

Spring Grove Primary School



FIRST AID AND MEDICINE POLICY

Reviewed September 2018



First Aid and Medicine Policy

The Governors and Headteacher of Spring Grove Primary School accept their legal duties and responsibility under the Health and Safety (First Aid) Regulations 1981 and acknowledge the importance of providing First Aid for children, employees and visitors within the school. Spring Grove Primary School is committed to ensuring adequate and appropriate equipment is in place at all times around the school. All accidents are reported following the Local Authority's procedures and we recognise our statutory duty to comply with the reporting of injuries, diseases and dangerous occurrences regulations 1995.

The provision of First Aid within the school will be in accordance with the Local Authority's Guidance on First Aid in School.

Aims and Objectives

- Provide equipment and materials to carry out first aid treatment
- Ensure there are a sufficient number of trained First Aiders within school
- Maintain a record of members of staff who have been first aid trained ensuring it is reviewed and kept up to date
- Keep employees up to date on the arrangement for first aid within the school
- Record all accidents
- Investigate incidents/accidents further where appropriate
- Ensure appropriate forms are signed by parents/carers and filed with regard to administering prescribed medicines/asthma pumps and epi-pens
- Record any medicines being administered during school hours



Arrangement for First Aid

Materials, Equipment and Facilities

The school will provide materials, equipment and facilities as set out in DfE Guidance on First Aid for Schools.

The appointed welfare assistant will regularly check that all supplies are fully stocked and up to date. They will order new stock when supplies are running low. The welfare assistant is also responsible for arranging adequate First Aid training for staff.

The Senior first aider and Medical Room is situated next to the admin office in the main reception area of the school.

We have a well-stocked number of first aid bags available for staff to take out on school trips

All SMSA's supervising the children in the infant playground are first aid trained. If the injury requires more detailed first aid then children are sent to the admin/welfare office for treatment. All head bumps are referred to the senior first aider. All incidents are recorded in the first aid books and slips should be sent home and to the medical room as well as the master copy remaining in the individual book.

Cuts

Where possible, the First Aider should deal with small cuts. All open cuts should be cleaned and covered.

Severe cuts should be treated by a First Aider and sent to the welfare, medical room for further treatment or advice along with a phone call home and a child incident form being completed.

Any cut that is on part of the child's body that is between the neck and upper thigh will need 2 members of staff to treat.

All cuts should be recorded in the incident at school pad with the white copy given to the child/parent at the end of the day.

Head Injuries

Any bumped head, no matter how minor it is, is treated as serious with the child being sent to the admin/welfare office for treatment. All bumped heads should be treated with an ice pack. All children should receive 'I've Bumped My Head Today' sticker. The class teacher should be informed so the child can be monitored in class



Bumped heads need to be recorded in the incident at school pad with the white copy issued to the child/parent at the end of the school day.

All bumped heads require a phone call home to inform the parents/carers so the child can be monitored at home and for them to seek further medical advice if any signs of concussion. Children who have signs of concussion will need to be taken to hospital.

See **Appendix 1** for further guidelines on First Aid.

Allergic Reactions

Named staff at Spring Grove Primary School are trained in recognising the signs of serious allergic reactions and in the administration of Epi-Pens. In case of a less serious allergic reaction a First Aider should examine the child and follow care plan instructions. **(See Appendix 2).**

Record Keeping

First Aid (children): All accidents are recorded in our Incident at School pad. The white copy is given to the child/parent and the yellow copy stays in the book for school records.

First Aid (employees and visitors): The school has a responsibility to provide first aid to all employees and visitors within the school. If an employee or visitors have an accident/incident they should seek first aid from any of our First Aiders. All first aid treatment to employees or visitors should be recorded on an accident/incident form that can be obtained from the admin/welfare office and reported to the welfare assistant.

Notifying Parents

The school notifies parents by;

- Sending home the white copy of the incident at school pad, which informs the parent/carer what has happened, time, date and where the accident occurred
- Phone call home if the accident has marked the child's face, bump to the head or a serious cut or graze



Arrangement for Illnesses and Medicine in School

Administration of Medicine

Where possible, medication should be administered at home. If this is not possible and a child needs to have medicine during school hours, ideally a parent/carer or appropriate adult will need to come into school and administer the medicine. Spring Grove Primary School **will not** give medication (prescription or non-prescription) to a child in school without a parent's written consent, except in exceptional circumstances.

Medication must **not** be sent into school via a pupil, an adult must bring it in with verbal and written instructions.

Medical Conditions

Parents/carers **must** inform school of any medical conditions that their child has.

At the beginning of each academic year, medical conditions are shared with appropriate staff and an up to date medical needs list is sent to each class. A copy of this list is also kept electronically as well as filed in the admin/welfare office and given to the lunch supervisor and cook if necessary.

Asthma

Children with asthma may not require a care plan unless the condition is extreme. School requires children to have an inhaler in school at all times. Parents must come into school with the inhaler to complete and sign a 'Parental Request for Administration of Asthma Inhalers' form. The welfare assistant will keep an electronic record of all inhalers in school along with their expiry date and issue a reminder to parents when inhalers are due to expire. It is the parent/carers responsibility to ensure a new inhaler is brought into school before the old one expires. All inhalers need to be clearly labelled with the child's full name and class. Children should not share their inhalers with any other asthma sufferers

Allergies

Epi-Pens and Antihistamine Medication

Children who have allergies and have been issued with an Epi-Pen and/or antihistamine medicine must have an up to date care plan in school which is signed by the parent/carer. School requires two Epi-Pens to be in school at all times, one in the classroom and the other in the admin/welfare office.



In the case of an Epi-Pen being administered, an ambulance and the parent/carers will be called.

Epilepsy

We will support children with epilepsy, their families and carers to prepare for adulthood. This includes working with agencies and third parties to develop relevant plans. The school's welfare assistant keeps a record of all the medical details of children with epilepsy. It keeps parents updated with any issues it feels may affect their child. We ensure that all children and staff in the school understand that epilepsy is a varied and an individualised condition. We ensure that appropriate staff fully understand epilepsy and seizure first aid. The school will work with children with epilepsy, their families, carers and health professionals to develop an appropriate emergency plan. This plan will be included in their IHP.

Calling the Emergency Services

In case of a major accident or emergency, it is the decision of the Headteacher, in conjunction with a fully trained First Aider, to call the emergency services.

The Headteacher or Deputy Headteacher should be informed if such a decision has been made in their absence. If the accident has happened on a school trip or school journey, the Headteacher must be informed immediately and kept regularly up-dated on the situation.

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.

Chicken Pox, Other Diseases and Rashes

If a child is suspected of having chicken pox, measles etc. we will look at the child's arms or legs. A First Aider and another adult should be present. The child should always be asked if it is ok to look if it is felt necessary to check the torso.

For the inspection of any other rashes the same procedure should be followed. If we suspect the rash to be contagious (such as scabies, impetigo etc.) we need to inform parents/carers and request the child is collected and treated before returning to school. If more than one child is suspected of having the same disease/rash in one or more classes, letters should be sent to parents/carers to inform them and allow them to monitor their children for early signs so that treatment can begin as soon as possible.



It is the Headteacher's responsibility to decide if there is an outbreak of an infectious disease and whether there is a need to report it to the local HPU (Health Protection Unit).

Head lice

If we suspect a child or children have head lice we will send a letter out to the parents who have children in that class.

Reviewed Sep 2018



Appendix 1

Is the casualty conscious?

No

Get Help! Call for a qualified First Aider!
Call 999 or 112 for an Ambulance!
DO NOT MOVE the casualty
Place in recovery position or start CPR

Yes

Is it a MAJOR injury?
 (Severe bleeding, broken bones, sprained or dislocated joint, allergic reaction)

No

Take casualty to Admin/Welfare room or nearest First Aid Station
Treat injury

Record accident in the Incident at School Pad

Send yellow copy to parents/carers

Head Injury

Bump or No Bump – send to Admin/Welfare office

- Apply Ice for 10 mins
- Place an 'I bumped my head' wrist band on child
- If no signs of concussion send back to class to be monitored
- Phone call to

If bleeding– send to Admin/Welfare office

- Dress wound
- Place an 'I bumped my head' wrist band on child
- If no signs of concussion send back to class to be monitored

Can the casualty be moved without causing further damage?

Yes

Yes

Take casualty to the Admin/Welfare Office where there will be a qualified First Aider.
Start treatment.
Phone parent/carer to collect child – advise to seek further medical advice.
Put the accident in the Incident at School Pad – Yellow copy to parent/carer along with a Child Incident Form.

No

DO NOT MOVE Casualty!
Call for help.
If severe bleeding, start treatment immediately.
Call 999 and parents/carers
Put the accident in the Incident at School Pad – Yellow copy to parent/carer along with a Child Incident Form.



Appendix 2

→ If there are a sign of concussion the child NEEDS to be taken to hospital



3-step, easy-to-follow instructions

How to use the EpiPen® (epinephrine) Auto-Injector

1 Prepare the EpiPen or EpiPen Jr® Auto-Injector for injection

- Remove the auto-injector from the clear carrier tube
- Flip open the yellow cap of your EpiPen or the green cap of your EpiPen Jr Auto-Injector carrier tube
- Tip and slide the auto-injector out of the carrier tube
- Grasp the auto-injector in your fist with the orange tip pointing downward
- With your other hand, remove the blue safety release by pulling straight up without bending or twisting it



Never-See-Needle™ delivers built-in needle protection

- Protects against needle exposure before and after use
- The needle comes out of the orange tip
- Never put your thumb, fingers, or hand over the orange tip

2 Administer the EpiPen or EpiPen Jr Auto-Injector

- Hold the auto-injector with the orange tip near the outer thigh
- Swing and firmly push the orange tip against the outer thigh until it “clicks”
- Keep the auto-injector firmly pushed against the thigh at a 90° angle (perpendicular) to the thigh
- Hold firmly against the thigh for approximately 10 seconds to deliver the drug



The injection is now complete

3 Finalize the injection process

- Remove the auto-injector from the thigh (the orange tip will extend to cover the needle)
- Massage the injection area for 10 seconds

Get emergency medical help right away



Massage the injection area for 10 seconds

Indications

EpiPen® (epinephrine) 0.3 mg and EpiPen Jr® (epinephrine) 0.15 mg Auto-Injectors are for the emergency treatment of life-threatening allergic reactions (anaphylaxis) caused by allergens, exercise, or unknown triggers; and for people who are at increased risk for these reactions. EpiPen and EpiPen Jr are intended for immediate self administration as emergency supportive therapy only. Seek immediate emergency medical treatment after use.

Important Safety Information

EpiPen Auto-Injectors contain a single dose of epinephrine, which you inject into your outer thigh. **DO NOT INJECT INTO YOUR VEIN, BUTTOCK, FINGERS, TOES, HANDS OR FEET.** In case of accidental injection, please seek immediate medical treatment. Epinephrine should be used with caution if you have heart disease or are taking certain medicines that can cause heart-related (cardiac) symptoms.

Please see additional Important Safety Information on the back.

Please see accompanying full Prescribing Information and Patient Information.

EPIPEN 2-PAK® EPIPEN Jr 2-PAK®
(Epinephrine) Auto-Injectors 0.3/0.15mg