VICTORIA DOCK PRIMARY SCHOOL

FIRST AID/MEDICAL NEEDS POLICY

Working together for your children

Date Written: January 2017

To Be Reviewed: January 2020

(DRAFT)

INTRODUCTION

First aid is the provision of initial care for an illness or injury. It is usually performed by a non-expert person to a sick or injured person until definitive medical treatment can be accessed. Certain self-limiting illnesses or minor injuries may not require further medical care past the first aid intervention. It generally consists of a series of simple and in some cases, potentially life-saving techniques that an individual can be trained to perform with minimal equipment.

PROVISION

There are a wide range of medical needs and conditions in school. When children are admitted to school, parents must complete an admission form and clearly share information regarding such needs. A confidential register of children with various medical conditions/needs (Medical Needs Register) is kept in the school office, this information is shared with all staff to ensure children's needs are known by all staff. This will include where medication is kept (including EpiPens) and whether the child has any allergies, including an allergy to the material used in some plasters.

The attached Asthma Policy must be followed for all children with Asthma.

MEDICATION

It is not a legal requirement for school staff to administer medicines. It is the school's policy to ask parents to keep children at home when they are ill. However, in exceptional circumstances with the written agreement of parents, the school staff may administer medicine. This will usually be in respect of:

- Long term medical conditions.
- Children who are required to complete a course of medicine where doing so would be detrimental to the child's health.
- Life threatening conditions, such as anaphylactic shock (EpiPen).

Where it has been agreed that medicines should be administered by school staff, written agreement from the parents must be obtained and a record of the medication be kept in the school office, along with the medication. Where possible, parents should come to school during lunchtime to administer the dose.

Staff should never administer non-prescribed medicine. In cases where parents wish for their children to be given such medicines, they must come into school to administer the medicine themselves.

In the case of school residential trips the designated First Aider may administer such medicines only with the prior written consent of the parents. Medicines would need to be fully labelled with clear instructions as regards dosages/times etc.

In certain circumstances children may be given permission to self manage their medical needs. This would require a written request from the parents followed by the consent of the Headteacher. In the event of children with potentially life-threatening

symptoms/conditions, an Individual Emergency Health Plan will be written and all members of staff will be aware of the required procedures and respond accordingly.

There is a suitable first aid kit in each Key Stage area and in the school office.

ACCIDENTS

In case of accident:

i. The member of staff first at the scene will administer appropriate First Aid and where necessary, send for one of the designated First Aiders.
ii. In serious or doubtful cases, contact appropriate emergency service (999) and parents. **Do not hesitate to call an ambulance if in doubt about seriousness of injury.** A child must be accompanied to hospital by a parent or member of staff. If the latter, parents must be informed as soon as possible.
iii. An accident report must be completed. All accidents must be reported on an accident form and passed to the school office.
iv. All staff should monitor children in their care who have had an accident/feel unwell and report any incidents/developments to parents at the end of the school day.

An accident form must always be completed for injuries to the head, no matter how minor, and a letter sent home to the parent/carer. In more serious cases the parents/carers must be informed by telephone or in person before the child leaves school, as well as by letter.

ROLE OF THE DESIGNATED FIRST AIDERS'

- Our designated named first-aider is Miss J Galloway.
- Review the First Aid and Medicine Policy on an annual basis and where appropriate request it be amended prior to the review date.
- Ensure first aid kits are complete and in date.
- Keep up to date with developments in first aid and disseminate information to colleagues as appropriate.

Appendix I details staff trained in First Aid.
Appendix II gives 'A Guide to Basic First Aid'.

ASTHMA

Policy Statement

This policy has been written with advice from Asthma UK and the Department for Children, Schools and Families in addition to advice from healthcare and education professionals.

Victoria Dock Primary School recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. Victoria Dock Primary School welcomes pupils with asthma.

Victoria Dock Primary School encourages all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents/carers and by pupils.

All staff who have contact with these children are given the opportunity to receive training from the school nursing team/specialist nurses. Updates for training are offered at regular intervals and this school will ensure attendance by staff. This will take place at least every three years and more often if there are pupils within the school who have significant asthma symptoms or there are significant changes to the management of asthma in children.

Indemnity

School staff are not required to administer asthma medication to pupils except in an emergency. However many staff may be happy to give routine medication on the advice of an appropriate healthcare professional. School staff who agree to administer asthma medication are insured by Hull City Council when acting in agreement with this policy.

All school staff will allow pupils **immediate** access to their own asthma medication when they need it.

Asthma

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

Medication

Generally, only reliever inhalers should be kept in school. Usually these are blue in colour. On occasion, an older pupil (usually aged 10 or over) may have a white and red inhaler called ‘Symbicort’ which may also used as a reliever. However, they will usually have a blue reliever inhaler for use in an emergency.

Immediate access to reliever inhaler is vital.

Children aged 7 years and over who are considered sufficiently mature are encouraged to carry their own inhaler with them, at the discretion of the parent/carer and teacher. Otherwise the inhaler must be kept wherever the child is at any time e.g. class, hall, playground etc…

N.B. Inhalers must not be stored in the school office or similar as this will not allow quick enough access in an emergency.

As a guideline we would recommend that:

Foundation Stage and Key Stage One

Inhalers and spacers will be kept by the teacher in the classroom in a designated place, of which pupils will be made aware. However, if the child or class moves to another area within the school, the inhaler will be taken too. Good practice indicates that a spare inhaler is kept in school for staff to use if the original runs out or is lost.

Key Stage Two

Pupils will carry their own inhalers with them at all times. Good practice indicates that a spare inhaler is kept in school by the teacher for use if the original runs out or is lost.

Children, who are able to identify the need to use their medication, should be allowed to do so, as and when they feel it is necessary.

Record Keeping

When a child with asthma joins this school, parents/carers will be asked to complete a form, giving details of the condition and the treatment required. Information from this form will be included in the school's Medical Needs Register. This register will be updated at least annually or more frequently if required using the information supplied by the parent/carer.

Physical Education

Taking part in sports is an essential part of school life and important for health and well being and children with asthma are encouraged to participate fully.
Symptoms of asthma are often brought on by exercise and therefore, each child's labelled inhaler will be available at the site of the lesson.
Certain types of exercise are potent triggers for asthma e.g. cross country running and field activities. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them and will be encouraged to warm up prior to participating and cool down after.

School Trips/Residential Visits

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant.

The child's reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves or by the supervising adult in the case of Key Stage One children.

For residential visits, staff will be trained in the use of regular controller treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided.

Group leaders will have appropriate contact numbers with them.

Training

Every three years, **all** staff will receive training on signs and symptoms of asthma and how to treat it.

Concerns

If a member of staff has concerns about the progress of a child with asthma, which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or school nurse.

Storage

The following good practice guidelines for the storage of inhalers will be followed:

1. Inhalers will **NEVER** be locked away or kept in the school office.
2. All children with asthma will have rapid access to their inhalers as soon as they need them
3. Devices will always be taken with the child when moving out of the classroom for lessons, trips or activities.

In the unlikely event of another pupil using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

Emergency Procedures

A flow chart is issued with this policy outlining the action to be taken in an emergency. Good practice suggests that copies are printed and displayed in the school office, staff room and relevant locations including classrooms where a pupil is known to have severe asthma.

In an **emergency**, where a child, who is a **known asthmatic, is experiencing significant symptoms and** has not got their own blue inhaler with them or it is found to be empty, it is acceptable to 'borrow' one of these from another child. Ideally, this should be a metered dose inhaler and a spacer to facilitate effective delivery.

This should then be recorded in the child's records and parent/carer informed.

If a child has **Symbicort (white/red inhaler)** the maximum dose that can be used in an emergency is 4 puffs 1 minute apart. If symptoms do not settle and no blue reliever inhaler is available call 999 and ask for an ambulance and inform the child's parents/carer.

If a blue reliever inhaler is available follow flow chart.

Responsibilities

Parents/Carers have a responsibility to:

- Tell the school that their child has asthma.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires while taking part in visits, field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name.
- Provide the school with a spare inhaler labelled with their child's name.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.

All school staff (teaching and non-teaching) have a responsibility to:

- Follow the school Asthma Policy.
- Know which pupils they come into contact with have asthma.
- Know what to do when a child has an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/carers if a child has had an asthma attack.
- Inform parents if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external visits.
- Be aware that a child may be more tired due to night-time symptoms.
- Liaise with parents/carers, school nurse, SENCO, etc if a child is falling behind with their work because of asthma.

Further Information

Asthma UK
18 Mansell Street
London
E1 8AA

Specialist advice line: 0300 222 5800
www.asthma.org.uk

Signs of Asthma Attack

Signs of Asthma Attack

Administer 2 puffs of blue Reliever medication
STAY CALM

After 2-3 minutes

Improved

Return to normal activities.

Document episode in child's medical record.
Dose may be repeated if symptoms return.
Inform parent/carer at end of day.

If, at any stage, the symptoms appear to be worsening i.e. more breathless, difficulty in speaking, more distressed, change of skin colour dial 112 or 999 for an ambulance immediately. Continue to use the blue inhaler whilst waiting for help.

No Improvement

Administer up to a further 8 puffs of blue reliever medication (through spacer device if available) 1 puff every minute

Improved

Contact Parent/Carer

No Improvement/ Difficulty Talking/ Obvious Distress/Pale Skin/Dusky/ Collapse
DIAL 112 or 999 IMMEDIATELY

Remain with child reassure and keep calm. Administer up to a further 10 puffs blue reliever medication whilst waiting for help

Signs & Symptoms

Cough
Wheezing
Tight Chest
Shortness of Breath
Tummy ache (younger child)

NB Not all symptoms need to be present for a child to be having an asthma attack

APPENDIX I

STAFF TRAINED IN FIRST AID

Staff Name	Level of Training	Date of Training
Miss S Allison	Basic	January 2017
Miss V Benn	Paediatric	October 2016
Miss E Boyes	Basic	January 2017
Mr G Chatfield	Basic	January 2017
Mrs P Coe	Basic	January 2017
Miss N Cox	Basic	January 2017
Miss A Cutsforth	Basic	January 2017
Ms K Dawson	Basic	January 2017
Mrs A Donkin	Basic	January 2017
Mrs G Edwards	Paediatric	April 2016
Mrs R Eldon	Paediatric	January 2017
Miss J Galloway	Designated (3-day)	November 2016
Mrs G Hague	Paediatric	September 2015
Mr M Hague	Basic	January 2017
Miss M Hill	Basic	January 2017
Mrs L Holdstock	Basic	January 2017
Mrs C Juggins	Basic	January 2017
Mrs M Kelly	Basic	January 2017
Mr M Lawson	Basic	January 2017
Mr J McDougall	Basic	January 2017
Miss S Miller	Basic	January 2017
Mrs A Saunders	Basic	January 2017
Mrs P Stephens	Basic	November 2016
Miss C Turner-Bone	Basic	January 2017
Miss H Van-Heerden	Basic	January 2017
Mr D Walster	Basic	January 2017
Miss P Whittaker	Basic	December 2016

Health & Safety Training Services Ltd
Seaton House, Air Street, Sculcoates Lane, HULL HU5 1RR
Tel: 01482 330510 Fax: 01482 330513
email: andy@hsts.co.uk website: www.hsts.co.uk

A BASIC GUIDE TO FIRST AID

Action at an Emergency

When dealing with an accident or emergency, it is important to prioritise and deal with things in the right order.

D - Danger

Calmly assess the situation - Do not put yourself, the casualty or others at risk. Make the area safe.

R - Response

Gently shake the casualty's shoulders, and ask loudly 'are you all right?'
If the casualty does not respond - shout for help - but do not leave the casualty yet.

A - Airway

Carefully open the airway using 'head tilt' and 'chin lift'.

B - Breathing

Look, listen and feel for normal breathing for no more than 10 seconds.

If the casualty is breathing normally check for signs of injury and then carefully place the casualty in the recovery position. Dial 999/112 for an ambulance if this has not already been done. Check breathing regularly.

The recovery position for babies (under 1 year)

For babies less than a year old a different recovery position is needed. Cradle the infant in your arms with their head tilted downwards to make sure they do not choke on their tongue or vomit. Check breathing regularly.

Resuscitation - Adult – CPR

If the casualty is not breathing normally, get someone to dial 999/112 for an ambulance, or if you are on your own, do this yourself, you may need to leave the casualty. Tell the operator that there is a casualty who is not breathing.
Then start CPR, which is a combination of chest compressions and rescue breaths.
Give 30 chest compressions, then 2 rescue breaths.
Continue giving cycles of 30 compressions to 2 rescue breaths until qualified help takes over or the casualty starts breathing normally or you become too exhausted to continue.

Resuscitation – children and babies

For ease of learning and retention, first aiders can use the adult sequence of resuscitation on a child or baby who is unresponsive and not breathing. The following minor modifications to the adult sequence will, however, make it even more suitable for use on children:
Give 5 initial rescue breaths before starting chest compressions. Then continue at a ratio of 30 compressions to 2 breaths. Compress the chest by about one-third of its depth.
For a child over one year use one or two hands (as needed) to achieve an adequate depth of compression (about one third of the depth of chest).
For a baby under one year, use two fingers.

Seizures

Treatment

Help the casualty to the floor.
Remove any sources of danger and onlookers.
Place something soft under their head.
When the seizure has stopped, place the casualty in the recovery position.

Dial 999/112 for an ambulance if:

The seizure lasts more than 3 minutes.
The casualty is unconscious for more than 10 minutes.
It is their first seizure.
They are having repeated seizures.

Choking - Adults and child (over 1 year)

Encourage the person to cough.
If the obstruction is not cleared, give up to five back blows between the shoulder blades, check between blows and stop if you clear the obstruction.
If the obstruction is not dislodged, give up to five abdominal thrusts. Stand behind the person (or kneel behind a small child) and place a clenched fist above the navel and pull inwards and upwards. Check the mouth quickly after each one.
If the obstruction is still not cleared keep repeating back blows and abdominal thrusts. If the treatment seems ineffective dial 999/112 for an ambulance and continue the procedure until help arrives. Resuscitate if necessary.

Abdominal thrusts can cause serious internal injuries, so send the casualty to see a doctor.

CHOKING - Baby (under 1 year)

Lay the baby over your arm, face down, legs either side of your elbow, with their head below their chest. Give up to five back blows, between the shoulder blades. Check between blows and stop if you clear the obstruction.
If the airway is still blocked, turn the child onto their back and give up to five chest thrusts with two fingers in the middle of their chest. Check between thrusts and stop if you clear the obstruction.
If the obstruction does not clear keep repeating back blows and chest thrusts, dial 999/112 for an ambulance and continue until help arrives. Resuscitate if necessary. **NEVER perform abdominal thrusts on a baby.**

Bleeding

Sit or lay the casualty down.

Examine the wound, look for foreign objects.

Elevate the injured part, if possible.

Pressure Apply pressure to the wound or around the wound if there is something embedded in it.
If blood comes through the dressing, apply another on top of the first. If blood comes through the second dressing, remove both dressings and apply a new one, making sure that pressure is applied accurately to the point of bleeding. Always wear protective gloves when dealing with wounds and bleeding.

Shock

Some signs of shock

Pale, blue or grey cold and clammy skin.
Rapid weak pulse.
Rapid shallow breathing.
Dizziness or passing out.

Treatment of shock

Treat the cause (bleeding, burns or injuries).
Lay the casualty down and raise his/her legs, other injuries permitting.
Cover the casualty with a blanket.
Reassure.
Get someone to dial 999/112 for an ambulance.
Do not let the casualty eat, drink or smoke.

Burns

Cool the burn - under cold, running water if possible for at least 10 minutes.
Remove any constricting items such as watches, rings etc, because the burned area may start to swell. Clothing that has not stuck to the wound may be removed carefully; Dress the burn with a sterile non adherent dressing or cling film; Do not wrap the burn tightly.
If the burn appears severe, or the casualty has breathed in smoke or fumes, dial 999/112 for an ambulance.
DO NOT: Break any blisters; Touch the burn; Use any creams or lotions; Remove anything which is sticking to a burn; Use adhesive tape or dressings.

Record keeping

It is good practice to use a book for recording any incidents involving injuries or illness which you have attended. Include the following information in your entry:

The date, time and place of the incident;
The name and job of the injured or ill person;
Details of the injury/illness and any first aid given;
What happened to the casualty immediately afterwards (e.g. went back to work, went home, went to hospital);
The name and signature of the person dealing with the incident.

This information can help identify accident trends and possible areas for improvement in the control of health and safety risks.

Don't forget to replenish any items you use from your first aid kit.
First Aid Kits, Supplies and Accident Books can be obtained from
Health & Safety Training Services Ltd, contact Andy for further information.

This leaflet contains only basic advice on first aid; It is not a substitute for effective training. Whilst every effort has been made to ensure the accuracy of the information contained in this leaflet, HSTS Ltd does not accept liability for any inaccuracies or for any subsequent mistreatment of any person, however caused.