



**British Academy**  
School Marrakech  
— Belong Achieve Become —

**FIRST AID**  
**BASM 46**

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## **1. THE AIMS OF FIRST AID**

- 1.1. Providing First Aid for all children in their care, employees and visitors is a key consideration for the Advisory Board of BASM.
- 1.2. The aim of First Aid provision is to give immediate and effective help to casualties with common injuries or illnesses and those arising from specific hazards, and where necessary to seek professional help from the ambulance service or a doctor.

## **2. FRAMEWORK**

- 2.1. The UK's Health & Safety (First Aid) Regulations 1981 and the General Data Protection Regulation (May 2018) inform BASM's approach to ensuring adequate and appropriate equipment and facilities are available at school and that satisfactory arrangements and procedures exist to ensure that First Aid is discharged appropriately, and that due regard is paid to matters of confidentiality.
- 2.2. Medical information is considered a *special category* of personal information under GDPR legislation. BASM, through its Privacy Notices, has demonstrated Legitimate Reason for storing and sharing of such information. Its confidentiality and protection being a priority for the School as is limiting those who have access to such information.
- 2.3. A significant number of staff are trained in First Aid. Staff should only act within the limits of their trained competence.
- 2.4. For offsite trips, and subject to the separate risk assessment carried out, a qualified first aid trained person must accompany the children.

## **3. RESPONSIBILITIES**

- 3.1. The Head has powers delegated by the Advisory Board for ensuring that the Policy is effectively discharged through agreed procedures, and delegates the routine management of the School's First Aid Policy to the School Nurse.
- 3.2. The Policy is included in the Staff Handbook. A copy of the Policy is available on the school website and at the start of each school year staff are to be verbally reminded about the Policy and procedures at the INSET training.

### **The Advisory Board of Governors**

- 3.3. Reviews this policy annually, and its approval is recorded in the minutes.

### **The Head and Bursar**

- 3.4. Ensuring that suitable procedures are in place to discharge the School's Policy.
- 3.5. Delegating to the School Nurse the day-to-day running of the School's Policy.
- 3.6. Deputy Head, (Safeguarding), has delegated responsibility to monitor the running of the school's policy by School Nurse.
- 3.7. Ensuring there are adequate numbers of suitably qualified and trained staff.
- 3.8. Ensuring that there is adequate provision for First Aid not only on a daily basis in School, but also on off-site visits, sports events etc.

- 3.9. Ensuring that suitable and adequate insurance cover exists to protect the School's employees whilst discharging First Aid duties.
- 3.10. Informing staff and pupils, at least annually about the School's Policy and procedures. This information is also included in the Staff Handbook.
- 3.11. Ensuring that all staff are aware of the schedule of cover for First Aid provision.

### **The School Nurse**

- 3.12. The school Nurse is on site from 8:00 am to 16:00 pm, and is responsible for ensuring that:

The Medical Room is maintained in a tidy and clean manner.

- 3.13. All medicines within the Medical Room are always kept in a locked cabinet.
- 3.14. Stocks of medicines for general use are always adequate.
- 3.15. A close liaison is maintained with Clinic Marrakesh and the School Doctor.
- 3.16. Appropriate training courses are provided as required, and that updated training is completed within the specified time periods.
- 3.17. Nominated and volunteer staff are suitably trained, and that training is in-date.
- 3.18. Appropriate records of staff training, and first aid qualifications are retained by the HR and Deputy Head (Pastoral).
- 3.19. There is suitable signage around the school premises informing pupils and staff about First Aid facilities.
- 3.20. The Accident Books and adequate First Aid Records are kept up to date in a chronological order.
- 3.21. Maintaining a record of all First Aid assistance provided by staff. This should include the date, time, and place of incident; the name of the casualty; details of the illness and treatment provided; post- treatment action by casualty; name and signature of First Aider involved.
- 3.22. Maintaining the medical record centrally and reviewing it on a weekly basis so that any common traits can be identified, and remedial action taken if necessary.
- 3.23. Accident Register records are maintained.
- 3.24. There is adequate First Aid provision for School events on site, off-site visits etc.
- 3.25. All First Aid Boxes (fixed and portable) and travel packs (for off site visits and activities) are fully equipped at all times.
- 3.26. That the relevant information to allow an accident review to take place at the Senior Leadership Team meetings in order to identify common causes so remedial (e.g., maintenance) action can be taken.
- 3.27. Signage Signs are displayed describing the location of First Aid kits.
- 3.28. Ensuring these signs are in-date.

## Form Teachers

- 3.29. Form Teachers should be aware of the locations of first aid boxes, and the extracts from the First Aid policy (as outlined at induction and INSET) which might be directly relevant to pupils specifically in relation to procedures in the case of illness or accident, hygiene and control measures, and exclusions due to illness.

### 4. MEDICAL ROOM & FIRST AID EQUIPMENT

- 4.1. The school maintains a Medical Room which will allow casualties to rest whilst either waiting for an ambulance or parents. The School Nurse is responsible for the management of the medical room.
- 4.2. The School Nurse checks the contents of the First Aid Kits weekly and replenishes supplies as needed.
- 4.3. There are 8 First Aid kits distributed around the school as follows:
- 1 Reception (behind the desk)
  - 2 Above fire hose, by front door (ground floor)
  - 3 Staff Room Corridor (1st floor)
  - 4 Above fire hose, Deputy Head office, (1st floor)
  - 5 Science Laboratory 1 (2nd floor)
  - 6 Science Laboratory 2 (2nd floor)
  - 7 Above fire hose, outside Assembly/Exam Room
  - 8 The Canteen (in the kitchen area)
- 4.4. The minimum content in each pack is designated by the Department for Education (DfE) in association with the Health and Safety Executive and each pack, depending on whether it is to be employed on site, in vehicles or for visits, is to comply with that provision. (*DfE Guidance On First Aid For Schools.*) The contents of the kits provide for treatment of basic injuries.

|                          |                                 |
|--------------------------|---------------------------------|
| Alcool 70                | Biafine                         |
| Antiseptique addax       | Compresses steriles 20/20       |
| Biofrrez spray           | Compresses steriles 40/40       |
| Betadine                 | Confort junior                  |
| Fucidine pommade         | Confort adulte echarppes        |
| Gel sps desinfectant     | Gel anti inflammatoire voltaren |
| Bandes de gaze urgo 5 cm | Serviettes hygieniques          |
| Bandes de gaze urgo 7cm  | Sparadrap urgo en rouleau       |
| Bandes de gaze urgo 10cm | Sparadrap urgo kids unitaire    |
| Bandes velpeau           | Sparadrap urgo unitaire         |
| Bandelettes glycémie     |                                 |

### 5. STORAGE & DISPOSAL

#### Storage

- 5.1. The school should not store large volumes of medicines; storage is to be limited to minimum requirements. The following rules are to be followed:
- 5.2. All School medicines are locked in secure cupboards in an area not normally accessible to students apart from Inhalers and Auto adrenaline injectors, which need to be readily available so that all staff know where to locate them quickly: The locked cabinet is to be found in the Medical Room.
- 5.3. The School Nurse is to maintain a record of medicines stored in the school. Medicines brought in by students need to be clearly labelled with the name of the medicine, the

student for whom it is prescribed, the date prescribed and instructions for administration and stored in the Medical.

- 5.4. Medicines are to be stored in the original container in which it was dispensed, clearly marked with the name of the drug and student when it is a prescribed medicine. Where students with specific needs bring medicine into school, such as to complete a course of treatment thereby minimising the absence from school, the drug needs to be clearly labelled with the name of the student, the name of the drug, the dosage and frequency of administration in its original packaging please. Where a student needs more than one prescribed medicine they should both be stored in their own container.

## **Disposal**

- 5.5. Some medicines may be harmful to individuals for whom they are not prescribed. By agreeing to administer medicines on the premises BASM has a duty to ensure that the risks to others are properly controlled.
- 5.6. Following the administration of medicine by injection e.g., vaccination, insulin or prescribed medicine, needles are to be disposed of safely in a yellow "sharps bin" clearly labelled with 'Danger' in accordance HSE (Health and Safety Executive) and in accordance with the Control of Substances Hazardous to Health Regulations 1994 (COSHH). Sharps bins are located in the Medical Room. For any administration of medication by injection, such as an insulin pen, a sharps bin must be available.

## **6. SPECIAL NEEDS**

- 6.1. As part of the School Admissions procedure, every parent receives a detailed Medical Form requesting key essential information about their child. The School Nurse ensures the details added onto the electronic data system. A request for an information update is sent out at least annually to parents. The data received forms the basis of medical reports created, and circulated, to staff members. The school seeks to follow GDPR guidance.
- 6.2. A register of those with special medical needs is to be maintained by the School Nurse. This is only made available to relevant staff on a need-to-know basis and references the action required in case of an emergency involving someone on the register. The information is available on the School database. In severe cases e.g., diabetes, epilepsy, an Individual Treatment Plan is developed by the School Nurse in conjunction with parents and external medical advisors (if appropriate). This plan is attached to the pupil's file on the school database and training given to those staff for whom it is relevant.
- 6.3. All the generic treatment plans for conditions such as diabetes and epilepsy which are included as appendices to this Policy. These conditions can cover food allergies and medical conditions all of which could require emergency treatment.
- 6.4. Once it has been established that a child has special medical needs, the School Nurse is to prepare a policy of care, including the administration of medicines, in conjunction with the pupil's parents and, if necessary, with the pupil's doctor. Before such a policy is to be brought into effect, it is to be authorised first by the Senior Leadership Team.
- 6.5. Specialist training is given to the School Nurse as appropriate e.g., in the administration of EpiPens (see attached Policy).
- 6.6. It is the School Nurse's role to ensure all inhalers are kept up to date and current. Parents of those children whose inhalers have past their expiry date are contacted to arrange their replacement.

- 6.7. There is a separate EpiPen Policy and Anaphylaxis Reaction Treatment Plan at the end of this Policy.

## **7. HYGIENE AND INFECTION CONTROL**

- 7.1. All staff must take precautions to avoid infection and they must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities. They should take particular care whilst dealing with blood or other body fluids in respect of the disposal of dressings and equipment.

### **Hygiene procedures for the spillage of bodily fluids**

- 7.2. To minimise the risk of spread of infection, all blood and body substances should be treated as potentially infectious. The techniques used in handling these substances are known as standard precautions. Standard precautions recommended the handling of:
- 7.3. Blood, including dried blood.
- 7.4. All other body substances including saliva, urine, and faeces (but excluding sweat), regardless of whether they contain visible blood.
- 7.5. Broken skin.
- 7.6. Mucous membranes (lining of the nose, mouth and genitals)
- 7.7. Standard precautions are good hygiene practices relating to hand hygiene, the use of gloves and other protective clothing (as appropriate), and the safe disposal of waste.

### **Managing exposure to blood or other body substances.**

- 7.8. If any person has contact with blood or body fluids, the following procedures should be observed:
- 7.9. Remove contaminated clothing.
- 7.10. If blood or body fluids get on the skin, irrespective of whether there are cuts or abrasions, wash well with soap and water.
- 7.11. If the eyes are splashed, rinse the area gently but thoroughly with water while the eyes are open.
- 7.12. If blood or body fluid gets in the mouth, spit it out and rinse the mouth with water several times, spitting the water out each time.
- 7.13. In the event of any of the above events happening, staff must immediately refer to the School Nurse in order that the appropriate action/actions are taken for their physical wellbeing.

### **Surface cleaning of blood and body substances.**

- 7.14. In the event of blood and/or bodily fluids being discharged, the following procedures must be carried out by a recognised member of staff (e.g. School Nurse or Hazmat trained member of staff):
- 7.15. Deal with the spill as soon as possible.

- 7.16. Protect yourself by wearing disposable rubber gloves. Eye protection and a plastic apron should be worn where there is a risk of splashing.
- 7.17. Remove as much of the spill as possible with a paper towel.
- 7.18. Clean area with warm water and detergent, using a disposable cleaning cloth or sponge.
- 7.19. The area should be left clean and dry.
- 7.20. Disinfect the area with a solution of household bleach, diluted according to the manufacturer's instructions.
- 7.21. Remove and dispose of gloves, paper towel and cleaning cloth in a sealed plastic bag after use. The plastic bag will then be removed and burnt.
- 7.22. Wash hands thoroughly with soap and warm water.
- 7.23. All waste materials produced in the treatment of a child will be disposed of in the correct and safe manner. The medical waste disposal bins are emptied on a regular basis by a recognised third party.

## **8. STANDARD INCIDENT PROCEDURES**

- 8.1. It is best practice that incidents are handled by qualified staff only. However, an Appointed Person or attending responsible adult is qualified to make a judgement on how to immediately manage a situation; options will range from escorting the patient to the Medical Room for further treatment, waiting at the scene of the incident for the School Nurse or calling for professional medical help (including an ambulance). In all cases it is their responsibility to wait with the patient. If required, basic remedial action should be taken by the attending adult to ensure the patient is comfortable and their symptoms do not worsen.
- 8.2. First Aiders may treat patients at the incident location, if necessary, but normally this would be conducted in the Medical Room.
- 8.3. All incidents and accidents are recorded on the special forms provided. The First Aider should provide enough detail on the forms for the diagnosis and subsequent treatment of the ailment. These should be clearly dated and signed by the attending individual. These forms are to be collated by the School Nurse and entered onto the pupils' school records. A copy is to be sent home to the parent if required.

### **Emergency procedure in the event of an accident or injury**

- 8.4. In the event of an emergency needing an ambulance or other emergency service it is important that you contact the main School reception who has the contact numbers.
- 8.5. If an accident, illness, or injury occurs, the member of staff in charge will assess the situation and then notify the School nurse and she/he will decide on the appropriate next course of action, which may involve calling immediately for an ambulance or calling the first aider. If summoned, the first aider will assess the situation and take charge of administering first aid.
- 8.6. The school contracts the services of a doctor who can attend promptly in case of emergency. The school also has agreements with an Emergency Ambulance and with 2 Clinics situated very close to the school.

- 8.7. The school will inform parents in the event of any head Injury, regardless of the severity of the incident.

### **Guidance on when to call an ambulance.**

- 8.8. Before calling for an ambulance, the casualty needs to be assessed. To do this, follow the steps of the Primary Survey, to see if they have any life-threatening or other serious conditions. The UK's St. John's Ambulance organisation provides the following detailed guidance on carrying out the Primary Survey:

<https://www.sja.org.uk/get-advice/first-aid-advice/how-to/how-to-do-the-primary-survey/>

- 8.9. If someone's condition is life-threatening or very serious, the school reception will call the emergency services on the national external line - 15.

## **9. REPORTING ACCIDENTS**

### **Major Accident**

- 9.1. The Head must inform the Chair of the Advisory Board within 24 hours of major accidents. A "major" accident is one where:
- 9.2. Death (within one year of incident), fracture (except to fingers, thumbs and toes), amputation, loss of sight, chemical or hot metal burn to the eyes, penetrating eye injury, major dislocations, or any other injury leading to unconsciousness or **requiring resuscitation or admittance to hospital for more than 24 hours occurs.**
- 9.3. An accident connected with work or an act of violence at the workplace which, as a result, causes the pupil or employee to be absent for more than four days.
- 9.4. A pupil or employee suffers from a notifiable disease (notified by the doctor).
- 9.5. Should any of the above occur, the Head or the Bursar is to be informed immediately.

### **Minor Accidents**

- 9.6. All other accidents are considered minor, and reporting to the Advisory Board on an event-by-event basis is not necessary. However, good practice requires that a record is kept of all incidents which may have an impact on Health and Safety issues. This implies that where an accident is caused by bad practice or it is a regular hazard, it should be reported.

## **ANNEX 1: THE PROVISION OF FIRST AID**

All qualified first aid staff understand the need to administer first aid to children in a calm and supportive environment.

### **EYFS**

#### **Dealing with illness**

1. In the EYFS department if a child becomes unwell during the day the staff will implement the following procedure:
2. Staff will inform the Head of EYFS/Primary who will use their discretion as to whether the child will be sent home immediately or if the situation will be monitored.
3. Either the Head of EYFS/Primary or School Nurse will contact parents (or the named emergency contact in their absence) to inform them of their child's condition.
4. Parents will either be asked to arrange for the child to be collected as soon as possible or informed of the monitoring process in place.
5. If there is likely to be a delay in the collection of an unwell child, they should be taken to the Medical Room and the School Nurse should record information on the '**daily record**'.
6. If the child is taken to their own doctor, parents are asked to update the School Nurse who will inform the Head of EYFS/Primary.

### **PRIMARY & SECONDARY**

When a child is feeling sick, they will report to the nearest teacher or adult staff member. If within the classroom, the teacher will first ascertain whether the ailment is of significant scale and validity to require the nominated first aider to be called upon. If the child requires specialist first aid attention, they will be taken to the Medical Room / School Nurse by another responsible child or teaching assistant. The teacher or adult staff member will:

1. Be sympathetic and supportive.
2. Focus on the child and give them priority attention.
3. Carry out basic health checks in line with stated symptoms.
4. Draw on their training to make a preliminary diagnosis.
5. If symptoms persist and the child is considered too unwell to return to class (but not so unwell as to require hospital treatment), the School Nurse will call the parent or nominated emergency contact number for the child to be collected. The child will remain with the School Nurse until the parent arrives for collection.
6. Ensure that the child will sign out in the normal way, the Form Teacher will be informed.
7. Provide a copy of the medical form to be sent home with the child. The information on it should be written in a way, and to such depth, that it would prove useful for a consulting medical practitioner if required.

8. If a child is considered requiring emergency treatment, the First Aider will stay with the child whilst the ambulance is called by the school Office. Should the Parents not be able to attend, a decision regarding who should accompany the child in the ambulance will be made on a case-by-case basis. Occasions where this may be considered requisite or prudent could be:

- Continual concussion after a blow to the head.
- Extensive loss of blood and difficulty in stemming the bleeding.
- Suspected fracture of bone or muscle tear where an x-ray may be required.

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## **ANNEX 2: EPIPEN POLICY**

If a child has been prescribed an EpiPen by a doctor, that child has a Very Severe Allergy which could be life threatening. A serious reaction could mean a child having an Anaphylactic Shock. The symptoms usually occur within minutes of exposure to the allergen. However, there is also a risk that a delayed reaction may occur.

### **SYMPTOMS INCLUDE:**

- Swelling of the throat and tongue.
- Difficulty in breathing.
- Difficulty in swallowing.
- Generalised flushing of the skin.
- Increased heart rate.
- Sudden feeling of weakness.
- Itching or a strange metallic taste in the mouth.
- Abdominal cramps and nausea.
- Hives anywhere in the body.
- Sense of doom.
- Collapse and unconscious.

No child would necessarily experience all these symptoms. It is vital that treatment is given immediately.

1. Antihistamine (Piriton)
2. EpiPen (Adrenalin). Make a note of the time the EpiPen is used.

Whilst treatment is being given, the School Nurse should contact the Clinic Marrakech stating that we have a child in Anaphylactic Shock and that an EpiPen has been used.

It's important to note that this policy is designed in accordance with the law system in the UK. Some laws differ and the legal use of EpiPen is only allowed by authorised persons in Morocco.

### **SAFETY PRECAUTIONS**

1. For our most vulnerable pupils, an EpiPen is always carried by the child. A second EpiPen is kept in the Medical Room.
2. The EpiPen must be kept in a suitable Named Container with treatment plan inside.
3. For BASM children, the child must collect their EpiPen container before PE lessons or offsite School Trips. It is the responsibility of the Teacher in charge to make sure that the child has been given the EpiPen. That member of staff and only that member of staff will retain responsibility for the EpiPen until either the child returns to School with the EpiPen or goes home with it.
4. If the child is staying at School after normal hours, they should collect their EpiPen container just before classes finish, put it in their school bag and keep it with them. A parent or child will return it to school in the morning. For after school activities, the EpiPen should be given to the Teacher in charge and then taken home. It should be returned to School by the parent or child, the next day.

5. If a member of staff is given an EpiPen by a child to look after, only that member of staff is to be responsible for it, until it is returned to the child, to be taken home or returned to the school Office.
6. Members of staff are trained in how to use an EpiPen and know where EpiPen containers are kept.
7. Only the child's own EpiPen may be used on that child, as the strengths may vary.

**ANNEX 3 ANAPHYLACTIC TREATMENT PLAN**

Name of child.....

Date of Birth.....

Form.....

Name of Doctor.....

Doctor's Phone No.....

Name of child ..... may suffer from an  
anaphylaxis reaction if they are exposed to .....

Their usual allergic symptoms are.....

**Procedures**

In the event of an acute allergic reaction, where there is no other alternative explanation, staff will follow this procedure:

**One adult will inform the school Office immediately, who will contact emergency services on the emergency number - 15**

**Inform the following contact numbers in order of priority:**

Contact 1 Name.....

Telephone No.....

Contact 2 Name.....

Telephone No.....

Contact 3 Name.....

Telephone No.....

One adult will stay with the child and assess the severity of the symptoms and the First Aider will be informed.

## **ANNEX 4: DIABETES POLICY**

To look after a child with diabetes effectively BASM provides:

1. An individual healthcare plan (HP) for each child.
2. Appropriate training for staff.
3. A working relationship between the child, their parent or carer and their Paediatric Diabetes Specialist (PDSN)
4. An environment in which they can feel safe, supported and able to best manage their condition with appropriate levels of privacy and understanding.

Every child with Type 1 diabetes is listened to and their views taken into account:

5. No child with Type 1 diabetes will be excluded from any part of the School curriculum.
6. Every child with Type 1 diabetes has access to all school activities.
7. Every child with Type 1 diabetes is allowed to inject insulin, in public or in private depending on their wishes.
8. They will have an individual healthcare plan (IHP) which details exactly what their needs are and who will help them.
9. The school will never assume that all children with Type 1 diabetes have the same needs.
10. The school works in partnership with parents to ensure appropriate levels of insight and training:
11. Parents provide up to date information about their child's needs and all the supplies needed to manage diabetes.
12. School and Nursery staff know what to do in case of emergency.
13. The School Nurse and up to a minimum of two other key members of staff (relevant to a child with diabetes) are currently trained in how to deliver an effective and sympathetic care programme.
14. The child will never be left alone if having a hypoglycaemic attack or be prevented from eating or drinking to help or treat an attack.
15. Special plans are put in place during examination week(s) to ensure that the child is able to cope with extended periods of academic study.

It's important to note that this policy is designed in accordance with the law system in the UK. Some laws differ and the legal use of injecting insulin is only allowed by authorised persons in Morocco.

## Annex 5: Job Descriptions School Nurse

|                                     |   |
|-------------------------------------|---|
| <p><b>Post:<br/>Reports to:</b></p> | <p align="center"><b>School Nurse</b><br/>The Head of School</p>  |
| <p><b>Main Purpose</b></p>          | <p>The Medical Room is in the purpose built BASM building, and the School Nurse is part of a wider pastoral and First Aid team whose aim is to promote the physical health and emotional wellbeing of the pupils. The Medical Room is open from 8am to 4pm during the school day and is a welcoming space offering medical support for pupils and staff.</p> <p>This support, in conjunction with the wider pastoral team, is designed to meet a wide range of day-to-day needs, as any medical centre would in the wider world. From meeting the physical needs of some pupils and the administration of first aid, to guiding pupils who might need psychological support, the role is a varied but vital one in our whole school community.</p>  |
| <p><b>Main Responsibilities</b></p> | <p align="center"><b>KEY TASKS</b></p>  |
| <p>1.</p>                           | <p><b>Safeguarding and Child Protection</b></p> <ul style="list-style-type: none"> <li>• Responsibility for promoting and safeguarding the welfare of children for who s/he is responsible, or with whom s/he comes into contact, to adhere to and always ensure compliance with the School's Child Protection and Safeguarding Policy Statement.</li> </ul>  |
| <p>2.</p>                           | <ul style="list-style-type: none"> <li>• Medical and First Aid</li> <li>• Managing the Medical Room including budget and stock take.</li> <li>• Ensuring pupils and staff are seen promptly and further treatment is identified.</li> <li>• Administering first aid and care of pupils referred by staff or self-referred until they can return to lessons or are passed into the care of a parent, guardian, doctor, hospital etc. and accurately recording all visits.</li> <li>• Writing and reviewing medical healthcare plans for pupils with more complex health needs and sharing these appropriately.</li> <li>• Writing, reviewing, and updating all Medical Room related school policies.</li> <li>• Advising pupils and staff on medical issues and physical health and emotional wellbeing.</li> <li>• Organizing in house medical checks and School Health immunizations programs as appropriate.</li> <li>• Ensuring First Aid kits around school are monitored and are restocked &amp; supplying First Aid kits for trips.</li> <li>• Providing basic First Aid training to staff at the start of academic year anon an ongoing basis informing staff of procedures if faced with medical emergency such as the more serious medical conditions they may encounter.</li> </ul> |

|    |  |
|----|--|
| 3. | <ul style="list-style-type: none"> <li>• Day to Day and long-term efficiency of the Medical Room</li> <li>• Maintenance of the Medical Room as an attractive, hygienic room, suitably equipped for serving the medical needs of the pupils and staff.</li> <li>• Having an overview of the use of the medical room, spotting patterns or trends with individual pupils or groups, and reporting to the DSL.</li> <li>• Updating the Medical Handbook and keeping pupil medical supplies up to date (EpiPens, inhalers etc).</li> </ul>   |
| 4. | <ul style="list-style-type: none"> <li>• Communication and Record Keeping</li> <li>• Ensure effective information sharing and handover when necessary.</li> <li>• Updating medical records on the school database and liaising with parents as necessary if further information is needed.</li> <li>• Making contact with parents as appropriate, ensuring that thorough records of pupils are maintained on all pupils on the school database and records of conversations are kept and any action taken.</li> <li>• Liaise with the relevant member of staff on issues which arise through the care of pupils in the Medical Room.</li> <li>• Attend weekly staff briefing as directed by the Head and offer rapid training.</li> <li>• Weekly update meeting with the Deputy Head.</li> <li>• Completion of accident reports as required, passing them to the Deputy Head.</li> <li>• Liaising with local public health teams regarding immunizations and any other medical matters which the school needs to act upon.</li> <li>• Liaising with the local doctor and clinics on medical matters and in order to keep protocols up to date.</li> <li>• Ensuring that while medical and personal confidentiality is respected the school observes a "joined up" approach in the care of the pupils.</li> </ul> |
| 5. | <ul style="list-style-type: none"> <li>• Pastoral Support</li> <li>• To be a listening ear and a first "ports of call" for pupils and staff. Knowing when to pass on concerns to the appropriate person.</li> <li>• To be involved in the health education of the pupils and discuss medical or emotional issues with pupils.</li> <li>•</li> </ul>  |

SIGNED BY: HEAD

Head's Signature .....

*M Russell*

RATIFIED BY THE ADVISORY BOARD OF GOVERNORS

Advisory Board Member's Signature.....

*[Signature]*

*2-2-23*

REVIEWED: JUNE 2022 & AUGUST 2022, FEBRUARY 2023

NEXT REVIEW DATE: FEBRUARY 2024