
# Olga Primary School

## First Aid, Medical Care & Well-Being Policy

Policy Date: November 2024
Review Date: November 2025

## Introduction

Children and adults at Olga need good quality First Aid provision. Clear and agreed systems should ensure that all children and adults receive this in regard to emergency First Aid provision, the administration of medicines and dealing with health issues such as asthma and headlice.

### 1. Aims

This Policy statement is designed to:

- Give clear structure and guidelines to all Staff regarding areas of First Aid and medicines.
- Clearly define responsibilities and name the relevant Staff.
- Ensure the safe use and storage of medicines in the School.
- Ensure good First Aid cover is available in the School and on visits.

### 2. Who Is In Charge?

The School Governing Body and Lisa Bradley-Jones, the Headteacher, are responsible for ensuring we have a medical and First Aid Policy and that our medical and First Aid provision for children and adults in the School is adequate and legally compliant.

Lisa Bradley-Jones and SLT (Senior Leadership Team), after having considered the advice of the Medical Team (see below), are responsible for the overall medical strategy and its implementation.

The Medical Officer and is responsible for coordinating all Medical matters and making sure SLT are informed of any relevant issues. They are responsible for making sure that all relevant adults are up to date with their First Aid training.

Rebecca Adams is the AHT with responsibility for inclusion. [the SEND element of her role is being covered by Christine Dias while Rebecca is on Maternity Leave]. Rebecca will support the Medical Officer with her role.

The Medical Officer is responsible for the office administration of medical matters. Duties include (but are not limited to) keeping a list of all prescription medicines, liaising with Parents about prescription medicines, checking School Emergency Medicine Supplies, the ordering of medical supplies and making sure signage is up to date across the School in conjunction with the Medical Officer.

The School Nurse is Waveney Herbert (her contact details are at the end of this document).

The Link Governor for medical matters is Shelima Begum.

See also the Supporting Pupils at School with Medical Conditions Policy which lists medical responsibilities in more detail and in a wider context than First Aid.

## 3. General Guidelines

All School Staff are expected to take reasonable action as responsible adults, to deal with injuries, etc. that children sustain until the child can, if necessary, receive professional medical treatment.

The School has trained first aiders. The designated First Aid Staff receive regular First Aid training and/or refresher courses, whichever is applicable.

If a child receives an injury which causes concern, Parents will be informed via Medical Tracker and given the option of coming to School to check the child themselves or leaving the child to recover and return to class (see also Calling Emergency Services below).

A note should be made in an accident book of all actions taken.

### Minor Injuries

A note of minor injuries and any action taken should be logged on Medical Tracker.

### Serious Injuries

- Serious accidents (falling within the definitions defined by RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) requires a separate electronic accident form to be completed and may require statements from all Staff involved, this should be completed by the Medical Officer. A copy of RIDDOR can be found in the First Aid folder on the shared network.
- The incident needs to be logged on Medical Tracker and marked for further action as appropriate.

Any child that goes home should be recorded as having done so and the class teacher informed.

Accidents involving Staff must also be reported in accordance with the above.

## 4. Trained First Aiders

A full list of First Aid trained Staff and when the training needs updating is kept on Medical Tracker.

## 5. First Aid Kits

All classrooms have a First Aid kit.

In addition there is a First Aid kit in the Activity Room on the ground floor used for playtimes. There is also a kit in the School office and on the Middle Floor in the cupboard at the back nearest the kitchen in the Big Hall.

Stocks to supply the First Aid kits can be found in the Activity Room on the ground floor.

The Medical Officer is responsible for checking the First Aid boxes throughout the School and ensuring that they are correctly stocked half termly.

Storage of First Aid Kits

In Nursery a First Aid kit is kept in a high cupboard in the kitchen, out of reach of children, marked with a green badge with a white cross. One of a child's two Epipens are kept in the same place, along with the asthma pumps and any other medicine that has clearance to be in the classroom. A second Epipen is kept in the Emergency Medicines' cupboard in the Activity Room.

In Reception, a First Aid kit is kept on high shelving in the middle of the classroom. One of a child's two Epipens are kept in the same place, along with the asthma pumps and any other medicine that has clearance to be in the classroom. A second Epipen is kept in the Emergency Medicines cupboard in the Activity Room.

Children in EYFS cannot access asthma pumps independently.

In KS1 and KS2 a First Aid kit is kept in each classroom in a safe place out of reach of children, marked with a green badge with a white cross. One of a child's two Epipens are kept in the child's class with the Medical Kits (a second Epipen is kept in the Emergency Medicines cupboard in the Activity Room). Asthma pumps are stored in classrooms, in a box in an accessible cupboard that is clearly labelled. Children can access them with the permission of an adult.

The class teacher is responsible for making sure that First Aid kits, asthma pumps and Epipens are taken on School trips and wherever PE is taking place.

First Aid at Lunchtime

Designated support Staff on playground duty and midday meals supervisors will be on First Aid duty at the First Aid stations, which we have in each of the three current zones of the playground.

## 6. Procedures For First Aid In School

Designated First Aiders

For minor injuries in class the designated First Aider is the teaching assistant (TA) or the class teacher.

For serious injuries Staff must use a radio to contact the School office immediately. Alternatively use a phone and dial either 101 or 136 for the office.

Cuts

The designated First Aider should deal with small cuts. All open cuts should be covered after they have been treated with a medi-wipe. Children should always be asked if they can wear plasters **BEFORE** one is applied. Children who are allergic to plasters, or who are unsure, will be given an alternative dressing. All cuts need to be recorded in the accident book.

Any First Aider can treat more serious cuts, but a fully trained First Aider should attend to give advice. More serious cuts should be recorded on Medical Tracker and Parents informed.

**ANYONE TREATING AN OPEN CUT MUST USE PROTECTIVE GLOVES**. This is an essential part of infection control procedures. All blood waste should be either placed in the rubber gloves used to treat the child or a sealed bagged and disposed of in a sanitary bin.

Nosebleeds

Children with a nosebleed should be asked to sit down where they are so that blood is not spread around the School. They should keep their head upright or slightly forwards. Apply a cold compress to the nose area or pinch the nose tightly just below the bony part for 5 to 10 minutes. Do not allow the child to blow their nose. If the bleeding has not stopped within 20 minutes, then the Parents should be contacted.

Bumped Heads

**Any bump to the head, no matter how minor, is treated as serious and should be attended to by a fully trained First Aider. All head injuries must be reported by the First Aider to the office and an indication given to the office about the seriousness of the injury, ie minor/phone an ambulance.**

All bumped heads should be treated with an ice pack. The child's teacher should be informed, as well as any other relevant Staff e.g. TAs, midday meals supervisor (MMS) and keep a close eye on the progress of the child.

All bumped head incidents should be recorded on Medical Tracker. The First Aider should report the incident in person to the office. The office will then call the parent to advise them, if required.

**If the child shows any signs of sickness, sleepiness, dizziness or gives other cause for concern about their health, Parents should be contacted immediately.**

Epipens

Some children require auto immune injectors, also known as Epipens, to treat the symptoms of anaphylactic shock. These children should be on the back of the First Aider posters in every room around the School that identifies their condition.

**IN THE CASE OF ANAPHYLACTIC SHOCK AN AMBULANCE MUST ALWAYS BE CALLED ON 999. THE EMERGENCY EPIPEN MUST ONLY BE ADMINISTERED IF INSTRUCTED TO DO SO BY THE 999 HANDLER** . Procedures outlined in a child's care plan should be followed.

**Epipens must NOT be locked up.**

In Nursery one of a child's two Epipens are kept in a high cupboard in the kitchen. In Reception one of a child's two Epipens are kept in the shelves in the centre of the classroom.

In KS1 and KS2 one of a child's two Epipens are kept in the child's class with the Medical Kits.

**A child who requires an Epipen MUST have TWO Epipens; one should be kept in the Epipen box in the Emergency Medicines cupboard in the Activity Room on the ground floor next to the back entrance and one with the class Medical Kits.**

Staff receive regular training on the use of Epipens.

Epipens should be clearly labelled with the child's name and class, the instructions should be stored with each Epipen.

If a child does not have two Epipens then Cynthia in the School office, the School Nurse and SLT should be informed.

**If a child needs an Epipen whilst at lunch in the Hall then the emergency Epipen in the Large Hall should be used. It is in the Epipen box in the Emergency Medicines' cupboard to the right of the screen in the Large Hall.**

**At most other times the Epipen kept with the Medical Kits will be closest.**

The Government guidelines allow any adult to administer an Epipen in the case of a life-threatening emergency when a trained person is not available. Instructions for their use are kept with the Epipens.

The class teacher is responsible for ensuring both Epipens for a child are taken when the child goes off site on an educational visit and that one Epipen is taken to wherever the class does PE in School.

Asthma

The asthma pumps for the Nursery are kept in a high cupboard. In Reception they are kept in the Kitchenette. Storage units for asthma pumps are clearly labelled. Children do not access these by themselves. Children who have asthma are monitored regularly.

Inhalers for KS1 and KS2 are kept in classrooms, in a box in an accessible cupboard that is clearly labelled. Children can access them with the permission of an adult.

**At most times the child's asthma pump located in the classroom or outside at playtime will be closest. If for any reason in an emergency you are unsure where a child's asthma pump is kept then use the one located in the Emergency Medicines' cupboard which can be found in the Activity Room to the left of the sink area, the one in the Large Hall in the Emergency Medicines' Cupboard to the right of the main screen or the one in Juniper room on the top floor.**

Children with severe asthma should have quick access to an inhaler at all times but should not keep it on themselves.

The class teacher is responsible for ensuring that the inhalers are taken to the playground and can be accessed with the permission of an adult.

The class teacher is responsible for ensuring Inhalers are taken when the child goes off site on an educational visit and wherever the class does PE.

If an inhaler is left at home, lost or expired then the School's emergency inhaler kit should be used for children experiencing breathing difficulties or having an asthma attack. **NOTE: As per Government guidance, the School inhaler must only be used for children known to be asthmatic and who have Parental permission to use it.**

Parents of a child with asthma are required to sign that their child can use the School emergency inhaler.

Asthma Attacks

The following guidance is taken from the government guidance on the use of emergency salbutamol inhalers in Schools.

**How to recognise an Asthma Attack**

- Persistent cough (when at rest).
- A wheezing sound coming from the chest (when at rest).
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body).
- Nasal flaring.
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

**CALL AN AMBULANCE IMMEDIATELY ON 999 AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:**

- Appears exhausted.
- Has a blue/white tinge around lips.
- Is going blue.
- Has collapsed.

**What to do in the event of an Asthma Attack**

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler.
- Remain with the child while the inhaler and spacer are brought to them.
- Immediately help the child to take two separate puffs of salbutamol via the spacer.
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to School activities when they feel better.

- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

Severe Medical Needs

Children with severe emergency medical needs (children with conditions such as epilepsy, severe asthma and anaphylaxis) are identified in Medical Tracker.

Allergies

Children with food allergies are required to wear a lanyard at lunchtime which lists their allergies so that the cooks are informed. The cooks are also given a list of the children with allergies along with their photos. The Medical Officer is responsible for maintaining these.

Food allergy information is also written up on white boards each day in the halls so that the adults supervising the children can readily access it.

Headlice

Staff do not examine children for headlice. If we suspect that a child has headlice, we will inform the Parents, and ask them to check and then treat the headlice if necessary. When we are informed about a case of headlice in School, a standard letter will be sent to all the Parents of children in the class or EYFS unit where the case has been identified.

Vomiting and Diarrhoea

If a child has sickness (an infection) with vomiting or diarrhoea at School, they will be sent home immediately. Children with these conditions will not be accepted back into School until 48 hours after the last symptom has elapsed. If there is a risk the child is infectious, Parents who bring their children back into School sooner than this will be asked to take them home until the full 48 hours have elapsed without a further occurrence.

Chicken Pox and other Rashes

If a child is suspected of having chicken pox etc., we will examine their arms and legs. A child's torso would only be examined if we were concerned about the risk of infection for other children or adults. In this case, we would ask the child's permission and another adult would be present.

If a child has an infectious disease, the guidelines laid out in the Guidance on Infection Control in Schools and other Childcare Settings document will be followed by the School. This document is kept in the First Aid folder on the shared area.

Eyesight and Hearing Concerns

In the first instance any concerns should be raised directly with the Parents/Carers. If it was recommended that the Parents/Carers seek a hearing or eyesight test from a doctor, optician or similar professional and the Parents have not done this within two weeks, then the class teacher

should make a note of this fact on CPOMs. The reason for this is it will help to alert senior Staff who will be able to assist in making sure that the right approach is taken for the child.

Please note that any other physical (or mental) concerns should be raised with the Parents and the SENCo.

### Communicating with Parents

For bumped heads, a message is sent via Medical Tracker. Parents are also informed by phone call, if required.

For any visible injury, it is advisable to inform the Parent verbally, in person or on the telephone, in addition to logging on Medical Tracker. Where Parents have to be called and a hospital visit follows directly from School, a RIDDOR form should be completed in whenever possible.

### Sending a Child Home

When a child is sent home this is recorded in SIMs/Inventry, the School's database.

### After School Clubs

After School clubs are given a list of children in the club by the School office which identifies their medical needs

A child who requires an asthma pump should use the emergency School inhaler (which their Parent/Carer should have given permission for) located in the Emergency Medicines' cupboard in the Activity Room next to the back entrance on the ground floor. An adult club leader will administer the inhaler and keep any records as necessary.

If a child requires an Epipen the child's one kept located in the Emergency Medicines' cupboard in the Activity Room next to the back entrance on the ground floor should be used in the first instance, the second pen can then be fetched from the classroom. Ideally, a trained adult should administer an Epipen, although any adult can in an emergency using the instructions kept with the Epipen.

If a child requires other First Aid then procedures identified elsewhere in this Policy should be followed.

After School clubs can use the Medical Kit kept in the Activity Room or the Large Hall.

## 7. Recording Of Medical Incidents

### Medical Tracker

Medical Tracker is used to log all incidents/accidents. It is also used to identify First Aiders, allergies and other medical conditions. Medical Tracker is also used to record emergency medication and other prescribed medicines that need to be administered during school hours.

Medical Incidents

Medical incidents include all injuries. All medical incidents should be recorded:

Incidents involving a Child

- All Incidents in class, playground or on trips should be recorded using Medical Tracker.
- In addition to the record in the School accident book, all major School related injuries must be reported as per RIDDOR regulations, which is a legal requirement. The report informs authorities on work related injuries, ill health and occupational diseases. This form can be filled in at the office. It needs to be signed by the Headteacher (or the Deputy Head in the absence of the Headteacher), a copy taken and kept on file, and the original forwarded to the Local Authority (LA).

Incidents involving an Adult

- All major School related injuries must be reported as per RIDDOR regulations, which is a legal requirement. The report informs authorities on work related injuries, ill health and occupational diseases.

## 8. Calling Emergency Services

In the case of major accidents, it is the decision of the fully trained First Aider, or the Headteacher, if the Emergency Services are to be called. Staff are expected to assist the trained First Aider in their decision.

In less immediate emergencies a qualified First Aider should be called and they should make the decision to either phone 999 directly from the nearest phone or send a request to the office to do so.

If the incident is in the playground, then a qualified First Aider should call the office on the playground radio and ask them to phone 999.

If a member of Staff is asked to call the Emergency Services, they must state:

1. What has happened.
2. The child's name.
3. The age of the child.
4. Whether the casualty is breathing and/ or unconscious.
5. The location of the School.

In the event of the Emergency Services being called, a member of Staff, usually a member of the administration Staff, should wait by the School gate to guide the Emergency Services into the School and accompany the medical Staff to the casualty.

If the casualty is a child, their Parents/Carers should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and Staff are located in the School MIS (Management Information

System). The details of the child should be printed off and given to the ambulance crew when they arrive. If at all possible, a member of Staff should fill in an information form about the accident and give it to Parents or the ambulance crew to aid their treatment of the casualty.

Where a Parent/Carer needs to be contacted by telephone, they should be informed about the condition of their child and any developments without causing undue alarm. It is the responsibility of the office Staff to ensure that they keep up-to-date about the condition of the casualty and keep the parents informed.

If driving a personal vehicle to Accident and Emergency, two adults must be present, one to drive and one to monitor the casualty.

## 9. Medicines

**We will only allow specifically prescribed medicines in School that a member of Staff will administer to a child. School Staff will not administer non-prescription medicines for children.** Medicine must be provided in original containers with a dosing spoon and/or syringe. They must be labelled with the child's name and dosage instructions. In the first instance medicine must be taken to the office by a Parent/Carer. The Medical Officer will update Medical Tracker accordingly. **Medicine must NOT be accepted into the class by a teacher or teaching assistant before the Parent/Carer has spoken to the office and the required forms have been completed.**

Any medicines in the classroom are kept in the same place as the Medical Kits.

### Play, PE and Lunchtimes

The class teacher is responsible for making sure that any medicines that a child has to have access to (e.g. an Epipen) are taken to playtime and lunchtime sessions, they must also ensure the medicine is taken to wherever PE is taking place.

At lunchtimes emergency medication is taken out to the playground and left there for the duration of lunchtime. **If a child needs an Epipen whilst at lunch in the hall then the Epipen should be fetched from the Emergency Medicines cupboard in the Activity Room.**

Checking the medicine boxes every half term and ensuring they are correctly stocked is undertaken by the Medical Officer.

### School Trips (including School trips, swimming, School journey and any other activity off site)

All required medicines must be taken on School trips/swimming/School journey and any other activity off site - it is the responsibility of whoever leads the off-site activity to ensure this happens, which in the main will be class teachers. Emergency medicines such as Epipens and asthma pumps should be looked after by an adult employed by the School who is always in close proximity to the children who need the medication. Those adults responsible for carrying Epipens should as far as possible be Epipen trained, however, in an emergency any adult can administer an Epipen following

the instructions kept in the packaging. An ambulance must always be immediately called for on 999 if an Epipen has been used. Note that this means **BOTH** Epipens must go on any off-site activities.

Class teachers (or whoever has led the off-site activity) are responsible for making sure that medicines are put back where they belong immediately after returning to the School.

What Can Be Administered?

We will only administer medicines if the advice on the medicine says four doses a day are necessary. We will not ordinarily administer medicines that say three doses a day as Parents can make arrangements for this to happen every 8 hours. However, we will always administer medicine if the advice on the medicine explicitly says it needs to be given during School hours.

Creams can be administered for skin conditions such as eczema or for sun protection. However, Staff will only supervise the child applying the cream and will not rub cream onto a child's body unless a child is unable to apply the cream themselves. In this case, application of the cream must be made with the written permission of the Parents and under the observation of another adult.

Who Can Administer Medicine?

Any Staff member is able to administer medicines in line with the instructions given on the prescription label, as it is acknowledged that in many cases written instruction on the medication container dispensed by the pharmacist may be considered sufficient. This includes asthma pumps. However, there will be medicines and procedures that require specific training to administer and, in these instances, we will be guided by medical professionals. **Note: Buccolam must only be administered by a trained Staff member.**

Where at all possible, a specifically trained adult should administer an Epipen. However, the government guidelines allow anyone to administer an Epipen in the case of a life-threatening emergency when a trained adult is not available. Whoever administers an Epipen should follow the instructions for use kept with the packaging.

Parental Permission

Medicines will not be administered unless we have written permission from Parents/Carers, or someone with Parental responsibility. In the event of a child coming into School with medicines and without a permission letter, we will attempt to gain consent for administration over the phone. If we are unable to contact Parents this way, then the medicine will not be administered.

The medication must be in its original container and be labelled with the child's name and full instructions.

The office is responsible for keeping information about when medicine expires and informing Parents.

## 10. Storage Of Medicines In Classrooms

**No medicine is to be kept in a child's possession.**

All medicines should be clearly labelled with the child's name and class.

Only specifically prescribed medicines should be kept in the class; this includes asthma pumps, Epipens and any other medicine that a child has been prescribed. We do not accept non-prescription medicines for children on the School premises.

Unless they are asthma pumps in Ys 1-6, all medicines are kept in a classroom near the Medical Kit box out of the reach of children. In addition, second Epipens and emergency asthma pumps are kept in the emergency medicines cupboard in the Activity Room. There is also an emergency Epipen on the middle floor in the Large Hall in the cupboard to the right of the screen as well as an emergency asthma pump. There is also an emergency asthma pump in Juniper on the top floor.

From Ys 1-6 medicines that need refrigerating are kept in the medical fridge in the Staff Room. For Nursery and Reception they are kept in a fridge in the EYFS unit kitchen.

### Emergency Medication

**Emergency medicines such as Epipens and asthma pumps MUST NOT be locked up and should be readily accessible.**

### Epipens

- In Nursery Epipens are kept in high cupboards.
- In Reception they are kept in the kitchenette.
- In KS1 and KS2 Epipens are kept in the child's class with the Medical Kits.

### Asthma Pumps

The asthma pumps for the Nursery are kept in a high cupboard in the kitchen. Children do not access these by themselves. Children who have asthma are monitored regularly. The cupboards that the asthma pumps are in are clearly labelled.

The asthma pumps for Reception are in the kitchenette. Children do not access these by themselves. Children who have asthma are monitored regularly. The cupboards that the asthma pumps are in are clearly labelled.

Inhalers for KS1 and KS2 are kept in classrooms, in a box in an accessible cupboard that is clearly labelled. Children can access them with the permission of an adult.

### Emergency Asthma Pumps

Can be found on every floor. Note that any emergency asthma pump can be used by any child with asthma.

They are located in:

- The Activity Room near the back entrance on the Ground Floor.
- The Large Hall on the middle floor to the right of the screen.
- Juniper room (also known as the Preparation Room) on the Top Floor.

Emergency Epipens

Children's 2nd Epipens can be found in the Activity Room on the Ground Floor near the back entrance.

Emergency Epipens that can be used on any child who requires an Epipen are located in:

- The Large Hall on the middle floor to the right of the screen.
- The Activity Room on the Ground Floor.

## 11. Defibrillator

The School has an emergency defibrillator stored in the School office. We follow the British Heart Foundation's advice over its use here: Learn More About Defibrillators.

What is a Defibrillator?

A defibrillator is a device that gives a high energy electric shock to the heart of someone who is in cardiac arrest. This high energy shock is called defibrillation, and it's an essential part in trying to save the life of someone who's in cardiac arrest.

Who can use a Defibrillator?

You don't need to be trained to use a defibrillator – any adult can use it. There are clear instructions with the equipment on how to attach the defibrillator pads. It then assesses the heart rhythm and will only instruct you to deliver a shock if it's needed. You cannot deliver a shock accidentally; the defibrillator will only allow you to shock if it is needed.

Who can the Defibrillator be used on?

You can use it on an adult or a child, instructions are given with the defibrillator in either case.

Steps to Follow

Cardiac arrests can happen to anyone, at any time. The following steps give someone the best chance of survival. If you come across someone you believe to be in cardiac arrest:

1. Tell the office to call 999 immediately.
2. Ask the office to bring the defibrillator to your location.
3. Ask the office for a fully qualified First Aider to attend.
4. Start CPR immediately if you know how. DO NOT WAIT FOR HELP.
5. Turn on the defibrillator and follow its instructions. DO NOT WAIT FOR HELP.

## 12. Administration Of Medicine Records

A medicine record booklet is kept with any medicine (including asthma pumps) to be administered.

When medicine (including asthma pumps) is administered, Staff must complete the relevant administration of medicine book, giving the date, time, amount of medicine given and signing the entry.

Before administering the medicine, the member of Staff should read the entries for that day, to ensure that the medicine has not already been administered.

## 13. Sharing Of Medical Conditions

At the beginning of each term, any medical problems/conditions are shared with Staff.

Records of medical conditions are kept in the following places:

- On SIMS.
- On Medical Tracker.
- The Class First Aid Kit.
- MMS First Aid Kit.

### Epipens

Children who may need an Epipen are listed in the records indicated above. If a child has to have an Epipen administered it should be recorded as a major incident following the guidelines set out elsewhere in this document.

### Inhalers

When an inhaler is used by a child a record is filled in by an adult which records the time, how many pumps were administered and the activity taking place.

The child's asthma plan is located with their pump, a copy is also kept in the main medical file. The Medical officer is responsible for making sure the plan is with the pump.

### Health and Well-Being of Staff

At Olga Primary School, we care about the health and well-being of our Staff and we have procedures you can follow if you feel concerned about a Staff member.

1. If you notice a member of Staff seems to be struggling at work with health or well-being issues, and you feel it is appropriate, you may wish to ask the Staff member if they are ok. Provided their work does not seem to be affected, you can use your judgment as to whether you feel the Headteacher should be informed.
2. However where a member of Staff appears not to be fit enough physically, mentally or emotionally to do their job properly then the Headteacher must be informed. Again, you

can informally talk to the Staff member and check they are ok if you feel it is appropriate.

3. If the member of Staff in question is the Headteacher, then you can ask them if they are ok if you feel it is appropriate. Where you think the Headteacher's ability to do their job properly is impaired then you can raise this with any member of the SLT or the chair of governors, who may also refer the matter to the Local Authority and each other.

## 14. Adults With Medical Conditions

If an adult has a medical condition that might require emergency medicine or other treatment then they may use the form at the end of this Policy to make the School aware of the treatment necessary. Such information will be kept confidential and will only be shared as the adult indicates on the form.

## 15. PDMs

At least once every term the SENCo will lead a brief slot at the PDM so that the class teachers are aware of any First Aid related issues. This will include a refresh of any children who have medical needs.

## 16. Dissemination & Policy Review

This Policy will be reviewed annually in consultation with the School Nurse (whenever possible) and will be shared with Staff annually. It will form part of the induction procedures for all Staff.

### School Nurse Details

Waveney Herbert
Community Staff Nurse
Tower Health School Health and Wellbeing 0-19 Service
The Barkantine Practice
121 Westferry Road, London E14 8JH
Email: w.herbert1@nhs.net
Tel: 020 3950 7176
Mobile: 07921 439029
Working Hours: Monday-Friday 9am-3pm

### Staff who might require emergency medicines or treatment

We are aware that Staff have medical conditions that may require medicine or other emergency treatment to be given. If you might require emergency medicines or treatment and would like to make the School aware of it, please fill in the Form below:

| |
|---|
| What is your condition? |
| What medicines or treatment might you require in an emergency? |

| | |
|---|---|
| Who do you want to know about it? | |
| *Please tick the option you would prefer:* | |
| Just the Office and Lisa Bradley-Jones. | |
| The Office, Lisa Bradley-Jones and all qualified First Aiders. | |
| All Staff. | |
| Where do you keep your emergency medicine or want it to be stored? | |
| *Please tick the correct option(s):* | |
| I keep the medicine on me. | |
| With the emergency medicines in the Activity Room. | |
| In the medical fridge in the Staff Room. | |

**Please Note:**

Details of the condition/emergency procedures/storage of medication will be entered in the medical tab of SIMS on your Staff record. The staff records in SIMS are only accessible by Lisa Bradley-Jones and the admin team.

This Form will be kept in your Personnel File.