



## Doxey Primary School

### First Aid and Medicines Policy

**November 2012**

#### **Introduction**

First aid is the immediate treatment necessary for the purpose of preserving life and minimising the consequences of injury or illness until expert medical assistance can be obtained. First aid also includes the initial treatment of minor injuries, which will not need treatment by a medical practitioner.

The object of first aid is to offer assistance to anyone injured or suddenly taken ill before expert help from a doctor or nurse is available, or before an ambulance arrives. The aims of first aid are threefold:

1. Saving life by prompt and initial action;
2. Preventing the injury or condition from deteriorating;
3. Helping recovery through reassurance and protection from further danger.

#### **Aims of our policy**

To implement and maintain effective systems for ensuring the provision of adequate and appropriate first aid equipment, facilities and personnel at Doxey Primary School and during off-site activities.

#### **First Aid Provision**

At all county council workplaces, there must be adequate and appropriate provision of first aid equipment, facilities and appropriately trained staff to enable first aid to be administered to employees and non-employees if they become injured or ill.

The level of first aid provision at Doxey School is based on an assessment of need. We have identified risks as comparatively low risk to health and safety. Therefore we have clearly identified and suitably stocked first aid boxes and pouches for off-site activities, an Appointed Person to maintain supplies and suitably qualified First Aiders.

**A First Aider (FAW)** is someone who has undergone an approved training course in First Aid at Work and who holds a current First Aid at Work Certificate. Their role involves:

- undertaking first aid treatment in accordance with their training,
- summoning an ambulance or other external medical services,
- liaising with the Appointed Person to ensure first aid kits are fully stocked and refilled after use,
- keeping suitable records of all treatment administered.

**An Appointed Person** is someone who is nominated to take charge of a situation in the absence of a qualified first aider or emergency aider. Their role includes:

- taking charge when someone is injured or falls ill,
- calling an ambulance (where required), and
- being responsible for first aid equipment e.g. re-stocking the first aid box.

The Appointed Person may not be a first aider, and if so, should not attempt to give first aid for which they have not been trained.

### **Early Years**

The Statutory Framework for the Early Years Foundation Stage requires that at least one person who has a current Paediatric First Aid Certificate must be on the premises at all times when children are present. In addition there must be at least one person on outings who has a current pediatric first aid certificate.

### **Premises Manager**

Our Premises Manager (Headteacher) is responsible for undertaking the first aid assessments, ensuring adequate first aid arrangements at Doxey Primary School.

This includes ensuring that: -

- there are sufficient numbers of first aid trained personnel to meet the need identified in the assessment throughout the times that the premises are in use;
- there is adequate provision of first aid equipment which is stored in suitable containers;
- sufficient notices are displayed at appropriate places indicating the location of first aid equipment and trained first aiders so that assistance can be quickly summoned which are reviewed and amended regularly;
- adequate access to a telephone is always available to call emergency services when required;
- employees are informed of the local first aid arrangements at induction and whenever changes are made;
- staff are aware of the location of first aid equipment/facilities and personnel;
- a suitable first aid room is available when the need is identified;
- visitors and contractors are provided with information regarding first aid procedures and how to access first aid provision prior to commencing work, if this will be available to them whilst working on-site;
- records are maintained of checking of first aid boxes;
- all first aid administered is recorded in the Record Of First Aid Treatment HSF 26 kept with the first aid box or on the accident form.
- there is suitable assessment of the first aid requirements for off-site activities where there may be an increased risk of injury.

### **Infection control**

To minimise risk of infection whilst administering first aid (for example, from hepatitis B and HIV), first-aid personnel must cover all exposed cuts/abrasions on their own bodies with a waterproof dressing before administering treatment. They must also wash their hands before and after applying dressings. If the casualty is bleeding from the mouth the blood must be wiped away using a clean cloth or handkerchief.

Although mouthpieces are available for administering mouth-to-mouth resuscitation, they should only be used by trained personnel as incorrect use may cause bleeding.

Disposable nitrile/vinyl gloves and aprons must be worn whenever blood, or other body fluids are handled, and disposable materials, such as paper towels and sanitising powder, must be used to mop up any substances. All disposable items must be disposed of in plastic bags in line with the Infection Control Policy. Contaminated work areas must be suitably disinfected and soiled clothing should be washed on a hot cycle or advice given to this effect if washing sent home.

If contact is made with any other person's body fluids the area should be washed immediately and medical advice sought.

### **Liability**

The County's insurers have confirmed that our employer's liability insurance policy will provide indemnity for staff acting as first aiders as defined above. First Aiders must ensure that any treatment they give is administered in accordance with the training they have received. So long as treatment is administered with good intent and in accordance with current good practice, the County Council and its insurers will support the actions of its employees in the event of a legal case relating to first aid treatment.

## **Procedures with regard to First Aid and Medicines at Doxey Primary School**

### **Introduction**

Employees at a school, acting "in loco parentis", are expected to act in the way that a responsible parent might whenever an accident occurs or a child's health becomes affected. Where applicable this policy applies, in the event of illness or injury, to any person on the school premises.

### **Emergency Contacts**

All parents on their child's entry to school are asked to provide in addition to their own details, the name, address and telephone number of at least two contacts in case of an emergency. Therefore, if a child is not well enough to remain in school, or is injured, someone can be contacted and the child taken home or escorted to hospital. Parents are also asked to inform the school of any medical history, which they feel may affect the child in school, and of any changes to the given information.

### **Confidential Information**

In order to ensure that any medical emergency is dealt with quickly and efficiently, information about a child may need to be shared with staff other than class teachers. For example, lunch time supervisors need to be aware of children with food allergies. All information shared will always be treated with the strictest confidence.

### **Injury**

If a person is injured during the school day he or she will be attended by a member of staff, preferably a first aider, and given any necessary assistance or treatment. An assessment will be made as to the severity of the injury and a first aider called if required. Parents will be contacted or the casualty will be removed to hospital if deemed necessary by the first aider.

All injuries are recorded in the accident book (injuries to staff are recorded in book BI510) and any more serious conditions are reported to Sites and Safety at Education Services via form EDAF2. In addition, specified major injuries are reported to the Health and Safety Executive immediately.

When an emergency arises the casualty will be removed to hospital via an ambulance if necessary. The school will liaise with the health professionals, so that they are fully informed about the child's injury and any other health issues the child might have. The child's parents will be contacted and asked to accompany the child or make their way to the hospital. In the event of parental absence a child will be given whatever emergency treatment is considered necessary by the hospital.

## **Infectious Diseases**

We follow guidelines laid out in the 'Communicable disease and infection control guidelines' document which is in the school office with regard to infectious diseases. When it is suspected that a child may have contracted an infectious disease the parents will be contacted as soon as possible and advised to see their G.P. The child should not return to school until any risk to other children and staff has subsided. Parents are asked to inform the school of any confirmed cases of infectious diseases. Some diseases are statutorily notifiable and these are listed in the above document.

## **Asthma Policy**

See Appendix

## **Medicines (not inhalers)**

No drugs or medications are administered by school staff, as a general rule, and drugs and medications are not kept in school.

Parents of children requiring antibiotics or other short-term medication are advised to request three times a day medication from their doctor. If this is not possible, they are requested to come into school at lunch-time to administer the medication to their own child providing the child is well enough to attend school.

If there are long-term requirements for medication then specific cases will be discussed with the headteacher and a Care Plan will be set up (see below).

## **Headlice**

If a parent finds that their child's hair has become infested with headlice they should treat the child according to current guidelines. If a child is suspected by the school staff of having a live infestation, a parent will be contacted as appropriate and asked to take the child home for treatment. The school may send letters to parents informing of an outbreak of headlice, but the school nurse does not check heads.

## **Verrucae**

Plantar warts or verrucae are caused by a virus and are contagious. Although not a serious complaint they can be painful. Precautions can be taken to help prevent the spread of infection but children with verrucae may take part in physical education, including swimming.

## **Sun Screening**

Children are encouraged to wear sun protection during the summer months. Lotions should be applied to the child before arrival at school and they are encouraged to wear hats, glasses and long sleeved tops whilst outside. Parents and children are responsible for providing protection and are reminded during the summer of our procedures.

## **Care Plans**

Children who have a known medical condition will have a Care Plan written. This plan will be agreed between parents, school and the School Nurse. Children who have potentially life threatening medical conditions will not be admitted to the school until the Care Plan has been agreed by all parties.

Care Plans are written for children suffering from food allergies, severe hay fever, Irritable Bowel Syndrome, diabetes, and epilepsy for example. Once these are in place staff are trained in relevant treatments. All the staff are trained in the use of 'Epipens'. (For further information see Appendix)

## **School Nurse**

Any questions regarding a child's health or well-being may be referred to the school staff who will note the problem and discuss the matter with the school nurse if necessary. Parents are advised to contact health professionals if they are concerned about their child's health.

## **Appendix : Explanatory Information about some childhood conditions.**

### **Allergies**

Many children are allergic to differing substances. Hay fever is a common allergy which although alarming and distressing is rarely serious. Occasionally a few children may be so reactive to a substance that they are in danger of suffering from anaphylactic shock. Children who are known to potentially suffer in this way may be prescribed an EPIPEN. This is an instant dose of adrenalin which helps to counteract the effects of the substance should the child come into contact with it. Staff are trained in the administration of this medicine and an ambulance must be called in the event of an EPIPEN being used.

### **Diabetes**

A person who has been diagnosed as diabetic usually knows how to control their condition. However if a "hypo" attack is advanced then help is urgently needed. At the onset of a "hypo" attack the casualty may feel weak, faint and hungry. They may sweat and have a strong, bounding pulse. Breathing may be shallow and their level of response may be deteriorating. If they are conscious sit the casualty down and give them something sweet e.g. chocolate, a sugary drink or their own glucose which they may carry. If the casualty is unconscious carry out the normal procedure for an unconscious patient.

### **Epilepsy**

Epilepsy is a tendency to have recurrent seizures due to an altered chemical state within the brain. "Minor Epilepsy" - also known as "petit mal". The casualty may appear to "switch off", they may twitch or give strange "automatic" movements. He or she should be sat down away from any danger sources, e.g. furniture or electrical equipment, talking to the casualty may be reassuring until he or she returns to their normal state.

"Major Epilepsy" - The casualty suddenly falls unconscious, often letting out a cry, he may become rigid. Convulsive movements then begin. The casualty may lose bladder or bowel control. Consciousness usually returns within a few minutes but the casualty may feel dazed or behave strangely. The casualty must be protected from injury during a fit and the first aider called to provide care when consciousness has been regained. If this is the first fit, if the fits are repeated or if consciousness is not regained within a period of time which is normal for that child then dial 999 for an ambulance. Very occasionally a pupil may be prescribed medication to be administered rectally. A minimum of two volunteer staff members are required to administer this after receiving accredited training through the Occupational Health Unit.

### **Asthma**

#### **Asthma and The School Environment**

The school does all it can to ensure the environment is favourable to children with asthma. The school does not keep pets and has a no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma.

#### **Asthma Attacks**

- Ensure that the reliever inhaler is taken immediately
- Stay calm and reassure the child
- Ensure tight clothing is loosened e.g. Remove tie, undo top buttons
- Stay with the child until he/she feels better
- Inform the parent.

#### **Emergency Procedure**

An ambulance will be called if:

- The reliever has no effect after five to ten minutes
- The child is distressed or unable to talk

- The child is becoming exhausted
- The school is concerned about the child's condition

**November 2012**