



## Old Church Primary First Aid Policy for pupils

### Introduction

At Old Church Primary we recognise the importance of providing adequate and appropriate First Aid equipment and facilities for all children and will take all reasonable practical steps to fulfil our responsibility. This policy has been written using advice from Walsall Council Guidelines and the DFE document 'Supporting pupils at school with medical conditions' December 2015. It reflects the consensus of opinion of the whole staff and has full agreement of the Governing body. It was reviewed and ratified at the full **Governors meeting on the 4<sup>th</sup> October 2017**. A policy review will take place annually and only when there are changes resulting in policy amendments, will the policy be taken to the committee for review and ratification. The implementation of this policy is the responsibility of all teaching staff.

### Medical Register

Parent/carers are requested to complete a medical form annually. It is their responsibility to inform the school of any changes regarding their child's medical needs that occur throughout the year. A text will be sent home as a termly reminder and forms will be available in the school office for any updates. Completed forms are stored in the SEND office in the medical file and the information summarised onto a cohort register. The register is given to class teachers and made available to lunchtime supervisors and sports coaches if appropriate. A copy can also be found on the medical board located in the staffroom.

A medical needs pack is available for supply teachers. It is the class teacher's responsibility to ensure that supply teachers and sports coaches are given the pack.

Pupils with serious medical conditions have an Individual Health Care Plan (IHCP-Form A). These are completed with parents and if appropriate medical professionals. A copy is given to the class teacher and a copy is put in the medical file. A copy may also be placed on the medical board.

### First Aid Provision

The Headteacher is responsible for ensuring that there is an adequate number of qualified First Aiders. There are 10 Paediatric First Aiders in school and they are identified by a green cross on the staff photo board and on posters around school. Training is refreshed every three years. The number of First Aid personnel is sufficient to cover break and lunchtimes and absences. People using the school site for evening and weekend lettings are responsible for ensuring their own adequate first aid provision. A qualified Paediatric First Aider accompanies classes on all school visits.

## First response for pupil First Aid

### **Site Response**

Dave Spittle

### **Lunchtime response**

Tracey Fallon  
Tracey Bull

### **Sports coach response**

Justine Lewis  
Dan Smith

### **FS**

Sophie Ball  
Jude Bradshaw  
Hollie Mathew  
Joan Wismeman

### **KS1**

Elissia Scott  
Claire Timmins  
Belinda Holland

### **LKS2**

Angela Morris  
Paula Banks

### **UKS2**

James Goddard

## **First Aid Boxes**

First Aid boxes are placed in clearly identified, accessible locations, indicated by signage, around school and are stocked with suitable materials according to HSE (Health safety Executive) and St John's ambulance guidelines. Regular checks are carried out to ensure the boxes are fully stocked.

## **Responding to Accidents and administering First Aid Treatment**

In the event of a child becoming ill or injured and needing emergency medical assistance, the following procedure applies:-

A member of staff will inform the front reception that emergency assistance is required, stating who it is for, which area they can be located and a brief description of what has happened. If possible they will take a walkie talkie from the office so the first aider can converse with the reception staff regarding the child's needs.

A first aider will go to the child who needs medical assistance. If the child is in need of the emergency services, then the first aider will pass on the child's particulars and details of their injury/ailment to the school office so they can call an ambulance. The child's parents will be informed as soon as possible. At least one member of staff will accompany the child to hospital if their parents are not available. Any accident involving a visit to hospital must be reported to the Headteacher and Site Supervisor.

## Recording and Reporting First Aid Treatment

All accidents that require First Aid treatment must be recorded on an accident form. These are located in the school office in the First Aid folder.

The person who administers First Aid must be the one to complete the form. A copy of the form is sent home in an envelope addressed to the parents/carers. The master will be stored in the First Aid folder. Forms will be checked each half term by designated First Aiders and records kept for a minimum of three years.

It is the responsibility of the First Aider who has administered treatment to the pupil to ensure contact is made with parents by telephone, if deemed necessary by themselves and the class teacher. Bumped heads **ALWAYS** require a phone call home. Children who bump their heads will wear a 'I've bumped my head sticker' so all staff are aware and can monitor them.

## Lunchtimes and First Aid treatment

All accidents that require First Aid treatment must be recorded on an accident form in the lunchtime accident book. The forms will be copied at the end of lunchtime and given to the child's class teacher to be sent home.

Bumped heads **ALWAYS** require a phone call home. It is the responsibility of the senior lunchtime supervisor to inform the school office and request they make the call. Children will be issued with a bumped head badge to wear so all staff can be vigilant in monitoring them.

## Educational visits and First Aid treatment

An accident book must be taken on school trips and visits. These are stored in the school office. All accidents that require First Aid treatment, administered by the paediatric First Aider who accompanies the group, must be recorded in the book and parents given a copy of the form on return.

## Medicines in school

The school adopts the guidance for the administration of medicines from the 'Supporting pupils with medical needs' document issued by Walsall Council.

Parents must be directed to the school office if they enquire about pupils taking **any** medication in school.

School staff will not administer non-prescribed medication. Children who are acutely ill and who require a short course of prescribed medication, e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medical practitioner that the child is fit enough to return to school, the dosage can usually be adjusted so that it is not required in school. If, however, this is not possible, by agreement with the head teacher a parent/guardian or member of staff may administer it. If this is the case parents are requested to complete and sign a form. (Form B: Parental agreement for school to administer medicine) This will be completed by office staff and parents.

Any medication administered by school staff must be prescribed by a doctor, be in the original packaging with the child's name clearly marked and liquid medicines should be accompanied by a 5ml medicine spoon or oral syringe. Any unused or time expired medication must be handed back to the parents or legal guardians of the child for disposal.

If a child is able to take their own medicines the designated member of staff should supervise the self-administration of the medicine.

A log is kept of all medicine administered plus name of the staff member administering it. This log is kept in the school office (Form C: record of medicine administered to an individual child)

All medicines are stored in the medical fridge or in a locked cabinet in the school office. These must be given back to the parents when the course has been completed.

Signed:

Chair of Governors: *Mr J. Bonhomme*

Headteacher: *Ms D. Clacy*

## **Epilepsy First Aid**

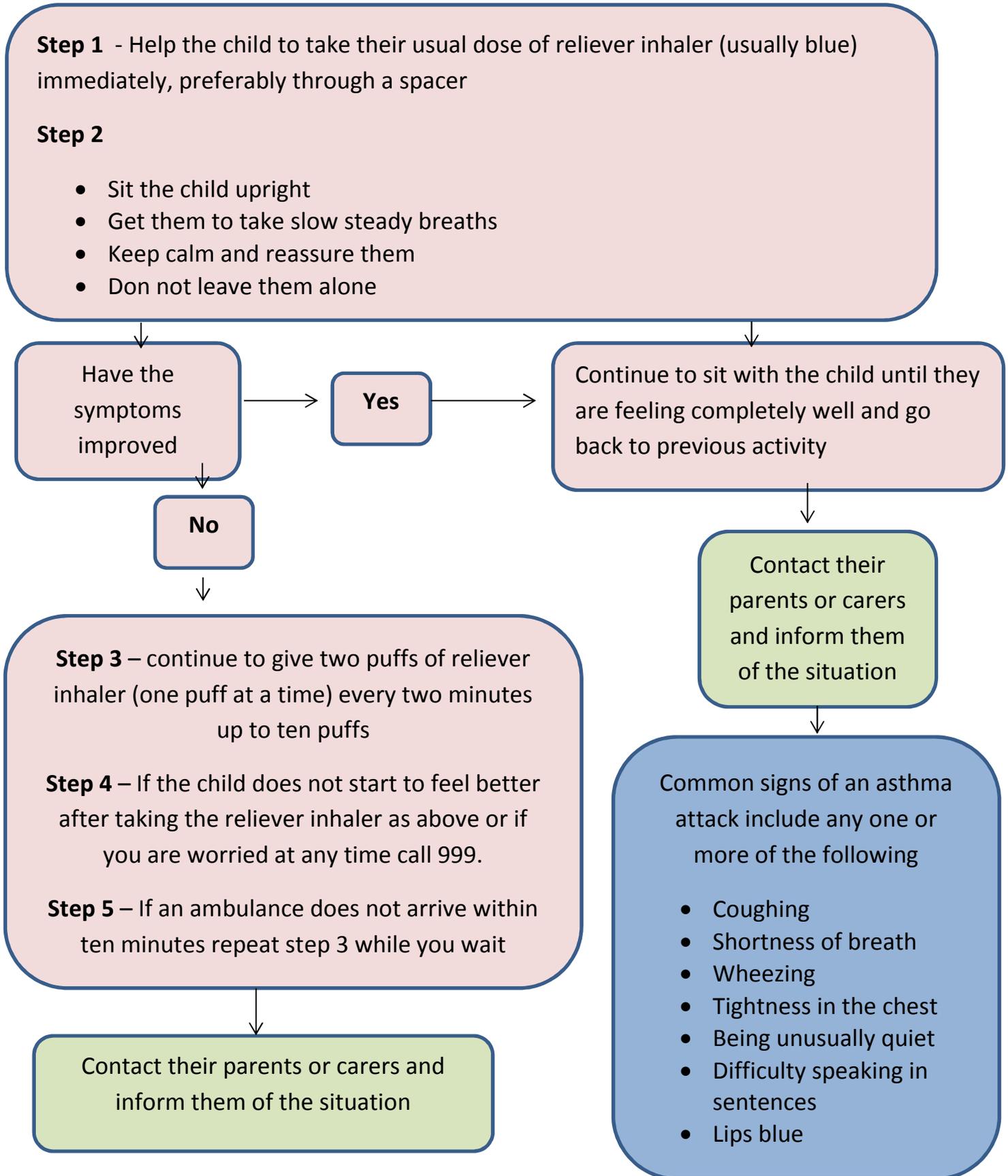
- In the event of an epileptic seizure/fit the child may lose consciousness become stiff & fall to the floor, breathing will alter (child may even become blue in colour) Whole body can begin to jerk & they maybe incontinent of urine.
- Stay calm
- Protect child from injury and remove sharp or hard objects
- Place something soft under the head, such as a cushion or coat
- Do not restrain or try to move the child, unless they are in danger
- Do not put anything in their mouth or force anything between their teeth
- Aid breathing by gently putting the person in the recovery position once the seizure has finished.
- Stay with the child until you are certain the seizure is over.
- Reassure and re-orientate the child, tell them they have had a seizure and that they are safe.
- Do not give the child anything to eat or drink until fully recovered. The child may sleep following this type of seizure
- If the child has a seizure lasting 5 minutes reception will call 999, request an ambulance and inform parents. (*This information will be in the child's healthcare care plan*).
- Try to record what happened during the seizure and how long it lasted approximately, this will help when the young person is reviewed re his/ her epilepsy

**ALWAYS send for emergency first aid immediately.**

## Asthma First Aid (please refer to school Asthma Policy)

Please see Asthma Policy for additional information.

*Information taken from Asthma UK – How to deal with an asthma attack*



## Allergy information

### What are the symptoms?

- Swelling of the mouth or throat
- Difficulty swallowing/speaking
- Alterations in heart rate
- Rash (urticaria)
- Abdominal cramps and nausea
- Difficulty breathing
- Sudden collapse and unconsciousness

### In an allergic reaction

- Stay calm
- Call for help according to academy procedure.
- Monitor closely until help arrives.

## HOW TO USE THE EPIPEN®

It is important to familiarise yourself with how to use the **EpiPen®**

The **EpiPen®** has a simple design and mechanism and fulfils the key characteristics of an 'ideal' auto-injector:

- delivers adrenaline within the correct timeframe
- delivers the correct dose of adrenaline
- is robust and able to withstand 'real-life' use
- is easy, convenient and safe to use
- has an inspection window to check integrity of contents
- has needle protection which deploys immediately after administration
- Its unique swing-action process, offers reliable adrenaline delivery during the stress of an anaphylactic episode. The procedure is shown below:

Step 1

**Lie down with your legs slightly elevated or sit up if breathing is difficult**

Step 2



Grasp your **EpiPen®** in your dominant hand with the blue safety cap closest to your thumb and remove cap

Step 3



Hold your **EpiPen®** about 10cm away from your leg, **swing and jab** the orange tip into the upper outer thigh at a 90° angle. Hold in place for 10 seconds. Remove the **EpiPen®** and massage injection site for at least 10 seconds

Step 4



You must dial 999, ask for an ambulance and **state 'anaphylaxis'** (pronounced 'anna-fil-axis') immediately after administering the **EpiPen®**. **Do not get up, stay lying down or seated until you have been assessed by a paramedic**

It is important to impress on patients the need to ring 999 immediately, as **EpiPen®** is not a curative treatment for anaphylaxis, but allows patients time to get to hospital where they can receive appropriate medical care.

Taken from [epipen.co.uk](http://epipen.co.uk)