

Policy Updated: April 2022

Additional update June 2022

Review Date: April 2024



Olney Infant Academy

First Aid Policy

Introduction

All children have the right to feel safe and well and know that they will be attended to with care when in need of first aid.

Aims

As a school we recognise that the children and adults in our care need good quality first aid provision. Therefore, this policy aims to outline clear and agreed systems that should ensure that all children are given the same care, and understanding in our school. They are:

- To administer first aid to children when in need, in a competent and timely manner
- To communicate children's health problems to parents when considered necessary
- To provide supplies and facilities to cater for the administering of first aid
- To maintain a sufficient number of staff members with First Aid in Schools training
- To ensure that a sufficient number of Early Years staff members have paediatric First Aid training
- To maintain at least two members of staff who have received the recognised and additional First Aid at Work certification.

Materials, Equipment and Facilities

The school will provide materials, equipment and facilities as set out in the DFE 'Guidance on First Aid for Schools'. The Health and Safety (First Aid) Regulations 1981 set out what employers have to do. Employers must provide adequate and appropriate equipment, facilities and qualified first aid personnel.

The Appointed Person

Currently the Appointed Person is Loraine Edwards. Office staff will check monthly that materials and equipment are available. Office staff will order new materials when supplies are running low. The appointed person is responsible for the arrangement of adequate First Aid training for staff.

Each class has its own First Aid Box.

Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a cleansing wipe.

Any adult can treat severe cuts. However, a fully trained first aider must attend the patient to give advice. Minor cuts should be recorded on a centrally linked Microsoft Form via a tablet or laptop. Major injuries need to be reported to the Appointed Person and recorded on the incident reporting portal

ANYONE TREATING AN OPEN CUT MUST USE RUBBER GLOVES

Head Injuries

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Children should receive an 'I BUMPED MY HEAD'. The adults in the child's classroom should keep a close eye on the child. Children with a bumped head are given a head injury letter to take home. Parents should be called if the child has a serious cut on the head, a large bump (egg) or there are obvious signs of concussion. Children who have concussion after a head injury will need to be taken to hospital.

Allergic Reaction

All staff are trained in recognising the signs of serious allergic reactions. In case of a less serious allergic reaction, a first aider should examine the child and follow care plan instructions. Please also see the Policy for Medical Procedures/Administration of Medicine Policy.

Record Keeping



All first aid must be recorded using the Microsoft form located using this QR code

The school follows the HSE (Health and Safety Executive) Guidance on reportable accidents / incidents for children and visitors.

Employees/Staff:

The school has a responsibility to provide first aid to all staff. In case of an accident/incident, staff should seek First Aid from any of the qualified First Aiders. All First Aid treatment to staff should be recorded. In case an accident / incident results in the individual being taken to hospital, where they will receive treatment and are absent from work for 3 days or more, the appointed person needs to be notified. The appointed person and the Headteacher will review the accident/incident and will decide if it needs to be reported online to the HSE (RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 2013).

Notifying Parents

School uses different ways to inform parents of incidents. These are:

- Head Injury Form
- Phone Call
- Communication at the door
- 'I bumped my head' sticker

Arrangement for Medicine in Schools

Administering Medicine in School

At the beginning of each academic year, any medical conditions are shared with staff and a list of these children and their conditions is stored in classes. Medical needs that require lunch awareness are written on lanyards to ensure no chance for error

Children with Medical Conditions have to have a care plan provided by the School Nurse, signed by parents/guardians. These need to be checked and reviewed regularly. Medications kept in the school for children with medical needs, are stored in secure containers, away from children

Medicines brought into school should be clearly marked with:

- The name of the medicine
- The pupil's name dosage (including method of administration and times)
- Special storage instructions

When administering medicine, the first aider, along with a witness, will check the medication type is correct and then log the time and date and each person will sign the record upon administering the medicine. For further information on pupils with medical conditions in school, please see the 'Medical Procedures/Administration of Medicine Policy'.

Parents requesting staff to administer medicine **must** fill out a school medicine record form. This can be collected from the school office. Parents should not send their child in with the medicine, they need to bring it to the school office.

Asthma

Children with Asthma do not require a care plan. In order for the Children's Asthma pumps to be kept in school, parents/carers will need to complete a 'School Medicine Record' form. It is the parents'/carers responsibility to provide the school with up-to-date Asthma Pumps for their children. The appointed person will check the expiry date on the pumps at the end of each half-term and will inform the parents/guardian should the pumps expire or run out. Asthmas pumps are to be kept with the Class Teacher or child. From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows 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 can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Calling the Emergency Services

In case of a major incident, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

The Headteacher or member of SLT should be informed if such a decision has been made, even if the accident happened on a school trip or on a school journey.

If the casualty is a child, their parents/guardians should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are available from the school office.

Headlice

Staff **do not** touch children and examine them for headlice. If we suspect a child or children have headlice, we will have to inform parents/carers. A standard letter will be sent home with all of the children that are in that class where the suspected headlice incidence is.

Chicken Pox and other diseases/rashes

If a child is suspected of having Chicken Pox, Measles etc, we will look at the child's arms or legs. Chest and back will only be looked at if we are further concerned. We will call a First Aider and two adults will be present. The child **must always** be asked if it is okay to have a look.

For the inspection of other rashes, the same procedure will be followed. If we suspect the rash to be contagious (such as scabies, impetigo, conjunctivitis, etc.) we will inform parents and request that children are treated before they are returned to school. If more than one child is suspected to have the same disease/rash in one class, a letter will be sent home to all parents in that class, to inform them as this will allow them to spot problems early on and begin treatment early, thus avoid the further spread of disease/rash.

It is the Headteachers duty to decide if there is an outbreak of infectious disease and whether there is a need to report it to the Thames Valley HPT (South East) (Health Protection Unit)

Vomiting and Diarrhoea

Children with diarrhoea and/or vomiting should be kept off school until 48 hours after their symptoms have gone.

Linked Policies

- Administration of Medicine Policy