



BARTONS PRIMARY SCHOOL **FIRST AID POLICY**

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The Governing Body of Bartons Primary School has a responsibility to ensure a healthy and safe working environment for all. This policy was developed through consultations with staff and Governors.

This policy should be read in conjunction with:
WSCC Health & Safety Manual for Educational Establishments, Health and Safety Policy, Policy for Offsite Education & Visits, Security Policy

AIMS / STATEMENT OF INTENT

Children and adults in our care need good quality first aid provision. Clear and agreed systems in our school will ensure that all are given the same level of care, attention and understanding.

This policy;

- Gives clear structures and guidelines to all staff regarding all first aid and medicines
- Clearly defines responsibilities
- Ensures the safe use and storage of medicines in the school
- Ensures the safe administration of medicines in the school
- Ensures good first aid cover is available in the school and on visits

New staff to the school are given a copy of this policy when they are appointed. This policy has safety, for the children and adults receiving first aid and for the adults who administer first aid or medicines, as its priority.

PROCEDURES

Training

The Bursar, four Teaching Assistants and one Midday Meals Supervisor are fully trained first aiders. With six fully trained first aiders, there should always be one on the school premises at any one time. All first aiders attend retraining courses as required. The trained Teaching Assistants ensure that first aid resources are maintained and adequately stocked including letters to parents.

First aid kits

Midday Supervisors are issued with first aid kits and have these with them in the playgrounds at lunchtime. Additional first aid kits are stored in the medical room.

Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated. 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. Any first aider can treat more severe cuts, but a fully trained first aider must attend the patient to give advice. All cuts should be recorded in the accident file and parents informed.

ANYONE TREATING AN OPEN CUT SHOULD WEAR GLOVES. All blood waste is disposed of in a plastic bag and sealed before placing in the bin.

Bumped heads

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and guardians must be informed by telephone if there is concern over the seriousness of the injury. The child's teacher should be informed and will keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in the accident file and a form filled in for the child to take home. Parents are also given a leaflet with advice about head injuries with a green, amber and red coding system.

Accident file

The accident files are located at the back of the hall (for the playground) and in the Key Stage 1 resource area.

For major accidents an on-line form must be completed and sent to the local authority. The Headteacher then subsequently receives an email for comments about reviewing the accident and any remedial action taken.

Calling the emergency services

In the case of major accidents, 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.

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 administration staff OR another member of staff, should wait at the front of the school and guide the emergency vehicle into the school.

If the casualty is a child, 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 located in the school office.

Medicines

No medicines should be kept in the classroom or in the child's possession. All medicines are kept in the fridge in the Medical Room or the locked cupboard in the Medical Room. Administration of medicines takes place in the Medical Room.
(Also refer to Administration of Medicines – Appendix 1)

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 compiled and displayed on the back of the cupboard doors in each classroom. New photographs and signs are made for children with severe medical problems such as asthma. These signs and notices are displayed in the staffroom. Further information is kept inside the cupboard in the Medical Room.
(Also refer to Appendix 2).

For children with other specific conditions eg. diabetes the school liaises with specialist services.

Epi-pens and anaphylaxis shock training

Some children require epi-pens to treat the symptoms of anaphylactic shock. Epi-pens are kept in the child's classroom in a cupboard out of reach of the children and moved to the hall at lunchtimes for easy access. Staff receive regular training on the use of epi-pens. Children who require these epi-pens are listed as above.

Inhalers

Inhalers are kept in the Medical Room in the locked cupboard and administered there when required and a record kept. Children must be able to have immediate access to their inhalers at all times.

OTHER ASTHMA SUFFERERS CANNOT SHARE INHALERS.

However, 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 they would give permission for the sharing of the inhaler.

Headlice

Staff do not touch children and examine them for headlice. If we suspect a child has headlice we will inform parents and ask them to check their child's hair. When we are informed of a case of headlice in school we send a standard letter to the class where the case has been identified.

Vomiting and diarrhoea

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions should stay away from school until 48 hours after the last symptom has elapsed.

Chicken pox and other diseases, rashes

If a child has any of these infections they will need to stay away from school for a prescribed period of time. The Headteacher or school office will advise parents of the timescales according to the advice from the local health authority.

Sending children home

If a pupil is unwell and needs to be sent home then the first aider should check with the class teacher or Headteacher, contact the parents and then ensure that the pupil is ready to be collected with all belongings at the front entrance to school.

Rights Respecting Schools

Article 24: Children have the right to good quality health care and information to help keep them healthy.

ADMINISTRATION OF MEDICINES

Appendix 1

At Bartons it is our policy to work in partnership with parents when considering the health and welfare of our pupils. Whilst we recognise that it is the responsibility of the parents to administer to their children, the school is willing to help in this procedure subject to the following guidelines.

It is expected that parents will inform the school in writing of any health matters which exist or have existed that may affect the child's performance or development.

Medicines should only be bought to school when essential, that is where it would be detrimental to the child's health if the medicine is not administered during the school day. Administration of medicines is undertaken in loco parentis and will only be undertaken if the following procedure is carried out:

- All medicines to be administered in school MUST be accompanied by a written request. These will be kept in a file in the Medical Room.
- We will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration e.g. dosage instructions & exact time of day for dosage
- We will only administer medicines that are prescribed 4 times daily.
- Spoons/measures must accompany the medicines.

No medicine will be given out if the parent has not given written permission for its administration.

Children should not carry medicine to and from school. Medicines should be handed into the school office by the parent with instructions for administration.

Medicines at lunch time or other times of the day will be administered by the designated first aiders. Records will be kept and updated every time medicine is given to a child, this will include dosage, time and the signature of the administrator.

If a child refuses to take medicine, staff will not force them to do so, but should note this in the record and inform the parents on the same day.

Guidelines for specific children with chronic illnesses or disability will be kept in a prominent place in the classroom (for supply teachers) and in the Medical Room.

ASTHMA POLICY

Appendix 2

At Bartons we encourage a positive approach to asthma. Children with asthma will be helped to manage their treatment in order to minimise its effect on their lifestyle and education.

All school staff should be periodically briefed on the procedure for dealing with asthma and asthma attacks.

An up-to-date register of children with asthma will be kept in the cupboard in the medical room. Class teachers will be informed about children in their class who have asthma.

Inhalers

All inhalers must be clearly labelled with the child's name. All inhalers will be kept in the cupboard in the medical room. Teachers should ensure that children use their inhalers before taking part in PE lessons, if necessary.

Educational Visits

All teachers should make sure that the group leader or helper on visits is aware of the children who have asthma and that they have the inhaler with them so that it is available for administration.

Guidance on Asthma Attacks

Common Trigger Factors

- Grass, pollen, mould spores
- Smoking, smoky atmosphere, chemicals
- Caged animals or animal fur
- Exercise, particularly in cold, damp air
- Coughs, colds, throat infections
- House dust, house mites, dusty atmosphere

During an asthma attack:

- let the child sit in a position in which breathing is eased – usually sitting, leaning forward with arms on the table
- encourage the child to relax and breathe steadily
- allow or help the child to take a puff from his/her inhaler whilst breathing in
- repeat after one minute (the first puff will allow some opening of the passages and allow the second puff to reach well into the lungs)
- if the child remains so breathless that there is difficulty in talking, blueness around the mouth or drowsiness then further help should be sought – call for an ambulance, if necessary

Calling an ambulance in an emergency

Call for an ambulance if:

- no relief with treatment is obtained within 5 minutes
- the child is distressed unable to talk or blue
- the child is getting exhausted
- there are any doubts about the child's condition.