



A7 - First Aid Policy

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This policy is applicable to all pupils, including those in the EYFS (Nursery and Kindergarten).

A number of members of staff are qualified first aiders, with a current Certificate of First Aid competence). These include most teachers, nursery (EYFS) staff and the office staff. Immediate first aid will be rendered at school but anything requiring more treatment will be referred for medical help. Training is required to be updated every three years, which it is for all staff. At least one qualified person will be on site when children are present. DfE guidance on First Aid for Schools is available and consulted.

During lesson times the teacher with a class will normally deal with any incident or request help from the office staff.

If they need help they should send a child/ren to another teacher nearby or to the office.

During morning break time in addition to the duty teachers outside there is a member of staff on first aid standby in the office.

During lunch break time in addition to the duty teachers outside there is a member of staff on first aid standby duty in the staffroom, on a rota basis. The standby teacher is the person who responds to a call for assistance from the playground teacher or who gives first aid to a child sent in for help.

First aid boxes are sited in the staff room, The Cedars, Pre-School, Nursery, Art room and in the office. The Nursery has its own First Aid kit and its staff are responsible for responding to any injuries or incidents requiring First Aid in Nursery.

Accidents are recorded on the pre printed sheets with a numbered analysis being completed on a termly basis for review at the H&S committee

Disposable gloves and aprons are available for dealing with spillage of body fluids and these should always be worn by the first aider, who should put them on before touching the child. Body fluid disposal kits must be used as appropriate. These should be disposed of safely afterwards in the clinical waste bin.

Procedures

If a child requires first aid during morning break time he/she should report to one of the duty staff. The injured child will be escorted by another pupil to the office where the first aid qualified member of staff on standby will attend to the injury.

if a child requires first aid during the lunchtime break he/she should report to one of the duty staff. The injured child will be escorted by another pupil to the staffroom where the first aid qualified

member of staff on standby will attend to the injury

Personal arrangements will be made for pupils with particular medical conditions, e.g. asthma, epilepsy, diabetes. An emergency asthma kit is held in the school office.

If a serious injury takes place during break time one member of staff on duty will send a child for a first aider from the staff room and remain with the injured child. The other member of staff will supervise the rest of the children. When assistance arrives the patient will receive first aid whilst the other member of staff will go to phone for the ambulance.

If an injury occurs during a PE/Gym lesson, PE staff can send a pupil to fetch another teacher.

Parents/guardians of pupils having a head or facial injury, however small, will receive a letter informing them and advising monitoring of the child over the next 48 hours. Whenever possible the parent will be contacted by telephone.

If any injuries require immediate attention by a doctor or treatment in a hospital then the parents will be contacted. If the parents cannot be contacted the child will be taken to Wellington Road surgery or an ambulance will be sent for, depending on the seriousness of the injury. If a child is likely to require hospital treatment, they should be taken there immediately. If parents or carers cannot be contacted quickly, Leadership staff should decide on the best means of transport. A serious injury may require an ambulance. The staff member deciding must use their own judgement, but if there is any doubt at all, an ambulance must be called. If an ambulance is required there should be no delay in calling it.

When to call an ambulance

If it is not a life-threatening emergency, consider other options such as calling NHS 111, seeking medical advice from your GP or self-care at home before calling 999 or 112.

If someone is having a life-threatening emergency they may have:

- loss of responsiveness
- breathing difficulties
- severe bleeding
- severe allergic reactions
- severe burns or scalds
- seizures that are not stopping
- severe, persistent chest pain
- an acute, confused state.

RIDDOR

The school will report to the Health and Safety Executive (0845 3009923) incidents notifiable under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

Accident Book

The member of staff dealing with the incident will complete an entry on a page of the accident book. The member of staff administering first aid will also make a note of the treatment given. Both will sign the accident form. Parents/Carers will be informed either by the office, or at the end of the school day by a teacher or a member of the Nursery staff, of any significant injury. A copy of the accident book report will be provided upon request.

First Aid in the EYFS

Most children will have occasional falls and minor accidents at some point during their time at nursery. Whilst staff will take all reasonable steps to ensure that hazards to children both indoors and outdoors are kept to a minimum, we recognise that children need to explore and test their own developing physical abilities and will therefore occasionally suffer an injury. When such an accident occurs staff will:

- Comfort the child and provide any necessary first aid treatment.
- Record details of what happened in the accident book including any treatment given.
- Sign the accident book.

- Ensure whoever collects the child signs the accident book. Parents will be informed of any such incident and the treatment administered on the same day or as soon as is reasonably practical. Accidents are recorded on the pre printed sheets with a numbered analysis being completed on a termly basis for review at the H&S committee.

Should the nature of the injury whilst not causing undue alarm, be more severe, a courtesy call will be made to the parents to inform them.

In the extremely rare event that a child needs hospital treatment parents will be contacted immediately.

The child will be transported to hospital by whatever means of transport is required, parents' car, staff car or ambulance, accompanied by a member of the nursery staff, if parents or their named next contacts are not available.

We discuss with parents the procedure for responding to children who are ill or infectious. There is a policy for the administration of medicines, and training is provided to any staff for administration which requires medical or technical knowledge. Usually, only prescription medicines should be administered. Written permission must be obtained from parents for individual medicines to be administered. Where medicine is administered to a child, parents must be informed the same day or as soon as reasonably practicable. All medicine original packaging with the original label and where relevant the dispensing label showing the child's name.

We inform parents of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, and any first aid treatment given. The first aid policy for the whole school includes the EYFS.

A first aid box is accessible at all times and with appropriate content for use with children. An accident book or similar written record is kept for accidents or injuries or first aid treatment.

The Setting will notify Ofsted of any serious accident or injury to any child on the registered provision (up to three years of age) whilst in our care and will act upon any advice given.

The Setting will also report to the Health & Safety Executive incidents notifiable under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

At least one person with a current Pediatric First Aid Certificate is on the premises at all times when children are present and accompanies children on outings.

Staff qualified in Pediatric First Aid

Joanna Everett (1.9.20)
 Gavin Hill (1.9.20)
 Helene Burrell (1.9.20)
 Clare Fowler (1.9.20)
 Hannah Grice (1.9.20)
 Elizabeth Butler (1.9.20)
 Judith Glover (1.9.20)
 Eleanor Yardley (1.9.20)
 Elizabeth Jones (1.9.20)

Jo Mellor (1.9.20)
Deborah Kane (1.8.20)
K Dolloway (7.3.20)
O Hubbard (17.2.21)
A Hughes (16.11.20)

Guidance on cleaning up bodily fluids

Ensure a good standard of general ventilation.

Use a body fluid kit, or

1. Scrape up residues into the closable container, for safe disposal.
2. Bag up contaminated material that needs laundry or disposal, eg bedding, clothing.
3. Wash surfaces clean with detergent before disinfecting.
4. Heavily fouled soft furnishings may need bagging for disposal as clinical waste

Personal protective equipment (PPE)

1. Respiratory protective equipment (RPE) is not needed.
2. Where relevant wear eye protection – a full-face visor.
3. Where relevant wear disposable coveralls with a hood.
4. Where relevant wear a disposable plastic apron.
5. Where relevant wear wellingtons or waterproof disposable overshoes.
6. Where relevant wear waterproof, abrasion-resistant gloves, eg nitrile.
7. Ensure that all cuts and abrasions are covered with a waterproof dressing before work begins

Decontamination

1. Assume that everything that might be contacted by body fluids is contaminated.
2. Clean and disinfect the area after the task.
3. Use the 'buddy' system to decontaminate PPE and work clothing – minimise the spread of contamination.
4. Change out of work clothing before exiting the area.
5. Use bags labelled 'Clinical waste – Biohazard' for all contaminated PPE.
6. Disinfect or sterilise reusable work equipment.
7. Ensure that waste from the cleaning of body fluids is disposed of safely according to local rules and regulations.

LETTERS TO PARENTS

All parents will be sent:

- a statement of the school's medical procedures
- a letter advising on the administration of medicines
- a Medical Details and Consent form to be completed prior to their child starting at Castle House

Sample Documents for Parents

MEDICAL PROCEDURES

No pupil will be given medication at school without parental consent. Responsibility for administering medicines remains with parents. If it would be difficult in any way for the school to give medicines to children, then parents should keep children at home during the period of medication or come to the school themselves to administer the medicine.

In some circumstances and by prior request (a telephone call to the School Office, or letter, the day before if possible), the school may be able to supervise the taking of medication. In these cases it will be necessary for the medicine or tablets to be brought to the administrative staff in the office, as soon as the child arrives at school (before going to the cloakroom or anywhere else). The medicine or tablet should be in a child-proof container and clearly labelled with name and dosage. It must be accompanied by an explanatory letter. We reserve the right to decline to administer the medicine if in our opinion it would be unwise for us to do so. Medicines will be stored in a metal store cupboard in the office.

Medicines which need to be taken home at the end of the school day, should be collected by parents (or other appropriate adult – not the child) from the school office. If possible, it is best to try to split the medicine between home and school, so that it does not need to keep travelling.

If a child is injured at school or becomes ill, the form teacher will inform the Head teacher or the office who will endeavor to contact the parents so that the child can be taken home or to his or her doctor. Alternatively, the Head teacher or Administrative Staff will phone the Wellington Road Surgery and either take the child to be assessed or, in exceptional circumstances, call a doctor to the school. If necessary the school would take a child to the nearest hospital A & E Department or telephone for an ambulance. If the child is mildly ill and the parents cannot be contacted, the child will be kept as comfortably as possible at school.

Should a child have long term medical needs, the parents should give full details to the Head teacher, the Form Teacher and the office and a plan must be drawn up in case there is an emergency. The school will work with the parents to clarify the most suitable ways of administering medication safely, to enable the child to attend school and participate as fully as possible.

If a child has an injury or slight illness which may prevent him/her from physical activities, eg swimming or PE, a note should be sent to the Form Teacher or teacher concerned with the activity explaining the situation.

Would you kindly complete and return the enclosed Medical Consent form by the beginning of term, if you have not already done so?

The EYFS has its own Medication Procedure Policy, which includes provision for safe storage of medicines which are in the care of EYFS staff within the EYFS building.

Dear Parents

Re: Administering Medicines at School

From time to time, we are asked by parents to give a child a dose of a medicine during the school day.

There is no requirement for a school to administer any medicine and indeed many schools are now refusing to do so at all, taking the view that if the child needs the medicine so urgently at a particular time they should either remain at home for the day or the parent should come to school to administer the medicine.

Our view at Castle House is that we would **prefer not** to administer the medicines, but that we will try to take a common sense approach to helping parents with the problem. If the child has long-term medication to take, we will of course cooperate closely with parents, on an individual basis, to establish the best way of ensuring the child receives the medicines required and continues to participate fully in the school's programme.

The procedure to follow, if a medicine is to be administered at school, has been in existence for some time, contained in a document called "Medical Procedures", previously issued to all parents, another copy of which I am attaching to this letter. Please note that arrangements should be made in advance with the school office. Also note the specific requirements about labelling and an accompanying letter.

The school cannot guarantee to remember to administer a medicine in the middle of the day. The child may forget to come; the staff may not remember to send for the child. Also we have found it too easy for the medicine to be left at school at the end of the day – which is worse than if it had not come to school at all. We therefore would strongly encourage you to organise the taking of medicines out of school. If the doctor prescribes three times a day, try breakfast, 4.00 pm and supper / bedtime. If necessary, check with the doctor that this is adequate. If the doctor prescribes four times a day, discuss with him whether he can change it to three times, or whether he thinks the illness is serious enough for the child to stay off school while taking the medicine.

If a medicine must come to school, please organise it into a portion for the dose required, of course clearly labelled. It must be in the original packaging with the original label and where relevant the dispensing label showing the child's name.

Asthma inhalers should be kept by the children themselves for use when required. They must be clearly labelled. The inhalers of younger children may be kept by their teachers in a place accessible to the child if needed when the teacher is not to be found. It would be a great help to us to have a spare "blue" inhaler (reliever) in the school office in case your child's runs out. Please label clearly. Also, if required, a "brown" inhaler (preventer) can be kept in the school office. Pupils are allowed to self-administer asthma inhalers, provided we have a note from yourselves (which may be given on our "Medical Details" consent form).

I hope this letter clarifies the school's position on medicines. I would be grateful if you would file it with other school materials for future reference.

Yours sincerely

Head teacher

SPECIFIC ILLNESSES/ASTHMA/LETTER TO PARENTS/ BANGS ON THE HEAD/FACIAL INJURIES

Parents are sent the statement on "Medical Procedures", a letter about medicines at school and a "Medical Details" form for consents to be given.

A list is maintained of current medical and dietary requirements of pupils and updated regularly. Staff are requested to insert the latest version into their Handbook.

There is a specific letter to be sent home if a child suffers a bang on the head.

Asthma

- Children with inhalers will be responsible for their own inhaler so that they always have immediate access to it. If necessary, this includes the inhalers being taken out of school for games / swimming, or other off-site activities.
- It is important that all adults involved with children in school or school-associated activities, should receive advice on practical asthma management.
- Parents will be asked to provide information about a child's asthma, which will be kept in the school office, including
 - Personal details, hospital reference, if applicable
 - Treatment needed regularly (preventer)
 - Relief treatment (relievers) if required
- Appropriate information will be added to the "Medical / Dietary List". It is therefore essential that teachers keep their copy up to date.
- Inhalers will be retained by the children who are capable of looking after them. Younger children may have their inhaler stored by a teacher, but it must be in a place that the child can immediately locate and open, to take their inhaler if needed, even when no adult is around. Only the children who have inhalers need to know where this place is.
- We have asked parents to provide labelled spare inhalers, to be kept in the school office.
- Children must not be given each-others' inhalers. Inhalers, and other medicines, must be labelled with the child's name and class.
- There are two main types of inhalers:
 1. **Relievers** relieve the symptoms of asthma – common examples are called "Ventolin" and "Bricanyl" and are usually BLUE in colour
 2. **Preventers** relieve inflammation and are designed to prevent the onset of asthma – common preventers are "Beclafort", "Becatide" and "Intal" and are usually BROWN in colour.

SPECIFIC EPI-PENS

At present there is one child in school who requires an epi-pen. Whilst the child is old enough to self-administer, key personnel are trained on how to administer the medicine. The pupil will always carry an epi-pen about their person with spare pens being located in the classroom, PPP and School office. The Epi-pen will be included in the portable first aid kit for trips