



St Mary's Lewisham CE School First Aid Policy

Reviewed May 2017

Policy Statement

The Governors, Executive Head & Head of School of St Mary's Lewisham CE Primary School accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school.

The Governors are committed to the authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 1995.

The provision of First Aid within the school will be in accordance with the DFEE's guidance on First Aid in school.

Aims:

The Aim of this Policy is to set out guidelines for all Staff in school in the administering of First Aid, and to determine whether or not the child is in need of 'First-Aid' or merely 'Pastoral Care'. Having such clarity will help us to ensure we are providing the best possible provision for safeguarding our pupils.

Signed

(Head of School)

Date

Signed

(Chairperson of the Governing Body)

Date

Statement of First Aid organisation.

The school's arrangements for carrying out the policy include nine key principles.

- To place a duty on the Governing body to approve implement and review the policy.
- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- To records all occasions when first aid is administered to employees, pupils and visitors.
- To provide equipment and materials to carry out first aid treatment.
- To make arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.
- Undertake a risk assessment of the first aid requirements of the school.

Information on First Aid arrangements

All employees at the school will be made aware of the following:

- The arrangements for recording and reporting accidents.
- The arrangements for First Aid.
- Those employees with qualifications in first Aid.
- The location of First Aid cabinets and kits.

Signs are displayed throughout the school providing the following information:

- names of employees with first aid qualifications.
- Location of first aid boxes.

All members of staff will be made aware of the school's first aid policy.

Recording of First Aid and Accidents

A record of all first aid treatments given by first aiders and appointed persons MUST include:

1. the date, time and place of incident;
2. the name (and class) of the injured or ill person
3. details of the injury/illness and what first aid was given
4. what happened to the person immediately afterwards (for example went home, went back to class, went to hospital)
5. name and signature of the first aider or person dealing with the incident

The above information MUST be recorded in the 'FIRST AID' book which is kept in the Office.

Teachers will be informed of any accident that occurs during the school day by the Appointed person.
(See Appendix 6)

Early Years

Early Years have a separate book from the rest of the school. This is kept in the reception classroom on top of the first aid cupboard.

The information in the record book can help the school identify accident trends, possible areas for improvement in the control of health and safety risks, be used for reference in future first-aid needs assessments or be helpful for insurance and investigative purposes.

Pupil accidents involving their head/face

The Governing body recognise that accidents involving the pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time.

- A telephone call is made informing parents/carers/carers that their child has had a bump to the head or facial injury. (See Appendix 6)
- A first aid slip is also sent home. (See Appendix 6)

First Aid Room

The First Aid Room at St Mary's is situated: In the Annexe building on the ground floor.

Education (School Premises) Regulations 1996 require every school to have a suitable room that can be used for medical or dental treatment when required, and for the care of pupils during school hours. The area, which must contain a washbasin and be reasonably near to a WC, need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed. Schools should consider using this room for first aid. However, first-aid facilities may need to be made available quickly.

This room will be used every day during break time – 10:30-10:45 and every day during lunch time – 12-1:30pm for the sole purpose of First Aid.

All Teaching Assistants are trained in emergency first aid. (See Appendix 6)

Staff training on First Aid (4 hour course) will be undertaken every three years and all support staff will be invited to attend when necessary.

Staff training on Paediatric First Aid Courses will be taken every 3 years. (See Appendix 6).

Epi-pen training will be given to all staff by the School Nurse on an annual basis. The next whole school staff First Aid Training will be organized before April 2016. All staff training is recorded on the MIS system.

Useful telephone numbers – (Appendix 1)

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

Contents of First Aid Cabinets

The minimum provision:

- a leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- two sterile eye pads
- four individually wrapped triangular bandages (preferably sterile)
- six safety pins
- six medium sized (approximately 12cm x 12cm) individually wrapped sterile un medicated wound dressings
- two large (approximately 18cm x 18cm) sterile individually wrapped un medicated wound dressings

- one pair of disposable gloves.

Equivalent or additional items are acceptable.

All First Aid Boxes to be kept fully stocked. (See Appendix 6)

Transport to hospital

- The head teacher will determine what is a reasonable and sensible action to take in each case.
- Where hospital treatment is required but it is not an emergency, then the Head of School will contact the parents/carers for them to take over responsibility for the child.
- If the parents/carers cannot be contacted then the Head of School may decide to transport the pupil to hospital. Where the Head of School makes arrangements for transporting a child then the following points will be observed:
- No individual member of staff should be alone with a pupil in a vehicle.
- The second member of staff will be present to provide supervision for the injured pupil.

If it is deemed necessary to call the emergency services, the Head of School, Executive Head or Assistant Head must authorise this and the Appointed Person will make the call.

Calling an Ambulance

Always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of a significant head injury
- In the event of a period of unconsciousness
- Whenever there is a possibility of a fracture or where this is suspected
(See Appendix 2)

It is the responsibility of the office staff call the ambulance and to print a context sheet BEFORE the Paramedics arrive. This must be given to them on arrival so they have all the necessary details of the child.

The office must also call the parents/carers to inform them of the incident and keep them up to date on what is happening.

Where hospital treatment is required but it is not an emergency, parents/carers will be contacted and they will take over the responsibility of their child. In the event that the parents/carers cannot be contacted, a member of staff will accompany the child to hospital and remain with them until the parents/carers can be contacted

Accident Reporting

The Governing body will implement the LA's procedures for reporting:

- all accidents to employees
- all incidents of violence and aggression.

The Governing body is aware of its statutory duty under RIDDOR in respect of reporting the following to the Health and Safety executive as it applies to employees.

- An accident that involves an employee being incapacitated from work for more than three consecutive days.
- An accident which requires admittance to hospital for in excess of 24 hours.
- Death of an employee.
- Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine.

For non-employees and pupils an accident will only be reported under RIDDOR:

- where it is related to work being carried out by an employee or contractor and the accident results in death or major injury, or;
- It is an accident in school which requires immediate emergency treatment at hospital

For each instance where the Head of School considers an accident to a visitor or pupil is reportable under RIDDOR the advice of the authority will be sought.

Where a pupil has an accident it will be reported to the LA.

All accidents to non-employees (e.g.) visitors which result in injury, will be reported to the authority.

Please see the School Office for a copy of the RIDDOR Form. (See Appendix 6)

Medication

Under certain circumstances the first aid officer will administer medication to ensure equality of opportunity for all pupils to attend school. Clear written instructions must be provided by the parents/carers which may be cross referenced with the GP or school nurse practitioner.

Wherever possible, the first aid staff requests that medication for short term illnesses (completion of a course antibiotics when the child is well enough to return to school) should be administered before the beginning and after the end of the school day.

Storage of medicines and drugs

Medicines are stored safely in a locked cabinet out of the reach of pupils. For each individual child the medicines is kept in the container supplied, which must be clearly labelled with the name of the child and instructions for use. Some medicines (e.g. liquid antibiotics and insulin) are placed in a sealed airtight container and clearly marked 'medicines' these are stored in the refrigerator in the First Aid room.

Asthma inhalers are readily available to pupils as some pupils will require their medicines in an emergency situation. If a child takes their inhaler at school this should be documented and the parents informed. Blue inhalers – Ventolin (Salbutamol) are available from the first aid room in school, in an emergency in accordance with the Guidance on the use of emergency salbutamol inhalers in schools produced by the Department of Health.. See Appendix

Administering medicines

A standard procedure must be followed which includes:

- refer to written instruction received by school
- check prescribed dose
- check expiry date
- check prescribed frequency of medication
- measure out prescribed dose and check the child's name

- complete and sign record when child has taken or has been given medicine
- if there is uncertainty, do not give the medicine but check with the child's parents/carers/carers or doctor
- Approved medication will only be administered on receipt of a written request from the parent/carer (Appendix 3)
- Parents/carers can attend school and administer medication at break / lunch times subject to completion of a proforma

A log is kept in the Medical Room of every time medication is administered. This log shows: Date; Child's name; Class; Time given and Dosage given. (See Appendix 6)

Epilepsy

Parents/carers are encouraged to discuss all aspects of their child's health and well-being with the school.

The nature, frequency and severity of a seizure will vary greatly between individuals.

The symptoms of most children with epilepsy are well controlled by modern medication. Many pupils with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing lights or flickering lights, video games and computer graphics and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs.

Nothing must be done to alter the course of a seizure once it has begun. The pupil should not be restrained and there should be no attempt to put anything into the mouth. **A fully qualified First Aider who will know how to deal with the patient should be summoned at once,**

Pupils with epilepsy should not necessarily be excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science

laboratories. **Concerns about any potential risks are discussed with pupils and their parents/carers. If the first aider feels it necessary she/he will seek additional advice from the GP, Paediatrician or school nurse/doctor.**

Diabetes

This is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels.

Children with diabetes may have daily insulin injections, to control their blood glucose level. Most children can do their own injection and may simply need supervision if very young and a suitable private place to carry it out.

A quiet area in the First Aid room will be made available for this.

Pupils with diabetes need to eat regularly. This may include eating snacks during class-time or prior to exercise.

Facilities will be available for pupils to take an additional snack during the day in the First Aid room (this will be reflected in their individual medical plan).

If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemia episode (a hypo) during which his or her blood sugar level falls to too low a level. If a child has a

hypo, it is important that a fast acting sugar, such as glucose tablets, a sugary drink or a chocolate bar, is given to eat.

It is important that the Qualified First Aider is called immediately.

Anaphylaxis

This is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the pupils concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Allergic reactions

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- A metallic taste or itching in the mouth
- Swelling of the face, throat, tongue and lips
- Difficulty in swallowing
- Flushed complexion
- Abdominal cramps
- A rise in heart rate
- Collapse or unconsciousness
- Wheezing or difficulty in breathing

Medication and control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline called an epi-pen. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional.

Due to the need for an immediate response to the reaction an epi pen is stored in each classroom as appropriate and also in the First Aid room.

Each administration of an epi-pen should be documented – (Appendix 4)

Unusual administrations

In some cases children require unusual administrations of medicine, for example, injections. Such cases need to be considered individually in consultation with the school nurse practitioner.

Allergies are required to be reported to the school upon joining and must be mentioned on the contact form. The school works with parents/carers/carers to draft a medical plan which is reviewed annually or more frequently if changes occur. Please see (Appendix 5) which contains an example letter and plan.

If a child is unwell the parents/carers/carers will be contacted and asked to collect their child. (See Appendix 6)

P.E

All class Teaching Assistants are First Aid trained and therefore are responsible for taking the 'green bag' (first aid kit) and any asthma pumps to every PE lesson. They must remain present throughout the session and deal with any first aid that may arise. All incidents MUST be recorded in the FIRST AID book which is kept in the office and a letter MUST be filled in to be sent home. Any major injuries or bumps to the head will also need a phone call home. (See Appendix 6)

Off site activities

All class Teaching Assistants are First Aid trained and therefore are responsible for taking the 'green bag' (first aid kit) plus a sick bucket/bags on every trip. They will also need to collect any asthma pumps or medication required for the trip. They are responsible for recording any accident/incidents in the FIRST AID book on return. **A Paediatric trained person must accompany children in EYFS on every trip.**

May 2017 – to be reviewed annually

APPENDIX 1

USEFUL CONTACTS, HELPLINES AND

VOLUNTARY SUPPORT GROUPS

Lewisham Hospital Lewisham High Street, Lewisham SE13 6NX 0208 333 3000	National Asthma Campaign Summit House 70 Wilson Street London EC2A 2DB Helpline: 08457 010 203 Tel: 0207 786 4900
Action for Sick Children C/o National Children's Bureau 8 Wakley Street London EC1V 7QE Tel: 0207 843 6444	Contact a Family Contact Line (Information source for children and all professionals working with disabled children) 170 Tottenham Court Road London W1P 0HA Tel: 0808 808 3555 Email: helpline@cafamily.org.uk
The Anaphylaxis Campaign PO BOX 275 Farnborough Hampshire GU14 6SX Tel: 01252 546 100 Fax: 01252 377 140	Cystic Fibrosis Trust 11 London Road Bromley Kent BR1 1BY Tel: 0208 464 7211
Allergy UK Planwell House LEFA Business Park Edgingdon Way Sidcup, Kent DA14 5BH Tel: 01322 619 898 Fax: 01322 470 330 Email: info@allergyuk.org	National Association of Sick Children 18 Victoria Park Square London E2 9PF Tel: 0208 980 8523
Diabetes UK Macleod House 10 Parkway London NW1 7AA Tel: 0207 424 1000 Fax: 0207 424 1001 Email: info@diabetes.org.uk	British Epilepsy Association New Ansley House Gateway Drive Yeadon Leeds LS19 7XY Tel: 02088 005 050

APPENDIX 2

DFE recommendations

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

APPENDIX THREE

Example of the form to be completed by the parent or carer to request that a school take responsibility for the administration of medication in school (DFE)

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

APPENDIX 5A

St Mary's Lewisham CE School – Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

APPENDIX 5B

St Mary's Lewisham CE School – Individual Healthcare Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

APPENDIX 6

Current First Aiders –

Teaching Assistants + Meals Supervisors – Emergency First Aid

Martin Anstey
Norma Bailey
Paulette Grant
Lorraine MacLennan
Keisha Brown
Elizabeth Egunjobi

Meals Supervisors – Emergency First Aid

Sharon Savin -
Charlene Whyte

Current First Aiders –

Current Paediatric First Aider – October 2014 – October 2017

Teaching Assistant + Meals Supervisor -

Alex Ifrim
Tracy Rousell

- The first aider who deal with the accident should write out the slip and if it is a face/head injury then inform a member of the school office who will telephone the parent/carer to inform them.
- The first aider who deals with the injury should inform the classteacher of the accident – see above.
- The main first aider at playtime is Ms Keisha Brown, the main first aider at lunchtime is Mrs Lorraine MacLennan
- First Aid Boxes to be kept stocked by Mr Alex Ifrim
- The Lewisham Accident Report Form should be completed by the First Aider who dealt with the accident and then investigated by a member of SLT.
- The Riddor Form should be completed online by a member of the office staff – Mrs Lorraine MacLennan, Ms Tracy Manning or Ms Sandra Noble.
- Medicine will be administered by a member of the office staff The Medication Log will be completed by a member of the office staff and then checked half termly by a member of the SLT
- Care plans will be co-ordinated by Ms Bernard and actioned by Mr Manning (who will arrange the meeting with the School Nurse etc)
- First Aid records will be monitored half termly by member of the SLT

Appendix 7

EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear.....,

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs. .

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

References

Forms used by St Mary's Lewisham CE School i.e. Appendix 2, 3, 4, 5A, & 5B have been adapted from the DFE Document –

Supporting pupils with medical conditions - May 2014