Stanhope Primary School

FIRST AID POLICY

2025

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First Aid Policy

1. What is first aid?

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

2. First aid and medication

All staff have received First Aid training. All Early Years and Office staff have received Extended Paediatric First Aid training. Both first aid qualifications include first aid training for infants and young children. A record of the training, including the expiry date is recorded and centrally held.

Our First Aid Kits:

- Comply with the Health and Safety (First Aid) Regulations 1981 and British Standard – BS 8599-1:2019;
- Are regularly checked.
- Are re-stocked as necessary;
- Are easily accessible to adults; and
- Are kept out of the reach of children.

There is no mandatory list of items for a first-aid container. However, the HSE (Health and Safety Executive) recommend that, where there is no special risk identified, a minimum provision of first aid items would be:

- A leaflet giving general advice on first aid
- Individually wrapped sterile adhesive dressings (assorted sizes)
- Sterile eye pads
- Individually wrapped triangular bandages (preferably sterile)
- Safety pins
- Medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
- Large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings
- Pair of disposable gloves

Class staff are responsible for maintaining the kits in classrooms and liaising with the office. Class teachers are expected to take their first aid kit with them when working in other areas of the school, such as the playground/hall. The lunchtime assistants are responsible for the resourcing of their lunch time bags. The medical room hosts a portable First Aid Kit, along with the stock to replenish the classroom and lunchtime supervisor first aid kits. These are checked and restocked at the end of every half term by the office team

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

3. Record of Accidents.

- Accidents are recorded on School MIS system Arbor and can be viewed under pupil details. Midday supervisors are responsible for recording any accidents from lunchtime in Arbor at the end of the lunch break, on a daily basis. All accidents must be recorded on the system, on the same day.
- All staff know how to record on Arbor; and
- Are reviewed at least half termly to identify any potential or actual hazards.

Our MIS system keep a record of any first-aid treatment given by first aiders and other members of staff. Accidents MUST be recorded and completed on the same day of the incident, and include:

- The date, time and place of the incident.
- The name of the injured or ill person.
- Details of the injury or illness and first-aid given.
- What happened to the person immediately afterwards (for example, whether they went home, went back to class, or went to hospital).

The information can:

- Help the school identify accident trends and possible areas for improvement in the control of health and safety risks;
- Be used for reference in future first-aid need assessments;
- Be helpful for insurance and investigative purposes.

Ofsted requirement to notify parents and the Data Protection Act

Parents must be informed of any accidents, injuries sustained and/or first aid treatment given to their child whilst in school. Staff must be aware of the Data Protection Act and not allow parents to view personal information other than that relating to their child and must not allow parents to take notes, photographs or obtain a copy of the accident record.

4. Administration of medication

- Only prescribed medication may be administered. It must be in date and prescribed for the current condition.
- First Aid qualified staff members can administer paracetamol during the school day with parental consent.
- Children taking prescribed medication must be well enough to attend the school.
- Children's prescribed drugs are stored in their original containers, in the school office, are clearly labelled and are inaccessible to the children.
- Parents complete signed form for the administration of medication. This states the name of the child, name/s of parent(s), date, the name of the medication, the dose and time, or how and when the medication is to be administered. Parents should administer medication before school so that staff only gives one dosage during the school day.

- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health care professional.

5. Sickness

Our policy for the exclusion of ill or infectious children is discussed with parents. This includes procedures for contacting parents – or other authorised adults – if a child becomes ill while in the school.

- We do not provide care for children, who are unwell, e.g. have a temperature, or sickness and diarrhea, or who have an infectious disease.
- Children with head lice are not excluded, but must be treated to remedy the condition.
- Parents are notified if there is a case of head lice in the school.
- HIV (Human Immunodeficiency Virus) may affect children or families attending the school. Staff may or may not be informed about it.
- Children or families are not excluded because of HIV status.
- Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times by First Aiders.

6. Treatment of head injuries to children

Children often fall and bang themselves, and thankfully most bangs to the head are harmless events and can be dealt with by the supervising adult by applying a cool pack or cold compress (wet tissue or cloth) for the child's own comfort. Parents/Carers are informed if the child has had a bump to the head using a sticker and letter. It is the responsibility of the first aider dealing with the head bump to inform the class teacher. Under no circumstances, should ICE PACKS be applied to head bumps. It will reduce swelling but it can actually do more harm if there is a hairline fracture this could result in the child needing additional emergency hospital treatment.

Emergency First Aiders should be sought if the child:

- becomes unconscious;
- is vomiting or shows signs of drowsiness;
- has a persistent headache;
- complains of blurred or double vision;
- is bleeding from the nose or ear; and/or
- has pale yellow fluid from the nose or ear.

If any of the above symptoms occurs in a child who has had a bang to the head, urgent medical attention is needed. Parents should be contacted and the emergency service too. In the event of an accident in which the child cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so and the emergency first aider must be called immediately to assess the situation.

7. Disposing of blood

Blooded items should be placed in the yellow clinical waste bags and disposed of in the clinical waste bin in the medical room or the hygiene room.

8. Splinters

Following advice from the Health and Safety Executive, splinters can be removed if they are small and you can see the angle it went in but not if they are embedded or in a joint. They must be extracted in

the same direction they went in. If splinters are deeply embedded then parents should be consulted and professional medical help sought.

9. Ice Packs

Instant ice packs are single-use only and for the treatment of sprains, strains and bruises and must be kept out of children's reach. These are stored in the medical room.

Guidance on the use of ice packs: Ideally an ice pack should be applied within 5 -10 minutes of the injury occurring. The pack must be wrapped in a cloth to prevent cold burns and applied to the injured area for 20 - 30 minutes and repeated every 2 to 3 hours for the next 24 – 48 hours. Emergency first aiders must check the colour of the skin after 5 minutes of applying the pack. If the skin is bright red or pink, remove the pack. With injuries older than 48 hours, a heat source can be applied to bring more blood to the injured area to stimulate the healing process.

DO NOT USE ICE OR HEAT

- If the casualty is diabetic
- Over areas of skin that are in poor condition
- Over areas of skin with poor sensation to heat or cold
- Areas with known poor circulation
- In the presence of visible or know infection(s)

10.Asthma

As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register
- all pupils with immediate access to their reliever inhaler at all times,
- all pupils have an up-to-date asthma action plan,
- an emergency salbutamol inhaler
- ensure all staff have regular asthma training,
- promote asthma awareness pupils, parents and staff

Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK).

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK)

All pumps are labelled and kept in the classroom. All inhalers should accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc.
Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by key stage 2. However, we will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler. For Younger children, reliever inhalers are kept in the classroom in the red medical kits. Emergency inhalers are kept in the medical room and grab bag. An emergency inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty).

ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK.

Asthma Register

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:
• an up-to-date copy of their personal asthma action plan,
• their reliever (salbutamol/terbutaline) inhaler and a spacer in school,
• permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

Children on the asthma register who have parental consent for the use of the emergency inhaler are clearly indicated.

Asthma Action Plans
Asthma UK evidence shows that if someone with asthma uses personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK).

Emergency Salbutamol Inhaler in school
As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March, 2015). We have two emergency kit(s), which are kept in the medical room and emergency grab bag, so they are easy to access.
Each kit contains:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instruction on cleaning and storing the inhaler;
- Manufacturer's information;

- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers; - A list of children permitted to use the emergency inhaler:
- A record of administration

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.
We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.
The school will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available.
- Replacement inhalers are obtained when expiry dates approach.
- The plastic inhaler housing (which holds the canister) has been cleaned, dried, and returned to storage following use, or that replacements are available if necessary.

Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air. Any puffs should be documented so that it can be monitored when the inhaler is running out. The inhaler has 200 puffs, so when it gets to 50 puffs having been used we will replace it.
The spacer can be reused, after each use it will be dismantled and washed in hot soapy water using a soft cloth, it will be left to air dry then reassembled. The inhaler can also be reused. Following use, the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced. Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol inhaler will only be used by children who have been diagnosed with asthma and prescribed a reliever inhaler or who have been prescribed a reliever inhaler and for whom written parental consent for use of the emergency inhaler has been given.

The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler.

<u>Asthma Attacks</u>
The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur. All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition, guidance will be displayed in all classrooms and common areas.
The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough

- A wheezing sound coming from the chest
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below.
However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Appears exhausted
- Is going blue
- Has a blue/white tinge around lips
- Has collapsed

It goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Shake the inhaler and remove the cap
- Place the mouthpiece between the lips with a good deal, or place the mask securely over the nose and mouth
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time.(1 puff to 5 breaths)
- If there is no improvement, repeat these steps* up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP • If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way. A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

11.Epi-Pens

Epi-Pens are labelled and kept in the classroom first aid box. Anyone can administer an Epi-Pen in an emergency if the adult/child is unable to do it themselves. Emergency services must be informed at the same time as the Epi-Pen is administered.

12.Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the class teacher prior to any educational visit that necessitates taking pupils off school premises.