

IRIS School
First Aid Policy
MEDICINES, HEALTH CARE INFECTIOUS DISEASES POLICY

Aims : Our aims in developing this policy are:

- To ensure that children are very well cared for when they become unwell during the school day or have an accident at school.
- To ensure that pupils' specific medical needs are well known to all members of staff and that all pupils are fully included in normal school life as far as possible.
- To clearly define the roles and responsibilities of all members of staff in relation to the administration of first aid at school.
- To clearly define the roles and responsibilities of parents/carers and all members of staff in relation to the administration of medicines at school.
- To ensure the safe storage of inhalers, epi-pens and medication at school.
- To ensure that all members of staff have access to up-to-date guidelines to assist parents/carers and children in maintaining a high standard of good health.

A. PRINCIPLES OF HEALTHCARE, FIRST AID, MEDICINES & INFECTIOUS DISEASES

We regard a child's physical health and well-being as a fundamental requirement in order for children to make the best possible progress, to be happy at school and to achieve the five outcomes of the Every Child Matters framework. Therefore we have established a rigorous approach to meeting children's health.

B. STRATEGIES

1. Meeting for parents/carers of class children

The school nurse attends our meeting for parents/carers of new pupils and issues written guidance for parents regarding childhood ailments. She also screens every child in class. The school fully supports this screening process and assists the nurse in making contact with parents to gain permission if and when required.

2. 'Meet the Teacher' meetings and termly class communication to parents

Each class teacher should inform parents/carers of the importance of not putting medication of any kind into children's book bags and remind them of the school policy on administration of medicines. This message should be reinforced in the class teachers' termly communication to parents/carers.

3. Pupil progress meetings

Five times per year, class teachers meet with the phase leader and a senior leader to discuss pupil progress and attainment. Part of the meeting is dedicated to pastoral issues, including health. In addition needs are discussed with parents/carers or referred to other professionals such as the school nurse at our termly 'Team around the School' meetings.

4. Relationship with School Nurse

Heads meet on at least a termly basis with the school nurse at which they discuss strategies to meet the health needs of newly arrived pupils, pupils who have been absent through illness, pupils who have newly diagnosed health issues and health-promotion opportunities .

5. Green Bags

A green bag containing a first aid kit and asthma inhalers, epi-pens etc. is located within each classroom. A second set of inhalers and epi-pens is also stored in the medical room. It is the responsibility of the nurse to check, at the start of every term, that all inhalers, epi-pens etc, are in date and full and to gain replacements from parents/carers if not.

6. Health care plan

A school health care plan is created for all children who have any known medical condition, unless they already have a treatment plan from their GP or consultant which supersedes the school nurse. In the drawing up of these plans, the school reserves the right to seek advice from the parent/carer, the school nursing team or the child's GP regarding treatment for specific medical conditions if necessary. These are stored in the office and a class summary is also kept in the class green bag. It is the responsibility of the nurse to update the health care plans at the start of every term and to provide class teachers with a copy of any changes.

7. Training

Members of staff are trained in general childhood ailments, diabetes, asthma and the emergency administration of epi-pens as and when required, for example, when a child transfers to a new class or new teacher.

9. Register information sheet

When a new medical condition becomes known to the school the child and/or condition is added to the class summary sheet and an updated copy is placed in the class register. This is to be kept in the register for use by class teachers and supply teachers. The nurse is responsible for informing additional teachers e.g. supply teachers, P.E. coaches, clubs providers etc. about children's medical needs using this sheet.

10. Suspicions about contagious ailments

At the start of each school day, any adult who suspects a child may have a contagious ailment should send him/her directly to the school office with a red SOS form explaining why he/she has been sent. The School Administrative Officer will examine the child and decide whether or not to call his/her parent/carer and advice a visit to the GP or to return the child to the classroom.

11. Fire drills and emergencies

In the event of a fire drill or a real emergency the School Administrative Officer will collect all medication (including epi-pens, asthma inhalers and medicines) and take them to the playground or alternative emergency gathering point.

C. CHILDREN WHO ARE TAKEN ILL DURING THE SCHOOL DAY

When children initially inform an adult that they are feeling unwell, every effort should be made to offer 'TLC'. It may be useful to ask the child if they had informed their parent/carer that they were feeling unwell before they left home, as this may help in determining whether the parent/carer has already made a judgement regarding their child's fitness for school. Wherever possible children complaining of minor discomfort e.g. toothache, headache, earache, should remain in the classroom and their parent/carer informed at the end of the day. The exception to this is pupils who are known to suffer from sickle cell anaemia who can become extremely unwell, very quickly (known as 'a crisis'). If these pupils inform any adult that they are not feeling well they should be sent immediately to the school office with a responsible partner. The School Administrative Officers will take any necessary action including informing their parents/carers.

Children who are clearly experiencing more significant discomfort should be sent to the school office with a completed red S.O.S. slip and a responsible partner. The School Administrative Officers will take the decision either to send the child home or to return the child to the classroom after a short period of time/attention. Any member of office staff in the school office at the time at which children are collected by a parent/carer must record the child's name in the 'Children sent to school office and/or leaving premises during school day' book.

If a child vomits in the classroom:

- Each classroom has a blue vomit bucket (which must not be used for any other purpose), a container of 'SANITAIRE' or 'BIOMAN 999' spillage compound to absorb vomit and disposable gloves which should be used in case of emergencies.
Talking to children about the purpose the class 'vomit bucket' and always storing the bucket in the same location in the classroom should help as older children may have the presence of mind to get to the bucket in time.
- If the child vomits anywhere else sprinkle the 'SANITAIRE' or 'BIOMAN 999' spillage compound on the vomit. Telephone the School Administrative Officer who will inform the School Keeper who will address the issue. If the School Keeper is not on site use your discretion to ensure that the issue is addressed. Always inform the classroom cleaner in person or write a note to the cleaning staff in the cleaners' book in the school office if he/she is not available. If a child wets or soils themselves:
- If the child is in Reception, Year 1 or Year 2 wetting should be dealt with by staff within the classroom and classroom staff should keep a stock of clean and dry underwear for this purpose.
- If the child is in Years 3, 4, 5 or 6 wetting should be dealt with in the most sensitive manner possible. This may mean dealing with the incident within the classroom or sending the child to the school office with a sensitive and responsible partner and office staff should keep a stock of clean and dry underwear for this purpose.
- In cases of soiling by children in Years 1-6 the child should be sent to the school office. The School Administrative Officer will use her discretion. If appropriate she will change the child or will refer the matter to the parent/carer who will be telephoned and requested to come to school with clean clothing to deal with the issue. If neither of these options is available the matter should be referred to the Headteacher

or Deputy Headteacher who will decide how to proceed. The matter must be dealt with sensitively.

- In cases of pupils with Special Educational Needs who wet and/or soil themselves or continue to need to wear nappies beyond the age usually associated with being 'dry' the pupil's Learning Support Assistant will be responsible for changing as appropriate. The LSA should seek the nearest available adult to observe the changing process.

D. ADMINISTERING FIRST AID AT SCHOOL

1. First Aid Kits

First Aid Kits can be found at the following locations:

- In the First Aid Room
- In the staff room (includes a burns pack)
- Every lunch time a member of the staff team responsible for the small playground, and another responsible for the large playground, must collect a first aid kit and place this in each playground.
- A first aid kit must also be taken with any group to any off-site activity.

It is the responsibility of the nurse to replenish all first aid boxes and wash any first aid blankets etc. at the start of the autumn, spring and summer terms. However, all other users are requested to take responsibility for restocking first aid boxes whenever necessary. First aid stock is kept in the lockable storeroom within the school office.

2. Cuts and grazes (very minor)

The nearest adult deals with small cuts and grazes. All open cuts should be covered after they have been cleaned with clean running water (antiseptic wipes or creams should not be used). Children should always be asked if they can wear/are allergic to plasters before one is applied. Children who are allergic to plasters will be given an alternative dressing. Minor cuts and grazes of this nature do not need to be recorded in the first aid book.

Cuts and grazes (in need of attention by a member of staff who has completed the emergency first aid in schools training)*

Telephone the nearest person who has completed the emergency first aid in schools training (see appendix 4a). This member of staff will treat the child (as above). Any injuries treated by a trained first-aider must be recorded in the first aid record book, which is kept in the 'pigeon holes' on the wall on the right-hand side on entry to the office.

Cuts and grazes (major) and more serious injuries (in need of attention by a trained first-aider)*

Send the child with a responsible partner to the school office. If there is time, send a red S.O.S slip with them. The School Administrative Officer, who is a trained firstaider, will treat the child as appropriate or, if necessary, will request assistance from any of the other first aiders. Any injuries treated in the school office must be recorded in the first aid record book.

* Anyone treating open wounds should follow usual procedures and wear protective gloves – all blood waste should be disposed of in plastic nappy sacks and then placed in the sanitary waste bins found in the adult toilets.

3. ANY damage to teeth (including tooth knocked out)

If a child has any damage to his/her teeth or has a tooth knocked out they should be sent to the office for treatment. The found, teeth should be placed in milk as soon as possible. Parents/carers must be informed by telephone and must be advised to take the child to their dentist as soon as possible.

4. ANY damage to the face

If any child suffers significant marks e.g. bruises or grazes to the facial area parents/carers should be advised by telephone and invited in to school to see their child if they wish to. If it is not possible to make contact with parents/carers the class teacher or school administrative officer should explain what happened to the child in person at the end of the day to the adult by whom he/she is collected.

5. Bumped Heads

- Any bump to the head, no matter how small, is treated as serious.
- Children with bumped heads should be sent to the school office.
- All bumped heads should be treated immediately with a cool pack.
- Parents/carers will be informed by telephone and invited in to school to see their child if they wish to (see telephone guidance in back of first aid record book).
- If the child is well enough to return to the classroom the child's teacher should be informed and requested to keep a close eye on the child; they should watch for signs of drowsiness, nausea or vomiting.
- The child must be sent home with a 'bumped head' letter which should NOT be placed in an envelope so that the person handing over the letter knows its content and importance.
- All bumped head incidents will be recorded in the first aid book.

THE HEADTEACHER MUST BE INFORMED OF ANY DAMAGE TO CHILDREN'S TEETH, FACE OR ANY BUMPED HEAD BEFORE THE END OF THE DAY THAT THE INJURY TOOK PLACE. THIS SHOULD PREFERABLY BE DONE IN PERSON OR VIA A POST-IT NOTE PLACED IN HER TRAY WITH THE DATE/TIME, THE NAME OF THE CHILD, THE NATURE OF THE INJURY AND HOW THE INJURY OCCURRED – ESPECIALLY WHETHER IT WAS ACCIDENTAL OR THE RESULT OF ANOTHER CHILD'S DELIBERATE ACTIONS.

E. ADMINISTERING FIRST AID WHILST OFF THE SCHOOL SITE

1. Any trip or visit involving children under 5 must be accompanied by a trained paediatric first aider.
2. It is the responsibility of the trip leader to ensure that the class 'green bag' (which includes a first aid kit) is taken with any group to any off-site activity. The trip leader should check the first aid kit before leaving school and, upon return to school, must also replace any items used during the trip (or make arrangements with the School Administrative Officer to do so). First aid stock is kept in the lockable storeroom within the school office.
3. It is the responsibility of the trip leader to ensure that any medication required by children such as inhalers, epi-pens etc. is taken with any group to any off-site activity.

F. CALLING THE EMERGENCY SERVICE

Ambulances will usually only be called by the School Administrative Officer, the nurse or a member of the staff however, if you are in any doubt about a child's health call an ambulance yourself. Advise the ambulance service to park outside the main pedestrian entrance to the primary school and ensure a member of staff is sent to street level to wait for it to arrive. If a parent/carer cannot be contacted by the time an ambulance departs, an adult from school should accompany the child if permitted. Before leaving school ask a School Administrative Officer to print out a SIMS DATA COLLECTION SHEET which contains all the child's personal details. If the child has a 'school health care plan' or a 'GP treatment plan', ensure that a copy of this is taken to the hospital or given to the ambulance drivers.

G. ADMINISTERING MEDICINES IN SCHOOL

1. 'Over-the-counter' medication (e.g. cough mixture, throat lozenges etc.)

- The school will NOT administer any 'over-the-counter' medication that has not been prescribed by a doctor/nurse.
- Such medication must not be sent into school, especially not put into children's book bags etc.
- If a parent/guardian considers a child is not well enough to attend school without over-the-counter medication the child should remain at home until fully recovered, or, may request permission from the Deputy Headteacher to come into school to administer the 'over-the-counter' medication him/herself at playtime or lunchtime.

2. Lip creams

Children are permitted to bring lip creams in to school at any time however these must be for medical rather than fashion purposes and children must be made aware of the importance of not sharing them with others.

3. Sun creams

- During very sunny weather, parents/carers are requested to apply sun cream to children before they arrive at school in the morning.

If a parent/carer feels that it is necessary to reapply sun cream during the day the child will be permitted to bring sun cream into school. This MUST be labelled with the child's name and class. Children must apply the sun cream themselves and must not share their cream with anyone else.

- In extreme conditions, when it is perceived by a member of staff that not applying sun lotion would cause harm from exposure to the sun, school staff are permitted to apply sun cream, but only to the face, neck, shoulders and arms or legs below the knee.

4. Short term 'prescription' medication prescribed by a doctor/nurse AND/OR ongoing 'Prescription' medication prescribed by a doctor/nurse*

- The school will ONLY administer prescription medication that a child is required to take more than 3 times a day OR that must be taken at lunchtime OR that is required for unpredictable period pain and for which the parent/carer has given signed permission.

- In the event of any child coming to school with over-the-counter medicines or prescribed medication without informing the school office the medicine will be removed from the child and will not be administered.
- For ongoing medical conditions e.g. eczema, epilepsy, asthma, diabetes, sickle cell anaemia, the school will administer medication (e.g. creams, inhalers, insulin, Ritalin) according to the requirements identified in the School Health Care Plan or the Treatment Plan provided by a GP/Consultant.
- The prescribed medication must be brought in to the school office by a parent/carer and must never be given to a child to hand in or placed in the child's book bag.
- Before any medication is administered to children a parent/carer must sign the school consent form (see appendix 5: short term administration e.g. antibiotics and/or prescribed painkillers: ongoing administration)
- Whilst in school, all medications will be stored in the fridge in the school office or in the first aid cabinet above the sink in the first aid room.
- Administration of prescription medication, other than inhalers, will always take place in the school office unless the child is on a trip or visit.
- If a child takes his/her inhaler in the classroom or on a trip, the adult present must phone to inform the school office so that the administration can be recorded.
- The Headteacher, the Deputy Head, the School Administrative Officer, the Higher Level Teaching Assistant, specifically allocated to a child are authorised and/or have been trained to administer prescription medication. If the child's class is on a trip or visit, the trip leader is authorised to administer medicine if he/she is willing.
- Once administered, the individual pupil record of administration (on reverse of 'Parental Agreement for School to Administer Medicine' form) should be completed. In addition, the whole school 'Record of Medicine Administered to All Children' form should also be completed at this time. These records must be placed in the child's school file and will be transferred to secondary school with him/her.
- For prescribed creams for skin conditions such as eczema, we will supervise the child applying the cream to his/her own body and will, if necessary, apply cream to areas beyond the child's reach. However, staff will not apply creams to areas of the body which require the removal of any form of underwear.

H. INTIMATE CARE

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with, or exposure of, parts of the body considered 'private' or 'sexual' such as genitals, the anus etc. Examples include care associated with continence and menstrual management. At IRISCHOOL we are committed to ensuring that all staff responsible for the intimate care of children will be properly trained and will undertake their duties in a professional manner at all times; the child's welfare and dignity is paramount and no child will be attended to in any way that causes distress or pain. As a basic principle children will be supported to achieve the highest level of autonomy possible given their age and abilities.

J. SHARPS and NEEDLESTICK INJURIES

Sharp injuries are punctures of the skin from sharp objects, such as broken glass, a nail or a bite. Needle stick injuries are also punctures to the skin but from needles or syringes, for example, the needles used in the treatment of diabetes. The risks from sharps and needle stick injuries mainly occur in two ways:

- the risk of cross-infection
- the risk of poisoning or allergic reaction from any solution remaining in a syringe If a 'sharps injury' should occur:
- Stop what you are doing immediately to attend to the injury.
- If possible, call a senior first aider to continue the treatment to the pupil and to assist you.
- Encourage bleeding from the injury by squeezing the area around the puncture – DO NOT SUCK the wound.
- Wash the wound well with soap and warm running water for at least five to ten minutes.
- Cover with a waterproof dressing.
- Report the incident to the School Administrative Officer immediately.
- Complete an accident form.
- For sharps injuries caused by glass, nail - or similar - check on your tetanus status and, if necessary, arrange a tetanus booster as soon as possible.
- For human or animal bites, attend your GP or walk-in clinic as soon as possible; it is likely that you will be prescribed a course of anti-biotics.
- For needle stick injuries attend A&E immediately.

Date of next review: September 2024