

St. Michael's C.E. Primary School



FIRST AID POLICY
September 2023

Our Vision Statement

Journeying together with Christ

“Start children off on the way they should go, and even when they are old they will not turn from it.”

Proverbs 22:6

This is lived out in practice by our four Christian Values:

Love, Integrity, Creativity & Resilience

Love

John 13:34

“Jesus said ‘Love one another as I have loved you’”

We believe that we have been set the ultimate example of how to live our lives, by our God who is all loving.

Integrity

Hebrews 13:8

“Jesus is the same yesterday, today and tomorrow”

We understand a shared truth which was set out long ago but has not altered or veered, nor will it. This we can depend on and by emulating this, we too can live with integrity.

Creativity

Genesis 1:1

“God created the Heavens and the Earth”

Everything around us, and including us, was made by God and is therefore part of his glorious plan. From nothing, God created all we experience; therefore, we can draw hope that we too may see potential everywhere.

Resilience

Philippians 4:13

“I am able to do all things through Him who strengthens me.”

God promises to be by our side at all times, and especially in times of need. When we face challenges, having Him to support us gives us strength.

Administering medication

Our medical room gives us a space where we can safely store medication away from children. It also provides a private space in which to administer medication. Here, such medication is stored in a locked cabinet, or in the refrigerator if required, and will be administered as per the described dosage and instructions given.

Before we can hold medication, the child's parent will need to complete a medication permission slip. Prescribed medication must be in their original packaging with the pharmacist's instructions visible. Please read our **Medication in School Policy** for full details.

Some simple 'medication' such as throat lozenges etc which can be of benefit to an individual while also having no adverse concerns, may be kept by the class teacher in Key Stage 1 and by the children themselves in Key Stage 2. Children must inform teachers before taking these. In some circumstances such as surgery or illness, non-prescription medication such as Calpol may be stored in the medical room and administered to the child to enable them to remain in school with a single lunch time dose.

In the Summer term, when the UV rate is increased, parents should ensure that a high factor sun block is applied before children come to school, and where children are able to apply their own, a small bottle could be brought in for re-application by the children themselves. Parents should ensure that children bring a hat to wear at break times and have extra water to drink. Teachers may apply sunblock with parental permission, but the school will not supply it or allow it to be shared.

Inhalers & Epi-pens

The school needs to know which children suffer from conditions requiring inhalers or adrenalin epi-pens, and such information should be on their records on entry to school or immediately after the condition is diagnosed.

It is required that parents complete a school medical form at the commencement of each academic year. Details are kept in the Medical Protocols Records file kept in the office. If the situation changes at any time, parents are asked to update school staff and complete new forms.

Parents need to make sure inhalers and epi-pens are in date, named and available at school, and taken home at the end of each year, then returned in-date at the beginning of the next year. It is the parent's responsibility to make sure these medications are always within their "use by" date.

In school, inhalers and epi-pens are kept in the classroom, in an accessible place to aid self-administration (inhalers) under adult supervision and by a trained adult (epi-pen). If a child needs to have an Epi-pen, in school we ask that parents send in two, one of which is always kept in the school office. Epi-pens should be taken out on the field for games, when practising fire drills and school visits and for lunchtimes, stored in a named bag which will be held by the staff member supervising the child.

Attention is also given to ensure the safety and protection of other children in the classroom; for example, the inhalers and epi-pens may be placed on a top shelf or in the teacher's desk.

Treating minor injuries

Cuts and grazes will be cleaned with water or a sterile wipe. Any member of staff coming in to contact with body fluids will wear surgical gloves.

Light dressings and plasters will be applied if it is felt necessary by the person giving first aid. The school holds records of children who cannot use a plaster due to allergies.

Ice packs will only be applied for up to 20 minutes at any one time. The ice pack must always be wrapped in material before being applied to the skin.

Dealing with everyday First Aid problems

Any person on duty at break time will deal with minor injuries that occur in school. It is not necessary to record a very minor First Aid problem; it will be left to the discretion of the person administering First Aid. Following a severe nose bleed or sickness, parents will be informed and asked to collect their child.

Staff can use their **Emergency Card** to call for immediate help should any child have an accident anywhere on the premises.

There will be five levels of recording an incident:

1. If it is very minor and no treatment is needed other than some "TLC", e.g. a wobbly tooth, a tiny cut etc., it is not necessary to record it.
2. If it is a little more serious it should be recorded in the First Aid book. This will show that the child was seen and simple treatment given as well as providing a trail of who gave treatment, what it was, and in some cases, help to identify patterns that speak of wider concerns about a child.
3. If it is more serious and something the parents need to be aware of, it will be recorded in the First Aid book and a First Aid Parent Information Slip completed for the teacher to pass on to the parent after school.
4. If it is felt that the child needs to go home, the parents will be called and the child cared for at home.
5. If a child needs to attend hospital, an official accident form from the office will be completed and parents called in the first instance.

Notifying Parents

The First Aid Parent Information Slips will be available in the First Aid books. These will be given by the First Aider if it is felt the injury/illness warrants it, and then the class teacher will make sure the child takes it home for the parents.

If the school is concerned for any other medical reason, parents will be asked to collect their children.

If it is felt that the child needs urgent medical help an ambulance will be called. If the parents cannot be contacted, the designated First Aider or another responsible person will accompany the child to hospital and will stay with the child until the parent arrives. At no time will a child requiring this treatment be left alone while a parent and/or ambulance is being awaited. If a child has to go to hospital, an official accident form, available from the school office, must be completed and returned to the office immediately.

Parents must always be called shortly after first aid in the case of head or facial injuries, seizures, insect bites and stings.

Facilities

There is a basic First Aid kit kept near to each of the class bases, in the communal areas; these kits are equipped according to County guidelines. A portable First Aid kit must be taken out when the children are on a school trip; this includes the Forest visit.

There is a disabled toilet in each building and changing benches in the 'New Building' and 'The Annex'.

Training

It is the responsibility of all named First Aiders to ensure their training qualifications are always in date. Details of current first aiders can be found on first aid posters throughout the school. These can be found in the staff room, the medical room, and the various first aid/wet areas.

The Medical Lead Practitioner will oversee what training requirements there are in school to meet the needs of the children and staff, liaise with outside agencies to deliver training as necessary and ensure that sufficient staff are trained to the appropriate level to administer First Aid.

Timely updates for all or specific staff are provided by the Medical Lead Practitioner.

Records

Copies of medical protocols are kept in the file in the office.

All staff are aware of any children who have physical conditions which may cause concern. A First Aid file is kept in the office with information and important phone numbers relating to these children. Procedures are in place for such pupils, and emergency cards are carried by staff on playground duties in case an emergency should occur.

List of Appendices

- Appendix 1 First Aid procedures currently in place in the school.
- Appendix 2 Guidelines on dealing with a sudden fit.
- Appendix 3 Guidelines on dealing with a head injury.
- Appendix 4 Guidelines for dealing with asthma.
- Appendix 5 Named First Aiders.
- Appendix 6 Named children with Emergency cards and medical protocols.
- Appendix 7 MDA First Aid Information sheet.
- Appendix 8 First Aid Information & Head Injury Slips

St Michael's C of E Primary First Aid Policy

Appendix 1

How First Aid is organised in school

- If a child is unwell in class time the teacher, class LSA or year group LSA will deal with the problem and contact parents if necessary. Office staff may be asked to call home.
- If the child is taken ill at playtime the LSAs/MDAs on duty will deal with the injury and decide what action is required, calling on support from a first aider if necessary.
- If well enough, children should remain in class where they will be supervised by the class teacher whilst they wait for their parent to collect them.
- Portable First Aid kits will be taken on every school trip
- Portable First Aid kits may be for your personal use when you go out on school business if you wish.
- At lunchtime and playtime, basic First Aid help is given by each of the MDAs, who have with them simple packs of wipes, dressings and water.
- Please refer to the First Aid manual and the First Aid information file kept in the office if you need any extra help regarding a First Aid incident.
- First Aid training will be updated when necessary.
- If you suddenly have to escort a child to hospital, make sure you have a means of getting back, and ring the school to let the office know what is happening.
- Please deal with a child who needs help in accordance with the policy and record the necessary information as appropriate.
- If you are worried please ask for help from a trained First Aider.
- Please do not feel obliged to give any First Aid help if you are not completely confident. Ask someone else to come and help you or take over.
- If you need to call for an Ambulance, please ensure office staff are aware of the situation and the location on site of the person who is unwell. Parents must also be informed.

St Michael's C of E Primary

First Aid Policy

Appendix 2

Guidelines for dealing with a seizure

- Clear the surrounding area of any hazards such as nearby furniture to reduce the risk of injury. Begin timing the seizure immediately, and ask someone to grab rescue medication if the child has it.
- You should not move a child in a seizure; deal with it where it happens. Advice like “tilting the chin” and “putting a cushion under” may not be possible.
- 2 adults are required to deal with a seizure. Call for help by sending a responsible child to another class if you are alone with the class.
- Record any symptoms, seizure type, and the time the seizure began for parent records.
- Call an ambulance if a) this is the child's first seizure b) it's lasting more than 5 minutes c) 2 or more seizures have occurred in the last hour or d) you have had to use rescue medication. This child may be in status epilepticus.
- When the seizure stops, lay the child in the recovery position.
- When a child comes out of a seizure they will probably be confused and appear vacant. They will take deep “sigh-like” breaths to replace oxygen; this is perfectly normal. Notify their parent/carer.
- Do not feed or give water to the child until they have fully recovered.
- 2 staff members should accompany the child to hospital if parents are not available.
- Inform medical staff involved of any medication, if any has been taken.
- The child can remain in school after a seizure of <5 minutes so long as they are well and parents are happy for this. Consider the type and severity of a seizure, as well as the child's history, before trying to send them home.
- Children with known medical conditions will have individual healthcare plans detailing protocols specific to them which must be followed.

St Michael's C of E Primary

First Aid Policy

Appendix 3

Guidelines for dealing with a head injury.

- An ice pack must always be applied to a head injury, even if you cannot see a mark or bump. Ensure a cover is used and it is applied for no longer than 20 minutes.
- Monitor the child for any sign of further injury or concussion such as dizziness, blurred vision, pain, or sudden change in mood. If a child presents with even 1 of these symptoms, parents must be called to take them for further examination.
- If the child is bleeding heavily, vomiting, has pupils that are an uneven size or aren't reacting as they should, appears confused, dazed or lethargic, or they have suffered a hard blow to the head, call for an ambulance immediately.
- If a child has a head injury a Parent Information Slip for a head injury must be completed and given to the teacher to pass on to the parents. Parents must be called as a courtesy to inform them.
- If the child presents with no adverse effects i.e. the blow was fairly low impact, the child has no dizziness, headache or double vision, the child can remain at school and take the Parent Information Slip home at the end of the school day.
- If however the blow was more severe, the child more upset and feeling dazed and sick, the parents must be phoned to come and take the child home and to seek further medical help. In these circumstances the child must not be left unattended while waiting for the parents.
- The Parent Accident Information Slip advises parents to be mindful of head injury symptoms and seek further medical help if at all concerned.
- With any injury, and especially a head injury, it is always best to err on the side of caution.

St Michael's C of E Primary

First Aid Policy

Appendix 4

Guidelines for dealing with an asthma attack

Recognising Asthma

- Difficulty in breathing often accompanied by coughing
- Audible wheezing while breathing out
- Distress and anxiety
- Tiredness from laboured breathing
- Difficulty in talking and walking when attack is severe
- Bluish tinge to face and lips when attack is severe

If it is the child's first asthma attack, or it isn't responding to medication, or it isn't stopping
– CALL AN AMBULANCE

FIRST AID

- Sit the child in a quiet, well-ventilated space. Do not leave them unattended.
- Give lots of reassurance and comfort as this is a frightening experience.
- Encourage the child to sit back in a chair, or on the floor against a wall, to open their chest cavity and relax their shoulders. Rolling shoulders gently can ease this tension.
- Encourage them to breathe slowly and deeply.
- If the child has a blue salbutamol inhaler, administer the amount of puffs directed on the prescription slip – for most children, this is 2. Each puff should be inhaled for 10 seconds or 10 breaths through an aerochamber. Ensure a break of 60 seconds is given between puffs to allow proper absorption. Do not use another child's inhaler.
- Record what medication you have administered, so you may inform parents and ambulance crew if necessary. Up to 10 puffs may be given in case of an emergency but this should only be done if the attack is severe, and if parents give permission.
- If an ambulance is called, inform them of what medication, if any, has been taken. Notify the parents, and accompany the child to the hospital if parents haven't arrived.

St Michael's C of E Primary

First Aid Policy

Appendix 5

Named First Aiders

Staff member	Type of training	Training expires
Shelley May	Paediatric first aid	Aug-23
Danielle Vickers	Emergency first aid/Paediatric first aid	Oct-23
Kristie Peacham	First aid at work	Apr-24
Leilah Hug	First aid at work	May-24
Briony Betteridge	First aid at work	Jul-24
Nicky Wells	Outdoor first aid	Oct-24
Robin Moss	First aid at work	Jan26

St Michael's C of E Primary

First Aid Policy

Appendix 6

Names of medical protocols and emergency card holders

The following children have Medical Protocols kept in the office, and where necessary, a copy of the procedural information is kept with their medication. Staff will have emergency help cards which should be taken out on all playground duties, outside games etc. Staff must ensure they have a card for the following children plus a general "help" card in case of an emergency for:

Year Group	Child	Date Care Plan sent to parents

Help Card children

These children have named "help" cards and these cards should be taken out on all playground duties, outside games etc.

Please make sure you have a card for these children listed below plus a general "help" card in case of an emergency.

Child	Condition	What to do / signs

- If any of these children are ill, always err on the side of caution.
- If you are with the child when they become ill, stay with the child and get immediate help.
- If you need more information about any child with a medical need, there will be additional information in the medical file in the office or ask a First Aider.

St Michael's C of E Primary

First Aid Policy

Appendix 7

M.D.A. First Aid Information Sheet

Please see the attached first aid guidance sheet for advice on what to do for basic first aid.

When completing first aid, you must:

- Collect a first aid kit and an ice pack before going out to duty
- Always wear surgical gloves
- Fill in the First Aid book accurately for every first aid, unless it is a tiny cut or something that does not need any cleaning/treatment.
- Give the parent copy of the first aid slip to the child to take home with them. If it is a more serious injury, such as a head injury, sprain, heavy bleed etc, hand over to a **trained first aider**. Parents will be contacted by the first aider.
- Inform the Head & Medical Lead of any facial injuries.
- Inform teacher of any injury that may affect them during the rest of the day, or where there are other children involved and it needs addressing.
- Ensure at the end of duty, you return the first aid bags and restock anything that you have used.
- Ice packs **MUST** be returned to the freezer and should **NOT** be left in first aid bags. These are re-usable and expensive!
- If any stock in the first aid kits cannot be replenished, or if any medical equipment is lost or damaged, notify the Medical Lead ASAP so this may be replaced.
- Do not allow a child to leave you while they have an ice pack. A) They need monitoring if they are having ice and B) We need the ice packs to return to the medical room freezer.
- Please communicate with teachers about any first aid that was given over lunch, so they may follow this up.

FIRST

AID

All first aid supplies mentioned can be found in the medical room. If stock is running low, please tell Danielle.
Ice packs and their covers MUST be returned to the medical room freezer, in order to keep track of stock.

Stings & Bites



Any sting or bite should be treated with a cold compress. If a stinger is lodged, it should be gently removed. Monitor the child for a potential allergic reaction. Call 999 if the child experiences:

- Difficulty breathing
- Extreme swelling
- Fainting

Eye Injuries



If anything has gotten into the eye, it should be flushed using a saline solution, if the child can tolerate it. If not, wet gauze should be used as a cold compress. Encourage the child not to rub the eye.

If an object becomes lodged in the eye, do not remove it – cover it and seek medical attention.

Nosebleeds



Encourage the child to lean forward slightly and hold a tissue beneath the nose until the bleed has run its course.

Call home if a nosebleed continues for more than 10 minutes, as the child will need to seek further medical advice.

If the nosebleed follows on from a head injury, or the child becomes pale and lethargic, call 999.

Head Injuries



If a child bumps their head, an ice pack must be used on the area immediately, for a total of up to 20 minutes. Ice packs must not be placed directly onto the skin, please use a cover. Monitor the child closely for further symptoms. Seek a first aider if the injury is anything beyond a small bump.

Call home for further assessment if the child is:	Call 999 if the child is:
<ul style="list-style-type: none"> - Dizzy - Confused - Nauseous - Badly bruised 	<ul style="list-style-type: none"> - Bleeding heavily - Unconscious - Vomiting - Disoriented

DO NOT MOVE A CHILD WHO MAY HAVE A SERIOUS HEAD INJURY.

Fractures & Sprains



If there is a suspected fracture or sprain, apply an ice pack to the area for a maximum of 20 minutes, ensuring to use a cover. If it is a larger bone, you may wrap the area to support it, or make a splint from cardboard (if available). Call home to parents to take the child for further assessment.

If the skin has split or a bone is visible, cover with a sterile bandage and ice the area as above. A splint may also be used. Do not attempt to move the child. Call 999.

DO NOT MOVE A CHILD WHO MAY HAVE A SERIOUS BACK OR NECK INJURY.

Small Cuts / Wound Care



Most small cuts may be treated with a clean of the area, and a plaster if deemed necessary. For cuts that will not stop bleeding, please apply pressure using clean gauze. Deeper cuts may require a call home. For any wound care, gloves must be used to prevent infection.

Call 999 if a wound is gushing, or if a child has become pale or faint.

First Aid trained staff	
<i>Seek the advice of a first aider in the event of a bad head injury, potential fracture, heavy bleeding, allergic reaction or if you think a child needs further assessment</i>	
Danielle Vickers	Kristie Peacham
Leilah Hug	Briony Betteridge
Ruth Mattin	Robin Moss
Nicky Wells	Shelley May