



we are a learning community with the spirit to succeed

## Holywell Primary School

### First Aid Policy

<b>Status:</b>	Non-Statutory
<b>Approval Body:</b>	Governing Body
<b>Review Frequency:</b>	2 Years
<b>Last Review:</b>	December 2022
<b>Next Review:</b>	Autumn 2024



# Holywell Primary School

## First Aid Policy

### 1. 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 and dealing with Asthma and headlice.

### 2. 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 and 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

### 3. Guidelines

- 3.1 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. It is given to all new staff to the school as part of their induction pack. The policy is regularly reviewed and updated.
- 3.2 The administration and organisation of first aid and medicines provision is taken very seriously at Holywell Primary School. There are annual procedures that check on the safety and systems that are in place in this policy. The school also discusses its first aid and medicines procedures with the school nurse each year. Adjustments are made immediately if necessary.

### 4. First aid in school

#### 4.1 Training

All support staff are given emergency first aid training. Fully trained first aiders attend retraining courses as required. There should always be one fully trained first aider on the school premises at any one time.

#### 4.2 First aid kits

Midday Assistants are issued with their own first aid kit and carry this with them at lunchtime.

First aid kits are stored in the staffroom and the Nursery, Key Stage 1 and Key Stage 2 areas. All classes have an emergency first aid kit that the teacher keeps in a convenient place. These are checked and restocked at the beginning of each term by a nominated member of staff.

#### 4.3 Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been cleaned. 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.

Any first aider can treat more severe cuts, but a fully trained first aider must attend the patient to give advice. Cuts, except very minor ones, 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 one of the Yellow bins (located in the Disabled Toilet and the Female toilets by the school office).

#### 4.4 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. A 'Bumped Head' letter must be given to any child who bumps their head. The child's teacher must be informed so that he/she can keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in the accident file. Parents and guardians must be informed BY TELEPHONE if the injury is serious or a txt message will be sent if it is less serious.

High energy head injuries or those with any evidence of following symptoms may indicate serious injury and immediate medical advice should be sought by calling 999.

- unconsciousness, or lack of full consciousness (i.e. difficulty keeping eyes open);
- confusion;
- irritability or altered behaviour ('easily distracted', 'not themselves' 'no concentration', 'no interest in things around them')
- any problems with memory;
- persistent headache;
- blurred or double vision;
- vomiting;
- clear fluid coming from ears or nose;
- bleeding from their ears or bruising behind their ears
- loss of balance;
- reading or writing problems;
- loss of power or sensation in any part of body, such as weakness or loss of

- feeling in an arm or leg;
- general weakness;
- seizure or fit.

#### 4.5 Accident file

All accident files are located in the school office. Old files are archived in the school office. More serious injuries, requiring the attention of a first aider are recorded in the same file which is also kept in the school office.

In the event of a record being entered, it will be filed in date order. Every child has their own sheet. Records of different children must not be entered on the same sheet.

For major accidents an online accident form needs to be completed on SOLERO within 24 hours of the accident. The Headteacher needs to be informed of all accidents.

#### 4.6 Calling the emergency services

In the case of a major accident, 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. Provide the child's name
3. Provide the age of the child and their date of birth
4. State whether the casualty is breathing and/or unconscious
5. Give 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 Tolpits Lane and guide the emergency vehicle into the school.

If the casualty is a child, their parents 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 clearly located in the school office.

## 5. Medicines in School

### 5.1 What can be administered?

The school is able to administer prescribed medication. Parents need to complete a 'Parental agreement for school to administer medicine' form setting out the details of the medication to be administered (see Supporting Pupils with Medical Conditions Policy).

### 5.2 Creams

In exceptional circumstances we may administer creams for skin conditions such as eczema if we have written authorisation from the child's parents/carers. HOWEVER, the cream has to be administered by the child.

### 5.3 Asthma and other medical problems

At the beginning of each academic year, any medical problems are shared with staff and a list of the children concerned 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 a secure area in the classroom
2. In the school office
3. In the school kitchen
4. In the staffroom

### 5.4 Epipens and anaphylaxis shock training

Some children require epipens to treat the symptoms of anaphylaxis shock. Epipens are all kept safely in the children's classes. Staff receive regular training on the use of epipens when there are pupils in school who require their use. Children who require these epipens are listed in as 5.3 above. A spare epipen is kept in the school office.

### 5.5 Inhalers

Children who require inhalers have access to 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.

#### **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 the schools emergency inhaler. If parents cannot be located, then the emergency services will be contacted and they would give permission for the sharing of the inhaler. A spare inhaler is kept in the school office.

### 5.6 Headlice

Staff must not touch children and examine them for headlice. If a child is suspected of having headlice Parents/Carers must be informed and asked to examine them. When we are informed of a case of head lice in school, we send a standard letter and or txt message to the class where the case has been identified.

### 5.7 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 has elapsed after the last symptom.

## 5.8 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's permission.

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 the parent of the timescales.

## 6. Monitoring and review

- 6.1 The effectiveness of this policy will be monitored by the Governing Body.
- 6.2 This policy will be reviewed every two years.