



1ST AID & MEDICINE POLICY

RATIONALE

First Aid can save lives and prevent minor injuries becoming major ones. At Henry Chichele Primary School we ensure that there are adequate and appropriate equipment and facilities for providing First Aid.

AIMS

- To ensure that staff, children and visitors have adequate access to appropriate First Aid support if necessary.
- To ensure that there are adequate and appropriate equipment, facilities and personnel for providing First Aid on school premises and whilst on school trips and visits.

GUIDELINES

- The school always has at least 6 first aiders in school. A list to indicate which colleagues are trained and when their qualifications need refreshing is kept electronically, with printed copies kept in the first aid folder, the staffroom and also the Business Managers office.
- First aid equipment is located in the first aid boxes in KS1, KS2, Kitchen and staffroom. Also spare equipment is located in the first aid cupboard.
- When children leave the school premises we aim to enable a first aider to accompany them. The travelling first aid containers are located in the first aid cupboard and mini buses and are taken whenever groups leave the premises.
- We aim to ensure that whenever possible one first aider is on site when the school is in session. Administration of first aid is always recorded in the Incident book located in the kitchen.
- All supply teachers are made aware of first aiders via the notice displayed in the staffroom.
- Serious injuries are reported to the Local Authority immediately by e mail and supported by the use of forms provided which are available in the school office.
- Injuries to any staff are reported to the Local Authority using forms which are kept in the school office.
- All staff are considered to have appropriate skills to administer first aid at playtime if all that is required is some TLC, cleaning up or cold compress application.
- A second opinion should be sought from a qualified first aider if there are any doubts about the nature or severity of the injury. The first aider will then make decisions regarding contacting parents or seeking further medical help.
- Injuries to the head or cuts and grazes which require cleaning and covering, will be reported to parents by telephone and via a school pro-forma (Appendix A).
- If first aid is needed in a PE lesson where no additional adult is present, the teacher will send a child to find an adult in the same Key Stage to support. The same procedures then apply as at other times of the day, with a qualified first aider being called if assessment deems this necessary.
- Appendix B and C are copies of guidance from NCC to support first-aiders, the first aid relating to 'Blood Borne Viruses' and what to do if a child requires transferring to hospital. We follow these procedures in such cases.

MEDICINES IN SCHOOL

- All staff are permitted to give prescribed medicines to pupils with written consent from parents/guardians **IF** it is prescribed to be given more than three times a day.
- All other medicines can be given outside of school time or the parents can come to school and administer it to their child themselves.
- Parents should bring all medicines to the school office and fill out the appropriate forms see appendix D, E, F and G which are then kept in the green medical folder on top of the medicine cabinet in the staffroom.
- Medicines will be kept in the locked cabinet in the staff room or in the fridge in the staffroom if required.

- Expiry date, prescribers label clearing stating the child's name, required dose and written instruction must be visible on the bottle/container.
- School can only administer the prescribed dose.
- Once the medicine has been given to the pupil the staff member will fill out the appropriate form in the folder on top of the medicine cabinet.

ALLERGIES (see Appendix A)

It is fairly common for people to have mild allergies but some people can experience an acute reaction to a substance or a food. The medical term for this is anaphylaxis.

An allergic reaction occurs when the body's immune system over-reacts on contact with normally harmless substances. An allergic person's immune system treats certain substances as threats and releases a substance called histamine to defend the body against them.

The release of histamine can cause the body to produce a range of mild to severe symptoms. An allergic response can develop after touching, swallowing, tasting, eating or breathing in a particular substance.

Examples include nuts (especially peanuts), fish & shellfish, milk and eggs.

Reactions can also occur with insect stings and natural rubber latex.

Mild to moderate symptoms of an allergy

- Itchy tingling or burning sensation in the mouth
- Rapid development of rash, hives or weals
- Intense itching
- Swelling, particularly the face/lips
- Feeling hot or very chilled
- Rising anxiety
- Feeling flushed
- Nausea and or vomiting
- Abdominal pain
- Mild wheeziness

Acute Reactions: anaphylaxis

- Difficulty breathing due to swelling within the throat and airway
- Reduced level of consciousness, faint, floppy, very pale, blue lips unresponsive - due to a drop in blood pressure.
- Collapse/unconsciousness

TREATMENTS

For children and young people with acute allergic reactions an action plan will be drawn up using input from the child or young person's medical team. (NHS)

Treatment if a reaction occurs may include adrenaline injections using a device preloaded with the correct dose. This should be stored in an accessible place with the students name on it and checked regularly for shelf life (usually one year).

School will have trained members of staff on hand and all staff will be made aware of those learners with severe allergies and the emergency action plan in place for them.

(Displayed on medical board in Staff Room)

CONCLUSION

This policy will be reviewed by the Resources Committee every three years unless guidance from appropriate bodies requires an earlier revision.

APPENDIX A

Henry Chichele Primary School fully recognises its responsibilities for the safety of its children and staff at all times. It is recognised that there is a need for awareness of the potential for individuals in the school to suffer from allergies, particularly to nuts. It is, therefore, incumbent on the School to have a policy to raise awareness to the potential danger of foodstuffs containing nuts in the School.

The purpose of this article is to identify and describe the dangers of foodstuffs containing nuts in the school and the actions to be taken to reduce the chances of allergenic reactions to nuts among the children and staff. It is recognised that there are persons on the roll who are identified as suffering from potential allergic reaction.

Aims

The aims of this Policy are to:

- Identify the potential threat, and the actions which the School and parents can reasonably take.
- Identify safeguards and training amongst the staff and pupils in order to reduce the risk of allergic reaction.

Potential Threats and Actions

Potential threats:

- Nuts in foods brought into the School in Packed-Lunches, and in the foodstuffs used in School for the purposes of education. The presence of Nuts (in particular of Peanuts), nut spread, and oils derived from nuts and other nut related foodstuffs.
- Contact between persons who have handled nut related foodstuffs (in or outside school) and allergy sufferers, without appropriate hand washing.

Reasonable limits:

- There are many foodstuffs that do not contain nuts but which are labelled as being produced in factories handling nuts, or that cannot be guaranteed nut free. It cannot reasonably be expected that all these items be kept out of school. Thus items so packaged and labelled will be permitted in school.

Actions by Parents and carers:

- Parents and carers are requested to be aware that pupils on roll have allergies and inform the class teacher if they send their child to school with any nut product
- Parents/Carers of children with nut allergy are requested to inform the school, and provide any medical documentation necessary as well as any appropriate medicines as prescribed by the child's doctor.

Actions by School Staff:

- Staff will supervise eating at lunchtime.
- Staff will encourage students **NOT** to share food.
- Students will be encouraged to wash hands after eating.
- Staff will participate in appropriate training to understand and deal with Anaphylaxis (severe allergic reactions) as well as more mild reactions such as urticarial reactions (Hives).
- School produced food management will comply with this Nut Awareness Policy.
- School will carry out risk assessments for trips and follow medical guidelines in an emergency
- Inform other parents via signs and the school newsletter
- Raise pupil awareness via teaching and assemblies

Support to pupils at risk

The school will ensure that students at risk are supported. Particular note will be taken of any advice given from medical professional.

Article Promotion

This will be promoted by:

- Parents and carers being informed through the School's newsletter and signs.
- New families to the school community being informed via the Intake Information Pack.
- Staff being informed and provided with training opportunities.
- Students being informed via teachers, signs and the School's newsletter.
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Consistency of policies

This article should be read alongside the following other school policies:

- [Adults who help in our school](#)
- Allegations Against Staff
- [Child Protection Procedures](#)
- [Health and Safety](#) – 1st Aid Policy
- [PHSE and SEAL](#)
- [SEND Policy](#)

APPENDIX B

Date:

To the parent/guardian of..... Year:.....

MINOR HEAD BUMP NOTIFICATION

Dear Parent,

Your child has today received a minor accidental bump to the head. They have been checked and treated by a first aider and monitored by staff throughout the day. There has been no cause for concern. However, it is advisable to monitor your child carefully for any signs of concussion. If your child exhibits any of the following symptoms in the next 48 hours, you are advised to seek medical advice.

- vomiting
- confusion
- drowsiness (feeling very sleepy all the time)
- not seeing as well as usual
- mild headache
- dizziness
- memory problems
- poor concentration
- irritability or being easily annoyed
- tiredness
- poor sleep

Time of head bump

First aid treatment given

Yours sincerely

First Aider.

Reply Slip

I Parent of..... Confirm that I have received the above bumped head letter dated

Alternatively please confirm by telephone 01933 352850 or email, bursar@henrychichele.northants-ecl.gov.uk that you have read the above letter.

First Aider.

APPENDIX C

BLOOD-BORNE VIRUSES AND FIRST AID

Schools were originally advised on “HIV / AIDS and First Aid” but this has now been expanded to encompass all blood-borne viruses and is based on the guidance contained in the Health and Safety Executive leaflet “Blood-borne viruses in the workplace – Guidance for employers and employees” (INDG342).

The following advice is offered to first-aiders and all other persons who may have cause to give first aid treatment where loss of blood or other body fluids is a significant feature. The hygiene guidelines apply irrespective of whether a virus is known to be present or not as they represent sound first aid procedures.

Hepatitis B, C D and human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS) are the main BBVs that are of concern within the workplace.

Within the workplace, BBVs are mainly transmitted by direct exposure to blood or other body fluids contaminated with infected blood. Direct exposure can happen through accidental contamination by a sharp instrument such as a needle or broken glass. Infected blood may also spread through contamination of open wounds, skin abrasions, skin damaged due to a condition such as eczema or through splashes to the eyes, nose or mouth.

For first-aiders in the workplace, the risk of being infected with a BBV while carrying out their duties is small. There has been no recorded case of HIV or Hepatitis B virus being passed on during mouth-to-mouth resuscitation and therefore the procedure would not be withheld in a life saving emergency. The use of devices such as face shields when giving mouth-to-mouth resuscitation should only be used if training in their use has been received.

First-aiders are advised to use the following precautions to reduce the risk of infection:

- Cover any cuts and abrasions on your skin with a waterproof dressing.
- Wear suitable disposable gloves when dealing with blood or any other body fluids.
- Use suitable eye protection and a disposable plastic apron where splashing is possible.
- Use devices such as face shields when giving mouth-to-mouth resuscitation but only if trained to use them.
- Hands should be washed before and after administering first aid.
- Contact with patient’s blood or other body fluids should be washed off with soap and water and clean cold tap water used for lips, mouth, eyes or broken skin.
- Whilst mopping up blood or body fluids, disposable plastic gloves must be worn and paper towels used. These should be disposed of in sealed plastic bags and preferably incinerated. Clothing may be cleaned in a washing machine using the hot cycle.
- Surfaces should be wiped down with a solution of a suitable disinfectant.

It is not normally necessary for first-aiders in the workplace to be immunised against Hepatitis B Virus, unless the risk assessment indicates that it is appropriate.

Further information on HIV / AIDS is contained in the 1991 DFE Guide for the Education Service supplied to schools at that time and separate advice on immunisation against blood-borne viruses was issued in 2004.

First Aid Guidance for Schools : February 2006

APPENDIX D

TRANSFERRING PUPILS TO HOSPITAL

When a pupil suffers an injury (or ill-health occurrence) a decision will be made on what action is required. On-site first aid will usually be adequate in the majority of cases but in some circumstances, further treatment at a hospital may be necessary.

Emergencies

If it is deemed to be an 'emergency' or an otherwise serious injury, it is expected that an ambulance will be summoned. The use of a school employee's private vehicle is inappropriate in these circumstances.

The emergency contacts procedure for the injured pupil will also be activated with the parent/guardian being advised to either come to the school or go direct to a specified hospital. Where the parent/ guardian is able to accompany the pupil in the ambulance, school employees will not usually need to be further involved. If, however, the parent/guardian will be meeting the pupil at hospital, a school employee will need to accompany the pupil in the ambulance and arrangements made for the employee to be able to return to school once the pupil is in the care of the parent/guardian. Pupils should not be left unaccompanied at the hospital and therefore the school employee may have a protracted wait until the parent/guardian arrives.

Non-emergencies

In less serious situations where an ambulance is not required but it is considered that a visit to hospital is still needed, schools should contact the pupil's parents/guardians to inform them of the situation and request that they arrange to collect their child from school and transport them to hospital. This is the recommended method.

However, if the parents/guardians do not have access to private transport and a taxi is not appropriate or available, the Headteacher has the discretion to arrange for a school employee to take the injured pupil and their parents/guardians to the nearest hospital in their own vehicle ~ but a number of factors will need to be considered before agreeing to this method:

- The personal safety of the employee
- The condition of the injured pupil and whether it is likely to deteriorate during the journey
- Weather/road conditions at the time
- Whether adequate cover for the employee is available with the school
- Whether the employee's car is insured for business use (required where the employee is claiming mileage)
- Condition/road-worthiness of the employee's vehicle

No school employee should transport a pupil to hospital without another adult in the vehicle.

First Aid Guidance for Schools : February 2006