La Mare de Carteret Primary School

First Aid and Medical Needs Policy

Date Reviewed: Sept 2022
Next Review Date: Sept 2024
Written by: Miss A Mills - Teaching and Learning Leader KS2



Aims of the policy

To ensure every child is safe at school

To ensure every child receives the correct first aid following an injury or accident

To ensure the school keeps up to date records of all incidents

To ensure any child with significant medical needs receives the support they require in order to remain safe and healthy and engage fully in all aspects of their learning and school career

To manage risks associated with supporting learners with medical needs and the administration of medicines in school

Principles

First Aid is defined as 'the first assistance or treatment given to a casualty for any injury or sudden illness before the arrival or intervention of qualified professional aid'.

General first aid covers a wide number of factors such as age of the casualty, the nature and cause of their condition, the environment and circumstances in which they are injured and the equipment and facilities which are available for treatment.

First aid should be administered by any teacher or LSA on duty in the first instance.

Generally, learners in school, who may require arrangements to be made because of their medical needs, belong to one or more of three groups:

- Learners with long term medical conditions, who may or may not require medication during the school day e.g. asthma, ADHD, anxiety
- Learners with conditions that may, without warning, require swift emergency treatment or medication e.g. epilepsy, anaphylaxis, diabetes, asthma
- Learners who are completing a course of prescribed treatment e.g. antibiotics

First Aid

Terminology

First Aider - any person who deals with and administers 'first assistance' treatment to a casualty.
Qualified First Aider – any person who holds a certified first aid qualification. (See list below)

<table>
<tr><th>First Aid at Work qualified (FAW)</th><th colspan="2">Emergency First Aid qualified (EFAW)</th></tr>
<tr><td>The States of Guernsey run accredited First Aid courses with Qualsafe Awards. FAW qualifications are valid for 3 years. It is recommended skills are refreshed each year between taking the full course. This ensures that all qualified First Aiders maintain their basic skills and keep up-to-date with any changes to First Aid procedures.

SOG requirement: 2 members of staff must be FAW qualified</td><td colspan="2">The States of Guernsey run accredited First Aid courses with Qualsafe Awards. FAW qualifications are valid for 3 years. It is recommended skills are refreshed each year between taking the full course. This ensures that all qualified First Aiders maintain their basic skills and keep up-to-date with any changes to First Aid procedures.</td></tr>
<tr><td>Annette Hicks
Rebecca Lowe</td><td>Juliet Ford
Abi Mills
Nicola Lewis
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Scott Le Page
Kate Lloyd
Lara De Carteret
Iain Kilpatrick</td><td>Ellie Hamon
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Lara Davison</td></tr>
</table>

Hygiene Procedures

Staff should follow basic hygiene procedures using gloves when dealing with injuries and when cleaning up after blood or body fluids and dressings should be disposed of appropriately by using nappy bags provided and placing in a bin.

Overview of procedures

The procedures below are overridden in the case of severe injury/emergency when the Emergency Services will be contacted immediately and any other necessary emergency action will be taken.

1. *Disposable gloves to be worn when dealing with blood, vomit, saliva, faeces or urine.*

2. *All head injuries to be dealt with immediately and where appropriate professional judgement used to determine whether there is a need for a qualified first aider to assess the injury.*

3. *All First Aiders will keep a record of **any injuries, where assistance is given,** in an injury book located in a first aid kit, first aid box (KS2 work area) or first aid drawer (KS1 work area). In the event of a more serious injury an accident form must be completed (located at the school office).*

4. *If appropriate, the person administering the first aid will record **all** injuries that they deal with.*

5. *If a child sustains a bumped head that has required first aid e.g. an ice pack etc, their parents/carers will be informed, via telephone call, by the member of staff dealing with the injury or a member of office staff.*

6. *If a child sustains a nose bleed their parents/carers will be informed, via telephone call, by the member of staff dealing with the injury or a member of office staff.*

7. *If a child receives an injury that could be a possible sprain or fracture of a joint, possible back or neck injury, or anything that requires medical attention e.g. a deep cut the parents or carers should be contacted by telephone.*

8. *Children with open wounds will not be allowed to swim.*

9. T*eachers will be informed by the member of staff dealing with the incident if a child has sustained an injury that could possibly affect them during the course of their class wor*k or during the duration of the school day.

10. *There must always be two adults present when treating a child if the nature of the injury is on a child's body below the neck and above the knee or if any article of clothing has to be removed to treat the injury (exceptions can be made for an injury on the arms where only a cardigan/sweatshirt has to be removed or the rolling up of trouser legs or removal of tights for treatment to a knee, etc). Alternatively if the adult treating the injury feels it is appropriate they can send the child to the toilets to check themselves.*

11. *In the event that an ambulance is called please then notify the caretaking team immediately so they can support with traffic etc.*

Roles and Responsibilities

The role of the first aider

- To see children in **emergency** situations who are hurt or unwell, and make next step decisions in conjunction with SLT. To complete paperwork associated with the incident.

The role of SLT

- To agree in conjunction with a class teacher **or** first aider to send a child home.

The role of the office staff

- To make calls home when all other first aid or medical processes have been followed. To use the information on completed accident forms to upload details to EVOLVE.

Resource Provision and Facilities

Break Times and Lunchtime -

- First aid kits stocked with plasters, sterile water, tissues, wet wipes, Accident Record book etc kept at the school office.
- Larger well stocked kits available for more serious injury in both infant and junior work areas.
- Ice packs located in the staff room freezer.
- Sarah-Jane Langlois is the named person responsible for monitoring and replenishing first aid kits and the infant first aid drawer and should use admin time in the first instance to do so. (See LSA timetable)

Trips and offsite activities (excluding PE and games) -

- First aid kits available in school office for off-site activities
- Travel ice packs available in kits.

- All medical needs and personal medication should be listed and clear on any risk assessment and offsite activity documentation.

Outdoor PE and Games –

- Sports first aid kits available on top of cabinets in PE store for outdoors PE provision with the field activities taking precedence of use.
- Travel ice packs available in kits.

Procedures during playground duties

- First aid kits for outside duties should be collected and returned by a named person (see playtime duty rota) should be placed on the bench in front of the music hut.
- Whichever teacher/LSA on duty deals with the accident, should deliver the first aid.
- In the event of being unable to administer first aid outside one member of staff is able to come inside to deal with it.
- If the accident is deemed more than minor, it may require the child to go inside (but remember dinner ladies are not qualified first aiders) and will require an accident form.
- In the event of a serious injury or where a second opinion is sought teachers/LSA'S may refer the injury to a named first aider.

Recording

- All first aid given is to be recorded using the most appropriate method – professional judgement is appropriate here.
- First aid administered on the playground during a duty should be recorded in the notebook located in the first aid kit.
- Bumped head first aid should be recorded using the most appropriate method and parents and guardians should be notified..
- Recording should be made by the person administering the first aid.
- In the event of a more serious injury an incident form must be completed by the person who has dealt with the situation.
- In the instance that a child has incurred a more serious injury e.g. to the head, mouth, etc a courtesy telephone call home should be made to allow the parents to decide whether further medical advice should be sought.

Additional information

- When a child presents with a minor injury please use your first aid kit to address their needs and make a note of the injury in the notebook in the first aid bag.

- When a child presents with a pain/feeling unwell, keep an eye on them and try to encourage them to have fresh air and/or food at break or lunch – if they persist with their complaint and you feel they need to go home then ask the office staff to telephone for them to be picked up by a parent or guardian.

- When a child presents with a nose bleed, give them tissue and ask them to sit down calmly and quietly, squeezing the top of their nose (soft tissue) until the bleeding ceases. In rare circumstances a nose bleed may go on for more than ten minutes, if this is the case then the child may be seen by a first aider. They will make next step decisions in conjunction with a member of SLT.

- When a child presents with a temperature or is vomiting they should be sent to the school office with an adult or a note asking a member of the office staff to telephone for them to be picked up.

- When a child presents with a rash, that is clearly not a heat rash then they can be seen by a first aider.

- **ICE PACKS** – Ice packs should only be given to a child when they have sustained a bash, collision, bump etc. and a swelling may be occurring. Ice packs are for reducing swelling immediately after an injury has occurred – they do not cure any other illness or injury and therefore, should not be administered. Ice packs are kept in the staff room fridge-freezer. An adult should collect/handover an ice pack only if they are confident the child has been sent by another member of staff. Children are not to help themselves.

Dental Injuries

Any accidents or injuries to a child's teeth should be reported to the Children's Dental Service. Contact details are available on the notice board in the school office. The service must be telephoned immediately and details of the accident reported. The service may then invite the child accompanied by their parent to attend their surgery for a check up or treatment. Office staff will inform parents and ask them to collect their child.

Staff Accidents

All staff injuries or accidents, where medical attention may need to be sought, must have an accident form completed at the time of injury. Forms are located in the school office.

Children with Medical Needs and/or Medication

Medication

Asthma pumps -

It is the parent's responsibility, with the support of the school, to ensure that pumps are in date. The expiry date of pumps will be checked by school and parents informed that the expiry date is imminent, where necessary. If a pump has expired it should be returned to the parent. Asthma pumps are to be stored in a named container/bag – this is located in an appropriate place within the child's class but not to be locked away. Every class teacher must be aware of asthma pump users in their class and where their asthma pumps are located.

Epipens -

Staff must engage with the annual epipen training received during staff inset in September. For advice on this matter the school can contact their school nurse. Epipens are to be stored in a suitable, named container at the school office. In the event of an epipen being administered the emergency services must be notified immediately. If an epipen is used this is to be recorded in the logbook/accident book.

All asthma pumps and epipens must be taken on any school trip or off site activity.

Managing medicines on school premises

- UNDER NO CIRCUMSTANCES must medicine or application of creams be given to a child unless it has been specifically prescribed to the child and a signed consent form or written permission obtained to administer from the legal guardian. A copy of this must be kept along with a log of all medicines given out in school.
- White record files, kept in the office, can be located for information on children who take regular medication at home. This information is noted in school just in case the emergency services have to be called for a child. Medication details can be passed to them without causing delay to treatment.
- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Pain relief should never be administered without checking maximum doses and when the previous dosage was taken. Parents must give written consent. This can be in the form of an email.
- Where clinically possible, all medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administering, dosage and storage. *(The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.)*
- All medicines should be stored safely.
- Children of school age should know where their medicines are at all times and be able to access them immediately.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away.
- Schools should otherwise keep controlled drugs, that have been prescribed for a learner, securely stored in a non-portable container and only named staff should have access.
- Controlled drugs should be easily accessible in an emergency.
- A member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received suitable instruction. Staff administering medicines should do so in accordance with the prescriber's instructions.
- Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.

Medical Needs

In the first instance, once school is notified of a learner with a medical need, then consideration must be given immediately to how school can/will meet the identified needs and decide whether a professionals' meeting is required. This process will determine the proposals for arrangements and will be shared with and agreed by parents/carers.

Schools do not have to wait for a formal diagnosis before providing support based on available information as long as the proposed actions are in consultation with parents/carers.

Where possible, medical plans will be in place as soon as a medical need is diagnosed or when a child starts school however, every effort should be made for a medical plan to be in place within a 2 week time frame.

Definition of medical plan -

A planned process of procedures and actions to ensure schools effectively support learners with medical conditions. They provide clarity about what needs to be done, when and by whom.

The need for a medical plan is determined by the Headteacher and Inclusion and Wellbeing Manager in conjunction with parents and carers.

Record keeping

- Medical conditions must be recorded as specified by parent/carer or medical professional and medical plans are identified, as appropriate.
- Children with medical plans are also identified on the intervention document table.
- OA5 forms should identify if any child has a health plan.
- Records are kept of all medicines held on site.
- An incident requiring medical attention or medicines administered within school are recorded.

References

For further information and guidance please see the 'Medicines in schools and supporting learners with medical needs' policy - Education Services (2016)
https://drive.google.com/file/d/0B6ubAxi0HsKzY1lrRlhKLUUtekU/view?ts=5bc88c59

References made from 'Medicines in schools and supporting learners with medical needs' Education Services (2016)