



## Sacred Heart School

### First Aid Policy

*At Sacred Heart School we all aspire to provide a happy, safe and secure environment in which every child is encouraged to achieve their full potential...*

Written by:	Bursar and Head of Foundation Stage
Approved by:	Head teacher and Senior Leadership Team
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## **QUALIFIED STAFF**

26 members of staff are qualified Paediatric First Aiders (including administration of Epipen)

Members of Staff currently qualified in Full Paediatric plus Emergency First Aid at Work (date of qualification: September 2024) are

- Mrs Horsfall-Turner (F/S and PE)
- Ms Goldsmith (FS)
- Ms Heathcote (FS)
- Miss Turner (FS)
- Mrs Balmer (KS1)
- Mrs A Gabriel (KS1)
- Mrs V Griffiths (KS1)
- Miss Irwin (KS1)
- Mrs Rainbow (KS1)
- Mrs Stanley (KS1)
- Mrs Alcock (KS2)
- Mrs Barber (KS2)
- Mrs Cobb (KS2)
- Mrs Jarman (KS2)
- Mr King (KS2)
- Miss Megarry (KS2)
- Mrs Payne (KS2)
- Mrs Manktelow (KS2)
- Mrs Root (KS2)
- Mr Shefford (KS2)
- Mrs Turner (KS2)
- Mrs Collyer (Head)
- Ms Goodridge (Office)
- Mrs Griffiths (SENDCo)
- Mrs Sirdeshpande (Office)
- Mrs Wibberley (Music)

Outside PE contractors also have relevant First Aid Training

At least one of these is present on site at all times when the children are present.

## **FIRST AID BOXES**

### MEDICAL ROOM

The First Aid Box and outings bags are kept in the medical room; contents are checked by Mrs Horsfall-Turner and Mrs Goodridge.

### FOUNDATION STAGE

The First Aid box is kept in the disabled toilet area; contents are checked by Mrs HT.

### MEDICINES

Pupil medication that is required on an ad hoc basis, e.g. asthma inhalers are kept in classrooms or with the children. If a child has been prescribed an Epipen this will be kept in a personal bag with the child, easily accessible to staff in case of emergency. If a child has Diabetes, their medication should be kept with them in line with their medical plan. If the child leaves the school premises on trips or sports fixtures,

the teacher in charge must take the child's medication, in case of need, along with the medication taken at school record (red sheet).

## **FIRST AID and ADMINISTRATION OF MEDICINES AT SCHOOL**

Cuts and open sores must be dressed with the appropriate dressing by the parent before sending the child to school. A child presenting with an open sore should have it covered to minimise risk of infection. An email will be sent to ask about the injury.

Staff are strongly recommended to wash their hands or clean with an antiseptic wipe before they administer First Aid, and to use plastic gloves when dealing with injuries.

Basic First Aid (reassurance, cold compress, ice pack) may be given by any member of staff; if in any doubt as to the seriousness seek the assistance of one of the Paediatric First Aiders. If the child does not recover quickly, parents must be called to take the child for a medical check. For all head injuries parents will be phoned. In case of serious accident or injury, including any loss of consciousness, no matter how brief, call the emergency services.

If it is necessary for medicine to be administered at school, parents must complete and sign the appropriate form in the office. This form is kept in the medical file and on the school database, with the exception of inhalers, where the form is stored with the inhaler in the classroom. For a child with Diabetes, medication must be administered as per the medical plan. Usually only prescription medicine may be administered in accordance with, the dosage instructions on, the label by office staff who will maintain a record of time and dosage administered. These forms must be retained in the pupil file. Parents must collect the medicine from the office at the end of the school day and receive information about dosage administered during the day.

If an inhaler is administered, office staff will email parents to ensure situation is monitored. Parents will be informed immediately if an epipen is administered.

All medication must be checked and administered by a first aid trained staff member and ideally by 2 members of staff.

On school outings, including sports fixtures away, one appointed qualified first aider from each group must carry a basic First Aid bag. Care must be taken if pupils with allergies and medical emergencies are in the group that their medication is taken on outings, along with the School Record form. For Key Stage 2 pupils this includes swimming lessons.

The school will keep on site Piriton and Calpol for emergency use. This will only be given to a child if it is recommended by a medical professional after dialling 999 or 111.

## **FOUNDATION STAGE**

There are at least two members of staff on duty at all times in the Nursery class; most of the Nursery staff are qualified in Paediatric First Aid and accompany Foundation Stage outings. Foundation Stage practitioners are responsible for administering First Aid should the occasion arise and any serious questions should be referred to the Nursery Manager. Accidents are recorded on the school database and an email is sent to parents notifying them of the accident. Medication requiring refrigeration is kept in the Foundation Stage kitchen fridge.

## **PLAYTIMES**

Minor accidents are dealt with by staff on duty, however, as staff **must not leave their post**, children who require further help should be sent to the office, accompanied by a sensible friend. Advice on dealing with more serious injuries should be sought from one of the qualified first-aiders. Accident forms are completed online in accordance with school policy.

Children must not be sent out to play until the bell signals that a member of staff is on duty to supervise. At least two members of staff will be on duty at all times. Staff taking hot drinks out of the staff room must use insulated mugs with lids to eliminate risk of scalding. When the adventure playground is in use one member of staff must be dedicated to supervising this area. **(see also Playtime Policy and Supervision of Pupils)**

## **RECORDING INCIDENTS AND REPORTING TO PARENTS**

All accidents are recorded online in the pupil daybook. This records details of the accident and injury together with any first aid treatment given. If more than one person witnesses the accident, both names should be recorded on the form. It is always advisable to try to speak to the parents personally at collection time re any mishaps during the day.

If there are any concerns regarding the child's wellbeing following any accident or injury, parents must be contacted without delay.

For any child who has a head injury, parents are contacted immediately, by telephone or email depending on the severity of the incident. Children must then be closely observed for the next 24 hours even if no symptoms are at first apparent.

All accident forms are completed online in the pupil day book. Staff are reminded that should any child have an accident which requires further medical help, they must note the details of the situation on paper form as clearly as possible and hand it to the parents concerned (or to the paramedic), before they take child to GP or to hospital. A copy will be recorded on the database.

## **SUPPORTING CHILDREN WITH ALLERGIES AND SERIOUS MEDICAL CONDITIONS**

The Foundation Manager will arrange a meeting with parents annually in September to confirm and update medical records. Information gathered will be shared with staff on a need to know basis at a briefing meeting early in the autumn term.

For children with a diagnosed medical condition we will complete an Individual Healthcare Plan in conjunction with parents and healthcare professionals as required.

Each class teacher has a record of children with allergies and medical conditions in their year group and their names are highlighted on the class register. Photographic records of all these pupils are kept in the First Aid Folders in Foundation Stage Office. The record in the Foundation Stage office will be made available to Busy Bees staff.

Asthma inhalers and spacers must be easily accessible at all times and for this reason are clearly labelled and stored in the classroom. Children in F/S and KS1 may need guidance from their teachers; clear instruction must be obtained in writing from parents. Use of inhalers is monitored and reported to parents.

Where pupils are particularly vulnerable (e.g. life threatening allergies) it is essential that all members of the school community are aware, including outside staff running clubs and activities.

## **WHEN TO CALL AN AMBULANCE (Dial 999)**

- If the child does not quickly respond to treatment, becomes floppy and unresponsive
- If the child has suffered a severe blow to the head
- If the child loses consciousness for even a brief time
- If there is a suspicion that a bone may be broken and/ or spinal injury
- If the child suffers severe blood loss
- If the child displays symptoms of shock or anaphylaxis

- If you have any doubts as to the seriousness of an injury, err on the side of caution and call an ambulance

Parents must be contacted and arrangements made to meet either at the school or at the hospital. If parents are meeting at the hospital a member of the school staff must accompany the child in the ambulance.

## **REPORTING ACCIDENTS**

**Follow this link for up to date information about reporting incidents in schools**

<http://www.hse.gov.uk/pubns/edis1.pdf>

Serious accidents should also be reported to Children's Services via SPOA 01323 464222

### **Record Keeping**

We will keep a record of any reportable death, injury, disease or dangerous occurrence for three years after the date on which it happened. This must include the date and method of reporting; the date, time and place of the event; personal details of those involved; and a brief description of the nature of the injury, event or disease.

## **PRACTICAL ADVICE**

### **Asthma**

Help child to sit upright and use their reliever inhaler. Repeat every few minutes if no improvement. Reassure the child, keep calm.  
If the attack is prolonged and severe, or worsening, dial 999 and inform parents.

### **Cuts and grazes, small bruises**

Comfort and reassure, apply cold compress, ice pack, 'magic water', hypoallergenic plaster. If large cut, deep, bleeding profusely, phone parents, consider ambulance

### **Bumped head**

Comfort and reassure, cold compress, ice pack, sit quietly – adult to monitor, ensure class teacher is informed and continues to monitor. Child must wear bumped head sticker for rest of day. Letter home, talk to parents as child must be monitored for 24 hours.

### **Temperature, vomiting, diahorrea**

Cold compress, tender loving care to minimise distress, phone parents, child must be collected. No return within 48 hours.

### **Anaphylaxis**

Epipen, phone ambulance, phone parents

### **Burns, scalds**

Immerse affected part in cold water replenished by running tap for 10 minutes, cover loosely. If large area phone ambulance, parents.

### **Diabetes**

All staff have received basic training.

**Nose bleeds**

Sit child down, head forward, instruct to pinch soft part of nose, mouth breathe. Dispose of bloody tissues carefully: in sanitary bin or flush away

**Stings**

Cool area, ice pack/compress. Do not try to remove sting.

**Cleaning bodily spillages**

Disposable plastic gloves are provided for cleaning up, also absorbent granules for vomit. Waste towels must be wrapped in plastic bag and tied before disposal in outside bin. Wash hands thoroughly.

Infection	Exclusion period	Comments
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, <a href="#">contact your local UKHSA health protection team.</a>
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell.	Individuals with mild symptoms such as runny nose, and headache who are
	Individuals who have a positive	

Infection	Exclusion period	Comments
	test result for COVID-19 should not attend the setting for 3 days after the day of the test.	otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.  For more information, see <a href="#">Managing outbreaks and incidents</a> .
Diphtheria*	Exclusion is essential.  Always contact your <a href="#">local UKHSA health protection team</a> .	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your <a href="#">local UKHSA health protection team</a> .
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your <a href="#">local UKHSA health protection team</a> .  For more information, see <a href="#">Managing outbreaks and incidents</a> .
Glandular fever	None	
Hand foot and mouth	None	Contact your <a href="#">local UKHSA health protection team</a> if a large number of



Infection	Exclusion period	Comments
		children are affected. Exclusion may be considered in some circumstances
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your <a href="#">local UKHSA health protection team</a> will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.  Contact your <a href="#">local UKHSA health protection team</a> for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR.  Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.

Infection	Exclusion period	Comments
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination.  Your <a href="#">local UKHSA health protection team</a> will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your <a href="#">local UKHSA health protection team</a> will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your <a href="#">local UKHSA health protection team</a> for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed.

Infection	Exclusion period	Comments
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your <a href="#">local UKHSA health protection team</a> .
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.

Infection	Exclusion period	Comments
Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB).</p> <p>Exclusion not required for non-pulmonary or latent TB infection.</p> <p>Always contact your <a href="#">local UKHSA health protection team</a> before disseminating information to staff, parents and carers, and students.</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.</p> <p>Your <a href="#">local UKHSA health protection team</a> will organise any contact tracing.</p>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	<p>Preventable by vaccination.</p> <p>After treatment, non-infectious coughing may continue for many weeks. Your <a href="#">local UKHSA health protection team</a> will organise any contact tracing.</p>

\*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) health protection team (HPT) of suspected cases of certain infectious diseases.