



Cleeve Prior School

A Church of England Voluntary Controlled Primary School

This policy is the consensus of the staff and the Governing Body and was approved at the Full Governing Body meeting on 10th February 2022

The Policy for First Aid

The school policy for First Aid has the agreement of the teaching staff and the Governing Body and is reviewed three yearly.

Named First Aiders: Mrs J Grace, Mrs B Ellison, Mrs K Smith, Miss P Roads, Miss Roberts

The following procedure applies to the treatment of injuries sustained during school hours:

In the event of an injury to a child during playtime or a lesson, the member of staff on duty will determine the extent of the injury and:

- a) comfort and console the child;
- b) direct the child to one of the named first aiders, who will assess and treat minor injuries or
- c) recommend to the Head that parents are contacted for further treatment outside school.

All accidents must be recorded in the accident book.

All children receive a letter to home if they have a bump to the head. This letter is signed by the Headteacher and handed to the child's class teacher for distribution. In the event of a serious head injury, parents will be contacted immediately.

No medication will be administered to a child unless the child's parents have filled in the 'medicines form' and spoken to a member of staff. Only medicines prescribed by a Doctor can be administered in school. Medicines are kept in the school office or in the refrigerator in the staff room. A named First Aider will administer the medication. The school will keep on the premises prescribed medication which might be needed in known cases of unpredictable need, e.g. for children who are known to suffer from epilepsy or asthma.

Plastic gloves must always be used in the treatment of injuries.

Anaphylaxis



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Anaphylaxis is a state of immediate hypersensitivity following exposure to a foreign protein or drug with a massive release of histamine. A severe reaction will follow the injection of a foreign substance, much more quickly than ingestion. Allergens can be many and varied, e.g. penicillin or other antibiotics, animal serum products, local anaesthetics, shellfish, milk and milk products, chocolate, latex, peanuts and pecans, egg whites, insect or wasp, bee or hornet stings.

With the introduction of the allergen into the sensitive person, the reaction is the release of a large amount of histamine into the blood stream.

This will have effects locally, e.g. swelling, itching or red weals, or systemically, e.g. swelling around eyes, flushing and feeling of warmth, generalised red blotches, swollen tongue and throat, difficulty in breathing, tightness in chest or other effects, e.g. nausea, cramps, bloating, vomiting, diarrhoea, headache, dizziness, confusion, feeling of impending doom.

Anaphylaxis needs immediate, aggressive management or the patient can die in minutes.

Conscious patient: lie down with legs elevated. Reassure and calm the patient. Phone for an ambulance. Administer Adrenaline via an EPI Pen or Piriton as appropriate for patient.

Unconscious patient: use the recovery position to help maintain their airway. Phone for an ambulance. Administer Adrenaline via an EPI Pen. Piriton is not appropriate for an unconscious patient.

The most common device available to administer Adrenaline is the EPI Pen. This delivers a specific dose into the patient's quadricep. It must be used as soon as symptoms are noticed.

Asthma

We will encourage and help children with asthma to participate fully in all aspects of school life. We recognise that asthma is a condition affecting many school children and that immediate access to inhalers is vital. We will ensure that other children understand asthma, thereby enabling them to support their friends.

Asthmatic children are allowed to keep their inhalers with them at all times. They should be clearly named.

Children who need supervising with their inhalers have a record sheet, which is signed and dated by the member of staff present. These and the inhalers are stored in the office and the children are encouraged to be as independent as possible taking the responsibility for the management of their condition.

If a child has an attack, ensure that the inhaler is taken quickly. This should open up narrowed air passages. Stay calm and reassure the child; the child will probably have experienced an attack before. Help the child to breathe, slowly and deeply. Most children find it easier to sit upright; do not lie



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them on their backs. Loosen tight clothing around the neck and offer a drink of water. Call a doctor if the inhaler has no effect after five to ten minutes or you have doubts about the child's condition. If a doctor is unavailable, call an ambulance.

Asthmatic children should be encouraged to take part in PE lessons. Teachers should be aware of their condition and ensure that inhalers are taken to the hall, field or swimming pool.

Epilepsy

For a child or children with a diagnosis of epilepsy, care plans are put in place. These plans, along with the relevant documentation, are highly visibly around school should they ever be required in an emergency. All relevant staff have been trained in identifying and treating episodes.

Date reviewed by Governing Body : Feb 2022

Date for Review: **Feb 2023**