

# Pensby Primary School



## First Aid Policy

*Including Medicines, Asthma and Headlice*

Mrs K Brown

September 2008

Updated

September 2011/ July 2012/July 2013/July 2014/July 2015/July

2016/July 2017/Sept 2018

# **First Aid Policy Statement**

## **Rationale**

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend to emergency first aid provision, the administration of medicines to dealing with Asthma and headlice.

## **Purpose**

This policy;

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
2. Clearly defines the responsibilities of the staff
3. Enables staff to see where their responsibilities end
4. Ensures the safe use and storage of medicines in the school
5. Ensures the safe administration of medicines in the school
6. Ensures good first aid cover is available in the school and on visits

## **Guidelines**

New staff to the school are given a copy of this policy when they are appointed. This policy is regularly reviewed and updated. This policy has safety as its priority. Safety for the children and adults receiving first aid or medicines and safety for the adults who administer first aid or medicines.

## **Conclusion**

The administration and organisation of first aid and medicines provision is taken very seriously at Pensby Primary School. There are annual procedures that check on the safety and systems that are in place in this policy. The school takes part in the Health and Safety checks. The school also discusses its first aid and medicines procedures with the school nurse each year. Adjustments are made immediately if necessary.

# **First Aid Policy Guidelines**

## **First aid in school**

The guidance from the DFE is:

Medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'. Schools and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

### ***Training***

All staff are offered emergency first aid training and most undertake this training. Our aim is that the majority of teaching staff and Midday Assistants are all trained in emergency first aid and new staff are encouraged to undertake training. Retraining happens as per guidelines. The Headteacher, and key staff (detailed on school notices) are fully trained first aiders. With at least three fully trained first aiders, there should always be one on the school premises at any one time. Fully trained first aiders attend retraining courses as required.

### ***First aid kits***

Midday Assistants are issued with their own first aid kit and carry this with them at lunchtime. They contain basic first aid provisions to treat minor injuries. Gloves are included to protect staff and must be worn when dealing with cuts.

First aid kits and first aid provisions are stored in the first aid cupboard in the dining area. All classes have an emergency first aid kit that the teachers keep in a convenient place.

### ***Cuts***

WEAR GLOVES. The nearest adult deals 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 will be given an alternative dressing. Minor cuts do not need to be recorded in the accident file.

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

ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES. All blood waste is disposed of in the yellow bin, located in the disabled toilet by the admin office. It is best to clean cuts wherever possible with water only and avoid the use of medi wipes.

### ***Bumped heads***

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and guardians must be informed. Minor head bumps are informed by text message and letter, more serious head bumps BY TELEPHONE and LETTER. 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 file.

### ***Accident file***

The accident file is located in the school office. Each year there is a new file. Old files are stored.

In the event of a record being entered, record slips are in the school office. Slips should be handed to the school office to be filed.

For major accidents, a further Local Authority report form must be completed within 24 hours of the accident. These forms are located in the accident file or on line. These forms need to be signed by the Headteacher, a copy taken and placed in the child's section and the original copy forwarded to county.

If a child needs to be collected by a parent due to an accident a 'Serious Accident form' should be completed and copied – copy to parent and copy in first aid file.

### ***Calling the emergency services***

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

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

1. State 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 the Admin staff OR another member of staff, should wait by the school gate on the appropriate road and guide the emergency vehicle into the school.

If the casualty is a child, their parents should be contacted immediately and give 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 clearly located in the school office.

## **Medicines in School**

### ***What can be administered?***

In school we will only administer medicines as prescribed by a doctor (except hayfever medication). Under no circumstances will we administer any paracetamol based medicines, unless they have been prescribed.

#### ***ANTIBIOTICS***

We can administer antibiotics although this is usually undertaken by one of the fully trained first aiders. We can only administer ONE dose of an antibiotic during the school day.

#### ***ANTI-HISTAMINE***

We can administer anti-histamines in school usually undertaken by one of the fully trained first aiders. We will administer these medicines as stated or when required.

#### ***COUGH MIXTURE/THROAT LOZENGES***

We are unable to administer cough mixture or throat lozenges, unless they have been prescribed by a doctor.

## **CREAMS**

We can administer creams for skin conditions such as eczema. HOWEVER, staff must not rub cream onto a child's body. Application of these creams must be made under the observation of another adult.

### ***Parental permission***

Medicines will not be administered unless we have the written permission of parents and in the case of prescribed medicines, we must have proof of them being prescribed. Medicines forms are available from the school office.

In the event of a child coming into school with medicines without a permission slip, we will attempt to gain consent for administration over the phone if it is a prescribed medicine. If we are unable to contact parents this way then the medicine will not be administered. If the medicine is not prescribed we will try to contact parents to inform them that the medicine will not be administered.

### ***Where medicine is stored***

No medicines should be kept in the class or in the child's possession (except inhalers). All medicines are kept in the first aid fridge in the deputy's office or the locked cupboard in the disabled toilet by the admin office. Administration of medicines takes place in the headteachers office, admin office or staffroom.

### ***Administration of medicines file***

All medicine permission slips are placed in the administration of medicines file, which is kept in the office. Each year there is a new file. Old files are stored in the school office.

When medicine is administered, staff must complete the dated entry of this, which is printed on the back of the form. Before administering medicines, staff should read the dates entry section of the form to check that the medicine has not already been administered. The dose given must be recorded.

### ***Asthma and other medical problems***

At the beginning of each academic year, any medical problems are shared with staff and a list of these children and their conditions is kept in the class register. New photographs and signs are made of children with severe medical problems such as asthma. These signs and notices are displayed,

1. In the class register
2. In the school office
3. In the school kitchen
4. In the staffroom

### ***Epipens and anaphylaxis shock training***

Some children require epipens to treat the symptoms of anaphylaxis shock. Epipens are all kept centrally in the locked medicines cupboard in the staffroom. Staff receive regular training on the use of epipens. Children who require these epipens are listed as above.

### ***Inhalers***

Most children should have their inhalers with them at all times. Key Stage 2 children are expected to take their inhalers with them whenever they do rigorous activity. Key stage 1 children will keep their inhalers with their class teacher for safety in a box stored securely in the classroom. In the box will be the dosage instructions signed by the parent. When the inhaler is administered, a record of this is kept in the main Administration of Medicines file which is kept in the staff room. Families should always be informed when an inhaler has been administered.

OTHER ASTHMA SUFFERERS CANNOT SHARE INHALERS.

In the event of a child having an asthma attack, who has no inhaler, the parents must be sought quickly by phone to give permission for the administration of someone else's inhaler. If parents cannot be located, then the emergency services will be contacted and they may give permission for the sharing of the inhaler.

### ***Headlice***

Staff do not touch children and examine them for headlice. If staff suspect a child has headlice parents will be informed. In the case of a child who arrives at school with headlice, the family will be asked to take the child for treatment for their own comfort and to halt any spread to other children. Children can return to school when treatment is completed. When we are informed of a case of headlice in school, we send a standard letter to the class where the case has been identified.

### ***Vomiting and diarrhoea***

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

### ***Chicken pox and other diseases, rashes***

If a child is suspected of having chicken pox etc, we will look at their arms or legs. To look at a child's back or chest would only be done if we were concerned about infection to other children. In this case another adult would be present and we would ask the child if it was alright.

If a child has any of these infections they will need to stay off school for a prescribed period of time. The Headteacher or school office will advise timescales.

### **Handling bodily fluids**

It is important that all staff is aware of the correct procedure when dealing with bodily fluids. If not cleaned up correctly this could lead to spread of disease and cause people who come into contact with such fluids to become unwell.

Please read and follow the guide below to ensure that when dealing with un-well children you clean up the fluids safely and dispose of them correctly to minimize the spread of infection.

#### **Vomit-**

- There should be a sick bucket allocated to each class room and spare buckets in the disabled toilet
- It is that class rooms responsibility to ensure that if their sick bucket is used that it is cleaned adequately for the next user
- paper towels should not be used to clean up bodily fluids
- If there is vomit in the bucket please dispose of this down a toilet and thoroughly clean the bucket with hot water and soap. DO NOT put paper towels in the buckets
- Please inform cleaning staff if your bucket needs disinfecting
- If a child is sick on a floor indoors please use the special white powder located in the disabled toilet
- This must have a contact time of at least 30 minutes
- Please mark the area with cones or a wet floor sign to stop children walking through it and cross contaminating other areas
- Once this has had 30 minutes contact time please use a red dust pan and brush located in the disabled toilet to brush up the powder
- All powder and the dustpan and brush must then be disposed of using a yellow clinical waste bag and put in the main rubbish bin in the car park
- If you need to mop the area there is a red mop and bucket in the disabled toilet please ask the office ladies for some all-purpose cleaner to put in the bucket. This can be filled and emptied in the sluice room

- If a child vomits in an outdoor area please use the powder to cover the sick and leave this to absorb making sure to cone off the area. Clean up in the same way and dispose of all items in the same way
- Blood can also be dealt with using the white powder – always disinfect the area after clean up
- Staff should always wear gloves and an apron when dealing with bodily fluids.