



**National  
Autistic  
Society**



**Vanguard  
School**

## **FIRST AID REPORTING POLICY**

<b>Version</b>	<b>Date</b>	<b>Distribution</b>
2.0	13 <sup>th</sup> May 2019	NASAT Vanguard Project Group

## 1 Introduction

This policy sets out the NAS Vanguard School approach to managing First Aid at school.

## 2 First Aid Box

The school office ensures that a first aid kit is kept on site at all times. Also, that this complies with relevant regulations. Its contents are checked fortnightly by a member of SLT and replenished, all checks and replenishments are documented on the list in the First Aid Box. The First Aid Box is kept out of the reach of children in the school office.

## 3 Training

The registered person (name:) will ensure that relevant staff have basic first aid training within a year of the start of contract and that there is at least one member of staff with a current first aid certificate on site at any time.

## 4 Emergency care

It is the decision of the senior staff member present at an incident to determine when emergency medical services should be called. Note that all head injuries require a child to be conveyed to the nearest Accident and Emergency department by ambulance, without exception. Parents will be contacted as fast as possible, usually by another staff member on a separate phone line. Our duty of care is at all times to an injured child and all the children present in school who must remain safe.

## 5 Parental permission

All parents are asked to give written permission, at the time of acceptance of the school's offer of a place, for their child to receive necessary emergency medical treatment and for professional advice to be sought and followed. Permissionary notes are kept in each child's file.

## 6 Administration of medicine

Staff are not generally authorised to administer medicines. Parents wishing their child to receive, for example antibiotics, should aim to give these before or after session hours. Where this is not possible administration will only be undertaken by a qualified first aider. Any such administrations will be noted in the Medicine Book in the First Aid Box.

Recording the following details is mandatory: name of child, name of staff member, date, time, medicine, dosage, expiry date as shown on container, parent signature or written permission authorisation present.

In the case of, for example, asthma, a child may need to use their inhaler under the supervision of a member of staff. Any such administrations will be noted in the Medicine Book in the First Aid Box. Consent from parents must be received before any such assistance can be given.

Medications brought into school will be kept by the staff clearly labelled and out of reach of the children in a repository in the school office.

## **7 Sickness**

We do not keep in school children who are showing symptoms of sickness. Particular illnesses have specified exclusion periods (see below) these will be communicated to parents and carers as part of information provided to families of new students.

A child or member of staff who has been unwell is required not to return until they have had no symptoms for at least 48hours.

Staff need to provide a self-certification form or a doctor's note.

If a child seems to be taken unwell during class sessions, they will be taken aside by a member of staff. Parents or other named contacts will be contacted and asked to collect their child. Special attention will be given to all hygiene issues with respect to the other children in attendance.

## **8 Allergies and Related Matters**

Staff will be informed of all relevant health issues regarding the children in their care and necessary precautions and trigger situations, these details are also requested on registration forms. Strict confidentiality will be maintained. Where appropriate, staff may meet with parents or health professionals prior to a child starting school. Lunchtime supervisors dispensing food and supervising children must be provided with names and photographs of children with details of all food allergies in order to minimise risk.

## 9 A well child

We consider a well child to be one that

- Has plenty of energy
- Has good and even colour in their skin tone
- Is happy
- Has a temperature within a normal range
- Has clear sparkly eyes with responsive iris and non-dilated pupils
- Has clear breathing passages and quiet breathing patterns
- Has no gastric symptoms
- Has no signs of prolonged dizziness or headache
- Has no persistent unexplained pain

## 10 Exclusion Periods

This is not an exhaustive list. It is provided to give a summary for specified ailments.

Athlete's foot – excluded for as long as symptoms show or allowed in with veruccae socks.

Bronchitis/Trachitis – excluded for duration of symptoms

Chickenpox – excluded until all spots have crusted over

Cold sores – no exclusion needed but extra care should be taken

Conjunctivitis – exclusion whilst the eye is secreting discharge or is sticky

Croup – exclusion whilst symptoms persist

Diarrhoea – exclude until 48hrs after symptoms have stopped

German Measles / Rubella – exclude for 5 days after the rash appears. It must be notified to health authority.

Head lice – exclude until treated by parents

Impetigo – exclude until sores are crusted over

Measles – exclude for 5 days after onset of rash, it is notifiable

Meningitis – exclude until GP allows return to school

Mumps – exclude for 5 days after onset, it is notifiable

Ringworm – no exclusion necessary but must be covered

Scabies – exclude until treated

Scarlet fever – exclude for 5 days after the start of treatment, it is notifiable

Slapped Cheek – contagious period is prior to symptoms so exclusion ineffective

Tonsillitis – exclude whilst symptoms persist

TB – take professional medical advice for the individual

Typhoid fever – until 3 negative stool samples have been given with at least a week between each and beginning at least 3 weeks after the completion of treatment.

Vomiting – exclude till at least 48hrs after symptoms stop

Whooping cough – exclude for 3 weeks after onset of cough

For further information consult NHS direct.

## **11 Review**

This policy will be reviewed annually by Governors.