



First Aid Policy

Adopted: December 2016

Updated: December 2016

Next Review: December 2017

Rationale

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children and adults receive this in regard to emergency first aid provision, the administration of medicines and dealing with health issues such as asthma and headlice.

Aims

This policy statement is designed to:

1. Give clear structure and guidelines to all staff regarding areas of first aid and medicines.
2. Clearly define responsibilities and name the relevant staff.
3. Ensure the safe use and storage of medicines in the school.
4. Ensure good first aid cover is available in the school and on visits.

Guidelines

All school staff are expected to take reasonable action as responsible adults, to deal with injuries, etc. that children sustain until the child can, if necessary, receive professional medical treatment.

The school has trained first aiders. The designated first aid staff receives regular first aid training.

If a child receives an injury which causes concern, parents will be informed and given the option of coming to school to check the child themselves or leaving the child to recover and return to class.

A note should be made in the accident book, which is kept in the office, of all actions taken beyond the minor. A note of minor injuries and any action taken should be made in the accident book in the first aid kit used to treat the child. Serious accidents also require an accident form to be completed and may require statements from all staff involved. Any child that does go home should be recorded as having done so and the class teacher informed.

Accidents to staff must be also reported and a record made at the school office.

Trained First Aiders

Fully trained support staff are responsible for checking the first aid boxes throughout the school and ensuring that they are correctly stocked.

Mile End

Fully trained first aiders

Shanjob Ali
Mayarun Nessa
Katie McCallion
Lindsey Woodman
Enibokun Adeleye

Paediatric first aiders

Pembe Kemal
Juli Begum
Rebecca Edwards
Deborah Bicknell
Dannielle Mackenzie
Dawn Mizzen Javaid
Minara Khanom
Khadija Rashid
Anisa Shamim

Bethnal Green

Fully trained first aiders

Jean Gallacher
Helen Alam
Lorraine Signore

Paediatric first aiders

Graham Parrott
Sultana Uddin
Rabia Begum
Sufia Khatun
Dilys Wyndham-Thomas

First Aid Kits

Designated support staff on playground duty and midday meals supervisors will be on first aid duty.

First aid kits are stored in the office. All classrooms have an emergency first aid kit that the teacher keeps in a convenient safe place and are taken on educational trips. Responsibility for checking these every half term, ensuring that they are correctly stocked as necessary is taken by Support staff.

Procedures for First Aid in School

Cuts

The designated first aider should deal with small cuts. All open cuts should be covered after they have been treated with a medi-wipe. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters, or who are unsure, will be given an alternative dressing. All cuts need to be recorded in the accident book.

Any first aider can treat more serious cuts, but a fully trained first aider should attend to give advice. More serious cuts should be recorded in the accident book and parents informed.

ANYONE TREATING AN OPEN CUT MUST USE PROTECTIVE GLOVES. This is an essential part of infection control procedures. All blood waste should be disposed of in a sealed container.

Nosebleeds

Children with a nose bleed should be asked to sit down where they are so that blood is not spread around the school. They should keep their head upright or slightly forwards. Apply a cold compress to the nose area, or pinch the nose tightly just below the bony part for 5 to 10 minutes. Do not allow the child to blow their nose. If the bleeding has not stopped within 20 minutes, then the parents should be contacted.

Bumped heads

Any bump must be reported to the parents / carer, no matter how minor, is treated as serious and should be attended to by a fully trained first aider. All bumped heads should be treated with an ice pack. 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 kept with the playground first aid kit in the staffroom, and a copy given to the child's parent or carers to take home. If the child

shows any sign of sickness, sleepiness, dizziness or gives other cause for concern about their health, ambulance services should be contacted immediately.

Accident books and file

There is an accident book for minor and major injuries and bumped heads which is stored with the first aid kit in the staffroom. Old books are stored in the filing cabinet in the office and kept for three years. Standard letters for minor injuries are kept in the First Aid box and should be filled in and sent home with the child to inform the parents/carers.

For major accidents, a further LA form must be completed within 24 hours of the accident. These forms can be obtained from the office. They need to be signed by the Headteacher (or Associate Headteacher in the absence of the Headteacher), a copy taken and kept in the school file, and the original forwarded to the LA. The Headteacher (or Associate Headteacher in the absence of the Headteacher) must also complete the LA accident investigation form and similar procedure followed.

All serious work related injuries must be reported to the RIDDER. Which is a legal requirement. The report informs authorities on work related injuries, ill health and occupational diseases.

Calling the emergency services

In the case of major accidents, it is the decision of the fully trained first aider, or the Headteacher, if the emergency services are to be called. Staff are expected to assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must state:-

1. 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, usually a member of the admin team, should wait by the school gate to guide the emergency services into the school and accompany the medical staff to the casualty.

If the casualty is a child, their parents/carers 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 main office. The details of the child should be printed off and given to the ambulance crew when they arrive. If at all possible, a member of staff should fill in an information form about the accident and give it to parents or the ambulance crew to aid their treatment of the casualty.

Where a parent/carer needs to be contacted by telephone, they should be informed about the condition of their child and any developments without causing undue alarm. It is the responsibility of the office staff to ensure that they keep up-to-date about the condition of the casualty and keep the parents informed.

If driving a personal vehicle to Accident and Emergency, two adults must be present, one to drive and one to monitor the casualty.

Medicines in school

What can be administered?

We will administer prescription medicines such as antibiotics, anti-histamine, cough mixture, throat lozenge and paracetamol. However, where medicines need to be taken up to three times a day, we would expect the parents to arrange for this to happen outside school hours – for example, before school, at the end of the school day and at bedtime. All medicines must be clearly labelled with the child's name and class.

Creams can be administered for skin conditions such as eczema or for sun protection. However, staff will only supervise the child applying the cream and will not rub cream onto a child's body unless a child is unable to apply the cream themselves. In this case, application of the cream must be made with the written permission of the parents and under the observation of another adult.

Who can administer medicine?

Any staff member, the office staff or the Headteacher are able to administer medicines in line with the instructions given by parents and on the packet / bottle.

Parental permission

Medicines will not be administered unless we have written permission from parents/carers, or someone with parental responsibility. In the event of a child coming into school with medicines and without a permission letter, we will attempt to gain consent for administration over the phone. If we are unable to contact parents this way, then the medicine will not be administered.

Storage of medicines

No medicine should be kept in the class or in the child's possession. All liquid medicines are kept in the fridge (if necessary). Administration of medicines takes place in the admin office.

Administration of medicine records

When medicine is administered, staff must complete the administration of medicine book, giving the date, time amount of medicine given and signing the entry. Before administering the medicine, the member of staff should read the entries for that day, to ensure that the medicine has not already been administered.

Asthma and other medical conditions

At the beginning of each academic year, any medical problems / conditions are shared with staff and a list of the children affected and their condition is kept in the class register. Photographs and signs are made of children with severe medical problems / conditions and are displayed in all main areas and a record is kept in the medical folder in each class.

1. In RM Integris.
2. In the staffroom.
3. In the child's classroom.

Epi-pens

Some children require epi-pens to treat the symptoms of anaphylactic shock. Epi-pens are kept in the office. Staff receive regular training on the use of epi-pens. Epi-pens should always be taken with the child goes off site on an educational visit.

Inhalers

Inhalers for KS1 and KS2 are kept in named bags in the admin office. All children must be accompanied by an adult. Children with severe asthma should keep their inhaler with them at all times. Inhalers should always be taken with the child goes off site on an educational visit.

If an inhaler is left at home, lost or expired then the school's emergency inhaler kit should be used for children experiencing breathing difficulties or having an asthma attack. Note: the school inhaler must only be used for children known to be asthmatic. This kit is located in the school office.

Asthma attacks

A child who is having an asthma attack should be monitored by an adult at all times.

- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down.
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.

If there is no immediate improvement

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5-10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

Headlice

Staff do not examine children for headlice. If we suspect that a child has headlice, we will inform the parents, and ask them to check and then treat the headlice if necessary. When we are informed about a case of headlice in school, a standard letter will be sent to all the parents of children in the class where the case has been identified.

Vomiting and diarrhoea

If a child vomits or has diarrhoea at school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 24 hours after the last symptom has elapsed.

Parents who bring their children back into school sooner than this will be asked to take them home until the full 24 hours has elapsed without a further occurrence.

Chickenpox and other rashes

If a child is suspected of having chickenpox etc, we will examine their arms and legs. A child's torso would only be examined if we are concerned about the risk of infection for other children or adults in this case, we would ask the child's permission and another adult would be present.

If a child has an infectious disease, the guidelines laid out in the school Health Matters file will be followed by the school.

Communicating with parents

For bumped heads, the standard letter is kept in the accident book and should always be sent home with the child for any bumps to the head. For any visible injury, it is advisable to inform the parent verbally, in person or on the telephone or send home a standard letter. Where parents have to be called and a hospital visit is recommended, an information form should be filled in whenever possible.

Dissemination and review of policy

This policy will be reviewed annually in consultation with the school nurse (wherever possible) and will be shared with staff annually. It will form part of the induction procedures for all staff.