



First Aid Policy June 2024

This policy was written by the School Business Manager

They can be emailed at: office@smrc-lit.co.uk

Or telephone (01706) 378032

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First Aid Policy

Aim:

To provide swift initial assistance to a casualty for injury/sudden illness before the arrival of second aid.

Procedures

- The school is legally required to maintain accurate records where serious accidents which require further medical assistance or accidents where children or staff are sent home to recover, are recorded in chronological order. This is kept on Medical Tracker online reporting system.
- Parents are informed as soon as possible in the above circumstances.
- The school maintains records of emergency telephone numbers where parents or carers can be contacted in the event of accident or illness.
- First-Aiders hold a valid certificate of competence issued by a training organisation approved by the LA.
- Chris Moore (Deputy Headteacher) and SBM are responsible for compiling a record of pupils' chronic medical conditions, and making it available to appropriate staff on the online system Medical Tracker. There are designated first aiders across school as listed below who are responsible for maintaining adequate levels of first aid stock, ensuring trip first aid bags are fully stocked and medication is in date.
- Those responsible for the administration of first aid accept responsibility for ensuring first aid kits in boxes are fully stocked and ready for immediate use, they will ensure that any items used from a first aid kit are replenished.
- Hygiene procedures are strictly followed when administering first aid, including washing hands thoroughly and wearing protective disposable gloves. Soiled dressings, etc. are disposed of in the sanitary bins which are emptied regularly.
- Sharps bins are used in line with individual children's care plans. The sharps bin is located in the deputy headteachers room.
- First aid containers are situated at certain points around the school. (Outside Year 5 Classroom, Staff Room, School Office)
- Records are kept of any first aid treatment given by First-Aiders. This includes:
 1. The date/time/place of incident
 2. The name of injured/ill person
 3. Brief details of illness/injury and treatment given
 4. What happened to the person next e.g. returned to class/sent to hospital/home, etc.
 5. Name of person administering first aid
 6. Advice to consult a doctor if child's condition deteriorates
- Staff are informed of first aid procedures as identified in the staff handbook.
- First aid provision is available during normal school hours and during off-site visits and excursions.
- Where an injury occurs against a person that has been caused by another individual and there is a potential risk for infection, advice will be given for that person to seek medical attention. Where this involves a pupil, the advice will be given to the parent/carer who collects from school.

The following persons are qualified First-Aiders:

Meggan Ramplin (School Office)

Ann Macmillan (EYFS)

Shelley King (School Office)

Rebekah Whittaker (KS2)

Joanna Bain (EYFS)

Laura Smith (EYFS)

Matthew Collins (Year 5)

Rachel Matthews (Year 2)

Stephanie Haseldin (KS2)

School also has an appropriate number of Paediatric first aiders within school in line with guidance.

First Aid Equipment

The Health and Safety Executive recommend that where there is no specified risk, the minimum contents of a First Aid kit should be:

- A leaflet giving general advice on First Aid
- 6 individually wrapped sterile adhesive dressings
- 1 large sterile un-medicated wound dressing approx. 18cm x 18cm
- 2 triangular bandages
- 2 safety pins
- Individually wrapped cleansing wipes
- Disposable gloves

The First-Aiders within school ensure minimum stock is maintained and extra resources included to serve particular needs, e.g. extra adhesive dressings.

Class first aid kits are available for use on school trips. These include all the recommended items as listed above. Other items to be included on school trips are any medication, spare clothes/vomit bags/disinfected sawdust, etc. The designated first aider is responsible for ensuring required items are included.

Designated areas for administration of first aid include the wet area and outside the staff room.

Administration of Medicines

Please also see the Medical Conditions policy

Parents/carers are asked to ensure children suffering from acute/contagious illness are kept at home until well. If medication is necessary, it is helpful if the doctor is asked to prescribe in dose frequencies that enable it to be taken outside school hours.

Medication should only be brought into school if absolutely necessary

Antibiotics & Other Prescribed Medicines

It is appreciated that in certain instances, medicines such as antibiotics have to be taken four times a day, a lunch time dose may be necessary to enable a child to finish the course once well enough to attend school.

It is the policy of the school to encourage and enable, as far as possible, regular school attendance and, in these circumstances, the Headteacher accepts responsibility, in principle, for designated members of staff to administer or supervise children taking prescribed medicines during the school day.

Medication must clearly show the child's name on the prescription label and state the dosage. This includes any child's asthma inhaler and any child's EpiPen prescription.

Parents should note that medication will only be given in line with prescription labels, for example, if the prescription states that the medicine should be given an hour before food, school must follow this guidance.

Non-Prescription Medicines

In order to encourage as far as possible regular school attendance, the governors of the school have agreed that if a child needs paracetamol suspension during the school day (Calpol), a dose of this can be given by school with the parent's prior written consent. In the event of written consent not being available a parent's verbal consent can be taken and recorded as a one off event but written authorisation must be received in retrospect. Please ensure your child's name is clearly labelled on the bottle. The school holds a bottle of Calpol in stock should this be required during the school day and if permission is given from a parent.

Consent

Parents will give consent when handing over any medication, they will also be alerted every time and medicine as administered.

The school must be informed if there are any changes to the prescription, and be made aware of any possible side effects. Parents are responsible for the disposal of date-expired medicines.

Accurate Medical Information

The school asks parents/carers to provide full and accurate information about their child's medical needs to enable staff to provide adequate care. Parents/carers of children with long term, complex medical needs are encouraged to discuss management of this with the Headteacher. Data Collection forms are sent home each

Autumn Term. It is parent's responsibility to check that the medical information that we hold is correct and advise school of any changes.

Self-Management

Where appropriate, children are actively encouraged to manage their own medication under the supervision of an adult. In the case of a child using an asthma inhaler a spacer should be used to ensure maximum benefit.

Record Keeping

All records are kept on our online system Medical Tracker.

School Trips

The school encourages pupils with medical needs to participate in school trips, wherever safety permits. Staff will ensure all children's medicines are carried by an adult and are easily accessible to children for the duration of the trip.

Parents are requested to provide written information regarding their children's medical needs, consent for emergency medical treatment and details of special dietary requirements.

Staff Training

Staff involved in the administration of medicines hold a current First Aid certificate, and are encouraged to read current relevant literature on Asthma and the use of an EpiPen and attend courses run by the Health Authority pertinent to the medical needs of the children they volunteer to support.

Section 26, of the Health and Safety Handbook states there is no legal duty that requires school staff to administer medicines. It is a voluntary role that is implemented at the discretion of the Headteacher.

Staff are trained in epi-pen administration and epilepsy and diabetes treatment as required.

Emergency Procedures

Should a medical emergency arise, a First-Aider will assess the situation and inform the SLT and the emergency service will be called immediately. A member of staff will remain with the child until a parent/carer arrives.

Application of Sun Lotions

Parents/carers of children with sun sensitive skin are advised to provide their child with a sun hat and cool, loose fitting clothes that cover arms and legs. A sun block may be applied before school.

For those with very sensitive skin, a sun block may be brought in to school for re-application at lunchtime. Please note that children must apply the lotion themselves where possible.

Allergies

What is Anaphylaxis?

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food, insect stings, medication or latex). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2 – 3 hours later. It is potentially life threatening and always requires an immediate emergency response.

Timing of Reactions

Food – symptoms can begin immediately after food consumption containing the allergen. Severe symptoms often take 30+ minutes to occur. Some severe reactions can occur within minutes and some 1-2 hours after eating.

Stings – reactions usually occur within 10-15 minutes

Reducing risk

If a child has an allergy, the medical lead will meet with parents to discuss specific needs and implement a health care plan. This plan will be shared with all appropriate staff and a copy kept in the classroom.

- Bottles, drinks and lunch boxes brought from home should be labelled clearly with child's name
- The kitchen will be aware of allergies and will prepare food appropriately, avoiding contamination with other foods and utensils. Please note it is not always possible to 100% guarantee the kitchen is nut free due to manufacturers disclaimers of food being produced in factories that may contain nut production. All food is clearly labelled.
- If food will be consumed outside of lunch times for examples treats in class or on school trips, parents will be consulted before consumption for permission.
- Children should be encouraged by parents to manage their allergy by choosing foods without allergens (age appropriate).

Treatment

School will follow the health care plan for reactions as agreed with parents. However, if the child is having a severe reaction adrenaline is recommended. Adrenaline (epi pen) stops the reaction. However, more than one dose may be required. Children can improve and deteriorate later so it is essential that an ambulance is called whenever anaphylaxis occurs.

Epi Pens

All children with severe allergies are required to have two epi pens in school. One is kept in the classroom and the other in the emergency box in the hall. All staff are aware of children with severe allergies and the location of epi pens.

Emergency Epi Pen

In very rare circumstances, school may need to use the emergency epi pen. If two doses are not enough to stop the reaction, a third dose may be required. We cannot give a third dose without medical and parental consent. When a parent meets with the health lead they will be asked to provide written consent, this will be kept on the child's file.

DELAYS IN ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.

Signs of an allergic reaction – see appendix 1

Individual Care Plans

These are kept for children with medical conditions or needs that require special individualised care. All IHCP are kept on our online system, Medical Tracker which all staff have access to.

Children requiring support with toileting also have individual care plans, agreed by parents, to care for their personal needs. These may be written within their EHCP if they have one.

Asthma Policy

The school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma. The school encourages children with asthma to achieve their potential in all aspects of school life (including P.E.) by having a clear policy that is understood by school staff, the LEA and pupils.

We have a separate policy specific to Asthma, which is available from the school office on request.

Covid 19

During the Covid 19 Pandemic additional precautions have been implemented to ensure the safety of staff and pupils. First aiders have been provided with PPE including gloves, masks and aprons. This PPE is to be worn when administering any first aid (to adult or child) to ensure the risk of Covid 19 is minimised. After every first aid case, the PPE must be disposed of and new PPE worn.

If a pupil has symptoms of Covid 19, they will be isolated in a room with a member of staff who will be wearing PPE. Parents must come and collect the pupil.

Appendix 1

The signs of an allergic reaction are:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:




- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

Airway:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
Breathing:	Difficult or noisy breathing Wheeze or persistent cough
Consciousness:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector* without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

