



# **Vernon Primary School**

## **First Aid Policy 2020**

*'Nobody Else is Quite Like Me'*

## First Aid Policy

### Purpose

Vernon Primary School recognises its duty of care for the health, safety and well-being of its staff. We take effective steps to ensure that this is achieved, this policy has been written in conjunction with our health and safety policy and its purpose is to highlight:

- Gives a clear structures and guidelines to all staff regarding all areas of first aid;
- Clearly defines the responsibilities of all staff;
- Enables staff to see the scope of their responsibilities;
- Ensures first aid cover is available in the school and on educational/residential visits.

### Guidelines

#### - **Training**

At Vernon Primary, we have Qualified First Aiders 'Emergency First aid at work' available to deal with serious first aid requirements; Paediatric First aiders available to administer first aid to young children; and Child and Baby trained first aiders. All staff members are offered emergency first aid training and training for full first aiders, paediatrics and emergency first aiders is completed by a reputable training organisation and meets the First Aid at Work Training requirement. Copies of first aid training certificates are available within school and filed in the Business Manager's office in Health and Safety Files.

With this number of fully trained first aiders it means that there will always be at least one on the school premises at any one time. Fully trained first aiders attend retraining courses as required. Members of staff who are interested in becoming fully trained first aiders make a request to the headteacher. Lists of all Full first aiders, Paediatrics and Emergency first aiders is available next to each first aid box and in the main office:

	<b>Name</b>	<b>Role</b>	<b>Expiry Date</b>
<b>Fully Qualified First Aiders:</b>	Mrs Aileen Gurney	Teacher – Year 6	Sep 2023
	Mrs Julie Evans	Teacher – Year 3	Nov 2021
	Miss Beth Langthorp	Teacher – Year 2	Dec 2022
<b>Paediatric First Aiders:</b>	Mrs Laura Hough	Teacher – Year 6	Oct 2021

	Mrs Pam Dowd	Teaching Assistant	Jan 2021
	Mrs Lucy Owen	Teaching Assistant	Dec 2020
	Mrs Beverley Roberts	Mid-Day Assistant	Mar 2023
	Mrs Julie Bowden	Mid-Day Assistant	Mar 2023
<b>Child &amp; baby First Aid</b>			
	Mrs Debbie Wilson	Teacher – Rec	Jan 2022
	Mrs Penny Brammar	Teacher – Rec	Jan 2022
	Miss Eve Worthington	Teacher – Year 2	Jan 2022
	Mrs Zoe Carrington	Teacher – Rec/Year 3	Jan 2022
	Miss Zoe Wildig	Teacher – Year 5	Jan 2022
	Mrs Eleanor Allmand-Smith	Teacher – Year 5	Jan 2022
	Mrs Louise Currall	Business Manager	Jan 2022
	Mrs Michelle Richards	Teaching Assistant	Jan 2022

**The main duties of the First Aiders will be to administer immediate first aid to pupils, staff or visitors, and to ensure that an ambulance or other medical help is called, when necessary.**

**- Training for specific conditions**

Depending on the requirements of the children within the school, specific training packages led by professionals will be put together and shared with key members of staff teaching and/or supporting the child. This will be re-visited on an annual basis or more often where required.

**- First Aid Kits**

First aid boxes are easily recognisable and are provided throughout the school – located at the end of each school corridor, therefore two boxes per corridor. Only first aid supplies will be kept in the first aid box. No pupil specific medication is to be kept in the box. A nominated first aider will check the boxes and fill them up regularly.

**- Educational/Residential Visits**

- Before undertaking any offsite visits or events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved. All educational/residential visits risk

assessments are uploaded onto Evolve for the approval by our Educational Visits Coordinator and Cheshire East. For more information about the school's educational visits requirements, please see the Educational Visits Policy.

- First aid kits are taken on all school trips and at least one qualified aider accompanies the trip.

#### - COVID-19

Due to the outbreak of COVID-19 and until otherwise directed, any person administering First Aid should:

- wear **protective gloves, face protection\* and a disposable apron**. PPE (face masks, visors, hand sanitisers, aprons) are in school for use during times of close contact with children (First Aiders).
- See guidance headings: *'Coronavirus (COVID 19), implementing protective measures in education and child care settings.'* *'Safe working in education, childcare and children's social care, including the use of PPE.'*, *'Quick guide for putting PPE on and off.'*
- Any contaminated surfaces should be cleaned following appropriate guidelines. Gloves and apron should then be placed in a separate bin when finished with and hands should be washed with soap and water for at least 20 seconds.
- Any pupil or person showing recognised symptoms of Coronavirus - new, persistent cough and/or high temperature (over 37.8C), should be isolated from others, parents sent for to collect their child. Adults showing the symptoms should be sent home.
- **Due to COVID-19 there will be a supply of first aid resources in each learning space to avoid cross contamination of first aid resources.**

#### - Accident File

- The accident file is stored securely in the admin office. An accident recording book is available in the school office for any accidents involving adults, these should be completed and signed, by the first aider.
- Once completed, the 'parent notification' first aid sheet is given to the pupil to take home with them and the white a school record first aid sheet is filed in the accident file which is kept in the school office.
- For major accidents, a further Local Authority form (Prime system on line access) must be completed within 24 hours of the accident. The Business Manager has access to this system of reporting.

#### - Calling the emergency services

In the case of major accidents the emergency services are to be called. Staff are expected to support and assist the trained first aider.

If a member of staff is asked to call the emergency services, they must,

1. State what has happened
2. The child's/adult's name

3. The age of the child/adult
4. Whether the casualty is breathing and/or unconscious
5. The location of the school

In the event of the emergency services being called, a member of the admin team OR another member of staff, should wait by the school gates on Clumber Road and guide the emergency vehicle into the school.

If the casualty is a child, his/her parents should be contacted immediately and be 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 clearly located in the school office.

If the child needs to be taken to hospital by the emergency services, a member of staff will accompany the child until the parent/carer arrives.

In the case of anaphylactic shock the child's individual health care plan should be given to the paramedics and accompany the child to hospital.

#### **Guidance for First Aid Treatment**

Communication with parents is of high priority at Vernon Primary and when a child joins the school, they are asked to complete medical forms and, if necessary, an updated health care plan, with the Health and Safety Coordinator. Important medical information, regarding a specific child, is disseminated to all staff members and relevant training is then put into place. All medical information for specific children is reviewed annually.

#### **- Cuts**

- The nearest member of staff deals with small cuts. All open cuts should be covered after they have been treated with a Mediwipe.
- Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given one from their box brought from home or an alternative dressing.
- A first aider can treat more severe cuts and severe cuts should be recorded in the accident file and parents informed either by telephone or at the end of the school day.
- ANYONE TREATING AN OPEN CUT SHOULD USE PROTECTIVE GLOVES. All blood waste is double bagged before disposal.

#### **- Bumped heads**

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with a cold compress. Parents and guardians must be informed either by telephone, text message or at the end of the school day, depending on the severity of the bump. ALL bumped head incidents should be recorded in the accident file and on the 'parent notification of an accident' form in the school office.

- **Medical Conditions**

- At the beginning of each academic year, any medical problems are shared with staff and a list of these children and their conditions is given each teacher. All children who have severe allergic reactions and may require an epi-pen have an individual health care plan, which includes a photograph and information regarding their specific allergies. Their picture, allergy and treatment are recorded in the school office and kitchen (for any food allergies). The Senior Leadership team also have a copy.
- All inhalers and other suitable medication – for specific children, is kept in their teacher's store cupboard, in a clearly labelled medical box.

- **Epi-pens and Anaphylactic shock**

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or a bee sting). Reactions usually begin within minutes of exposure and progress rapidly but can occur up to 2-3 hours later. **It is potentially life threatening and always requires an immediate emergency response.**

- What can cause anaphylaxis?

Common allergens that can trigger anaphylaxis are:

- Foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)
- Insect stings (e.g. bee, wasp)
- Medications (e.g. antibiotics, pain relief such as ibuprofen)
- Latex (e.g. rubber gloves, balloons, swimming caps).

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, amount eaten.

- Why does anaphylaxis occur?

An allergic reaction occurs because the body's immune system reacts inappropriately to a substance that it wrongly perceives as a threat. The reaction can cause a sensation of burning in the mouth, irritation, itching in the lips, mouth or throat, swelling and flushing. Many children, not just those with asthma, can develop breathing problems, similar to an asthma attack. The throat can tighten, causing swallowing difficulties and a high-pitched sound (stridor) when breathing in. In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline. **It is therefore vital to contact Emergency Services as early as possible.** Delays in giving adrenaline are a common finding in fatal reactions. Adrenaline should therefore be administered immediately, at the first signs of anaphylaxis.

The emergency services should be called and a request for a paramedic stating that the patient has, 'apparent anaphylactic shock.' The condition (allergies to certain foods such as peanuts, milk, eggs, bee stings etc.) can cause a swelling of the epiglottis and/or heart failure, staff will be made aware of the danger.

The special syringe used in such cases is commonly known as an 'epi-pen.' Each child has their own container clearly marked with their name and date of expiry of the epi-pen on the label where they are kept in the classroom store cupboard.

**All staff attend annual training from the school nurse regarding the safe administration of the epi-pen. Spent epi-pens should be sent with the ambulance along with the child to the hospital.**

#### - **Asthma**

Asthma is a widespread, serious but controllable condition and our school welcomes all pupils with asthma. We ensure that all pupils with asthma can and do participate fully in all aspects of school life and recognise that pupils with asthma need immediate access to reliever inhalers at all times.

The most effective remedy for dealing with children having an asthma attack is for the child to receive relief from his/her own asthma spray/inhaler.

The school insist on two asthma inhalers in school per KS2 sufferer and 1 inhaler for a KS1/Foundation child. All inhalers must be clearly marked with the child's name. One inhaler (the spare one) is to be kept in the office. An inhalers for a specific child, is kept in their teacher's store cupboard, in a clearly labelled medical box. Parents are to be asked to check sprays at the beginning of each term. All children can administer their own inhalers when their GP, school nurse or asthma nurse deem them to be capable. They will do so under supervision whilst in school and their parents will be informed at the end of the school day if they have needed to use the inhaler and how often.

Asthma sufferers should not share inhalers. However, in an emergency situation, as a last resort an alternative inhaler might be administered.

#### - **Epilepsy**

- All staff attend training by the epilepsy nurse. The school nurse also liaises with the relevant staff when a child is diagnosed as having epilepsy. Children with epilepsy take part in all areas of the curriculum and staff pay particular attention to maintaining the child's safety at all times. Risk assessments are always carried out prior to any trips or visits that take part off the school premises and any additional resources are arranged accordingly.
- Just as with diabetes and asthma, all children with epilepsy should have an individual health care plan for their seizures. This should be agreed between the parent and the class teacher/first-aider with the help, if needed, of the epilepsy specialist nurse involved with the child.

#### - **Diabetes**

Diabetics suffer from their body's inability to regulate the amount of sugar in the body. In severe diabetic cases (type 1), an insulin injection may be needed. Normally,

these would take place at regular intervals at home but in school, under a health care plan. A member of staff will supervise a child administering their own injection.

A testing device may also be necessary in school to provide an analysed blood sample. This would involve a small finger prick and therefore the device should always be kept, accessible, in the child's classroom and administered under supervision. Used needles should be disposed of in their personal Sharps box.

The procedure for a diabetic child could be as follows when feeling 'funny':

1. Child to tell the person they are playing with that they are feeling funny and to ask that person to come with them to tell the adult on duty.
2. The child should be able to test themselves, watched by the adult and eat a snack if needed.
3. The adult needs to supervise the child and watch for further signs of deterioration (developing to unconsciousness)
4. The test and result must be recorded and parents informed.

Each child with diabetes has their own, individual health care plan, this is sent from the Diabetic Nurse from the hospital they attend. All staff involved with the child's day to day care adhere to the child's care plan and liaise regularly to ensure efficient handover of information and a communication book for parents is completed throughout the school day and goes home with the child at the end of each day.

Parents are on hand by telephone if needed. Access to the diabetic nurse is available where required. All staff within school are made aware of the child's needs.

- **Automated external defibrillators (AEDs)**

The school has access to an AED, which is located at Little Treasures. Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device.

- **Short term prescription medication.**

The school cannot administer short term prescription medication to children, for example antibiotics or topical medication. The parent/carer may choose to keep their child at home for the course of the medication. If the child is well enough to be in school they can either take the medication at home before and after school or the parent/carer can make an arrangement for them to administer the medication to the child at the school office.

- **Consent**

Parents will be asked to complete and sign a medical consent form when their child is admitted to Vernon Primary School, which includes emergency contact numbers, details of allergies and chronic conditions, and consent for the administration of emergency first aid- these forms will be updated annually.

Staff do not act 'in loco parentis' in making medical decisions as this has no basis in law - staff will always act and respond to accidents and illnesses based on what is



reasonable under the circumstances and will always act in good faith while having the best interests of the pupil in mind.

**Review date:** May 2020

Headteacher: Joanne Carvell

Chair of Governors: Ashley Hickson