PDF published to Millais Sharepoint Intranet and Millais website.
Approved by:	E Barnes, Chair of Governing Body
Date approved/at meeting:	FGBM 20/03/2023

This Policy has been considered in line with the Equality Policy and for implications on the work life balance of Staff.

Statement of Intent

Educational establishments must provide first aid for staff, students and visitors to the school. External contractors and external lettings must provide their own first aid.

First aid must be available at all times when people are on site, and to staff and students who are on offsite visits/ trips or are otherwise in the establishment's duty of care.

How First Aid is managed

A First Aid risk and needs assessment is reviewed annually by the Director of Business Resources, in collaboration with the Medical Welfare Officer, who is the appointed person for providing First Aid and for supervising the Medical Room and First Aid resources.

The First Aid risk and needs assessment is a separate document stored in the same location as this policy document.

First Aid Personnel

First aid personnel must hold a relevant current certificate that has been obtained through attendance on a training course run by an Awarding Organisation recognised by Ofqual¹ or The Department for Education or an appropriate Voluntary Aid Society, e.g. St John Ambulance or British Red Cross.

There are 3 types of first aid personnel plus an additional qualification for schools with a reception class and nursery schools: -

- First Aider trained in First Aid at Work (FAW) - a person who has successfully completed an approved 3 day course in first aid and completed WSCC Managing Medicines training.
- First Aider trained in Emergency First Aid at Work (EFAW) – a person who has successfully completed an approved 1 day course in first aid. This level of training is suitable only for low-risk workplaces with small numbers of people.
- Appointed Person – there is no training for this role and so it is usually not the first option when setting out the first aid structure. An Appointed Person is a named person who takes charge when someone is injured or ill when a First Aider (FAW or EFAW) is absent in temporary and exceptional circumstances. The Appointed Person's role is to call the emergency services when required and look after the first aid equipment and facilities. Whilst there is no requirement for Appointed Persons to have training to carry out their roles, but it is recommended that they are fully briefed on what actions they are required to undertake and that they must not attempt to give first aid for which they have not been trained.
- First Aider trained in Paediatric or Early Years First Aid (EYFA) -The training is a 2 day course and while it covers much of the same modules as an FAW course, the content is specifically aimed at delivering first aid to the younger age group.

All certificates are valid for 3 years and the responsible person should ensure First Aiders request renewal training before certificates expire. The HSE strongly recommends that all first aiders receive annual refresher training (half-day duration).

Indemnity

Staff who are certified First Aiders and employed by the school are indemnified by the Local Authority (West Sussex County Council) insurers against related claims for negligence and injury, provided the first aid was given as part of the school's business. This is regardless of where the first aid is given, whether the receiver of the first aid was a school employee, a student, a contractor, volunteer, customer (e.g. Service User) or visitor, and provided the First Aider had acted in good faith and in accordance with their training.

Use of the First Aid Facility/Medical Room

Rationale

The First Aid Room exists to provide initial assistance or treatment to a person who is injured or suddenly taken ill during the school day. The Medical Welfare Officer will endeavour to provide first aid support to individuals in school and to support the school's 'Healthy Schools' programme.

Millais School is a local authority maintained school and is insured through WSCC. WSCC insurance covers any claims that may be made against first aiders as long as the treatment was given in good faith, it was in the course of their work, and it was given to someone on WSCC premises or to someone associated with WSCC

The First Aid facility should not be seen as a point of reference for students with ongoing medical conditions or injuries/illnesses that have occurred out of school. In this respect the First Aid facility should not be seen or used as an alternative to or extension of a GP surgery, health clinic or hospital. In line with Government/Public Health Agency guidelines students should not be sent to school when they are clearly unwell or infectious.

Note:

Covid-19 – please refer to the NHS website regarding latest advice on what to do if a person thinks they have Covid-19 <https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/>.

Diarrhoea and/or vomiting – it is recommended that a student is kept away from school for 48 hours following the last episode (Ref PHE guidance).

Resource

a) Staffing

The First Aid room is staffed during the school day by a full time Medical Welfare Officer who holds a current 3 day First Aid at Work (FAW) certificate. There are additional staff who are qualified FAW first aiders within school, available to support the Medical Welfare Officer, and staff who have the Emergency First Aid at Work (EFAW) qualification (see Millais Sharepoint intranet for full list of First Aiders, or the 'Contacting the Emergency Services' posters across the school site).

b) Resources

The First Aid room is well equipped to deal with most basic first aid requirements and includes a private area for consultation and recovery.

The First Aid room is located in Block A on the school campus, Room A072

c) Opening Times

The Medical Welfare Officer's hours are 08:00–15:15hrs Monday to Friday. The First Aid Room is open within these times excluding when the Medical Welfare Officer is away 'on call' or on a work break. Non-emergency visits to the First Aid room should be made at break and lunchtimes (see ELR). Students should only be referred during lesson times in an emergency. The First Aid Room may also be accessed by a qualified first aider for the extended school day 15.00-17.00hrs, and during the evening and weekend by contacting the duty Maintenance Officer.

Record keeping

a) Information on entry

Parents/Carers have primary responsibility for their child's health. When students begin at Millais, parents are required to complete a medical form informing the school of any known medical conditions. If a child has a specific medical condition and is under the care of a hospital or Specialist, then it is important to include school in any communication to enable school to fully support the child. This information is stored confidentially both in a paper file and on the Bromcom Management Information System (BMIS) database.

b) Changes to medical history

It is vital that the school is kept up to date of any changes to a child's health with immediate effect, preferably in writing and always from a parent/carer or health professional.

The person with parental responsibility must ensure that any changes in medical history are reported to the school.

c) Recording incidents

All visits to the First Aid room are documented on the school database. Any accidents/incidents that need to be reported to WSCC are sent via the on-line reporting system.

Communication

a) Health promotion

Information and advice, where appropriate, will be made available by the Medical Welfare Officer in line with the school's 'Healthy Schools' agenda.

b) Keeping parents informed

Depending on what the accident/illness is, primarily we will try to manage it in school. If a student is unwell and unable to remain in school the relevant first aider will contact a parent/carer to come and collect the student. The Medical Welfare Officer, a Director of Year, member of the Senior Leadership Team are the only persons who can authorise a student going home unwell. All students who need to go home have to be collected from the main reception at school by an appropriate adult.

Any student contacting a parent directly for collection from school without prior agreement from the school will have the absence unauthorised.

c) Referrals

Liaison with specialist and dedicated external agencies will take place if required to ensure the needs of the individual are met.

d) Teaching staff

All staff are kept informed of any students in school with existing medical conditions. The medical information is also stored securely and centrally on SIMS. This information is treated confidentially.

How students can access the facility

a) Visiting the First Aid Room

The First Aid room should be accessed at break 10:30-10:45hrs and lunchtimes 12:35-13:10hrs. The First Aid room will always be staffed during these times.

b) For first aid emergencies during lesson time

If a student requires first aid during a lesson, they must attend with the red card. The red card has the Class Teachers name on, to authorise the student being out of a lesson. No student will be seen without this card. If a student is sent to the First Aid room and a First Aider is unavailable or busy with another student, a note will be on the door and the student will be directed to the main reception desk.

Medication - please refer to the Medicines in School policy.

Access and mobility issues

a) Temporary use of crutches

If a student is required to have crutches for any length of time whilst in school, following a fracture or injury and issued on the advice of a Medical Practitioner, the Medical Welfare Officer/Student Support Team should be informed in advance of the student returning to school, so appropriate support can be put in place following a health and safety risk assessment.

Access arrangements for using the lifts in A Block and C Block will be put in place for the duration of the use of the crutches, and any lift fob loaned to the student must be returned after the student has recovered from the injury.

Off-site support

a) First aid kits

All staff going on a trip/visit and requiring a first aid kit will need to request one in advance from the Medical Welfare Officer. On the day of the trip this will need to be collected from the First Aid room along with any additional medication that may be required for specific students (e.g. Epi-pens).

Anything used from the kit needs to be documented and the kit must be returned in the same condition as it left. All the kits are packed in the same way for ease of use.

It is a legal requirement that all minibuses carry a first aid kit. Prior to departure, the driver must check that the first aid kit is present.

Infection Control Procedures (see page 6 below re. updated to include recent information for Covid-19)

‘Guidance on infection control in schools and other childcare settings’ poster updated 2022 and adapted to latest contact numbers for UK HSA Surrey & Sussex HPT; for the latest NHS information on Covid-19 Symptoms and Self Isolation can be found at <https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/>

Guidance on infection control in schools and other childcare settings


October 2022

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the UK Health Security Agency 0344 225 3861 - Surrey and Sussex HPT; out of hours 0844 967 0069

Visit www.gov.uk/government/organisations/uk-health-security-agency if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Atletic's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (Rubella)*	Four days from onset of rash (as per 'Green Book')	Preventable by immunisation (MMR 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the UK HSA if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Microscopium contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (Infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact UK HSA for further advice.
Slapped cheek (Erythema infectiosum or Parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune. It is spread by very close contact and touch. If further information is required, contact the UK HSA: Vulnerable Children and Female Staff – Pregnancy.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children aged five years and under and those who have difficulty in adhering to hygiene practices.
Typical* (and paratyphoid* (enteric fever))	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance.
Shigella* (dysenteriae)		Please consult the UK HSA for further advice.
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled.

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (Influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the UK HSA: Surrey & Sussex	Requires prolonged close contact for spread.
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The UK HSA will organise any contact tracing necessary.
COVID-19 (coronavirus)	Stay at home and avoid contact with other people until you no longer have a high temperature (if you have one) or until you feel better. https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/	See: Vulnerable children

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the UK HSA.
Diphtheria*	Exclusion is essential. Always consult with the UK HSA	Family contacts must be excluded until cleared to return by the UK HSA. Preventable by vaccination. The UK HSA will organise any contact tracing necessary.
Scarlet fever	None	Treatment is recommended only in cases where live lice have been seen.
Head lice	None	The UK HSA will advise on any vaccination or other control measure that is needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. See: Good Hygiene Practice.
Hepatitis B*, C, HIV/AIDS	None	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The UK HSA will advise on any action needed.
Meningococcal meningitis* (septicaemia)*	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The UK HSA will give advice on any action needed.
Meningitis* due to other bacteria	Until recovered	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
Meningitis viral*	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread if further information is required, contact the UK HSA.
MSSA	None	Preventable by vaccination (MMR x 2 doses)
Mumps*	Exclude child for five days after onset of swelling	Treatment is recommended for the child and household contacts.
Trichostrongyle	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.
Toxobriosis	None	

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the UK Health Security Agency HPT Surrey & Sussex. Childminders at a school, nursery or childminder suspects an outbreak of infectious disease, they should inform HPT/SUSSEX.

Good hygiene practice
Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. If tissues are unavailable sneeze or cough into the crook of the elbow and not hands. Spitting should be discouraged.

Personal protective equipment (PPE) Disposable gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment. Follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately always wear PPE. When a spillage occurs, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand. See www.hsa.gov.uk 'sanitary' 'bloodborne viruses' 'handy practices'.

Clinical waste Always segregate domestic and clinical waste, in accordance with local policy. Use nappies/pads, gloves, aprons and soiled equipment. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps, **not** needles, should be discarded straight into a sharps bin conforming to BS 7320 and UK 3201 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites
If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the UK HSA for advice if unsure.

Animals
Animals may carry infections, so wash hands after handling animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand hygiene should be supervised after contact with animals and the area where using animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms. For more information see <https://www.hse.gov.uk/agriculture/topics/visitor-attractions.htm>

Vulnerable children
Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and if exposed to either of these the parents should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health. Vulnerable children will have been offered COVID-19 vaccinations and booster vaccinations.

Female staff – pregnancy
If a pregnant woman develops a rash it is in direct contact with someone with a potentially infectious rash, she should be investigated by a doctor who can contact the UK HSA: HPT Surrey & Sussex for further advice. The greatest risk to pregnant women (from such infections) comes from their own child/childcare rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and a maternal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (Erythema infectiosum or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform who ever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby, if a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

*The above advice also applies to pregnant students.

Immunisations
Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice and current schedule visit <https://www.gov.uk/government/organisations/uk-health-security-agency> or the school health service can advise on the latest national immunisation schedule.

Routine childhood immunisation programme

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis, whooping cough, polio, Hib and hepatitis B (in 1)	One injection
	Rotavirus	Orally
	Meningococcal B infection	One injection
3 months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (in 1)	One injection
	Pneumococcal infection	One injection
	Rotavirus	Orally
4 months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (in 1)	One injection
	Meningococcal B infection	One injection
Just after the first birthday	Measles, mumps and rubella	One injection
	Pneumococcal infection	One injection
	Hib and meningococcal C infection	One injection
	Meningococcal B infection	One injection
Every year from 2 years of age up to and including 11 2	Influenza	Nasal spray or injection
2 years and 4 months old	Diphtheria, tetanus, pertussis and polio	One injection
	Measles, mumps and rubella	One injection
Girls and boys 12 to 13 years old	Conditions caused by human papillomavirus including cervical cancer in girls and cancers of the mouth, throat, anus and genitals in boys and girls and genital warts.	Two injections at least six weeks apart
14 to 16 years old	Tetanus, diphtheria and polio	One injection
	Meningococcal ACWY	One injection

This is the Immunisation Schedule as of September 2022. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the 'Green Book' for the latest immunisation schedule on www.gov.uk/government/collections/immunisation-guidance (leave the green book at the green book).

Staff immunisations. All staff should undergo a full occupational health check prior to employment, this includes ensuring they are up to date with immunisations, including two doses of MMR.

Original material was produced by the Health Protection Agency and this version adapted by the Public Health Agency.

