



First Aid Policy

Mission Grove Primary School

This Policy has been written for and adopted by the Governing Body of Mission Grove Primary School.

VISION STATEMENT

For the children at Mission Grove to become well rounded individuals who have drive, passion and the confidence to do their best. Who leave with the skills to succeed and flourish in life. Staff have high expectations of themselves and others and are reflective practitioners. Mission Grove provides security, opportunities and enjoyment for all.

Approved by Governing Body

Date :

FIRST AID POLICY

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1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and responsibilities

At least one person who has a current paediatric first aid certificate or First Aid at Work certificate must be on the premises at all times. An 'appointed person' to take charge of first aid arrangements, for example sending children home (normally a name first aider).

3.1 Appointed person(s) and first aiders

The school's appointed First Aiders and the certificates held are listed in Appendix 1. Their names will also be displayed prominently around the school (noticeboards in the medical areas, nurseries and staffrooms).

They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits (Lesley Shoesmith)
- Ensuring that an ambulance or other professional medical help is summoned when appropriate (Lesley Shoesmith)

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Recording actions taken to ensure communication with home (either telephone call or text message) is complete and accurate
- Seeking a member of SLT to confirm if a child needs to be sent home
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in Appendix 2)
- Keeping their contact details up to date

3.2 The local authority and governing board

Waltham Forest has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board. The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The Headteacher

The Headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports in full (see appendix 2) for all incidents they attend to
- Informing the headteacher and other staff members (eg class teacher) of any specific health conditions or first aid needs that children may have (Lesley Shoesmith)
- Ensuring the Health Placement Questionnaire completed at the start of employment contains any information relevant to specific health conditions or first aid needs, and should health conditions or first aid needs be diagnosed during employment inform the headteacher (Debi Swinhoe)

4 First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and if does not have a current First Aid Certificate seek the assistance of a qualified first aider, and if appropriate, who will provide the required first aid treatment
- The first aider will inform a member of SLT or the Headteacher
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position, if the injured person can be moved they will be taken to the medical area
- The member of SLT will decide, based on the injury, and guidance from the first aider, if the pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the member of SLT and / or first aider will explain the series of events to the parents
- If emergency services are called, a member of the Admin Team will contact parents immediately
- The relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

4.2 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details via the School Office

Risk assessments will be completed by the lead teacher prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

5 First aid equipment and medical base

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes

- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings
- Defibrillator
- Anaphylactic Pens

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical areas
- All classrooms
- The school kitchens

Medical Area

The medical areas are situated near the main offices. On the North there is a fridge and sink unit. On the south the nearest fridge is the staffroom and sink unit is the adult toilet.

6 Record-keeping and reporting

6.1 First aid and accident record book

- An entry in the Accident / incident Folder will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at Appendix 2
- Staff completing an entry in the Accident / Incident folder should ensure all columns are completed and their name is written clearly
- All injuries involving the head and / or genitals have text messages sent home to parents and the child is provided with a wrist band stating they have had a head injury
- The Accident / Incident Folder will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

6.2 Record incident on SchoolPod, under the Medical Incidents tab, should the incident require the child being sent home

6.3 Reporting to the HSE

The School Business Manager will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The School Business Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding)
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

6.4 Notifying parents

The Admin Team will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable, either by telephone or text message.

6.5 Reporting to Ofsted and child protection agencies

Ofsted will be informed of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Designated Safe Guarding Lead will also notify Early Help of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

All school staff are able to undertake first aid training if they would like to. All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see Appendix 3).

Staff are encouraged to renew their first aid training when it is no longer valid. At all times, at least one staff member will have a current Paediatric First Aid certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every three years.

7 Monitoring arrangements

This policy will be reviewed by the Curriculum Governors every year. At every review, the policy will be approved by the full governing board.

8 Links with other policies

This first aid policy is linked to the

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions
- Early Years Policy
- Administering medicine

Current Three Day at Work First Aiders

Name	Course Name	Date	Expiry Date	Course run by	Certificate
Kate Jennings	First Aid at Work	12 September 2023	12 September 2026	Strong Roots	Attached
Shazia Hussain	First Aid at Work	12 September 2023	12 September 2026	Strong Roots	Attached
Oscar Rodrigues	First Aid at Work	12 September 2023	12 September 2026	Strong Roots	Attached
Jane Waller	First Aid at Work	12 September 2023	12 September 2026	Strong Roots	Attached
Myrtille Gamain	First Aid at Work	12 September 2023	12 September 2026	Strong Roots	Attached
Conor Stephens	First Aid at Work	12 September 2023	12 September 2026	Strong Roots	Attached
Farzana Shafiq	First Aid at Work	12 September 2023	12 September 2026	Strong Roots	Attached
Jamila Abuubakar	First Aid at Work	12 September 2023	12 September 2026	Strong Roots	Attached
Filsan Ismail	First Aid at Work	12 September 2023	12 September 2026	Strong Roots	Attached
Sylvia Sarfo	First Aid at Work	12 September 2023	12 September 2026	Strong Roots	Attached
Shaiwana Ali	First Aid at Work	12 September 2023	12 September 2026	Strong Roots	Attached
Shogufta Mahmood	First Aid at Work	12 September 2023	12 September 2026	Strong Roots	Attached

Current First Aid Certificate Holders

Name	Course Name	Date	Expiry Date	Course run by	Certificate
Lesley Shoesmith	Full Paediatric First Aid	9 th November 2021	9 th November 2024	Doctor A B C	
Janine Ryan	Full Paediatric First Aid	9 th November 2021	9 th November 2024	Doctor A B C	
Aneesa Iqbal	Full Paediatric First Aid	9 th November 2021	9 th November 2024	Doctor A B C	
Maryam Ishaq	Full Paediatric First Aid	9 th November 2021	9 th November 2024	Doctor A B C	
Tahira Hussain	Full Paediatric First Aid	9 th November 2021	9 th November 2024	Doctor A B C	
Shazia Hussain	Full Paediatric First Aid	9 th November 2021	9 th November 2024	Doctor A B C	
Daphne Acheampong	Full Paediatric First Aid	9 th November 2021	9 th November 2024	Doctor A B C	

Current First Aid Certificate Holders

Name	Course Name	Date	Expiry Date	Course run by	Certificate
Sharman Barnes	Certificate in Paediatric First Aid Awareness	7 th July 2023	7 th July 2024	National College	Attached
Shazia Hussain	Certificate in Paediatric First Aid Awareness	12 th July 2023	12 th July 2024	National College	Attached
Shazia Shahid	Certificate in Paediatric First Aid Awareness	10 th July 2023	10 th July 2024	National College	Attached
Samina Shahid	Certificate in Paediatric First Aid Awareness	10 th July 2023	10 th July 2024	National College	Attached
Nasreen Amin	Certificate in Paediatric First Aid Awareness	14 th July 2023	14 th July 2024	National College	Attached
Deeana Henshaw	Certificate in Paediatric First Aid Awareness (2022 to 2023)	5 July 2023	5 July 2024	The National College	Attached
Pernell Simpson	Certificate in Paediatric First Aid Awareness (2022 to 2023)	7 July 2023	5 July 2024	The National College	Attached
Claire Shoesmith	Certificate in Paediatric First Aid Awareness (2022 to 2023)	11 th January 2023	11 th January 2024	The National College	Attached
Lisa Poulton	Certificate in Paediatric First Aid Awareness (2022 to 2023)	7 th July 2023	7 th July 2024	The National College	Attached

Name	Course Name	Date	Expiry Date	Course run by	Certificate
Josh Redding	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Uzma Faruick	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Deeana Henshaw	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Nasreen Amin	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Tracey Forrester	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Zehra Hacet	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Al Sabha Parkar	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Sameena Hussain	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Maryam Afzal	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Rebecca Wyatt	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Faiza Chiheb	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Shenaz Karoo	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Tashell Davis	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Pauline Austin	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Edel Chan	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Shade Alegbeleye	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Jessica Harper	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Paul Gwynn Jones	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Ben Darling	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Fahmeeda Hussain	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Rahima Mozir	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Magdalena Klonowska	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Nicola Richard	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Shaesta Khan	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	

Shereen Lambat	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Shaiwana Ali	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Mariam Modan	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	
Debi Swinhoe	First Aid at Work	4 January 2022	4 January 2025	Strong Roots	

Certificate in Administering Medication in Schools

Name	Course Name	Date	Expiry Date	Course run by	Certificate
Shade Alegbeleye	Certificate in Administering Medication in Schools	June 2021		The National College	Attached
Jack Freestone	Certificate in Administering Medication in Schools			The National College	
Janine McGilchrist	Certificate in Administering Medication in Schools	May 2021		The National College	Attached
Lesley Shoesmith	Certificate in Administering Medication in Schools	May 2021		The National College	Attached
Debi Swinhoe	Certificate in Administering Medication in Schools	May 2021		The National College	Attached

Anaphylactic Pens Training

Name	Course Name	Date	Expiry Date	Course run by	Certificate
Lesley Shoesmith	Epipen Training	2 November 2021		School Nursing Team	
Janine McGilchrist	Epipen Training	2 November 2021		School Nursing Team	
Aneesa Iqbal	Epipen Training	2 November 2021		School Nursing Team	
Claire Shoesmith	Epipen Training	2 November 2021		School Nursing Team	
Tahira Hussain	Epipen Training	2 November 2021		School Nursing Team	
Markida Roberts-Wright	Epipen Training	2 November 2021		School Nursing Team	

Whole school training – 5th September 2023

Buccolam Training

Name	Course Name	Date	Expiry Date	Course run by	Certificate
Janine McGilchrist	Buccolam Training	25 February 2022		School Nursing Team	
Linda Foxcroft	Buccolam Training	25 February 2022		School Nursing Team	

Appendix 2: Accident Report Form

Accident Form

Date / Time	Child's Full Name/ Class	Description of Accident	Action Taken	Temperature Reading	Person Completing the form	Phone Call Home Time / Initial
			Cold Compress Cleaned Other			
			Cold Compress Cleaned Other			
			Cold Compress Cleaned Other			
			Cold Compress Cleaned Other			
			Cold Compress Cleaned Other			
			Cold Compress Cleaned Other			

WHAT PRECAUTIONS SHOULD PEOPLE PRACTISING FIRST AID TAKE?

In all situations requiring first aid, control procedures need to be taken to reduce the risk of spreading any infection including HIV and Hepatitis B.

The following precautions should therefore be adopted:

- **Protect existing wounds** - always cover any exposed cuts or abrasions on yourself with a waterproof dressing before treating any casualty, whether or not any infection is suspected. If you have a skin blemish such as a cut, abrasion or eczema that cannot be covered effectively it would be better to refrain from dealing with bleeding wounds, unless disposable gloves are worn. Keep a stock of these with your first aid equipment;
- **Prevent the spread of infection** - always wash your hands before and after treating a casualty especially if you are applying dressings;
- **Prevent new wounds** - handle scissors and other sharp instruments carefully. If you do injure the patient or yourself, encourage the wound to bleed and then wash it thoroughly with soap and water. Report the incident to your manager and seek medical advice; and
- **Prevent contact with all possible sources of infection** - wear a clean apron or overall if possible, and, if contact with the casualty's body fluid or blood is unavoidable, wear plastic gloves.
- **Dispose of spillages and possibly contaminated material safely** - if blood or body fluid needs to be mopped up:
 - Wear disposable gloves and after use, dispose in a yellow double bag;
 - Use paper towels or tissues and place in a yellow double bag. Label the package and dispose of as "medical waste";
 - HIV is destroyed by ordinary disinfectant. Areas where spills have occurred should be washed with a solution of disinfectant and warm water. Use the solution to wash any instruments used, e.g. scissors. Any instruments used should be sterilised;
 - Any sharp material e.g. broken glass, should be wrapped in newspaper and placed in a strong envelope or cardboard box marked and disposed of as "medical waste". Syringes and needles should always be disposed of in a sharps container; see poster below.
 - Make sure any medical waste is double-bagged. The Environmental Health Service can offer advice on disposal.
 - If clothing is contaminated wash in hot water or in a washing machine on a hot cycle as soon as practicable. Otherwise dry-clean the clothes.
- **Resuscitate casualties where necessary** - HIV infection is not spread by kissing and no cases of infection have been reported as a result of giving mouth to mouth resuscitation.

Sharps and Body Fluid Kits are specifically designed for the safe clean up and disposal of biohazard spills, such as blood and vomit. .

APPENDIX A Checklist and Poster

Establishment Mission Grove Primary School

Date :

FIRST AID CHECKLIST	YES	NO	COMMENTS / ACTION REQUIRED
1. Has the establishment been categorised according to level of risk(s)?			
2. Has the establishment arranged appropriate First-aider training based on the number of staff / pupils, also, the type of school e.g. nursery, primary or secondary or special?			
3. Are first aid boxes readily available throughout the establishment?			
4. Are first aid boxes and travelling / minibus kits stocked in accordance with this LCoP?			
5. Are notices displayed in prominent positions detailing the name / location of first aiders, appointed persons? If not, how are employees informed of the arrangements for first aid?			
6. Does the first aid room conform to the guidance of this LCoP?			
7. Are staff aware of the accident reporting / investigating procedure?			
8. Has the first-aid treatment given been recorded on the accident / incident report form.			
9. Where necessary, have first aid arrangements been made for lone workers and staff etc. on educational visits?			
10. Has the establishment formulated arrangements for supporting pupils with medical needs?			

NEEDLESTICK- SHARPS INJURY

If you suspect that you have received a needlestick/ sharps injury



TAKE IMMEDIATE ACTION

1. Bleed it - by squeezing not sucking



2. Wash it - with copious amounts of soap and running water
then cover with a water proof dressing



3. Report it - to your Line Manager and Occupational Health 020 8496 1480

Take appropriate advice



4. Attend - Accident and Emergency Department of the local hospital

- If possible, take syringe/ needle in a safe manner to
the hospital along with information of origin



5. Ensure - completion of accident/ incident report form

ASTHMA

1.0 What is Asthma

Asthma is a common, chronic, variable (symptoms can appear and disappear quickly) condition, which affects the airways.

The airways become inflamed and swollen and narrow easily in response to a wide variety of trigger factors making breathing difficult. (example :- common cold, house dust mite etc).

Asthma affects approximately 1:7 school age children.

2.0 Policy Statement

This policy aims to ensure that all pupils with asthma receive appropriate care and support whilst in the school environment.

The following set of principles have been formulated to help school staff, parents and pupils in achieving this aim.

3.0 Mission Grove Primary School

- Recognises that asthma is an important potentially serious condition affecting many of it's school age children
- Recognises the potential impact asthma can have on a pupil emotionally / physically / educationally
- Welcomes all pupils with asthma
- Will support their schools in developing an asthma register working in partnership with Parents / Carers
- Will support and encourage schools to implement / set up care plans for pupils with asthma based on information provided
- Will take all reasonable steps to ensure that the school environment is favourable to pupils with asthma
- Will ensure all schools have a **NO SMOKING POLICY**
- Will encourage and help pupils with asthma to participate fully in all aspects of school life including sport and PE
- Recognises that immediate access to inhalers is vital and that pupils and all school staff know where to find the inhalers without delay
- Will support the recommendation by the National Asthma Campaign that pupils are encouraged to take responsibility for their asthma care by **carrying their asthma inhaler with them** within the school environment, if considered age appropriate
- That all staff who are in contact with pupils with asthma are aware of the individuals potential trigger factors where possible

- That all school staff recognise the symptoms of an asthma attack and know what to do in an emergency following the guidelines displayed in the staff room or other appropriate area of the school
- That all school staff know when to call for medical assistance
- That all school staff have access to appropriate training in asthma care and take the opportunity to update their knowledge and skills on an annual basis as recommended by the National Asthma Campaign
- Work in partnership with pupils, parents, school staff, governors and health care professionals to ensure the asthma policy is successfully implemented for the benefit of their pupils who suffer with asthma

4.0 The following roles and responsibilities have been identified

4.1 Local Authority

- Provides indemnity for teachers and other school staff who volunteer to administer medication to pupils with asthma who need help
- Ensures the health and safety of pupils with asthma by having an asthma policy which is implemented within its schools which is reviewed and updated annually

4.2 Mission Grove Primary School

- Will hold a register of pupils with asthma and encourage parents / carers to complete the asthma questionnaire
- Ensure key school staff are aware of asthmatic pupils within the school
- Will inform parent / carer if a pupil has an asthma attack
- Will take the appropriate emergency measures for dealing with an asthma attack as outlined in the step by step guide
- Will communicate any concerns school staff may have to parents / carers about their child's asthma care
- Will facilitate and in partnership with the school nurse / doctor complete a care plan for pupils identified through the completed questionnaire as having brittle asthma
- Where pupils do not carry their own inhalers staff will ensure inhalers are kept in a safe but readily accessible place
- Ensure all staff have the opportunity to partake in basic training concerning asthma, which is regularly updated as recommended
- Display the information provided, outlining the management of an asthma attack in designated agreed areas within the school

- Take reasonable steps to reduce potential trigger factors influencing asthma within the school environment- eg classroom plants and pets
- Remind asthmatic children partaking in PE or going off the school site for activities or school trips to take their inhalers with them, if age appropriate

4.3 Primary Care Trust

- Ensure that the school nurse / health care professional has access to training on asthma care so they are equipped with the skills and knowledge to provide support, education, and training for school staff, pupils, and parents on asthma care
- That the school nurse is provided with the necessary resources to support the training of school staff (leaflets / video)
- The school nurse will in partnership with the school the parent and the family GP (where possible) arrange a suitable date to set up the care plan in school
- The school nurse will work in partnership with parents, pupils, head teachers, school staff and other key healthcare professionals as required.

4.4 The Pupil with Asthma (dependent upon age)

- Should know how and when to take their reliever inhaler (blue)
- Should carry the reliever inhaler **on their person** / in schoolbag or know how and where to access their inhaler at all times
- Should inform a member of staff if he / she becomes unwell at school
- Should care for their inhaler in a safe manner
- Remember to take their inhalers to PE lesson / off site activities

4.5 The Parent

- Must inform the school if their child is asthmatic
- Must inform the school of any relevant changes to their child's asthmatic status / medication
- Should ensure, if possible, two reliever inhalers (blue) – are provided, one to keep in the child's classroom and the other to be kept in the medical area
- Must ensure their child's inhalers provided in school are in date and replaced as and when necessary

Must communicate any concern about their child's asthma care in school to the Inclusion Manager.

Anaphylaxis

What is anaphylaxis?

Anaphylaxis is a severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure to something you're allergic to, such as peanuts or bee stings.

Anaphylaxis causes the immune system to release a flood of chemicals that can cause you to go into shock — blood pressure drops suddenly and the airways narrow, blocking breathing. Signs and symptoms include a rapid, weak pulse; a skin rash; and nausea and vomiting. Common triggers include certain foods, some medications, insect venom and latex.

Anaphylaxis requires an injection of epinephrine and a follow-up trip to an emergency room. If you don't have epinephrine, you need to go to an emergency room immediately. If anaphylaxis isn't treated right away, it can be fatal.

Symptoms

Anaphylaxis symptoms usually occur within minutes of exposure to an allergen. Sometimes, however, anaphylaxis can occur a half-hour or longer after exposure. In rare cases, anaphylaxis may be delayed for hours. Signs and symptoms include:

- Skin reactions, including hives and itching and flushed or pale skin
- Low blood pressure (hypotension)
- Constriction of the airways and a swollen tongue or throat, which can cause wheezing and trouble breathing
- A weak and rapid pulse
- Nausea, vomiting or diarrhoea
- Dizziness or fainting

Policy Statement

This policy aims to ensure that all pupils who have anaphylaxis receive appropriate care and support whilst in the school environment.

The following set of principles have been formulated to help school staff, parents and pupils in achieving this aim.

Mission Grove Primary School

Will hold a register of pupils with anaphylaxis, detailing their allergy

Ensure key school staff are aware of pupils within the school who have anaphylaxis

Will inform parent / carer if a pupil has their epipen or other medication administered

Will take the appropriate emergency measures for dealing with an anaphylactic episode as outlined in the step by step guide

Will communicate any concerns school staff may have to parents / carers about their child's care

Will facilitate and in partnership with the school nurse complete a care plan

Where pupils do not carry their own epipens staff will ensure they (and any other medication required) are kept in a safe but readily accessible place

Ensure all staff have the opportunity to partake in basic training concerning anaphylaxis, which is regularly updated as recommended

Ensure medication is taken when going off the school site for activities or educational visits

The Pupil

Should know what their allergy is and how it affects them

Should inform a member of staff if he / she becomes unwell at school

The Parent

Must inform the school of their child's allergies, either if confirmed or being tested

Must inform the school of any relevant changes

Should ensure, if possible, two epipens are provided, one to keep in the child's classroom and the other to be kept in them medical area

Must ensure their child's medication provided in school are in date and replaced as and when necessary

Must communicate any concern about their child's care in school to the Inclusion Manager.

MEDICATION IN SCHOOL

Parents are responsible for informing the school, when their child is admitted, via the Admissions Form, of any condition the child may have which will require medication, eg asthma, allergies. Parents also need to inform the school of any changes to their child's condition. The school will record this information on the MIS.

If medication is needed in school, parents will be asked to complete a consent form, allowing staff to administer, detailing the time, dosage and storage requirements.

If a child has medication in school, the medication held will be taken by a First Aider should they be attending an educational visit, sporting event or off site learning (eg swimming).

Staff who administer medication to children in school will hold an Administering Medication Certificate. All medication administered will be recorded.

Only prescription medication will be administered in school. Prescription medication not in the original container and not with the child's name will not be accepted. Parents should not allow children to bring in over the counter cough sweets etc., and are asked not to bring in non prescription medication, for example decongestants, antihistamines, aspirin, laxatives.

All medication held in school will be recorded by the admin team. This will include location of medication (either the child's classroom or first aid area (or both if two items of required medication are held)). The expiry date will be recorded and this is checked on a monthly basis. If required, parents will be contacted and asked to provide new medication should the expiry date be due.

The school will hold calpol, and piriton and will administer as a short term measure on parents consent (verbal consent is accepted in these circumstances).

If a child requires a short course of medication and the parent requests the school to administer it, a consent form needs to be completed by the parent, allowing staff to administer. No medication should be administered without a completed consent form.

Medication is then stored in a plastic wallet, (net bag for spacers) with the consent form and a photo of the child, detailing child's name, class and medication. The medication will be stored appropriately, eg in a fridge. The completed consent form should be checked prior to administering any medication.

Lesley Shoesmith to check medication held (including the schools medication, eg calpol, piriton) on a monthly basis and contact parents should the expiry date be approaching in order to obtain new medication and replace the schools medication if required.

ILL CHILDREN

Aim

The aim of the Mission Grove Primary School is to ensure that all staff and parents / carers are aware of the procedures to take in the event of a child being ill.

Background

At Mission Grove Primary School we understand that all children have minor illnesses, such as coughs and colds, and that these should not prevent them from attending. In addition, the school also understands that some children have longer-term illnesses and conditions that, while serious, should also not prevent them from attending if they and their parents wish them to. For these children a health care plan is usually agreed with parent / carer.

However, we are aware that some children will occasionally have illnesses that make it inappropriate for them to attend, particularly in the case of any infectious illness that might be spread to others.

Policy

- If a child arrives ill, a First Aider should take the decision as to whether the child is fit to attend and, if not, the parent / carer should be asked to take the child home.
- Children with the following signs or symptoms should be sent home and parent / carer advised that their children should return as soon as they have been symptom free:
 - a. diarrhoea and / or vomiting (can return after 48 hours)
 - b. doubtful rash
 - c. conjunctivitis
 - d. infectious illness, for example flu, chicken-pox, mumps or measles
 - e. fever or temperature.
- If a child becomes unwell while on the premises, or has an accident involving injury, then the duty first aider should be asked to see the child immediately and, where appropriate, the child's parent / carer should be called and asked to collect the child.
- In the event of an illness or accident requiring hospital treatment, the first aider will make every attempt to inform the parent / carer immediately and arrange to have the child taken to hospital with an appropriate escort.
- If the parent / carer do not arrive or are unable to be contacted, the escort should stay with the child until the appropriate treatment has been given and follow the advice of a responsible doctor.
- In all cases the first aider should complete a detailed report of what happened and action taken and any illness, accident or injury to a child should be recorded in the accident book.

Management duties

Managers and senior staff in the organisation have a duty to:

- protect the health and safety of staff and children at all times
- ensure that all policies and procedures are effectively implemented

- regularly review and audit provisions in this area to ensure that policies, procedures and arrangements are adequate
- arrange any training required.

Staff duties

Staff at Mission Grove Primary School comply with agreed policies and procedures at all times.

Training

In this organisation all staff will be made aware of this policy during induction and provided with necessary training relevant to their role.

Applicability and scope

This policy applies to all staff and volunteers working for the organisation without exception. All staff have responsibility for ensuring that they work within the remit of this policy and in the manner in which they have been trained.

Responsibilities

Responsibility for the implementation, monitoring and review of this policy lies with the management of the organisation.

Medical Procedures

Accident Resulting in Injury

Closest member of staff to fetch a qualified first aider

First Aider to assess injury
Further assistance required? (Call another First Aider)
Further assistance required? (Call Emergency Services)
Remain with injured person

First Aider to decide
Whether the injured person can be moved (take to medical area)
Place in recovery position

Contact
Emergency Services?
Parent
Headteacher / SLT

Record Incident
Accident / Incident Book
SchoolPod
Accident Reporting Form