

First Aid Policy Statement

Rationale

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend to emergency first aid provision, the administration of medicines to dealing with Asthma and headlice.

Purpose

This policy;

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
2. Clearly defines the responsibilities and the staff
3. Enables staff to see where their responsibilities end
4. Ensures the safe use and storage of medicines in the school
5. Ensures the safe administration of medicines in the school
6. Ensures good first aid cover is available in the school and on visits

Guidelines

This policy is regularly reviewed and updated. This policy has safety as its priority. Safety for the children and adults receiving first aid or medicines and safety for the adults who administer first aid or medicines.

Conclusion

The administration and organisation of first aid and medicines provision is taken very seriously at Gillibrand Primary School. There are annual procedures that check on the safety and systems that are in place in this policy. The school takes part in the Health and Safety checks by Lancashire County Council. The school also discusses its first aid and medicines procedures with the school nurse when necessary and adjustments are made immediately if required.

First Aid Policy Guidelines

First aid in school

Training

All staff are offered emergency first aid training and all staff undertake a rolling program of retraining.

First aid kits

First aid kits are stored in the red cupboard outside the staffroom, in the Reception Classroom and the Junior Area. Small emergency first aid kits are available for use out of school visits.

Cuts

All adult can 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 will be given an alternative dressing.

Minor cuts should be recorded in the accident file and parents informed.

ANYONE TREATING AN OPEN CUT SHOULD USE PROTECTIVE GLOVES. All blood waste is disposed of in the clinical waste bin, located in the Junior Area and outside the Staffroom.

Bumped heads

Any bump to the head, no matter how minor is treated as important. All bumped heads should be treated with an ice pack. Parents and guardians must be informed. A copy of the record of the incident is sent home and children are given a sticker to wear to alert parents. Parents are informed by phone if the incident is considered to be serious. The child's teacher should be informed and keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in the accident file.

Accident file

An accident book is located in the red cupboard outside the staffroom; it has a carbon copy which is sent to parents. If a child has a bump to the head advice for parents on head injuries is attached. Old accident books are stored in the cupboard.

For major accidents, an HS1 and RIDDOR form must be completed as soon as possible after the accident. These are available on the school portal and within the first aid folder on the shared file.

Calling the emergency services

In the case of major accidents, it is the decision of the first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must,

- 1. State 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 the staff, should wait by the school gate and guide the emergency vehicle into the school. If the casualty is a child, their parents 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 clearly located in the school office.

Medicines in School

What can be administered?

There are many times when children recovering from a short-term illness are well enough to return to school whilst still receiving medication. Where this is necessary, we ask that the medicine/tablets be given at home. In many instances the dosage is such that could be conveniently administered immediately before and after school. A responsible adult (over 18 years old) is welcome to come into school to administer any medicines at any time.

School prefers not to administer any routine medications, and with the exception of medications such as inhalers, **no children should bring medication to self-medicate**. Individual medication cases should always be discussed with the school.

The school can administer regular medication in line with the directions of a care plan produced by the school nurse team at the health centre. Parents/carers of children with long-standing medical conditions (e.g. diabetes, epilepsy,) should contact the school for clarification of the schools', "administration of medication policy."

Creams

Non-cosmetic, medicated creams can be applied in school for skin conditions. Staff will supervise pupils applying creams; however staff must not rub cream onto a child's body unless agreed with the parents. With agreement, application of these creams will be made under the observation of another adult.

Where medicine is stored

No medicines should be kept in the class or in the child's possession (except inhalers). Any medicines stored in school are kept in a locked container in a locked cupboard in the HT's Office. Epipens are clearly labelled and stored on top of the cupboard in the HT's Office. Any administration of medicines must be witnessed by an additional adult.

Administration of medicines file

When regular medication is required on administration a signing record sheet will be completed for individual pupils. Before administering medicines, staff should read this dates entry section of the record to check that the medicine has not already been administered.

Asthma and other medical problems

At the beginning of each academic year, any medical problems are shared with staff and a list of these children and their conditions is kept in the class register. New photographs and signs are made of children with severe medical problems and these are displayed in the staff room, Headteacher's Office and Kitchen.

Epipens and anaphylaxis shock training

Some children require epipens to treat the symptoms of anaphylaxis shock. Epipens are all kept securely but accessible in the HT's Office. Staff receive regular training on the use of epipens/jext pens.

Inhalers

Children have their inhalers with them at all times. Children are expected to take their inhalers with them whenever they do rigorous activity. Children keep their inhalers in their trays.

Asthma sufferers should share inhalers in emergencies only.

In the event of a child having an asthma attack, who has no inhaler, the parents must be sought quickly by phone to give permission for the administration of someone else's inhaler. If parents cannot be located, then the emergency services will be contacted and another child's relief inhaler (usually blue) can be administered.

Headlice

Staff do not touch children and examine them for headlice. If school suspects a child has headlice parents are informed and school requests that they are treated as soon as possible. When school is informed of a case of headlice, a standard letter is sent to the class where the case has been identified.

Vomiting and diarrhoea

If a child or adult vomits or has diarrhoea in school, they will be sent home immediately. Children and adults with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

Residential and out of school visits

The school will make every effort to continue the administration of medication to a pupil whilst on visits away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to manage an individual pupil's condition safely and this will feature as part of the risk assessment.

Reviewed: February 2015