

GPS First Aid Policy



1. Training

There are a number of staff that are fully first aid trained in school. They have had either paediatric training or 'first aid at work' training. There are always several fully qualified first aiders in school, and where whole class visits take place a qualified first aider accompanies the visit. All first aiders attend updates and retraining courses as required.

2. First aid kits

First Aid kits are kept in a number of locations within school:

- The main school office
- Foundation Stage
- First Aid room located in the Key Stage Two corridor
- Community Room

Other kits are available for staff to take with them on out of school visits. The number of first aid kits are appropriate for the number of staff/children.

3. Treatments

3.1 Cuts

- All open cuts should be covered after they have been cleaned. Plasters should be applied where necessary. Children who are allergic to plasters will be given an alternative dressing. Minor scrapes do not need to be recorded on an accident form although parents will be notified if a child has been seen by a First Aider. First Aiders may remove stings and splinters if possible.
- Any first aider can treat more severe cuts, but a fully trained first aider must attend the patient to give advice. Minor cuts should be recorded in the accident book and parents informed.
- ***Anyone treating an open cut should use protective gloves.*** All blood waste is disposed of in the bin, located in the medical room.

3.2 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 or cold compress. Parents and carers will be informed by a telephone call home and advised to seek medical attention. Should it not be possible to contact them, staff will inform them at the end of the school day, when the child is collected. 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 on an accident form.

4. Accident Forms

- The accident forms are located in the main school office, within Foundation Stage or in the first aid room. Completed forms are stored within the school office. Accidents are recorded chronologically. Copies of these are available for parents.
- For major accidents, a further LA agreed accident form must be completed within 24 hours of the accident. These forms are located in the school office. These forms need to be signed by the Headteacher, a copy taken and the original copy forwarded to the LA.

5. Calling the emergency services

In the case of major accidents, it is the decision of the fully trained first aider in consultation with the Headteacher, if the emergency services are to be called. All 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:

- i. State what has happened
- ii. Give the child's name
- iii. Give the age of the child
- iv. State whether the casualty is breathing and/or unconscious
- v. Give the location of 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 located in the school office and on SIMS. All visitors and volunteers to school are required to complete a next of kin form in case of emergency whilst on the premises. If a parent/carer is not available when the ambulance is leaving the school, a senior member of staff will accompany the child in the ambulance.

6. Medicines in School

6.1 Administration of Medicines.

Refer to the Administration of Medication in School Policy.

Mrs Ryan, Miss Henry and Mrs Russell can administer medication in school – all have attended recent approved training.

We will administer medicines such as antibiotics, anti-histamine, cough mixture, throat lozenges, creams and paracetamol etc only when it has been prescribed by a doctor and clearly labelled with the child's name and dosage requirements. Medicines such as antibiotics will be administered only on the occasions when the prescription advises it to be taken four times daily.

Any medication given will be recorded by the person administering the medication.

- Cough mixture/throat lozenges will only be administered when it has been prescribed by the GP
- Paracetamol - when it has been prescribed by the GP
- Creams - we will administer creams for skin conditions such as eczema when it has been prescribed, only on agreement of the parent/carer. Children will be encouraged to rub in cream themselves, but will be supported in doing so, taking into account the age and ability of the child.

All medicine consent forms and care plans are in the current medication file which is kept in the main school office. Once medication is complete forms are transferred to the completed medication file.

Before administering medicines, staff should read the date entry section of the form to check that the medicine has not already been administered. When medicine is administered staff must complete the dated entry of this and countersigned.

6.2 Parental permission

- Medicines will not be administered unless we have the written consent of parents. A consent form must be filled in with a member of staff who is qualified to administer medication.
- In the event of a child coming into school with medicines without a consent form being filled in, the medicine will not be administered and parents will be contacted.

6.3 Storage

- No medicines should be kept in the class or in the child's possession (except inhalers). All medicines are kept in the main school office or Foundation Stage – in a fridge or the locked cupboard.
- Administration of medicines takes place in the main school office or Foundation Stage.
- All medicines will be sent home during holidays and locked cabinets left open in accordance with national procedures.
- Members of administration team must sign all new medicines into school.

7. Notes on particular medical conditions & specialist equipment

- 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 class.
- New signs are made of children with severe medical problems such as allergies. All staff have a copy which is given to them at the beginning of the year.

7.1 Epilepsy, Epi-pens and anaphylaxis shock training

- Some children require medication for epileptic seizures or epi-pens to treat the symptoms of anaphylaxis shock.
- Staff will access training as and when required
- Medication and Epi-pens are all kept centrally in the main school office or Early Years first aid room inside the locked cupboard
- Staff will receive regular training on the use of epi-pens, should they be required in school.
- Staff will be made aware of any children who require these epi-pens and training will be accessed.

7.2 Inhalers

Children have their inhalers to hand at all times and are kept with the class teacher for safety. Older children can keep their inhalers with them at all times. They will be taken out of school for use on any educational school visits. ***Other asthma sufferers cannot share inhalers.***

In the event of a child having an asthma attack, who has no inhaler, the parents must be sought quickly by phone to give permission for the administration of someone else's inhaler. If parents cannot be located, then the emergency services will be contacted and they would give permission for the sharing of the inhaler only in an emergency.

7.3 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.

7.4 Conjunctivitis

If a child is suspected of having conjunctivitis parents will be called to collect their children and advised to seek medical advice. If diagnosed, children should stay off school until antibiotic treatment has been taken for 24 hours because it is highly contagious.

7.5 Chicken pox and other common childhood diseases

If a child is suspected of having chicken pox etc, we will look at their arms, legs, back and stomach with another adult present (we would first ask the child if this was acceptable). Children must remain at home until all of the spots have dried. If a child presents with symptoms of other common childhood illnesses e.g. Slapped Cheek Syndrome, parents will be contacted immediately and asked to seek medical attention for clarification and/or diagnosis.

7.6 Specialist Medication

All children requiring specialist medication such as Ritalin, epi-pens, etc. will be subject to a medical plan which will be signed off by consultants through the school nurse. These will be copied for staff and will accompany a child to hospital in the event of an emergency.

L Russell
DHT

- Policy last updated & reviewed: June 2022
 - Next Review: June 2023
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