KENSINGTON WADE

First Aid Policy
Including Procedure for Administering Medicines and Recording Information

Scope of the Policy

This policy outlines the organisation and management of First Aid/medication and sickness at Kensington Wade School including the EYFS. The implementation of the policy is the responsibility of all teaching staff. The policy is reviewed annually.

First Aid is emergency care given to an injured person (in order to minimise injury and future disability) before professional medical care is available. Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of pupils in the same way that parents might be expected to act towards their children. In general, consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Responsibilities

The responsibility for Health and Safety, which includes First Aid, rests with the Head. The Head is also responsible for putting the policy in place, including informing staff and parents.

All staff, and those parents with responsibility for children in school, should be aware of available First Aid personnel, facilities, and the location of First Aid kits and information.

First Aid provision must be available at all times, including during school trips, PE and at other times when the school facilities are used e.g., Progress Review Meetings.

FIRST AID TRAINING AND FACILTIES

- There are First Aid kits located in the Office and every classroom. Packs are green and immediately visible at all times. These kits are to be checked every half-term by the Class Teachers. Staff are to inform the Office when stock needs replenishing.
- All Teachers and Teaching Assistants in the school are trained in 'Paediatric First Aid'.
- Certificates and records of courses are held in the school office and staff are retrained as required.
- When appropriate, children are treated for sickness in the assigned medical room.

INJURIES
IN THE EVENT OF A MINOR INJURY

- Minor injuries are treated using first aid supplies.
- Children, who need ice packs, are monitored accordingly.
- The child's teacher will be informed.
- Accident forms are completed and categorised accordingly. These must be completed independently to capture each individual adult's version of events. Staff must not confer.
- All EYFS parents are informed of any injury to their child on the same day as the injury occurred.

IN THE EVENT OF A HEAD INJURY

- Head injuries are assessed and treated immediately.
- Parents and the class teachers are informed immediately.
- After an assessment, appropriate action is taken.
- A letter is sent home at the end of the day.
- A telephone call to the parents is made immediately after every head bump
- The child wears a green wrist band to alert all staff that they have head a head bump and a careful eye needs to be kept.
- Accident forms are completed and categorised accordingly. These must be completed independently to capture each individual adult's version of events. Staff must not confer.

IN THE EVENT OF AN INJURY NEEDING HOSPITAL REFERRAL

- First Aid assessment is made.
- An ambulance is called if necessary.
- The Head, Deputy Heads and the class teacher are informed and advised of the action to be taken.
- The parent/guardian is informed of the circumstances and the nature of the emergency.
- Where possible the parent/guardian should collect the child from school and transfer to hospital by their own transport.
- If an ambulance is called and the parent/guardian is present, they will accompany the pupil in the ambulance. If the parent is not present, the Class Teacher will accompany the child.
- The incident/accident must be recorded appropriately at the earliest opportunity. These must be completed independently to capture each individual adults version of events. Staff must not confer.
- Check must be made as a RIDDOR may need to be completed
- Follow-up action, if needed, must be taken.

Plastic gloves should be worn for the benefit of the casualty as well as the First Aider. All soiled materials should be wrapped and disposed of safely.

PROTOCOL FOR SENDING PUPILS HOME DUE TO ILLNESS

- Observe safe practice at all times for pupils and staff.
- Trained First Aiders will assess pupils deemed unwell.
- The parent will be notified by telephone, informed about the nature of the illness and that collection is necessary.
- It is the responsibility of the parent/guardian to arrange for the collection of the child, if not in person, then by a responsible adult.
- Unwell pupils will be either kept in the Medical Room or with the class (if appropriate) until they have been collected.
- Children must be supervised at all times.
- Pupils are not permitted to travel home alone by public transport or taxi when unwell.

PLAYGROUND SESSIONS/AFTER SCHOOL ACTIVITY SESSIONS

- There are always at least 2 members of teaching staff on duty.
- Administer first aid.
- Contact the parent/guardian/class teacher if necessary.
- Record/report incident at the earliest opportunity. It is the responsibility of the person who witnessed / dealt with the accident to record it. These must be completed independently to capture each individual adult's version of events. Staff must not confer.

THE ISSUE OF MEDICATION

- Teaching Staff and Teaching Assistants may administer medication when supplied by a parent and where written permission for that particular medicine has been obtained from the child's parent/carer. The office has a copy of a form which can be completed electronically or in person. Prescription medicines should not be administered unless there is evidence that they have been prescribed by a doctor/ dentist/ nurse/pharmacist (medicines containing aspirin should only be given if prescribed by a doctor) and a medical form has been completed.

PROCEDURE FOR ADMINISTERING MEDICINES

- Parents are to sign and complete the medical administration form.
- The medication should be handed in, in its original packaging and appropriately stored in the fridge or medical cupboard.
- All medication brought in by parents/guardians should be clearly marked with the child's name, the dosage, time to be administered and instructions of how to administer on the storage bag. This information must also be clearly written on the medication form.
- Medication should be administered with two members of staff present.

- Dosages administered are recorded on the forms in the office. Name, date, time, medication, quantity and signature should be completed.
- Any refusal to take the medicine or reactions to the medicine will be documented.
- No medication must be held by the children. Children's Epi-pens will be available to them at all times. Staff have **Epi-pen** training regularly.
- Any unused individual child's medicine will be returned to the parent at the end of each term. If it is not collected, parents will be informed that it will be disposed of at a local pharmacy.

THE ISSUE OF PARACETAMOL & CALPOL

When a child enters the school, the parent is asked to give permission for staff to administer Paracetamol if required. These medicines are supplied by the school.

Dosage: Children over the age of 6 may be given 5-10ml orally with the consent of their parents.
Maximum Dose: The dose should not be repeated more frequently than every four hours.

1. The administration of Paracetamol will be the responsibility of the appointed persons (Pediatric First Aiders).
2. Paracetamol will be stored in a locked medicine cupboard in the medical room from where it will be issued. Access to the cupboard will be for the appointed persons only.
3. The Head is responsible for the purchasing of Paracetamol.
4. The procedure for issuing Paracetamol is:
   (a) Record the name of the pupil
   (b) Age
   (c) Check that the pupil is not taking or has not taken any medicine already
   (d) Inform the pupil or parents that there should be a 4 hour interval before repeating the dose.
5. The following details will be recorded in the appropriate medication book kept in the Office:
   (a) Date
   (b) Time
   (c) Dose and name of medication
   (d) Name of Pupil
   (e) If the child refuses the medication this must be documented and parents informed.
6. The medication/record book will be initialled by the person administering the Paracetamol.

Any Paracetamol that has expired will be disposed of at the local pharmacy.

SHORT TERM MEDICAL CONDITIONS

Short-term conditions requiring medication are dealt with by liaising with the parents and completing the appropriate medical forms.

LONG TERM MEDICAL CONDITIONS

Long-term medical conditions are dealt with on an individual basis. Health professionals are involved as appropriate. Reviews are ongoing and children are closely monitored.

INFECTIOUS/CONTAGIOUS ILLNESSES

- Parents must inform the school as soon as possible if a child has an infectious illness.
- Parents of children with infectious illnesses should follow the guidelines set by the Health Security Agency (HSA previously Public Health England).
- Children with impetigo, hand, foot and mouth or chickenpox should remain at home until the lesions/blisters are crusted or healed over (at least 48 hours).

FEVER

Any child with a raised temperature, over 37.5 Celsius, should not attend school. The child should stay at home and return **24 hours** after they feel better.

DIARRHOEA AND VOMITING ILLNESS

We advise that no child should return to school for a minimum of **48 hours** from the last episode of diarrhoea or vomiting.

We strongly recommend a period of **48 hours** as advised by the UK Health Security Agency (HSA previously Public Health England)

All staff should follow basic hygiene procedure when dealing with spillage of body fluids and to avoid infection e.g.

- Use disposable rubber gloves
- Hand washing facilities

PARTICULAR MEDICAL CONDITIONS asthma (see below) , epilepsy, diabetes

- All parents complete a medical condition form on entry which is updated as required.
- Children with specific conditions are listed clearly by year group with medical conditions and allergies.
- If the child has an individual medical plan issued by the doctor, then the School needs a copy of this and it is, together with the child's photo, clearly displayed in the relevant staff room/office.
- A Medical list of children with particular medical conditions and Allergies is created annually and updated accordingly. This is handed out to all staff.
- The list is also circulated to all staff every new school year or when updated.
- Medical conditions, allergies and intolerances must be highlighted on all Risk Assessments.

Asthma

Asthma is a condition that affects the airways - the small tubes that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten.

School Management

The pupils with asthma are identified from the Medical Questionnaire. The medical questionnaire is reviewed by the Head. The Head will liaise with the parents to ascertain the full extent of the condition and will request an Asthma Health Care Plan from a healthcare professional. The school will complete an individual health care plan. Please see the Allergies policy for more detail.

Pupils are encouraged to take responsibility for their asthma from an early age and are permitted to carry their own medication.

Parents must provide the school with spare inhalers, which will be kept with each pupil's Asthma Care Plan and their inhalers in a bag to be with them at all times.

Parental Responsibilities

- Parents are responsible for supplying the medication /completed care plan
- Reminders are sent by the school to parents prior to the expiry of any medication to facilitate this.
- Pupils who do NOT carry lifesaving medication, but require it will not be permitted to attend school trips, school or travel to and from school.

It is vital the school receives all information regarding the pupil's health condition. We aim to maintain and promote well-being and health to all our pupils and staff. All emergency medication will be monitored closely.

In an emergency the school may use its own **Relievers** – these are the inhalers used in an acute attack to relieve the symptoms of asthma.

If a pupil becomes breathless and wheezy or coughs continually or has a tight chest:

1. Keep calm. It is treatable. Reassure and STAY CALM
2. Let them sit down in the position they find most comfortable
3. Do not make them lie down. Encourage up right position
4. Ensure the reliever inhaler (usually a blue container) is taken promptly and properly. Take 2 puffs immediately
5. Encourage slow regular breaths (prevent crowding and ensure the pupil is safe)
6. If the symptoms improve the pupil can go back to class
7. If the symptoms have improved but not completely gone, give another dose of the inhaler (usually 2 puffs) and call the office to contact the parents.
8. If the pupil does not have an inhaler with them, use their emergency one from the Medical Room. If there is no spare, call the parents.

Signs of a severe asthma attack
Any of these signs means 'severe'.

- Normal relief inhaler does not work
- The pupil cannot speak normally/in full sentences
- Blue tingeing around the mouth
- Pulse rate of 120 per minute or more
- Rapid breathing of 30 breaths per minute or more

If in ANY doubt call an ambulance 999

What to do in a severe asthma attack.

- Keep calm
- Keep using the relief inhaler -2 puffs (one puff at a time) every 2 minutes until symptoms improve. Use a spacer if possible. They can take up to ten puffs. Do not worry about possible over-dosing
- If they do not start to feel better or you are worried, call an ambulance, and arrange for a member of staff to accompany the pupil to hospital.
- Contact the pupil's parents to meet at the hospital.
- Continue to reassure them.
- If an ambulance does not arrive within 10 minutes and the pupil is still feeling unwell continue giving two puffs every 2 minutes
- Have Asthma Care Plan ready to give to the ambulance crew.

Try to make note of the time of the start of the attack and all symptoms to tell the ambulance crew

Staff must-

- Recognise that immediate access to the pupil's reliever inhaler is vital and it is accessible at all times.
- Offer appropriate support to fully participate in all physical activities.
- Recognise the needs of children with asthma.
- Ensure that children with asthma participate fully in all aspects of school life.
- Ensure that reliever inhalers for the children are always taken to the dining hall.
- If practitioners take the children out of the building for walks or school trips, reliever inhalers must always be on hand.
- Children with asthma are included on the medical list both in the dining hall and classrooms. Individual emergency treatment details are also clearly stated.
- Parents will be asked to ensure that their child's inhaler is clearly labelled, in date and in good working order.
- Written parental consent must be given and recorded to enable practitioners to administer reliever inhaler

Guidance

All staff must have a clear basic understanding about asthma and the use of inhalers. All staff are aware of the procedures to follow should a child have an asthma attack.

Administration of an adrenaline auto injector (AAI)

An auto injector is used to treat anaphylaxis which is a potentially life-threatening allergic reaction.

School Management

Pupils requiring an AAI are identified from the Medical Questionnaire. The medical questionnaire is

reviewed by the Head. The Head will liaise with the parents to ascertain the full extent of the condition and will request an Allergy Action Plan from a healthcare professional. The school will complete an individual health care plan. Please see the Allergies policy for more detail.

Pupils are encouraged to take responsibility for their condition from an early age and are permitted to carry their own medication.

Parents must provide the school with 2 AAI devices, which will be kept with each pupil's Allergy Action plan and their devices in a bag to be with them at all times.

Parental Responsibilities

- Parents are responsible for supplying the medication /completed care plan
- Reminders are sent by the school to parents prior to the expiry of any medication to facilitate this.
- Pupils who do NOT carry lifesaving medication, but require it will not be permitted to attend school trips, school or travel to and from school.

It is vital the school receives all information regarding the pupil's health condition. We aim to maintain and promote well-being and health to all our pupils and staff. All emergency medication will be monitored closely.

In an emergency the school may use its own **AAI**.

Should a reaction happen call 999 immediately and say child anaphylaxis

Signs of an allergic reaction – see below

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY
- **Persistent cough**
- **Hoarse voice**
- **Difficulty swallowing**
- **Swollen tongue**

B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C CONSCIOUSNESS
- **Persistent dizziness**
- **Pale or floppy**
- **Suddenly sleepy**
- **Collapse/unconscious**

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1 **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2 **Use Adrenaline autoinjector <u>without delay</u>** (eg. EpiPen®) (Dose: _____ mg)

3 **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do <u>NOT</u> stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

What to do in a severe allergic reaction.

- Keep calm
- Use 1 AAI and if there is no improvement after 5 minutes use the second AAI.
- Contact the pupil's parents to meet at the hospital.
- Continue to reassure them.
- If an ambulance does not arrive within 10 minutes and the pupil is still feeling unwell continue giving two puffs every 2 minutes
- Have the Allergy Action Plan ready to give to the ambulance crew.

Try to make note of the time of the start of the attack and all symptoms to tell the ambulance crew

Guidance
All staff must have a clear basic understanding about allergic reactions and the use of AAI. All staff are aware of the procedures to follow should a child have an atatck

Nuts – Kensington Wade is a nut aware school

Parents have been asked to notify the school if their child suffers from any food allergy. Likewise, staff suffering from any such allergy should also alert the catering manager.

Our caterers do not use any nuts in food preparation, and the school is nut aware.

The school takes a **NO NUT** position– they should not be brought into school / on trips / in cakes for cake sales etc.

CONTENTS OF FIRST AID KIT - WHICH ARE CHECKED REGULARLY BY THE FIRST AIDERS)

- A leaflet giving general advice on First Aid
- Individually wrapped sterile adhesive dressings
- Antiseptic wipes
- Sterile eye pads
- Triangular bandages
- Medium sized (12x12cm) individually wrapped non-medicated wound dressings
- Disposable gloves
- Icepacks
- Tuff-cut scissors

NB Equivalent items are acceptable

Travelling First Aid containers to be taken on 'off site' activities should contain the above but in smaller quantities.

All the staff will be made aware of any emergency/special health requirements of individual children.
All illness/allergy information is given to all teaching staff as well as the office and catering staff.

THE RECORDING OF MEDICAL INFORMATION

All day-to-day information of incidents and accidents of a pupil are recorded in the Medical Record Book in the School Office. This information is kept secure and archived. These must be completed independently to capture each individual adult's version of events. Staff must not confer.

Each day, parents/carers are informed of any accidents or incidents involving their child. An incident and accident report is presented to the Health and Safety Committee by the Head every term. Appropriate action is taken as a result. The frequency and nature of accidents and incidents are reviewed to see if there is a pattern and whether there needs to be improvements to Health and Safety procedures and practice.

HM September 2026

Next review September 2027