

# **ST ANDREW'S METHODIST PRIMARY SCHOOL**



## **First Aid Policy**

Reviewed January 2024

Headteacher

Date:

Chair/Vice Chair of Governing Board

Date:

*Reviewed the Finance Committee of St Andrew's Methodist Primary School on  
14<sup>th</sup> March 2024*

Date of Next Review January 2026

This policy has been scrutinized to ensure it meets the requirements of the single equality duties. The school will make every reasonable adjustment to comply with the duties and actively avoid discrimination.

# **First Aid Policy**

**\*This policy should be read in conjunction with the medical conditions policy.**

## **Overview**

Safety and care of pupils and staff is paramount at St Andrew's school. An integral part of this is having an effective first aid policy and ensuring that all staff are familiar with it, so that as a whole school we are able to competently deal with incidents as they occur ensuring the best outcome for the pupils and staff.

## **Aims**

This policy

- Gives clear structure and guidelines to all staff regarding all areas of first aid and medicines
- Clearly defines the responsibilities of members of staff and enables staff to see where their responsibilities end
- Ensures the safe administration and storage of medicines
- Ensures good first aid cover is available in the school and during off-site visits

## **First aid in school**

The qualified First Aiders within school (January 2024) are:

- Mrs P O'Leary – Nursery (Paediatric)
- Mrs H Hall– Year 1
- Miss D Smith – Nursery (paediatric)
- Mrs R McNally - Reception
- Mrs A Newton – Year 6
- Mrs K Morris- Year 3/4
- Mrs K Davidson – Year 5 (paediatric)
- Mrs G Knights- Y1
- Mrs K Berry – Y1/2
- Mrs H Dewhurst- HLTA

Mrs Barker and Mrs Utzeri have trained as Mental Health first aiders.

## **First aid kits**

All classes have their own first aid kits kept in a convenient place. These are regularly monitored by the first aiders and refilled when necessary.

Welfare staff have specific Key Stage 1 and 2 first aid boxes kept in the relevant cloakrooms for use during lunchtimes.

The minimum requirements for the contents of a first aid box are stated in the attached document.

## **Cuts**

All open cuts should be covered after they have been treated with a medi-wipe. All staff should be made aware of any children who have allergies to plasters.

A first aider must see to more severe cuts.

Anyone treating an open cut should use rubber gloves.

### **Bumped heads**

Any bump to the head no matter how minor must be treated as serious. All bumped heads should be treated with an ice pack. Parents and guardians **MUST** be informed as soon as possible. The child's teacher must also be informed and keep a close eye on the progress of the child.

### **Accident Books**

Nursery and Reception have their own accident books, there is also an infant and junior accident book where all first aid incidents are recorded. It is the responsibility of the first aider to decide whether a parent is to be notified by telephone of the accident and whether a child needs collecting from school. If in any doubt a senior member of the staff should be asked.

Parents must be informed of any first aid related incident that occurs during the school day either by telephone or 'bump letter'.

All major accidents **MUST** be recorded in the accident book, which should then be taken to the school office. This information is then reported to the local authority via the SAP system by the office staff.

### **Calling the emergency services**

In the case of major incidents, the emergency services are to be called on **999**. Staff are expected to support and assist the First Aider.

If a member of staff is to call the emergency services, they must;

1. State what has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location of the school

In the event of the emergency services being called, a member of staff should wait by the school gate on Prescott Street and guide the emergency vehicle into school.

If the casualty is a child the parents/guardians **MUST** be contacted immediately and given all the required information. If the casualty is an adult their next of kin should be contacted immediately. All contact details for children and staff are located in the school office.

### **Medicines in school**

At the beginning of each academic year any medical problems are shared with staff and a list of children and their conditions is kept in the school office and the relevant classrooms. A list of children, including their photo and medical condition is displayed in the staffroom, headteacher's office, deputy headteacher's office and the main office and shared with the welfare staff.

In school we will administer medicines such as antibiotics (only if required 4 times a day) and antihistamines with parental consent. Paracetamol and other medicines are only administered when accompanied by a Doctor's letter.

Parental consent forms are located in the office.

Children can self-administer the creams for skin conditions such as eczema. However, the cream **must** be kept by the class teacher. We can administer the cream for EYFS children. Staff **must not** rub the cream onto a child's body unless agreed with parent/carers in writing. With written agreement, cream application must be made under observation of another adult.

Medicines are kept in a locked cupboard or fridge in the school office and administered by the designated member of staff. When medicines are administered, staff must complete the dated entry sheet. Before administering the medicine, staff should read the dated entry sheet to check that the medicine has not already been administered.

### **Asthma and Inhalers**

Inhalers for those children who need them are kept in the relevant classrooms in a secure location, with a copy of the parental consent form and any instructions for administration. Parental consents are updated annually in September.

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 the parents/guardians cannot be contacted then the emergency services will be contacted and they would give permission for the sharing of the inhaler.

An emergency inhaler and spacers are kept in the reception classroom and the Year 3 classroom.

### **Type One Diabetes**

A care plan will be drawn up for each individual child, in conjunction with the parents/carers, SEND co-ordinator, diabetes nurse and key staff. All insulin/needles etc. will be brought in each day by the child and stored securely in the school office. Any additional sweets/drinks etc. that are sent in will be stored in the DHTs office.

### **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.

### **Chickenpox and other diseases, rashes**

If a child is suspected of having chicken pox etc then staff will look at their arms and legs. If a child has any of these infections they would need to stay off school for a prescribed period of time. A health centre or doctor will advise on time scales.

### **Epipens and Anaphylaxis Shock**

Some children require epipens to treat the symptoms of anaphylaxis shock. Epipens are kept in the locked medicines cupboard in the school office. All staff receive annually training on how to use epipens and the symptoms of anaphylaxis shock.

A list of children who require an epipen must be kept in the school office and in the relevant classrooms.

### **Hypoglycaemia**

Some children who suffer from hypoglycaemia may require a glucose boost during the day. These children keep glucose tablets and/or snacks in their classroom to have when and if they need them. A bottle of Lucozade is kept in the office in case of need.

### **Off-site visits**

During school trips staff **MUST** ensure that they adhere to the adult: child ratio for their class. Mini-medical kits consisting of medi-wipes, tissues and plasters are to be carried by all staff. On arrival at the destination staff must become familiar with the qualified first aider available and if necessary, the location of the first aid room/station.

### **Procedure for cleaning spillages of blood or bodily fluids**

1. All spillages of blood or bodily fluids must be dealt with **immediately!**
2. Gloves and a disposable apron should be worn at all times.
3. Using paper towel, wipe up as much of the spillage as possible.
4. **NEVER** use mops to clean up spillages.
5. Dispose of paper towel into a waste bag.
6. Indoor spillages should then be cleaned with a product which combines both a detergent and a disinfectant using disposable cloths.
7. Cloths should then be disposed of into a waste bag.
8. The waste bag should be disposed of in an outside dustbin.
9. Wash hands thoroughly!

## **Procedure following sharps injury**

Safely dispose of sharp in suitable sharps container such as lidded glass jar, if sharps bin unavailable.

**DO NOT SUCK WOUND!!**

Encourage wound to bleed but do not 'milk' site

Wash area with soap and water

Apply waterproof plaster

Advise manager / shift leader of incident

Visit GP on the same day – if unable to access GP service attend A & E Department.

