



Priestsic Primary and Nursery School

First Aid Policy

To be reviewed Sept 26

Introduction

- The health and safety of all children at Priestsic Primary and Nursery School is of the highest importance to all staff.
- This policy explains the practices in place to address the health needs of the children which may be as a result of accidents or medical conditions.

Training

The school has one fully qualified work place first aider and six qualified paediatric first aiders who are responsible for dealing with any serious first aid matters and can be called upon to offer advice whenever required.

They are:

- Zoe Carter – work place and paediatric
- Genna Holmes Bent - paediatric
- Christine Butler - paediatric
- Daniel Bird - paediatric
- Michelle Cheetham – paediatric
- Laurie Jolly – paediatric

In addition to this most members of support staff and midday supervisors have undertaken the 1 day emergency first aid training and will administer to small incidents that are the normal occurrence in a school day.

First aid training is carried out every three years in line with current Health and Safety recommendations.

First Aid Equipment

First aid equipment is kept in each teaching block throughout school

- Zoe Carter is responsible for replenishing first aid equipment throughout school as it is used.
- Portable first aid bags are used at lunchtimes by all midday supervisors
- Cuts are cleaned using, where appropriate running water and/or alcohol free wipes.
- Gloves are worn by staff when dealing with blood and these are located in the first aid boxes in each teaching block.
- A cold compress can be used to reduce the swelling for suspected strains and sprains.
- A cold compress will always be used for head injuries.

Dealing with Bodily Fluids

Aims:

- To administer first aid, cleaning, etc, for the individual.
- To protect the individual and others from further risk of infection.
- To protect the individual administering first aid, cleaning, etc.

The Procedure to adopt when dealing with blood, body fluids, excreta, sputum and vomit:

- Isolate the area.
- Always use disposable gloves and apron, NEVER touch body fluids with your bare hands.
- Cover the spillage area with specified chemicals in the first aid room.
- Double bag all materials used and dispose of in the outside dustbin located near the disabled parking area at the rear of school. Blood soiled materials must be disposed of in the medical disposal unit in the medical room.
- Blood loss – if possible give individual absorbent pad to hold against themselves whilst the first aider puts on disposable gloves.
- Always wash hands after taking disposable gloves off. Double bag all materials used and dispose of in the outside dustbin located in the wooden bin store to the side of the school building. Blood soiled materials must be disposed of in the medical disposal unit in the medical room.
- Site Manager to be informed to dispose of used materials/clean as required

Off-Site Visits

- It is the responsibility of the trained first aider or trip organiser to take a first aid bag with them on the visit.
- Small first aid packs are available from the Office. All staff taking children out of school for a trip or residential visit are equipped with a first aid pack and will check for any medication needed for individual children.

First Aid Procedures

- Zoe Carter to check and record first aid equipment half termly.
- All accidents are recorded on a minor accident form and these are stored in the first aid folders in the school office cupboard, midday supervisor folder and also in each classroom/teaching block of school.
- Major incidents are recorded as per NCC guidance with the use of RIDDOR if necessary.
- Any head injuries, including facial injuries, are recorded and parents/carers will be informed by an injury letter.
 - In the event of a serious injury above the shoulders/head injury/facial injury, parents/carers will be contacted by telephone by a member of the office staff dealing with the incident and a letter will subsequently be sent home.
- Any foreign objects in eyes, ears, mouth or nose will result in a phone call home to make parents aware

First Aid/Incident Monitoring

- First aid folders are checked on a termly basis by Zoe Carter to ensure any reoccurring accidents that required first aid are fully investigated in line with Health and Safety procedures and remedial action taken if necessary.

Access to Medical Information

- Medical information about a child is gathered through the data collection sheets, which are issued annually, as well as through information provided by parent/carers.
- Important medical information is provided for class teachers and kept in the classroom.
- All medical information is stored securely in the school office in accordance with the data protection act.
- All emergency phone numbers are kept in the pupil record files located in the school office and on SIMS.
- All relevant staff will be notified of all children with specific allergies.

Procedures for dealing with individual needs

- Priestsic Primary and Nursery School will not discriminate against pupils with medical needs.
- In certain circumstances it may be necessary to have in place an Individual Health Care Plan. This will help staff identify the necessary safety measures to help support young people with specific medical needs and ensure that they, and others, are not put at risk. These plans will be drawn up in consultation with parents and relevant health professionals. They will include the following:
 - Details of the young person' condition

- Special requirements i.e. dietary needs, pre-activity precautions • Any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play

Administration of Medication

This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. Such medical conditions identified under the Children and Families Act 2014 are:

- Asthma
- Cancer
- Diabetes
- Epilepsy

This school understands the importance of medication being taken as prescribed.

Staff understand the common medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on pupils.

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. This has been revised within the Children and Families Act 2014 and follows all legal requirements.

The parent/carer should not send a child to school if they are unwell, Priestsic Primary and Nursery School is not an extension of Accident and Emergency. If your child sustains an injury it is your duty of care to ensure you take your child to their local Accident and Emergency or GP. We can only deal with first aid issues that occur on site.

Where a child has a long term medical need a written care plan will be drawn up with the parent/carer and health professionals.

The parent/carer must inform the school or setting (after school club etc.) about any particular needs before a child is admitted or when a child first develops a medical need. A care plan will be drawn up. The school and the setting need separate notifications.

The National Curriculum in England: Framework for Key Stages 1 to 4 emphasises the importance of providing effective learning opportunities for all pupils within the section on inclusion.

Please see separate Medicines Policy

Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers, The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if an inhaler was taken inadvertently it is unlikely there would be any adverse effects,

- If school staff are assisting children with their inhalers a consent form from the parent/carer must be in place. Individual care plans need only be in place if children have severe asthma which may result in a medical emergency.
- Inhalers must be readily available when children need them. Pupils should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom. Individual circumstances need to be considered e.g. in small school inhalers may be kept in the school office.
- The parent/carer should supply a spare inhaler for children who carry their own inhalers. This should be stored safely at school in the child's classroom in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must be labelled with the child's name have an expiry date beyond the end of the school year.
- All inhalers should be labelled with the child's name.
- Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
- School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
- The parent/carer should be responsible for renewing out of date and empty inhalers.
- The parent/carer should be informed if a child is using the inhaler excessively.
- Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler must be available during PE and games. If pupils are unwell they should not be forced to participate.
- If pupils are going on off-site visits, inhalers must still be accessible.
- It is good practice for school staff to have a clear out of any inhalers annually (as a minimum). Out of date inhalers, and inhalers no longer needed must be returned to the parent/carer.
- Asthma can be triggered by substances found in school e.g. animal fur, glues and hazardous substances. Care should be taken to ensure that any pupil who reacts to these are advised not have contact with these

Guidelines for Managing Hypoglycaemia (Hypo's or Low Blood Sugar) in Pupils who have Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. Staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. Staff who have volunteered and have been designated as appropriate by the Head Teacher will administer treatment for hypoglycaemic episodes.

To prevent "hypo's":

1. There should be a care plan and consent form in place. It will be completed at the training sessions in conjunction with staff and parent/carer. Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the care plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular activities at lunchtimes or detention sessions. Off-site activities e.g. visits, overnight stays, will require additional planning and liaison with the parent/carer.

To treat "hypo's":

- If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.
- Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per care plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term.
- It is the responsibility of the parent/carer to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral-treatment. The parent/carer should be informed of "hypo's" where staff have issued treatment in accordance with the care plan.

If Hypostop has been provided:

The care plan should be available. Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's care plan with the time, date and full signature of the person who administered it. It is the responsibility of the parent / carer to renew the Hypostop when it has been used.

Do not use Hypostop if the child is unconscious.

Guidelines for Managing Cancer

Children and young people with cancer aged 0-18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that takes into account:

- The type of cancer they have
- Its stage (such as how big the tumour is or how far it has spread)
- Their general health

The three main ways to treat cancer are:

- Chemotherapy
- Surgery
- Radiotherapy

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital a fair amount. It depends on the type of cancer, their treatment and how their body reacts to the treatment.

Some can attend school while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer returns after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with other pupils. They may have spent more time in adult company, having more adult-like conversations than usual, gaining new life experiences and maturing beyond their peers.

Treatment for cancer can last a short or long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) and other unplanned (for example, due to acquired infections).

When they return to school your pupil may have physical differences due to treatment side effects. These can include:

- Hair loss
- Weight gain/loss
- Increased tiredness

Falling Behind with Work

Children and young people with cancer can worry that they have slipped behind their peers, especially older children doing exam courses. Young children may also worry more than they want to say. The school, and the child or young person's parent/carer, should be able to reassure them and if necessary arrange extra teaching or support in class.

Teachers may need to adjust their expectations of academic performance because of their child or young person's gaps in knowledge, reduced energy, confidence or changes in ability.

Staff may need to explicitly teach the pupil strategies to help with concentration and memory, and the pupil may initially need longer to process new concepts.

Wherever possible the child should be enabled to stay in the same ability sets as before, unless they specifically want to change groups. Regularly revise the pupil's timetable and school day as necessary.

Having a Key Person at School

It's helpful to have one "key" adult that the pupil can go to if they are upset or finding school difficult, plus a "plan B" person for times when the usual person is not available. In secondary schools, you can also give the pupil a card which enables them to leave class without having to explain too much.

Physical Activity

Make arrangements for the child or young person to move around the school easily e.g. allow them to leave lessons five minutes early to avoid the rush. Arrange for the pupil to have a buddy to carry their bags and for them to have access to lifts.

Some pupils may not want to be left out during PE despite tiredness or other physical limitations. Include the pupil as far as possible e.g. allow them to take part for 20 minutes rather than the full session, or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on the doing PE due to medical devices or vulnerability.

Briefing Staff

Ensure that all staff, including lunchtime supervisors have been briefed on key information.

If staff are concerned about the pupil, it is important that they phone the parent/carer to discuss the significance of signs or symptoms. The parent/carer can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child) call 999 for an ambulance, and ensure that the crew are aware that the child or young person is on, or has recently finished cancer treatment.

Circulate letters about infection risks when requested by the child's family or health professionals. Inform other school staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

Transporting Children to hospital

- If children need to go to hospital it is school policy to contact parents/carers who will take them to hospital.
- If it is not possible to contact parents/carers then an ambulance will be called and the child will be taken to hospital accompanied by a member of staff. Staff will not use their cars to transport children to hospital.
- **IF THE SITUATION IS LIFE THREATENING THEN AN AMBULANCE WILL BE CALLED IMMEDIATELY WITHOUT WAITING FOR THE PARENT/CARER TO ARRIVE ON THE SCENE.**

Further Information and Guidance

Asthma UK www.asthma.org.uk

Diabetes UK www.diabetes.org.uk

Epilepsy Action www.epilepsy.org.uk

CLIC Sargent (Cancer) www.clicsargent.org.uk

Care Plan

Name of School / Setting:	
Child's Name:	
Date of birth:	
Class	
Child's Address	

Medical Diagnosis or condition	
Date:	
Review Date:	

Contact Information

Contact 1	Contact 2
Name	Name
Relationship to child	Relationship to child
Phone number	Phone number
Alternative phone number	Alternative phone number
Clinic/Hospital Contact	GP
Name	Name
Phone number	Phone Number

Describe medical needs and give details of child's symptoms
Daily care requirements (e.g before sport/at lunchtime
Describe what constitutes an emergency for the child and the action to take if this occurs
Follow up care:
Who is responsible in an emergency

Request for child to carry medication

This form must be completed by the parent/carer

Name of school	
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Child's name	
Date of birth	
Class	
Child's address	
Name of medication	
Procedures to take in an emergency	

Contact information

Name	
Daytime phone number	
Relationship to child	

I would like my child to keep their medicine on their person for use as necessary

Signed	
Date	

If more than one medicine is to be given a separate form must be completed for each type of medication