



Olney Middle School

First Aid Policy

September 2022

Agreed by OJGB: 26/09/2022

Updated:

Updated:

Review by date: September 2024

The policy is scheduled for review, as per the above date however if there are legal or statutory changes the policy will need to be reviewed

Author: H Macdonald

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 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 Persons are the Office Staff and they will regularly check that materials and equipment are available. They will order new materials when supplies are running low. The appointed people are responsible for the arrangement of adequate First Aid training for staff.

Each shared year group has its own First Aid kit as does the Dining room as well as a stocked Medical Room by the school office. The Midday Supervisors also hold a kit for lunchtime use. The Appointed Person ensures these are regularly stocked up and staff are encouraged to let her know when stocks are running low.

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 the First Aid Record Sheets in the medical room (see Appendix 1). Major injuries need to be reported to the Appointed Person and should be recorded on the IFTL incident Reporting system on their portal, logged on BromCom and parents informed by phone call.

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' sticker (see Appendix 2). The adults in the child's classroom should keep a close eye on the child. All bumped head incidents will be recorded on the First Aid Record Sheets. 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 accidents are recorded on the First Aid Record Sheets. The pages of this should be sequentially numbered. Records should be transferred to an electronic, centralised file once a month to allow for analysis and identifying trends.

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 reported to the appointed person and recorded on the IFTL Incident Reporting system on their portal. 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:

- 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 class and on file in the school office. Children with Medical Conditions have to have an Individual Health Care Plan signed by parents/carers (see Appendix 3). These need to be checked and reviewed regularly.

New starter parents/carers complete any medical conditions on the new admissions Google Form but will also be required to complete all the necessary forms and permission referred to below in order to keep a paper record to hand in the office.

Medications kept in the school for children with medical needs should be in original packaging and are stored in secure containers away from children in the Medical Room. Medicines brought into school should be clearly marked with:

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

When administering medicine, the first aider will check the medication type is correct and then log the time and date and will sign the 'Record of Medicine' form upon administering the medicine.

Parents/carers requesting staff to administer medicine **must** fill out a 'Record of Medicine' form (see Appendix 4). This can be collected from the school office. Parents/carers should not send their child in with the medicine, they need to bring it to the school office in person. This applies to both prescribed and non-prescribed medication.

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 also complete a 'Record of Medicine' 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/carers should the pumps expire or run out. Asthma pumps are to be kept with the Class Teacher or with the child. Inhalers are kept with the child in their classrooms.

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 form (see Appendix 5), 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 Deputy Headteacher 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/carers 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/carers and request that children are treated before they are returned to school. We will also inform staff via e-mail. 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/carers 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