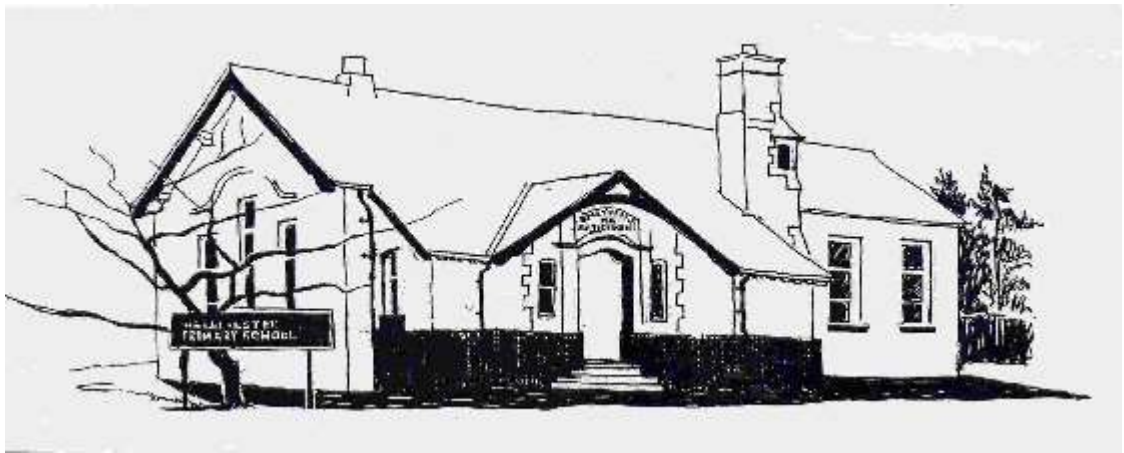


Ballyvester Primary School



First Aid Policy

BALLYVESTER PRIMARY SCHOOL
FIRST AID POLICY

Mission Statement

Ballyvester Primary School promotes learning in a caring and sensitive environment in which all members of our school community are valued, motivated and encouraged to fulfil their potential.

Introduction:

This policy outlines our procedures for providing appropriate and adequate first aid to Ballyvester Primary pupils, staff and visitors. It is set within the context of The Health & Safety (First Aid) Regulations (NI) 1982 Act. The policy will be reviewed on an annual basis.

Aims

- To ensure that first aid provision is available at all times while people are on school premises and also off the premises on school visits.
- To ensure that the whole school community is aware of first aid procedures.

Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the School.
- To provide relevant training and ensure monitoring of the training needs.
- To provide sufficient and appropriate resources and facilities.
- To make the School's first aid arrangements available for staff and parents on request.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

Personnel

1. Principal

Mrs Hunter is responsible for:

- Putting the policy into practice
- Disseminating policy to staff, pupils, parents and governors
- Developing with the appointed person(s) detailed procedures
- Monitoring, evaluating and amending, if necessary, these procedures

2. Appointed person(s)

Mrs Greenald, Mrs Beatty, Mrs Burgess and Mrs Doherty.

Staff who hold an approved first aid training certificate (Certificates are valid for 3 years and it is a requirement that a 2 day refresher course be successfully completed within 3 years. If not, the full 4 day course must be completed.)

Duties include:

- Taking charge when someone becomes ill or is injured, including calling an ambulance if required and ensuring someone is on hand to meet paramedics and guide them to the patient.
- Looking after the first-aid equipment, e.g. re-stocking first aid box
- Ensuring that appropriate records are maintained and that SEELB reports significant injuries are submitted as required.
- Provide first aid in keeping with their training.
- Give immediate help to casualties with common injuries or illnesses.
- Complete school injury form and notify class teacher re significant accident/illness to pass information onto parent where necessary

NB The legal ratio of first aiders is 1 for every 100 (or part of 100) pupils and an additional person. Therefore Ballyvester Primary with 116 pupils must at all times have 2 trained first aiders.

Procedures

Risk Assessment: Having conducted a risk assessment on our building the following arrangements have been made for ambulance access and storage of first aid equipment:

1. Ambulance access:

- **To main building** – An ambulance will be directed into the staff car park and a staff member will be on hand to direct paramedics to the main building.
- **To playground** – An ambulance will be directed into the staff car park and a staff member will be on hand to direct paramedics to the playground.

2. **Storage of First Aid equipment and First Aid accommodation** – there will be three First Aid boxes: One will be in the Resource area and will be used to deal with all accidents etc that occur in the Phase 1 classrooms and the playground. The second will be kept in the Middle room in the main building. The third will be in the cloakroom area in Phase 2. Each of these areas allow easy access to a wash hand basin. The exception to these storage arrangements will be any necessary medication, which will be stored separately in relevant classrooms. Duplicates of epi-pens will be stored in the filing cabinet in the office.

3. A standard First Aid Kit will contain the following items:

Leaflet giving general advice on First Aid

- 20 individually wrapped sterile adhesive dressings assorted sizes
- 4 triangular bandages
- 2 sterile eye pads
- 6 safety pins
- 6 medium wound dressings
- 2 large wound dressings
- 3 extra large wound dressings
- 1 pair of disposable gloves

The contents of the Kits will be checked on a regular basis by Mrs Greenald.

Before undertaking any off site activities the level of first aid provision will be assessed by the Principal. At least one First Aid Kit will be taken on all off site activities along with individual pupil's medication such as inhalers, epi-pens etc.

MINOR INCIDENT PROTOCOL – First Aiders deal with the incident as necessary.

MAJOR INCIDENT PROTOCOL – Red Triangles are placed in each classroom and central areas. In the case of a major incident pupils will be sent with their red triangle to a first aider. Teachers know that a red triangle means there is a serious problem.

First Aid provision for 'Off-site Educational Visits', Clubs and Sports Tournaments

The group leader will be equipped with a correctly stocked First Aid Kit for any group of pupils going off-site for an educational visit. Each teacher will ensure this is organised by consulting with the First Aiders when planning the excursion. The exception to this will be if pupils are participating in contact sports in which case a first aider should be provided by the event organiser.

Prior to any child going on a school trip, parents will be asked to complete medical authorisation slips, giving permission for medical attention as required. These forms are an integral part of our School Trips policy.

At all times there must be a trained First Aider remaining in school.

Making provision for pupils with specific medical conditions

Staff members consult with parents and medical advisors and medical protocol is drawn up for specific medical conditions. This is disseminated to all staff.

First Aid Materials

The appointed person(s) will assume responsibility for ensuring contents of first aid cupboards and travel first aid kits are replenished on an ongoing basis and that contents meet those outlined in The Health & Safety (First Aid) Regulations (NI) 1982 Act.

Hygiene/Infection control

Staff will follow basic hygiene procedures. These will include the use of single use disposable gloves being worn when the treatment involves blood or other body fluids. At all times dressings or used equipment will be disposed of with care.

Reporting accidents

Accident Reporting guidelines set within the context of RIDDOR (NI) 1997 will be adhered to.

NB These reporting procedures apply to significant incidents and not the less serious day-to-day accidents that are part and partial of everyday life in school. Nonetheless, records do need to be maintained for this more 'typical' type of incident, (refer to next section – Record keeping).

Record keeping

Statutory accident records: The principal in conjunction with appointed person(s) must ensure that readily accessible injury/illness records (found in injury/illness file stored in school office) are kept for a minimum of 3 years.

A record must be kept when first aid treatment is given by a first aider or appointed person. The record will include:

- The date, time and place of incident
- The name and class of the injured or ill person
- Details of their injury/illness and what first aid was given
- What happened to the person immediately afterwards
- Name and signature of the first aider or person dealing with the incident

The Headteacher must have in place procedures for ensuring that parents are informed of significant incidents.

Informing parents of illness/incidents

Accidents involving bumps to a Pupil's head

The consequence of an injury from an accident involving a bump or blow to a pupil's head is not always evident immediately and the effects may only become noticeable after a period of time.

Where emergency treatment is not required a 'Bump to the Head' letter will be sent home to the parent/guardian.

Transport to hospital or home

The Principal will determine the appropriate action to be taken in each case. Where the injury requires urgent medical attention an ambulance will be called and the pupil's parent or guardian will be notified. If hospital treatment is required, then the pupil's parent/guardian will be called for them to take over responsibility.

SHORT TERM MEDICATION NEEDS

Many pupils will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short period only, e.g. to finish a course of antibiotics or apply a lotion. This may also be the case if a pupil suffers regularly from acute pain, such as migraine. To allow pupils to take medication in school will minimise the time they need to be off school but medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. The appropriate consent form must be completed.

Any member of staff giving medicine to a pupil should check:

- _ the pupil's name and date of birth;
- _ written instructions provided by parents or doctor;
- _ that the child has not already received medication;
- _ the prescribed dose;
- _ the expiry date; and
- _ route of administration.

LONG TERM MEDICATION NEEDS

Some pupils may have serious medical conditions, such as diabetes, epilepsy, severe allergies or asthma and may very rarely require a drug to be given in an emergency: e.g. anaphylaxis (adrenaline), acute asthma (inhaler). These drugs may be lifesaving. Other pupils may need regular prescribed medication. In these cases, there needs to be agreement with teachers as to who will administer them. An individual Medication Plan should be drawn up, involving the parents and relevant health professionals and the child should he/she have sufficient understanding.

Pupils returning to school after a long term illness from serious sickness/injury

If a pupil has been absent from school due to a serious sickness/injury e.g. surgery, broken limb, their parent/guardian will be asked to provide documentation from their GP stating that they are indeed fit to return to school.



Bump to the Head

Date: _____

Dear Parent/Guardian

Your child _____ received a bump on the head today whilst at school.

Description of incident:

Your child was assessed at the time of the accident and although no problems were seen, we request that you observe your child for the next 24 hours for any of the following symptoms:

- Unusual drowsiness
- Change in behaviour / confusion
- Severe headache
- Nausea or repeated vomiting
- Blurred vision
- Bleeding or fluid from ears or nose
- Clumsy walking, staggering, dizziness
- Unresponsiveness
- Slurred speech

If any of these signs develop, then you should contact your doctor or the nearest Accident and Emergency Department for further advice.

Yours sincerely

✂

Bump to the Head Letter

This is to certify that a 'Bump to the Head' letter has been given to the parent/guardian of:

Pupil's Name: _____ Class: _____

Parent/Guardian Signature: _____ Date: _____



Temporary Administration of Medication

Consent Form for Administering Medication in School

Name of Pupil: _____

Class: _____

Teacher: _____

I request permission for my son/daughter to be given the following medication during school hours by the class teacher or a designated member of staff.

Medication:

Dosage:

When taken:

Signed (Parent /Guardian):

Date:

Please note that this form relates to temporary administration of medication. Any child requiring ongoing medication requires a personal medical care plan which will be discussed and agreed with the Principal and signed by both parties.

ASTHMA

Asthma is caused by the narrowing of the airways, the bronchi, in the lungs, making it difficult to breathe. An asthmatic attack is the sudden narrowing of the bronchi. Symptoms include attacks of breathlessness, coughing and tightness in the chest. Individuals with asthma have airways which may be continually inflamed. They are often sensitive to a number of common irritants, including grass pollen, tobacco fumes, smoke, glue, paint and fumes from science experiments. Animals, such as guinea pigs, hamsters, rabbits or birds can also trigger attacks.

The school:

- Recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, P.E., visits, outings and other out of hours school activities
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times
- Keeps a record of all pupils with asthma and the medicines they take
- Ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- Ensures that all pupils understand asthma
- Ensures that all staff (including supply teachers and support staff) who come into contact with a pupil with asthma know what to do in the event of an attack
- Understands that pupils with asthma may experience bullying and has procedures in place to deal with that
- Will work in partnership with all interested parties including the Board of Governors, all school staff, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is implemented and maintained successfully.

ASTHMA MEDICINES

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as they are deemed mature enough. The relievers for young children are kept in their classroom
- Parents/ carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The class teacher will hold this separately in case the pupil's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent/carer.

Staff and Training

There is no contractual responsibility for staff to administer medicines to pupils. Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so.

Staff who volunteer to help administer an emergency inhaler will fall under the term "designated member of staff" and this implies that they have volunteered to help a child use the emergency inhaler, and been trained to do this, and are identified in the school's asthma policy as someone to whom all members of staff may have recourse in an emergency.

Schools should ensure staff have appropriate training and support, relevant to their level of responsibility. Supporting Pupils with Medication Needs recommends that all staff, particularly PE teachers, should have training or be provided with information about asthma once a year.

It would be reasonable for ALL staff to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help.

Designated members of staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

School staff who agree to administer medicines are insured by the EA when in acting with this policy. All school staff will let pupils take their own medicines when they need to.

RECORD KEEPING

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.
- All parents/carers of children with asthma are sent an Asthma card to give to their children's doctor or asthma nurse to complete. From this information the school keeps its asthma register, which is available to all school staff. School Asthma cards are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year. (SEE APPENDIX A AND B)

EXERCISE AND ACTIVITY – PE AND GAMES/AFTER SCHOOL CLUBS

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma.
- Pupils with asthma are encouraged to participate fully in all P.E. lessons. Classroom teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with the teachers that each pupils inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs their inhaler during the lesson they will be encouraged to do so.

WHEN A PUPIL IS FALLING BEHIND IN LESSONS

- If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carer to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the SENco about the pupil's needs.
- The school recognises that it is possible for pupils with asthma to have special educational needs due to their asthma.

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

All staff who come into contact with pupils with asthma will follow the steps below. This procedure is visibly displayed in the staff room, middle room, office and every classroom

1. Keep calm – it is treatable
2. Let the child sit up and slightly forward: do not make him lie down.
3. Let the child take his usual treatment – normally 2 puffs of their blue inhaler, preferably through a spacer
4. Ensure tight clothing is loosened
5. Reassure the child
6. Call Mrs Greenald

If there is no immediate improvement

Continue to make sure the child takes one puff of reliever inhaler every minute for 5 minutes or until their symptoms improve. Call the child's parents

Call 999 or a doctor urgently if:

1. The child's symptoms do not improve in 5-10 minutes
2. The child is too breathless or exhausted to talk
3. The child's lips are blue
4. If in doubt treat as a severe attack

Ensure the child takes 1 puff of their reliever inhaler every minute until the ambulance or doctor arrives.

USE OF EMERGENCY SALBUTAMOL INHALERS

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows primary and secondary schools in the UK to keep a salbutamol inhaler for use in emergencies should the pupil's prescribed inhaler and spare inhaler not be available (for example, because they are broken, or empty)

In Ballyvester Primary the emergency salbutamol inhaler will be kept in the Mrs Greenald's store.

Staff responsible for maintaining the emergency inhaler kit are:

Mrs Greenald

Mrs Hunter

They will check on a monthly basis:

- the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach and
- replacement inhalers and spacers are available following use.

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The emergency inhaler and spacers should be kept separate from a child's own inhaler (which they should carry with them) and their spare inhaler (which for Primary Schools should be stored in a nearby location to the pupil preferably the child's individual classroom). The emergency inhaler should also be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs).

To avoid possible risk of cross-infection, the plastic spacer and inhaler should not be reused.

An emergency asthma inhaler kit will be kept in school. The emergency kit should include:

- a salbutamol metered dose inhaler;
 - at least two single-use plastic spacers compatible with the inhaler;
 - instructions on using the inhaler and spacer/plastic chamber; - manufacturer's information;
 - a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
 - a note of the arrangements for replacing the inhaler and spacers (see below);
 - a list of children permitted to use the emergency inhaler as detailed in their individual medication plans;
 - a record of administration (i.e. when and where the inhaler has been used, how much medication was given and by whom).
-
- Arrangements for the supply, storage, care, and disposal of the inhaler and spacers will be the responsibility of Mrs Greenald in line with the schools policy.
 - A copy of the asthma register will be kept with the emergency inhaler.
 - Written parental consent will be requested for use of the emergency inhaler as part of a child's medication plan.
 - The emergency inhaler is only to be used by children with asthma with written parental consent for its use
 - Appropriate support and training for staff in the use of the emergency inhaler will be made available
 - A record of the use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler will be kept.



Appendix A

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
BALLYVESTER PRIMARY SCHOOL

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day and the school also holds a spare inhaler prescribed for my child.
3. In the event of my child displaying symptoms of asthma, and if their inhaler and spare inhaler are not available or are unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:.....Date:

Name (print)

Child's name:.....

Class:

Parent's address and contact details:

.....
.....

Telephone:

E-mail:



Appendix B

LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today at This happened when.....

.....

(description of what student was doing at the time and where he/she was)

A member of staff helped them to use their asthma inhaler.

The inhaler used was (please tick box that applies)

Pupil's own prescribed inhaler

Pupil's own prescribed spare inhaler

School's emergency inhaler

Number of puffs given.....

Additional information (if emergency inhaler was used please give reason why the pupil's own or spare inhaler was not accessible).

Although they soon felt better, we would strongly advise that you have your son / daughter seen by your own doctor as soon as possible.

Yours sincerely,
K. Hunter

EPILEPSY

Epilepsy is a tendency to have seizures (convulsions or fits)

There are many different types of seizures, however a person's first seizure is not always diagnostic of epilepsy.

WHAT TO DO IF A CHILD HAS A SEIZURE

1. DO NOT PANIC. Ensure the child is not in any danger from hot or sharp objects or electrical appliances. Preferably move the danger from the child or if this is not possible, move the child to safety.
2. Let the seizure run its course
3. Do not try to restrain convulsive movements
4. Do not put anything in the child's mouth, especially your fingers
5. Do not give anything to eat or drink
6. Loosen tight clothing especially round the neck
7. Do not leave the child alone
8. Remove all children from the area and send a responsible pupil to the school office for assistance
9. If the child is not a known epileptic, an ambulance should be called
10. If the child requires medication to be given whilst having the seizure, then Mrs Hunter, Mrs Winter or Mrs McCullough or a member of staff trained to give the medication must do it.
11. As soon as possible put the child in the recovery position.

Seizures are followed by a drowsy and confused period. Arrangements should be made for the child to have a rest as they will be very tired.

12. The person caring for the child during the seizure, should inform the parents or guardian as they may need to go home and if not a known epileptic they must be advised to seek medical advice.

ANAPHYLACTIC SHOCK

Anaphylaxis

Anaphylaxis is an acute, severe reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (peanuts, nuts, cow's milk, kiwi fruit and shellfish) certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps and hornets)

In its most severe form the condition is life threatening

Symptoms

Itching or a strange metallic taste in the mouth

Hives/skin rash anywhere on the body, causing intense itching

Angiodema – swelling of lips/eyes/face

Swelling of throat and tongue- causing breathing difficulties/coughing/choking

Abdominal cramps and vomiting

Low blood pressure – child will become pale/floppy

Collapse and unconsciousness

Not all of these symptoms need to be present at the same time.

First Aid Treatment

Oral Antihistamines

Injectable Adrenalin (Epipen)

WHAT TO DO IN THE EVENT OF AN ANAPHYLACTIC REACTION

1. DO NOT PANIC

2. Stay with the child at all times and send someone for a First Aider

3. Treat the child according to their own protocol which will be found with their allergy kit.

IF YOU FOLLOW THE CHILD'S OWN PROTOCOL YOU WILL NOT GO WRONG

4. Contact the parent or guardian

5. If you have summoned an ambulance fill in the allergic reaction report and give it to the ambulance crew with the used Epipen

DIABETES MELLITUS

Diabetes mellitus is a condition where there is a disturbance in the way the body regulates the sugar concentration in the blood. Children with diabetes are nearly always insulin dependent

WHAT TO DO IN THE EVENT OF A HYPOGLYCAEMIC ATTACK (LOW BLOOD SUGAR LEVELS)

1. DO NOT PANIC
2. Notify a First Aider
3. If the child is a known diabetic and they know their sugar level is going low, help them to increase their sugar intake. Glucose sweets, sugary drink, chocolate or anything that has good concentration of sugar.
4. Get the child or the First Aider to test the blood sugar level
5. Notify the parent or guardian
6. If the condition deteriorates, or the pupil is unresponsive then an ambulance must be called immediately.

HYPERGLYCAEMIA

(TOO MUCH SUGAR IN THE BLOOD STREAM)

This condition takes a while to build up and you are less likely to see it in the emergency situation at school.

SUN PROTECTION

We want all the pupils and staff at Ballyvester School to enjoy the sun but it is important that pupils are educated about the dangers of the sun.

We will ensure that children sit in the shaded areas if they are working outside wherever possible.

Clothing

Sunhats can be worn during break times, games and PE sessions (teaching staff will advise the children on this)

Sunscreen (minimum factor 20)

We ask parents to apply sunscreen to their children before they come to school. If more is required during the day then parents need to supply extra (named) sunscreen.

Illness absence

Pupils who are ill or infectious should be kept away from school. Any child who is acutely unwell should be kept away from school until they are well enough to benefit and participate. In addition, even if they appear well, it is necessary to keep children, who have certain infectious diseases away from school for an appropriate period to help prevent others from becoming infected. The table below provides guidance on appropriate absence periods for some common infections. (Health Protection Agency)

Illness	Absence Period
Chickenpox	For 5 - 7 days after rash appears and spots have crusted over
Conjunctivitis	None – only if an outbreak occurs
Diarrhoea and vomiting	Until 48 hours after the last episode of diarrhoea or vomiting
Hand, foot and mouth disease	None
Hepatitis A	Young children – 7 days after the onset of jaundice. There is no need for older children with good health to be absent provided they are well enough to attend school.
Impetigo	Until lesions are crusted or healed
Measles	For 5 days after rash appears
Mumps	For 5 days after onset of swollen glands
Whooping Cough	For 5 days after commencing antibiotics
Ringworm	Until treatment is started
Rubella (German measles)	For 5 days after the onset of the rash
Scabies	Until treated
Scarlet Fever	For 24 hours after commencing antibiotics
Slap cheek	
Threadworms	None
Tuberculosis	Advice will be given on necessary action

Monitoring arrangements

This document is freely available to the entire school community and is available on the school website. It will be reviewed every two years

Signed – Chair of Governors: _____

Signed – Principal: _____

Date: _____ Review Date: _____