## St. Joseph's

#### **PARK HILL SCHOOL**

ST. JOSEPH'S PARK HILL



# **First Aid Policy**

#### **Mission Statement**

At St. Joseph's Park Hill we prepare our children for the challenges of the future in a nurturing and stimulating environment built on Catholic foundations.

#### First Aid

This policy refers to the DfE guidance on First Aid.

An annual training programme ensures that staff are trained as per the Safety training.

All parents complete a medical information form when their child enters the school, giving details of allergies, medical conditions etc. These are kept in the office. A list of children with allergies is given to all staff, and one is kept in the dining room.

A list is kept of all children with asthma, and their inhalers are kept in the classrooms. A separate Asthma protocol is in place.

First aid kits are kept in the office, KS1 (bottom corridor outside the Pre-school classroom), dining room and Pre-school. A first aid kit is taken on all trips. The School Business Manager is responsible for ensuring that they are checked regularly and kept stocked.

If a child is unwell the parents are informed and the child is sent home. If necessary the child is kept in the sick bay (school office) until the parent arrives.

A child appearing to be suffering from an infectious disease is isolated in the sick bay and parents informed. Any child having suffered from vomiting or diarrhoea will be sent home immediately and will not be allowed to return within 48 hours. A list of guidance on isolation times for common illness can be found in Appendix 2 of this document.

Minor cuts and abrasions are cleaned with water and covered only if necessary. Any plaster allergies are noted in the First Aid boxes. All treatment is recorded in the treatment log.

Bumps to the head are treated with a cold compress and the child is kept in the office to watch for signs of concussion. An accident report is completed and the parents informed at the time of the incident by phone, where possible, and will be asked to sign the form on collection. The child wears a "bumped head" sticker for the rest of the day.

In the event of an accident occurring to a child during games, PE or while on the playground, the member of staff on duty remains with the child and sends another child to the office for assistance. The First Aider will attend to the injured child.

If a child suffers an accident which requires hospital treatment, the parents or emergency contact are informed. If they cannot be contacted, a member of staff accompanies the child to hospital and waits for a parent to arrive. In severe cases an ambulance will be called.

An ambulance shall be called by the school receptionist or appointed member of staff, on the instruction of the first aider. It should be called when any life-threatening

conditions such as problems with the airway, breathing or circulation resulting in a life-threatening condition, or a serious bump to the head resulting in concussion and / or where any further medical attention is required (such as but not limited to: seizures lasting more than 5 minutes, spinal injury, severe burns, severe allergic reaction, asthma attacks that do not respond to their inhaler etc). Obviously, each case will need to be assessed on an individual basis.

All accidents (excluding minor cuts and grazes) are recorded in the accident book which is located in the office. All minor cuts and grazes are recorded on a treatment sheet. Regard shall be paid to the RIDDOR 2013 regulations when recording accident reports, see section under RIDDOR.

All accident reports for Pre-school and reception children must be shared with the adult collecting on the same day as the accident and must be signed and dated by both the adult collecting and the member of staff informing. A text or e-mail will be sent to notify of a bumped head or nosebleed via Parentmail the same day for any child in school.

Each accident report is reviewed by the School Business Manager who will monitor for any patterns or trends. If anything is noted then further investigation will be carried out to see if any remedial action on site is required. This process will be discussed and reported to the Health and Safety Governor via the Health and Safety update at Governors meetings or as required.

Staff must wear gloves and (apron where possible) when dealing with bodily fluids. These are kept in the Pre-school, office and with first aid boxes. Any bodily fluid spillages must be attended to immediately and must be cleaned using disposable cloths. These, along with any used swabs, wipes etc must be placed in clinical waste bags and tied securely before disposal. Any spillages must be treated with the designated powder to clean up the area and disposed of in the clinical waste bags. Children are to be removed from the area whilst this is done. Staff should apply good personal hygiene after cleaning the area to prevent contamination.

Care plans are in place for any children with medical conditions, such as asthma, epilepsy and diabetes, or any other conditions presented that requires a care plan and staff will undergo any training necessary for individual children

If a child requires to have an EpiPen administered this is kept in the office (unless a school visit is taking place when the class teacher should ensure that it is taken with them) along with full instructions. The parent is responsible for ensuring that it is replaced when out of date. Full training is arranged for staff who have contact with the child to recognise when the EpiPen is needed, and how to administer it.

Parents of children who are asthmatic will be asked to fill in a treatment form and asked to provide an inhaler that is kept in school at all times. These instructions will be kept with the inhaler in their classroom together with a sheet for recording when the inhaler has been administered. Staff are to ensure that they take any inhalers with them when PE / Games lessons take place or when any off-site visits occur.

Any children with diabetes, epilepsy or similar conditions will have appropriate measures put in place via the Care plan to ensure that all staff know what signs to watch for and how to administer.

#### **List of Trained First Aiders**

Name	Date of course	Expiry date
Janice Allott	February 2022 (Paed)	February 2025
Pauline Duncan	December 2021 (Work)	December 2024
	June 2022 (Paed)	June 2025
	October 2022 (Level 6	October 2025
	Outdoor First Aid)	
Elin Kendall	February 2022 (Paed)	February 2025
	April 2022 (Work)	April 2025
Elizabeth Watson	May 2021 (Paed)	May 2024
Karen Bleasdale	June 2021 (Paed)	June 2024
Emily Earnshaw	September 2021 (Paed)	September 2024
Claire Taylor	February 2023 (Paed)	February 2026
	December 2022 (Level 6	December 2025
	Outdoor First Aid)	
Rina Teoli-Rush	November 2020 (Paed)	November 2023
Ellena Lomas	June 2022 (Paed)	June 2025
Susana Hannah	June 2022 (Paed)	June 2025
Sandra Barker	June 2022 (Paed)	June 2025
Rebecca Haasbroek	ecca Haasbroek June 2022 (Paed)	
Charlotte Grillo	arlotte Grillo June 2022 (Paed)	
Richard Bailey	ichard Bailey June 2022 (Paed)	
Joanne Maudsley June 2022 (Paed)		June 2025

## **Training**

August 2012	Dietician and training for feeding	A. Robinson
	a child through a tube	Karen Bleasdale
Sept 2012	Diabetes Nurse	All staff and support staff
February	Refresher information for epilepsy	All teaching staff
2013	following changes in childs health	
	/ recent seizures	
March 2016	Training for Epilepsy	All staff
October	Protocol for management of	All staff
2019	Asthma	
January	Advice for respiratory disease	MW / JM
2020	management within school from	
	Respiratory nurse	

#### Medication

All children's medication, except inhalers, should be labelled with the child's name and be kept in the locked first aid box in the school office until it is required.

If parents request staff to administer medicine to their child, it is kept in the locked first aid cabinet with their name on, in the office along with their written authority and instructions as to time and amount. The medicine is administered by the School Business Manager or Receptionist who records the time and amount and signs the form.

When administrating a child's medicine, the member of staff should do the following checks:

- The name on the medicine matches the name on the form
- The type of medicine is the same as per the form
- The medicine is in date
- The time of day which the medicine is being given is as per the completed form (not early)
- The dosage on the form is the same as per the medicine instructions, and the correct dose is administered

Once the dose is given, the amount and time given is recorded on the parental form and, a text via parentmail is sent to the parent confirming the medicine type, dosage and time administered.

The form is then placed in the child's folder.

All staff administering medicine will be trained in the above procedure. Mrs Duncan and Mrs Kendall received the above training on the March 2022.

If a child is unwell, parents will be contacted, if a request is made by the parent to administer Calpol or Ibuprofen then verbal consent will be recorded on an "administering medicine form" and the parent will be asked to sign on collection. A text will also be sent as per above.

Any child who is known to have asthma, is placed on the school asthma record with details of their inhaler. This record is to be updated at the start of each school year or when informed of any changes.

Any child who uses an inhaler in school should give it to their class teacher who will ensure that it is labelled and will keep readily available in class.

If any child requires medication that requires training, then at least two members of staff will receive training from either a medical practitioner or the parent if appropriate.

An epipen will be kept on site, should any children attending school, have one prescribed. In the event of a child requiring an epipen, all staff will undertake training to know what signs to look for and how to administer.

The "sick" bay is in the office where access to a sink, toilet and bed are available.

Staff taking any medication should seek medical advice if this may affect their ability to care for children. Any staff medication should be stored securely at all times.

## **Monitoring and Review**

The health and safety policy will be reviewed periodically as and when necessary and in any event every 12 months.

In the implementation of this policy we have regard to the DFE guidance *Health and* safety: Advice on legal duties and powers for local authorities, school leaders, school staff and governing bodies

## **APPENDIX 1**



# ST JOSEPH'S PARK HILL SCHOOL

#### ADMINISTERING OF MEDICINES FORM

I request that a member of staff adm	inister the named medicine to	o my child, complying with the given instructions.
Name of Child:		
Name of Medicine:		
Dosage:		
Time to be administered:		
Parent/carers name and relationship	to child:	
Signature:		
Date:		
Date	Time	Administered by - Signature

## **APPENDIX 2**

Common illness exclusion times