

FIRS PRIMARY SCHOOL



First Aid and Medication Policy

Responsibility: Headteacher

Last reviewed on:	November 2018
Next review due by:	November 2019

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What is first aid?

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

First aid and medication

At least one member of staff with current first aid training is on the premises at any one time. The first aid qualification includes first aid training for infants and young children.

The emergency first aiders with valid certificates in school are:

- Tracie Chapman
- Elizabeth Chapman

Our First Aid Kits:

- Are regularly checked. Class teachers and support staff are responsible for maintaining the kits in their individual rooms. Senior midday supervisors are responsible for the resourcing of their lunch time bags. The first aid room hosts a first aid kit which is regularly checked and restocked by the first aid team on rotation. Nursery takes care of the second kit, which is maintained by lead first aid staff. The 2-year-old provision contains the third kit, which is updated regularly by Hannah David. The remaining two are located in the PE hall and multi-purpose room. These are checked and restocked at the end of every half term by lead first aid staff.
- Are re-stocked as necessary;
- Are easily accessible to adults; and
- Are kept out of the reach of children.

Our accident books:

- Are kept safely and accessibly. The school office has its own book for accidents that happen at any time. ALL **serious** accidents must be recorded in the office book, on the same day.
- All staff and volunteers know where they are kept and how to complete them; and
- Are reviewed at least half termly to identify any potential or actual hazards.

Our accident books keep a record of any first-aid treatment given by first aiders and other members of staff. These accident books **MUST** be written in pen, completed on the same day of the incident, and include:

- The date, time and place of the incident.
- The name of the injured or ill person.
- Details of the injury or illness and first-aid given.
- What happened to the person immediately afterwards (for example, whether they went home, went back to class, or went to hospital).

The information in the accident books can:

- Help the school identify accident trends and possible areas for improvement in the control of health and safety risks;
- Be used for reference in future first-aid need assessments;
- Be helpful for insurance and investigative purposes.

Ofsted requirement to notify parents and the Data Protection Act

Parents must be informed of any accidents, injuries sustained and/or first aid treatment given to their child whilst in school; parents can view the accident record and sign to say they have seen it.

Staff must be aware of the Data Protection Act and GDPR and not allow parents to view personal information other than that relating to their child and must not allow parents to take notes, photographs or obtain a copy of the accident record.

Administration of medication

- Only prescribed medication may be administered. It must be in-date and prescribed for the current condition.
- Children taking prescribed medication must be well enough to attend the school.
- Children's prescribed drugs are stored in their original containers, in the school office, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. This states the name of the child, name/s of parent(s), date, the name of the medication, the dose and time, or how and when the medication is to be administered. **Parents should administer medication before school so that staff only gives one dosage during the school day.**
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health care professional.

Short term prescriptions

Medications such as the short term use of antibiotics or painkillers can be administered only if the parent /guardian fill out the 'Parental consent form for administering medicine' form on the day the request is made. The form can be obtained from the school office... Parents need to give the completed form to the school office together with the medication. The office is to notify the person responsible for medicine who will pass the medication on to relevant class room staff and will discuss further action. A completed copy of the 'Parental consent form for administering medicine' form must be kept in the First Aid and Medicine file. However, staff should encourage parents to administer medicine at home. Medication may be administered in school if it is required to be taken four (4) times a day. Only medication prescribed by a GP, Hospital or Pharmacy and clearly labelled with the child's name, address and required dosage can be administered in school. Non-prescription medication or creams and lotions should not be administered in school.

If a child refuses to take a medicine, staff should not force them to do so. Instead should note this in records and inform parents/ carers or follow agreed procedures or the Care Plan.

Record keeping - Medicine

Staff should record any instances when medicine is administered. The records need to include, date and time of medicine administered, its name and the dose given, signed by the person responsible for administering the medicine.

Sickness

Our policy for the exclusion of ill or infectious children is discussed with parents. This includes procedures for contacting parents – or other authorised adults – if a child becomes ill while in the school.

- We do not provide care for children, who are unwell, e.g. have a temperature, or sickness and diarrhoea, or who have an infectious disease.
- Children with head lice are not excluded, but must be treated to remedy the condition.
- Parents are notified if there is a case of head lice in the school.
- Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times by the School Site Manager and the Emergency First Aiders.

Treatment of head injuries to children

- Children often fall and bang themselves, and thankfully most bangs to the head are harmless events and can be dealt with by the supervising adult. Parents/Carers must be contacted if the child has a visible or grazed bump to the head. All head bumps must be recorded into the accident book and a letter sent home informing parents of possible symptoms to look out for. It is the responsibility of the first aider dealing with the head bump to inform the class teacher who must then relay the information back to the parent.

Under no circumstances, should ICE PACKS be applied to head injuries (not bumps). It will reduce swelling but it can actually do more harm if there is a hairline fracture this could result in the child needing additional emergency hospital treatment.

Emergency First Aiders should be sought if the child:

- becomes unconscious;
- is vomiting or shows signs of drowsiness;
- has a persistent headache;
- complains of blurred or double vision;
- is bleeding from the nose or ear; and/or
- has pale yellow fluid from the nose or ear.

If any of the above symptoms occurs in a child who has had a bang to the head, **urgent medical attention is needed.** Parents should be contacted and the emergency service too.

In the event of an accident in which the child cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so and the emergency first aider must be called immediately to assess the situation.

Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a cleansing wipe.

Any adult can treat severe cuts, however, a fully trained first-aider must attend the patient to give advice. Minor cuts should be recorded in the accident file. Severe cuts should be recorded in the accident file and parents informed by phone call. A major incident form need to be filled out by the person dealing with the injury and given to the parents if a child has been sent to A&E by the school. Major injuries need to be reported to the appointed person.

ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES.

Disposing of blood

Blooded items should be placed in the yellow clinical waste bags and disposed of in the sanitary bin in the female staff toilets.

Splinters

Splinters can be removed if they are small and you can see the angle it went in but not if they are embedded or in a joint.

ICE PACKS

Instant ice packs are single-use only and for the treatment of sprains, strains and bruises and must be kept out of children's reach.

Guidance on the use of ice packs: Ideally an ice pack should be applied within 5 -10 minutes of the injury occurring, the pack must be wrapped in a cloth to prevent cold burns and applied to the injured area.

Precautions when using ice and heat

DO NOT USE ICE OR HEAT

- If the casualty is diabetic
- Over areas of skin that are in poor condition
- Over areas of skin with poor sensation to heat or cold
- Areas with known poor circulation
- In the presence of visible or know infection(s)

Asthma

We have many children at Firs Primary School with Asthma. All pumps are labelled and kept in the classrooms except for nursery children who store theirs in the nursery. In the event of an attack, the inhaler must be taken to the child. All inhalers should accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc. An emergency inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty).

ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK

Epi-Pens

All Epi-Pens are labelled and kept in the classroom; nursery children who store theirs in the nursery.

Anyone can administer an Epi-Pen in an emergency if the adult/child is unable to do it themselves. Staff should have training from a healthcare professional but if this is not the case then the emergency services must be informed at the same time as the Epi-Pen is administered.

Calling the Emergency services

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

The Headteacher or Deputy Headteacher should be informed if such a decision has been made even if the accident happened on a school trip or on school journey.

If the casualty is a child their parents/ guardians 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 available from the school office.

Office staff to print out the information of the child and emergency contact details.

Headlice

Staff do not touch children and examine them for headlice. If we suspect a child or children have headlice we will have to inform parents/carers. A standard letter should be sent home with all the children in that class where the suspected headlice incidence is. If we have concerns over headlice the school nurse can be called in, who is able to examine children and also give advice and guidance to parents/carers on how best to treat headlice.

Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox, measles etc.; we will look at the child's arms or legs. Chest and back will only be looked at if we are further concerned. We should call a First Aider and two adults should be present. The child should always be asked if it is ok to look.

For the inspection of other rashes the same procedure should be followed. If we suspect the rash to be contagious (such as scabies, impetigo, conjunctivitis, etc.) we need to inform parents and request that children are treated before returned to school. In most cases once treatment has begun it is safe for children to return to school. If more than one child is suspected to have the same disease/rash in one class a letter should be sent home to all parents in that class, to inform them as to allow them to spot problems early and began treatment early, thus avoid the further spread of disease/rash.

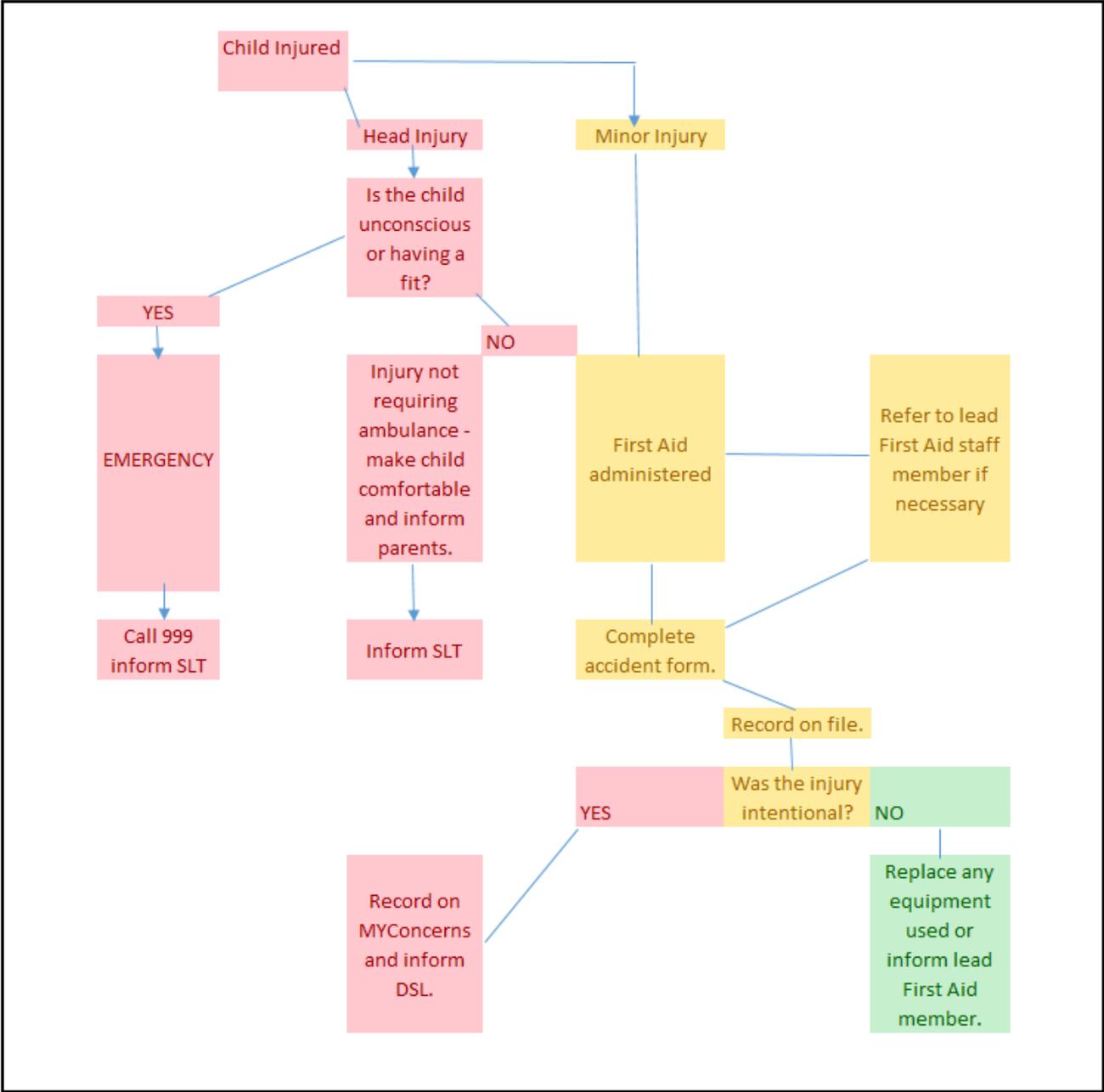
It is the HeadTeachers duty to decide if there is an outbreak of infectious disease and whether there is a need to report it to the local HPU (Health Protection Unit).

Appendix 1
Standard 20 First Aid Box
Audit and Replacement form

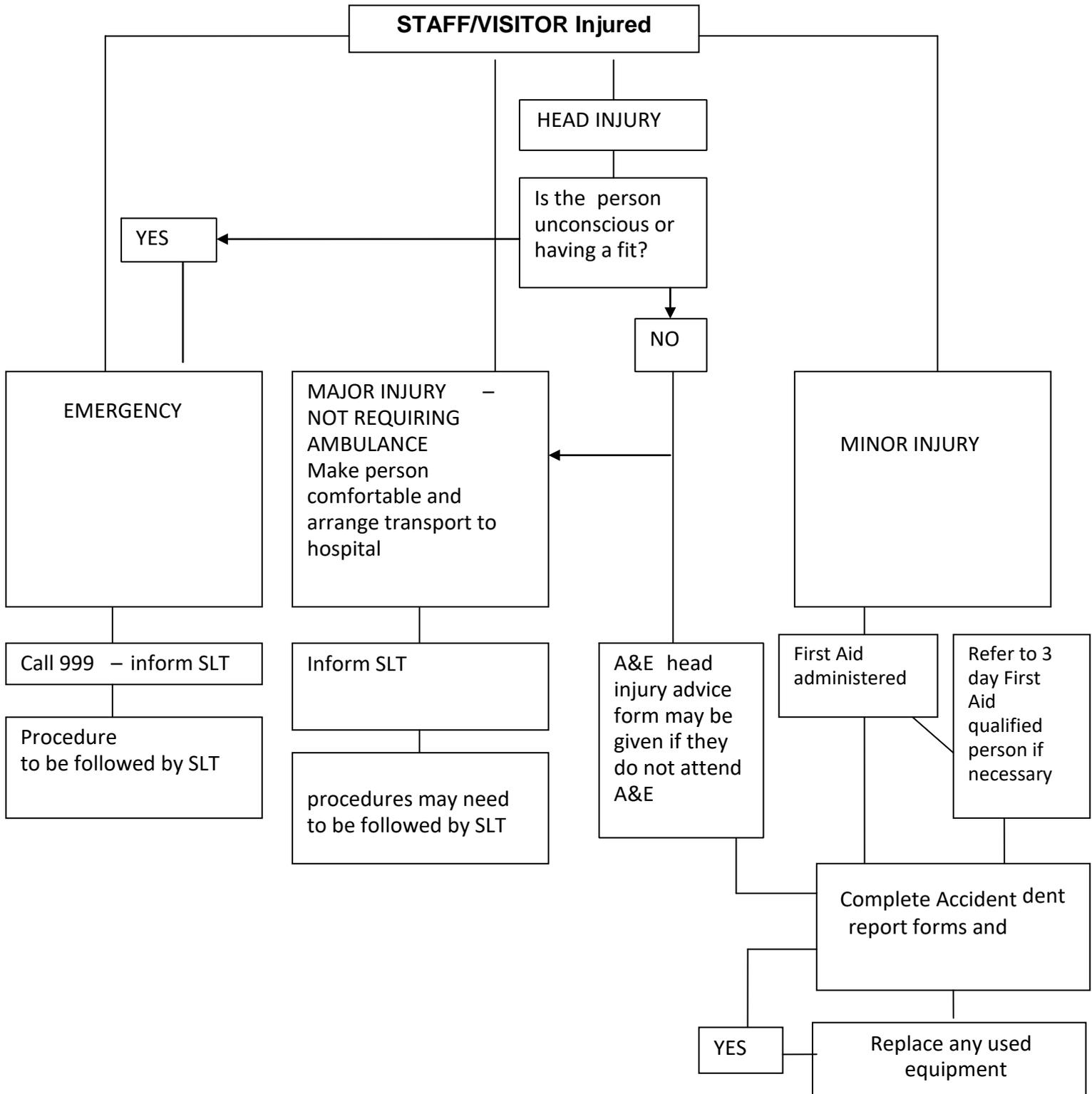
Location of Box:.....

Contents	Date Audited	Items Required Number?	Date ordered	Date Replaced
1 Guidance Card				
12 Safety Pins				
3 HSE 18cm Dressings				
9 HSE 12cm Dressings				
40 Sterile Adhesive Plasters*				
6 Triangular Bandages				
10 Moist Cleaning Wipes				
2 Disposable Gloves (prs)				
4 Eye Pad Dressings				
2 Face Resuscitation Masks				
+ for Food Tech				
40 Blue Plasters*				

Appendix 2 flowchart for injury



Appendix 3



Appendix 4 – Emergency Procedures for Asthma Attacks

EMERGENCY PROCEDURE FOR ASTHMA ATTACKS

- Send for lead first aider.
- ALL staff should be aware of the emergency procedures for use in severe attacks or when initial reliever treatment has not improved the situation.

If the pupil is:

- Unable to speak.
- Lips/fingers appear blue.
- Pulse >140/min.
- Breaths > 50/min.
- Wheezing/breathless
- Exhausted/confused

SEEK EMERGENCY MEDICAL ASSISTANCE IMMEDIATELY – **DIAL 999.**

THEN:

- Do not move the child
- Get the child to sit upright.
- Calm and reassure.
- Give 10 puffs of reliever [BLUE] inhaler via spacer.
- Repeat after 5 minutes if no improvement occurs, and continue until ambulance arrives.

Reliever inhalers sited in Pastoral Support office together with the Register of asthmatics if applicable



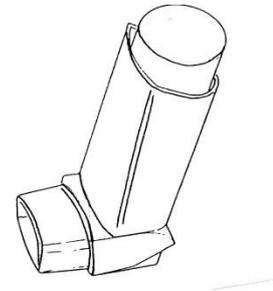
EMERGENCY INHALER PROTOCOL

PREVENTER INHALER:

- * Usually coloured brown
- * Prevent narrowing of airways
- * These are not useful once an attack has started but may be prescribed for use before potentially high risk activities
- * Usually taken regularly twice daily or as prescribed, by asthmatic students: kept in medical cupboards where students are resident

RELIEVER INHALERS:

- * Usually coloured blue.
- * Should be easily accessible **AT ALL TIMES**.
- * Standard dose TWO PUFFS, but dose may be increased in cases of asthma attack with no ill effects.



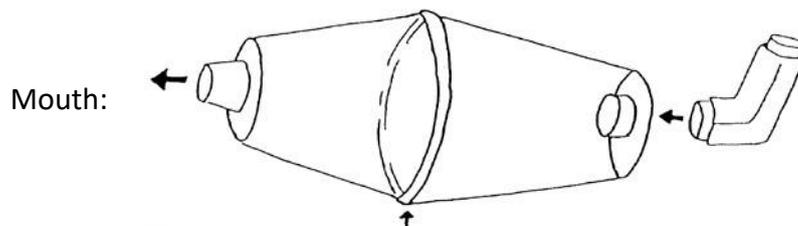
METERED DOSE INHALER:

USE:

1. Remove cap and shake inhaler
2. Breathe out gently
3. Put mouthpiece in mouth at start of attack, breath in, which should be slow and deep
4. Press down the canister and continue to breathe deeply
5. Hold breath for about 10 seconds
6. Repeat stages 2-4 after 30 seconds

METERED DOSE INHALER WITH SPACER:

More effective in asthma attacks as more of the drug is inhaled even if the student is extremely breathless and distressed.





Spacer fits together here:

- 1 Fit two parts of spacer together
- 2 Remove cap and shake inhaler
- 3 Insert inhaler into spacer
- 4 Put spacer mouthpiece in mouth
- 5 Press canister once
- 6 Take a slow deep breath then remove spacer from mouth and hold breath for 10 seconds
- 7 Repeat stages 3 - 6



Appendix 5– Emergency Planning

Emergency Planning

Request for an Ambulance to School site

Dial 999, ask for ambulance and be ready with the following information

1. Telephone number – 0121 464 3792
2. Location:

Firs Primary School
Dreghorn Road
Castle Bromwich
B36 8LL
3. Give more detailed description of location if required
4. Give your name
5. Give brief description of student's symptoms
6. Inform ambulance control that they will be met on arrival at site and taken to... state where
7. The Key for the main gate is kept in the DHT office and a spare in the Reception Office.



Appendix 6 Diabetic Emergency

The best way to prevent diabetic emergencies is to effectively manage the disease through making health food choices, exercise and frequently checking blood glucose levels.

Diabetics may experience life-threatening emergencies from too much or too little insulin in their bodies. Too much insulin can cause a low sugar level (hypoglycemia), which can lead to insulin shock. Not enough insulin can cause a high level of sugar (hyperglycemia), which can cause a diabetic coma. Symptoms of insulin shock include:



- Weakness, drowsiness
- Rapid pulse
- Fast breathing
- Pale, sweaty skin
- Headache, trembling
- Odorless breath
- Numbness in hands or feet
- Hunger

Symptoms of diabetic coma include:

- Weak and rapid pulse
- Nausea
- Deep, sighing breaths
- Unsteady gait
- Confusion
- Flushed, warm, dry skin
- Odour of nail polish or sweet apple • Drowsiness, gradual loss of consciousness



First aid for both conditions is the same:

- If the person is unconscious or unresponsive, call 999 or your local emergency number immediately.
- If an unconscious person exhibits life-threatening conditions, place the person horizontally on a flat surface, check breathing, pulse and circulation, and administer CPR while waiting for professional medical assistance
- If the person is conscious, alert and can assess the situation, assist him or her with getting sugar or necessary prescription medication.
- If the person appears confused or disoriented, give him or her something to eat or drink and seek immediate medical assistance.