

POLICY FOR MEDICINE AND FIRST AID



Dunclug Primary School

Date ratified by Board of Governors: May 2020

Date of Next Review: May 2022

DUNCLUG PRIMARY SCHOOL
FIRST AID AND MEDICINE POLICY

Objectives:

- To preserve life.
- To limit worsening of the condition.
- To promote recovery.
- To provide First Aid when required from trained staff.
- To promote health and safety awareness in children and adults, in order to limit first aid being necessary.
- To encourage every child and adult to begin to take responsibility for their health needs.
- To wear PPE when dealing with First Aid.

Medical Information:

- Medical information about children in Dunclug Primary School is gathered through the data collection sheets, which are issued before each child starts school. As well as this, information is provided by the parent or carer throughout each child's Primary years as medical conditions become apparent. (P1 – P7)
- All important medical information is provided for the class teachers and kept in the pupil's file in the office. Records about those children with particular medical conditions are kept in school and each teacher has a copy of this in their classroom.
- Details of all children requiring a care plan (eg for Epi- pen) are recorded in the Medical Register and each staff member has a copy.
- All Medical forms for children requiring medication throughout the school day is filed in the office.
- All teachers have a copy of all children's contact details.
- Covid-19 Risk Assessments completed for those who are vulnerable health like asthma.
- Staff wear PPE when dealing with First Aid as well as washing and sanitising hands.

First Aid

Assessment of Need:

The level of first aid provision (staff training, first aid kits and internal procedures) has been determined by risk assessment and shall be reviewed annually by the School Principal, or following a related incident, or feedback from interested parties, or significant changes to the School's premises / activities.

First Aiders

All staff members have had some degree of first aid training but our main first aiders are Mrs S Gilmore, Miss L Lynch, Mr A Beacom and Mrs A Gregg (Canteen). The First Aiders are displayed throughout the school. Relevant staff members receive annual Heartstart, Epilepsy

and Anaphylaxis training when appropriate (this may be when, for example, a pupil with an allergy moves to a new teacher).

Staff members who hold First Aid Training (within the last 3 years):

- Mr Beacom (First Aid – 2 full days)
- Mrs L Spence (Heartstart)
- Mrs P Boyd (Heartstart)
- Mrs S Gilmore (Anaphylaxis and First Aid)
- Mrs P Havelin (Anaphylaxis and Epilepsy)
- Miss L Lynch (First Aid and Anaphylaxis)
- Miss D McCluskey (Epilepsy)
- Mrs A Gregg (First Aid)

Designated Sick Area:

The space designated for care of pupils during school hours is at the School Office. This area contains a first aid kit and nearby facilities. If privacy is needed the pupil will be taken into the staff room or our Learning Support Room if not in use.

First Aid Kits:

First aid kits are located in the following areas of the School:

- Kitchen (FULL KIT)
- School PE Store (PLAYGROUND, TRIP & PE USE)
- All classrooms (PLASTERS, ANTISEPTIC WIPES ETC)
- School Office (off site first aid kits and kit items for replenishment use)

All first aid kits are clearly identifiable and available to all staff.

First aid kits are replenished regularly. Supplies are kept in the School Office. The School Principal is responsible for ensuring the contents of first aid kits are regularly checked, items are sterile/suitable for use, in date and replenished.

Each full first aid kit contains the following in sealed packages:

- Waterproof plasters.
- Blue plasters (for kitchen staff).
- Eye pad with bandage.
- Triangular bandages.
- Safety pins.
- Sterile dressings (assorted sizes).
- Moist wipes. (medicated, alcohol free)
- Disposable gloves.

Medical Attention Procedure (In School):

Should a pupil suffer an accident or require urgent medical attention, the following procedure must be followed:

- Check for any immediate danger to the pupil.
- Assess the pupil's condition.

If you are not a trained first aider, request help from the nearest trained staff member. IF THE SITUATION IS LIFE THREATENING THEN AN AMBULANCE SHOULD BE CALLED AT THE EARLIEST OPPORTUNITY WITHOUT WAITING FOR THE APPOINTED PERSON TO ARRIVE ON THE SCENE.

- If necessary, call 999 - ask for an ambulance and answer all questions calmly (see contacting emergency services notice by all telephones).
- Administer first aid as appropriate until help arrives.
- Arrange for a member of staff to contact the pupil's parents/carer and make them aware of the situation.
- If parents/carer cannot be contacted, leave a message asking them to contact the school urgently. The child's emergency contact person may have to be informed in the case of parents being unavailable.
- The School Principal or another staff member must accompany the pupil to hospital and stay with them until their parent/carer arrives. The pupil's home message book or information card is to be taken with them to provide details of their emergency contact numbers, medical conditions, allergies and family doctor.
- Complete a Medical Incident Form.

The school recommends that, unless it cannot possibly be avoided, no member of staff should administer First aid without a witness (preferably another member of staff or pupil).

No member of staff or Assistant should administer first aid unless he or she has received proper training, except in the case of minor cuts and grazes, which can be dealt with by members of staff.

Minor accidents (cuts, bumps, bruises) are a frequent occurrence and will be treated as follows:-

- A Cold Pack will be applied to bruises and bumps
- (but not to any head injuries) . Cuts will be cleaned with non alcoholic wipes/running water. Plasters will be applied if unavoidable.
- Vinegar/ice packs will be applied to insect stings
- For their own protection and the protection of the patient, staff who administer first aid should take the following precautions. Hands should be washed before and after administering first aid. Disposable gloves should be worn.

- All serious accidents should be reported to the Principal or First Aider who should call an ambulance and the child's parents ASAP (numbers located in office and with child's teacher.)
- In the event of a serious incident when an ambulance is called, 2 members of staff should accompany the pupil to hospital (one in ambulance and the other in a car).
- Parents are asked to go immediately to the hospital.
- On occasions (e.g. Sport) it may be necessary to transport a pupil to hospital without using an ambulance. This should be on a voluntary basis. In such cases staff should ensure they have specific cover from their insurance company. It is advisable that two members of staff accompany the child in the teacher's car.
- If staff are concerned about the welfare of a pupil they should contact the Principal or First aider immediately. If an injury has been sustained, the pupil should not be moved.

Out of School:

- Whenever possible take a MOBILE TELEPHONE on trips out of school.
- All medication stored in school should be brought on all school trips
- If the trip is via Minibus or Coach, teachers must take a First aid kit.
- During Educational Visits the Principal has responsibility for ensuring staff have adhered to the school's Educational Visits Procedures.
- A Risk Assessment will need to be carried out as part of an educational trip by the year group teachers involved.

Swimming Pool Lessons:

Swimming instruction is provided by qualified swimming instructors. We use Seven Towers Swimming Pool for swimming lessons, and we ensure that pupils adhere to the swimming pool rules.

Action at an Emergency (To be undertaken by trained First Aider):

- Assess the situation: Are there dangers to the First Aider or the casualty? GET HELP! Make the area safe, look at injury: Is there likely to be a neck injury?
- Assess the casualty for responsiveness: Does the casualty respond. IF THERE IS NO RESPONSE:
- Open airway by placing one hand on the forehead and gently tilt the head back. Remove any obvious obstructions from the mouth and lift the chin.
- Check for breathing. If the casualty is breathing assess for life threatening injuries and then place in the recovery position. If the casualty is not breathing send a helper to call an ambulance and give 2 rescue breaths making 5 attempts at least.
- Assess for signs of circulation. Look for breathing, coughing or movement. Continue rescue breathing and check signs for circulation every minute. If breathing is absent the First Aider should begin Cardio Pulmonary Resuscitation (CPR) at a rate of 30:2
- Continue with CPR until the ambulance arrives

Infectious Diseases

The following arrangements are in place in order to minimise the risk to staff and pupils of infectious diseases:

- The School Principal is responsible for keeping abreast of any new information relating to infectious, notifiable and communicable diseases and local health issues. New information shall be disseminated to staff members and parents/carers as necessary.
- Infectious diseases posters are displayed in the school office and staff room.
- If a pupil feels unwell, is sick, has diarrhoea, has an accident and/or staff feel that they may have an infectious disease that may put other pupils/staff at risk, they will be isolated in a waiting area and arrangements made for collection by their parent/carer.

Emergency contact numbers will be used if the parent/carer cannot be contacted.

- The pupil and parent's right to confidentiality shall be respected.
- The pupil shall be treated in a sympathetic, caring and understanding manner.
- Parents/carers shall be kept informed of any infectious diseases occurring at the school.
- We expect, and inform, parents/carers to notify us if their child is suffering from any infectious disease that may put others at risk.
- We expect, and inform, parents/carers to call or email the school office in the morning if their child is unwell and will not be attending school.
- We expect, and inform, parents/carers to state the reasons for absence to the school office upon returning following illness.

Head Injuries:

- All head injuries have the potential to be life threatening and qualified medical assistance should be sought in all instances where a major head injury is suspected. Types of major head injuries include concussion, cerebral compression and skull fracture Treatment
- Control any bleeding
- Contact the emergency services
- Place the casualty in a comfortable position preferably on a flat surface with the head and shoulders raised
- Monitor the casualty and be prepared to carry out basic life support. Ice packs should not be used on head injuries. Injury Report form should be completed and sent home to parents.

Procedure for Dealing with Suspected Concussion/Head Injuries:

Suspected Concussion

Concussion should be suspected if one or more of the following visible cues, signs, symptoms or errors in memory questions are present:

Visible Clues:

- Loss of consciousness or responsiveness
- Lying motionless on ground/slow to get up
- Unsteady on feet/Balance problems
- Grabbing/clutching of head
- Dazed, blank or vacant look
- Confused/Not aware of events

Signs and symptoms of suspected concussion Presence of any one or more of the following signs and symptoms may suggest a concussion:

- Loss of Consciousness
- Headache
- Seizure or convulsion
- Dizziness or Balance problems
- Confusion
- Nausea or vomiting
- Feeling slowed down
- Drowsiness
- Pressure in head
- More emotional
- Blurred vision
- Irritability
- Sensitivity to light
- Sadness
- Amnesia
- Fatigue or low energy
- Feeling like “in a fog”
- Nervous or anxious
- Neck Pain
- “Don’t feel right”
- Sensitivity to noise
- Difficulty remembering
- Difficulty concentrating

Memory Function Failure to answer any of these questions or other relevant questions correctly may suggest a concussion:

- Where are we today?
- Did your team win the last game?
- Who were you playing with?

Any child with suspected concussion should be sent home and assessed medically before returning to normal routines.

Red Flags:

If any of the following are reported then the child should be safely and immediately removed from the playing field/playground. Parents will be contacted to bring the child to hospital or school will phone for an ambulance.

- Child complains of neck pain
- Deteriorating conscious state
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double vision Weakness or tingling/burning in arms or legs

Remember: In all cases the basic principles of First Aid (Danger, response, airway, breathing, circulation) should be followed. Do not attempt to move the player/child (other than required for airway support) unless trained to do so. Do not remove helmet (if present) unless trained to do so.

Other Minor Head Injuries:

Other minor incidents involving the head will be assessed and appropriate action taken.

Treatment of Bleeding:

The following instructions should be taken when dealing a pupil who is bleeding:

- Wear disposable gloves
- Sit or lay casualty down on a firm stable base
- Examine the wound
- Do not attempt to remove any embedded foreign objects
- Apply direct pressure onto the wound to try and stem the bleeding
- Dress the wound with a sterile dressing
- If blood seeps from the first dressing then apply a second dressing directly over the top of the first one
- If blood seeps through the second dressing then remove both dressings and start again Support the wounded part and be prepared to treat the casualty for shock
- Do not allow the casualty to smoke or to consume any food or drink
- Call for ambulance and monitor the casualty.

Medicine

Pupil Health Care Plans:

Dunclug School recognises that some pupils may have medical conditions that require support so that they can attend school regularly and take part in school activities.

These plans will be drawn up in consultation with parents and relevant Health Professionals. They will include the following:-

- Details of the child's condition.
- Special requirements i.e. dietary needs, pre-activity precautions.
- Any side effects of the medicines?
- What constitutes an emergency?
- What action to take in an emergency?
- Who to contact in an emergency?
- The role staff can play.

Health/Medical Care Plans will be developed for all pupils with medical conditions requiring support during school time.

- Plans are developed with input from the school nurse.
- Plans are reviewed as necessary by the Principal or class teacher with input from the parent/carer.
- Parents/carers are expected to inform the school of any change in their child's condition or medication requirements.
- Parents/carers are expected to supply the school with any life-saving prescription medication their child may require.
- Relevant staff are briefed on the pupil's medical requirements and administration of any medication.

Medication:

Competent staff members shall only administer prescription or non-prescription medication to pupils where there is a health reason to do so and we have received written consent from the parent/carer (e.g. penicillin, ear/eye drops, cough mixture, allergy creams & pills and travel sickness pills - **No Aspirin shall be administered**). Staff members will not administer a greater dose than the official recommended dosage unless with doctor's prescribed permission.

Competent staff members shall only administer life-saving prescription medication to pupils in accordance with their health care plan and with written consent from their parent/carer (e.g. for anaphylaxis, asthma, diabetes, epilepsy).

Medicine consent forms for parental completion are located in the School Office.

Records shall be kept by the School Office of all medication administered to pupils.

All medication shall be stored in accordance with product instructions, in their original container and in a safe and secure location, out of reach of pupils. If stated, the medication may need to be stored in the fridge located in the School Staff Room.

Asthma:

Parents of asthmatic children are asked to ensure that their child is equipped with a labelled inhaler. We also request that school is provided with a spare inhaler. Inhalers are stored in

the medical cupboard in the staffroom. A Register of children with Asthma is kept in the staffroom.

Anaphylaxis:

Relevant staff members have been trained in anaphylaxis awareness and the use of epipens and inhalers by a specialist.

The following procedure regarding anaphylaxis is briefed to all staff members and regularly reviewed during staff meetings:

- Educate susceptible pupils so that during playtimes they know what not to eat or touch.
- The pupil may be unwell if they exhibit the following symptoms:
- Strange scratching at neck.
- Strange unformed sentences.
- Wheezing / gasping for breath.
- Tongue may be “tingling”.
- This indicates their airway may be affected and requires action.
- Send for additional help and call an ambulance, stating anaphylaxis.
- Hold the pupil on your lap.
- Administer adrenaline.
- Call their parent/carer.
- Administer a 2nd dose if needed after 5 minutes.

Diabetes:

The individual care plan will be followed, keeping parent/s informed at all times. All medical items i.e insulin, blood sugar level monitor, sweets/snacks kept in a single bag located in the school office or classroom during school hours, dependent on the child's/adults individual care plan. If the child is offsite this bag MUST ALWAYS BE WITH THE CHILD, UNDER A MEMBER OF STAFF'S SUPERVISION.

All contact details and care plan instructions in bag and posted in the staffroom and school office in case of emergency. i.e. hypo situation.

Epilepsy:

Posters are displayed around the school for all to see and read. Relevant staff members have had training on signs of a potential fit and procedures. See Epilepsy Policy.

Body Spillages:

- No person must treat a pupil who is bleeding, without protective gloves.
- Protective gloves are stored in all First Aid boxes.
- The Building Supervisor or Classroom Assistant will clean such spillages.

- All body fluid spillages (Vomit, diarrhoea and Blood) must be cleaned immediately. This is vital if the spread of infection is to be reduced. Gloves must be worn when contact with blood or body fluid is likely.
- Spillages should be placed in a sealed black plastic bag and put in the external dustbins for domestic waste disposal.

Head Lice:

- If there is an outbreak of Head lice parents are encouraged through the school Newsletter to be vigilant in checking their own children for head lice and treating appropriately.
- If live lice are noticed in a pupil's hair the parents are contacted by telephone and asked to collect him/her from class.

Intimate Care:

Providing First Aid can become a form of Intimate Care. It may be necessary to have another member of staff present if for example items of clothing need to be removed. Please see our Intimate Care Policy.

Accident/Incident Reporting:

All accidents, incidents, dangerous occurrences and near-misses, no matter how seemingly minor, must be reported without delay.

- If a child has an injury in the playground and requires to go inside for First Aid a supervising adult must take the child to our designated first aid area. Staff members should be encouraged to clean minor scratches.
- For more serious incidents the member of staff dealing with the injury must hand over the child to a trained first aider.
- All incidents are recorded by supervising/duty staff in the accident record folder which is kept in the office and disabled toilet.
- When an accident results in the injured party being required to go home early, stay off school, attend out patients, be detained in hospital or otherwise require medical help the First Aid Report Form should also be completed.
- Parents are contacted by phone if there any concerns about a child's injury.
- If members of staff sustain an injury at work, this should be reported to the Principal and details recorded in the Accident Record.
- An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed. The member of staff or other supervising adult concerned should seek medical advice without delay.

The Accident Book shall be reviewed annually by the School Principal to identify any trends.

Completed Accident Books must be kept for a minimum of 3 years.

Accidents – Pupils:

In addition, the following arrangements are in place should a pupil suffer an accident:

- For school pupils, parents/carers are informed through the dismissal process, by telephone, email or orally (as applicable).
- For Breakfast Club pupils, the staff member on duty must inform the class teacher about the accident when handover occurs so that the parent/carer can be informed at the end of the day.
- Staff members will always wear gloves when dealing with the spillage of bodily fluids.
- The School Office also keeps a mask for CPR Purposes.
- The School also has authorised access to Dunclug College's Defibrillator.