

Aspire Learning Trust



First Aid, Illness and Allergy Management at School Policy 2020

Policy Reference: First Aid, Illness and Allergy Management at School Policy 2020

To be reviewed: Annually

Policy Owner: Local Governing Body (New Road Primary School and Nursery and Park Lane Primary School and Nursery)

New Road Primary & Nursery School and Park Lane Primary & Nursery School

First Aid, Illness and Allergy Management at School Policy

Purpose

- To identify the first aid needs of the Schools in line with the Health and Safety at Work etc Act 1974.
- To ensure good first aid cover is available on the schools sites and on school visits
- To give clear structures and guidelines to all staff regarding all areas of first aid
- To clearly define the responsibilities of all staff
- To ensure the appropriate number of suitably trained people available meet the needs of the school
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate resources and facilities.

Outcomes

1. Guidelines

New staff are given a copy of this policy when they are appointed. As part of the induction process new staff are given details of the first aiders in school, are trained in accident reporting and shown where the first aid supplies are stored. This policy is annually reviewed and updated.

2. First Aid

We aim to have the appropriate number of qualified first aiders on the school staff. The statutory number of first aiders is monitored closely by the headteacher and this maintained by a rolling programme of training. The schools maintains a register of the first aid training for every member of staff. There is always at least one 3-day first aider on site during the school day.

3. Appointed Persons

A 3-day first aider is nominated the **appointed person** within the school to take charge when someone is injured or becomes ill and co-ordinate the use of the emergency services if required.

4. Role of the Appointed Person

- To take a lead role in any serious first aid incidents or possible illnesses and request that an ambulance is called if required.
- To ensure class teachers and senior staff are informed of the above.
- To ensure office staff and class teachers are informed when head bump slips are issued by any member of staff at any time.
- To ensure the record of medical needs list for pupils is updated during every Autumn Term, and updated as necessary.
- To ensure the school's accident records for both pupils and adults are kept up-to-date and reported to the headteacher in the first instance.
- To ensure first aid training for staff is maintained and recorded.
- To ensure first aid supplies are monitored and replenished.
- To be aware of any changes in first aid practices and amend school practice as appropriate.
- To keep accident records and to ensure that the appropriate person is informed if the accident is likely to be reportable to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

5. First Aid Equipment

Each school has a designated medical room. It has a bed, wash basin, and a yellow bin for medical waste. There is also access to a shower in each school. First aid kits are provided for all day trips and residential trips. All members of the lunchtime team have access to individual first aid packs and bottled water and are able to replenish their packs when necessary.

6. Medicines in School

Medication and Inhalers prescribed by a doctor can be administered in school. These must be kept clearly labelled, either in the office or the fridge in the staffroom. Parents must sign the appropriate permission form before a member of staff can administer the medicine. All medication for asthma and anaphylaxis is kept securely in classrooms, following latest medical guidelines.

In the event of an emergency each school has an emergency inhaler located in the school office and medical room. All staff who administer medication will receive the appropriate level of training to administer the medicine safely.

Over the counter medication (non-prescribed: throat lozenges, calpol, ibrufen etc.) can be administered in school. Parents must sign the appropriate permission form before a member of staff can administer the medication which must also be clearly labelled, in the original packaging and stored either in the office or the staff room fridge.

7. Accident Procedures

Playtime and lunchtime injuries that require first aid treatment should be dealt with in the first instance by the responsible person on duty. For more serious playtime injuries, children should be sent to the office where they will be dealt with by the office staff or a first aider. All incidents should be recorded in the relevant playground book at the time.

Persons administering first aid should wear disposable gloves where bodily fluids are involved. An adult witness should be present if tending an intimate part of the body. Any dressings or materials which have been in contact with body fluids (e.g. blood, vomit etc.) must be disposed of in the designated yellow bin in the medical room. This is emptied regularly by an appointed contractor.

Should an incident occur during lesson times, the child should be brought to the office, accompanied by another child or adult when appropriate. All injuries must be recorded (including a brief description of the incident) in the accident report book and parents notified. All head injuries and bumps must be reported to the parents in person or via a telephone call before or soon after the child has left to go home.

If there are concerns that the injury may be serious, then it should be referred immediately to a 3-day first aider; who has full authority to request the assistance of an ambulance.

If a child has an accident which requires urgent hospital treatment, school will call an ambulance in order for the child to receive urgent medical treatment.

Calling the emergency services

- 1. State what has happened*
- 2. The child's name*
- 3. The age of the child*
- 4. Whether the casualty is breathing and/or unconscious*
- 5. The location of the school, postcode Park Lane PE7 1JB or New Road PE7 1SZ*

Once an ambulance has been arranged, a member of staff should wait by the school gate and guide the emergency vehicle. Parents will be informed and arrangements made for meeting their child. If parents cannot be contacted, a member of staff will accompany the child and stay with them until the parents arrive.

In the case of non-urgent hospital treatment, parents will be informed immediately and arrangements made for the parents to collect their child.

8. Illness and Infection Control (including Corona Virus)

Illness is not the remit of first aid and first aiders are not trained in the diagnosis or treatment of illnesses. The decision to send an unwell child home will be made a senior member of staff. Children who feel unwell should be sent to the school office. Younger children should be sent with an accompanying note from the teacher explaining the nature of the child's illness or accompanied by an adult.

When Corona Virus is suspected staff will follow the school's prevention control measures detailed in the school's corona virus risk assessment (available on the school website).

9. Vomiting and diarrhoea

There are buckets in school for pupils who feel sick. A mop and bucket are available and the caretaker has other supplies. Vomit must be treated as a biohazard and the area must be thoroughly disinfected. If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom.

When deciding how long a child should be off school for any particular illness staff will always refer to Guidance on Infection Control in Schools and other Childcare Setting 2014, published by Public Health England. A copy of which can be accessed using the following hyperlink. This guidance is always followed to prevent the spread of the illness.

<https://www.gov.uk/government/publications/infection-control-in-schools-poster>

10. Chicken pox and other infectious diseases/rashes

If a child is suspected of having chicken pox etc., a member of staff will look at their arms or legs. A child's back or chest may also be looked at for further confirmation. In this case another adult would be present and it would only be done with the child's consent.

11. Head lice

Staff are not permitted to examine children for head lice. If we suspect a child has head lice we will inform the parent and ask them to examine their child. A general note/schoolcomms message is sent out to the parents of every child in the same class to maintain anonymity.

12. Pastoral care

There may be occasions when children state that they are unwell or require first aid but actually require 'pastoral care' for example if they are worried. Whether or not it is deemed necessary to send the child home, the school will contact the parents/carer of the child so that they are fully aware of the situation and the decision that has made.

If any member of staff is unsure whether a child is unwell, requires first aid or requires pastoral care then they are encouraged to send them to the office where the child will be assessed by a first aider.

13. Allergy Management

The basis of our approach is:

- risk minimisation;
- safely supporting, within the school environment, children with severe allergies and anaphylaxis
- developing and maintaining a health care plan when dealing with children who have critical life-threatening allergies.

Risk Management and Prevention Strategies To prevent pupils with nut allergies becoming seriously ill, the school implements a 'nut ban':

- no peanuts, peanut paste, peanut butter (including dippers), nuts, "Nutella" spread or nutty muesli bars are provided by the school, and we ask parents to adhere to this when sending in snacks/packed lunches for their child.
- Families who supply home-baking for school events will be reminded of this by the school.
- Class teachers may talk to specific classes with vulnerable children in the about allergy safety and the seriousness and potential life-threatening nature of allergies that may take place in the classroom environment.
- Children are encouraged to wash hands after eating and soap dispensers are provided. If any potentially harmful food is brought to school by mistake, children are encouraged to inform their class teacher so that risks may be minimised.
- School staff undergo regular anaphylaxis first aid training including the identification of signs and symptoms of an allergic reaction and use of appropriate medication to cater for these situations e.g.; EpiPen.
- Individual anaphylaxis health care plans for children with food allergy are kept in the First Aid room and class room of "at risk" children. Photographs are displayed in the staff rooms and staff are expected to familiarise themselves with these. EpiPen and anaphylaxis plan kits are required to be taken on school trips and sporting events. A mobile or other communication device must be available on each trip for emergency calls.
- The school kitchen and relevant staff are informed of all pupils that have an allergy.

Parent/carers should:

- Inform the school in writing that their child is at risk of anaphylactic reaction and give details of their allergies.
- Notify the school via a Healthcare plan of any advice from a treating medical practitioner. The action plan must contain a photo of the child, a list of known allergies, parent contact information, symptoms and signs of mild and severe allergic reactions and actions to undertake in the event of an emergency.
- Provide written authorisation for the school to administer the EpiPen or other medication or to assist a child to administer the medication.
- Provide 2 EpiPens to the school for use with their child. They will need to ensure that the EpiPens are clearly labelled and not out of date, and replace them when they expire or after one has been used.
- Teach and encourage the child to self-manage.

Planning for the individual child: entry into school

Prior to entry into school (or, for a child who is already in school, immediately after the diagnosis of a life-threatening allergic condition), the parent/carer should meet with the school and school nurse to develop an individualised anaphylaxis plan.

Class Room protocols/guidelines

The school kitchen will be advised of any food allergies.

Review

This policy is to be read together with the Policy for Supporting Children at School with Medical Conditions and will be reviewed by the governing body annually.

Appendix

Park Lane Primary and Nursery School

Name of Appointed 3 day first aiders	Lorraine Quince Hayley Palmer Donna Smith
Name of Appointed Paediatric first aiders	Sam Fitzjohn Stacey Scarff Lisa Mutimer Lisa Brannigan Penny Todd Pauline Banks Shelly White Sarah Blanch Kim Bland Amanda Herring Louise Goodwin Gemma Barber Debbie Walker Amy Strangward Jacqueline Strangward
Name of person trained to use the defibrillator	Lorraine Quince Hayley Palmer Donna Smith Rachel Bains
Names of 1 day emergency first aid at work first aiders	Vicky Bell Nichola Dance Sarah Doherty Julie Field Lisa Flintoft Tracey German Pam Lintott Tammy Roan Steve White Tracey Beaumont Heather Catley Lyn Henson Paula Hubbard Lee Lea Lisa Sammons Joan Walker Joanna Wojakowski Iris Youles
Name of person responsible for coordinating training of first aiders	Lorraine Quince
Name of person responsible for replenishing first aid boxes and supplies	TA's replenish classroom first aid bags Lorraine Quince replenishes general first aid
Location of Medication Cabinet	Reception Area (next to toilets)
Location of First Aid Supplies	Old Library

New Road Primary & Nursery School

Name of Appointed 3 day first aiders	Sarah Graham Rachel Bains
Name of Appointed Paediatric first aiders	Sarah Graham
Name of person trained to use the defibrillator	First Aiders
Names of 1 day emergency first aid at work first aiders	Sarah Graham Sally Britain Sally Standbridge, Kay Deplancke Penny Warrener Heidi Linnell Sarah Weston Michelle Bull Alison Sydorenko
Names of Nursery First Aiders All 12 hour First Aid course	Susan Page Kresza Potrykus Shelly Ruggles Rebecca Thomas Nicola Mantey Alex Ruggles
Name of person responsible for coordinating training of first aiders	Alison Sydorenko
Name of person responsible for replenishing first aid boxes and supplies	Teaching Assistants, Midday Supervisors with First Aid Bags
Location of Medication Cabinet	First Aid Room
Location of First Aid Supplies	First Aid Room

NON-PRESCRIPTION MEDICATION (over the counter medication)

Consent Form for School Hours

Parental Consent

IMPORTANT NOTICE:

Non-prescription medication may be dispensed by designated school staff only after the parent/guardian has completed and returned this form to the school office. If possible these medications should be given at home.

Medication must be supplied in the original packaging or container. The medication must be clearly marked with the child's name. A separate consent form must be completed for EACH medication and child in the family if it is to be taken at school. For safety and liability reasons, any medications received in unmarked containers other than the original, **WILL NOT** be accepted for staff.

Pupil's Name: _____ DOB: _____ Year: _____

Parent/Guardian: _____

Daytime Phone: _____

Medication Name: _____

Dosage: _____

Form: Tablet/Capsule, liquid/ointment, eye, ear, nose drops

Time to be given: _____

How often: _____

Time of last dosage today: (if any taken) _____

Reason for medication: _____

Date to begin: _____ Date to End: _____

Parent/Guardian Signature: _____ Date: _____

FORM3B

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of school/setting	_____
Date	(I I)
Child's name	_____
Group/class/form	_____
Name and strength of medicine	_____
Expiry date	(I I)
How much to give (i.e. dose to be given)	_____
When to be given	_____
Any other instructions	_____
Number of tablets/quantity to be given to school/setting	_____

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP (_____)

Agreed review date to be initiated by [name of member of staff] _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature _____

Print name _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

GP Details/ medical professionals working with your child

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Additional information (if needed)

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Using the information provided we will create a long term care plan for your child. We will let you know when this is ready to be reviewed and authorised by you.

DETAILS OF PERSON COMPLETING THIS FORM:

Name

--

Date

--

Email address

--

Signed

--

OFFICE USE ONLY: RECORDED ON MEDICAL TRACKER: ☐

Student's Name

Self administration

☐ Yes

☐ No

Medication name

Date medication dispensed by pharmacy

Last date medication needs to be taken

Special precautions

Dosage of medication

1.

Medication use time

Procedures to take in an emergency

(if applicable)

2. Medication use time (if applicable)

3. Medication use time (if applicable)

DETAILS OF PERSON COMPLETING THIS FORM:

Name

Date

Email address

Signed

OFFICE USE ONLY: RECORDED ON MEDICAL TRACKER: **0**

School Asthma Card

To be filled in by the parent/carer -----
Child's name _____

Date of birth _____

Address _____

Parent/carer's name _____
Telephone - Home _____
Telephone - Mobile _____
Email _____
Doctor/nurse's name _____
Doctor/nurse's telephone _____

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed
For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine _____

The school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature _____ Date: _____

Expiry dates of medicines		
Medicine	Expiry	Date checked

Parent/carer's signature _____ Date: _____

having an asthma attack?

Does your child tell you when he/she needs medicine?
Yes No

Does your child need help taking his/her asthma medicines?
Yes No

What are your child's triggers (things that make their asthma worse)?
Pollen Stress
Exercise Weather
Cold/flu Air Pollution
If other please list _____

Does your child need to take any other asthma medicines while in the school's care?
Yes No

If Yes please describe below

Medicine
How much and when taken

Dates card checked

Date	checked by: Name