



# FIRST AID POLICY

January 2021

**Potter Street Academy**  
Part of the Passmores Co-operative Learning Community

## **Statement of First Aid organisation**

The school's arrangements for carrying out the policy include eight key principles.

- Places a duty on the Governing body to approve, implement and review the policy.
- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- Records all occasions when first aid is administered to employees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.

## **Arrangement for First Aid**

### **Materials, equipment and facilities**

The school will provide materials, equipment and facilities as set out in DfE 'Guidance on 'First Aid for schools'.

The Appointed Person: Currently the Appointed person is Lisa Gant. She will regularly check that materials and equipment are available. She will ensure that new materials are ordered when supplies are running low.

Each class have their own First Aid Box. These are stored where they are visible and easy to access. The school has a medical room containing first aid equipment. It is the responsibility of the adults to notify the appointed person if stock runs low.

The school has their own trip first aid bum-bags. It is the responsibility of the adults of that class to notify the appointed person if stocks in the trip bag are running low.

Responsibility to regularly check First Aid Boxes located in the classrooms lies with staff working in the classes. If First Aid boxes need replenishing the Appointed Person should be immediately notified and extra supplies should be requested.

Playground:

It is every supervising adult's responsibility to provide FA in case of a minor accident. Should an adult not have FA training, they then can request help/ second opinion from a qualified First Aider.

In case of a major accident or a head injury a qualified First Aider should be asked to assist in giving First Aid.

### **Cuts**

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a cleansing wipe. Any adult can treat more severe cuts, but a fully trained first aider must attend if advice is needed. All cuts should be recorded in the accident file and an accident form should be given to the parents/carers.

ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES.

### **Head injuries**

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and Guardians must be informed by email or telephone. The adults in the child's class room should be informed and keep a close eye on the child. All bumped head accidents should be recorded in the accident file. Children with a bumped head should be given a head injury letter to take home.

## **First Aid and Medicine files**

These files are kept in the medical room. The contents of these files are collected at the end of the academic year, by the appointed person, and kept together for a period of 3 years as required by law.

For major accidents/ incidents a further form must be completed within 24 hours of the accident/ incident. (Any accident that results in the individual being taken to hospital is considered a major accident/ incident.). These forms are obtainable from the office and once completed a copy of it must be kept on file. They also need to be signed by the Headteacher.

### **Administering medicine in school:**

At the beginning of each academic year, any medical conditions are shared with staff and a list of these children and their conditions is kept in the Teachers' files/ Inclusion folder/ First Aid-Medicine Record files and on file in the office.

Children with specific Medical conditions (e.g. allergy that requires EpiPen/epilepsy) have to have a care plan provided by the school nurse, signed by parents/ guardians. These need to be checked and reviewed regularly. Medications kept in the school for children with medical needs, are stored in the office / or class if not refrigerated and are clearly labelled with the child's name.

**All medicines in school are administered following the agreement of a care plan.**

## **Asthma**

Children with Asthma do not require a care plan but parents are directed to complete an asthma form. It is the parents/carers responsibility to provide the school with up-to date Asthma Pumps for their children. The appointed person checks the expiry date on the pumps regularly and inform parents, should the pumps expire or run out. Asthma pumps are stored in the class cabinets and clearly labelled with the child's name. Asthma sufferers should not share inhalers. It is the class adults responsibility to ensure asthma pumps are taken on all out of school activities.

Only **Blue** (reliever) Asthma Pumps should be kept in schools.

### **Generic emergency salbutamol asthma inhalers:**

In accordance with Human Medicines Regulations, amendment No2, 2014, the school is in possession of 'generic asthma inhalers', to use in an emergency.

These inhalers can be used for pupils who are on the school's Asthma register. The inhalers can be used if pupils' prescribed inhaler is not available (for example, if it is broken or empty). The emergency inhalers are stored in the office. The inhalers are clearly labelled.

In case of an emergency an adult needs to be sent to get the asthma pump while a First Aider remains with the child. Once the pump has been administered, (older children can administer it for themselves under supervision) the First Aider needs to record the time and dose of salbutamol (how many puffs have been administered). This needs to be recorded on administering medicine form. (Kept in the First Aid folders in each classroom).

For further information on administering medicine see next section, also see Pupils with Medical conditions in School policy.

Adults may also use the inhalers in an emergency and should follow the above instructions on recording the use of the inhalers.

## **Other Medicines**

Short term prescriptions; Medications such as the short-term use of antibiotics or painkillers can be administered only if the parent /guardian fill out the 'parental consent form for administering medicine' form. Parents can obtain the form from the office on the first day of requesting the medicine to be administered at school. The class adults will make sure the medicine is administered. The copy of the Administering Medicine at Schools Form must be kept. Staff should encourage parents to administer all other medicine at home.

Medications that need to be kept in the fridge can be stored in the office.

## **Calling the Emergency services.**

In case of a major accident, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

The Headteacher or Deputy Headteacher should be informed if such a decision has been made even if the accident happened on a school trip or on school journey.

If the casualty is a child, their parents/ guardians 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 available from the school office.

## **Headlice**

Staff do not touch children and examine them for headlice. If we suspect a child or children have headlice we will have to inform parents/carers. An email should be sent home to all the children in that class where the suspected headlice incidence is. If we have concerns over headlice the school nurse can be called in, to give advice and guidance to parents/carers on how best to treat headlice.

## **Chicken pox and other diseases, rashes**

If a child is suspected of having chicken pox etc, we will look at the child's arms or legs. Chest and back will only be looked at if we are further concerned and two adults should be present. The child should always be asked if it was ok to look.