



# First Aid Policy

(including the Administration of Medicines)

<b>Date Adopted:</b>	July 2023
<b>Author/owner:</b>	School Community Board
<b>Anticipated Review:</b>	September 2024

## Specific Personnel

<b>Head Teacher:</b>	Laura Kies
<b>Deputy Head Teacher:</b>	Matthew Crewe
<b>SENDco</b>	Harriet Vickery
<b>School Business Manager</b>	Wendy Ainscough
<b>Appointed First Aiders:</b>	Erika Serjeant (Resources Assistant) Lauren Jacobs (SENDCo Administrator)
<b>Paediatric First Aid:</b>	Coral Bailey Jocie Dyer Katy Macree Rebecca Gilbey Denise Kent-Holman Danielle King Emma Kaiser Louise Cameron Claire Nelson Erika Serjeant

**Approved First Aiders:** All Teaching Assistants and MTAs

## Duties of the Headteacher

The Head Teacher has day to day responsibility for the health & safety of pupils and takes all reasonable practicable steps to ensure the safety and well-being of students and staff. In particular, the Head Teacher will:

- co-operate with the Board of Trustees to ensure that this policy and its associated arrangements are implemented and complied with;
- ensure the policy and other appropriate information is communicated to all relevant people;
- where appropriate, delegate tasks to others and authorise others to undertake duties on their behalf;
- report to the Board of Trustees on the effectiveness of this policy;
- monitor, take action and report accident data to the Trustees;
- report more serious accidents on Parago/Trust/RIDDOR and to the Board of Trustees
- identify the training needs of staff, ensuring that they are competent to carry out their roles and are provided with adequate information, instruction and training;
- promote a positive culture towards pupils with medical needs by leading by

example.

### **Duties of Appointed First Aiders:**

Appointed First Aiders will:

- ensure that online accident logs are in place and location known to all staff;
- ensure that weekly observations of trends in accident log are reported to SLT;
- create the data for the HT/SLT to yearly/termly/weekly review of accidents;
- responsible for the day to day first aid needs of children, employees and visitors;
- ensure that first aid resources are kept fully equipped through a weekly check;
- report head bumps to parents via Bromcom email;
- ensure that first aid provision for trips and residential is provided to staff.

### **Duties of the School Business Manager**

The School Business Manager will:

- organise for relevant training to be provided for all staff, in co-ordination with school leaders;
- ensure records are kept of medical and first aid training;
- ensure that visitors to the site are aware of first aid procedures.

### **Duties of Staff Members**

Every member of staff, so far as is reasonably practicable, is responsible at all times and in varying degrees, for the medical needs of all persons (including employees, students, visitors, volunteers, temporary staff, contractors and the general public) within their area of responsibility or control.

Each must be aware of and comply with relevant academy policies as well as the guidance applying to their specific work activities.

All members of staff will:

- apply the Academy's First Aid Policy to their own area of work;
- be directly responsible to the Head Teacher for the application of said policy, including record keeping of first aid carried out and reporting of accidents;
- liaise with the Senior Leadership Team and the Deputy SENDCo on any matters related to medical needs or first aid highlighted by staff, parents/carers, visitors and pupils.

### **Duties of Pupils**

Pupils, in accordance with their age and aptitude, are expected to exercise personal

responsibility to observe all the rules of the academy relating to medicines and first aid, and in particular, the instructions of staff given in an emergency. These duties will be communicated to pupils by staff members in a range of ways, including through individual conversations, classroom lessons and assemblies.

## Recording of Accidents

### Pupils

All accidents must be recorded in the electronic accident log. Information to be recorded:

- Date
- Name of pupil
- Description of accident
- First Aid administered

In the event of a child hurting their head:

- they will receive a 'bumped head' slip to take home that shows the location of the bump;
- they will receive a wristband to wear, identifying the date of the bumped head;
- Parents/carers will receive an email on the same day to inform them of the incident.

In the event of large scrapes/cuts

- Resources assistant/EYFS Supervisor/Teacher will inform parents of how any substantial injury has happened.

In the event of more serious accidents:

- If a child has an accident that the named first aider or SLT member identifies that the children requires further medical attention:
  - a member of the Office Team or SLT member will call parent and explain and advise further medical attention; or
  - a member of the Office Team or SLT member will dial 999 if required in an emergency.

**Accidents that result in treatment from a GP/Hospital/Dentist or serious near misses will be recorded, investigated and reported in line with RIDDOR.**

### Staff and Visitors – Recording of Work Place Accidents

Staff and Visitors must report the accident as soon as possible by completing a form which is available from the school office.

These forms are given to the School Business Manager who will:

- record on Parago and report as necessary;

- conduct an investigation and review relevant Risk Assessments to ensure that appropriate control measures are in place to avoid a similar occurrence;
- provide support to employee or visitor as needed.

**Accidents that result in treatment from a GP/Hospital/Dentist or serious near misses will be recorded, investigated and reported in line with RIDDOR.**

## Delivery of First Aid and contents of First Aid boxes

All staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Levels of first aid training will be provided as follows:

- Approved first aider – training to obtain and maintain a current First Aid certificate. The school will provide approved first aider training for all teaching assistants.
- Appointed First Aiders – first aid training every 3 years. An appointed person is someone who takes charge when someone is injured or becomes ill; looks after the first-aid equipment e.g. restocking the first-aid boxes; ensures that an ambulance or other professional medical help is summoned when appropriate.

### First Aid Boxes

First aid boxes, marked with a white cross on a green background are located:

- in the Children's Kitchen
- in the Community Room
- in the School Hall
- in the Nursery
- in the upper corridor
- in the corridor by the quiet playground
- in the PE shed
- in the School Kitchen (including Burns First Aid Kit)

All classrooms contain a basic first aid pack. This pack is taken with class during break time and sessions in the GO WILD area. Staff members with the class oversee basic first aid. If there is bodily fluid or a more serious injury resources assistant/SLT are called to support.

Contents of the first aid boxes are outlined below.

- Gauze
- Plasters
- Small and large Melolin dressings
- Small and large wound dressings
- Micropore tape
- Eye Pad
- Sterile eye wash
- Disposable gloves
- Waste bags
- Face shield for mouth-to-mouth resuscitation

- Round ended scissors
- Automated External Defibrillator (AED)

#### Additional First Aid Guidance:

- Plastic gloves are to be used when carrying out first aid. These and other waste will be put in a plastic bag and disposed of in the appropriate bin.
- Injuries should be recorded in the school accident book as soon as possible following the incident, kept on OneDrive, shared with all staff, and maintained by the Resources Assistant.
- There are school thermometers kept in the nursery and in the medical cabinet in the Resources Room.
- The teacher on duty, Head Teacher or Appointed First Aider must be informed of all injuries causing concern.
- More serious injuries and near miss accidents will be reported to the Head Teacher. These will be investigated by the Head Teacher, any additional precautions taken and the relevant paperwork completed.
- Details of children with medical conditions such as epilepsy, diabetes and conditions which require the use of emergency drugs, such as an Adrenaline Auto Injector (kept in the Medicine Cupboard in the School Office), will have their details included in the staff room on individual Health Care Plans.
- Paper towels or cotton wool should not be used on open wounds.
- Ice packs are kept in the freezer to treat bumps – wrap in gauze before use.

#### **Trips and Residential Visits**

Trip and residential kits are kept in the upper corridor and vomit buckets are kept in the upper corridor and corridor by the quiet playground. One portable kit for the Go Wild Area is kept in the Go Wild area and one in the sheds in the Early Year outside area.

On school visits all staff will carry a basic first aid kit and an accident book for off-site trips. The Resources Assistant will be responsible for the stocking and maintenance of these boxes.

In the event of a child hurting their head:

- they will receive a 'bumped head' slip to take home that shows the location of the bump;
- they will receive a wristband to wear, identifying the date of the bumped head;
- Parents/carers will receive an email on the same day to inform them of the incident.

## Automated External Defibrillator (AED)

Relevant staff will receive training in cardiopulmonary resuscitation (CPR) and the use of the AED during initial or refresher training in First Aid. Staff will call 999 for advice if they are concerned that CPR is needed and they are unsure what to do.

An automated external defibrillator (AED) is a machine used to give an electric shock when a person is in cardiac arrest, i.e., when the heart stops beating normally.

Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life. If cardiac arrest is suspected, it is essential for effective CPR to be initiated as soon as possible; only dialling 999 should take precedence. The person performing CPR should not stop except where this is necessary in order to attach the pads or when instructed to do so by the AED, usually before it delivers a shock. If possible, somebody else should attach the pads to the patient while CPR continues.

The AED will analyse the individual's heart rhythm and apply a shock to restart it, or advise that CPR should be continued. Voice and/or visual prompts will guide the rescuer through the entire process from when the device is first switched on or opened. These include positioning and attaching the pads, when to start or restart CPR and whether or not a shock is advised.

There is an AED located on the wall outside the classrooms close to the School Office. The Resources Assistant is responsible for carrying out the relevant checks to ensure the AED is functioning.



## Administration of Medicines

While there is no legal or contractual duty on staff to administer medicines or supervise pupils taking their medicines, the Academy wishes to support our pupils where we can. Pupils with special medical needs have the same right of admission to school as other children and cannot be excluded from school on medical grounds alone.

Supporting pupils at school with medical conditions (December 2015) is the guidance recommended by the Department of Education. This document sets out the legal framework for mainstream schools and is designed to help develop effective management systems to support individual children with medical needs who require access to their medicines whilst in school.

The prime responsibility for a pupil's health lies with the parent or carer who is responsible for the pupil's medication and should supply the school with any relevant information.

Newport Community School Primary Academy will not enter into any agreement to administer non-prescribed medicines, unless under exceptional circumstances.

*The exception to this is paracetamol, which will be administered on completion by parents/carers of the relevant form found on the school website (e.g. for pain relief). This includes information on when the previous dose was taken. A child will not be given medicines containing aspirin or ibuprofen unless prescribed by a doctor.*

Where Newport Community School Primary Academy agrees to administer medication:

1. Medicines will only be accepted in their original container and if clearly labelled with:
  - Name of child
  - Name and dose of medicine
  - Frequency of administration
  - Name of prescriber
  - The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
2. Medicines will only be administered in school where it would be detrimental to the child's health not to do so
3. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
4. Parents/carers must complete the relevant parental agreement form which can be found on the Academy's website
5. The dose of medication can only be altered by the prescriber. Alterations will not be accepted from the parent/carers

6. Medicines of more than seven days' duration will usually have a supporting Healthcare Plan
7. All drugs included within Schedule 2 and 3 of the Classification of Drugs and Medicines under the Misuse of Drugs Regulations 2001 are to be kept in safe custody, separately from other medicines, and recorded in drugs registers: this means that medicines must be kept in an approved, lockable receptacle housed in a room or building which is alarm protected. This must be kept locked at all times except when being accessed for the storage of medication or the administration to the named recipient. The locked receptacle must be:
  - of robust construction
  - made of steel
  - securely bolted to the floor or wall
  - locked by a key or a key and combination lock
  - keys should be kept to a minimum
  - keys should be held only by those individuals who have legitimate authority to access the medicine cabinet.
8. Other medicines will be stored centrally and administered by named persons only. All emergency medicines, such as asthma inhalers and adrenaline auto- injector pens will be readily available to those children to whom they are prescribed and will not be locked away.
9. Medicines will be regularly reviewed and any left-over will be handed back to the parent/carer. If the parent/carer does not collect the medication it will be destroyed appropriately by the school within 2 weeks of a letter of notification.
10. If a child refuses to take medicine, staff will never attempt to force them to do so, but will note this in their records and follow agreed procedures. Parents/carers will be informed of the refusal on the same day. If a refusal results in an emergency, then the school's emergency procedures will be followed.

### **Record keeping of medicines administered to pupils at school**

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents/carers should be informed if their child has been unwell at school.

### **Confidentiality**

The Head Teacher and staff will treat medical information confidentially. The Head will agree with the child/parent who else should have access to the records. If information is withheld from staff, they will not be held responsible if they act incorrectly but otherwise in good faith in giving medical assistance.

Entries will:

- Be made in chronological order and at the time onto the relevant documents on OneDrive
- Show the date the medication was obtained or supplied
- Show the name of the person for whom the medication was prescribed
- Show the amount of medication supplied
- Show the form in which it was supplied

### **The Drugs Register for Schedule 2 Controlled Drugs**

This will show:

- Drugs/medication provided and
- Drugs/medication administered

There will be a separate prescription sheet (Form 2 Yellow) for each person's medication and each page will detail:

- The name of the person for whom they were supplied
- The name of the medication/drug supplied
- The quantity or amount supplied
- The amount administered each time
- Expiry date

Health Care Plans will support the above protocol and will be formulated by the school and the parent. Copies of these will be stored in the staffroom and on the school database.

## Allergies, including those causing anaphylaxis

Where pupils in school are known to have allergies, this information will be included in the Children With Additional Needs list (available to all staff) and the child will have an allergen card kept in the kitchen/dining hall. Parents/carers are required to provide confirmation of medical diagnosis of a child's allergy.

Anaphylaxis is an acute severe allergic reaction in a susceptible person. An attack can start within one - five minutes OR can take up to two hours in some cases. All staff are required to make themselves aware of children at risk of anaphylaxis, and these pupils will have a Health Care Plan (stored on CPOMS and on display in the staffroom).

### Emergency Adrenaline Auto-Injectors (AAIs)

The school has Emergency Adrenaline Auto-Injectors (AAIs) in school. Staff refer to the guidance recommended by the Department of Health, 'Guidance on the use of adrenaline auto-injectors in school' (Department of Health, 2017), and school has taken advice on the administration of this guidance from the Public Health Nursing Team.

Emergency AAIs are clearly labelled to avoid confusion, and kept in the medicine cabinet in the school office and in the Nursery medicine cabinet. Staff will take an emergency AAI, alongside children's prescribed AAIs, on any off site visit, trip or activity, and the same emergency procedures outlined below would apply.

Any AAIs held by a school should be considered a spare / back-up device and not a replacement for a pupil's own AAIs. Parents of pupils at risk of anaphylaxis are required by the school to provide two AAIs to be kept in school for use in case of a severe reaction.

Parents sign a consent form on an annual basis for an emergency AAI to be used and school keeps a register of this information. The emergency AAI would be used if the child's prescribed AAI is not available (for example, because it is used, broken or not in school). School has made a decision on which brand of AAI to purchase, according to the ages of the children at risk of anaphylaxis (age-based criteria avoids the need for multiple devices/doses, thus reducing the potential for confusion in an emergency), the brand most commonly prescribed to pupils (to reduce confusion and assist with training) and the availability of AAIs at the time of purchase.

**The emergency AAI should only be used for a pupil where both medical authorisation AND written parental consent have been provided for the spare AAI to be used on them.**

This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed AAI. In such cases, specific consent for use of the emergency AAI from both a healthcare professional and parent/guardian must be obtained. A list of these pupils will be kept with the emergency AAIs and updated whenever a child's condition or treatment plan changes.

In the event of a possible severe allergic reaction in a **pupil who does not meet these criteria**, emergency services (999) should be contacted and advice as to whether administration of the emergency AAI is appropriate.

Parents will always be informed if the emergency AAI has been used through both a telephone call and a written record of administration, and an ambulance will always be called to provide further medical attention.

## **HOW TO RECOGNISE AN ALLERGIC REACTION**

SIGNS AND SYMPTOMS of mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

## **ALLERGIC REACTION PROCEDURE**

ACTION in the case of an allergic reaction:

- Stay with the child and keep them calm, call for help if necessary
- Follow the Health Care Plan for the child (stored on CPOMS and on display in the staffroom)
- Locate adrenaline auto injector(s)
- Give antihistamine according to the child's Health Care Plan
- Phone parent/emergency contact

WATCH FOR SIGNS OF ANAPHYLAXIS (life-threatening allergic reaction):

**A**irway:

- Persistent cough
- Hoarse voice
- Difficulty swallowing, swollen tongue

**B**reathing:

- Difficult or noisy breathing
- Wheeze or persistent cough

**C**onsciousness:

- Persistent dizziness
- Becoming pale or floppy
- Sudden sleepiness, collapse and/or unconsciousness

IF ANY ONE (or more) of these signs are present:

- Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- Use Adrenaline auto injector without delay, noting the time administered
- Dial 999 to request ambulance and say ANAPHYLAXIS (“ANA-FIL-AX-IS”)



**\*\*\* IF IN DOUBT, GIVE ADRENALINE. DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES. \*\*\***

**AFTER GIVING ADRENALINE:**

- Stay with child until ambulance arrives, do NOT stand child up
- If unconscious, turn to the recovery position making sure the airway is secure by extending the neck
- Commence CPR if there are no signs of life
- Arrange for parent/emergency contact to be called
- If no improvement after 5 minutes, give a further dose of adrenaline using another auto injector device, if available, noting the time administered.
- After a second dose has been given, make a second call to the emergency services to confirm that an ambulance has been dispatched.

Severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate later. It is therefore essential to always call for an ambulance to provide further medical attention, whenever anaphylaxis occurs and/or an AAI is used.

## Seizures, including those related to epilepsy

If a pupil in school is known to have seizures, this information will be included in the Children With Additional Needs list and the child will have a Health Care Plan (stored on CPOMS and on display in the staffroom).

### EMERGENCY PROCEDURE FOR SEIZURES

#### KEEP CALM

Allow the pupil to have the seizure unrestricted – but safely, i.e.

- Protect from injury against chair legs, wall etc.
- Loosen tight clothing around the neck.
- Keep the airway clear and turn the pupil onto their side and into the recovery position as soon as possible.
- Follow the health care plan for the child if relevant

When the fit has stopped, the pupil may be drowsy, so should be allowed to rest. Always inform the parents if a child has a fit at school.

Call for medical help:

- IF A FIT CONTINUES FOR FIVE MINUTES OR MORE
- IF IT IS A PUPIL NOT KNOWN TO HAVE HAD A FIT BEFORE
- IF YOU ARE IN ANY WAY WORRIED ABOUT THE CHILD

Remember: The Ambulance Service would much prefer several good intentioned false alarms than a late call.

## Medical forms

- All forms related to the recording of administration of medicines, and first aid recording and reporting are maintained by the Resources Assistant, under the supervision of the SENDCo.
- All forms for completion by parents/carers are downloadable from the school website, under the 'Parents' tab. They should be completed and emailed into school, where they will be held on CPOMS for staff to access.
- All forms for completion by staff are held on OneDrive, and shared with all relevant staff.