



Combat Classroom First Aid Policy

Aims and Objectives

We aim to ensure that all young people 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 young peoples' well-being is of paramount importance.

We want young people 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.

2. Pastoral Support

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

3. Roles and Responsibilities

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

3.2 Lead practitioner

The lead practitioner 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
- ensuring staff are sufficiently trained
- ensuring confidentiality of medical records
- communicating policy and procedures to parents

- overseeing the drawing up Healthcare Plans for young people with medical needs
- ensuring staff are kept informed of medical issues related to young people 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 young people'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 young people with visiting therapists including speech and language therapist where necessary
- providing staff with information about young people needing particular support where reports from medical personnel are available

3.3 First Aid Trained Staff

Are responsible for:

- providing First Aid to young people and adults within the setting during designated hours.
- ensuring medical records are up to date for every young person 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 lead practitioner of concerns
- informing parents of a young person'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 Health and Safety Co-ordinator, carrying out risk assessments before any young person with a serious injury returns to setting
- reporting child protection issues to the senior designated person for child protection
- keeping lists of high profile young people up to date and informing appropriate staff
- providing the First Aid kit and individual young people's medication for setting trips
- following setting procedures when administering medication and keeping records
- providing support and advice to young people relating to health and welfare
- providing support and advice to parents relating to their young people's health and welfare needs at setting
- reporting pastoral concerns to the Designated Safeguarding Lead

3.4 Teachers and Support Staff

Are responsible for:

- providing support and guidance to young people in their care
- reporting medical or health concerns to the lead practitioner
- reporting pastoral concerns to their team leader
- being aware of child protection issues and reporting child protection concerns immediately to the lead practitioner
- keeping abreast of information relating to the medical needs of young people in their teaching group, including any Healthcare Plan and seeking advice when necessary
- providing a secure learning environment in which all young people 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 the lead practitioner group leaders 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.

4. First Aid Procedures

4.1 First Aid trained staff

Qualified First Aid staff are on call throughout the day.

If a young person is unable to walk or a serious injury is suspected, the young person 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 young person and summon a First Aider.

4.2 Recording and reporting First Aid treatment

- The First Aider must ensure that any young person reporting for First Aid is assessed. Checking a young person'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 young person continues to complain of illness later in the day.
- The First Aider must record all instances of young people, staff or visitors presenting for First Aid treatment in an 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/carer as soon as possible. The First Aider on duty will judge if a young people's parents/carers need to be contacted. Parents/carers 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 lead practitioner 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

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

4.3 First Aid kits

First aid boxes are provided in the reception area of 12 Gauge MMA (premises of Combat Classroom) and in the Combat Classroom education room.

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 lead practitioner must be informed immediately.
- If necessary, the First Aider will ask the lead practitioner 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 lead practitioner will contact the parents/carers 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 lead practitioner will contact parents/carers immediately to ask them to come and take the young person to hospital. If parents are unavailable, continued efforts should be made to contact them (see 4.5).
- The lead practitioner 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 person.
- The patient must be kept warm and calm.

- If the patient is conscious he/she must not be given food or drink.
- The lead practitioner will identify the member of staff who will accompany the child to hospital and await the arrival of the parent/carer, 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 young person to hospital:
 - A copy of the young person'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 young person's accident and not discuss details, giving the details of the lead practitioner.
- The accompanying member of staff must record the length of time spent at the hospital and the names of medical staff attending the young person 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 young person being discharged from the hospital, the accompanying member of staff must telephone the setting and take further direction from the lead practitioner.
- All accidents must be recorded in the First Aid day book 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 young person to a casualty department without using an ambulance, but this should always be on a voluntary basis. When a parent/carer cannot quickly come and take the child to hospital, the lead practitioner may arrange for the young person 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 young person 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 lead practitioner is responsible for checking the insurance of any staff car used for the transportation of young people. The setting will reimburse additional insurance premiums where necessary.

No casualty should be allowed to travel to hospital unaccompanied. The lead practitioner will designate an accompanying adult in emergencies where parents/carers cannot be contacted or cannot reach setting quickly.

4.6 Incident reporting

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

4.7 Monitoring

The lead practitioner monitors the Accident book for any cause for concern (e.g. young people 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 lead practitioner 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/carers are asked to complete a form, giving basic medical information, when children start at Country Treks Academy and to keep staff updated as necessary.

Parents/Carers have prime responsibility for their young person's health and are requested to ensure that the information they provide the provision is up to date.

5.2 Medical needs

Most young people will, at some time, have a medical condition that may affect their participation in setting activities. Parents/carers are responsible for ensuring that a young person is well enough to attend the setting. Parents or carers who bring a young person to the setting when he/she is too unwell to attend will be asked to take them home. If any young person 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/carer must meet with the lead practitioner to confirm that the young person's condition can be managed under the setting's Health and Safety Policy.

For many young people, this will be short term, but some will have medical conditions that, if not properly managed, could limit their access to education. These children have medical needs. We aim to ensure that young people with medical needs receive proper care and support enabling them to participate as fully as possible in setting life. Most young people with medical needs can attend regularly,

but staff need to take extra care in supervising some activities to make sure that these young people and others are not put at risk.

Young People 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 those 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/carers and the setting. Plans should be reviewed at least annually. Those involved in drawing up Risk Assessment for Medical Needs will be the parents/carers and lead practitioner with the involvement of the group teacher 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 lead practitioner 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 young person's needs, the lead practitioner will seek advice from the LA.

The lead practitioner is responsible for keeping the list of young people with medical needs up to date.

The lead practitioner 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 young people with long term medical needs (e.g. diabetes, cystic fibrosis, ADHD) must provide details of medication so it can be included in a young person'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/carers are responsible for handing medication to the lead practitioner and for ensuring that it is within date and labelled with the pupil's name, dose of drug, and frequency of administration.

Many young people will need to take medication for a short period of time (e.g. to finish a course of antibiotics). Parents/carers 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/carers are asked to make arrangements for a parent/carer to administer the medication.

Members of staff giving medicine to a young person should check the young person's name, written instructions provided by the parents/carers 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 lead practitioner 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 young people requiring such medication in an emergency need immediate attention by the supervising adult.

It is preferable for young people 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 young people are allowed to administer their own medication. If a young person refuses to take medication, setting staff will not force them to do so. The young person's parents should be contacted immediately, and if necessary the emergency services.

Staff will not administer non-prescription medicines. This includes painkillers e.g. analgesics such as aspirin. Young people 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 young people's medication, the parents should provide small doses (if possible daily doses). Medication must always be stored in a locked cupboard/drawer; 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. Young people 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 young person's name. Young people 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 young people 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 young person 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 young person's health (e.g. weight, hearing, sight, mental health) must refer the young person to the lead practitioner (depending on the severity of the concern and the impact in setting).

They will discuss the matter with the lead practitioner and other professionals through the multi-professional planning meeting, as required. Following consultation with the young person's parent/carer and their agreement, arrangements can be

made for the young person to be referred to the appropriate external agency or service.

6.2 Mental Health

The setting promotes positive mental health for both young people and adults. With awareness of the rise in mental health problems amongst young people, members of staff work hard to build resilience and report any concerns regarding individual young people. Concerns may be raised by parents/carers 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

If any member of staff suspects infectious diseases, contact the lead practitioner immediately.

The lead practitioner will:

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

Parents/carers will be informed of cases of communicable disease by letter with a brief description of symptoms to watch for.

The lead practitioner will carry out a risk assessment as to for any further action.

6.5. Health in the curriculum

Young people are taught about keeping healthy and encouraged to take responsibility for their own health through the setting's PSHE and science curricula. Young people are taught about emotional as well as physical health; the SEAL materials (social and emotional aspects of learning) support this aspect of the curriculum. We are constantly striving to improve the health and well-being of our young people and staff.