



Diocese of Norwich  
St Benet's  
Multi Academy Trust

# **Alburgh with Denton C of E Primary Academy**

## **First Aid Policy**

**Updated: November 2022**

**Review Date: September 2025**

### **Our School Vision:**

#### ***“Mighty Oaks from Tiny Acorns Grow”***

*Our Vision is based upon the parable of the mustard seed: “The kingdom of God is like a mustard seed, that seed is the smallest of all seeds. But when it grows, it is one of the largest garden plants” [Matthew 13 V31-32] This is underpinned by the common language of our core values: Hope, Forgiveness and Justice.*

## **Alburgh with Denton C of E Primary Academy** **First Aid Policy**

### **Rationale**

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend to emergency first aid provision, the administration of medicines to dealing with Asthma and headlice. School health professionals can be contacted through the Just One Norfolk website.

### **Purpose**

This policy;

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
2. Clearly defines the responsibilities and responsible staff
3. Enables staff to see where their responsibilities end
4. Ensures the safe use and storage of medicines in the school
5. Ensures the safe administration of medicines in the school
6. Ensures good first aid cover is available in the school and on visits

### **Guidelines**

New staff to the school should receive a copy of this policy when they are appointed. This policy is regularly reviewed and updated. This policy has safety as its priority. Safety for the children and adults receiving first aid or medicines and safety for the adults who administer first aid or medicines.

### **Conclusion**

The administration and organisation of first aid and medicines provision is taken very seriously at Alburgh with Denton Church of England Primary Academy. There are annual procedures that check on the safety and systems that are in place in this policy. The school monitors and evaluates its health and safety procedures annually in line with St Benets MAT guidelines. The school also discusses its first aid and medicines procedures with staff each year. Adjustments are made immediately if necessary.

# **First Aid Policy Guidelines**

## **First aid in school**

### **Training**

All staff are offered emergency first aid training. All teaching staff and Midday Assistants are trained in emergency first aid every 3 years. Three members of staff hold Paediatric First Aid qualifications. Where possible there should always be one qualified First Aider on the school premises or on a school trip at any one time.

### **First aid kits**

Midday Assistants are issued with their own first aid kit and carry this with them at lunchtime.

First aid kits are stored in the staff room. All classes, the library and the hall have an emergency first aid kit that the teachers keep in a convenient place. There are also notices on the door to show visitors where first aid kits are stored.

### **Cuts**

The nearest trained adult can deal with small cuts. All open cuts should be covered after they have been treated with an alcohol-free wipe. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing. Any cut that requires treatment MUST be recorded in the accident file log.

Any first aider can treat more severe cuts, but a fully trained first aider must attend the patient to give advice. Major cuts should be recorded in the accident file and parents informed.

ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES. All blood waste is disposed of in the waste bin in the medical room/disabled toilet.

### **Bumped heads**

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack if the adult feels it is necessary. Parents and guardians must be informed sending home a bumped head letter, found in the accident log. The child's teacher should be informed and keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in the accident log.

### **Anti-histamine Cream**

If a child receives a sting, for example wasps, bees or nettles, anti-histamine cream will be applied to relieve the symptoms as long as we have parental permission. A letter, asking for permission, goes home to all parents when a child starts school. We also require permission to administer anti-histamine liquid if a more serious reaction occurs.

## **Accident Log**

The blue accident log is located in the staff room.

In the event of a record being entered please record it on the appropriate sheet and ensure that all the details are filled in. Once completed the child must take home an accident letter informing their carer of what has happened.

For major accidents, the MAT need to be informed via their designated website.

## **Calling the emergency services**

In the case of major accidents, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

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

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

In the event of the emergency services being called, a member of the Admin staff OR another member of staff, should wait by the school gate on School Road and guide the emergency vehicle into the school.

If the casualty is a child, their parents 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 clearly located in the school office.

## **Medicines in School**

### **What can be administered?**

The school will only administer essential medicines to pupils where it would be detrimental to a child's health if the medicine were not administered during the school day. The school will only accept medicines that have been prescribed by a doctor, nurse, dentist or a pharmacist. Medicines should always be provided in the original container as dispensed and should include the instructions for administration and dosage.

**THE SCHOOL WILL NEVER ACCEPT MEDICINES THAT HAVE BEEN TAKEN OUT OF THEIR CONTAINER AS ORIGINALLY DISPENSED NOR MAKE CHANGES TO DOSAGES ON PARENTAL INSTRUCTIONS.**

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside of school hours, e.g. medicines that need to be taken 3 times a day could be taken in the morning, when the child returns home and before bed.

In the event of a child coming into school with medicines without a permission slip, we will attempt to gain consent for administration over the phone. If we are unable to contact parents this way then the medicine **will not** be administered.

If a child refuses medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures outlined below.

### **Record Keeping**

Carers should use the school's administration of medicine form to record the details of their child's medication. All information must be provided including name, name of medicine, dosage, method of administration, time and frequency of administration, any side effects and expiry date. If these details are not provided then the school will be unable to administer the medication, this is the carers responsibility.

All trained first aiders may administer medicines to pupils in strict accordance with the information that is provided on the packaging. The only exceptions to this is where long term treatment is required and this responsibility be then passed to another member of staff to ensure continuity.

Every time medication has been administered the log in the Medicine Record should be filled. All information should be completed.

### **Storage of Medicines**

Most medicines will be stored in the locked cabinet in the medical room. Keys for the cabinet will be held in the school office. Medicines that need to be stored in a fridge will be put in the staffroom fridge.

These medicines can be administered at school:

#### **ANTIBIOTICS**

We can administer antibiotics although this is usually undertaken by one of the fully trained first aiders. We can only administer ONE dose of an antibiotic during the school day.

#### **ANTI-HISTAMINE**

We can administer anti-histamines in school usually undertaken by one of the fully trained first aiders. We will administer these medicines as stated or when required.

### **Asthma and other medical problems**

At the beginning of each academic year, any medical problems are shared with staff and a list of these children and their conditions is kept in the staff room.

### **Epipens and anaphylactic shock training**

If children require epipens to treat the symptoms of anaphylaxis shock, epipens are all kept centrally in the locked medicines cupboard in the medical room. Staff receive regular training on the use of epipens.

### **Inhalers**

All inhalers are kept in the medical room. Use of inhalers is recorded in the asthma file in the medical room.

### **OTHER ASTHMA SUFFERERS CANNOT SHARE INHALERS.**

In the event of a child having an asthma attack, who has no inhaler in school, the school can administer our school inhaler if parental permission has been given.

### **Splinters**

Staff are able to remove splinters if the end is clearly visible and the child agrees. They will use metal tweezers which will be cleaned thoroughly and dipped in boiling water and dried to prevent infection.

### **Head lice**

Staff should not examine children for headlice. If a child is suspected of having headlice we will inform parents. Pupils will not be excluded from school but we do expect parents to treat this issue appropriately.

### **Vomiting and diarrhoea**

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 has elapsed. If a parent rings in sick with diarrhoea or vomiting they will be informed of this isolation period.

### **Chicken pox and other diseases, rashes**

If a child is suspected of having any infectious disease we will follow guidance laid down by Norfolk County Council and the NHS.

If your child has any of these infections they will need to stay off school for a prescribed period of time. The Headteacher or school office will advise timescales.

### **Covid-19**

The school is following the current guidelines issued by the Local Authority and Government and adheres to the Compliance Code.

## **Asthma Policy**

### **Introduction**

Asthma is the most common chronic childhood condition, affecting an estimated 16,500 Norfolk school children. Its impact on daily life ranges from mild to severe.

Childhood deaths from asthma, though thankfully rare, still happen.

Children spend over a third of their waking hours at school, so it is important that their daily health needs are acknowledged. This is endorsed by the Department for Education and Skills and the Department of Health Guidance on 'Managing Medicines in Schools and Early Years Settings (2005)'

### **Background:**

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils. This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. Training is updated regularly.

### **Health and Safety**

As employers, Local authorities and governing bodies are responsible for the health and safety of anyone on the premises. This includes ensuring an appropriate asthma policy is in place.

### **Indemnity**

Staff in local authority schools who are happy to administer medication will be provided with indemnity. Staff from independent schools should check their liability insurance status.

In emergencies, staff should act as any prudent parent would, which may include giving medication.

This policy supplements local authority procedures and also policies which independent schools have created. These include guidance on 'Administration of Medication in School' (Section 11 of the Children's Services Health and Safety Manual). The aims of the policy are to provide all schools with:

- A practical procedure for dealing with asthma
- Ideas for promoting positive asthma messages
- Training in asthma management
- Identified asthma link staff
- Clarity on issues of responsibility

### **Asthma medicines**

- Immediate access to reliever medicines is essential. Reliever inhalers are kept in the medical room
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

### **Record keeping**

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.
- The school keeps its asthma register, which is available to all school staff. School Parents/carers are also asked to update staff if their child's medicines change, or how much they take, changes during the year.
- Every time a child uses their inhaler for unplanned relief a record will be kept.

### **Exercise and activity – PE and Games**

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma
- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

### **Out-of-hours sport**

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children

and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

- PE teachers, classroom teachers and out of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff and sports coaches are provided with training from the school nurse, who has had asthma training.

### **School environment**

- The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school foyer if particular fumes trigger their asthma.



**Making the school asthma-friendly**

- The school ensures that all pupils understand asthma. Asthma can be included in the National Curriculum Key Stages 1 and 2 in science, design and technology, geography, history and PE.

**When a pupil is falling behind in lessons**

- If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.
- The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

**Asthma attacks**

- All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

# **Roles and Responsibilities**

## **Headteachers/Policy Operation Person**

- Be responsible for overall implementation
- Communicate, maintain and monitor policy
- Assess staff training needs and arrange for these to be met
- Nominate and support link person / people
- Ask parents to update records

Ensure there is a named first aider who checks, monitors and re-fills first aid kits termly. The named person will also re-order stock where necessary.

## **School Governors**

- Approve policy
- Monitor and report on effectiveness

## **Local Authority/Independent School Bodies**

- Support the policy
- Provide indemnity for staff who administer medication

## **School Staff**

- Understand policy
- Allow immediate access to relievers
- Report concerns
- Ensure pupils have inhalers on school trips and pre-exercise
- Replace used items in first aid kits using supplies in the staff/medical room
- Attend appropriate training

## **School Asthma Link Person**

- Maintain emergency spacer kit
- Record asthma concerns and relay to school nursing staff
- Identify pupils newly diagnosed with asthma and send parents record to complete
- Update records annually
- Promote positive asthma messages

## **Pupils**

- Treat children with and without asthma equally
- Allow the blue inhaler to be used when appropriate. Ensure a staff member is called
- Treat medication with respect

## **Parents**

- Inform school if child has asthma, medication required and changes as they happen
- Complete and return asthma record
- Ensure inhalers are in date, and pharmacy have labelled them with child's name

and dosage

- Take inhalers home at the end of the school year
- Keep child at home if he/she is too ill to attend school

### **GPs and Practice Asthma Nurses**

- Prescribe suitable device for child's ability
- Prescribe metered dose inhaler compatible with school spacer for use in severe attacks, labelled 10-20 puffs via spacer
- Prescribe preventers twice daily - check parents understand this even if dose doubled
- Help complete school records

### **Pharmacy**

- Label inhaler not just the box

### **Staff**

All staff members have basic first aid training.

The following staff members are Paediatric first aid trained:

Miss Kelly Francis

Mrs Nicky Wright

Mrs Michelle Bentley