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Policy for:  
First Aid, Illness,  
Medication and  
Support for  
Pupils with  
Medical  
Conditions

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Kingsbury Green  
Primary School

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May 2017

Updated January 2018

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This policy refers to the statutory guidance for governing bodies of maintained schools – December 2015. DfE

## Introduction

Children and adults in KGPS receive good quality first aid provision and medical attention. Clear and agreed systems ensure that all pupils and staff are given the same care and understanding. It is our policy to ensure that appropriate medical arrangements are in place for our staff, pupils, school community members and any visitors to our premises.

## Purpose of policy

- To clarify roles and responsibilities with regard to medication and first aid or illness
- To give clear guidance on the circumstances in which medication will or will not be administered by a member of the school staff
- To ensure that all members of staff and parents are aware of the procedures for the administration of medication, and for managing first aid and illness, where this is deemed to be appropriate
- To ensure good attendance and full access to education for all pupils, including those with long term, complex or life threatening medical conditions
- To ensure compliance with DfE statutory guidance for governing bodies in relation to pupils with medical conditions

## Roles and responsibilities

### The Governing Body:

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

### The Head Teacher

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's medical condition so they are properly understood and effectively supported
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHCPs, including in emergency and contingency situations, and they are appropriately insured
- is responsible for the development of IHCPs
- should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school

### School Staff

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines e.g. in an emergency, under the direction of a suitably qualified person or an SLT member, although they cannot be required to do so (1)  
*Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child*
- Should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting pupils with medical conditions
- For pupils with medical conditions, all relevant staff eg year team staff, SMSAs, Club Leaders, 'as & when LSAs) should be aware of what constitutes an emergency for that pupil i.e. know the emergency symptoms and procedures, and respond accordingly (as outlined in the ICHP)

## Office Staff

- are responsible for passing on information linked to medical and health needs to the Lead Welfare Officer, on admission of a new pupil to school, or updated information passed on by parents at any time

## HR Staff

- are responsible for ensuring that supply staff are made aware of medical information relating to pupils in all the classes they may teach i.e. signpost the information contained in the confidential teacher folder on the wall in each classroom)
- are responsible for ensuring the staff induction session includes coverage of medical needs for pupils and staff

## School Welfare Officer (see references for EYFS)

- Will ensure day to day and ongoing support for pupils with medical and health needs, including those with IHCPs\*(see *children with Individual Health Care Plans below*), children who are unwell during the school day and children with dietary needs (additionally in EYFS, dedicated Welfare Officer has overview of EYFS pupils)
- Is responsible for liaising with parents and carers in regard of short and longer term illnesses and conditions, from a health and school attendance perspective. In the EYFS, the EYFS Welfare Officer has an overview of EYFS pupils
- Is responsible for ensuring that the school record 'Medical, Health and Dietary Needs for Pupils' is updated as new information is provided, and the document is re-dated throughout. Where new information is added, the relevant information / pages are re-distributed to the classroom 'Teacher Confidential Folder' / relevant staff including SLT / SMSAs / BFC / ASC as appropriate, via school email, and to designated areas in the building (main office, EYFS office, kitchen, First Aid room). EYFS Welfare Officer is responsible for ensuring School Welfare Officer has relevant EYFS updates as and when necessary.
- Is responsible for updating the 'Need to Know' photo sheet (see Appendix 3) for children with life threatening conditions and re-distributing in the 'Teacher Confidential Folder'
- Is responsible for training / arranging training for support staff in Emergency First Aid / Paediatric First Aid / 3 day at Work First Aid
- Is responsible for alerting the school community to all matters regarding community health and well being

## \*Children with Individual Health Care Plans (IHCP)

For pupils with IHCPs, the Lead Welfare Officer is responsible for:

- Ensuring that all relevant staff eg year team staff, EYFS staff, SMSAs, Club Leaders, 'as & when' LSAs, are fully briefed with regard to pupils who have IHCP i.e. know what constitutes an emergency for that pupil (emergency symptoms / procedures) and how to respond accordingly, as outlined in the care plan
- Annually reviewing the IHCP with parents (in September) and following up any mid-year changes raised with relevant health professionals
- Following health professional's guidance on any updates / implementation of new health care plans during the school year
- Monitoring the implementation of IHCPs and drawing upon health care professionals as and when the need for further advice / training is required
- Ensuring that, for school visits, holidays etc the relevant school adults are fully briefed with regard to pupils who have IHCPs, and that copies of the IHCP are distributed to those staff involved plus the group leader
- Ensuring an IHCP is in place within a two week time frame, where pupils are new to school or existing pupils have new conditions are in the process of diagnosis the school
- Liaising with relevant healthcare professionals eg school nurse, specialist or community nurse or paediatrician, to draw up, in partnership with relevant school staff, parents and child, to capture the steps which a school should take to help the child manage their condition and overcome any

potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree who takes the lead in drawing up the plan but the school is responsible for ensuring it is finalised and implemented

- Assisting the pupil's transition to a new school by advising as and when appropriate
- See *Appendix 1 for Model process for developing Individual Health Care Plans (IHCPs)*

On a day to day basis this also includes:

- a) For pupils who have an ECHP, liaising with the SENCO to ensure the following:
  - cover arrangements are in place in the case of absence of the LSA / adults carrying out medical procedures and that these adults are aware of any alerting 'triggers, signs and symptoms' linked to the medical conditions
  - staff turnover is planned for with regard to these pupils
  - suitable training is in place and refreshed appropriately as advised by health care professionals eg medical, hoisting, moving & handling
  - IHCPs should include information on SEN if the pupil does not have an ECHP and IHCP information should form part of an EHCP
- b) For pupils who have an ICHP but do not have an ECHP, liaising with the Deputy Head Teacher for Behaviour, Safety and Inclusion with regard to any issues arising eg Epipens, asthma, Epilepsy

#### Community School Nurses

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- may support staff on implementing a child's IHCP and provide advice and liaison

#### Other healthcare professionals

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

#### Pupils

- wherever possible, should be fully involved in discussions about their medical support needs
- contribute to, and comply with their IHCP

#### Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs in a prompt and timely manner
- are the key partners and should be involved in the development and review of their child's IHCP
- should carry out any action they have agreed to as part of the IHCP implementation

#### Administration of Medication

- To enable good attendance, at the Head Teacher's discretion, some non-prescribed medications are accepted at school. These are only accepted in original containers and administered by the Welfare Officer and the EYFS Welfare Officer, according to the container's instructions. These medications include treatment for hay fever, minor allergies, conjunctivitis and ringworm.
- A parental consent form must be completed for administration of any medication (*see Appendix 2*)
- Short-term prescribed medication e.g. antibiotics are administered by the School Welfare Officer (and in the EYFS, the EYFS Welfare Officer) providing this has been prescribed by a GP, or other suitably qualified UK healthcare practitioner, and the appropriate parental consent form has been completed.

- Long-term prescribed medication e.g. long course of antibiotics, asthma relievers are administered by the Welfare Officer (and in the EYFS, the EYFS Welfare Officer) providing this has been prescribed by a G.P in the UK or other suitably qualified UK healthcare practitioner, is in date and the appropriate parental consent form has been completed.
- Aspirin based products are not administered in school unless prescribed by a doctor

#### Procedures for the administration of medication

- The Welfare Officer (and in the EYFS, the EYFS Welfare Officer) is responsible for the administration of medication, once the parental consent form has been completed, and for keeping a record of this. They will only be required to do so if they have had appropriate training.
- The Welfare Officer (and in the EYFS, the EYFS Welfare Officer) is responsible for keeping a record of all the medication held on the premises and keeping the record up to date.
- Teachers should not administer medication unless they volunteer to and / or when they accompany children on a day visit or residential visit. In such a case teachers should only volunteer if they have been suitably trained, or if the administration of the medication requires no special training.
- Although it is the parents' responsibility to complete the appropriate forms for the administering of long-term medication and to keep the school informed of any changes, the school will always support parents to complete forms. However, no medication will be accepted in school without a signed consent form.
- It is the Head Teacher's responsibility to ensure that staff who administer medication are suitably trained.
- All teachers and relevant support staff in the main school and in the EYFS will be made aware of children with on going medical conditions and those requiring medication.

#### When administering medication, KGPS (including EYFS) practice is as follows:

- Refer to written instructions received by the school
- Check the prescribed dose
- Check expiry date
- Check the prescribed frequency of the medicine
- Measure out the prescribed dose and check the child's name again (for liquid medicines parents should provide measuring spoons)
- Complete the record book with all the details required when the child has been given the medicine (what has been given, when it was given, dosage and any side effects to be noted).
- If there are any uncertainties do not give the medicine but check with the child's parents or doctor.
- Medication for long term/ongoing treatment e.g. asthma, is checked monthly. The school will inform a parent when the medication is approaching its 'use by date' or is running out. The check is recorded on the Medicine Cabinet Check list.
- Lead School Welfare Officer monitors EYFS medication records monthly and records this on the Medicine Cabinet Check List.

#### Storage of medication

- Medicines are stored in the container supplied and must be clearly labelled with the name of the child, instructions for usage and expiry date.
- Some medicines may need to be kept in the fridge e.g. liquid antibiotics, insulin. In line with LA guidance (Sept 2012), these medicines must be placed in a suitable separate container for each child, with the container clearly labelled with name of child and name of medicine.
- All medicines must be in a secure place e.g. with the children concerned and all staff aware of how to access this
- Asthma medication is readily available to children and must not be locked away.

- Any unused or out of date medication should be returned to the parent/guardian or to the local pharmacy, accompanied by a letter from the school.

### **Employees' Medicines**

- Staff may need to bring medicine into school. They have clear personal responsibility to ensure their medicines are not accessible to children. A locked cabinet is available in the Medical Room.

### **Life threatening conditions (including Epi Pens)**

- Any children diagnosed as requiring an Epi Pen in the EYFS will have two Epi Pens. One will be kept in the EYFS First Aid room and the other will be kept in the main school First Aid room.
- Any children diagnosed as requiring an Epi Pen in Key Stage 1 and Key Stage 2 will have them stored in the First Aid room in the main school.
- Photo / information sheet containing all the 'Need to Know' children i.e. those with Anaphylactic / severe allergies / severe asthma / Epilepsy needs is available in the school office, First Aid Room and the school kitchen, as well as all classrooms in the 'Teacher Confidential folder' on the wall, near the teacher's desk.

### **Staff Protection**

- All staff must wear protective gloves (available in medical room and every First Aid box) where contact with blood or other body fluids is unavoidable
- Any material (cotton wool, bandages) coming into contact with blood or other body fluids should be disposed of in the special bin (yellow bag) in the main school medical room or the equivalent in the EYFS First Aid room

### **Sporting Activities**

- Most children with medical conditions can participate in the P.E. curriculum. Some children may need to take precautionary measures before or during exercise and will be allowed immediate access to their medication to support this.

### **Before & After School / Enrichment Clubs**

- Application forms for these clubs contain information regarding medical needs.
- Staff who oversee these clubs are briefed on pupil needs and know where keys to medication are kept.
- Qualified First Aid staff are available on the premises to deal with incidents requiring medical attention.
- The Duty SLT member oversees this.

### **School Visits / off site activities**

- All school visits require a designated person to be responsible for the First Aid arrangements. It is not a requirement for this person to have a First Aid qualification although the school endeavours to do so, taking into account the size of the group, the nature of the activity, the likely injuries and how effective first aid would be, as well as the distance of the nearest hospital.
- EYFS school visits are compliant with the HSE guidance that at least one person who has a current paediatric certificate must accompany children on outings.
- A suitably stocked First Aid kit and appropriate medications for individual pupils are supplied for all off site visits.
- Risk assessments are carried out prior to all off site visits, according to the Educational Visits Policy (see Appendix 4 for example risk assessment pro-forma). Group and individual health care needs are identified on the group risk assessment and appropriate provision is made for implementing ICHPs, as well as staff health care needs
- Group risk assessments must include the names of pupils with medical needs and an indicator of the medical need e.g. asthma, low immune system, diabetes, EpiPen (including those who

have their own ICHP / individual risk assessment) and also the names of staff with medical needs (these risk assessments are labelled as 'confidential')

### **Emergency Procedures**

- The school has an emergency evacuation plan which includes provision for children with medical needs / disabilities
- If a child was to be administered or take the wrong medication or react to prescribed medication the routine First Aid/ first response procedures are implemented
- This includes calling the emergency services

### **School Transport**

The local authority is responsible for transporting pupils with ICHPs / disabled pupils to and from school. Liaison with them is strong regarding individual children's needs.

### **Unacceptable practice**

Whilst the governing body of the school ensures we consider and plan for each child's individual healthcare needs, it is clear that it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child

### **First Aid and related procedures in KGPS**

#### **First Aiders**

- The school has three First Aid Officers (3 day First Aid at Work trained, which also qualifies staff as Paediatric First Aiders), who cover the school day from 8am to 6pm. There are additional qualified Emergency First Aiders in accordance with the H.S.E. & LA recommendations, including 4 qualified Paediatric First Aiders for EYFS pupils and 1 qualified Paediatric First Aider in Y1 (November 2017). The Welfare Officer maintains an up to date list of those employees who have undergone First Aid training and ensures this is displayed in all areas across the school, including the EYFS.
- In the absence of the Lead Welfare Officer a suitably qualified First Aider covers all aspects of the First Aid Room under the guidance of the duty SLT member.
- All new staff are informed of First Aid arrangements and made aware of this policy as part of the induction process.
- It is emphasised that the team consists of qualified First Aiders and not trained nurses or doctors.

## First Aid Equipment

- The main school has a First Aid room with a fixed locked cabinet for medication, a locked fridge, a bin for waste materials and fully equipped bathroom. This room has an external line for emergency calls. Details of all children with a medical condition and those requiring medication are kept in this room – including copies of care plans.
- The EYFS has parallel First Aid facilities. There are First Aid travel kits placed in the main office, the Assistant Head Teacher's Office on the second floor in Key Stage 2 and in The Outreach Room (Breakfast Club and After School Club).
- The Lead Welfare Officer checks and orders stock, replenishes the boxes around the school, disposes of any out of date items and ensures that enough stock is maintained to supply the school. The EYFS Welfare Officer is responsible for ensuring the EYFS stock is kept up to date.

## Accident Procedures

- During playtimes and lunchtimes injuries that require first aid treatment must be sent to the main school First Aid Room for checking
- Any accident in EYFS is dealt with in the EYFS unless it is at lunchtime when pupils are taken to main school First Aid room.
- Minor incidents and accidents are attended to, wounds cleaned etc. and the child returned to the playground / classroom when possible and practical. See section below on **Protection against Blood Borne Disease and Dealing with Blood and Body Fluid Spills**.

## Illness

- Labelled buckets are available in the First Aid room for pupils who feel sick. Appropriate cleaning products are kept in the First Aid room and in the caretaker's cupboard. Vomit must be treated as a biohazard and the area must be thoroughly disinfected. See section below on **Dealing with Blood and Body Fluid Spills**, for further details.
- If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 24 hours after the last episode has elapsed. All EYFS support staff trained on cleaning up bodily fluids.

## Head Injuries

If any head injuries present with one or more of the following signs then we will call 999 and ask for an ambulance. The signs are:

- Unconsciousness – brief or longer
- Fits or Seizures
- Difficulty speaking or staying awake.
- Problems with the senses - such as loss of hearing or double vision.
- Repeated vomiting
- Blood or clear fluid from the ears or nose
- Memory loss

## Recording Incidents

- In accordance with the H.S.E. requirements all visits to the First Aid room are recorded.
- All incidents are recorded in log books which are kept in the First Aid Room. All the books are labelled. There are books for 'School Day' incidents, 'Before and After School Day' incidents and a record book of children leaving the school during the day due to illness or injury.
- Parents will be informed by letter, of any minor injury when the nature of the injury may require further monitoring by the parent. (Appendix 5) The school does not inform parents of very minor injuries where there are no medical concerns although a record of every reported incident is kept. The school makes a judgement about the level of an injury on a case by case basis.
- Where any head bumps/injuries have occurred, this is confirmed with a phone call. For 'home alone' pupils, parents are telephoned, along with confirmation that the pupil has been given a letter to take home, informing parents of this (Appendix 6).

- EYFS has an incident log book kept in the EYFS Welfare Room - parents sign this at home time to acknowledge the injury / incident.
- Any visible mark on the face or head or any swelling to any part of the body parents are informed by phone call and letter (Appendix 6). In the EYFS, parents are always spoken to directly, and parents / nominated collecting adults are asked to sign the EYFS Medical Book to confirm they are aware of the injury. The EYFS log book notes this.
- If a child has an accident which requires urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive urgent medical treatment. When an ambulance has been arranged, parents are informed and arrangements are made as to where they should meet their child. If parents cannot be contacted a member of staff will accompany the child and stay with them until the parents arrive. Staff should not take children to hospital in their own cars.
- In the case of non-urgent hospital treatment parents will be informed immediately and arrangements made for the parents to collect their child.

### Monitoring and reporting arrangements

- All incidents are counted and analysed half termly for information on trends or concerning areas of the school.
- In accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 1995 (RIDDOR) all major injuries (see H.S.E.Gov for list) will be reported to the H.S.E.

### Staff responsibility for managing Body Fluid Spills

- All school staff (those first on the scene) are responsible for responding swiftly to incidents involving bodily fluids – blood, vomit, urine and excreta **MUST** be cleaned up promptly. Actions of first people on the scene are: make the area safe, clear the area of people, contact the care-takers and take responsibility for cleaning the area if the care-takers are not quickly available
- Appropriate **spill kit** should be used dependent on the type of spillage – **spill kits are stored in the following locations for very quick access and immediate action: disabled toilet next to 3A / disabled toilet next to 4E / disabled toilet on entry to boys toilets in KS1 / main school Medical Room toilet (located in the shower tray, bucket marked 'Spill Kit' / EYFS First Aid Room**
- Staff administering first aid **MUST** wear disposable gloves and aprons where bodily fluids are involved.
- All waste should be disposed of correctly (doubled bagged in plastic waste bags and sealed by knotting), in a designated bin with the yellow bag liner – these bins are currently stored in the disabled toilet next to the Main Hall and in the EYFS. These bins are emptied regularly by an appointed contractor.
- See Appendix 6 for Spill Kit content and procedures

### Protection against Blood Borne Disease (Hepatitis / HIV)

- All staff should wear gloves when treating open wounds e.g. nose bleeds.
- Any splashes washed off immediately. Disinfectant is recommended.
- Any concerns should be reported and medical attention sought immediately. Open wounds should be covered with appropriate dressings.
- All items with contaminated waste should be disposed of in a designated bin with the yellow bag liner (see above for locations)
- Plasters and wipes used to deal with minor grazes and cuts are placed in the 'medical bin' (labelled) in the First Aid Room and in the EYFS First Aid Room.

### Chicken Pox and other diseases / rashes

- If a child is suspected of having chicken pox etc., the Welfare Officer will check arm or legs. Investigating a child's back or chest happens where there is concern about infection to other

children. In this case another adult is usually present if possible, and the check is not completed without the child's consent.

- A pupil with any of these infections needs to stay off school for a prescribed period of time. The Head Teacher or Welfare Officer advises on timescales with reference to guidance from the Health Protection Agency and the Local Authority.
- Leaflets from the Education Welfare Service are also available from the main office giving treatments and recommendations from the Health Protection Agency.

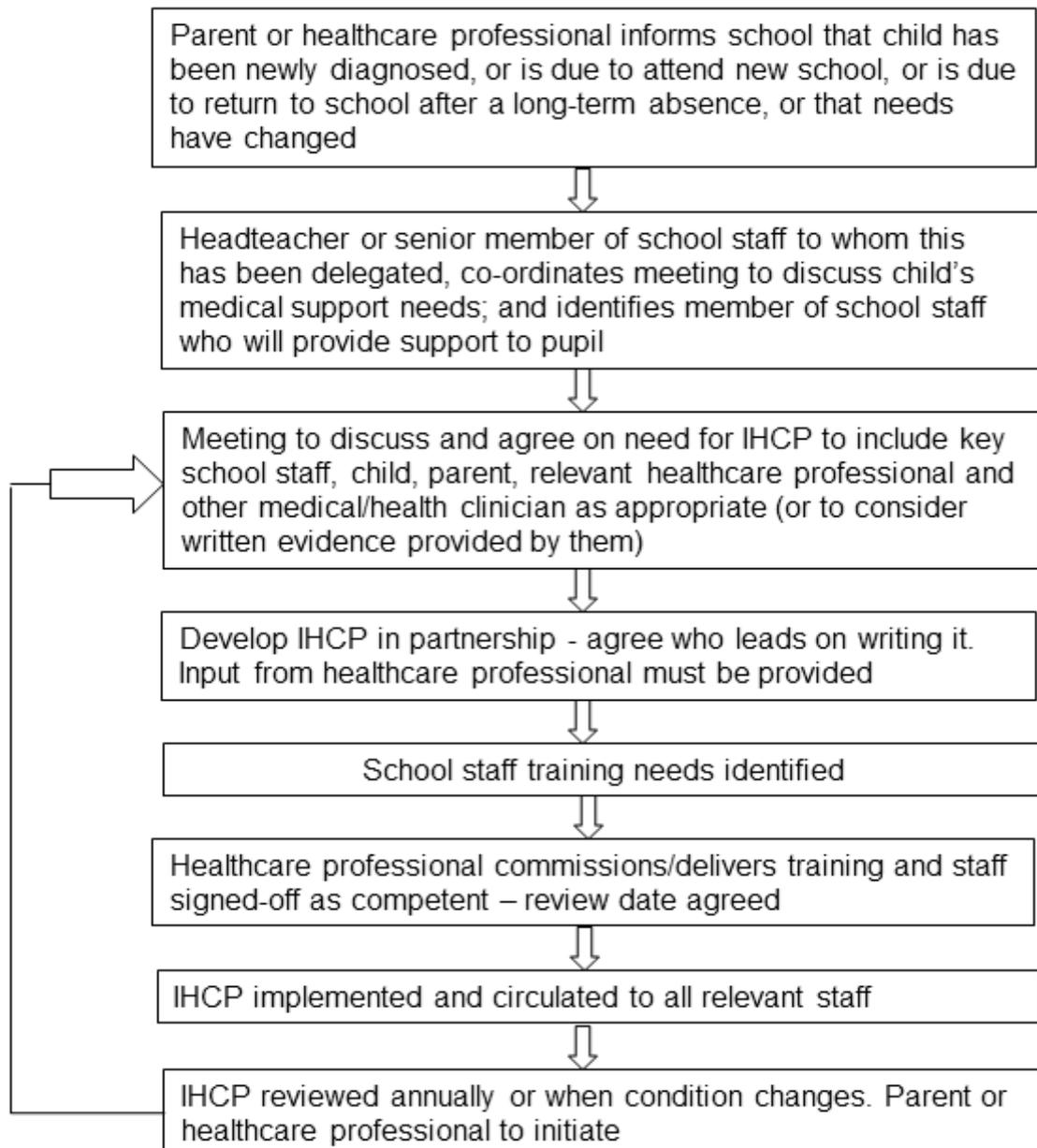
### **Liability and indemnity**

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. The insurance policy will provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. Any requirements of the insurance, such as the need for staff to be trained, will be made clear and complied with.

### **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and other attempts at resolution have been exhausted.

## Model process for developing individual healthcare plans



## Appendix 2

### Medication form – parental consent



**KINGSBURY GREEN PRIMARY SCHOOL**  
**Old Kerton Lane**  
**London**  
**NW9 9ND**

Telephone: 020 8204 6423

Fax: 020 8905 0258

Email: office1@kgreen.brent.sch.uk

Headteacher: Ms Laura Wynne B.Ed (Hons), MA (Ed), NPQH

THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICATION UNLESS YOU COMPLETE AND SIGN THIS FORM.

THE HEADTEACHER HAS AGREED THAT SCHOOL STAFF CAN ADMINISTER THE MEDICATION

SURNAME OF PUPIL:	FORENAME OF PUPIL:
ADDRESS:	CLASS:
CONDITION / ILLNESS:	
NAME OF MEDICATION – AS STATED ON CONTAINED:	HOW LONG WILL YOUR CHILD REQUIRE THIS MEDICATION?
DATE DISPENSED:	TIME OF MEDICATION:
DOSAGE OF MEDICATION:	SELF ADMINISTRATION:
ANY ALLERGIES:	STORAGE:
CONTACT DETAILS:	TELEPHONE NO:
RELATIONSHIP TO PUPIL:	ADDRESS:
DATE:	SIGNATURE:

**I understand that I must deliver the medicine personally to the First Aid room and I understand that the school does this to support my child's attendance and well-being. It is not a service the school must provide.**



### Appendix 3

#### 'Need to know' children eg of format

<p>Photo</p>	<p><b>Pupil Name:</b> <b>Class:</b> <b>Medical condition:</b> <b>Symptoms:</b> <b>Medication &amp; Storage:</b></p>
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**Appendix 4  
Risk Assessment - example**

**RISK ASSESSMENT**

<b>Full name and address of venue :</b>				
Date of visit:	Time of visit :		Time returning:	
Number in group:	Pupils:	Teachers:	Non- teachers:	Parents:
Group Leader:	Name of the teachers for each class:			
Names of non- teaching staff:	Parents:			
Names of pupils with medical needs:	Eg u,v,w asthma, x – EpiPen, y- Epilepsy, z – severe asthma		Indi Care Plan ??	
Names of pupils with an individual risk assessment?			Has Chris, Joanne or Robin been informed?	
Names of pupils who <u>may</u> require individual risk adjustments – <b>to be noted on the class risk assessment</b>				
TCB group Risk Assessment completed			Has Robin been informed? Y / N	
Names of staff with medical needs:	Eg x – indi risk assessment Y – indi risk assessment			

<b>Potential Hazard</b>	<b>Control Measures</b>
<b>Transport/Journey:</b> <ul style="list-style-type: none"> <li>• Travel by Tube.</li> <li>• Travel sickness</li> <li>• Handling Body fluids</li> <li>• Late return</li> </ul>	
<b>Threat Level: High</b>  <b>Crossing Busy Roads</b>	<u><b>Walking to and from :</b></u>
<b>Threat Level: High</b>  <b>Eg Bond Street Station</b>	<u><b>Travelling by tube to and from :</b></u>

<b>Threat Level: High</b> <b>Eg Mile End Station</b>	
<b>Threat Level: Medium</b> <b>THE LOCATION</b> <b>Eg At Mile End Station</b>	<b>THE JOURNEY</b>  <u>Walking to and from :</u>
<b>ACTIVITY:</b> <b>SUPERVISION</b> SEN children to have individual risk assessments. <b>Lunch</b> <b>Toilets</b>	Additional information about lunches to be completed after staff visit)  <u>Issues Relating to Vulnerable adult protection</u>  Toilet facilities in classroom building for adults only. Young people use facilities in toilet building. School / group leaders to supervise all toilet visits. Toilet building to be kept locked at all times until groups need access.

Name of Group leader (GL):		Head teacher:	Ms Laura Wynne
Signature of group leader:		Head teacher signature	
School contact number Group  contact number of GL:	020 8204 6423	Phase AHT/ DH full name:  Phase AHT/ DH contact number:	

Appendix 5

Letter to parent – informing of minor injury / medical attention



**KINGSBURY GREEN PRIMARY SCHOOL**  
Old Kenton Lane  
London  
NW9 9ND

Telephone: 020 8204 6423

Fax: 020 8905 0258

Email: office1@kgreen.brent.sch.uk

Headteacher: Ms Laura Wynne B.Ed (Hons), MA (Ed), NPGH

Date:

Dear Parent/ Carer,

Name:

Class:

Time:

I am writing to let you know that your child received first aid treatment for a minor injury at school today.

The nature of the injury was:

.....  
.....  
.....  
.....

Treatment administered:

.....  
.....  
.....  
.....

The nature of the injury was not serious enough to phone you during the day. However, if you would like to discuss the injury further, please do not hesitate to contact me on the above school number. (Pressing 2 for the First Aid room).

Yours sincerely

Maria Connell

Welfare & Attendance Officer



Appendix 6

Letter to parent – informing of injury to face / head



**KINGSBURY GREEN PRIMARY SCHOOL**  
**Old Kenton Lane**  
**London**  
**NW9 9ND**

Telephone: 020 8204 6423

Fax: 020 8905 0258

Email: office1@kgreen.brent.sch.uk

Headteacher: Ms Laura Wynne B.Ed (Hons), MA (Ed), NPQH

**Date:**

**Dear Parent /Carer,**

**Name:** .....

**Class:** .....

Today at ..... am/pm your child sustained a head injury / injury of concern to their head. We have applied appropriate treatment and looked after your child until he/she was feeling better.

In case of head injuries however minor, we recommend that parents / carers take their child to the GP.

If your child develops the following symptoms we recommend that you take him/ her immediately to the nearest A&E Department.

Child's injury checked at ..... am/pm

- ❖ Feels very tired
- ❖ Feels sick/nauseous
- ❖ Loses consciousness
- ❖ Feels dizzy and disorientated

Child's injury checked again at .....

Yours sincerely,

**Maria Connell**  
**Welfare & Attendance Officer**



## Appendix 7

### Spill Kit



**KINGSBURY GREEN PRIMARY SCHOOL**  
Old Kenton Lane  
London  
NW9 9ND

Telephone: 020 8204 6423

Fax: 020 8905 0258

Email: office1@kgreen.brent.sch.uk

Headteacher: Ms Laura Wynne B.Ed (Hons), MA (Ed), NPQH

#### **Spill kits for diarrhoea, vomit and blood**

##### **Kit contents**

Bucket

Gloves

Dust pan and brush

Contamination bags

Vomit formula

Aprons

Paper towels

Disinfectant spray

##### **Procedure for cleaning up vomit, blood and diarrhoea**

Child goes to Medical Room

Collect spill kit from: **disabled toilet next to 3A / disabled toilet next to 4E / disabled toilet on entry to boys toilets in KS1 / Medical Room toilet (located in the shower tray, bucket marked 'Spill Kit')**

Put gloves and apron on

Shake vomit formula directly on to vomit leave for one minute

Brush up into dust pan with brush provided and place in yellow contamination bag

Double knot bag

Place in green bucket

Spray area with disinfectant wipe dry with paper towels

Yellow bag should be return to medical room where it must be placed in the contamination bin in the medical room toilet

All spill kit equipment must be returned to area it was collected from

Please inform medical room staff asap so spill kits can be replenished

