

First Aid and Intimate Care Policy

2022-2023



School: Prudhoe Castle First School

Head Teacher: Katie Jacobs

Named personnel with designated responsibility:

Academic Year	Designated Lead	Nominated Lead Governor	Chair of board of trustees
2022-2023	Katie Jacobs	Judith Meek	Rob Moore

Policy review dates

Review Date	Changes made	By whom	Date shared
April 2023			

FIRST AID POLICY

PRUDHOE CASTLE FIRST SCHOOL

Purpose

- To ensure that children, staff and visitors to the school receive appropriate first aid care in the event of an accident or emergency.
- To ensure that clear procedures are in place for the safe storage of first aid equipment, administration of first aid to casualties and recording of incidents in accordance with health and safety guidelines.

Provision of First Aid Personnel

Appointed persons

An appointed person is someone who takes charge when someone becomes ill, suffers a minor injury, looks after first aid equipment e.g. restocking after use, or who ensures that an ambulance is called when appropriate. All members of staff are appointed persons but not necessarily first aiders. Members of staff should not give first aid treatment for which they have not been trained.

Most of the staff are trained in Emergency first aid. Emergency first aid training meets the requirements of the Health and Safety (First Aid) Regulations 1981, and equips staff to cope with an emergency and provides them with competence and confidence for emergency situations.

During the school day, many children suffer minor bumps and scrapes in the course of their play in the playground or through other activities. It is normal practice for these to be dealt with by an appointed person in the 'first aid area' at morning play and lunch time; and by the teacher or teaching assistant during lesson time. However, more major injuries need to be immediately referred to a designated school first aider for assessment and care. Whenever first aid is given to a child it must be recorded in one of the First Aid books and a first aid slip must be issued for the child to take home.

Children in the EYFS should be given First Aid by a qualified paediatric first aider. Please also refer to the Safeguarding Policy.

School First Aiders

Personnel who have attended the 3 day First Aid in the workplace course will be known as the school's designated first aiders. Their names and pictures will be displayed around the school to inform any school user of their role. Our first aiders in school are Mrs.M. Bell, Ms R. Douglas, Mrs V. Robson, Mrs A. Robinson, Mrs K. Jacobs, Mrs P Pearson, Miss H Waters, Miss E Paisley, Mrs Annamarie Armstrong, Mrs Wilcock and Mrs Maitland

They will attend 'refresher' courses to keep their qualification up to date and valid every 3 years. In addition, selected key workers in the EYFS will attend the paediatric first aid course to meet the legal requirements for Early Years. This is valid for three years.

The school's admin team are responsible for checking first aid certificates and qualifications. They will also keep an up to date record of training and will be responsible for alerting all staff of training updates and requirements that are needed.

First Aid Procedures

1. In the case of a serious injury that may have resulted in a wound, break or any blow to the head – contact 999 and involve a first aider. Do not move an injured child.
2. If the injury is less serious – a bang (other than to the head), scratch, graze etc. reassure the child and encourage them to sit down and recuperate
3. The first aider should assess and give appropriate treatment for the injury.
4. All first aid treatments are recorded in a first aid book located in the medical room or one of the first aid boxes.
5. First aid paperwork will be completed for the child to bring home.
6. Class teacher/TA informed of the injury – children should be watched carefully and a first aider may need to get involved again if the child deteriorates or does not recover quickly.
7. If a child has had first aid treatment at school it must be reported to the parents. This may be through the child taking the first aid letter home or if there is a visible injury a discussion must occur with the parents.

Bumped Heads

1. Seek first aid treatment.
2. In the case of serious head bumps, the first aider will telephone parents and advise them to see a doctor or attend the accident and emergency department. All head bumps need to be reported to parents. The script for the telephone is as follows: "Child's name has bumped their head today in school. He/She has been treated by a qualified first aider. In our opinion he/she appears to be fine, but we wanted to let you know so you can choose whether to come and see them and decide if they need to see a doctor."
3. Any bump to the head must result in a 'bumped head letter', copied onto green paper informing the parents.

If a first aider is unsure about the severity of the injury and the child may be at significant risk it is their duty to call an ambulance immediately and then inform the Headteacher.

First Aid Supplies

The main supply is in the medical room next to the main office. There is a small kit in each classroom and in the main hall. There is also a first aid kit in EYFS.

There are travel kits which are taken on trips. These kits contain the recommended supplies and a notepad to record first aid procedures. Any first aid procedures carried out on the trip must then be written into the first aid book.

Lois Wilcock and Rachael Maitland are the designated first aiders in charge of ordering first aid stock and equipment. On the first day of every month, or the date

closest to the start of a month following a holiday, Lois Wilcock will audit the first aid resources, dispose of any resources which are out of date and order any necessary stock. She will also ensure the emergency inhalers meet requirements outlined in the administration of medication policy. She will complete appendix H and return the completed form to the Headteacher. Class TAs will monitor the medical boxes in the classrooms on at least a termly basis. They will communicate any actions required with the class teachers and complete Appendix J returning it to the Headteacher.

All first aid books are located in first aid supply kits. They must be fully filled in and the child's first and surname must be written on the record. Once a book has been finished it must be given to Rachael Maitland or Lois Wilcock to archive, store and log on Appendix I. A list of children's names, registration and medical needs for the whole school will be stored alongside the first aid report book. This list will be updated termly by Lois Wilcock.

Medication

Medicines other than asthma inhalers/epipens must not be kept in classrooms.

Teachers in EYFS, KS1 & KS2 are responsible for the secure storage of medicine. Teachers have a list of pupils who require medication. When taking pupils off site, please make sure that children have their inhalers and relevant medication with them. Each classroom is provided with a storage box for inhalers. Children with specific medical needs may be issued with an individual medi-bag, for example to store an individual's epipen.

In the event of a fire alarm, medication stored in the classroom, must be taken outside by the class teacher or teaching assistant.

Staff should use their professional judgment as to whether or not it is appropriate for medication to be taken outside during activities such as P.E. and forest schools.

Inhalers

At PCFS, children are monitored when they use their inhaler. We record this using Appendix C of the Administration of Medication Policy and liaise with parents on a regular basis.

Staff will liaise with the children and parents if this is a regular occurrence. All children who have inhalers are issued with a clearly labeled, orange Medicare bag or plastic box. These are stored in the classroom to allow for immediate use.

Parents must complete a form available from the main office for any children who need to use an inhaler in school. The office staff will upload a copy of this signed and completed form to CPOMS and inform the class teachers. Please refer to administration of medication policy.

Inhalers and spacers must be sent home at the end of every term to be checked and cleaned by adults.

Please also refer to the administration of medication policy.

Accidents

Any accident to a pupil must be recorded on an accident form, found in the first aid area. If you are unsure what action to take, refer to one of the trained first aiders.

Educational Visits

A risk assessment is completed before all educational visits. All children with medical needs will be identified on the risk assessment and appropriate control measures will be in place. Emergency procedures are detailed on risk assessments. During educational visits, we will contact the establishment to establish first aid provision. If they establishment does not provide a qualified first aider then we will endeavor to have a first aider.

Emergency procedures

In the event that an ambulance needs to be called:

- Ring the emergency service
- Contact school – request contact information and pupil details (e.g. DOB, medical info)
- Contact family
- Accompany the child in the ambulance.
- Take a copy of all medical details with you and their medication.
- Take all emergency paperwork including loco parentis
- Remain with the child until the parent arrives.
- Complete an Accident report if appropriate.

Generally staff should not take pupils to hospital in their own car. If it is required then the member of staff should be accompanied by another adult and have public liability vehicle insurance. They must also consider whether or not a booster seat is needed.

Intimate Care

Staff who administer first aid should ensure wherever possible that another adult or children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required, another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Regular requirements of an intimate nature should be planned for.

Agreements between Prudhoe Castle First School staff, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be sought and any discomfort with the arrangements addressed.

Monitoring

The Head Teacher will conduct monitoring of appropriate implementation of policy and procedures. Please refer to the policy for intimate care.

POLICY FOR INTIMATE CARE

Introduction

Intimate care is any issue which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure (e.g. the management of catheters).

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible.

Additional vulnerabilities that might arise from a physical disability, or learning difficulty, which must be considered with regard to individual teaching and care plans for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and Prudhoe Castle First School should be easily understood and recorded. These arrangements should be regularly reviewed and the children should be consulted as part of the process.

This document is based on a best practice in special schools. It has been adapted for our needs when intimate care issues arise.

Prudhoe Castle First School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We realise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, humiliation or pain.

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible, staff who are involved in the intimate care of children will not usually be involved with the delivery of sex education to the children in their care as an additional safeguard to both staff and children involved.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for

themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. (See Appendix D and E). Parents must complete and sign the permission for school to provide Intimate care, Appendix F, for all children who have an intimate care plan or possible additional intimate care needs.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible, one child will be catered for by two adults.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may be waived where failure to provide appropriate care would result in negligence for example, a female member of staff supporting boys, as no male staff are available. This is sometimes the case when pupils are changing for swimming.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Any time staff members must support a child with intimate care e.g. issue which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas it must be recorded in the book kept in the EYFS. Parents must be informed and sign each entry.

At the end of each academic year, these records must be passed to the Headteacher.

Appendix F, Permission for school to provide intimate care, will need to be completed for all children where intimate care may need to be provided on a regular basis.

See Appendix A for the procedure for Intimate care.

Children wearing nappies

Child Protection need not present an issue for pupils enrolling who are still wearing nappies. It is good practice to provide information for parents of the policy and practice in the school. Such information should include a simple agreement between school and carers as to who will be responsible within the school for changing the child and when and where this is to be carried out.

Starting school or nursery has always been an important and potentially challenging time for both children and the schools that admit them. It is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the foundation stage, there is wide variation in the time at which children master the skills involved in being fully toilet trained. Children in the Foundation Stage may:

- be fully toilet trained across all settings

- have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning the Foundation Stage
- be fully toilet trained at home but prone to accidents in new settings
- be on the point of being toilet trained but require reminders and encouragement
- not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme
- be fully toilet trained but have serious disabilities or learning difficulties
- have delayed onset of full toilet training in line with other development delays but will probably master these skills during the Foundation Stage
- have SEN that make it unlikely that they will be toilet trained during the Foundation Stage

Admitting children who have continence problems into Foundation Stage and Key Stage 1 provision can present a challenge to schools. The purpose of this policy and guidelines is to identify best practice to achieve the full inclusion of such children.

Whenever possible it is recommended that:

1. Mobile children are changed standing up.
2. If this is not possible the next best alternative is to change a child on a purpose built changing bed in the medical room.
3. Children in the Foundation Stage may be changed on a mat on a suitable surface if it is not possible for them to change standing up or on a changing bed.
4. If facilities described above are not available, then children in the Foundation Stage may be changed on a changing mat on the floor.

See Appendix C procedure for changing Nappies. Children in year 1 and above should only be changed either on a changing bed or in a toilet cubicle standing up.

Staff should consider the child's preference for changing and the outcome of any risk assessments (Appendix G).

Staff will record any procedures of intimate care including changing nappies on Appendix B – Record of Intimate Care. This record will be located in Early Years and must be signed by the parents. When children are admitted into school wearing nappies/pull ups a personal care plan, Appendix D, will need to be completed alongside the parents. Parents will sign Appendix F, permission for school to provide intimate care.

Parents have a role to play when their child is still wearing nappies. The parents should provide nappies, disposal bags and wipes. The parents should be made aware of this responsibility. We will provide gloves, plastic aprons, a bin and liners to dispose of waste.

Staff should always wear an apron and gloves when dealing with a child who is being changed. Any soiled waste should be placed in a polythene waste disposal bag, which can be tied. The bag should be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste. The bin should be emptied

on a daily basis and will then be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the School's Health and Safety policy.

Changing Facilities

The EYFS toilets have specialised facilities and furniture for changing children and avoid an adult having to lift a child and cause possible back injury.

The Protection of Children

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to.

The process of assisting with personal care, such as, changing a nappy should not raise child protection concerns. There are no regulations that state that a second member of staff must be available to supervise the nappy changing, however this is deemed as best practice.

All children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in presentation it will be immediately reported to the Head Teacher.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue is resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed.

Home/school management agreement

Parents/ Carers:

- agreeing to change the child at the latest possible time before coming to school
- providing spare nappies, wet wipes, disposable bags and a change of clothes
- understanding and agreeing the procedures to be followed during changing at school
- agreeing to inform school should the child have any marks/rash
- agreeing how often the child should be routinely changed if the child is in school for the day and who will do the changing
- agreeing to review the arrangements, in discussion with the school, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible.

The school:

- agreeing to change the child should they soil themselves or become wet
- agreeing how often the child should be routinely changed if the child is in school for the full day and who would be changing them
- agreeing a minimum number of changes
- agreeing to report to the Head Teacher should the child be distressed or if marks/ rashes are seen
- agreeing to review arrangements, in discussion with parents/ carers, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible
- discussing and taking the appropriate action to respect the cultural practices of the family

The process for the management of a child's personal care needs will need to be further clarified through a 'Personal Care Plan', Appendix D/E. For example, where the school has concerns about parental support, for children transferring to Reception or above who are not toilet trained and for children with SEN or disabilities.

In the very small number of cases where parents do not cooperate or where there are concerns that

- the child is regularly coming to school/nursery in very wet or very soiled nappies/clothes and
- there is evidence of excessive soreness that is not being treated
- the parents are not seeking or following advice

there should be discussions with the school's designated child protection officer about the appropriate action to take to safeguard the welfare of the child.

Note: Staff should take care (both verbally and in terms of their body language) to ensure that the child is never made to feel as if they are being a nuisance.

Should a child with complex continence needs be admitted, the child's medical practitioners will need to be closely involved and a separate, individual health care plan and toilet-management plan may be required.

Appendices

Appendix A: Procedure for Intimate Care

Appendix B: Record of Intimate Care

Appendix C: Procedure for Changing a Nappy/Soiled or Wet Pants (child lying down)

Appendix D: Personal Care Plan and Toileting management

Appendix E: Personal Care Plan – Regular Intimate Care

Appendix F: Permission for School to provide Intimate Care

Appendix G: Risk Assessment

Appendix H: First Aid Supply Checklist

Appendix I: Archived First Aid Books

Appendix J: Monitoring of Medical Boxes

Prudhoe Castle First School Procedure for Intimate Care – Appendix A

1. Should a child have “an accident” in school or need changing they are always treated respectfully and with dignity.
2. The EYFS toilet has changing facilities.
3. Spare clothes are kept in the classroom, further clothes are available in the Intervention Room.
4. For minor “accidents” the TA will accompany the child and support them to clean up and get fresh clothing. The TA will encourage the child to put wet clothes into a bag and put fresh clothes on. This must be recorded as a Record of Intimate Care – Appendix B.
5. For extreme soiling/wetting/vomiting the child will need to be cleaned up as soon as possible for their own wellbeing and comfort.
6. Headteacher should be informed and advise on appropriate action.
7. Parents/carers are contacted by TA and a verbal request to wash the child sought. There should be at least one other person to witness the call. This should be recorded and signed/dated/time recorded.
8. There is a variety of child friendly toiletries and toweling available.
9. There must always be 2 persons present – preferably 2 TA’s however the Headteacher or Office Staff will also support when required.
10. TA will set up the wash room to ensure the water temperature is correct.
11. Child will be supported to remove clothing and put it into a bag to be sent home.
12. Child encouraged and supported to wash themselves. TA’s will stand away from the direct eyeline of cleaning to preserve dignity.
13. Child will be wrapped in a towel for TA to support the child to dry correctly.
14. Fresh clothes provided.
15. If the child is unwell the child will be sent home as arranged in phone call
16. Incident will be recorded including date, time, child’s name and class, details of phone call TA’s present, short summary of action and outcome. This is stored in the folder in the office.
17. Parent/carer will be requested to sign the record.

Appendix C - Procedure for Changing Nappies

Procedure for Changing a Nappy/Soiled or Wet Pants (child lying down)

1. Consider whether the child can be changed in a toilet cubicle (standing up).
2. Wash your hands.
3. Assemble the equipment.
4. Place the infant/ child upon the changing mat/ table.
5. Put on gloves.
6. Remove wet/ soiled nappy/clothes.
7. Flush away faecal waste from undergarments and fold the nappy/clothes inwards to cover faecal material and place into designated covered bin. (Any clothes to be recovered at the end of the day and handed to the parent.)
8. Used wipes and gloves are to be disposed of in a bin with a disposable liner.
9. The bin should be emptied at least once a day and the liner replaced.
10. Once the child has been changed and returned safely to their class, clean the changing area with a detergent spray or soap and water.
11. Hands should be washed thoroughly whether gloves have been used or not.
12. Complete the record of intimate care sheet (Appendix B).

**Appendix D - Personal Care Plan
For children wearing nappies/pull ups in school**

Child's Name:	DOB:
Class:	Completed By:
Date of Plan:	Date to Review Plan:
Who will change the child?	
How will the child be changed? E.g. standing up in a toilet cubicle, lying down on a mat on the floor. (Copies of procedure for changing given to parent where available)	
Who will provide the resources? E.g. wipes, nappies, disposable gloves	
Parents will provide: Nappies Wipes Disposable bags Spare clothes	
How will the changing occasions be recorded if/how will this be communicated to the child's parent/carer? (Use Record of Intimate care. Parents must sign)	
How will wet/soiled clothes be dealt with?	
What will the member of staff do if the child is unduly distressed or if marks or injuries are noticed? (Consider referring to the school's child protection policy and procedures)	
Do a minimum number of changes need to be agreed?	
How will the child be encouraged to participate in the procedure?	
Any other comments/important information: e.g. medical information	

Toilet Management Plan	
Area of need	Equipment required
Support required	Frequency of support
Location of suitable toilet facilities	

Working towards Independence

Child will try to:	Staff will:	Target Achieved (date)

This plan has been discussed with me and I agree to change my child at the last possible moment before he/she comes to school, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.

Signed: _____

Date: _____

Parent/Carer's Full Name: _____

**Appendix E - Prudhoe Castle First School - Personal Care Plan
Children who need regular intimate care**

Child's Name:	DOB:
Class:	Completed by:
Date of Plan:	Date to Review Plan:
Who will support the child with their needs? E.g. Changing, washing etc	
How will the child be changed? E.g. standing up in a toilet cubicle, lying down on a mat on the floor. How will the child be showered if necessary?	
Who will provide the resources? E.g. wipes, nappies, disposable gloves Parents will provide: Nappies Wipes Disposable bags Spare clothes	
How will the changing occasions be recorded if/how will this be communicated to child's parent/carer?	
How will wet/soiled clothes be dealt with?	
What will the member of staff do if the child is unduly distressed or if marks or injuries are noticed? Consider referring to the school's child protection policy and procedures	
How will the child be encouraged to participate in the procedure?	
Any other comments/important information: e.g. medical information	

Intimate Care Management Plan	
Area of need	Equipment required
Support required	Frequency of support
Location of suitable toilet facilities	

Working towards Independence

Child will try to:	Staff will:	Target Achieved (date)

This plan has been discussed with me and I agree to provide the resources indicated above and encourage my child's participation in toileting procedures and independent health care at home as appropriate and where possible.

Signed: _____

Date: _____

Parent/Carer's Full Name: _____

Appendix F - Permission for School to Provide Intimate Care

Child's Full Name	
Male/Female	
Date of Birth	
Class Parent/Carer's Full Name	
Address	

I understand that:

- I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothes, washing and toileting.
- I will advise the Head teacher of any medical complaint my child may have which affects issues of intimate care.

Signed: _____

Full Name: _____

Relationship to the Child: _____

Date: _____

Appendix G - Risk Assessment for Providing Intimate Care

Child's Name:

Name of School:

Date of Risk Assessment:

	Yes	Notes
Does weight/size/shape of pupil present a risk?		
Does communication present a risk?		
Does comprehension present a risk?		
Is there a history of child protection concerns?		
Are there any medical considerations? Including pain/discomfort?		
Has there ever been allegations made by the child or family?		
Does moving and handling present a risk?		
Does behavior present a risk?		
Is staff capability a risk? (back injury/pregnancy)		
Are there any risks concerning individual capability (Pupil) <ul style="list-style-type: none"> ● General Fragility ● Fragile Bone ● Head Control ● Epilepsy ● Other 		
Are there any environmental risks? Heat/Cold		

If yes to any of the above complete a detailed personal care plan.

Date:

Signed:

Appendix H - First Aid Supply Check List

A basic first aid kit may contain:

- plasters, in a variety of different sizes and shapes
- small, medium and large sterile gauze dressings
- at least two sterile eye dressings
- triangular bandages
- crêpe rolled bandages
- disposable sterile gloves
- alcohol-free cleansing wipes
- thermometer, preferably digital
- Cold ice packs

It may also be useful to keep a basic first aid manual or instruction booklet with your first aid kit.

As a minimum our first aid kits will contain;

- 20 individually wrapped sterile plasters (of assorted sizes)
- two sterile eye pads
- four individually wrapped triangular sterile bandages
- two large, individually wrapped, sterile, unmedicated wound dressings
- six medium-sized, individually wrapped, sterile, unmedicated wound dressings
- at least three pairs of disposable gloves
- 2 cold packs

First Aid Box Checklist

Action	Completed	Date	Signed
I have checked the first aid book for entries to ensure they continue to be filled in as per regulations			
Topped up green bumped head notes.			
Ensured the bumped head script is in the front of all first aid books.			
Ensured the lists of pupils are up to date.			
I have checked the emergency inhalers meet requirements.			

Checked Current Stock Levels							
	Medical Area	KS1 First Aid Box	KS2 First Aid Box	Reception First Aid Box	Nursery First Aid Box	Main Hall First Aid Box	Travel BAG x 2
20 individually wrapped sterile plasters (of assorted sizes)							
two sterile eye pads							
four individually wrapped triangular sterile bandages							
two large, individually wrapped, sterile, unmedicated wound dressings							
six medium-sized, individually wrapped, sterile, unmedicated							

wound dressings							
at least three pairs of disposable gloves							
2 cold packs							
checked seals and use by dates on all stock and disposed of any opened / out of date items							
Med wipes, bags and tape							
ACTION	Completed	Date		Signed			
Check entries from travel first aid book have been entered into bound first aid book.							
Ordered items if required							
Further Action Taken							

Appendix I - Archived First Aid Books

Book Location	Date Started	Date Finished	Date Archived	Signed

Appendix J - Monitoring of Medical Boxes in the Classroom

This chart will be used to record monitoring of the medical boxes in classrooms.

These boxes should include:

- An up to date list of all children with medical needs
- Inhalers and the corresponding paperwork (permission from parents and the record of administration)
- Health care plans

Date:					
Class	List of Children	Inhalers and Permission Slips	Record of Administration of Inhalers	Health Care Plan	Additional Comments/ Actions
Nursery					
Reception					
KS1					
KS2					

Appendix K - Staff Roles and Responsibilities

Staff Member(s)	Roles and Responsibilities	Frequency
Rachael Maitland/ Lois Wilcock	Complete all Administration of Medication Forms with Parents.	As and when needed
	Complete all permission to use inhaler forms.	Beginning of the school year As and when needed
	Copy all Permission forms and give to class teachers	Beginning of the school year As and when needed
	Keep a record of all permission forms for inhalers and administration of medication in the main office.	Beginning of the school year As and when needed
	Update SIMS with all medical information.	Beginning of the school year As and when needed
	Print whole school lists of children and their medical needs on green paper.	Termly
	Check all classroom Medical boxes have the correct paperwork with Class TAs. Complete Appendix J.	Termly
Margaret Bell	Check all first aid supply boxes and top up with additional supplies. This should occur on 1st of every month. Complete Appendix H is completed and hand to Lois Wilcock. Let Rachael Maitland know if any supplies need to be ordered.	1st of every month
Lois Wilcock	Archive all First Aid Books. Keep a list of archived books using Appendix I.	As and when necessary
	Keep an up to date record of training and alert staff of training updates and requirements	Beginning of the school year As and when needed
	Update the first aid risk assessment	Annually
Rachael Maitland	Order Relevant First Aid Supplies	As and when needed
	Ensure relevant training is booked for staff.	Beginning of the school year As and when needed
Katie Newton	Ensure all relevant children have up to date Health Care Plans. Copies of Health Care Plans to be given to main office and class teachers. Add all Healthcare plans to CPOMS.	Beginning of the school year As and when needed
	Write any relevant risk assessments for children	As and when needed
	Update First Aid and Intimate Care Policy Update Administration of Medication Policy	Annually As and When necessary
	Monitor First Aid Procedures	Termly

