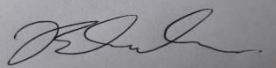


# TOWNHILL JUNIOR SCHOOL



## FIRST AID POLICY

First Aid Policy			
<b>Date last amended:</b>	18 <sup>th</sup> April 2025	<b>Approved by:</b>	Townhill Junior School Full Governing Body
<b>Approval date:</b>	28 <sup>th</sup> April 2025	<b>Signed:</b>	 Jo Proctor Chair of Governors
<b>Review date:</b>	April 2026		

# TOWNHILL JUNIOR SCHOOL



## FIRST AID POLICY

### Accidents and Illness

#### **Storage and Administration of Medicines**

Townhill Junior School follows the LA policy of enabling, whenever possible, children who have short term or chronic long term medical conditions to take part in normal school activities, and lead as normal and happy a life as possible.

#### General Principles

- Children will be encouraged to take responsibility for their own medical care whenever possible.
- The 'common law duty' of school staff might, in exceptional circumstances, extend to administering medicine or taking action in an emergency.
- In general, the consequences of taking no action in an emergency are likely to be more serious than those of trying to assist.
- Pupils with special/chronic conditions should be allowed to go on visits where practicable so long as this is supported by the child's doctor in writing.
- The management of the school does allow staff to administer to pupils' medications prescribed by a doctor
- It is entirely the decision of individual staff whether they are prepared to administer medication.

#### Practical Issues

- NO MEDICATION MUST BE GIVEN TO A PUPIL WITHOUT THE WRITTEN CONSENT OF THE PARENT/CARER.
- Non-prescribed medicines containing analgesics (e.g. aspirin, paracetamol in tablet form or in cough mixtures or Calpol) can only be given by staff with the consent of parents and for no longer than a 10 day period.
- Analgesics **can** be given **if** prescribed by doctor but should be specifically prescribed e.g. split prescription
- If a member of staff is asked to administer medicine the parents **MUST** complete the medical form first.
- If the school has reasonable doubt about the information on the form it should seek confirmation from the medical practitioner.
- Staff agreeing to administer medication **MUST** keep a written record. This form should be put with the child's records when the medication ceases.
- Medicines must be clearly labelled with the contents, child's name and instructions.
- Medicines to be kept in a secure areas and should be in an additional sealed container (e.g. tupperware box) and marked "medicines".
- MEDICINES MUST NOT BE KEPT IN FIRST AID BOXES.

## **Special Circumstances**

- Some pupils have unusual or special specific medical needs (e.g. extreme allergic reaction or epileptic seizure).
- These cases will be few in number. The school should agree an individual health care plan to meet the needs of a particular pupil.
- The HT will ask for staff who are willing to undertake the necessary training to act in an emergency or administer treatment.
- A second member of staff should be present if more intimate procedures have to be followed.
- For children who require treatment requiring invasive medical procedure e.g. pessary, suppository staff are not expected to attend training or administer treatment, this is the responsibility of parents or health professionals.
- Under no circumstances should an untrained person attempt to administer an injection.
- Where appropriate pupils should keep items such as Epi-pens with them. Where this is not appropriate they must be stored where the trained staff have immediate access to them.

## **Provision of First Aid**

Illness during teaching time - if this occurs when the trained four day first aider (FDFA) is in school their assistance should be requested (They are identified in Appendix A). Where this is not the case the teacher must be responsible. If the child is not well enough to be in school either the FDFA or the school secretary/admin officer should try to contact the parents. Basic first aid supplies are kept in boxes / draws in the medical room.

## **Asthma Policy**

Asthma is the most common chronic disease in childhood. It affects approximately 10% of all children. It is also the most common reason for pupils to take medication at school. Pupils with asthma should be encouraged to take a full part in all activities of the school. A record of all pupils with asthma in the class should be easily available in the room for the benefit of all staff.

## **INHALERS**

### **A. RELIEVER INHALERS (usually blue)**

Pupils will need to have one reliever inhaler to keep at home and one at school for use at school.

Common reliever inhalers are Ventolin, Bricanyl and Sulbutamol.

### **B. PREVENTER INHALERS (usually brown)**

Pupils will also need two preventer inhalers if these are to be taken during the school day. Most preventive inhalers need to be taken only twice a day and can therefore be administered at home. Intal, however, may be prescribed more frequently and may need to be administered at school.

Reliever inhalers are of particular importance. IT IS ESSENTIAL THAT THE PUPIL HAS IMMEDIATE ACCESS TO HIS/HER RELIEVER INHALER AT ALL TIMES. The main location for Inhalers is at the Office Medical Room. However, in severe cases, those children should have their inhalers with them in class, either on their person, in their tray or on their teacher's desk. Delay in taking

reliever treatment can lead to a severe attack and, in rare cases could prove fatal. Modern treatment with adequate preventer inhalers should eliminate all severe attacks. For the small percentage of children with severe asthma there should be written instructions on what should be done in different circumstances. Teachers should ensure that pupils have easy access to their reliever inhaler at all times; in the classroom, on the sports field, at break and lunch times and on school trips.

### **School Doctor / Nurse**

Teachers concerned about the seriousness of a pupil's asthma attack should discuss the pupil with the Headteacher so that appropriate referral can be made to the school doctor, nurse, G.P. or Consultant Pediatrician. A pupil who is noted to be over reliant on their reliever inhaler has poorly controlled asthma and needs a review of his/her medication. These pupils should also be discussed with the school nurse or doctor.

### **Sports**

The aim of total normal activity should be the goal for all but the most severely affected pupil with asthma. However, nearly all young people with asthma can become wheezy during exercise. Teachers should be aware that a number of pupils with asthma will take a dose of their reliever inhaler and/or preventer inhaler before exercise. This helps to prevent exercise induced asthma. If the pupil becomes wheezy or breathless a further dose of the reliever inhaler should be given. Pupils who are normally active should not be forced to participate in games if they say they are too wheezy to continue. Missing games regularly because of asthma should be extremely rare. Reliever inhalers must be taken out for games and swimming.

### **Nebulisers**

Some children with severe asthma may use an electric device called a Nebuliser to deliver asthma drugs. In such cases, the school would need to liaise with the G.P./School Nurse on correct management.

### **Injuries to children procedure**

1. Injuries to children, however minor, should be entered in the Medical Log Book which is kept in the Medical Room.
2. If the person dealing with the child is in any doubt to medical action, a member of staff trained in First Aid should be sought (These are identified in Appendix A), although a number of staff hold basic first aid qualifications.
3. If the child has sustained any injury to the head this should be reported to the parents and a letter should be completed and sent back to class with the child. Letters for the purpose are kept with the Accident Book, which is stored in the Office Medical Room.
4. In the case of any other injury, if there is any concern, a letter should be completed and sent home with the child in the post at the end of the school day. Letters for this purpose are kept in the Office Medical Room and a pink form is also filled in for school records.
5. If there is no further concern after s/he has been dealt with, the child should be sent back to class.

6. In cases where the person administering First Aid feels that the class teacher should be aware of the injury or a bump on the head, the child should be sent back to class with a slip indicating that the teacher should monitor the child's condition and write a note or ring home if there is any additional concern.
7. If any accident or injury sustained by a child should require further action, or if the child is unfit to remain in school, the parents should be telephoned.
8. Children with medical conditions requiring special action are listed, with photographs, in the staff room.
9. Children suffering from asthma, should always have their own inhaler in school. It must be labelled, and should be kept in the office. Children **MUST ONLY** use their **OWN** inhaler.
10. Additional Epi-pens for children who have severe allergic reactions are kept in the cabinet in the medical room labelled Epi-pens. (Each child should carry his/her own Epi-pen in school at all times).

**HOSPITAL CASES** Record accidents on HS1 form

(1) **First Aid** as appropriate. First aid kits in medical room and minibus.

(2) **Call Ambulance (tel: 999)** If appropriate or arrange private transport by:

- (a) parent;
- (b) teacher.

(3) **Contact Parent/s** asking them to:

- (a) convey the child to hospital;
- (b) accompany the child and teacher to hospital;
- (c) proceed to the hospital to meet the child, e.g. ambulance and other urgent cases.

(4) **Schoolchildren attending Accident and Emergency Departments of Hospitals**

In case of sudden serious illness or injury, a member of the school staff may attend hospital with a school child and take full responsibility for that child, acting in loco parentis. For instance, consent to operate may be given. This is provided that:

- (1) delay will be dangerous;
- (2) every reasonable effort has been made and is being made to contact the parent or guardian;
- (3) the teacher accompanying the child is either the Headteacher or is acting with the full authority and knowledge of the Headteacher. The Headteacher or Deputy Head should contact the hospital to confirm this.

## **(5) Arrangements at Hospital**

- (1) On arrival at the hospital, the teacher accompanying the child will notify the receptionist in the casualty department that he/she is a teacher, standing in the parent's absence, and having to return to school at the earliest possible moment.
- (2) The doctor in charge of the casualty department will assume when a teacher brings a child for treatment, that efforts have been made to contact the parents. The teacher will say whether or not these efforts have been successful and will produce any written authority from the parent.
- (3) The teacher accompanying the child will be guided in the matter of giving written consent by what he considers a "prudent parent" would do in the circumstances.
- (4) Treatment may involve the use of an anaesthetic or the giving of an anti-tetanus injection. If the use of an anaesthetic is considered necessary, the teacher will be asked to give their written consent.
- (5) If it is considered desirable to give an anti-tetanus injection the following procedure will be followed:
  - (a) the School Office at Townhill Junior School will be asked whether the child's medical records show that a course of injections has been given and when.
  - (b) the teacher will state whether, to his/her knowledge, the child's parents have expressed any objection to injections, on religious or other grounds.
  - (c) the teacher will be asked, as in the case of an anaesthetic, to give his/her written consent, acting in "loco parentis".
- (6) If, however, the doctor considers that no harm would come from deferring the anti-tetanus injection, the child will be given a note to take to his/her own doctor during the evening and get the necessary injection.
- (7) Efforts to contact the parents, after treatment at hospital has been given, will be continued.

## **ILLNESS OF A CHILD**

- (1) School cases (Minor) Record significant cases on Arbor

Child to be sent/taken as appropriate to school office and left with the School Administrative Officer, their assistant or the Headteacher for observation and/or first aid.

- (2) Home cases: Except in minor cases, a parent will be contacted:

- (a) at home or
- (b) at work

(phone numbers in pupil's record files and on Arbor) and asked to collect the child from school.

- (3) Hospital cases:

Call ambulance (Tel: 999) if appropriate  
or arrange private transport by

- (a) parent
- (b) teacher

Contact parent/s – via Arbor (the office can access this if staff member is off site).