



**COLD HARBOUR**  
C of E Primary School

Growing, Learning, Achieving Together

# First Aid Policy 2017

	Date	Signature
Discussed at Staff meeting	27.09.17	
Discussed at FPP	10.10.17	
FGB:		

Responsibility of Finance, Personnel and Premises Committee  
Next Review Date: July 2020

## **Cold Harbour CE Primary School Policy Ethos Statement**

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

Cold Harbour is a school committed to 'Growing, Learning, Achieving Together' with strong Christian values underpinning this.

- ✓ **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.

This policy will clearly define how the procedures and opportunities in school will enable all children to achieve our key aims.

'Do all the good you can, By all  
the means you can, In all the  
ways you can, In all the places  
you can, At all the times you can,  
To all the people you can,  
As long as ever you can.'

**(John Wesley)**



## 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.
- 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.

### 2.1 First Aid Boxes

All classes, including the Jungle Room, have a green first aid box with a contents list inside the lid. If you notice that something is running low, replenish it from the main first aid stock, stored in the cupboard adjacent to the fruit trolley.

Additional wall mounted first aid boxes are located in:

- The Nest
- The Medical Room

Travel first aid kits (bum bags) are stored in the wooden wall cupboards 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 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' (Lucy Terry).
- 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 under running water and patted dry with a paper towel or 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 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.

### **2.3 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.

#### **2.4 Administration of Medicines in School**

- Only medication prescribed by a doctor may be administered in school.
- It is the class teacher's responsibility to ensure that medication is administered on time during the school day.
- First Aiders in phases will administer medicine for which an administration form has been completed by the parent.
- All medicines administered by school staff must be recorded on a child's individual medication record sheet & counter signed 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 staff room fridge and sent home at the end of the day.

#### **Specific Conditions:**

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 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:**

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.

## **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, diarrhea 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 treatment are reported in the accident book, kept in The Nest, stating clearly the day, time, which part has been injured, the action taken and who specifically has been contacted/informed.
- Injuries requiring external medical attention must be reported via the online accident reporting tool.
- Parents must be informed of a head injury by telephone. They will also receive a slip detailing symptoms to watch for in the 24 hours following a head injury.
- 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 in the 'Parent Contact – Medical Book in the Medical Room.

## **Incident Reporting - Staff.**

- Staff should report accidents via the online accident reporting tool if they sustain an injury or near miss whilst at work.
- 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 in the head teacher's office in the Business Continuity Plan and in the register box.

## **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:**

Medical Conditions In School Policy (2017)

Health & Safety Policy

**Appendices**

Appendix 1 – Asthma protocol

Appendix 2 – Asthma register template

Appendix 3 – Asthma inhaler register - phases

Appendix 4 – Asthma emergency inhaler permission

Appendix 5 – Administration of medicine/s in class log sheet

Appendix 6 – Administration of medicine/s in class permission form

Appendix 7 – Template for care plans.

## Action at an Emergency

1. **D**ANGER Environment, Casualty themselves, other people?
2. **R**ESPONSE **A**lert (can respond vocally to simple questions)  
**V**oice (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.**

## APPENDIX 1: ASTHMA ATTACKS

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 5: School Medication Log Sheet**

Child's Name : \_\_\_\_\_ D.O.B. : \_\_\_\_\_

Medication :  Dose :  Date :                      Time :	Administered by :  Witnessed by :
Medication :  Dose :  Date :                      Time :	Administered by :  Witnessed by :
Medication :  Dose :  Date :                      Time :	Administered by :  Witnessed by :
Medication :  Dose :  Date :                      Time :	Administered by :  Witnessed by :
Medication :  Dose :  Date :                      Time :	Administered by :  Witnessed by :
Medication :  Dose :  Date :                      Time :	Administered by :  Witnessed by :
Medication :  Dose :  Date :                      Time :	Administered by :  Witnessed by :

