

# **Sabden Primary School**

## **First Aid Policy**

The Governors, Headteacher and staff of Sabden Primary School accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school.

We are committed to the authority's procedure for reporting accidents and recognise our statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 1995.

The provision of First Aid within the school will be in accordance with the Authority's guidance on First Aid in school.

### **Statement of organisation**

The school's arrangements for carrying out the policy include nine 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 (Amanda Scott/ Carole Thompson) will regularly check that materials and equipment are available. They will order new materials when supplies are running low. The HT is responsible for the arrangement of adequate First Aid training for staff.

Each class has their own First Aid Box. These need to be stored where they are visible and easy to access. Each class also has a recording book for incidents.

Each class have their own trip first aid boxes. It is the responsibility of the adults of that class to notify the appointed person if stocks in the trip bags 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: At playtime the first aid box will be taken out onto the playground. At Lunchtime, first aid is given by a member of staff, who is in the hall or in the playground. Any major accident needs to be reported to the appointed person: Elizabeth Maskell or Laura Murray. If an ambulance is called, the most senior member of SLT need to be notified immediately.

### **Cuts**

The nearest first aider deals with small cuts. All open cuts should be covered after they have been cleaned. Any adult can treat severe cuts, however a fully trained first-aider must attend the patient to give advice. Minor cuts should be recorded in the accident file- a green ring binder in the main first aid box. Severe cuts/lacerations that require hospital treatment should be recorded on the Accident/Incident/Near Miss Form and handed to the HT at the earliest convenience. The HT will then report to HSE if it is RIDDOR reportable.

### **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. Children will in this situation receive a bumped head sticker. The adults in the child's class-room should 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 and the acknowledgement slip given into the office.

Parents should be called if the child has a serious cut on the head, a large bump (egg) or there are obvious signs of concussion. Children who have concussion after a head injury will need to be taken to hospital by a member of the SLT or a parent/ carer. With any concussion the incident will be recorded on the Accident/Incident/Near Miss Form and handed to the HT at the earliest convenience. The HT will then report to HSE if it is RIDDOR reportable.

### **Allergic reaction**

All staff are trained in recognising the signs of serious allergic reactions and in the administration of Epi-Pens when the need arises. In case of a less serious allergic reaction a first aider – Paediatric First aider should examine the child and follow care plan instructions. Please also see the section on 'Administering Medicines Policy.

## **Record Keeping**

Each class has a first aid / medical list – a copy is also in the class register **First**

### **Aid File**

These files are kept in each classroom and in the first aid box on the playground. The contents of these files are collected at the end of the term by the appointed person, and kept together for a period of 3 years as required by law. The school follows the HSE guidance on reportable accidents/ incidents for children and visitors.

**Employees/ staff:** The school has a responsibility to provide first aid to all staff. In case of an accident/incident staff should seek First Aid from any of the qualified First Aiders. All First Aid treatment to staff should be recorded on the First Aid Treatment Record Form, that can be obtained from the office and reported to the appointed person. In case an accident/incident results in the individual being taken to hospital, where they receive treatment and are absent from work for 3 days or more, the appointed person needs to be notified. The appointed person and the Headteacher will review the accident/ incident and will decide if it needs to be reported to the HSE.

## Notifying parents

The school uses 2 different forms for parent notification. These are:

- **Head injury form**

- **First Aid Notification**

The forms can be found in the First Aid and Medicine files and in the first aid station in the community room. More copies are also available from the form cupboard (wicker trays outside Class1) in the relevant pigeon holes or from the appointed person.

## **Arrangement for Medicine in schools/Administering medicine in school**

Please refer to the Administering of Medicine Policy.

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

Children with Asthma require a care plan- see appendix. For children's asthma, inhalers need to be kept in school and the necessary paperwork filled out. It is the parents/carers responsibility to provide the school with up-to date Asthma inhalers for their children. Asthma inhalers, along with their health care plans, should be carried by the person who it has been prescribed to in their bum bags, and clearly labelled with the child's name. Asthma sufferers should not share inhalers. The Asthma register is stored in the class First Aid File and in the class first aid file. This is updated every term. (see Asthma letters sent to parents in appendix)

## 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 agreement form for administering medicine' form on the day the request is made. The form can be obtained from the school office- see appendix. Parents need to give the completed form to the school office together with the medication. The office is to notify the person responsible for medicine (Amanda Scott), who will pass the medication on to relevant class room staff and will discuss further action. A completed copy of the 'Parental agreement form for administering medicine' form must be kept in the First Aid and Medicine file. However, staff should encourage parents to administer medicine at home. Medication may be administered in school if it is required to be taken four (4) times a day. Only medication prescribed by a GP, Hospital or Pharmacy and clearly labelled with the child's name, address and required dosage can be administered in school. Non-prescription medication or creams and lotions should not be administered in school.

Medications that need to be kept in the fridge can be stored in the Medicine Fridge in the staffroom

If a child refuses to take a medicine, staff should not force them to do so. Instead should note this in records and inform parents/ carers or follow agreed procedures or the Care Plan.

## Record keeping – Medicine

Staff should record any instances when medicine is administered. This includes if children use their asthma inhalers. The records need to include, date and time of medicine administered, its name and the dose given, signed by the person responsible for administering the medicine. (see appendix) Older children may take their own medicine under the supervision of an adult; this need to be recorded and the adult still need to sign the record sheet. Record sheets are in the First Aid and Medicine folder.

## Calling the Emergency services

In case of a major accident, it is the decision of the paediatric first aider or First aid at work trained staff 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 SLT 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. All necessary paperwork will then be filled in at the earliest convenience.

## Headlice

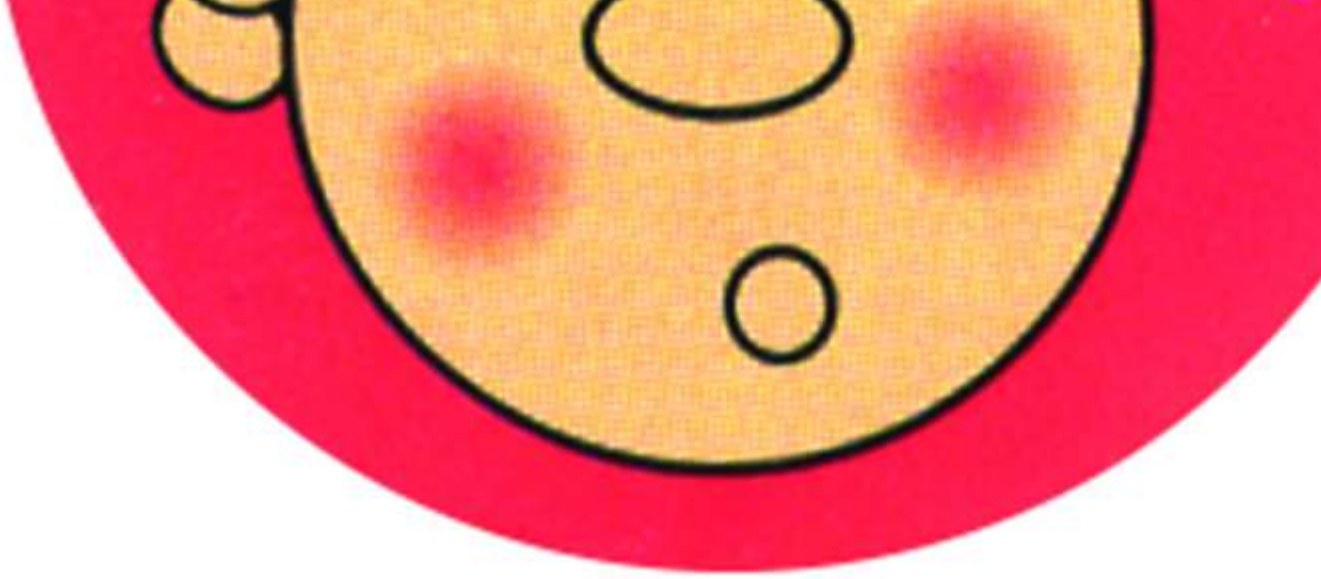
Staff do not touch children and examine them for headlice. If we suspect a child or children have headlice we will have to inform parents/carers. A standard slip should be sent home with all the children in that class where the suspected headlice incidence is. This is available from the school office. If we have concerns over headlice the school nurse can be called in, who is able to examine children and 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, measles etc; we will look at the child's arms or legs. Chest and back will only be looked at if we are further concerned. Advice will always be sought from a paediatric first aider at which point two adults should be present. The child should always be asked if it was ok to look.

For the inspection of other rashes the same procedure should be followed. If we suspect the rash to be contagious (such as scabies, impetigo, conjunctivitis, etc.) we need to inform parents and request that children are treated before returned to school. In most cases once treatment has begun it is safe for children to return to school. If more than one child is suspected to have the same disease/rash in on class a letter should be sent home to all parents in that class, to inform them as to allow them to spot problems early and began treatment early, thus avoid the further spread of disease/rash.

It is the Head teacher's duty to decide if there is an outbreak of infectious disease and whether there is a need to report it to the local HPU (Health Protection Unit).



Date:

Dear Parent/Carer,

Your child \_\_\_\_\_ has had an accident at school today.

He/she received a bang to the head at \_\_\_\_\_ and since the accident, has been well for the rest of the day. However, it is important that you watch for any signs in your child which might indicate a more serious injury.

**PLEASE WATCH FOR:**

**Drowsiness**

**Vomiting**

**Any signs of blood or watery fluid coming from the nose and ears**

**Any complaint of a headache**

**Any complaint of 'seeing double' or 'blurred eye- sight'**

If any of these signs develop then you should contact your doctor for further advice.

Yours Sincerely,

Mrs. Elizabeth Maskell

**FIRST AID NOTIFICATION**

Date \_\_\_\_\_

Dear Parent/Carer,

Your child \_\_\_\_\_ received first aid at  
\_\_\_\_\_am/pm today. Due to the following:

-----  
-----  
-----  
-----

Treatment given was:

-----

and this was recorded on the First Aid Treatment Record Form.

**'First Aid' is only administered by trained staff.**

Treatment today was provided by

-----

Phone call home – **YES NOT NECESSARY NO ANSWER MESSAGE LEFT** (circle) If you have  
further concerns about your child's health, please seek medical attention.

Parent verbally informed by \_\_\_\_\_

-----

To be completed by the parent and returned to school

**Child (full name)** \_\_\_\_\_ **Date** \_\_\_\_\_

I confirm that I have been informed that my child has received first aid at school today.  
If I have further concerns, I will seek medical attention for my child.

Parent/Carer signature:

-----

Print Name:

-----

Parents were informed by:

-----

[ASTHMA LETTERS]

Dear Parent/Carer

Name of child \_\_\_\_\_

Your child is listed on our school medical records as having asthma. I would like to invite you and your child to a meeting with myself to discuss your child's needs and medicine. We will look at the medication that your child is on and discuss the dosage requirements. It will give you an opportunity to ask me questions too, about your child's asthma care within school.

I have enclosed copies of our School Asthma Card and Care Plan. Please complete the card and bring it to the meeting and we will discuss the contents of the forms during the meeting.

The time of the meeting is noted below. Please could you complete the slip below to let us know whether you are able to attend the meeting.

If there is a more convenient time that you could attend, please write this on the slip and I will reschedule your appointment.

Appointment date and time \_\_\_\_\_

Yours Sincerely,

**Mrs E Maskell**

---

Name of child \_\_\_\_\_ Class \_\_\_\_\_

I confirm that I will/ will not be able to attend the meeting to discuss my child's asthma care plan.

Signed: parent/carers \_\_\_\_\_



# My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.



Name: \_\_\_\_\_

## 1. My daily asthma medicines

- My preventer inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_
- I take \_\_\_\_\_ puff/s of my preventer inhaler in the morning and \_\_\_\_\_ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:  
\_\_\_\_\_  
\_\_\_\_\_
- My reliever inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_. I take \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is \_\_\_\_\_

## 2. When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than \_\_\_\_\_

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

I also take \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) every four hours.

**if I'm not getting any better doing this I should see my doctor or asthma nurse today.**

Does doing sport make it hard to breathe?

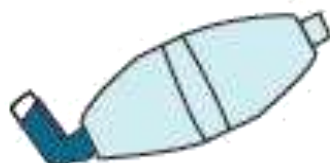


If YES

I take:

\_\_\_\_\_ puff/s of my reliever inhaler (usually blue) beforehand.

Remember to use my inhaler with a spacer (if I have one)







# My Asthma Plan

## 3. When I have an asthma attack

I'm having an asthma attack if:

- My reliever inhaler (usually blue) isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than \_\_\_\_\_

### When I have an asthma attack, I should:

Sit up – don't lie down. Try to be calm.  
Take one puff of my reliever inhaler every 30 to 60 seconds up to a total of 10 puffs.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) every 30 to 60 seconds (up to 10 puffs).



You and your parents can get your questions answered:

Call Asthma UK's friendly Helpline  
Monday to Friday 9am to 5pm

**0300 222 5800**

Get information at  
[www.asthma.org.uk](http://www.asthma.org.uk)

**My asthma triggers** (things that make my asthma worse)

Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

I need to see my asthma nurse every six months

Date I got my asthma plan:

Date of my next asthma review:

Doctor/asthma nurse contact details:

**Parents – get the most from your child's action plan**

Make it easy for you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with school, grandparents and babysitter (a printout or a photo).

Dear Parent/Carer,

You have indicated to us that your child no longer needs to be on our asthma register. Please complete the slip below so that we can amend our records.

If the situation changes at all, then please contact the school and we will amend the records again.

Thank you for your support

Yours Sincerely,

Mrs. Elizabeth Maskell

Please complete and return to school

Name of child \_\_\_\_\_

My child does not need to be on the school asthma register.

I will inform the school if my child needs to added back onto the asthma register in the future.

---

Name of parent/carer \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Dear Parents/carers

## DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. We enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. We hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. We [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours Sincerely

Mrs E Maskell

# Individual healthcare plan



Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


## Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


## Clinic/Hospital Contact

Name

Phone no.


## G.P.

Name

Phone no.


Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



# Parental agreement for Sabden Primary School to administer medicine

Sabden Primary School will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

## Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

## Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The information I have provided is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date



# Record of medicine administered to an individual child



Name of school/setting  
 Name of child  
 Date medicine provided by parent  
 Group/class/form  
 Quantity received  
 Name and strength of medicine  
 Expiry date  
 Quantity returned  
 Dose and frequency of medicine


Staff signature -----

Signature of parent -----

Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


**C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

# Contacting emergency services



Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number **[01282 771000]**
2. your name
3. your location as follows **[Sabden Primary School, Whalley Road, Sabden, BB7 9DZ]**
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code **[BB7 9DZ]**
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

## FIRST AID TREATMENT RECORD

This form is to be completed by all first aiders in the event that first aid assistance is sought or first aid treatment is provided. Where appropriate, details of first aid treatment should be provided to the injured person's line manager for inclusion on the accident/incident report form.

Where applicable, First Aiders should refer to any individual care plans for details of medications or allergies i.e. if treatment is being provided to a customer in an LCC day centre or residential setting, etc.

**Data Protection:** In order to ensure compliance with the provisions of the Data Protection Act, the sensitive personal data on this form should be kept somewhere secure to which only authorised individuals have access. Please also consider the retention periods for these records, which are the same as for Accident Report Forms. Further advice on this may be sought from the Retention of Documents table on the Health, Safety and Wellbeing site.

Date, time & place of incident	Name & designation of injured person e.g. care assistant, pupil, teacher	Brief details of the incident, type of injury and first aid provided	What happened to the injured person immediately after the incident e.g. went to hospital or resumed activities?	Was any further action required / taken?  If so, what action?	Was an accident/incident report form completed?  (circle)	First Aider / Person dealing with the incident  (print & sign)
					Yes or No	
					Yes or No	

Date, time & place of incident	Name & designation of injured person e.g. care assistant, pupil, teacher	Brief details of the incident, type of injury and first aid provided	What happened to the injured person immediately after the incident e.g. went to hospital or resumed activities?	Was any further action required / taken?  If so, what action?	Was an accident/ incident report form completed?  (circle)	First Aider / Person dealing with the incident  (print & sign)
					Yes or No	
					Yes or No	
					Yes or No	
					Yes or No	

