St Mary Magdalen's Catholic Primary School

First Aid and Medical Policy

Nurturing Hearts and Minds

Rationale

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend to emergency first aid provision, the administration of medicines to dealing with asthma and headline.

Purpose

This policy;

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines
2. Clearly defines the responsibilities and the staff
3. Enables staff to see where their responsibilities end
4. Ensures the safe use and storage of medicines in the school
5. Ensures the safe administration of medicines in the school
6. Ensures good first aid cover is available in the school and on visits

Guidelines

This main part of this policy is part of the induction procedures of staff to our school in our Staff Handbook. This policy has safety as its priority. Safety for the children and adults receiving first aid or medicines and safety for the adults who administer first aid or medicines.

Conclusion

The administration and organisation of fist aid and medicines provision is taken very seriously at St Mary Magdalen's Catholic Primary School. There are annual procedures that check on the safety and systems that are in place in this policy. The school takes part in the Health and Safety checks by Lancashire County Council. The school also discusses care plan procedures with the school nurse each year. Adjustments are made immediately if necessary. Any changes in medication are discussed in meetings with school and parents.

To be reviewed Spring 2025

Training

All staff members are offered emergency first aid training. Almost all staff are trained first aiders. All trained first aiders staff undertake a rolling program of retraining.

First aid kits

At lunchtime there is a designated first aider and this lunchtime assistant carries with a first aid kit on the playground

First aid kits are stored in the metal cupboard near year 2 and in each class room.

Treatments

Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been washed with water. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing.

Minor cuts should be recorded in the accident file and parents informed.

ANYONE TREATING AN OPEN CUT SHOULD USE LATEX GLOVES. All blood waste is disposed of in the yellow, clinical waste bin, located in the school office.

Splinters

Parents will be rung and asked if they would like to come down and remove it or if they would like you to do it. Sterile plastic/disposable tweezers will be used to pull the splinter out the same way as it entered. Larger objects will be left and dressed and further medical attention sought. Staff will not attempt to remove something from the ear, nose or other orifice.

Nosebleeds

Nosebleeds will be dealt with in school. If bleeding has not stopped in 30 minutes medical attention will be sought.

Pupils with Epilepsy, Diabetes and Cystic Fibrosis

An individual health care plan will be set up for pupils who are at risk.

Bumped heads

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with a cold compress. Parents and guardians must be informed by hard copy of a letter. Serious bumps must be communicated to parents verbally either in person or be telephone. The child's teacher should be informed and keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in the accident file.

Recording Accidents

Each class has its own first aid file. Old first aid files books are stored in the first aid cupboard. (Archived after three years)

For major accidents, an HS1 and RIDDOR form must be completed as soon as possible after the accident. These are available on the school portal and within the first aid folder on the shared staff drive. A copy of this must be given to the child's parents and to the headteacher. These must be uploaded to the document vault of the child's record on CPOMs.

Medicines in School

What can be administered?

There are many times when children recovering from a short-term illness are well enough to return to school whilst still receiving medication. Where this is necessary, we ask that the medicine/tablets be given at home. In many instances the dosage is such that could be conveniently administered immediately before and after school. A responsible adult (over 18 years old) is welcome to come into school to administer any medicines at any time.

School prefers not to administer any routine medications, and with the exception of medications such as inhalers, no children should bring medication to self-medicate. Individual medication cases should always be discussed with the school, but where school has agreed to administer medication, a single dose should be sent into school daily, be clearly labelled with the child's name, class, drug name and dosage. A medicine form MUST be completed at the office.

The school can administer regular medication in line with the directions of a care plan produced by the school nurse team at the health centre. Parents/carers of children with long-standing medical conditions (e.g. diabetes, epilepsy,) should contact the school for clarification of the schools', "administration of medication policy."

Creams

Non-cosmetic, medicated creams can be applied in school creams for skin conditions. Staff will supervise pupils applying creams; however staff must not rub cream onto a child's body unless agreed with the parents. With agreement, application of these creams will be made under the observation of another adult. Gloves must be worn.

Where medicine is stored

No medicines should be kept in the class or in the child's possession (except inhalers). All medicines are kept in the staff room fridge or the locked cupboard. Administration of medicines takes place in the staff room by teachers and support staff and will be witnessed by an additional adult.

Administration of medicines file

When medicine is administered, staff must sign and have witnessed the dosage note from parents. Where this is a regular medication, a signing record sheet will be completed for

individual pupils. This is on the board in the staffroom. Before administering medicines, staff should read the date's entry section of the record to check that the medicine has not already been administered.

Asthma and other medical problems

At the beginning of each academic year, any medical problems are shared with staff and a list of these children and their conditions is kept in the class register. New photographs and signs are made of children with severe medical problems and these are displayed in the staff room. These signs and notices are displayed,

1. In the class register
2. In the school kitchen
3. In the staffroom

Epipens and anaphylaxis shock training

Some children require epipens to treat the symptoms of anaphylaxis shock. Epipens are all kept securely but accessible in the child's classroom. Staff receive regular training on the use of epipens/jext pens. Children who require these epipens are listed as above.

Inhalers

Children have their inhalers with them at all times. Key Stage 2 children are expected to take their inhalers with them whenever they do rigorous activity. Key stage 1 children will keep their inhalers with their class teacher for safety.

Asthma sufferers should share inhalers in emergencies only.

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 parents cannot be located, then the emergency services will be contacted and the school inhaler may be used.

Infections

Covid 19

Rooms must be kept ventilated (See ventilation audit). Regularly touched surfaces should be cleaned daily with anti bacterial spray. Staff are encouraged to receive Covid vaccinations. An outbreak management plan is in place in numbers of cases rise. Manaement of Covid is taken very seriously. Please see details on the website.

Headlice

Staff do not touch children and examine them for headlice. If we suspect a child has headlice we will inform you for you to examine them and request that they are treated as soon as possible.

When we are informed of a case of headlice in school, we send a standard letter/text to the class where the case has been identified.

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.

Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox etc., we will look at their arms or legs. To look at a child's back or chest would only be done if we were concerned about infection to other children. In this case another adult would be present and we would seek the child's permission.

If your child has any of these infections they will need to stay off school for a prescribed period of time. The Head teacher or school office will advise on timescales.

A full list of infectious illnesses and conditions with required actions is on a poster in the main office.

Calling the emergency services

In the case of major accidents, it is the decision of the first aider if the emergency services are to be called. Members of staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked 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 the staff should wait by the school gate on Buller Avenue and guide the emergency vehicle into the school. If the casualty is a child, their parents should be contacted immediately and give 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 clearly located in the school office.

Residential and out of school visits

The school will make every effort to continue the administration of medication to a pupil whilst on visits away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to manage an individual pupil's condition safely and this will feature as part of the risk assessment.