



# Cropredy C of E Primary School

## First Aid Policy

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## **CROPREDY CE PRIMARY SCHOOL**

### **FIRST AID POLICY Including Medicines, Asthma and Headlice**

#### **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**

New staff to the school are given a copy of this policy when they are appointed. This policy is updated every two years. 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.

#### **First aid in school**

The school reception area/school hall (for lunchtimes) is used for treating children and they should not be left there unattended.

#### **Training**

All staff are offered emergency first aid training.

The following members of staff have current emergency first aid certificates:

Emergency First Aid at Work:

- Holly Sabin
- Mandy Jakeman
- Emma Brown
- Rachel Currie
- Toni Tritton
- Rachel Hingley
- Debbie Jeffries
- Andy Watt

The following members of staff have a current 12 hour paediatric first aid training certificate:

- Mandy Jakeman
- Toni Tritton
- Holly Sabin
- Andy Watt

Emergency First at Work: Mr Philip Goldsworthy

### **First Aid kits**

Emergency first aid kits are stored in medical bags in every classroom. There are also first aid kits in the school hall and library. It is the responsibility of the nominated first aider to ensure the first aid boxes are restocked.

### **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. Parents/carers are informed by way of a pro-forma that this course of action has been taken. Cuts need to be recorded in the accident book. Anyone treating an open cut should use rubber gloves. All blood waste is disposed of in the yellow clinical waste bin, located in the disabled toilet.

### **Bumped heads**

Any bump to the head, no matter how minor, is treated as serious. All bumped heads should be treated with a cold compress and a 'bumped head sticker' and a letter home are issued. Parents will also receive a text message regarding a headbump, on each occasion). 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 book.

### **Bruises, sprains**

If a cold compress or ice is applied to any bruise, sprain, etc. a note is sent home.

### **Nose bleeds**

These are timed and a note is sent home.

### **Accident book**

Each class has a first aid book, to record incidents arising within the classroom and at breaktimes. Old accident books are stored in the archive cupboard.

### **Major accidents**

An accident report form AR1 must be completed within 24 hours of the accident. These forms are located in the school office. These forms need to be signed by the Headteacher and logged centrally with Health and Safety accident reporting, a copy is filed in the Accident Report file in the school office. In the event of the injured person being sent/taken to the hospital, the Health and Safety Executive must be informed via telephone.

### **Calling the emergency services**

In the case of major incidents, it is the decision of a first aider or senior member of staff if the emergency services are to be called.

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 staff should wait by the school gate on Station Road 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 are in the blue folder in the cupboard in the school office and staff contact numbers are in the yellow folder in the cupboard in the school office.

## **Medicines in School**

### ***What can be administered?***

In school the nominated person will administer medicines such as antibiotics, anti-histamine, cough mixture, throat lozenge and paracetamol. All medicines must be clearly labelled with the child's name and class and should be stored in the school office or Resources Room fridge.

### ***Creams***

Pupils can administer their own cream (i.e. for eczema), but must do so in the presence of an adult. The cream will be clearly named, administration of medicine form completed by parents and is stored in the school office.

### ***Parental permission***

Medicines will not be administered unless we have the written permission of parents. Medicines forms are available from the school office.

In the event of a child coming into school with medicines without a permission slip, we will attempt to gain consent for administration over the telephone. If we are unable to contact parents this way then the medicine will not be administered.

### ***Where medicine is stored***

No medicines should be kept in the class, or in the child's possession (except inhalers in the teachers draw). All medicines are kept in the school office or in the Resources Room fridge. Administration of medicines will take place in the school office or in classrooms. Signature forms are completed for all medicine administered to children.

### ***Administration of medicines file***

All medicine permission slips are placed in a file in the school office.

### ***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 staffroom. New photographs and signs are made of children with severe medical problems. These signs and photographs are displayed:

1. In the school office

### ***Epipens and anaphylactic shock training***

Some children may require epipens to treat the symptoms of anaphylactic shock. Epipens are all kept in the child's classroom or local to where the child is. Staff receive regular training on the use of epipens.

### ***Diabetes***

Insulin injection pens, blood-glucose testing equipment and snacks are kept in a marked bag in the affected child's classroom cupboard. Staff who are trained in the use of insulin injection pens are:

Phil Goldsworthy  
Sandra Lushey  
Andy Watt

### ***Asthma***

A register of children with asthma is kept in the school office and in classroom log files. The nominated first aider will update this every September and notify teachers of children with asthma in their class. Parents of children with an inhaler at school should be asked to fill in an asthma form, which will be kept by the class teacher. All inhalers should be marked with the child's name.

Children should only have blue (reliever) inhalers in school. Preventer inhalers are usually brown, but can be orange, red or white. These should be kept and administered at home, as they need to be taken regularly every day, usually morning and evening. Their effect builds up over time and protects the lining of the airway. This needs careful administration and is best monitored by the parent/carer. If they are needed in school the parent/carer should sign a separate asthma card and seek permission to administer from the Headteacher.

### ***Location of inhalers***

Inhalers are kept in first aid bags in classrooms. The child will administer the inhaler him/herself, with adult supervision.

Inhalers should always be taken any time children go off site, e.g. church, school trips, away sporting fixtures or cycle training. Children in KS2 should take their inhalers to the swimming pool and leave them by the side of the pool. Parents need to ensure that inhalers are marked with the child's name and the name of the school. It is the teacher's responsibility to remind children of this.

If a child accidentally uses another child's inhaler this should not affect them and is not considered serious, however, parents/carers should be informed by way of a pro-forma kept with the asthma list in the school office.

If a child sprays an inhaler into a child's eyes a first aider must wash the eyes with cold water and then contact the parents/carers.

### ***Headlice***

When we are informed of a case of headlice in school, we send an e-mail home 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 will not be accepted back into school until 48-hours after the last episode.

### ***Chicken pox and other diseases, rashes***

If a child is suspected of having chicken pox etc., we will look at their arms or legs. We would only look at a child's back or chest if we were concerned about infection to other children. In this case another adult would be present and we would obtain the child's consent.

If a child has any infection he/she will need to stay off school for a prescribed period of time. The Headteacher, or school office will give advice regarding timescales. An e-mail will be sent home to parents of the Key Stage that the child is in.

### **Healthcare Plans**

Some pupils with medical needs may require an individual 'Healthcare Plan' to support his/her needs. These plans will include instructions on to how to manage the child in an emergency. The class teacher will be responsible for drawing this up with the support of parents and other health care professionals, if necessary. This will be reviewed annually, but more frequently for some plans, depending on the nature of the child's particular needs.

### **Emergency Procedures**

Risk assessments/emergency evacuation procedures must be in place for pupils with severe medical needs. All staff will follow the correct procedure for calling an ambulance (see page 2 of policy). A member of staff will always accompany a child taken to hospital by ambulance and will stay until his/her parent arrives. Staff should never take a child to hospital in their own car unless the parents have given consent. If this is the case, there should always be two adults in the car. Health professionals are responsible for medical treatment when parents are not available.

### **Educational Visits**

The school will consider what reasonable adjustments might be made to enable pupils with medical needs to participate fully and safely in visits. This could include an individual risk assessment, use of additional adults, arrangements for the carrying of medicines and copies of 'Health Care Plans'. In the event of an emergency, additional advice will be sought from outside agencies, if necessary.