



PRINCE'S  
-MEAD-

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PRINCE'S MEAD SCHOOL

# FIRST AID AND MEDICINE POLICY





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## Prince's Mead First Aid Policy

This policy has been produced with regard to the DfE guidance on first aid. It applies to all children at the school, including those in the Early Years Foundation Stage (EYFS).

First Aid at Prince's Mead is under the control of a full time School Matron. In Matron's absence an appropriately trained person can administer first aid if necessary. In addition to Matron, two other full time members of staff have completed a 3 day First Aid at Work (FAW) course. A minimum of 47 other members of school staff, including playground staff and bus staff, have completed a one day Emergency First Aid at Work (EFAW) course. A first aid trained member of staff will be present at all on and off- site activities where children are present.

Six members of staff have also completed a twelve hour Paediatric First Aid training course. These include all staff in the EYFS, Mrs Leonard (Reception teacher) and Miss Edmunds (Reception TA). Other members of staff who have completed the Paediatric First Aid training are Matron (Mrs Oakley), Assistant Matron (Mrs Mitchell), Mrs Charleton and Miss Fecher (Year 2 teacher). A Paediatric First Aid trained member of staff will be present at all times, on and off site, when children in the EYFS are present.

All First Aid training including Paediatric First Aid training is updated every 3 years.

All staff including those within the Early Years Foundation Stage, must seek medical advice if they are taking medication which may affect their ability to care for children and any staff medication must be securely stored in Matron's room at all times.

In addition, no member of staff must be under the influence of alcohol whilst carrying out their duties at school and if this is found to be the case, they will be required to leave the premises.

### Medical Records

Parents are required to fill out a Medical Questionnaire when a pupil joins the school, detailing any medical conditions that the child has suffered from or any on-going conditions that need further treatment, as well as normal childhood diseases and immunisations. Matron is responsible for alerting all members of staff to any relevant medical details of pupils in their care.

### Accident Reporting

The Day Book and the schools intranet system are used for confidential recording of:

Accidents or incidents that have occurred during the school day, giving full details and treatment

In the case of pupils in EYFS the school will inform parents of any accident or injury sustained by the child and any first aid treatment given on the same day. The Responsible Adult/Carer collecting will be informed of any incident and it will also be written in the child's diary.



## Unwell pupils and treatment given

Authorised and unauthorised absences

Medication required with parental consent

Medication given and by whom

Messages from Parents and changes to collection

### **Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)**

Some injuries or incidents that occur in schools or during educational activities outside school must be reported to the Health and Safety Executive (HSE), under RIDDOR.

It is the responsibility of the Head with the assistance of Matron and the School's Health and Safety Consultant for ensuring that the HSE are informed in accordance with RIDDOR requirements, last updated in October 2013

Reports can be made by telephone (0845 300 9923), or on line via the website <http://www.riddor.gov.uk/reportanincident.html>

### **First Aid Boxes**

An extensive range of first aid equipment can be located in Matron's Room. Playground staff also carry a small supply of first aid equipment. Other First Aid boxes and cabinets can be located in the sports hall at the entrance to the gym, tennis pavilion, main school reception, staff room, caretaker's office, dining room, Coach House and DT department. All classrooms carry a small supply of dressings. Sports staff also carry first aid bags for sports activities on and off site. The first aid boxes and cabinets can be recognised by a white cross on a green background. All staff are made aware of the location of these boxes and cabinets. All Prince's Mead minibuses are equipped with first aid boxes. First aid equipment is taken on all off site activities.

The First Aid boxes are always kept stocked up and are regularly checked and logged by Matron.

### **AED (Automated External Defibrillator)**

A Phillips HeartStart AED is located in Matron's Room. The AED is relocated to the Sports after school hours. The school has an AED Policy Co-ordinated by Matron, this can be located in the Central Resources Library (CRL)

### **Allergies**

Matron will ensure that all members of staff including dinner and bus staff are aware of pupils who have allergies, including severe nut, raw egg and kiwi allergies, and the allergens to be avoided. Matron will also ensure that the procedure to be adopted in the



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event of anaphylactic shock, where a pupil is susceptible, is clearly understood and that the location and operation of Epipens is known and understood by the School Staff.

An individual Epipen Administration Health Care Plan, with photograph, is created for each child suffering from a possible anaphylactic reaction to an allergen. A separate Epipen Administration Policy can be located on each bus.

Matron will ensure that all School Staff have the opportunity to regularly update their training in the recognition of anaphylactic shock and the administration of Epipens. All new staff are trained by Matron.

### **Managing other medical conditions**

The school has a separate Diabetic Policy, Asthma Policy and Epilepsy Policy, co-ordinated by Matron. These are located in the CRL.

### **Communication**

Parents are informed of the procedure and action to be taken should a child sustain an injury or fall ill while at school. This is communicated via a letter from Matron at the start of the new academic year.

In the event of a serious injury or incident at break time or during a sports activity, Matron can be contacted via radio. In Matron's absence another appropriately trained person will control radio communication.

Parents are contacted, where relevant, if their child has been involved in an accident. In the event of a child needing non-urgent hospital treatment the Parent will be contacted to accompany the child to hospital. If an urgent visit is required to hospital, or where it has not been possible to contact the Parent, Matron or an appropriately trained person must accompany the child. See Transfer to Hospital p 6 and 7.

Ideally if a child is unwell, the parents are contacted and the child will go home until he is well again. If this course of action is not possible the child will stay in Matron's Room until the end of day.



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## Body Fluids and Waste Disposal

School Staff are made aware of the potential hazards when dealing with body fluids and clinical waste. To minimise the risk to themselves and others, staff dealing with injuries and sick children have access to protective equipment. Clinical waste is disposed of via a specific yellow container in Matrons room and removed from the school fortnightly.

## Transfer to Hospital

In cases requiring transport to hospital, where there is any doubt concerning the condition of the child/adult, an ambulance should be called (Dial 999 or 112).

## Definite reasons for the use of an ambulance

- When a person is unconscious
- During an asthma attack when first aid measures are not controlling the episode.
- Severe head injury with a loss of consciousness has persistent vomiting, or is not behaving normally.
- Any fracture, or suspected fracture, which cannot be fully immobilised
- If there is any chance of neck or spinal injury
- Any injury to the eye, where the jolting of a car could bring on haemorrhage, i.e. object piercing the eye-ball
- There is a possibility of poisoning and the person is not responding normally or has any difficulty in breathing
- The person is having a seizure that lasts more than 3-5 minutes especially if the child is turning blue or having any difficulty breathing
- There is persistent, uncontrolled bleeding
- The person has chest pain and a cardiac condition is suspected
- If there is any possibility that the person's condition could deteriorate

## Home Sports Fixtures

If an ambulance is needed for a child visiting the school for a match and the guest teacher supervising the child is unable to accompany her/him to hospital, then Matron, in the parents absence, or another member of the Prince's Mead staff will accompany the child to hospital, taking any relevant medical and personal details.



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If it is decided by Matron and the supervising games staff that the condition of the child or staff member, or any visitor to the school, is not serious enough to call an ambulance, but that a visit to hospital is necessary then a private car may be used. Two members of staff, one with appropriate first aid training, or one appropriately trained member of staff and a relative of the person concerned must travel to the hospital together.

This is because:

- In a private car there is no skilled help if a further emergency arises
- In a private car there is no means of resuscitation if there is any sudden collapse
- The person in the car can have legal proceedings brought against them and/or the school for negligence
- The private car driver may be unfamiliar with the quickest way to the hospital

If there is little risk of deterioration and the illness or injury is considered to be minor then the parent or guardian alone may accompany the child to hospital.

### **Away Sports Fixtures and Other off Site Activities**

Where a pupil is injured or taken seriously ill while on an off-site activity or away sports fixture and the accompanying member of staff or the Parent is unable to travel by ambulance with the child to hospital, another adult present or, if at an away sports fixture, a member of staff from the host school, would ideally accompany the child, taking any relevant medical and personal details relating to that child. A full list of all emergency contacts and medical information relating to the pupils will be taken to each match as well as first aid equipment.

If an appropriately trained person decides that hospital treatment is needed but the child is safe to travel in a private car then every effort must be made to arrange for the parent or a named relative or friend, to accompany the child to hospital. If this is not possible then 2 adults, one ideally with first aid training, should accompany the child. Every effort should be made to contact the Parent to obtain verbal permission for this prior to transfer.

Once in hospital, the person or driver accompanying the child, should remain until the parent/guardian has arrived or until completion of treatment.



## Prince's Mead Head Injury Protocol

Prince's Mead School has established this protocol to provide education about head injuries for all school staff and the procedures to be followed in the event of a child suffering a head injury at school or at an offsite activity.

The aim of this protocol is to help staff to identify a pupil with a head injury, treat and refer to hospital as necessary and to provide appropriate follow-up medical care to enable the pupil to return to normal school activities.

### Causes of Head Injuries

Falls and collisions between pupils are the most common causes of head injuries at Prince's Mead. Low force injuries e.g. knocks, bumps, or being hit by a soft object such as a toy or ball are also commonplace. Other causes of head injury at school are sports related trauma, collisions or accidentally being hit by a blunt instrument.

In comparison, incidents that have a higher risk of brain injury to a pupil, either at home or school include:

Falls off bikes and scooters where a child has not been wearing a helmet

Falls from great heights

Being hit at high speed by a heavy or sharp object, cricket ball, cricket bat, or another pupil during a rugby tackle.

### Recognition of Concussion

#### Signs Observed by others:

- Child/athlete appears dazed and stunned
- Confusion
- Unsure about what they were doing
- Unsure of game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to injury
- Forgets events after injury
- Loss of consciousness (for any duration)





### Symptoms Reported by Pupil:

- Headache
- Fatigue
- Nausea and vomiting
- Double or blurred vision
- Sensitivity to light or noise
- Feels sluggish or 'foggy'
- Problems concentrating
- Problems Remembering

It must be remembered that these symptoms can occur immediately or over a period of time. A child with a mild or moderate score initially could deteriorate over time. All relevant staff should be made aware of the signs of deterioration and accompany the child back to Matron immediately or call an ambulance.

### Procedure

A pupil who sustains a minor head bump/injury, should be escorted by an adult to Matron or Mrs Charlton in Matron's absence. If the adult is unable to accompany the pupil, witnessing pupils can take on the responsibility of escorting the injured child to Matron once the child has been assessed by a first aider. If the pupil is not able to be escorted, then Matron or an appropriately trained person in Matron's absence will be called to the scene via the radio or another pupil.

Staff can call an ambulance at any time, either by mobile or via the radio to the holder of the base receiver, if after assessment they consider the injury to be serious.

Matron will use a Head Injury Checklist alongside the Glasgow Coma Scale (GCS) below as an indicator to assess the level of consciousness of the pupil. The GCS is scored between 3 and 15, 3 being the most serious level and 15 the best using the 3 parameters below:

Teachers, games staff and playground staff are made aware of children who have had a head injury. Unless the head bump is extremely minor, a neon green wristband will be applied immediately to alert everyone, including the parents to the incident.

Parents can find information on head injuries, problems that can arise and when to seek medical advice, on the school website.



## HEAD INJURY CHECK LIST

Name of Child..... Date..... Time Score Recorded.....

History of Incident (to include time, place and mechanism of injury)

**Please tick or cross as appropriate**

|   |  |                               |  |
|---|--|-------------------------------|--|
| Headache                                |  | Unusually sleepy or lethargic |  |
| Nausea and Sickness                     |  | Sensitive to light and noise  |  |
| Confusion or dazed expression           |  | Feeling sluggish or 'foggy'   |  |
| Dizziness                               |  | Problems concentrating        |  |
| Fatigue                                 |  | Slow response                 |  |
| Slurred speech                          |  | Balance problems              |  |
| Blurred or double vision                |  | Clumsy movement               |  |
| Doesn't remember events prior to injury |  | Poor colour                   |  |

| Feature             | Scale Responses                 | Score Notation | Pulse bpm | Resps bpm | L Pupil React | R Pupil React |
|---------------------|---------------------------------|----------------|-----------|-----------|---------------|---------------|
| Eye opening         | Spontaneous                     | 4              |           |           |               |               |
|                     | To speech                       | 3              |           |           |               |               |
|                     | To pain                         | 2              |           |           |               |               |
|                     | None                            | 1              |           |           |               |               |
| Verbal response     | Orientated                      | 5              |           |           |               |               |
|                     | Confused Conversation           | 4              |           |           |               |               |
|                     | Words (inappropriate)           | 3              |           |           |               |               |
|                     | Sounds (incomprehensible)       | 2              |           |           |               |               |
| Best Motor Response | None                            | 1              |           |           |               |               |
|                     | Obey commands                   | 6              |           |           |               |               |
|                     | Localises to painful stimulus   | 5              |           |           |               |               |
|                     | Withdraws in response to pain   | 4              |           |           |               |               |
|                     | Responds to pain with flexion   | 3              |           |           |               |               |
|                     | Responds to pain with extension | 2              |           |           |               |               |
|                     | None                            | 1              |           |           |               |               |
| Total Score         |                                 |                |           |           |               |               |

**Degree of Head Injury: Mild = 13-16 Moderate = 9-12 Severe = 8 or less**



## When to send to A&E

If the pupil is symptomatic of a head injury or has lost consciousness, the pupil should be sent to A&E by ambulance with an adult escort. The parents or guardian of the pupil should be informed as soon as possible of the injury and the subsequent need for a visit to hospital. An accident report should be completed for school records.

If the head injury requires hospital admission and treatment, this must be reported to RIDDOR within 3 weeks.

## Neck Injuries

A neck injury should always be suspected if a child has suffered a head injury, especially if a collision has occurred while playing sport. The pupil should be immobilised to prevent further damage to the neck and Matron contacted immediately via the radio. If serious and the pupil is unconscious, has breathing difficulties, pain, swelling, headache, loss of sensation or paralysis, an ambulance should be called immediately.

## When to return to sport

Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of the pupils.

The majority (80-90%) of concussions resolve in a short (7-10 days) period. This may be longer in children and a more conservative approach should be taken with them. During this recovery time however the brain is more vulnerable to further injury.

If a child returns to sporting activities before they have fully recovered this may result in:

- Prolonged concussion symptoms
- Possible long term health consequences e.g. psychological and/or brain degenerative disorders.
- Further concussive event being FATAL, due to severe brain swelling - known as second impact syndrome.

Pupils who have sustained a *diagnosed* head injury/concussion should rest initially and avoid the following and then gradually re-introduce them:

- Reading
- TV
- Computer games

They may return to school after being cleared to do so by a medical practitioner. A gradual return to non-physical activities should be introduced over a period of time. After consultation with parents and teachers, if symptom free, re introduction to sport will take place after 3 weeks in a step by step Graduated Return to Play (GRTP) programme after clearance from a medical practitioner.



## Graduated return to play

The GRTP should be undertaken on a case by case basis with the full cooperation of the players and their parents. This is sometimes quite challenging as the pupil and parents are usually quite keen to resume sporting activities as soon as possible.

A summary of the Rugby Football Union's GRTP is shown in the diagram below:

| STAGE | REHABILITATION STAGE        | EXERCISE ALLOWED  | OBJECTIVE  |
|-------|-----------------------------|---|--|
| 1     | Rest                        | Complete physical and cognitive rest without symptoms   | Recovery   |
| 2     | Light aerobic exercise      | Walking, swimming   | Increase heart rate and assess recovery  |
| 3     | Sport specific exercise     | Running drills. No head impact activities   | Add movement and assess recovery   |
| 4     | Non contact training drills | Progression to more complex training drills, e.g. passing drills. May start progressive resistance training | Add exercise + coordination and cognitive load. Assess recover                   |
| 5     | Full contact practice       | Normal training activities  | Restore confidence and assess functional skills by sports staff. Assess recovery |
| 6     | Return to play              | Player rehabilitated  | Safe return to play once fully recovered.  |

A laminated ***Pocket Concussion Recognition Tool Card*** will be given to all sports staff as an aide-memoire to help identify concussion in children.

Before a player can commence the exercise element of the GRTP i.e. Stage 2, they must be symptom free for a period of 48 hours allowing them to progress through each stage every 2 days.

If any symptoms occur while progressing through the GRTP protocol, the player must consult a medical practitioner before returning to the previous stage.

It is the responsibility of the parents to obtain medical clearance before their child returns to play. A record of the parents confirmation that clearance has been obtained must be kept by the school. It is not necessary to have written proof from a medical practitioner.



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## General Protocol Guidance

- All head injuries will be seen and assessed by Matron or a qualified first aider. Information on the mechanism of injury should be sought from witnesses.
- Mrs Charleton will be contacted in Matron's absence.
- If less serious a child with a head injury will be accompanied to Matron by an adult. If the bump is extremely minor, a first aid trained adult will allow another pupil to accompany the injured child to Matron. Matron will be contacted via radio and called to the scene if the head injury is more serious or if the accident occurs on the sports field or in the sports hall.
- The pupil will be immobilised and Matron contacted via radio if a neck injury is suspected.
- After a head injury/bump a pupil will be supervised for *at least* 15 minutes unless deemed to be extremely minor.
- A child remaining in school after a head injury, other than minor bumps, will be advised to avoid running around and playing strenuous games and undertaking PE or playing in sports matches and sports clubs for the rest of the day.
- Parents will be contacted immediately by phone, if the head injury is moderate or more severe. They will be informed by phone/wristband/accident sheet or via the child's diary if minor.
- The Head Injury Check List, to include the Glasgow Coma Scale, (GCS) will be used by Matron as a tool in assessing the level of consciousness when the injury is moderate or severe. The results will be recorded at 5-10 minute intervals depending on the severity of the injury.
- The details of the injury and any treatment given will be recorded.
- The child will not be offered any pain relief.
- The school will ensure that if a child is taken to hospital either by ambulance or, if less serious by private car, they will be accompanied by a qualified first aider.
- If a parent collects their child to take them to hospital, a qualified first aider will accompany them in case the child deteriorates on route.
- Parents, the Head, teaching staff and bus staff will be made aware of all significant head injuries and must report any deterioration in the child's condition to Matron immediately.
- Relevant staff will be alerted to minor head bumps. The neon plastic head bump wristbands quickly alert the games staff and parents to a head bump.
- Games staff have access to all pupils emergency contacts. Parents will be contacted by phone, accident sheet, or face to face if the injury has occurred at an away match or after school sports club. This must be recorded in Matrons



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daybook on as soon as possible. Parents are able to access information on head injuries and signs of deterioration on the parent portal.

Parents are asked to inform the school of any head injuries that have occurred at home with dates, time and subsequent treatment.



## RED AMBER GREEN ADVICE FOR PARENTS

Children have many bangs to the head and it can be difficult to tell if they are serious or not. Most head injuries are not serious and simply result in a bump or bruise, but occasionally head injuries require medical attention.

### Follow the advice below if your child has had a head injury and:

Been Knocked out at any time

Injured their neck or spine

Has difficulty understanding what you are saying

Been confused or so sleepy that you cannot wake them properly

Has weakness in their arms or legs or losing their balance

Has had a convulsion or fit

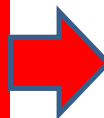
Becomes suddenly deaf

Has clear fluid dripping out of their ear, nose or both

Has blood coming from inside of one or both ears

Vomited more than once

Bled a lot from their head



Your child should go straight to A & E. Phone 999 or 112

Fallen from a height greater than the child's own height

Fallen more than a metre in height

Fallen down stairs from top to bottom

Had a persistent headache since the injury

Been very irritable or no concentration or interest in things



Take your child to A & E or seek medical advice

Has not been knocked out

Is alert and interacts with you

No vomiting (or max 1 vomit post injury)

Has small bruising or cuts to head

Cried immediately but is otherwise normal



Manage at home following the advice below

**Monitor your child carefully over the next 2-3 days. If your child becomes unwell and shows any symptoms in the red or amber box, follow the advice stated**

### These things are expected and you shouldn't worry about them

For the next few days your child will probably be pale, quieter than normal and irritable. They may also experience some of the following symptoms

Mild headaches

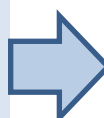
Feeling sick (without vomiting)

Irritability/bad tempered

Concentration problems

Tiredness or problems sleeping

Lack of appetite



If these symptoms do not go away in 1-2 weeks contact your GP

### General Advice

Do not leave your child alone for the first 48 hours

Inform Matron of head injuries sustained at home, even if during the holidays

Give your child Ibuprofen/Paracetamol if they are in pain

Encourage plenty of rest and avoid stressful situations

Give light things to eat

Apply cold compress if area bruised/swollen

**Encourage children to wear a helmet at all times when riding bikes or scooters.**

Do not let your child join in any vigorous games

Avoid contact sport for 3 weeks

Do not send back to school until completely recovered

Try to avoid medicine that will make your child sleepy (e.g. piriton)



## Administering of Medicines

Matron or an appropriately trained member of staff in Matron's absence can administer prescribed medication if needed during school hours. Written consent from parents will be necessary and must include clear guidance on its usage. On occasions it may be necessary for Matron to administer infant or junior analgesia to a pupil. Verbal consent from the parents/guardians will be sought immediately prior to administration.

Children are not permitted to bring any medication into school themselves. Parents are directly responsible for delivering any medication to Matron and collecting it at the end of the school day.

If travelling on the school bus any necessary medication required by a pupil during the school day may be handed to the bus driver and stored safely before being handed to Matron. The only exceptions to this rule are:

- Pupils who are asthma sufferers with prescribed inhalers
- Children with a severe nut ,kiwi or other allergy who carry Epipens in their bags
- Other specified emergency medication

All prescribed and OTC (over the counter) medication will be stored in a locked cupboard or fridge in Matron's room. All staff will be made aware of the location of the keys.

Individually named spare asthma inhalers for emergency use will be stored in a clearly marked unlocked cupboard in Matron's room. Self administration of inhalers is permitted once the child is deemed competent and their technique checked by Matron.

A small supply of analgesia is kept in a locked cupboard in Matron's Room for staff use only. A written record is kept of any analgesic medication taken and by whom.

- Parents to sign 'Medication Consent Form' detailing child's name, medication to be given, dose and time to be given.
- All OTC and prescribed medicine must remain in the original container, preferably childproof and the original dispensing label unaltered
- General stocks of prescription medicines are not held
- Parents to be contacted if unexpected analgesia is needed during the day. Ascertain from parents when the last dose was given and whether the child has previously had an allergic reaction
- Medication must only be issued to the pupil for whom it has been prescribed





- Any medication given must be recorded in the Daybook in Matron's room with date, time, dose given and signature of person administering. A record must also be made of the medication batch number and the expiry date before administration
- Parents must be informed via the diary of medication given, time and dose. Parents of children in EYFS will be informed by email of any medicines administered in line with the parent's instructions
- Parents must be immediately informed of any adverse reactions
- In the case of drug errors medical advice must be sought and acted upon immediately and the parents contacted. An incident report must be completed and action taken to prevent a recurrence

### **Administration of Medicines to Save a Life**

In extreme emergencies e.g. an anaphylactic reaction, certain medicines can be given or supplied without the direction of a medical practitioner. For example the administration of adrenaline by auto-injection (Epipen) and Chlorphenamine are among those drugs listed under Article 7 of the Prescription Only Medicines Order 1997, for the administration by anyone in an emergency, for the purpose of saving life. Staff at Prince's Mead are trained to administer this medication.

### **Administration of Medicines on School Trips**

Sometimes it is necessary for staff other than Matron to administer medicines on residential or overseas trips. A consent form is completed by the parents a few weeks prior to departure. A table summary is compiled by Matron before the trip listing name of pupil, medication to be given, method of administration, dates, times, and doses. Once given the member of staff responsible for medicine administration must sign that this has been done.

Parents must be informed of any adverse reactions.

## **ADDITIONAL INFORMATION AND ADVICE FOR STAFF**

### **Accident Reporting and Medicine Administration in Matron's Absence**

**In Matron's absence**, any of the first aid trained members of staff listed on Matron's door can treat a child who is injured. Very minor injuries can be treated by any member of staff. More serious injuries must be referred to Mrs Charlton or Mr Greenaway who have both completed the '3 Day First Aid at Work' training.

All accidents, unless very minor, must be recorded in the accident (daybook) on Matron's desk. If you are unable to locate this it may be with Mrs Charlton in reception. Please record all details of the accident/incident e.g. time, who was involved, mechanism of



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injury and treatment or advice given. The member of staff treating must then sign their name beside the report.

A note of the accident/incident must always go in the child's diary unless so minor that it's not worth mentioning. Please bear in mind that some minor problems, e.g. dust in the eye, could go on to cause an infection so should also be reported to the parent via the diary.

Parents should be contacted by phone as well as the diary entry if the accident is more serious. It could be quite alarming to see their child coming out of school or off the bus with obvious injuries if they haven't been warned in advance.

In Matron's absence Mrs Charlton, Mr Greenaway, or the sports staff should deal with all head injuries unless very minor bumps. The head injury should be recorded in the daybook and in the child's diary. This alerts the parents to potential problems that might occur later in the evening. A list of potential problems and when to call the doctor can be found on the parent portal. The child must also be given a neon plastic 'I bumped my head today' wristband to alert other members of staff and the parents to the fact that the child has had a head injury. If the injury is more serious a 'Head Injury Checklist' must be completed every 5-10 minutes to assess the child for a possible decline in consciousness. The Head Injury Checklists and neon wristbands can be found in Matron's room ( first drawer on right as you enter the office). Parents must be alerted straight away.

Only Mrs Charleton is permitted to administer medicines in school in Matron's absence unless prior training is given (residential trips). Written permission must be sought from the parent before any prescribed or non-prescribed medication can be given. Occasionally a child needs analgesia while in school and although parents have signed a generic consent when they start at Prince's Mead, verbal permission must **always** be sought on the day. Printed 'Consent for Medication' forms are also kept in the blue ring binder folder in Matron's cupboard labelled 'Medication Consent' and on the school website. Lifesaving medication can be given by anyone with the appropriate training.

The medicine cupboard and fridge must be kept locked when Matron is absent. The keys are kept in Matron's desk drawer. The inhaler cupboard is always unlocked.

If Matron is absent and you have an off-site activity, please remember to collect inhalers, Epipens and a first aid kit from Matron's room. Each staff member is given a new medical list for their class at the beginning of the new academic year so you should be aware of what you need to take with you. Please ask Matron for a new list if you need one. Matron also keeps a blue trips file in her cupboard containing contact details, medical details, dietary details and photographs all the children **in each year**, this should also be included in the medical bag taken on the trip. All children in Yr3 and above should carry their own inhalers in their school bags. A mobile phone must accompany the member of staff off site.



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### List of Paediatric First Aid Trained Staff

|                  |                   |
|------------------|-------------------|
| Mandy Oakley     | Matron            |
| Lindy Mitchell   | Assistant Matron  |
| Alex Greenaway   | Deputy Headmaster |
| Debbie Charleton | School secretary  |
| Jane Leonard     | Rec L             |
| Sarah Edmunds    | Rec L             |
| Abigail Fecher   | Y2                |

### List Of First Aid Trained Staff

|               |             |                        |
|---------------|-------------|------------------------|
| Mrs Oakley    | (3 Day FAW) | Matron                 |
| Mrs Mitchell  | (3 Day FAW) | Assistant Matron       |
| Mrs Charleton | (3 Day FAW) | Main Reception         |
| Mr Greenaway  | (3 Day FAW) | Deputy Head            |
| Mrs Leonard   |             | RL                     |
| Mrs Watts     |             | Yr 1W                  |
| Miss Hodson   |             | Yr 2H                  |
| Miss Fecher   |             | Yr 2F                  |
| Mrs Lamb      |             | Yr 3L                  |
| Miss Redhead  |             | Yr 3R                  |
| Mr Macdonald  |             | YR 4M and Sports Dept  |
| Mrs Lancaster |             | Yr 4L                  |
| Mr Glead      |             | Yr 4G                  |
| Mrs Jones     |             | Yr 5JO                 |
| Mrs Jack      |             | Yr 5J and ICT Dept.    |
| Mr Thomas     |             | Yr 5T and Sports Dept. |
| Mrs Wilkinson |             | Yr 6W                  |
| Mr Anderson   |             | Yr 6A and Sports Dept. |



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|                 |                          |
|-----------------|--------------------------|
| Mrs Mant        | Sports Dept.             |
| Mr Jakimavicius | Sports Dept.             |
| Mrs Wright      | Sports Dept              |
| Ms Lacey        | Sports Dept.             |
| Mrs Slattery    | Science Dept.            |
| Mrs Thomas      | Art Dept.                |
| Miss Williams   | Music Dept.              |
| Mrs Adams       | Catering Dept.           |
| Mrs Farwell     | Catering Dept.           |
| Mrs Stroud      | Catering Dept.           |
| Mrs Stevenson   | Yr 1 TA                  |
| Mrs Boylin      | Yr 1 TA                  |
| Mrs Baines      | Yr 2 TA                  |
| Mrs Brighton    | Transport Dept           |
| Mr Messenger    | Transport Dept           |
| Mr Seymour      | Transport Dept.          |
| Mr Wingent      | Transport Dept.          |
| Mr Curtis       | Transport Dept.          |
| Mr Gillman      | Transport Dept.          |
| Mr Jones        | Caretaking and Transport |
| Mr Monger       | Caretaking and Transport |
| Mr Daniels      | Caretaking and Transport |
| Mrs Phillips    | Garden Lady              |
| Mrs Welchman    | Garden Lady              |
| Mrs Garlick     | Garden Lady              |



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## List of Automated External Defibrillator (AED) Trained Staf

|                 |                       |
|-----------------|-----------------------|
| Mrs Oakley      | Matron                |
| Mrs Mitchell    | Assistant Matron      |
| Mr Greenaway    | Deputy head           |
| Mrs Lamb        | Yr 3L                 |
| Mrs Redhead     | Yr 3R                 |
| Miss Fecher     | Yr 2F                 |
| Mrs Wilkinson   | Yr 6W                 |
| Mr Glead        | Yr 4G and DT Dept     |
| Mrs Hill        | Library               |
| Mrs Wright      | Sports Dept           |
| Mr Jakimavicius | Director Of Sport     |
| Mrs Baines      | TA for Yr 2F          |
| Mr Thomas       | Yr 5T and Sports Dept |
| Mrs Slattery    | Science Dept          |
| Mrs Stevenson   | TA for Yr 1S          |
| Miss Hodson     | Yr 2H                 |
| Miss Williams   | Music Dept            |
| Mrs Charleton   | Main Reception        |
| Mr Anderson     | Yr 6 and Sports Dept  |
| Mrs Emmott Dart | Music Dept            |
| Mr Curtis       | Transport Dept        |
| Mrs Rich        | Admin Dept            |
| Mrs Jack        | ICT Dept              |