



International School

First-Aid Policy

December 2019

Introduction

This policy outlines Park Lane International School's responsibility to provide adequate and appropriate first-aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. This policy applies to all pupils in the school including EYFS. The policy will be reviewed annually by SMT and the Premises, Environment, Health and Safety (P.E.H&S) Committee.

We aim to ensure that our policy is in line with the *DFE* Guidance on First-Aid for schools - *Guidance on First Aid for Schools*.

The school aims to:

- provide First-Aid training for new and existing staff at the start of each school year;
- provide prompt and appropriate responses to cases of illness and injury to children and staff on school premises and whilst accompanying children off site on school trips;
- ensure compliance with all relevant legislation;
- ensure there are sufficient numbers of competent staff within the school environment to provide basic first-aid support;
- ensure there are suitable facilities on the school site to administer first-aid;
- identify and implement reasonably practical arrangements for dealing with first-aid incidents;
- to keep accident records and report to the relevant authorities where necessary.

Medical Provision

Park Lane has dedicated First-Aid rooms at the Valdstejska and Norbertov sites and a full time School Nurse based at our Prague 1 campus. The nurse at Prague 6 is available from 08:00 - 14:00 daily. The School has additional staff that are trained, qualified and designated as First-Aiders. A list of trained staff is available from the school office and in the staff room.

First-aid kits are placed in all classrooms and there are defibrillators (AEDs) at the Valdstejska, Klarov and Norbertov sites - staff have received training on how to use these and the AED batteries are maintained by an external company who check them regularly. They are all clearly signed and contain advice on dealing with emergency situations, as well as a list of trained first-aid staff. This first-aid equipment is checked and restocked regularly by the School Nurse.

There are also a mobile first-aid bags in the medical rooms to be used when

groups of pupils go out of school on organised trips or to participate in sporting events. A fully kitted medical bag is taken to our offsite PE facilities.

PE, science and visual arts teachers have all received first aid and Health and Safety training.

All new children and staff are given information on where to go for help in the event of an accident.

Visiting the School Nurse or Designated First Aider

- If a child is injured or ill during the school day, the class teacher, teaching partner or duty teacher will send them to the School Nurse at our Prague 6 and or Prague 1 campus or the designated First Aider at Sibeliova and Prague 5.
- The individual will be assessed by the nurse (or in her absence, a qualified first-aider) who will assess, treat (when appropriate) and record the incident.
- The child will remain under the care of the School Nurse or first-aider until it has been determined that they are well enough to return to class or play.
- In the event that a child is unable to recover, he/she will be kept in the first-aid room or school office and parents or carers contacted to collect the sick child.
- If a child is sent home, the Nurse or First Aider will inform the class teacher (Primary) or Office (Secondary) so that attendance records can be updated.
- If a child becomes unwell and if the school has any worries or concerns about a child's health, parents will be contacted at the earliest convenience.
- If any child is reported to have an infectious illness (e.g. chicken pox), all affected families will be informed by the school nurse via email.
- The school nurse will always inform the child's parents and class teacher/pastoral coordinator via email if they have visited the Medical Room for anything other than a minor injury, or if they have visited the Medical Room more than 3 times in a given week.
- An injured or sick child will never be sent home independently unless the School Nurse has assessed that it is safe to do so.

Serious Accidents, Head and Neck Injuries

- If there is any doubt or continued concern about a child's condition they will be taken to hospital either by ambulance or car, accompanied either by the School Nurse, a member of the PLT, SLT or SMT or a qualified first-aider.
- If the child has suffered a head or neck injury, they should be escorted by an adult and **kept under adult supervision at all times** until an ambulance or their parents/carers have arrived, **unless the School Nurse** deems it safe for them to return to class/play.
- The school will always notify parents at the earliest convenience if a child suffers anything more than a trivial injury.
- If a child receives an injury to the neck or head, an ambulance should

be called immediately, unless the School Nurse deems that it this is not required because the injury is not serious (**only the School Nurse or Designated First Aider can take this decision**) and parents should be informed at the earliest convenience - **no later than 20 minutes after the accident is believed to have taken place.**

- If a private car is used to take a child to the hospital, the member of staff concerned must ensure that the injured child has a booster seat (where appropriate) and the car is fully insured to transport pupils.
- In all cases of hospitalisation, one or both parents/carers will be contacted and requested to go directly to the hospital where they will be met by a member of the school staff.
- Relevant paperwork should be completed by all members of staff involved (see below).

School Trips and Residentials

- At the beginning of the school year, all parents/carers are asked to complete a Residential Trip Health Form (Appendix 1). This information will be given to trip leaders if your child attends any educational visits during the course of the school year.
- Trip leaders/first aiders may dispense medication on trips, only where the parents have given written or verbal instructions for doing so.
- On **school trips and residentials**, there will always be first aid qualified members of staff in attendance. The above procedures will remain in place **as far as is reasonably possible.**
- Parents should always be notified, at the earliest convenience, if a child becomes ill or suffers an injury.
- Parents should always be asked whether they would like their child to see a doctor if they become sick or are injured.
- All children on trips should have their medical cards (or a copy of the card) with them at all times. A copy is taken by the school at the start of the year. Any changes should be reported to the School by the parents/carers.
- It is a parent's/carer's responsibility to notify the school of any existing medical conditions and or changes to the diet or allergy status, or medical insurance details.

Recording Accidents/Incidents

- The school keeps records of all accidents and injuries. These are reviewed regularly by the Principal, Head of Primary, School Nurse and the Premises, Environment, Health and Safety (P.E.H&S) Committee to minimise the likelihood of recurrence.
- The school also keeps a record of any first-aid treatment, non-prescription medicines or treatment given to a child.
- The school will always notify parents if a child suffers anything more than a trivial injury.
- If a child receives an injury to the neck or head, A 'Head Injury Advice for Parents' form (appendix 2) should be completed and given to parents when they collect their child.
- Appendix 3 is the Accident/Illness/Incident report form. *N.B. This form does not differentiate between an accident and an incident; it should be*

completed as soon after the event has taken place as possible and before any investigation has begun.

- If required, witness/first on the scene statements (Appendix 4) should be taken from anyone who was nearby the incident or saw what happened, to gain as accurate a picture as possible. These should include as much detail as possible and be passed to a member of the SMT who will share a copy with the relevant Health and Safety Officer.

Dispensing of medicines

Members of staff **must not** dispense prescription or non-prescription drugs to pupils **without written permission from the parent / carer.**

Medication should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Please refer to Administration of Medicine (Appendix 5)

Short – Term Medical Needs

Many children may need to take medicines for a short period of time, for example finishing a course of medicines such as antibiotics or applying a lotion. We will administer medicines for short – term needs when

1. The child is well enough to attend the school
2. They have had at least one full days dosage of the medication
3. We encourage parents/carers when possible to administer the medication outside of the provisions opening times

Parent/carers need to discuss details of required medication with the senior member of staff who will make the final decision as to whether we can accommodate.

Please refer to the Short Term Medication Form (Appendix 6)

Long – Term Medical Needs

Some children may have long – term medical needs and may require medicines on a long term basis to keep them well, for example children with well controlled epilepsy or cystic fibrosis. It is important to have sufficient information about the medical condition of any child with long term medical needs. Parents will need to meet with the senior staff in advance and discuss any procedures involved ensuring we can provide the care required considering our intimate care policy and participate in any training in advance. An individual care plan will be completed along with a long term and emergency medical administering form. We will aim to meet each child's individual needs dependent on staff training, supervision needs, staff confidence and insurance cover.

Please refer to the Long Term Medication Form (Appendix 7)

Bodily fluids

Hygiene procedures are in place for dealing with the spillage of body fluids. Hand sanitizers are available throughout the school. Disposable gloves must be worn when dealing with bleeding injuries and any spillage of bodily fluids.

Staff attending accidents involving pupils

- Any member of staff in charge of an activity where an accident occurs to a pupil or who attends or who comes across the scene of an accident must do what they can to ensure the most appropriate and rapid treatment of the pupil concerned takes place.
- Colleagues should react with as much calm and reassurance as they can for the benefit of the injured pupil and others who may be present.
- If a suspected head or neck injury has occurred, the child should not be left unattended.
- If there is any doubt whether it is safe to approach the scene of an accident, call the emergency services for qualified assistance/advice before doing so.
- If the pupil is unable to move, a message should be sent as quickly as possible to the nurse or designated first-aiders and an ambulance called.
- **A SCHOOL ACCIDENT REPORT FORM** must be completed by the member of staff attending any serious accident or any head injury incident (Appendix 3)
- If a minor injury occurs and is dealt with by a member of staff other than the nurse a record must be kept in the **PUPIL MEDICAL LOG** which will be situated in the nurse's room. School accident report forms will also be kept in this area.
- In the event of an injury to an employee or visitor, an accident report form should be completed by the individual concerned and forwarded to the School Nurse and Principal or Head of Primary.
- In the event of serious injury, noticeable disease or dangerous occurrence, the Principal or Head of Primary should be notified immediately. He/she will then arrange for any necessary investigations or reporting, and the senior team leader of the injured employee will be informed as soon as possible.

The school encourages parents to contact the school nurse to discuss any concerns they may have regarding their child's health and to keep sick children at home until they are well enough to participate in all school activities.

Agreed by staff:

Ratified by governors:

Date due for review: June 2020

Appendix 1

TRIP & HEALTH FORM

Dear Parents and Carers,

This form must be completed and returned to the school office as soon as possible.
This Trip & Health form is valid for the whole academic year **2020/ 2021** and will cover all school trips throughout the academic year.

Please provide a copy of your child's health insurance card & vaccination record.

Pupil's details

First name:		Family name:	
Date of Birth:		Year/ class:	
Home address			
Contact telephone numbers (for the duration of the visit / trip)			
Name		Home	
Mobile		Work	
Alternative contact	Relationship to student :		
Address			
Name		Home	
Mobile		Work	

Medical Information

My child suffers from any medical condition.	YES NO
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IF YES, Your child suffers from			
and has been prescribed	Name of medication	Dose	Frequency

the following medication			

If your child is on a residential visit, please ensure you include information relevant to night-time needs.

My child also uses the following over-the-counter medication	Name of medication	Dose	Frequency

My child has an allergy to the following:	Allergic to	Type of reaction

I am willing for my child to be given "over-the-counter medication" by staff e.g. Paracetamol, Ibalgin, throat lozenges, plasters, antihistamine tablets/ syrup during school time & trips.	YES NO
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Any medication required should be given to the School Nurse, clearly marked (in its prescription container if applicable) with name and full instructions for use.

Inhalers and "Epipens" may be kept by the pupil with spares given to the School Nurse.

Dietary Information

Does your child have any special dietary requirements e.g. vegetarian, kosher, allergies (please give details)	YES NO

Additional Information

Please include any additional information as required

In the case of Head lice outbreak at Park Lane school:

I give consent to the school nurses to inspect my child's hair and if he/she is reported having lice or eggs on their head. I give consent for the school nurse to inspect and exam my child's hair and scalp if lice or eggs have been reported in the class or year group of my child.	YES NO
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NAME, SURNAME and DOB of a pupil: (if a separate sheet is taken to a doctor without rest of form)

Compulsory Medical Clearance from a Physician

To be completed and signed by your child's Physician.

Instead of a doctor's confirmation, a **health certificate** for the purpose of other physical activity or summer camp (in Czech- **Posudek o zdravotní způsobilosti dítěte**) could be issued. Please, provide a copy of the original certificate that is no older than 2 years from the date of issue (this is according to the Czech law).

Physical Activities:

May the child participate in normal school activities?

- Yes No

May the child participate in Sports?

- Yes No

If you answered no, please explain:

Doctor's confirmation that the above mentioned child is vaccinated **in accordance with the Czech Mandatory Vaccination Calendar.**

- Yes No

Date of last **Tetanus** vaccination: _____

Date: _____

Physician's Name: _____

Address: _____

Stamp & Doctor's signature:

To be read by Parents and Careers and signed by you and your child:

I must agree to wear protective ski equipment at all times during the skiing activity.
 The essential equipment that is necessary consists of a helmet, goggles and gloves. However, you should consider purchasing or hiring protectors for back, knees and elbows to ensure a greater level of protection.
 Please note that this equipment is not included in the price of the trip.
 This could be purchased at most good sports shops or could be rented at Happy Sport at Dejvicka.

Child's Signature		Date	
Print Name			

Please note, Park Lane IS is proud to own an AED (Automated External Defibrillator) and will be used in the case of a life-threatening situation only. All staff is certified to use the AED.

Declaration by Parent/Carer

1. I have read and completed this form to the best of my knowledge, the details given are true and accurate.
2. I agree to my child receiving medication as instructed or as required and any emergency treatment as considered necessary by the medical authorities.
3. I will inform my child's class teacher or the School Nurse as soon as possible of any changes in their medical details between now and the commencement of the visit/trip.

Parent Signature		Date	
Print Name			

Appendix 2

Head injury advice for parents.

Your child _____ received a minor head injury at school today, I recommend the following...

Keep your child under adult supervision for the next 24 hours. If you have any concerns if s/he is developing a problem, please seek advice from a hospital emergency department.

Signs to look out for:

- If your child becomes unusually sleepy or is hard to wake up
- Headache all the time, despite painkillers
- Repeated vomiting
- Weakness of arms or legs, e.g. unable to hold things
- Difficulty seeing, walking or general clumsiness
- Confusion (not knowing where s/he is, getting things muddled up)
- Fluid or blood coming from ear or nose
- Fits (convulsions or seizures)
- Any other abnormal behaviour

Your child should be allowed to sleep as normal. I would encourage that you observe her/him on a couple overnight occasions to check:

- Does s/he appear to be breathing normally?
- Is s/he sleeping in a normal posture?
- Does s/he make the expected response when you rouse her/him gently? (e.g. pulling up sheets, cuddling teddy-bear)
- If it does not appear that your child is sleeping normally, s/he should be awakened and fully checked

If you are concerned about any of the above or have any other worries, please contact the emergency department.

Thank you.

Mrs. Lucie

Date:

School Nurse

Appendix 3

ACCIDENT/ ILLNESS/INCIDENT FORM

Location: Park Lane International School Campus:

Name: _____

Class: _____

Date, time and place: _____

Person in charge and their signature: _____

Describe the accident, illness or incident: _____

Was injury caused or affected by another person?- YES- NO by whom: _____

Part of body injured: _____

Description of first aid: _____

Name of first aider: _____

Parents notified, instructions about following steps given to parents? YES- NO by whom: _____

Class teacher notified? If yes, by whom: _____

Was child sent home? If yes, accompanied by whom: _____

Was child sent to the Doctor or hospital? If yes, where and accompanied by:

Signature: First aider _____ Injured (If possible) _____

Parent's signature: _____ Principal's signature: _____

Appendix 4

Witness/First on the Scene Statement

Name: _____

Position in the school (please delete as applicable):

Student / Teacher / Support Staff / Admin Staff / Security Staff / Canteen Staff / Bus Driver /

Other, please specify: _____

If you are a student, which year group are you in? Year _____

In the box below, please record everything you saw and heard, in your own words, **in as much detail as possible** (for younger students, a member of staff should write down the words on behalf of the child as closely to the child's account as possible). Attach additional sheets of paper as required:



Appendix 5



Early Year and Primary

Administration of medicine

Rationale

We believe that children with long - term medical needs have the same rights of admission to the setting as other children. We will work with staff, parents, child and relevant healthcare professionals to enable this to happen whilst ensuring the safety of staff and children and recognising that there might be circumstances in which this is unable to occur e.g. with complex medical procedures.

Aim

- To enable children with long – term medical needs to access the provision.
- To administer medicines for short – term medical needs to enable the child to attend the provision while recovering.
- To be clear on the responsibilities of parents, management and staff.
- To provide a safe and robust procedure for staff to follow.

Policy

Prescription Medicines

Medicines will only be administered when it is essential: that is where it would be detrimental to a child's health if the medicine were not administered during the settings hours. Medicines must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions of administration and medicines information leaflet. Staff will not accept tablet medicines that are not in a sealed foil packet, liquid or cream medication that has been taken out of the container or make changes to dosages or times on parental instruction. Medicines will only be given to the named person on the prescription label.

Non – Prescription Medicines

We will generally not administer non-prescription medicines to children. Parent/carers will need to discuss individual circumstances with the senior member of staff. We will never administer non-prescription medication that contains aspirin. We will apply creams to children when required for nappy rash or eczema etc, only if the parent has filled in the appropriate long term medication form

Short – Term Medical Needs

Many children may need to take medicines for a short period of time, for example finishing a course of medicines such as antibiotics or applying a lotion. We will administer medicines for short – term needs when

4. The child is well enough to attend the setting
5. They have had at least one full days dosage of the medication
6. We encourage parents/carers when possible to administer the medication outside of the provisions opening times

Parent/carers need to discuss details of required medication with the senior member of staff who will make the final decision as to whether we can accommodate.

Long – Term Medical Needs

Some children may have long – term medical needs and may require medicines on a long term basis to keep them well, for example children with well controlled epilepsy or cystic fibrosis. It is important to have sufficient information about the medical condition of any child with long term medical needs. Parents will need to meet with the senior staff in advance and discuss any procedures involved ensuring we can provide the care required considering our intimate care policy and participate in any training in advance. A individual care plan will be completed along with a long term and emergency medical administering form. We will aim to meet each child's individual needs dependent on staff training, supervision needs, staff confidence and insurance cover.

Emergency Medical Needs

Some children may require medicines in particular circumstances, Examples of emergency medication are Buccal Midazolam for epilepsy, inhalers for severe asthma and Epipen for severe allergic responses.

Parents will need to meet with the senior staff and discuss any requirements. We will aim to meet the need dependent on staff training, supervision needs, staff confidence and insurance cover. A Individual care plan and a long term medication and emergency medication administering form will be completed.

In cases where a child's temperature reaches 100°f (37.8°c) then parents will be advised to pick up the child. If a child's temperature reaches and exceeds 102°f (38.8°c) and the child's records and parents give permission, then Calpol may be administered.

Registration

If the parent identifies on the registration form that the child has a medical need, the senior staff will ask for further and more detailed information on the individual care plan and follow the procedure relating to long term and emergency medication as necessary. The senior staff will share this information with the registered person. Parents are responsible for informing the scheme of any changes in medication.

Training

Staff may need training before administering certain types of medication e.g. inhalers, epipen, buccal midazolam. We will seek advice from our insurers and registration body before agreeing we are able to administer certain types of medication. Training could be in the form of relevant books, videos and/or accessing external training. External training from a qualified health professional must be accessed for staff before undertaking any complex or intrusive procedures or ones, which require technical or medical knowledge.

Storage

Medicines will be stored in a lockable cupboard in the office. Those medicines that need to be refrigerated will be kept in the office fridge. Emergency medication is kept on the shelf in the office and is easily accessible. All medicines must be stored in their original packaging.

Outings

Medication on an outing will be carried by a senior member of staff. The accessibility of medication, particularly for use in an emergency, will be considered. A copy of the medicines administering form and individual care plan (if appropriate), will be taken.

Recording

The parent will complete a consent form detailing the medication and if necessary complete an individual Care Plan as necessary. The senior staff are responsible for checking these forms are completed prior to the child attending the provision. The senior staff will keep a full record of medicines administered using the Medicines Authorisation forms.

The forms will include: name of child, medication, side effects, dosage, date, time, parental signature for permission, name of practitioner administering medication, name of witness and the signature of the parent/carer at the end of the day.

The nominated staff member will take responsibility for administering and recording the medication, senior staff are responsible for ensuring the children in their care have received their medication.

A child will not be able to attend the provision if the relevant forms are not completed.

A record of any training accessed by individual or all staff members will be kept on file.

Administration

There is no legal duty for staff to administer medication, staff may volunteer or it may be part of their contract of employment.

The all staff will follow the setting's administration of medication procedure. The nominated staff member will administer medication in a tactful and sensitive manner. Staff will not administer medication if the consent form and individual Care Plan, as necessary, are incomplete or if they feel unclear about the procedure. Staff will respect a child's refusal to take their medication. In any of these cases parents will be immediately informed.

Confidentiality

All records relating to the medical needs of a child and the administration of medication will be stored confidentially within the setting. Information will be shared with the staff and committee as necessary.

Law

We recognise that we do not have a legal responsibility to administer medication. We recognise we do have a responsibility under the

Disability Discrimination Act 2001 to not treat a child less favourably because of their medical needs.

Responsibilities

Management

- To ensure a safe and clear policy and procedure is in place.
- To liaise with their insurers, follow any recommendations and ensure that if staff follow procedures that they will be covered if there is a complaint.
- To arrange, with the senior staff, who should administer medicines within the provision either on a voluntary basis or as part of a contract of employment.
- To provide appropriate training for staff
- To assess the risks to the health and safety of staff and others and to put measures in place to manage any identified risks.
- To support the senior staff in fulfilling their responsibilities.
- To make the final decision about whether a child is able to access the provision.

Parents/carers

- To provide information about their child's medical condition and work jointly and openly with us to reach an agreement on the provision's role in supporting their child's need.
- To discuss with the prescriber whether dose time can be altered so it is outside the hours of the provision.
- **To provide medication in original, labelled containers.**
- To complete a consent form.
- To obtain details from GP or prescribing specialist as requested.
- To inform staff of any changes to medication.

Senior Staff

- To liaise openly with parents, staff and management.
- Ensure all parents and staff are aware of the policy and procedure.
- Ensure staff and themselves put policy into practice and follow documented procedures.
- To be aware of any side effects of the medication.
- To feedback any concerns to parent/carers and the registered person.

Staff

- To work to the documented procedure if they have agreed to witness the administration of medication.
- To discuss any concerns with the nominated person administering the medication and voice any concerns including to not give the medication if staff are unsure of any procedures.
- To ensure that the child's medication is handed back to the parent at the end of the day.

Date policy reviewed: January 2020

Medication Procedure

Is the medication for a child who has a long-term medical need?



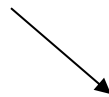
Yes



No

Complete an
Individual care plan.

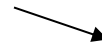
Continue to next question



Is the medication prescribed?



Yes



No



Check prescription label for child's name
and date dispensed. Check for side
effects information leaflet.



Medication that has not been prescribed
is not usually given. Seek information
from parent and check with
management if required.



Ask parent to fill in a Short-term
Medication Authorisation Form OR a
Long term and emergency medication
authorization form.



Ask parent to fill in the 'cream'
permission form and a long term
medication form if required.

Confirm dose and times with parent before parent leaves.

Pass on information to the nominated staff to administer medication.

Store forms and medication correctly in office.

Ensure child receives medication when specified.

Ensure all paperwork is signed and witnessed.

Ensure parent signs the paperwork at the end of the session and return medication to parent.

Appendix 6

Short Term Medication Form

Childs Name _____ Age _____ DOB _____

Medical Condition

Name of Medication/Treatment

Name of medication
Description of treatment
Dosage
Administration times
Start Date
Finish Date

I confirm that I give permission for medication /treatment to be administered to my child as detailed above. Parent/ Guardian Signature _____

I the director confirm that the medication to be administered has been discussed and agreed upon

NB Short Term medications will not be administered for more than 3 day unless otherwise agreed with the Director

Date	Time last of last dose given	Parent/Guardian signature of last dose	Time dose give in school	Dosage given	Signature of person administering medication	Witness signature	Parent Signature

Appendix 7

Long Term Medication Form

Childs Name _____ Age _____ DOB _____

Medical Condition

Name of Medication/Treatment

Name if medication
Description of treatment
Dosage
Administration times
Start Date
Finish Date

I confirm that I give permission for medication /treatment to be administered to my child as detailed above. Parent/ Guardian Signature _____

NB It is the parents/Guardians responsibility to inform the teacher if and when treatment is no longer required.

Date	Time last of last dose given	Parent/Guardian signature of last dose	Time dose give in school	Dosage given	Signature of person administering medication	Witness signature	Parent Signature

Date	Time last of last dose given	Parent/Guardian signature of last dose	Time dose give in school	Dosage given	Signature of person administering medication	Witness signature	Parent Signature