

Blessed Sacrament Catholic Primary School



First Aid Policy 2018/19

“Aim high – live life to the full”

Written By	Jean Wiseman
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Signed Chair of Governors	<i>T. Gunderson</i>
Signed Headteacher	<i>C. Davey</i>

Blessed Sacrament Catholic Primary School First Aid Policy

Including: Medicines, Asthma, Head lice, Personal Care & Guidance.

Introduction

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 etc. to dealing with asthma and head lice.

This policy in conjunction with our Administering of Medicines in School Policy;

- Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
- Clearly defines the responsibilities of the staff
- Enables staff to see where their responsibilities begin and end
- Ensures the safe use and storage of medicines in the school
- Ensures the safe administration of medicines in the school
- 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 annually and updated. This policy has safety as its priority which includes 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 Blessed Sacrament 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 at regular meetings and follows the Health and Safety policy Statement (Liverpool City Council). Adjustments are made immediately if necessary.

First Aid Policy:

Covers: Training and Qualifications
 Emergency First Aid Kits
 Accident Reporting
 Calling the emergency Services

 AED – Automated External Defibrillator
 Medicines in school
 Asthma

 Personal Care guidance

First Aid Policy Guidelines

Mrs Griffin Assistant Head-teacher, organises training courses / renewals of certificates.

All staff attend basic First Aid training yearly as part of school's approach to medical needs. A further 19 staff have received a more extensive training programme.

Additionally some staff are due to attend specialist epilepsy training at Alder Hey Hospital and the School Nurse has also delivered training on allergies to key staff.

There should always be at least two trained first aiders on the school premises at any one time. When planning day visits and residentials the number of first aiders needs to be taken into account. Fully trained first aiders attend retraining courses as per guidelines and meetings are organised. Regular contact with the School Nurse and additional support/training will be provided as the need arises.

First aid and emergency kits

The First Aid stations are located within the designated First Aid Room in the Infant Building and within the corridor next to Phase 3 in the Junior Building.

All teaching rooms have a RED EMERGENCY CARD to summon assistance in an emergency.

First aid kits and first aid provisions are stored in the First Aid cupboards in the Infant and Junior Buildings. Gloves are included to protect staff and children and **must** be worn when dealing with cuts and/or bodily fluids.

First aid kits/asthma inhalers must be carried on day visits and residential trips by one member of the group– this is in addition to any first aid provision at the venue. This member of staff will not be assigned to a group of children so will therefore be able to provide a speedy response to a call for help from a member of staff. The contents of the first aid kit must be checked prior to the visit.

Cuts

All open cuts should be covered after they have been cleaned with water. 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. Severe cuts that have been treated should be recorded in the **ACCIDENT BOOKS**.

ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES.

All blood waste is disposed of in the yellow bin, located in the First Aid in the Infant Building and in the First Aid area located in the Phase 3 corridor in the Junior Building.

Bumped heads

Any bump to the head, no matter how minor is treated with a consistent approach. All bumped heads should be treated with an ice pack. For a minor injury where the child has been treated and is well and able to return to class, the appropriate slip completed and Class teacher informed, then parents /carers will be informed by **text**. For a more serious injury, the parents/carers will be informed by **telephone** with the procedures outlined above followed.

ALL bumped head incidents should be recorded in the **ACCIDENT BOOKS**.

Accident Reporting

Any child reporting an injury or accident to an adult should be dealt with consistently. If this occurs during playtimes or lunchtimes the child should report to the appropriate First Aid station where they will be treated, the accident recorded and any accident slips given out as appropriate. There is a card system in place to triage incidents to prevent children coming in from the playground independently. If a telephone call to parents is needed, the member of staff dealing with the child should ensure the admin team have the correct information prior to making the call. Class teachers should also be informed particularly in the case of infant children so they can monitor the situation and speak to parents at home time if the child remains in school. If the First Aid stations are not staffed when an injury or accident occurs then the staff member who is dealing with the child must seek a first aider if required or deal with the incident fully including passing any relevant messages to the admin team or class teachers.

Staff should ensure that at transition times (between playtime and lunchtime), children are reminded to move around school with care to avoid unnecessary accidents. Teachers should be out on the yards promptly at playtimes and lunchtimes to collect their class.

Staff are reminded that if a child reports an injury or accident to them, they are the person responsible for all the procedures outlined above.

Accident Book

All accidents are recorded using the Accident Books. These are kept in the First Aid areas outlined above and are also archived in the First Aid cupboard in the Archive Room, Junior Building.

When completing the pink slip, staff must ensure the wording is consistent with the Accident Book /Red File

For incidents that require the child/adult attending a walk-in centre, dentist or hospital straight from school, a further Local Authority form must be completed within 7 days of the incident. These forms can be found online.

These forms must be signed by Mrs Jane Griffin, Designated Safeguarding Lead or the Lead Staff Member on duty in Extended Services and sent electronically by admin staff to the Local Authority. A reference number must be recorded and passed to Mrs Griffin.

Calling the emergency services

In the case of major accidents, it is the decision of the fully trained first aiders if the emergency services are to be called. Staff are expected to support and assist the trained first aiders in their decision. The Admin Team will be notified who in turn will notify the Head teacher or a member of the Senior Leadership Team

Use the number: 999 from a landline and 112 from a mobile phone

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

- Whether the casualty is breathing and/or unconscious
- State what has happened
- The age of the person
- The child's / adult's name
- 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 wearing a **HI VIS jacket** 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 after the emergency services have been informed 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 located in the school office on the SIMS system. There is also a printed copy of all contact numbers available in the main school office so they can be easily found.

AED – Automated External Defibrillator



The school has 2 AED units. They are located in the Infant and Junior Halls. The unit is marked with the symbol above. Liz Jones is the nominated staff member for this procedure with additional staff having attended training.

For unconscious casualties:

Call 999/112 for an ambulance

Fetch / send for the AED immediately

Start CPR and continue until the AED is attached

Follow instructions on AED unit.

Medicines in School

See specific policy for Administering Medicines in School for more detail

- Consent forms must be completed by parents at the school office
- Non-prescribed medicines will be administered on completion of a consent form
- Children must not keep any medicines in school bags
- All medicine must be passed into the school office for safe storage as outlined.
- White marking boards should be kept by the medication fridges and should be completed with the names of children who are currently taking any medication. Office staff to complete daily.
- Painkilling medication (Calpol) or allergy medication (Piriton) will be given in emergencies but parents must give verbal permission beforehand via a telephone call from the School Office.
- **Children who require Calpol/Piriton on a more frequent basis i.e. one or two days, must bring their own labelled bottle into school and the necessary permission form completed by parents.**
- When disposing of medicine, a slip will be completed by the lead LSAs every term and passed with the medicine to the child's class. These should then be handed over by a staff member to an adult collecting the child. The parents of Year 6 children who go home alone will be given a text message asking them to collect medicines.

Medicines off site

During residential and off site visits, permission forms must be completed. All other procedures are followed as if in school and completed forms stored.

Creams (including sun creams)

We can administer creams for skin conditions such as eczema. Application of these creams must be made under the observation of another adult and permission form completed by parents.

However, parents are requested to administer sun creams at home before sending the child to school. If children are very fair-skinned and sun creams need re-application, parents should send this into school and the appropriate form completed at the school office.

Storage of medicines

No medicines should be kept in the class or in the child's possession (with the exception of inhalers). All medicines are kept in the locked fridges and /or cupboards located in the Infant First Aid Room and the Junior First Aid Area located in the Phase 3 corridor. Administration of medicines takes place in these areas.

Diagnosed medical conditions

At the beginning of each academic year, (and as occurs throughout the year) any medical issues that school have been informed of by parents are shared with staff and a list of these children and their conditions is kept in the class Medical Registers. Electronic versions are filed on the staff network and maintained by the SENCOs/Inclusion Managers. Lists are made of children with medical problems such as asthma, epilepsy and allergies. These lists are displayed:

- In the class Medical Registers
- In the School Offices
- In the School Kitchens (food allergies)
- In the Staff Rooms

Any child with a more serious medical condition will have an Individual Health Care Plan drawn up with the parents and SENCOs/Inclusion Managers.

Epipens and anaphylaxis shock training

Some children require epipens to treat the symptoms of anaphylaxis shock. Epipens will be kept in the class in which the child is registered. All staff should be aware of who these children are (in the class medical registers). Staff will receive regular training on the use of epipens as appropriate (annually – School Nurse)

Head lice

Staff do not routinely examine children for head lice. If staff suspect a child has head lice then a standard letter will be sent to parents. If the problem is severe, the parent may be requested to come into school and administer the appropriate treatment. Some parents may wish to take their child home to do this. This is entirely the parent's choice.

Vomiting

If a child vomits in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 24 hours after the last symptom has elapsed.

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. (This is according to the Health Protection Agency 2010 and is while the child is symptomatic and 48 hours after the last symptoms.)

Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox etc., staff 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 school office will advise timescales.

Asthma

This school recognises that asthma is a widespread, serious but manageable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by all school staff, the Local Authority and pupils. Supply teachers and new staff are also made aware of the policy.

Asthma medicines

Inhalers

- Inhalers are to be kept in the child's classroom.

- Class inhaler box is to be brought down to the first aid areas at lunchtime, playtime and the end of the day. (Class monitors)
- The inhaler boxes must be brought to PE, to the field and on trips by the class teacher.
- Class teachers to give inhalers as well as LSAs
- Records must be rigorously kept. (These are kept in the box)
- Inhaler stickers must be completed and stuck to the child's jumper/cardigan.

. All inhalers must be labelled clearly with the child's name by the parent/carer. School is also supplied with 'emergency' inhalers by the Local Authority as a further precautionary measure.

Record keeping

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. **If your child has been diagnosed with asthma by your GP or hospital, it is essential that school is informed.**

IT IS THE PARENT'S RESPONSIBILITY TO ENSURE CHILDREN HAVE INHALERS ON DAY TRIPS AND OFF SITE VISITS. CHILDREN WILL NOT BE ALLOWED TO GO IF THEY ARE DIAGNOSED WITH ASTHMA AND DO NOT HAVE AN INHALER.

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and any other teachers who may take these children for lessons must also be aware of these pupils from class/school's medical registers.

Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

IT IS THE PARENT'S RESPONSIBILITY TO ENSURE CHILDREN HAVE INHALERS FOR P.E./GAMES SESSIONS. CHILDREN WILL NOT BE ALLOWED TO TAKE PART IF THEY ARE DIAGNOSED WITH ASTHMA AND DO NOT HAVE AN INHALER.

Out-of-hours sport

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

All staff are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

School environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

Asthma attacks

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its School Asthma Pack. This procedure is visibly displayed in the staffrooms.

What to do

- Keep calm
- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child

If there is no immediate improvement use the red card to summon assistance

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in any doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

Personal Care guidance including changing soiled/wet children and menstruation.

Aims

‘Education providers have an obligation to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from normal school activities solely because of incontinence.’ (Including Me. Managing Complex Health Needs in schools and early years settings DfE)

This policy sets out our procedures for handling these situations with dignity and kindness to ensure the needs of individual children are met and health and safety standards are maintained. It also aims to work within Safeguarding guidelines and protect any members of staff from potential allegations. Parents at Blessed Sacrament School will be informed by the class teacher if a child soils themselves in a ‘one off’ incident. The following procedures will be adhered to if it becomes necessary to support a child changing.

What happens if a child is admitted to school who has incontinence issues?

The school acknowledges that this is a developmental or medical problem and will work with parents and health professionals to establish a mutually acceptable care and changing plan which is likely to cover the following points:

- Agreement with parents to ensure that the child is changed at the latest possible time before being brought to the setting/school
- Provision by parents of nappies/underwear and a change of clothing
- Agreeing the procedures that will be followed if it becomes necessary for the child to be changed in school including the use of any cleanser or the application of any cream
- Agreement that parents inform the setting/school should the child have any marks/rash.
- Agreeing to a ‘minimum change’ policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home.
- Agreement to review arrangements should this be necessary

Hygiene Procedures to follow for changing soiled underwear/ clothing

- Staff to wear disposable gloves and aprons while dealing with the incident
- Changing area to be cleaned after use
- Hot water and liquid soap/ sanitiser available to wash hands as soon as the task is completed
- Hot air dryer or paper towels available for drying hands

Staff Guidelines for dealing with a soiled child

Children will be supported by volunteer members of staff in cleaning and changing as determined by their level of independence to do so.

- Dignity, privacy and kindness should be extended. Soiled underwear should be wrapped and placed in the child's school bag for washing at home and parents informed.

For children requiring support:

- A staff member (and ideally one other member of staff acting as a support for safeguarding issues) will take the child to the relevant toilet area, ensuring dignity and privacy are respected
- The child will normally be asked to stay standing
- Adult should wear disposable rubber gloves
- Only essential garments should be lowered or removed
- Remove underwear
- When washing or wiping, always do this front to back to prevent infection
- Ensure skin is dry using paper towels (child encouraged to help if able to do so)
- Replace underwear (child encouraged to help if able to do so)
- Encourage child to wash and dry hands
- Tidy and clean changing area disposing of soiled items as per above hygiene guidelines
- Wash own hands

What to do if a child become distressed during the changing process

Talk the child through each step and reassure them that they will feel much better when they are clean. If the distress is such that it is difficult to continue then stop the changing process. If this results in a hygiene issue then parents should be contacted to explain the situation and an agreed course of action established. In any event a record must be made of distress, whether or not the changing was completed and parents informed as soon as possible.

If there is any concern re. child protection issues these should be dealt with in accordance with school policy.

What to do if any marks or redness are seen

If marks or redness are seen then this should be recorded and reported to the child's parents as soon as possible. If there are any child protection concerns these should be dealt with in accordance with school policy.

Access to Relevant Training

This policy and guidance does not replace the need for appropriate staff training where this is felt necessary and the school will work with parents and relevant agencies to ensure staff are adequately trained for dealing with incontinence issues.

Menstruation

- Education on puberty/periods occurs as part of the curriculum on Relationships and Sex Education and parents are informed.
- The school will provide emergency towels/clean underwear to any girl in an emergency, these will be the junior First Aid cupboard.
- If menstruation happens off site; residential etc. then emergency towels/underwear will be provided.
- Parents will be informed if the pupil is distressed.
- All soiled towels can be disposed of in the blue bins provided in the toilets and hygiene procedures i.e. washing hands etc....followed.
- Girls are encouraged to keep spare towels/underwear in a bag. These can be stored in the class room.

All girls who have started their periods will be treated with dignity and kindness to ensure their needs are met and health and safety standards are maintained.

Appendix 1 Basic First Aid Procedures in school (staff information)

Basic First Aid Procedures 2018/9

- Treat child as necessary- clean/dress/ice pack/TLC.
- Note date, time, injury details and care given into the Red File and sign clearly.
- Complete pink slips for head injuries/bumps and significant bleeds. Again sign clearly.
- Ensure the pink slips have the same wording as the entry into the Red File.
(The same person should complete both)
- Contact Office to inform parents for any bumps to the head.
(See crib sheets 1, 2 and 3)
- If the child need to be collected (vomiting, diarrhoea or more serious injury, a member of either the School Leadership or the Leadership and Management Team must give permission.
- In the event of an emergency, a 'full first aider' will deal with the situation.

Full First Aiders

Helen Riley

Mark Kellegher

Liz Jones
Vicky Rawlinson
Ruth Smallman
Ann Edwards
Alison Wagg
Marie McCormick
Suzanne Kelly
Collette O'Halleron

Kathy Leatherbarrow
Lorraine Fryer
Lyndsey Bretland
Bernie Murphy
Lesley Melia
Georgia Shaw
Azahara Del Real
Joanne Gaynor

Procedures for Inhalers

- Inhalers are to be kept in the child's classroom.
- Class inhaler box is to be brought down to the first aid areas at lunchtime, playtime and the end of the day.
(Class monitors)
- The inhaler boxes must be brought to PE, to the field and on trips by the class teacher.
- Class teachers to give inhalers as well as LSA's
- Records must be rigorously kept. (These are kept in the box)
- Inhaler stickers must be completed and stuck to the child's jumper/cardigan.

Procedures for Medicines

- The consent form must be completed by the parent/carer at the Office. (ALL Medicines, including non - prescribed)
- Non – prescribed medicines will be given on completion of consent form.
- Children must not keep any medicines in their school bags or elsewhere.

- Medicines will be placed in the medicine fridge and locked. (Please ensure the key is kept away from the fridge i.e. not on top of it)
- Cupboards containing medical records should be locked.
- White boards by the medication fridges must be completed with the names of the children who are currently taking medication. (Office staff to complete these daily)
- School Calpol/Piriton will be given in emergency after a phone call home. (Verbal permission)
- Children who require Calpol/Piriton on a regular basis must bring in their own bottle carefully labelled. (One or two days)
- Calpol/Piriton will be given to vulnerable children. Please speak to Learning Mentors. (Parents must still give verbal permission)

Procedures for disposal of Medicines

- Slips to be completed by Lead LSA every holiday asking parent/carers to collect unused medicines.
- Lead LSA's will pass the slips to teachers to distribute.
- Medicines must be passed hand to hand to an adult collecting the child.
- The parents of Year 6 children who go home alone will be given a text message asking them to collect medicines.