**FIRST AID POLICY**

**INCLUDING ASTHMA, DIABETES, ADMINISTATION OF MEDICINES**

**Administration of Medicines during School Hours**

From time to time, parents request that the school should dispense medicines which need to be administered at regular intervals to pupils.

These requests fall into two categories:

* Pupils who require emergency medication on a long term basis because of the chronic nature of their illness (for example, asthma)
* For casual ailments it is often possible for doses of medication to be given outside school hours. The school does not administer medicines for casual ailments.
* If it is unavoidable that a child has to take medicine in school, written approval and instructions are to be given by the parent:

The medicines must be brought into school in a properly labeled container which states:

*(a)* The name of the child *(b)* The name of the medicine, *(c)* The dosage, *(d)* The time of administration

* Medicines will be kept in a secure place by staff in accordance with safety requirements
* Paracetamol will not be administered under any circumstances

**ASTHMA POLICY**

The school recognizes that asthma is a widespread, serious but controllable condition affecting many pupils at school. The school positively welcomes all pupils with asthma to achieve their potential in all aspects of school life by having a clear asthma policy that is understood by school staff and pupils. (Supply teachers and new staff are also made aware of the policy.)? All staff, including lunchtime supervisors, who come into contact with asthma, is provided with training from the school nurse. Training is updated once a year.

**Asthma Medicines**:

* Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler
* Parents are asked to ensure that the school is provided with a labeled spare reliever inhaler. These should be labeled with the child’s name and kept in the school office.
* Office staff should check the expiry date of inhaler and inform the parent.
* School staff are not required to administer asthma medication to pupils. 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 pupil joins the school, parents are asked to indicate any medical conditions their child might have including asthma on an enrolment form.

Staff will be given a list of known medical conditions at the beginning of the year and are expected to follow the procedure of indicating medical conditions in their mark books/planner.

**PE, games and activities**

* Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers are made aware which pupils have asthma.
* Pupils with asthma

**Asthma sufferers** who require inhalers are required to keep them on their persons at all times. Staff will allow them to self-administer when required.

Letters will be sent to parents at the beginning to the school year reminding them to send a labeled inhaler to the office available should the pupil forget to bring their inhaler.

At the beginning of each school year the school nurse will hold a INSET with all years to explain the correct use of inhaler.

Where long term needs for emergency medical attention exist, such as epilepsy, the school will require specific guidance on the nature of the likely emergency and how to cope with it while awaiting paramedical assistance. Detailed written instructions should be sent to the school and the parent/guardian should liaise with their child's class teacher. If the emergency is likely to be of a serious nature, emergency contact numbers must be given where an adult is available at all times.

**Diabetics**

After consultation with parents the school requires the following actions to be taken;

* All members of staff should be aware of a pupil’s condition and relevant symptoms. Should a diabetic pupil be taken off the School premises, for any length of time, the staff member in charge is responsible for ensuring the required medicines are taken. NO RISKS SHOULD BE TAKEN.
* Pupil should always have a supply of dextrose tablets or equivalent on her person
* A further store of these items should be made available in a named secure plastic container
* A supply of Hypostop which is within its’ Use-By Date should be in the office fridge
* If applicable a supply of emergency insulin should be in the office fridge
* All relevant items should be taken on Educational Visits

**First Aid in school**

All staff, both teaching and non-teaching are responsible for dealing with minor incidents requiring first aid.

During lesson time if first aid is required the class teacher should send for one of the registered first aiders, preferably one of the non- teaching staff. If an accident occurs in the playground during breaks or lunchtimes and first aid is required, then one of the staff on duty in the playground should send for one of the first aiders.

**Should a pupil refuse first aid treatment the Head Teacher, parents/carers must be informed immediately**.

The qualified first aiders in school are;

**Safety/HIV Protection**

Always wear disposable gloves when treating any accidents/incidents, which involve body fluids. Make sure any waste (wipes, pads, paper towels etc.) are placed in a disposable bag and fastened securely. Any pupils' clothes should be placed in a plastic bag and fastened securely ready to take home.

**First Aid Supplies**

First aid boxes are located in the;

**Person Responsible for Supplies**

The first aider is responsible for checking the contents of the first aid boxes on a regular basis and placing orders to replenish stock. All staff are responsible for notifying the School Secretary if the supplies in any of the first aid boxes are running low.

Each first aid box should contain:

* guidance card
* 20 individually wrapped adhesive dressing
* 2 Sterile eye pads
* 4 individually wrapped triangular bandages
* 6 safety pins
* 6 medium sterile wound dressings
* 2 large sterile wound dressings
* 2 pairs of disposable gloves
* plastic disposable bags
* Resusciaid
* 2 eyewash vials

CHECKLIST

BOX IN ROOM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EQUIPMENT | S | O | N | D | J | F | M | A | M | J | J |
| guidance card |  |  |  |  |  |  |  |  |  |  |  |
| 20 individually wrapped adhesive dressing |  |  |  |  |  |  |  |  |  |  |  |
| 2 Sterile eye pads |  |  |  |  |  |  |  |  |  |  |  |
| 4 individually wrapped triangular bandages |  |  |  |  |  |  |  |  |  |  |  |
| 6 safety pins |  |  |  |  |  |  |  |  |  |  |  |
| 6 medium sterile wound dressings |  |  |  |  |  |  |  |  |  |  |  |
| 2 large sterile wound dressings |  |  |  |  |  |  |  |  |  |  |  |
| 2 pairs of disposable gloves |  |  |  |  |  |  |  |  |  |  |  |
| plastic disposable bags |  |  |  |  |  |  |  |  |  |  |  |
| Resusciaid |  |  |  |  |  |  |  |  |  |  |  |
| 2 eyewash vials |  |  |  |  |  |  |  |  |  |  |  |

**Allergies/Long Term Illness**

A record is kept in the Administration Office and the Secretary's Office of any child's allergy to any form of medication (if notified by the parent) any long term illness, for example asthma, and details on any child whose health might give cause for concern.

**Infectious diseases**

From time to time pupils contract certain illnesses through no fault of their own, for which they have to be excluded from school for a specific period of time. Below is a list of diseases and the time for which they should be kept at home:

|  |  |
| --- | --- |
| Chicken pox | 6 days minimum from onset of rash |
| German measles | 7 days minimum from onset of rash |
| Measles | 7 days minimum from onset of rash |
| Mumps | 7 days minimum or until swelling has gone |
| Whooping cough | 21 days minimum from onset of cough |
| Impetigo | Until skin has healed |

**Accidents**

*Recording*

All accidents must be recorded in the Log/Accident Book. All details need to be filled in, including any treatment given.

If the accident is more serious, the aim of the school is to get the child qualified medical attention as quickly as possible. Parents are informed straight away, and if necessary, an ambulance sent for. A member of staff will collect information and accompany pupil. If Parents are uncontestable the Head Teacher must be informed and the school will take responsibility locus parentis.

Accidents fall into four categories:

*Category 1Fatal*

*Category 2Major injury*

Accidents in these two categories should be reported immediately to:

The accident should be reported by telephone immediately, and then confirmed in writing on form F2508 for injury or dangerous occurrences and form F2508A for diseases at work.

If the accident is major for child or adult, please report it immediately to the Headteacher who will send for an ambulance if needed and contact parents.

When in doubt, contact parents/guardians.

**Major Injuries are**

• Fracture of the skull, spine or pelvis

• Fracture of any bone in the arm other than a bone in the wrist or hand

• Fracture of any bone in the leg other than a bone in the ankle or foot

• Amputation of a hand or foot

• The loss of sight of an eye

• Any other injury which results in the person injured being admitted to hospital as an inpatient for more than 24 hours, unless that person is detained only for observation

It might be that the extent of the injury may not be apparent at the time of the accident or immediately afterwards, or the injured person may not immediately be admitted to hospital. Once the injuries are confirmed, or the person has spent more than 24 hours in hospital, then the accident must be reported as a major injury.

*Category 3*

Accidents to employees resulting in more that three days consecutive absence

*Category 4 Other accidents*

These are the accidents, which more commonly occur in school. Procedure to follow:

Always fill in the School Accident Book for minor injuries (including all bumps on the head, but not minor cuts and grazes). This is kept in the Secretary's Office.

If a child has a bump on the head you must ring home and contact the parent/guardian.

Fill in the School Accident Book if the parent/guardian has to be sent for to take the child to the family doctor or to hospital for further treatment.

***Accident Documentation***

The following documentation is attached:

• Reporting of school accidents to the Health and Safety Executive

• Guidance notes on completing Form F2508

• Form F2508

• Accidents to school pupils

***Reporting School Accidents***

Certain accidents arising out of or in connection with work are reportable to the Health and Safety Executive under the requirements of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1985. The following gives practical advice to schools on compliance with this duty.

It is not a complete statement of the duty.

*Employee Accidents*

(This applies to all School employees and self-employed persons on school premises).

Any accident to an employee resulting in a fatal or major injury must be reported to the HSE immediately by telephone. The details must be confirmed on Form F2508 within 7 days.

If the accident does not result in a fatal or major injury, but the employee is incapacitated from their normal work for more than three days (excluding the day of the accident) there is no need to telephone, but Form 2508 must be completed and sent to the HSE within seven days of the accident.

***Pupil Accidents (Including accidents to any visitors not at work)***

Fatal and major injuries to pupils on school premises during school hours must be reported in the same way as those to employees. However, injuries during play activities in playgrounds arising from collisions, slips and falls are not reportable unless they are attributable to:

* The condition of the premises (for example, potholes, ice, damaged or worn steps etc.
* Plant or equipment on the school premises
* The lack of proper supervision

Fatal and major injuries to school pupils occurring on school sponsored or controlled activities off the school site (such as field trips, sporting events or holidays in the UK) must be reported if the accident arose out of or in connection with these activities, by phoning the following number ?.

If you are unsure of the address of the nearest HSE office and it is not listed in the local telephone directory, you may find out by telephoning the HSE enquiry point on ?

**Near misses**

Part of ensuring the premises are a safe environment is to ensure that potential accidents do not occur. An accident is defined as an unplanned, unexpected and undesired event which occurs suddenly and causes injury or loss. A near miss is an unplanned event that has the potential to cause injury or loss.

* Ensure you understand the school policies and objectives.
* Know the emergency arrangements of the school.
* Ensure you understand the control measures, specified in the school’s procedures and risk assessments.
* Ensure you have received suitable information, instruction and training in the task you are carrying out.
* Ensure you wear all personal protective equipment that is specified for the task you are to carry out.
* Staff are required to log any near misses in the incident book.

Monitoring the Accident/Incident book

The Health and Safety co-ordaintor will analyse and report on the accident/incident book on a termly basis.