



St John the Divine Church of England Primary School will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities.

Responsibility for first aid at St John the Divine is held by the Head Teacher, who is the responsible manager. All first aid provision is arranged and managed in accordance with the Children's Services Safety Guidance Procedure SGP 08-07(First Aid). All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

### **Aims & Objectives**

Our first aid policy requirements will be achieved by:

- Carrying out a First Aid Needs Assessment to determine the first aid provision requirements for our premises.
- It is our policy to ensure that the First Aid Needs Assessment will be reviewed periodically or following any significant changes that may affect first aid provision.
- Ensuring that there are a sufficient number of trained first aid staff on duty and available for the numbers and risks on the premises in accordance with the First Aid Needs Assessment Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid in accordance with the First Aid Needs Assessment.
- Ensuring the above provisions are clear and shared with all who may require them.

The responsible manager will ensure that appropriate numbers of appointed persons, school first aid trained staff, emergency first aiders, qualified first aiders and paediatric first aid trained staff are nominated, as identified by completion of the First Aid Needs Assessment, and that they are adequately trained to meet their statutory duties.

### **School First Aid Trained Staff**

At St John the Divine all staff have received basic first aid training.

### **Paediatric First Aid Trained Staff**

Qualified First Aiders (Those completing the HSE approved 3-day first aid course) are as follows:

- Julia Grannel

They will be responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises. There are also responsible for first aid kit inspections.

Our First Aid Needs Assessment has identified the following first aid kit requirements:

- First aid kits are located in the school office, the staff room, the Nursery and in the main and early years playground
- 4 travel first aid kits for use off site. These travel first aid kits will be kept in the Nursery

It is the responsibility of the First Aider at Work to check the contents of all first aid kits every 2 months (half termly) and record findings on the Children's Services First Aid Kit Checklist (CSAF- 003 – See Appendix 3). Completed checklists are to be stored in the first aid file in the under-sink cupboard in the admin office.

The contents of first aid kits are listed under the 'required quantity' column on the checklist itself. The designated area for first aid is the Nursery for treatment, sickness and the administering of first aid. There is a first aid box on the playground where minor injuries can be treated, using the benches beside the first aid box. The Nursery has the following facilities – child sized chairs, running water, first aid materials and a telephone to call parents from.

### **Dealing with accidents**

Upon being summoned in the event of an accident, the first aider is to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance. See Appendix 1 – Contacting the Emergency Services The first aider/appointed person is to always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness

- Whenever there is the possibility of a fracture or where this is suspected Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if it:

- is considered to be a serious (or more than minor) injury first aid treatment is administered requires attendance at hospital
- if a head injury has occurred (any injury from the neck upwards)
- if the child has appeared particularly distressed
- if we are in any way concerned by the child's physical or emotional state

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable.

In the event that parents cannot be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents every hour. In the interim, we will ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).

In the event that the child requires hospital treatment and the parents can not be contacted prior to attendance, the qualified first aider/appointed person/another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

All accidents requiring first aid treatment are to be recorded with (at least) the following information:

- Name of injured person
- Name of the person the accident was reported to
- Name of the qualified/emergency/school/paediatric first aider or appointed person Date of the accident
- Type of accident (eg. bump on head etc)
- Treatment provided and action taken

#### **Pupils with Special Medical Needs – Individual Healthcare Plans**

Some pupils have medical conditions that, if not properly managed, could limit their access to education. These children may be:

- Epileptic
- Asthmatic
- Have severe allergies, which may result in anaphylactic shock
- Diabetic
- Sickle Cell

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

A copy of all medical needs is kept in each classroom, the school kitchen, the office and staffroom and are updated as needed or annually. An individual health care plan is drawn up by the school nurse, the school, the parent/carer and child. If needed the child's GP can be involved. This helps our school to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. Parents/carers have prime responsibility for their child's health and should provide schools with information about their child's medical condition prior to starting school. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The school nurse or suitably qualified person also provides additional background information and practical training for school staff in understanding and using the Individual Healthcare plans.

The school follows NHS policy on administering adrenaline through the use of epi-pens. If children who have registered care plans, due to severe allergy reactions and the need to use an epi-pen, suffer an allergic reaction at school, there is an epi-pen clearly marked with the child's name on and antihistamine liquid in school office medical cupboard. Training from the school nurse in how to administer adrenaline is usually annually.

#### **Administering Medicines in School**

Our School will administer medicine to pupils only when it has been prescribed by a doctor. Most prescribed medicines can be taken outside of normal school hours. Written parental permission must be given for the designated member of staff to administer medicine. A signed record is kept in the office daily of time, dosage and designated member of staff administering. (Refer to the school's administering Medicine Guidance)

All asthma sufferers have a signed medical card from Drs Surgery held in the office. All inhalers are kept in a medical box in each classroom.

As a school we encourage all our children to have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If an asthma pumps has not been bought into school, if it is broken or lost, or the inhaler has run out the school hold an emergency salbutamol inhaler to the use of pupils whose own inhaler was not available. There is one inhaler kept in the Nursery medical cupboard for emergency use (following a change in law October 2014 and following Guidance on the use of emergency salbutamol inhalers in school's guidance from The Department of Health).

A co list of pupils in school that have been diagnosed with asthma, or prescribed a reliever inhaler, is kept with the emergency inhaler. If the inhaler is used this is to be recorded on the document which is kept with the emergency inhaler and parents/carers are then informed that their child used the emergency inhaler. Appropriate support and training for staff in the use of the emergency inhaler.

The emergency salbutamol inhaler should only be used by children, who fall under the following categories:

- For whom written parental consent for use of the emergency inhaler has been given, as part of a child's individual health care plan.
- Who have either been diagnosed with asthma and prescribed an inhaler.
- Who have been prescribed an inhaler as reliever medication.
- Pupil's prescribed inhaler is not available – for example: broken or empty.

If any member of staff has reason to suspect a child has asthma or a respiratory condition, they should notify the parents/carers, so they can take their child to a doctor.

#### **Storage/Disposal of Medicines**

Any medication that needs to be in school is stored either in Nursery fridge or as per storage instructions. The exception to this rule is inhalers, which must be clearly labelled with their name and kept in the child's classroom; where they can be easily reached where necessary. It is the responsibility of the parents to regularly check dates of prescribed medicines and collect unused medicines from school and dispose of them accordingly.

#### **Absence as a result of illness**

When a child is unwell it can be hard to decide whether or not to keep them off of school. It is important that, should you make the decision to keep your child at home that you inform the school office as soon as is possible. Details of your child's illness / injury will be requested as all schools are required to complete a weekly survey for the Department for Health – See Appendix 2 – Reportable Illnesses

Not every illness needs to keep your child from school, however, statutory guidance dictates the number of days children should be kept off of school when suffering from contagious ailments, as listed below:

- Vomiting and Diarrhoea – children suffering with diarrhoea and / or vomiting should be kept off of school for at least 48/24 hours after their symptoms have gone
- Chicken pox – If a child has chicken pox, they must be kept off of school until their posts have crusted over.

Where there is any question regarding children's health and attendance at school, the School Nursing team and /or Department for Public Health will be consulted; Parents need to be aware that the advice given will always be acted upon.

Where a child becomes unwell on site, the Head Teacher will be responsible for deciding whether or not the child is sent home.

|                     |                               |                      |
|---------------------|-------------------------------|----------------------|
| Approved by:        | FGB                           | Date: September 2021 |
| Last reviewed on:   | 26 <sup>th</sup> January 2022 |                      |
| Next review due by: | [Date]                        |                      |

## **Appendix 1**

### **Contacting Emergency Services**

#### **Request for an Ambulance**

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number **0207 735 4898**
2. Give your location as follows:

**St John the Divine Church of England Primary School**  
**Warham Street**  
**London**

3. State that the postcode is **SE5 0SX**
4. Give exact location in the school
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

**Speak clearly and slowly and be ready to repeat information if asked - Stay Calm**

## **Appendix 2**

### **Reportable Illnesses**

The school needs to be notified if a child contracts any of the following illnesses:

Cerebro-Spinal Meningitis  
Chickenpox  
Diphtheria  
Dysentery, Diarrhoea, Enteritis  
Food Poisoning  
Erysipelas  
German measles  
Influenza  
Ringworm (Body and Head)  
Scabies  
Smallpox  
Tonsillitis  
Whooping cough  
Impetigo  
Jaundice  
Measles  
Mumps  
Ophthalmia and Conjunctivitis  
Poliomyelitis  
Pneumonia  
Pulmonary Tuberculosis  
Scarlet Fever  
Sore throat  
Typhoid Fever

**CHILDREN'S SERVICES ASSESSMENT FORM CSAF-003**

To be completed using Children's Services Safety Guidance Procedure No 08/07 (First Aid)

**First Aid Kit Checklist**

|  |
|--|
| Location of First Aid Box                        |
| Vehicle & Registration No                        |
| Identity No of First Aid Kit/Box (if applicable) |
| Date of initial First Aid Kit/Box check          |
| Name of Assessing First Aider                    |

| No | Premises First Aid Box  | Minimum Required | Required Quantity |
|----|---|------------------|-------------------|
| 1  | Guidance Book   | 1                |                   |
| 2  | Individually wrapped sterile adhesive dressings of assorted sizes | 20               |                   |
| 3  | Sterile eye pads  | 2                |                   |
| 4  | Individually wrapped triangular bandages                          | 4                |                   |
| 5  | Micro pore tape   | 1                |                   |
| 6  | Medium wound dressings individually wrapped                       | 6                |                   |
| 7  | Large wound dressings individually wrapped                        | 2                |                   |
| 8  | Low-adherent dressings  | 5                |                   |
| 9  | Disposable gloves   | 1                |                   |
| 10 | Scissors  | 1                |                   |
| 11 | Sterile gauge swabs (alcohol free wipes)                          | 10               |                   |
| 12 | Non-Woven Plasters  | 0                |                   |
| 13 | Face Shield   | 1                |                   |
| 14 | Vomit bags  | 0                |                   |
|    |   |                  |                   |
|    |   |                  |                   |
|    | Additional Checks   |                  |                   |
| 1  | Are items of first aid within expiry date                         |                  | YES / NO          |
| 2  | Are items of first aid in good undamaged condition                |                  | YES / NO          |
| 3  | Is the first aid box in good condition and undamaged              |                  | YES / NO          |
| 4  | Is the location of the first aid box clean and assessable         |                  | YES / NO          |
| 5  | Is the first aid location sign present and in good condition      |                  | YES / NO          |
| 6  | Is the list of trained first aiders up to date                    |                  | YES / NO          |

**Summary of actions Actions Required**

|   |                       |               |
|---|-----------------------|---------------|
| FIRST AID KIT PASSED (end of each term) action required | YES                   | NO            |
| Name of Assessor  | Signature of Assessor | Assessed Date |

## **Managing Asthma in school**

When the school are informed that a child has been diagnosed with Asthma, parents are required to complete an asthma care card. Following on from this, staff will be informed of the exact treatment for that child; it should not be assumed that treatment is the same for all suffers.

Whenever a child uses their asthma pump, this must be recorded on their record – this will be kept in a box along with the child's pump.

Further information on the use of and storage of inhalers.

An emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler.
- At least two plastic spacers compatible with the inhaler.
- Instructions on using the inhaler and spacer.
- Instructions on cleaning and storing the inhaler.
- 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.

### **Storage and care of the inhaler**

A designated person has responsibility for ensuring that:

- 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.
- Replacement spacers are available following use.
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available.

The plastic spacer should not be reused to stop the risk of cross-infection. It can be given to the child to take home for future personal use. The inhaler itself can be reused, provided it is cleaned after user. Disposal of asthma inhalers to be returned to the pharmacy to be recycle.