



Signature of Chairperson

Policy for First Aid

Pupils at Sandy Lane Primary School with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

The aims of the First Aid policy are to:

- Ensure that all children, staff and visitors in school are safe and properly cared for.
- To provide clear guidance and procedures for first aid administration in school.

Qualified First Aiders at the time of Policy approval are:

Mrs Anne Chapman - First Aid at Work and Paediatric First Aid (Lead)

Mr Allan Ogilvie – Paediatric First Aid

Miss Sophie Weisinger – Paediatric First Aid

Miss Claire Skelly – Paediatric First Aid

Lunch time supervisors and Teaching Assistants – see list at First aid station.

Location of First Aid station and Equipment

- All First aid supplies are stored at the First Aid station outside Delius classroom.
- All first aid equipment and supplies will be maintained by the First Aiders
- First Aid Accident forms will be kept at the first aid station
- A separate First Aid supply and accident forms also kept in the Early Years toilets out of children's reach.
- Portable first aid supplies for outings and visits are stored in the first aid station.
- Staff should report when they have used supplies to Anne Chapman. Supplies checked monthly by Anne Chapman.
- The defibrillator machine is kept in the Staff room next to the Site Manager's (Mr Ogilvie) desk. All staff are aware of its location and who the trained personnel are. The names are on a notice next to it. In the event of an emergency requiring the use of the defibrillator, trained personnel will take priority over non-trained personnel. At the time of writing this policy, the trained personnel are as per the list of first aiders (see above).

Contaminated Waste

All contaminated waste (blood / plastic gloves) MUST be put in the yellow bags and disposed of in the sanitary bin in the ladies toilets. Other waste should be disposed of in the first aid pedal bin at the station.

First Aid Classroom Files

A folder that identifies children with specific medical needs is located in that child's classroom.

- Asthma
- Epilepsy
- Allergies
- Diabetic
- Anaphylactic shock
- Hearing impairment

- Sight impairment

The file also contains the first aid policy, specific guidance regarding asthma, epi pens, choking, seizures. These files are checked and updated annually or as new children arrive in school mid year.

First Aid Procedures

- When a child is feeling unwell they should notify a member of staff, who will contact a First Aider. The First Aider will then access the needs, treatment required or arrange for the child to go home.
- All reportable injuries, such as bleeding, tooth damage, suspected fractures and head injuries **must** be reported to a First Aider who will take the appropriate action.
- Any minor injuries, such as grazes, bumped knees may be dealt with by any member of playground staff on duty at the time.
- All injuries to be recorded on the school accident forms located at the First Aid station outside Delius classroom and a copy sent home to parents. In the case of a more serious injuries parents will be contacted by phone.

Procedures for more serious injuries

- Send for First Aider
- The First Aider will deal with the emergency.
- If the casualty requires emergency hospital treatment an ambulance will be called and parents contacted immediately. In the case of a pupil written details of that pupils name, age, address and details of treatment already given should sent to the hospital with the pupil who will be accompanied by a member of staff.
- Serious accidents must be brought to the attention of the Head Teacher or Deputy Head Teacher.
- First Aider dealing with the incident must also complete the **Reportable Injury Form (RIF1)**
- If the pupil requires less immediate hospital treatment parent will be contacted and advice given regarding the next step (visit the Doctors, Dentist A&E if symptoms persist)
- First Aider dealing with the incident must also complete the **Accident Book form (ABI)**

Procedures for School Trips

- First Aid boxes/bags are available from First Aider - Anne Chapman
- Identified staff must carry a first aid bag.
- Sick bucket/bags must be taken on coach trips.
- Lead staff on trip should carry the yellow critical incident card and a mobile phone for use in emergencies.
- Children who require inhalers, epi-pens and medicine will be highlighted on group lists and medication carried by First Aider or group leader.

Procedures for administration of medicine

- No medicines will be administered without a prescription and written consent from a parent/carer.
- Only prescribed medicine will be accepted and should be in the original container together with the prescriber's instructions for administration.
- With permission parents are able to attend school to administer medication.
- No aspirin or paracetamol will be given in school.
- Medicines will be stored in the fridge in the staff room or main office.
- Staff who administer medicine must sign and complete the form after each dose stating amount given. (eg. 5mls. number of puffs of inhaler)
- Medicines for chronic illnesses such as asthma, cystic fibrosis, eczema etc. will be administered by a member of staff. A member of staff can support the child to self-administer medication. Staff must record the dose given on the form located in the appropriate class file.
- Inhalers will be kept in the pupil's classroom and a record made when administered.
- **Epi-pens** are kept in a named box with a photograph of pupil attached and kept in the pupil's classroom. The box contains epi-pens copy of care plan, paper and pencil to record time if epi-pen is administered. A copy of the care plan is also attached to the photo in the staffroom.
- In the case of a child suffering from anaphylactic shock the epi-pen will be administered immediately and an ambulance/paramedic called. At the same time the child's parents/carer will be notified.
- Parents/Carers must ensure that all medication in school is in date and replaced when required.

Procedures for medical conditions/dietary requirements/allergies

- Photographs of pupil's and information about the individual condition and requirements are on display in the staffroom, in the classroom medical file, in the first aid cupboard.

- Photographs of pupils with dietary requirements are on display in the kitchen and in the classroom medical file.

Staff Training

- First aid procedures will be shared at staff induction by Anne Chapman.
- 4 x staff will have up to date paediatric first aid training.
- 1 x member of staff will have up to date First Aid at Work training
- At least 10 staff will have up to date emergency first aid training
- Other School staff will receive appropriate training for individual health care plans in school.

Appendix 1

Diabetes Policy

Pupils at Sandy Lane Primary School with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Diabetes is a condition where the levels of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes)

Each child may experience different symptoms and these are outlined in each child's IHP (Individual Health plan). Signs are that the child may need to go to the toilet or drink more, tiredness and weight loss may indicate poor diabetic control and these should be reported to parents.

Control Type 1

Children with diabetes need to be allowed to eat regularly during the day. If a snack or meal is missed they may experience a hypoglycaemic episode (a hypo) during which the blood glucose levels fall too low (below 4mmols). This is also prone to occur during times of high physical exercise so children need to have access to their diabetic control bag.

The individual or combined symptoms of a hypoglycaemic reaction (hypo) are:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed Eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour

Individual symptoms are outlined in each child's IHP

Hierarchy of need:

- If a child has a hypo (below 4mmols) it is important that the child is not left alone. Give the child 2 glucose tablets or 5 jelly babies for example.

These are kept in the children's individual diabetic bags in the school office. Glucose levels need to be checked again with another finger prick blood test after 15 minutes.

- If a child becomes sleepy and /or is unable to take food or drink orally massage Glucose onto the inside of the cheek wall. Use all of one tube.
These are kept in the children's individual diabetic bags in the school office.
- If a child becomes unconscious put them into the recovery position and call 999. Liaise with paramedics as to medicine administered prior to ambulance arrival.
- Some children may experience hyperglycaemia (high glucose level of more than 15mmols) and have a greater need to go to the toilet or to drink.

- Parents are informed when this occurs.
- If a child is unwell, vomiting or has diarrhoea this can lead to dehydration. If a child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention. **Individual procedures are outlined in each child's IHCP.**

Food in School

We liaise closely with parents about any food consumed at school e.g. for tasting activities, snacks, parties, cooking activities etc.

Children eating a school meal have the dinner menus to take home so parents can highlight meal choices with their child and catering staff can ensure the child gets their choice for the day. Parents have the responsibility to provide an appropriate packed lunch.

Medication

Diabetics for the majority of children is controlled by injections of insulin each day.

All details regarding medication, blood test results and food eaten during the school day will be logged in a book. A Copy of this will be sent home at the end of each day.

At Sandy Lane children are monitored by trained staff. This is discussed and agreed upon by the child, parents, staff and diabetic nurses.

Parents and children needing long term or emergency medication are invited to training sessions and get written permission before any medication to be administered by staff. This form is part of the process when drawing up the Individual Health Plan.

For any off site education e.g. school visits and residential, medication is carried by a member of staff and all adults attending the experience are made aware of all the children's needs. In specific cases parents may be asked to attend school visits to administer medication for their child.

Asthma Policy

Pupils at Sandy Lane Primary School with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

- The school recognises that asthma is an important condition affecting many school children.
- Ensures that children with asthma participate fully in all aspects of school life including PE.
- Recognises that immediate access to reliever inhalers is vital.
- Keeps records of children with asthma and the medication they take.
- Ensures the school environment is favourable to children with asthma.
- Ensures that other children understand asthma.
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack.
- Ensures that staff take reliever inhalers when a child leaves the school premises. (trips, swimming, park etc.)
- Will work in partnership with all interested parties including school staff, parents, governors, doctors and nurses and children to ensure the policy is implemented and maintained successfully.
- Supply teachers and new staff will also be made aware of the policy

Medication

- Immediate access to reliever inhalers (usually blue) which are kept in the child's classroom.
- Parents are asked to ensure that the school is provided with a prescription labelled reliever inhaler.
- Parents are required and MUST fill in the asthma consent form giving details of symptoms, what can trigger it off and dosage, how many puffs and whether the child can self-administer the medication or require support e.g. using a spacer for younger children. (forms available from the main office)
- All staff will let children take their own medication when they need to. This is to be recorded on the child's individual record which is on the back of the parents written consent form kept in the class First Aid folder.
- It's the responsibility of the parents to provide the medication and ensure that it is in date.

School holds an emergency reliever inhaler in the main school office.

Record Keeping

At the beginning of each school year, parents are required to complete a new consent form so that we receive notice of any changes to their child's condition or medication. When a child joins the school, parents are asked if their child has asthma.

Medical administration are recorded and signed by staff whenever the child uses their reliever inhaler.

Asthma Attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the procedure which is clearly displayed in the Class First Aid Folder.

- Ensure that the reliever inhaler is taken immediately.
- Stay calm and reassure the child.
- Sit the child down let them lean slightly forward onto you or a chair.
- Slow. Steady breaths
- Help the child to breath by ensuring tight clothing is loosened.

After the attack

Minor asthma attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.

Asthma Attacks

Severe asthma attacks happen less frequently but are characterized by:

- Wheezing or whistling by breathing in and out.
- Rapid breathing
- Uncontrollable coughing
- Chest pains or chest tightening
- Difficulty talking
- Anxiety or panic
- Pale face blue lips /fingers
- . Persistence of symptoms despite use of asthma medication

Follow the procedure

1. Ensure that the reliever inhaler is taken immediately.
2. Stay calm and reassure the child.
3. Sit the child down let them lean slightly forward onto you or a chair.
4. Slow. Steady breaths.
5. Help the child to breath by ensuring tight clothing is loosened.
6. Persistence of symptoms despite use of asthma medication after five to ten minutes.
7. The child is either distressed or unable to talk
8. The child is getting exhausted.
9. You have any doubts at all about the child's condition.
10. If the symptoms persist despite the use of asthma medication:-

Call 999 for an ambulance and contact parents. A child should always be taken to hospital in an ambulance. School staff MUST not take them in their car as the child's condition may deteriorate.

PE

Taking part in sports is an essential part of school life. Teachers should be aware of which children have asthma. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. If the child needs to use their inhaler during the lesson, they will be encouraged to do so.

The School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school has a non-smoking policy.

(guidance taken from Asthma UK)