



# Hawkinge Primary School

## First Aid Policy and Procedures

### 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 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

### Guidelines

New staff to the school are given a copy of this policy when they are appointed. This policy is reviewed and updated annually. 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.

### First aid in school

Tracey Iles is the Designated First Aider (pending training for Laura Campbell) and it is their responsibility to:

1. Administer & record times of administration of medicines to pupils
2. Administer First Aid to pupils as appropriate
3. Maintain pupil medical records in order to adhere to strictly laid down procedures
4. Ensure that the First Aid Boxes / Burn boxes / TA First Aid Kits are topped up and checked every new term
5. Monitor the time left on all staff First Aid certificates & arrange training when appropriate in liaison with the Head teacher
6. Ensure parental permission is sought for using plasters / antiseptic wipes / Calpol annually
7. Inform parents of accidents where appropriate
8. Monitor the location of any accidents to investigate any trends.
9. Record accidents presented to her from MDS or other staff and keep this record up to date centrally
10. To report high priority accidents to the HT and DHT daily
11. Complete Ridour forms as appropriate

# First Aid Policy

## **First aid kits**

Teaching Assistants & Midday Supervisors are issued with their own first aid kit and carry this with them at break times / lunchtime. First aid kits are stored around the school in central areas, and should be checked half termly by staff to ensure they are correctly stocked and medicines are in date.

All classes have an emergency first aid kit that is the responsibility of the TA to administer minor First Aid as follows: small cuts, something in a child's eye (such as dust/ sand – not an embedded item), monitoring of temperature and the issue of a sick bag. TA's are responsible for ensuring their First Aid Bag is well stocked and stock is in date. The First Aid bag should be taken by the TA out on playground duty so small wounds can be treated there and then

***ANYONE TREATING AN OPEN CUT / ANY BODILY FLUIDS MUST USE RUBBER GLOVES AND DISPOSE OF CLEAN UP MATERIALS BY DOUBLE BAGGING THEM UP BEFORE DISPOSAL / FLUSH DOWN THE TOILET IF APPROPRIATE***

## **Cuts**

The TA can deal with small cuts in the classroom. All open cuts should be covered after they have been treated with an antiseptic wipe. A check should be made to see whether children 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. Minor cuts should be recorded in the accident file and parents informed. Each medical pack contains the list of pupils who cannot use plasters – this is also recorded in the school office.

## **Bumped heads**

Any bump to the head, no matter how minor is treated as serious. All bumped heads MUST be referred to Ms Campbell (or in her absence Mrs Iles) All bumped heads should be treated with an ice pack. It is preferable that Parents and carers are informed by telephone, with the HT / DHT permission this can be done by text if telephone calls are unsuccessful. 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, and children issued with a Bumped Head Sticker.

## **Nose Bleeds**

If a child has a nose bleed in class first of all

- Sit him / her down and lean the child forward a few inches
- Ask the child to use two fingers and pinch the soft part near the end of his / her nose. Explain to them that the upper part the nose is hard bone. Between that body part and the tip the nose is made of softer cartilage - this is the part you want to pinch. Hold this firmly for at least 5 minutes without letting go.
- If available, placing an ice pack over the bridge of the nose can be a good idea

If after 5 mins the child is still losing a lot of blood call for Mrs Iles /Ms Campbell / HT / DHT to come and see him / her If after 30mins the nose is still bleeding heavily call 999

## **Accident file**

The accident file is located in the School Office. Each year there is a new file. Old files are stored centrally. In the event of a record being entered, the file is divided alphabetically. Every child has their own sheet. Please do not mix up records of different children on the same sheet.

For major accidents, a further county form must be completed within 24 of the accident. These forms are located in the accident file. 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.

# First Aid Policy

## Calling the emergency services

In the case of major accidents, it is the decision of the fully trained first aider / HT / DHT if the emergency services are to be called.

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 (The school postcode is stuck to the bottom of each telephone)

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 Mill Lane 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 /in the electronic data system on SIMs. The following staff can access the information – Aly Ward, Paul O'Brien, Joanna Hughes, Laura Campbell, Becky Dawe, Tori Hanner, Sarah Webb, Aneeka Tappenden & Tracey Iles

## Medicines in School

### Parental permission

**Medicines will not be administered unless we have the written permission of parents. 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 we are unable to contact parents this way then the medicine will not be administered.

### What can be administered?

In school we will administer medicines such as antibiotics, anti-histamine, cough mixture and paracetamol. Throat lozenges should not be administered. All medicines must be clearly labelled with the child's name and class.

- 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.
- 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.
- We can administer cough mixture in school usually undertaken by one of the fully trained first aiders. We will administer these medicines as stated or when required.
- We can administer paracetamol in school usually undertaken by one of the fully trained first aiders. We will administer these medicines as stated or when required.
- We can administer creams for skin conditions such as eczema. **However**, staff must not rub cream onto a child's body, unless agreed with the parents. With agreement, application of these creams must be made under the observation of another adult. Creams will be usually kept and administered in the School office except for individual cases as agreed by the head teacher.

### 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 a fridge in the school office. Administration of medicines takes place in the School Office.

## First Aid Policy

### **Administration of medicines file**

When medicine is administered, staff complete the pupil's medicines sheet. **Before administering medicines**, staff should read this date entry section of the form to check that the medicine has not already been administered, the date and how much medicine is administered and by whom should all be recorded. A record then should be kept of what and when the medicine was administered. NO calpol will be administered before speaking to a parent. If no parent can be contacted – no calpol will be administered

### **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 staffroom
4. Food Allergies (a list of pupils with food allergies/intolerance will be kept in the school kitchen)

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

**The administration of Epipens can only be used by staff who have attended an Anaphylaxis/Epipen session.**

Some children require epipens to treat the symptoms of anaphylaxis shock. Epipens are all kept centrally in the child's classroom and importantly with the child, in an orange medpac bag, for quick access by adults. The bag will be labeled with a photograph of the child.

Staff receive regular training on the use of epipens. Children who require these epipens are listed as above, and recorded on the front of the register/school office/staffroom medical board

If a child needs an epipen the following procedures will be followed:

1. **Dial 999 call for ambulance, message to be given "Anaphylaxis"**  
The other children will be cleared from the room, and a msg to be sent to the school office to contact parent/carer immediately.
2. The adult who is with the child will check that the epipen is in date and follow the care plan in the orange bag particular to the child. .

Separate arrangements are made for children who need to use an epipen, and they are taken out to play / to lunch / assembly etc as usual practice.

### **Inhalers**

Children 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 in their trays in the classroom for easy access. It is advised that asthma sufferers request asthma pumps with a counter on the reverse so that the life span of the inhalers can be monitored. 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 would give permission for the sharing of the inhaler.

### **Headlice**

Staff do not touch children and examine them for headlice. If we suspect a child has headlice we will inform you and you to examine them. 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.