



First Aid Policy

for

Canon Popham Church of England (VA) Primary & Nursery School

to be read in conjunction with the following policies:
Supporting Children with Medical Needs
Intimate Care Policy

**Working Together
We Learn and Grow**

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APPROVED:	DATE: 14 July 2017
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TO BE REVIEWED	July 2020 (Appendix A to be updated as required)

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Vision Statement

Our vision is to work together as a Christian community to nurture our children within a happy, stimulating and caring school.

A place where:

- *Christian values are at our heart: endurance, compassion, thankfulness, forgiveness, justice and hope*
- *Everyone is unique and welcome*
- *We respect and care for everyone and everything around us*
- *High standards are expected and achievements celebrated so that everyone is able to reach their full potential*
- *Self-esteem and confidence are nurtured on a journey of self-discovery*

Everyone Matters!

Canon Popham Church of England (VA) Primary & Nursery School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share the same commitment.

All staff and volunteers are subject to an enhanced DBS check.

Please refer to the school's *Safeguarding Children Policy*.

Context

Staff need to ensure that if there are issues relating to first aid as a result of child protection issues then the agreed steps outlined in the school's *Safeguarding Children Policy* should be followed. Any safeguarding concerns should always be reported immediately to the Designated Person or the Deputy Designated Person if the Designated Person is not available.

Responsibility

The Governing Body is responsible for the first aid policy in the school, but this is implemented through the Headteacher.

First Aiders

The qualified first aiders normally give first aid. However, any member of staff can do this voluntarily if there is an emergency where these staff members are not available. All staff are covered by the school's insurance policy and are expected to use their best endeavours in an emergency to secure the welfare of pupils. All staff must undertake emergency first aid at work training which must be renewed every 3 years.

One nominated member of staff will be the appointed person for first aid. The appointed person orders first aid supplies and equipment. He/she will call the emergency services if required and can also provide emergency first aid, as he/she has completed the 3 day advanced training. All qualified first aiders must update their training every 3 years.

All teaching staff in school and the vast majority of support staff as well as the site manager are first aid trained, and a record of the training is kept on the school's Single Central Record.

A current listing of first aid trained staff is contained at Appendix A of this policy; this will be updated on a termly basis by the School Office, in addition to the relevant review policy.

Paediatric First Aid

Under Early Years Foundation Stage requirements, at least one person on the premises and at least one person on outings must have a paediatric first aid certificate. This must be updated every 3 years.

Equipment and Supplies

First Aid Equipment is kept in the Admin office. The Foundation Stage Unit also has a first aid cupboard in the office area.

Travel first aid packs must be taken on school trips, matches and outings. Staff are responsible for checking the packs prior to leaving the school; should any items be used from the pack (no matter how minor) during the trip, the School Office staff should be informed to allow the nominated person to replenish stock.

In addition to the basic first aid equipment more specialised equipment such as epi-pens for any child who may need these are also stored in the locked First Aid cupboard in the Admin office.

Any child requiring attention during playtime will be dealt with by staff in the office where the first aid cupboard is located, or if necessary by the supervising staff on duty. At lunchtime first aid is provided by the lunchtime supervisors.

Medicines

Only inhalers and epi-pens are currently kept in school. It is the responsibility of parents to ensure that these are kept up-to-date. Inhalers are kept in a designated bag in the classroom to allow easy access.

It is the parent's responsibility to inform the school if their child's medical condition changes and to work with the school and the school nurse if necessary to develop an appropriate medical care plan.

First Aid Boxes & Travelling First Aid Containers

First aid boxes must meet, as a minimum, the requirements of The Health and Safety (First-Aid) Regulations 1981 (2013 publication, ISBN: 9780717665600). Contents should be reviewed regularly and items at, or nearing, the expiry date should be replaced.

Practical Arrangements and First Aid Procedure

First aid will be dealt with by the qualified first aiders. Where possible, make sure another adult is informed of any action taken. Please send the child needing attention to the school office if the issue is of a minor nature e.g. a graze/ bruise etc., or send a child to fetch another member of staff if the injured pupil cannot go him/herself. Treatment will normally be given by the main office.

- Hands must be washed before and after dealing with any cuts or grazes. Disposable gloves should be used if the wound is bleeding.
- Use water or sterile antiseptic wipes only to clean cuts or grazes. No lotions or creams should be used.
- If necessary, cover the cut with a plaster or other dressing, however check with the child that they are happy to have a plaster applied.
- Enter the child's name, injury and treatment in the accident book (this must be done for all but the very minor scratches and bumps). Please add your name and the date.

- Ensure that the child, or their teacher if they are in Key stage 1, is given the copy of the entry from the accident book to take home to parents/carers.
- There is also a staff accident book.
- Accident books are held in the school office.

All minor bumps to the head should be recorded in the accident book with their copy of the entry in the accident book being sent home with the child. The child's teacher should be informed immediately the child returns to the classroom, by the first aider who dealt with the bump, in order that they are able to respond should the child's condition or symptoms develop further.

Any other head injury must be reported to parents immediately and usually by first aid staff, the class teacher or the Headteacher.

If a child is feeling unwell and needs to go home the class teacher should be consulted and the parents contacted.

Children normally stay wait with the office staff until collected. Office staff must be informed if a pupil is sent home in order that attendance and dinner registers can be amended if necessary.

Parents/carers must be informed of any accident and/or treatment given during the day via the accident book slip. In the event of minor injuries which may require additional monitoring or checking, the class teacher should advise the collecting adult at finishing time.

In an emergency follow the Emergency Procedure. (See Staff Guidance).

Contact numbers, emergency contacts and doctors' details are kept in the office. Details of chronic illness or allergies are also kept here and further details of these conditions are kept in the medical file held in the School Office along with Care Plans.

Staff should also refer to the staffroom medical conditions information for further key medical information for individual pupils.

Medical Needs (Also See *Supporting Children with Medical Needs Policy*)

Many pupils will have short-term medical needs at some time during their school life, involving the need to take medication at school. A few pupils may have long-term medical needs which may involve special requirements and/or medication.

The Headteacher is prepared to allow school staff to give prescribed medicine to children during the school day in special circumstances, such as if the pupil needs to have a dose of medicine at a specific time of the day, or medication is needed 4 times a day. In any other circumstances, parents/carers should arrange timings to ensure that the school is not required to dispense medicines.

NO CHILD SHOULD HAVE ANY MEDICINES IN HIS/HER POSSESSION.

Any non-prescription medicines which the child may need occasionally (such as creams and throat sweets), which parents feel it is necessary for the child to use should be labelled and given to the CLASS TEACHER by the PARENT. Please discourage children from bringing these unless they are absolutely essential.

Prescription Medicines

If a child is unwell he/she should not be in school.

There are, however, times when a child is recovering but still taking prescription medicines or he/she may have long-term medical needs. In these cases it may be possible to give doses of PRESCRIPTION MEDICINES, provided that these are brought to the OFFICE each day by a parent or other adult who signs a form to state the dosage etc. and that this concurs with the drug's pharmacy label.

The medicines will be kept in a locked cupboard (or stored in a fridge) and should be collected each afternoon. Again, this is at the discretion of the Headteacher.

Please note that we will not be able to give the medicine without the signature of a parent/carer on the medication form.

For pupils with long-term needs (such as asthma), the forms only need to be filled in at the beginning of each academic year.

Asthma inhalers and epi-pens must be taken on trips involving those children with these specific needs.

Any staff administering medicine must check:

- pupil's name
- written instructions
- dose
- expiry date

Guidance on Dealing with Spillage of Body Fluids

Spillages of blood, vomit, urine and excreta should be cleaned up promptly. The following general actions must be taken by the person dealing with the spill:

- Clear the immediate area of people. Hazard signs and cordoning may be necessary, according to the circumstances.
- Disposable personal protective equipment (PPE), including gloves (latex or nitrile) or equivalent and a disposable plastic apron must be worn.
- Any spilt blood or other body fluids should be cleaned up with disposable absorbent paper towels.
- Ensure the area is cleansed with a suitable antiseptic solution.
- Dressings should be disposed of in the ladies' sani-bin after double bagging.

General Guidance on Medical Emergencies

Asthma

Preventer Inhalers – These usually come in brown/orange/cream/maroon and green inhaler delivery devices. These inhalers need to be used regularly morning and evening. They work by reducing the inflamed lining of the airway. This makes the airways less sensitive and less likely to react to the trigger factor thereby reducing the number, frequency and possible the severity of the attacks suffered.

Preventer inhalers do not work during an asthma attack. They are rarely needed at school.

Reliever Inhalers – These are usually blue inhaler delivery devices. They work almost immediately and are normally effective for up to 4 hours. However, if a child needs to use their reliever inhaler more often, they should be allowed to do so. In this instance, parents should always be informed. Reliever inhalers work on the tightness or spasm in the airways that occurs during an asthma attack. They relax this tightness, 'opening up' the airways allowing the child to breathe more easily.

- These reliever inhalers should be used whenever the child is suffering from asthma symptoms.
- They can also be used prior to exercise and must be available during exercise if needed.
- They must be readily accessible to children at all times including break times and lunchtimes.
- Inhalers should not be stored where there is excessive heat or cold.
- Reliever (blue) inhalers must always be taken with the child on all off school site activities e.g. trips, swimming or sports lessons.
- It is parents' responsibility to check the date on the medication and wash spacers when necessary.
- School should ensure all devices are taken home before the summer holidays and replaced in September.
- Inhalers are not addictive neither do they give any pleasurable experience.
- If high doses of the reliever inhaler are taken the worst that will happen is that the child will feel very shaky but this will wear off after a short time.

If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down. The pupil should never be left alone during an attack.

Diabetes

Signs and Symptoms

Many children have warning signs, which they associate with a hypo, and others around them may also recognise them. They include:

- Irritability
- Pallor and or dark rings under eyes,
- Sweating
- Tingling of lips,
- Trembling or shakiness
- Hunger
- Headache
- Glazed eyes
- Drowsiness
- Lack of concentration
- Mood changes – uncooperative or slightly confused, angry or aggressive behaviour
- Unconsciousness

When a child is diagnosed with diabetes support should be sought from the specialist diabetic nurse and the school should work with medical professionals and parents to draw up an appropriate care plan. Different children may have differing medical needs and therefore it is important to ensure that the care plan is correct for the individual child.

Treatment Of 'Hypos'

IT IS IMPORTANT HYPOS ARE TREATED IMMEDIATELY TO PREVENT UNCONSCIOUSNESS. THE CHILD MUST BE TREATED WHERE THEY ARE. IF POSSIBLE TEST BLOOD GLUCOSE LEVELS.

In general terms:

Mild:

SELF ADMINISTRATION of any one of the following (young children will need help)

- 3 dextrose tablets (10gm) (age related – may need only 2 or 4)
- 50 mls fruit juice
- 50 mls Lucozade
- 2 teaspoons of honey or jam
- 100 mls Coca –cola (not sugar free kind)

(chocolate is not suitable for treatment of a hypo as it is full of fat and does not work quickly enough)

Followed 5 –10 mins later by a slow acting carbohydrate snack i.e. a sandwich or 2 digestive biscuits or a packet of crisps or fruit.

Moderate:

EXTRA ASSISTANCE NEEDED (Child becomes confused, uncooperative, and drowsy)

- Hypostop gel – ½ tube for under-fives, 1 tube for over fives.
Squeeze into inside of cheeks and rub cheeks – will be absorbed by gums and buccal mucosa

Followed 5 –10 mins later by slow acting carbohydrate as above

For both conditions, if possible, retest Blood Glucose level after 10 minutes, if blood sugar remains below 4 mml after initial treatment, repeat treatment again.

Following the treatment of a mild or moderate hypo the child can return to normal school activities.

Parents must always be informed as soon as is practicably possible, if their child has had an episode.

Severe – UNCONSCIOUS

- Place child in recovery position.
- Do not give anything to eat or drink including Hypostop.
- First call an ambulance.
- Then inform parent/carer. Due to low blood glucose levels in the brain the child may have a seizure, with jerking of limbs.
- Paramedics will give emergency treatment.
- When conscious give a slow acting carbohydrate snack as above. Child may need to go home or to hospital. The Paramedics will advise on each individual case whether the child is able to stay at school, needs to go home or to hospital.

REMEMBER – children should always keep their 'hypo' treatment close to them at all times. Primary school children can have their hypo treatment kept in the teachers' desk.

Anaphylaxis

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases they go through the whole of their school lives without incident.

The most common cause is food – in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Signs and Symptoms of an Anaphylactic Reaction

NOT ALL SIGNS AND SYMPTOMS WILL ALWAYS BE PRESENT AND PARENTS SHOULD WORK WITH THE SCHOOL AND HEALTH PROFESSIONALS TO DRAW UP A MEDICAL CARE PLAN FOR THEIR CHILD.

Mild Signs and Symptoms

- Itching or tingling in the mouth or metallic taste
- Rash and itching – localised or all over
- Swelling – particularly around eyes and face
- Flushing- face and neck or all over
- Abdominal pain/diarrhoea/vomiting
- Anxiety
- Pallor

Severe Signs and Symptoms

- Difficulty breathing wheezing or coughing
- Swelling of tongue or mouth and/or difficulty swallowing
- Decreased level of consciousness
- Collapse

Treatment

Mild Reaction

- Always follow the medical care plan for the child.
- Chlorphenamine or other anti histamines as prescribed.
- Stay with child and observe closely.
- Contact parents.

Severe Reaction

A child with a known severe reaction will usually be prescribed an EPIPEN, which should:

- be kept on the child or somewhere safe and accessible at all times.
- accompany the child at all times if he/she is off school premises during school hours.
- labelled with child's name and date of birth.
- stored at room temperature.
- parents should check expiry date for EpiPen.
- only administered to child for whom it has been prescribed.
- only be injected into the thigh (through clothes if necessary).

Epileptic Seizures

Epileptic seizures are caused by a disturbance of the brain. Seizures can last from 1 to 3 minutes.

Signs and symptoms

- A 'cry' as air is forced through the vocal chords
- Casualty falls to ground and lies rigid for some seconds
- Congested, blue face and neck
- Jerking, spasmodic muscle movement
- Froth from mouth
- Possible loss of bladder and bowel movement

Management

During seizure:

- Do NOT try to restrain the person
- Do NOT push anything in the mouth
- Protect person from obvious injury
- Place something under head and shoulders

After seizure:

- Place in recovery position
- Manage all injuries
- DO NOT disturb if casualty falls asleep but continue to check airway, breathing and circulation.
- Phone an ambulance if seizure continues for more than 5 minutes which then needs to be checked out in hospital.

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APPENDIX A: CURRENT LIST OF FIRST AIDED TRAINED STAFF

Name	Role	Level	Expiry Date
Mrs A. Navas	Headteacher	Standard First Aid	January 2018
Mrs J. Shelton	Deputy Headteacher	Standard First Aid	January 2018
Mrs N. Clemitshaw	Teacher	Standard First Aid	January 2018
Mr A. Dickman	Teacher	Standard First Aid	January 2018
Miss M. Smithson	Teacher	Standard First Aid	November 2017
Mrs E. Wenban	Teacher	Standard First Aid	January 2018
Mrs C. Barratt	Teacher / SENCO	Paediatric First Aid	March 2020
Mrs C. Brunyee	HLTA	Standard First Aid	January 2018
Mrs A. Wilkinson	LSA	Standard First Aid	January 2018
Mrs A. Houlihan	LSA	Standard First Aid	January 2018
Mrs V. Holman	LSA	Standard First Aid	January 2018
Mrs A. Stewardson	LSA	Standard First Aid	January 2018
Mrs L. Margetts	LSA	Standard First Aid	January 2018
Mrs A. Drake	LSA	Standard First Aid	January 2018
Mrs J. Probert	LSA	Standard First Aid	January 2018
Mrs S. Bennett	LSA	Paediatric First Aid	November 2017
Mrs C. Hollis	LSA	Standard First Aid	January 2018
Mrs S. Penhallurick	Nursery Nurse	Standard First Aid	January 2018
Mrs S. Liddle	School Business Manager	Paediatric First Aid	October 2019
Mrs T. Bell	Admin Assistant	Level 3 First Aid / Nominated Person	March 2018
Mr R. Hall	Site Supervisor	Standard First Aid	January 2018
Mrs P. Coultard	Midday Supervisor / Breakfast Club Staff	Standard First Aid	January 2018
Mrs N. Cresswell	Midday Supervisor / Breakfast Club Staff	Standard First Aid	January 2018
Miss A. Parker	Midday Supervisor	Standard First Aid	January 2018