



*Total Education Services - Total Tuition Alternative Provision - Rosewood Independent School  
Subsidiaries of JWA Holdings Limited*

## **First Aid Policy (including Asthma and Anaphylaxis)**

### **1. Aims and Objectives**

We aim to ensure that all pupils are enabled to take full advantage of the educational opportunities offered and have high self-esteem. We support this aim by monitoring and providing for children's welfare and their individual needs, and by providing a happy, secure environment in which pupils' well-being is of paramount importance.

We want children to:

- develop respect for themselves and others;
- learn in a positive setting ethos, which promotes caring attitudes;
- have trusted adults from whom they can seek advice;
- be aware of the need to keep healthy in body and mind;
- have high quality medical care when required.

### **Asthma and Anaphylaxis**

Allergy is the response of the body's immune system to normally harmless substances. These do not cause any problems in most people, but in allergic individuals the immune system identifies them as 'allergens' and produces an inappropriate 'allergic' response. This can be relatively minor, such as localised itching, but it can also be much more serious, causing anaphylaxis which can lead to breathing problems and collapse. Common allergic triggers include nuts, cow's milk and other foods, venom (bee and wasp stings), drugs, latex and hair dye. The most common cause of anaphylaxis in children/young people are foods. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an adrenaline auto-injector (AAI).

Around 2-5% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of serious allergic reactions to food happen whilst a child is at school, and these can happen in someone with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, and are able to manage it safely and effectively.

Schools have a legal duty to support pupils with medical conditions, including allergy. Schools must adhere to legislation and statutory guidance on caring for pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs).

Parents need to be confident in schools' ability to keep their children safe, and be reassured that staff are sufficiently trained to act immediately in the event of an allergic reaction. Regular communication with parents is vital. It is important that allergic pupils are not stigmatised or discriminated against in any way at school due to their allergy. For example, they should not be separated at mealtimes or excluded from class activities (unless this has been specified in the pupil's Allergy Plan). Drawing attention to the allergy in this

way could result in allergy bullying by other pupils, so inclusivity and overall awareness amongst pupils is vital.

Designated Allergy Lead: Rosie Wood

## **2. Pastoral Support**

All members of staff undertake a pastoral role. We believe that a friendly setting atmosphere, and sensitive relationships with the children enable any difficulties that may arise to be dealt with quickly. It is important that all children feel able to discuss their concerns with a trusted adult; where appropriate a child will be given a named adult who will listen to them and provide time and a place for them to talk. The class teachers' day-to-day contact with children plays a crucial part in their pastoral care. Support staff also have opportunities to make significant contributions to a child's welfare in informal settings. Opportunities for informal support may occur during meal times, play times, or during first aid treatment.

## **3. Roles and Responsibilities**

\* See Safeguarding and Child Protection Policy for responsibilities related to child protection.

### **3.2 Executive Headteacher and Assistant Headteachers**

It is vital that the Executive Headteacher and the Assistant Headteachers are kept well informed, as their role is crucial in the communication and monitoring of pastoral and medical care in the setting. The Executive Headteacher is responsible for:

- overseeing the implementation of this policy
- monitoring and reviewing the policy
- ensuring that staff fulfil their roles effectively
- determining if short term medication may be administered in setting
- liaising with parents and support services
- monitoring absence and attendance
- reporting child protection issues to appropriate agencies \*
- ensuring staff are sufficiently trained
- ensuring confidentiality of medical records
- communicating policy and procedures to parents
- overseeing the drawing up Healthcare Plans for children with medical needs
- ensuring staff are kept informed of medical issues related to children in their care in conjunction with any other First Aid Staff, arranging relevant training for staff e.g. EpiPen training or training necessitated by any individual medical or health need
- ensuring children's special educational needs and disabilities are catered for according to the setting's SEND policy
- following up referral of pupils to other agencies such as speech and language therapy, occupational therapy and the LA special educational needs team.
- mapping setting provision for children with visiting therapists including speech and language therapist and play therapist where necessary
- providing staff with information about children needing particular support where reports from medical personnel are available

### **3.3 First Aid Trained Staff**

Are responsible for:

- providing First Aid to children and adults within the setting during designated hours.
- ensuring medical records are up to date for every child in the setting.

- ordering First Aid equipment, keeping it in good condition, and ensuring it follows LA guidelines
- safe storage of First Aid equipment and medication
- attending training on First Aid and medical issues, and ensuring that qualifications are kept up to date
- helping with the writing of individual Healthcare Plans and storage of these plans
- monitoring the Accident book and informing the Headteacher of concerns
- informing parents of a child's injuries/illnesses
- informing the LA, as required, of any serious accident or injury occurring at setting or on an educational visit
- in conjunction with the Executive and Assistant Headteachers, carrying out risk assessments before any child with a serious injury returns to setting
- reporting child protection issues to the senior designated person for child protection
- keeping lists of high profile children up to date and informing appropriate staff
- providing the First Aid kit and individual children's medication for setting trips
- following setting procedures when administering medication and keeping records
- providing support and advice to pupils relating to health and welfare
- providing support and advice to parents relating to their children's health and welfare needs at setting
- reporting pastoral concerns to the Headteacher

### **3.4 Teachers and Support Staff**

Are responsible for:

- providing support and guidance to pupils in their care
- keeping the class log up to date
- reporting medical or health concerns to the welfare assistant
- reporting pastoral concerns to their team leader
- being aware of child protection issues and reporting child protection concerns immediately to the Headteacher
- keeping abreast of information relating to the medical needs of children in their class and/or teaching group, including any Healthcare Plan and seeking advice when necessary
- providing a secure learning environment in which all children feel safe and valued

### **3.5 Parents/carers**

Parents/carers are responsible for:

- providing necessary medical information to setting and ensuring it is kept up to date
- helping to draw up individual Healthcare Plans and being involved with their review
- providing necessary medication and written information, and ensuring that it is up to date and the setting is kept informed of changes to prescriptions or support needed
- informing teacher or Executive Headteacher, or Assistant Headteachers of any changes of circumstances/events that may affect their child in setting (e.g. accident, bereavement, separation etc.) so that appropriate support can be given.

### **Asthma and Anaphylaxis**

Designated first aiders will need to have specific training on anaphylaxis and understand their responsibilities in this regard:

The Executive Board are required to develop policies to cover their own school. This should be based on a suitable and sufficient risk assessment carried out by a competent person. The Executive Board

has general responsibility for all the school's policies, even when it is not the employer. In practice, most of the day-to-day functions of managing health and safety are delegated to the Executive Head Teacher, Health and Safety Lead, and Assistant Headteachers.

The Health and Safety Lead and Assistant Headteachers are responsible for putting the Executive Board's policy into practice and for developing detailed procedures. The Executive Head Teacher should also make sure that parents are aware of the school's health and safety policy, including arrangements for managing children with allergies and at risk of anaphylaxis.

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. There are Designated and Additional First Aiders on each school site who are trained in Paediatric First Aid and who therefore have training in Asthma and Anaphylaxis. Teachers and other staff in charge of pupils are expected to always use their best endeavours, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. The employer must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/appointed persons. The employer must ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.

Allergy Action Plans have been designed to facilitate first aid treatment of anaphylaxis, by either the allergic person or someone else (e.g., parent, teacher, friend) without any special medical training nor equipment apart from access to an AAI. The plans are medical documents, and should be completed by a child's healthcare professional, in partnership with parents/ carers. The plans can either be printed out and completed by hand, or completed and signed by the healthcare professional and parent/carer online. They should be circulated to all staff upon commencement of a child's placement or diagnosis of an allergy, and signed in acknowledgement.

Annual training will be provided to all staff to provide a basic understanding of allergic disease and its risks which include:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance
- Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing Allergy Action Plans and ensuring these are up to date

#### **4. First Aid Procedures**

##### **4.1 First Aid trained staff**

Qualified First Aid staff are on call throughout the day, see list at top of this Policy.

If a child is unable to walk or a serious injury is suspected, the child **must not be moved** without the attendance and advice of a qualified First Aider. In this instance, adults should ensure a member of staff remains with the child and summon a First Aider.

#### **Asthma and Anaphylaxis**

All pupils at risk of anaphylaxis, should have an Allergy Action Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. The BSACI Allergy Action Plans include this information, and are recommended for this purpose. The plan should include First Aid procedures for the administering of adrenaline. Identify activities which the child may be at risk - for example food-based and outdoor activities. Symptoms of anaphylaxis include one or more of the below:

Airway:

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)

Breathing:

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

Circulation:

- Feeling dizzy or faint
- Collapse
- Babies and young children may suddenly become floppy and pale
- Loss of consciousness (unresponsive)

### **Action to be taken**

- Position is important -lie the person flat with legs raised (or sit them up if having breathing problems)
- Give adrenaline – WITHOUT DELAY – if an AAI is available
- Bring the AAI to the person having anaphylaxis, and not the other way round. Avoid standing or moving someone having anaphylaxis
- Call an ambulance (999) and tell the operator it is anaphylaxis
- Stay with the person until medical help arrives
- If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI this must be given in an a different leg.
- A person who has a serious allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment
- Sometimes anaphylaxis symptoms can recur after the first episode has been treated. This is called a biphasic reaction.

Since 2017, schools have been legally able to directly purchase AAI from a pharmaceutical supplier, such as a local pharmacy, without a prescription. Guidance from the Department for Health and Social Care UK Departments of Health (and equivalent guidance for the Devolved Nations) provide further details. [www.gov.uk/government/publications/usingemergency-adrenaline-auto-injectors-in-schools](http://www.gov.uk/government/publications/usingemergency-adrenaline-auto-injectors-in-schools) The BSACI Allergy action plans include a consent for parents/legal guardian to sign, authorising the administration of AAI in their child. Under existing UK legislation, a school's "spare" AAI can in principle be used in the event of an emergency to save the life of someone who develops anaphylaxis unexpectedly, even when parental/guardian consent has not been obtained, for example in a child presenting for the first time with anaphylaxis due to an unrecognised allergy. Note, however, that this provision should be reserved for exceptional circumstances only, that could not have been foreseen.

## 4.2 Recording and reporting First Aid treatment

- The First Aider must ensure that any child reporting to the main office for First Aid is assessed. Checking a child's temperature forms part of this assessment when a child reports feeling unwell and a second check should be carried out if the temperature is initially normal but a child continues to complain of illness later in the day.
- The First Aider must record all instances of children, staff or visitors presenting for First Aid treatment. For learners, this must be recorded on CPOMS. For all others, this must be reported in the Accident Book. This must include:
  - ◇ name of person seeking treatment
  - ◇ date and time
  - ◇ description of illness/injury
  - ◇ note of treatment or action taken
  - ◇ initials of First Aider
- Any injuries/illnesses which give cause for concern must be reported to the parent as soon as possible. The First Aider on duty will judge if a child's parents need to be contacted. Parents should if necessary be advised to seek advice from their GP or to visit the Accident and Emergency Unit at the local Hospital.
- Details regarding minor head injuries must be reported to the Headteacher who can inform the parents. Head injury letters are given by the First Aider to be handed on to the parent or carer.

## Accidents, diseases, dangerous occurrences (RIDDOR)

RIDDOR requires employers and others in control of premises to report certain accidents, diseases and dangerous occurrences arising out of or in connection with work.

The duty to notify and report rests with the 'responsible person'. For incidents involving pupils and setting staff, this is normally the main employer at the setting.

You can report all incidents online and there is a telephone service for reporting fatal and specified injuries only.

You must keep records of:

- any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR;
- all occupational injuries where a worker is away from work or incapacitated for more than three consecutive days. From 6 April 2012 you don't have to report over-three-day injuries, but you must keep a record of them. Employers can record these injuries in their accident book.

### **Reportable specified injuries**

These include:

- fractures, other than to fingers, thumbs and toes;
- amputations;
- any injury likely to lead to permanent loss of sight or reduction in sight;
- any crush injury to the head or torso causing damage to the brain or internal organs;
- serious burns (including scalding), which: – cover more than 10% of the body; or – cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury or asphyxia;

Any other injury arising from working in an enclosed space which:

- leads to hypothermia or heat-induced illness; or

– requires resuscitation or admittance to hospital for more than 24 hours.

### **Physical violence**

Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence. Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on setting premises. This is reportable, because it arises out of or in connection with work.

### **Stress**

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work.

### **Activities**

Injuries to pupils and visitors who are involved in an accident at setting or on an activity organised by the setting are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

### **Sports**

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how settings manage the risks from the activity.

Examples of reportable sporting/ PE incidents include where:

- the condition of the premises or sports equipment was a factor in the incident, eg where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event

### **Playground accidents**

Most playground accidents due to collisions, slips, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity. This includes incidents arising because:

- the condition of the premises or equipment was poor, eg badly maintained play equipment; or
- the setting had not provided adequate supervision, eg where particular risks were identified, but no action was taken to provide suitable supervision

### **Violence between pupils**

Violence between pupils is a setting discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity.

Reporting to RIDDOR can be done at <https://www.hse.gov.uk/riddor/report.htm>. Any reports must be logged appropriately.

### **Reporting incidents to OFSTED - (For Rosewood Independent School pupils only)**

## **Serious injuries, accidents and illnesses**

You must tell Ofsted about any of the following:

- anything that requires resuscitation
- admittance to hospital for more than 24 hours
- a broken bone or fracture
- dislocation of any major joint, such as the shoulder, knee, hip or elbow
- any loss of consciousness
- severe breathing difficulties, including asphyxia
- anything leading to hypothermia or heat-induced illness
- any confirmed cases of coronavirus (COVID-19) in staff or children

## **Minor injuries**

You do not need to tell Ofsted about minor injuries, even if treated at a hospital (for less than 24 hours).

These include:

- animal and insect bites, such as a bee sting that doesn't cause an allergic reaction
- sprains, strains and bruising, for example if a child sprains their wrist tripping over their shoelaces
- cuts and grazes
- minor burns and scalds
- dislocation of minor joints, such as a finger or toe
- wound infections

## **Eyes**

You must report to Ofsted if a child suffers any loss of sight, whether it is temporary or permanent. You must also tell us about any:

- penetrating injury to the child's eye
- chemical or hot metal burn to the child's eye

## **Substances and electricity**

If a child in your care suffers any injury from, or requires medical treatment for, any of the following situations you must tell Ofsted:

- from absorption of any substance:
  - by inhalation
  - by ingestion
  - through the skin
- from an electric shock or electrical burn
- where there is reason to believe it resulted from exposure to:
  - a harmful substance
  - a biological agent
  - a toxin
  - an infected material

## **4.3 First Aid kits**

First aid boxes are provided in the main office.



The First Aiders are jointly responsible for checking the contents of First Aid boxes, ensuring that they are kept stocked with LA approved items and reordering supplies as required.

#### **4.4 Injury or illness needing emergency hospital treatment**

When an illness or accident requires urgent medical attention, **EMERGENCY PROCEDURES** will be followed:

- The patient **must not be moved** unless a trained member of staff, with a First Aid certificate, is absolutely certain this will not cause further injury. If in any doubt do not move the patient.
- The First Aider and the Executive Headteacher must be informed immediately.
- If necessary, the First Aider will ask the Headteacher to dial 999 and call an ambulance. The emergency service will need to know the age of the patient and type of injury and whether or not the patient is conscious. (The time of the call will be recorded and subsequently logged with the date, name of patient and nature of injury/illness in the Accident Book).
- The Headteacher will contact the parents immediately after contacting the emergency service. (The time of this call should also be logged). Unless they can make their way quickly to meet the ambulance at setting, they should be directed to meet the patient at the hospital.  
(If an ambulance is not deemed necessary by the First Aider, the Headteacher will contact parents immediately to ask them to come and take the child to hospital. If parents are unavailable, continued efforts should be made to contact them (see 4.5).
- The Executive Headteacher will instruct a member of the setting staff to wait at the entrance to the car park for the ambulance, note time of arrival and direct ambulance crew via the quickest route to the child/person.
- The patient must be kept warm and calm.
- If the patient is conscious he/she must not be given food or drink.
- The Executive Headteacher will identify the member of staff who will accompany the child to hospital and await the arrival of the parent, if he/she has not arrived when the ambulance is ready to leave

- A member of the office staff, will place the following documents in an envelope for the member of staff accompanying the child to hospital:
  - A copy of the child's emergency contact form.
  - A copy of any relevant medical information from the welfare/medical room
- When the parent arrives at the hospital, the accompanying member of staff should give only the established facts of the child's accident and not discuss details, giving the details of the Executive Headteacher.
- The accompanying member of staff must record the length of time spent at the hospital and the names of medical staff attending the child and treatment given (if known). He/she should telephone the setting and confirm arrangements for her/his return to the site.
- If the parent has not arrived within half an hour of the child being discharged from the hospital, the accompanying member of staff must telephone the setting and take further direction from the Headteacher.
- All accidents must be recorded in the First Aid day book (or CPOMS for student incidents) at the time of the accident. This will aid the completion of the Incident Report later on. Any person assisting with an incident should make notes to aid the accurate completion of the report.

#### **4.5 Accident requiring hospital treatment without the need for an ambulance**

It may be appropriate in less severe cases to transport a pupil to a casualty department without using an ambulance, but this should always be on a voluntary basis. When a parent cannot quickly come and take the child to hospital, the Executive or Assistant Headteacher may arrange for the child to be transported in a car owned by a member of staff who has appropriate public liability insurance or taxi from a reputable taxi service. In any such cases, a member of staff, who supervises the child and remains with her/him at the hospital until the parent arrives, must accompany the driver sitting in the back seat of the car with the patient to constantly monitor any changes, which could affect the patient's condition. The Headteacher is responsible for checking the insurance of any staff car used for the transportation of pupils. The setting will reimburse additional insurance premiums where necessary.

**No casualty should be allowed to travel to hospital unaccompanied.** The Executive Headteacher will designate an accompanying adult in emergencies where parents cannot be contacted or cannot reach the setting quickly.

#### **4.6 Incident reporting**

Any incident that is referred to an emergency doctor or hospital, will be reported by the Executive Headteacher to the Local Authority.

#### **4.7 Monitoring**

The Executive Headteacher monitors the Accident book for any cause for concern (e.g. children who make frequent visits to the welfare/medical room, high incidences of injury at particular times or locations, or marked increase in types of injuries or illnesses). The Executive Headteacher investigates accidents reported via the Accident Forms to ensure that any unsafe practice is identified and remedial action is taken immediately.

### **5. Medical Needs**

#### **5.1 Medical information**

Parents are asked to complete a form, giving basic medical information, when children start at Total Tuition Alternative Provision / Rosewood Independent School and to keep staff updated as necessary. Parents have prime responsibility for their children's health and are requested to ensure that the information they provide the School is up to date.

## **5.2 Medical needs**

Most pupils will, at some time, have a medical condition that may affect their participation in setting activities. Parents are responsible for ensuring that a child is well enough to attend the setting. Parents or carers who bring a child to the setting when he/she is too unwell to attend will be asked to take the child home. If any child is brought into the setting with an injury that may be aggravated further by setting activities, e.g. when a limb has a plaster cast or protective bandage, the parent must meet with the Headteacher to confirm that the child's condition can be managed under the setting's Health and Safety Policy.

For many pupils, this will be short term, but some pupils will have medical conditions that, if not properly managed, could limit their access to education. These children have **medical needs**. At Total Tuition Alternative Provision / Rosewood Independent School we aim to ensure that pupils with medical needs receive proper care and support enabling them to participate as fully as possible in setting life. Most children with medical needs can attend regularly, but staff need to take extra care in supervising some activities to make sure that these pupils and others are not put at risk.

Children identified as having medical needs which may pose a risk to their attendance on site will have an individual Risk Assessment for Medical Needs drawn up. This does not include children who are administered medication for long-term medical conditions such as ADHD as routine. The main purpose of the Risk Assessment for Medical Needs is to identify the level of support that is needed in the setting, and is a written agreement between parents and the setting. Plans should be reviewed at least annually. Those involved in drawing up Risk Assessment for Medical Needs will be the parents and Headteacher with the involvement of the class teacher and teaching assistant as necessary. The Risk Assessment for Medical Needs will also include details of any medication and who is to administer it.

Risk Assessments for Medical Needs may cover the occasion of specific medical conditions or administration of medication, or in dealing with potential emergencies relating to a specific medical condition. The Headteacher may provide appropriate training e.g. use of epipens, or it will be sourced via other medical professionals. Where there is concern about whether the setting can meet a pupil's needs, the Headteacher will seek advice from the LA.

The Executive Headteacher is responsible for keeping the list of children with medical needs up to date.

The Executive Headteacher will ensure that all medical information is treated confidentially and will reach agreement with individual parents about who will have access to this information.

## **5.3 Medication**

Parents of children with long term medical needs (e.g. diabetes, cystic fibrosis, ADHD) must provide details of medication so it can be included in a child's individual Risk Assessment for Medical Needs and, if it is required that this is taken in setting hours, to complete the form to request the setting to administer medication. Medication will only be given when this form has been completed. Parents are responsible for

handing medication to the Assistant Headteacher on site and for ensuring that it is within date and labelled with the pupil's name, dose of drug, and frequency of administration.

Many children will need to take medication for a short period of time (e.g. to finish a course of antibiotics). Parents should try to ensure medication is prescribed in a frequency which enables it to be taken out of setting hours. Where this is impossible, parents are asked to make arrangements for a parent/carer to administer the medication.

Members of staff giving medicine to a pupil should check the pupil's name, written instructions provided by the parents or doctor, the prescribed dose, and the expiry date of the medication. Staff must complete and sign the Medication Record Log every time they administer medication. The Headteacher and Assistant Headteacher on site is responsible for ensuring that qualified First Aid staff are fully conversant with new cases, and procedures for the administration of any medication. All First Aiders are trained in administering medication using an epipen as children requiring such medication in an emergency need **immediate** attention by the supervising adult.

It is preferable for pupils who are able to, to administer their medication themselves. This is usually done in the main office under the supervision of an identified adult (as specified above). A parental consent form must be completed before children are allowed to administer their own medication. If a child refuses to take medication, setting staff will not force them to do so. The pupil's parents should be contacted immediately, and if necessary the emergency services.

Staff at Total Tuition Alternative Provision / Rosewood Independent School will not administer non-prescription medicines. This includes painkillers e.g. analgesics such as aspirin. Children must not bring non-prescription medicines to setting.

#### **5.4 Storage of medication**

When it has been agreed that the setting will administer or supervise a pupil's medication, the parents should provide small doses (if possible daily doses). Medication must always be stored in a locked cupboard/drawer in the staff room; with the exception of inhalers and epipens (see below) Medication that requires refrigeration is kept in the fridge in the kitchen room in a secure container. Pupils are informed of where their medicine is kept.

Medicines such as asthma inhalers and epipens are not locked away but are kept in the child's classroom so that they are readily available for use, with spares kept in the main office. Epipens and inhalers are kept in a box clearly labelled with the child's name. Older children may keep their own asthma inhalers with their parents' written permission.

#### **5.5 The legal position of staff**

There is no legal duty on setting staff to administer medication; it is a voluntary role. Staff who provide support for pupils with medical needs will be given appropriate training, and have access to all necessary information. Staff are expected to do all they can to assist a child in medical need. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

### **6. Health Care**

### **6.1. Referrals by staff**

Staff who are concerned about a child's health (e.g. weight, hearing, sight, mental health) must refer the child to the Executive Headteacher (depending on the severity of the concern and the impact in setting). They will discuss the matter with the Executive/Headteacher/ Assistant Headteacher/SENCO and other professionals through the multi-professional planning meeting, as required. Following consultation with the child's parent and their agreement, arrangements can be made for the child to be referred to the appropriate external agency or service.

### **6.2 Mental Health**

The setting promotes positive mental health for both children and adults. With awareness of the rise in mental health problems amongst young people, members of staff work hard to build resilience in the children and report any concerns regarding individual pupils. Concerns may be raised by parents or staff, strategies are discussed together and referrals made to other professionals as appropriate. Causes of concern may include anxiety, depression, self-harm, eating disorder or attachment issues.

### **6.3. Communicable diseases**

A list of communicable (infectious) diseases is displayed in the main office. If any member of staff suspects infectious diseases, contact the Executive Headteacher immediately.

The Executive Headteacher will:

- authorise exclusion from setting of pupils/siblings in appropriate cases.
- inform the LA of the case/s.
- inform the staff about cases of communicable diseases.

Parents will be informed of cases of communicable disease by letter with a brief description of symptoms to watch for. If a parent informs the setting of a case of head lice, a notice will sent home for all children in the setting. If live head lice are seen on a child, whilst they are at setting, the child will be isolated from other children while the parents are contacted. The parent will be asked to take the child home and treat the hair before returning them to the setting.

The Executive Headteacher will carry out a risk assessment as to for any further action.

### **6.5. Health in the curriculum**

Children are taught about keeping healthy and encouraged to take responsibility for their own health through the setting's PSHE and science curricula. Children are taught about emotional as well as physical health; the SEAL materials (social and emotional aspects of learning) support this aspect of the curriculum. Total Tuition Alternative Provision / Rosewood Independent setting actively encourages healthy eating habits and walking to setting through its food and travel policies. We are constantly striving to improve the health and well-being of our pupils and staff.

#### **Policy:**

Jennifer Wood, Centre Director (Total Tuition)

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Reviewed: 1st September 2023, Jennifer Abraham

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## **Appendix 1**

### **Guidelines on the prevention of blood borne infections**

- ◆ Plastic gloves must be used when dealing with all body fluids. Members of staff should keep plastic gloves readily available.
- ◆ Soiled dressings, e.g. tissues must be put into plastic bags before being put into the refuse bins.
- ◆ Separate cleaning equipment must be used for body fluids and other spillages. These should be clearly marked and are kept in the welfare/medical room.
- ◆ Splashes of blood from one person to another must be wiped away immediately.
- ◆ All staff must be made aware of HIV issues.