



Growing, Learning, Achieving Together

First Aid Policy

	Date	Signature
Discussed at Staff meeting		
FGB:		

July 2023

Cold Harbour CE Primary School

Policy Ethos Statement

The School's Christian Vision Statement, "Let your Light Shine" is our central vision. Everyone is encouraged to shine through living out our values of trust, honesty, thankfulness, respect and faith, enabling us to grow, learn and achieve together.

Ensuring that our children have every opportunity to develop the confidence and capacity to become successful, lifelong learners is a key task for us.

Growing in confidence, faith, personal awareness and ability

Learning in creative, fun, technologically assisted and investigative ways

Achieving as individuals, teams and as a whole school community across a diverse range of opportunities

Together through our shared Christian values of tolerance, faith, guidance, respect and nurture.

1. Aim

By providing effective first aid support we aim:

- To preserve life.
- To limit worsening of the condition.
- To promote recovery.

2. First Aid Provision

- The Head Teacher is responsible for ensuring that there is an adequate number of qualified First Aiders in school at all times. A list of First Aiders is displayed around the school (see Appendix 1).
- Where specific training is required to provide for medical needs such as allergies, type 1 diabetes or epilepsy, then staff in that child's phase or in regular contact with that child (e.g. wrap around care staff) will be trained by the school nursing team or specialist nurses.
- The designated 'First Aider At Work' will ensure the contents of the first aid boxes and portable kits are checked and updated monthly and that other supplies are ordered in good time.
- Medical Tracker, the school's online centralised IT system is used to log all accidents / incidents and illness.

2.1 First Aid Boxes

All classes, have a green first aid box with a contents list inside the lid. Class Teaching Assistants are responsible for ensuring the class box is suitably stocked. If you notice that something is running low, inform front office and ask for boxes to be replenished it from the main first aid stock, stored in the Medical Room.

Additional wall mounted first aid boxes are located in:

- The Nest
- The Medical Room

Travel first aid kits (bum bags) are stored in the Medical Room in readiness to be taken on educational visits. These must be returned promptly to ensure they are available for other classes. Staff need to inform the First Aider At Work of any items used during a visit so they can be replenished.

2.2 Defibrillator

The defibrillator is located in the main entrance which gives easy access for anyone to use. This is an automated defibrillator that will activate and issue instructions once the AED cover is opened. Instructions are also posted next to the defibrillator.

2.3 In School Procedures

IF ANY SITUATION IS POTENTIALLY LIFE THREATENING, AN AMBULANCE SHOULD BE CALLED IMMEDIATELY WITHOUT WAITING FOR A FIRST AIDER TO ARRIVE.

- If the situation is regarding a specific need e.g. Type 1 diabetes or known hypoglycaemia, then a paramedic response must be requested.
- Parents/guardians are to be contacted as soon as possible to either accompany the child to hospital or meet them there.
- If a parent/guardian cannot accompany a child to hospital a member of school staff who the child is familiar with must go with them.
- In the event of non-life threatening injuries or medical emergencies, any first aider can treat in the first instance and then inform the class teacher. Only if they require additional advice they should speak to a 'Paediatric First Aider' or the 'First Aider At Work'.
- Any pupil necessitating sending home through sickness, injury or exhibiting potentially infectious symptoms, will be taken to sit outside the office by a TA within their phase team, who will contact the parents/guardians & wait with them until they are collected. Once contact has been made, a note should be made of the response (answered or not) from the emergency contacts in the 'Medical Contact Book'.
- For their own protection and the protection of the child, staff who administer first aid should take the following precautions:
 - Hands should be washed before and after administering first aid. Disposable gloves should be worn.
 - Exposed cuts and abrasions should be cleaned with an antiseptic wipe and dried with a sterile dressing.
 - Any dressings, paper towels etc which have been contaminated with significant amounts of blood must be placed in the medical waste bin in The Nest or Medical Room, or a sanitary bin in any of the girls toilets, for safe disposal. This does not apply to blood glucose testing strips.

- As detailed in individual children's care plans, needles from insulin pens will be disposed of in children's named sharps bins, which are returned to the parents for disposal of, when the threshold line is met.

2.4 Out of School Procedures

Visit leaders will be the point of mobile phone contact on trips out of school. Details of all medical needs will have been logged online using the EVOLVE tool, prior to the visit.

- Travel First aid kits must be taken on each vehicle being used for transport.
- A first aid qualified member of staff must be on each vehicle being used for transport.
- Teachers are responsible for ensuring that the medication for all children with a medical need is taken on the visit. This must include a copy of individual health care plans for children with specific medical needs.
- Medicine administration - visits forms will be completed in advance of school visits to cover the administration of all necessary medication out of school, including travel sickness tablets.

2.5 Administration of Medicines in School – Appendices 2 & 3

- A 'Request for School to Administer Medication' form must be completed by a parent/carer before any medication can be administered this applies to both prescribed and non-prescribed medication
- It is the class teacher's responsibility to ensure that medication is administered on time during the school day.
- Office first aider will administer medicine for which an administration form has been completed by the parent.
- All medicines administered by school staff must be recorded on Medical Tracker and be witnessed by a second adult (e.g. the class teacher or another TA). This applies to inhalers, eczema cream, antibiotics, antihistamines etc.
- Medicines that have to be stored in the fridge must be placed in the Medical room fridge and sent home at the end of the day.
- Administration/storage of controlled drugs, these are stored in a locked cupboard in the school office and administered by two members of staff.
- Non-prescribed medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. We will only accept

medicines that are in-date, provided in the original container and include instructions for administration, dosage and storage.

- All non-prescribed medication must have been taken previously by the child and parents must confirm there was no adverse reaction.

Specific Conditions: See Appendix 4

Phase leaders must ensure that any child requiring a care plan has updated it with the parents and any relevant medical professionals by the end of September, so that it is valid for the remainder of the school year. Care Plans may also be issued by external agencies.

Care plans must be displayed in the Staff Room, Medical Room and Nest, along with copies being circulated within a child's phase. A master file of care plans will be kept in the Medical Room.

Asthma Appendices 5-6

Asthma is the most common chronic condition, affecting one in eleven children. Children should have their own reliever inhaler at school to treat symptoms or use in the event of an asthma attack which should be easily accessible to them.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

*The emergency salbutamol inhaler **should only be used by children, for whom written parental consent for use of the emergency inhaler has been given**, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.*

The inhaler in the Asthma Emergency Kit can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

In line with this regulation, an **Asthma Emergency Kit** is located in the Medical Room in a clearly identified cupboard. This comprises:

- 2 salbutamol metered dose inhalers
- two plastic spacers (matching ages of children)
- instruction sheets on using an inhaler and spacer
- instructions for cleaning and storing inhalers

- manufacturer's information
- a checklist of inhalers in the kit, identified by their batch number and expiry date, with monthly checks recorded
- a note of the arrangements for replacing an inhaler or spacer

Following use of the **Asthma Emergency Kit, the following safety procedures must be followed:**

- 1) To avoid risk of cross-infection, the plastic spacer must be sterilised in a Milton solution after every use.
- 2) The inhaler can be reused, once it is cleaned after use in line with the instructions in the kit.
- 3) If there is any risk that an inhaler has been contaminated with blood (for example if the inhaler has been used without a spacer), it should not be re-used but disposed of and the First Aider At Work notified to purchase a new one.

Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken

1. Send someone to call for a paramedic ambulance and inform parents. Arrange to meet parents at the hospital.
2. Send for the named emergency box.
3. Reassure the pupil help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.

9. If the pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

REMEMBER Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks. Epi-pen treatment must only be undertaken by staff who have received specific training.

The following websites contain more detailed information in how to recognise and deal with anaphylaxis.

<https://www.anaphylaxis.org.uk/>

<https://www.nhs.uk/conditions/anaphylaxis/>

Choking Procedure

- The hall is a busy place at lunchtime and it may not be possible to spot immediately if a child is choking. Staff will teach children to stand up and wave their hands in the air for help or if this is not possible, a friend can do it for them.

Head Lice

- If live lice are noticed in a pupil's hair, the parents may be discretely advised either by telephone or at the end of the day.
- The 'Treating Head Lice' letter will be sent to the parents of all pupils in a phase if a case of head lice is observed or reported.

Body Spillages/HIV

- Protective gloves should be worn when dealing with any bodily fluid (protective gloves can be found in all first aid boxes and portable kits).
- Sponges and water buckets must never be used for first aid to avoid the risk of HIV contamination.
- All body fluid spillages (vomit, diarrhoea and blood) must be immediately cleaned up. This is vital if the spread of infection is to be reduced.

Incident Reporting – Pupils

- All incidents, injuries, head injuries, ailments and treatments are reported on Medical Tracker, stating clearly the date, time, which part of the body has been injured, the action taken, the name of the person administering first aid and who specifically has been contacted/informed.
- For minor injuries and minor head bangs, a sticker will be given to the child to indicate to staff that they have been to the Medical room for treatment and may need monitoring.
- A more serious head injury will result in the parent/carer being contacted to invite them to check their child, the pupil will be given a head bump sticker to alert staff that they need monitoring in class.
- All injuries should be recorded on Medical Tracker and will be notified internally to the Headteacher and the child's class teacher.
- All Injuries requiring external medical attention or are of a more severe nature, must also be reported via the online accident reporting tool at <http://www.milton-keynes.gov.uk/schoolservice-health-safety/>
- Parents must be contacted by phone regarding any injury causing concern and a record of all contact, including when a message has been left, must be recorded on Medical Tracker.

Incident Reporting - Staff.

- Staff should report accidents via the online accident-reporting tool if they sustain significant injury or near miss whilst at work at <http://www.milton-keynes.gov.uk/schoolservice-health-safety/>
- Staff accidents/injuries will be recorded on Medical Tracker.
- An injured member of staff should not continue to work if there is any possibility that further medical treatment is needed.
- The member of staff or other supervising adult concerned should seek medical advice without delay.
- Emergency contacts for staff are held on the SIMs database via the office, in staff files located in Business Manager's office and in the Business Continuity Plan.

During a medical emergency school radios must be left accessible for staff to contact the school office - the code word **SPOTTY DOG** is to be used in these instances— on hearing the code word radio's must not be used to allow messages to be sent to the office for help.

Action at an Emergency

1. **D**ANGER Environment, Casualty themselves, other people?
2. **R**ESPONSE **A**lert (can respond vocally to simple questions)
Voice (can respond to a voice command with a physical response) **P**ain (can respond to a cuticle pinch) **U**nresponsive (responds to none of the above)
3. **S**HOUT Help from others and an ambulance if V,P or U in response status.
4. **A**IRWAY Visually check
5. **B**REATHING Look, Listen and Feel

Breathing = Drainage position keeping head tilted back

Breathing = CPR at 30:2 compressions to rescue breath **depth**

Child CPR with 5 rescue breaths FIRST Casualty on hard surface to 1/3 of body STOP ONLY WHEN TOLD TO BY PARAMEDIC; CASUALTY RE-STARTS BREATHING OR PHYSICAL EXHAUSTION TAKES HOLD.

References:

Guidance On the Use of Emergency Salbutamol Inhalers In Schools – Department of Health (March 2015)

Guidance On First Aid for Schools: A Good Practice Guide (Feb 2014)

HIV and AIDS: A Guide for The Education Service – DFEE

Relevant School Policies:

Health & Safety Policy

Appendices

Appendix 1: List of appointed first aiders

Appendix 2: Asthma emergency inhaler permission / Request for school to administer medication Form

Appendix 3: Template for care plans

Appendix 4: Asthma protocol

Appendix 5: Medical expiry date checklist (including Asthma)

Appendix 6: Contents of First Aid kit

APPENDIX 1: Template for List of appointed first aiders

NAME	QUALIFICATION	EXPIRY DATE
Katie Clark	Paediatric	07.11.2025
Quita Kennedy	Paediatric	14.09.2025
Noori Begum	Paediatric	14.09.2025
Michelle Catterall	Paediatric	16.09.2025
Traci Holmes	Paediatric	19.01.2026
Rebecca Rourke	Emergency First Aid	18.10.2024
Ronnie Rowsell	Emergency First Aid	10.12.2024
Judy Silberrad	Emergency First Aid	12.01.2025
Emma Tinsley	Emergency First Aid	12.01.2025
Dawn Green	Emergency First Aid	10.02.2025
Ruth Ellis	Emergency First Aid	31.01.2026
Julie Prosser	Emergency First Aid	09.02.2026
Mick Kemp	Emergency First Aid	09.02.2026
Amy Scanlan	Emergency First Aid	28.04.2026
Karen Singer	Emergency First Aid	09.12.2025

Office First Aider	Julie Prosser
	Dawn Green

Sarah Kotulecki	Epipen	11.01.2025
Michelle Laskey	Epipen	11.01.2025
Deborah Mclean -Hall	Epipen	11.01.2025
Grant Malloch	Epipen	11.01.2025
Kirsty Frost	Epipen	11.01.2025
Sarah Clark	Epipen	11.01.2025
Steph Horvath	Epipen	11.01.2025
Eleanor Upton	Epipen	11.01.2025

APPENDIX 2: Asthma emergency inhaler permission / Request for School to Administer Medication Form

COLD HARBOUR C of E SCHOOL

Request for School to Administer Medication

I request that _____ (FULL name of child)

of _____ Class be given the following medication:

at the following times during the day:

The above medication has been prescribed by a *doctor/*has not been prescribed by a doctor. It is clearly labelled indicating content, dosage and child's name IN FULL.

** Please delete as appropriate*

Please read and sign below

I understand that the medicine must be delivered personally to the school and that the school will only be able to administer the medicines if it can make the staff time available. I understand that I remain responsible for ensuring that my child receives the medication and that I may have to make the necessary arrangements if the school is unable to do so. I confirm that my child has taken the medication previously and has suffered no adverse reaction to the same.

Signed _____ (Parent)

Address _____

Date _____

For completion by the school

I agree to arrange for the administration of medicines as requested by the parent and described above.

Signed _____

Date _____

APPENDIX 3: Asthma Protocol

The signs of an asthma attack are:

- *Persistent cough (when at rest)*
- *A wheezing sound coming from the chest (when at rest)*
- *Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)*
- *Nasal flaring*
- *Unable to talk or complete sentences. Some children will go very quiet.*
- *May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)*

CALL AN AMBULANCE IMMEDIATELY AND FOLLOW 'WHAT TO DO' WITHOUT DELAY IF THE CHILD:

- *Appears exhausted*
- *Has a blue/white tinge around lips*
- *Is going blue*
- *Has collapsed*

What To Do:

- *Keep calm and reassure the child*
- *Encourage the child to sit up and slightly forward*
- *Use the child's own inhaler – if not available, use the emergency inhaler*
- *Remain with the child while the inhaler and spacer are brought to them*
- *Immediately help the child to take two separate puffs of salbutamol via the spacer*
- *If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs*
- *Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better*
- *If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE*
- *If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way*

APPENDIX 4: Medical Expiry Date Checklist (including Asthma)

MEDICAL EXPIRY DATE CHECK LIST

EPIPENS					
CHILD	CLASS	EXPIRY DATE	DATE CHECKED	CHECKED BY	TERM
ASTHMA INHALERS					
CHILD	CLASS	EXPIRY DATE	DATE CHECKED	CHECKED BY	TERM
ECZEMA					
CHILD	CLASS	EXPIRY DATE	DATE CHECKED	CHECKED BY	TERM
ALLERGY MEDICINE CETIRIZINE 5ML					
CHILD	CLASS	EXPIRY DATE	DATE CHECKED	CHECKED BY	TERM
CALPOL					
EYE DROPS					
METHYLPHENIDATE					
PIRITON					
COOLING FANS					
DIABETES					

APPENDIX 5: Template for Care Plans

Cold Harbour C of E. Primary School Individual Health Care Plan



Name:	Photo:	
Class:		
D.O.B. :		
Medical Need or Condition:		
Doctor or Clinic Contact:		
Treatment:		
General Signs and Symptoms:		
What Constitutes an Emergency:		
In School Actions:		
Actions on School Visits:		
EMERGENCY CONTACTS:		
Name & relationship	Main Phone Number	2nd Phone Number
1)		
2)		
3)		
Parent/guardian agreement:		Date:
Headteacher agreement:		Date:
Date care plan to be reviewed by:		Date:

APPENDIX 6: Contents of First Aid Kit

CONTENTS LIST FOR FIRST AID KITS



BSI 8599-1:2011 COMPLIANT

ITEM	QUANTITY			
	Small	Medium	Large	Travel
Contents List	1	1	1	1
Guidance Leaflet	1	1	1	1
Medium Sterile Dressing	4	6	8	1
Large Sterile Dressing	1	2	2	1
Triangular Bandage	2	3	4	1
Safety Pins	6	12	24	2
Eye Pad Sterile Dressing	2	3	4	1
Sterile Self Adhesive Dressings (Plasters)	40	60	100	10
Saline Cleansing wipes	20	30	40	4
Adhesive Tape	1	1	1	1
Nitrile Disposable Gloves	6	9	12	1
Finger Sterile Dressing	2	3	4	0
Resuscitation Face Shield	1	1	2	1
Emergency Foil Blanket	1	2	3	1
Eye Wash	0	0	0	1
Hydrogel Burn Dressing	1	2	2	1
Tough Cut Shears	1	1	1	1
Conforming Bandage	1	2	2	1