

HINGUAR PRIMARY SCHOOL



Medical Procedure Annex

Responsible members of Staff

Mrs. A. Waite (Headteacher)

Mrs E Anderson (School Office Team Leader)

Mrs C. Grennan (School Admin and Welfare Officer)

Ms. L. Hardy (Lunchtime Supervisor)

“Hinguar Primary School is committed to safeguarding and promoting the welfare of children and expects all staff, governors and volunteers to share this commitment”.

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Any injury to a child is the responsibility of every member of staff whether trained or not, however, diagnosis or treatment can only be performed by a trained first aider. You will be one of the following: -

Untrained - You should comfort the child and if they are mobile take them to a first aid trained person. If they are not mobile, stay with the child and send someone to get a first aid trained person.

Basic First Aider - this person will have attended a half day basic first aid course and can provide basic diagnosis and treatment for minor bumps, cuts and grazes that need cleaning and a plaster.

Paediatric First Aider- this person will have attended a two-day first aid course and can deal with all minor and major injuries within young children.

First Aid at Work Qualified - this person will have attended a three-day course and will deal with major injuries including all head injuries, suspected sprains, dislocations or breakages and general illness (i.e., I feel sick) either at the scene of the incident if the child is not mobile or within the sick bay.

A list of all First Aiders can be found in the office.

Pupil Requiring Medical Attention Following an Incident, including in both the breakfast and after school clubs (BASC).

If at any time during the school day, or in the before and after school clubs (BASC) a child reports to you that they have had an accident, e.g., grazed, knocked, slipped, tripped, fallen over, bumped into someone **or you are witness** to such an event the following procedure is to be followed:

- 1) Immediately establish the circumstances of the accident and who was involved to assess if any other children require medical attention and if so, ensure these pupils are attended to as well. You must ensure you log the accident in your accident books. If you are **not** first aid trained, if the child is mobile, take the children involved to a first aider and report accident details. If the child is not mobile, stay with the child and call for help. The first aider will then re-assess and ask the pupils further questions to ensure full knowledge of medical needs. First Aiders are available as follows: -
 - Playtime and lunchtime – in medical room and main office
 - During other times of the school day first aid trained teaching assistants should make themselves available to administer medical attention. If a child is deemed to be unfit to be in class or the playground, then they should be taken to the main office.
 - In EYFS and BASC all staff are paediatric first aid trained.

- 2) If you are first aid trained administer the appropriate medical response to the injury and record accident on the accident sheet in full, including specific accident details. The accident sheet is located during playtime and lunchtime in the medical room, off the playground. During the remainder of the day the accident book and clipboard is either centrally stored in the main office or assigned to each class. The accident sheet should always be returned to the office for the attention of the Deputy Headteacher.

In EYFS, Nursery and Reception have their own accident books, which are kept in the classrooms. The same applies to BASC.

- 3) If you are first aid trained but not confident in your diagnosis ALWAYS gain a second opinion from another first aider, to ensure appropriate medical attention is provided.
- 4) All First Aid forms are signed by the Data Protection Officer (Catherine Attard) and filed away in guidance with GDPR.

Communicating to pupils' medical attention has been administered.

Whilst first aid is administered, explain to the pupil concerned explicitly what the injury is, what you are doing to make it better and any **after care** that might be needed to be further applied, e.g. keep the compress on. Always remind the child to inform an adult if **after a time** they begin to feel unwell or experience increasing pain/discomfort.

Communicating to the class teacher medical attention has been administered.

After lunchtime has finished, MDA first aider MUST report all accidents to the relevant class teacher. The teacher should enquire as to the nature of the incident to provide support for the child and take responsibility for monitoring the child whilst they are in their care. If the class teacher has any reason to believe that the child may be deteriorating, then they should seek the opinion of a first aider. MDA first aid books must be returned to the office after every lunchtime session.

Guidance on minor injuries

Minor injuries will be classed as:- scratches, knocks, scrapes, bangs, bumps, slips/trips/falls. The first aider will assess and provide appropriate first aid. Any first aid administered will be recorded on the First Aid Record Board and in the First Aid book. The **first aider will** inform the office if a text is required to be sent to inform parents of minor injury.

Communicating to parents when medical attention has been administered for a minor injury will be as follows:

- A text will be sent to parents to inform them of minor injury. Parents will be asked to sign the first aid form at the end of the school day.
- In EYFS, parents will also be informed at home time and asked to sign the first aid form.

- In BASC, parents will be informed on collection and asked to sign the first aid form on collection at the end of the day. If an incident occurs during breakfast club, then normal school procedures will apply. BASC staff have access to Bromcom for parental contact when the office/teaching staff are not on site.

If a minor injury becomes more significant in the classroom or around the school

If during or after first aid has been administered a condition worsens, e.g swelling, bruising, dizziness, etc **or** a child report to an adult that they are feeling worse after receiving first aid, the first-aider must refer this to the following key people – Alison Waite or Emma Anderson. At this point the seriousness of the injury will be assessed and managed by Alison or Emma and if necessary, parents will be contacted after discussion with a member of the senior leadership team.

Responding to a medical incident beyond a minor injury

The school considers any of the following is to be treated as more than a minor injury.

- **Any injury** within the Head Area
- When there are visible changes such as bumps, swelling or bruises that occur whilst first aid is being administered or serious breaking of the skin that may require more than a plaster.
- Teeth knocked, evidence of blood in mouth or any injury to ears, eyes, nose, teeth or mouth.
- If the child involved is in the EYFS
- Significant injury to a joint
- Any injury around the private area/head/eyes

Administering first aid for a significant injury

The first aider will assess and provide appropriate first aid, e.g., cold compress, ice pack, eye wash. If the injury is beyond a minor injury and will require significant aftercare (see above) the first aider should take the child to one of the following members of staff (Paediatric First Aid Qualified).

- Mrs S Allen
- Mrs R Bowser
- Mrs C Brant
- Mrs J Durrant
- Mrs S Edwards
- Mrs K Foulkes
- Mrs J Pennett
- Mrs C Attard
- Mrs C Grennan
- Ms Hardy
- Mrs T Loe
- Mrs N Newman
- Mrs P Penny

- Mrs Tarling
- Mrs S Wilson
- Mrs B Merton
- Mrs G Mota
- Mrs E Anderson
- Mrs H Cochrane
-

If the qualified first aider decides that the child is deemed unfit to be in class or the playground then the child must be escorted to the main office where the escort signs will sign the **Medical Bay Admission Form (Appendix 1)** which then puts the child under the care of Alison Waite, Emma Anderson and Carmel Grennan within the medical bay. Any phone calls made need to be recorded on the Medical Form.

If a child is admitted, then any communication with teachers or parents will then be the responsibility of the Admin Office. **No child who has been in a major accident, hit in their privates, or involved in an accident that needs investigation will be sent home without prior consultation with a member of the senior leadership team.**

Please note: The first aider who provides the initial treatment must still follow the normal procedure for recording the incident and the initial treatment.

Sick Bay Admittance

Once a child has been admitted into the care of the medical bay the qualified first aider will assess the child and complete the Medical Bay Admission form which includes:

- First Aid Assessment
- Action Plan
- Discharge Details

Head Injury (Bump to the Head)

All head injuries must be assessed by a qualified first aider and an **ambulance** will be called **IMMEDIATELY** if after a bump to the head the child: -

- Vomits.
- Speaks with slurred speech.
- Loses consciousness.

Parents are to be contacted immediately and informed of the urgency.

Eye injury

If you suspect that a child might have received an eye injury the following procedure should be followed:

Major eye Injury

- If the child **loses sight either temporary or for a sustained time** an **ambulance** will be called, and the parents will be contacted.
- If a child's eye immediately starts to swell or bruises this will be dealt with in the same manner as the major injury procedure. A cold compress must be applied.

Minor Eye Injury

The previous minor injury section should be referred to in these cases.

Joint injury (possible dislocation, fracture or sprain)

The child should not be moved and a qualified first aider must perform the initial diagnosis by: -

- Asking the child for additional information regarding how it happened and how it feels
- Checking for deformity by comparing the injured counterpart on the opposite side of the body.
- Asking the pupil to point and describe the pain.
- Checking for swelling.
- Checking for inability to move

If a serious injury is suspected then the child **must not** be moved and they should be made as comfortable as possible (blanket, pillow, water etc) and an **ambulance** will be called.

Parents are to be **contacted immediately** and **informed of urgency** and **a member of the senior leadership team informed immediately** so that **any investigation can be made prior to the arrival of the parents.**

Splinters

A splinter is normally defined as a small sliver of something e.g., wood that has embedded itself in the superficial layer of skin.

If the splinter is sticking out of the skin, then a first aider can remove this without increasing the risk of infection. After removal a plaster should be applied to help fight infection.

A splinter that is completely out of sight and under the skin **must not** be removed and the procedure for parental contact will be followed. Information on how to remove splinters is given in our First Aid for Schools and Paediatric First Aid course.

When contacting parents

The first aider must ensure: -

- Parents are provided with key medical information in a professional manner which allows parents to assess their response to the information. For example,
 - location of the injury
 - the first aid that has been administered
 - condition of their child
 - any after care
 - any need to go to the doctors.
- Parents are to be asked if they would like to talk to their child before coming to collect them from the school. A time of arrival needs to be confirmed with the first aider and the parent.
- If direct contact cannot be made with a parent a message must be left on their answer phone to inform the parent that their child has sustained an injury and to please contact the school ASAP. Please ensure when you leave a message that you give your name so when parents return phone calls the person receiving the phone call knows who made the first contact. **The school office is to be informed so a further attempt or response can be made during the school day.**

Parents collecting their child after a significant injury (not sickness)

If after administering first aid it is clear that parents must or will be collecting their child from the school. **The office MUST**

- inform HT or senior management so that they can investigate quickly on the how, who, why and what happens / will happen next (consequence etc). At **least 10 mins** before the parent arrives. A member of the senior leadership team will then ensure they are available to meet any parent on their arrival and support the first aider to ensure parents are satisfied with the outcome before taking their child off-site.
- Ensure that the First Aid note is completed and provided to HT or senior management so this can be given to the parent on arrival so they have evidence and information for any doctor, hospital that may be involved in any further first aid administration.

Advice to parents when taking pupil off-site

- It is the senior managers responsibility to inform the parent, on collection, of the need to **closely monitor their child and if vomit, loss of consciousness or slurred speech become apparent then an ambulance must be called immediately.**

Aftercare

There maybe occasion when after receiving medical attention an injury may worsen in the classroom, e.g., swelling or the pupil may have a delayed response to feeling sick. Therefore, it is important to ensure that aftercare is carried out in the classroom by

- The class teacher / first aider regularly checking on how the pupil is feeling in the classroom.
- A medical re-referral is made by a first aider within class or year group.

If it is clearly assessed that the child's condition has worsened / unwell they should be taken to the school office for further aftercare / supervision.

At no time should a child be unwell in the classroom or left outside the office at the main entrance to recover. (Emma and Carmel are there in response to a major injury or concern.)

- All aftercare will take place in finance room to ensure child is away from public view.
- An appropriate adult/first aider should be present with the child at all times and provide appropriate first aid supervision/aftercare to provide personalised reassurance and well-being.
- Close observations should be made, recorded and responded to in the case of significant deterioration of condition (re-contacting parents to inform them of change in circumstances or contacting ambulance if necessary)

Advice to parents regarding further aftercare when taking pupils off-site

In the incidence of a pupil being collected by a parent and taken off site, the HT or in their absence a member of the leadership team will ensure they are available to meet the parents on their arrival. **It is the senior manager's responsibility to inform the parent on collection of the need to closely monitor their child.**

For example:

Head injury - if vomit, loss of consciousness or slurred speech become apparent then an ambulance must be called immediately.

Eye injury - If the child losses sight either temporary or for a sustained time, swells or bruises an ambulance must be called immediately

Joint injury - to take to doctor or A&E for a further assessment

Food Allergies

On admitting a pupil to Hinguar, information regarding any food allergies is collated and centrally held by the office. This information is shared with all staff and annually updated or updated on admission of a new child or the school has been informed by parents that their child's needs have changed.

This data information is managed and shared with staff by Emma Anderson as follows: -

Office staff

Details of children with food allergies are collated online. All office staff are expected to read this information regularly to ensure they are conversant with specific needs of pupils to inform their work tasks, or any first aid administration undertaken. This information is checked and updated at regular intervals.

Class teachers, learning support assistants and MDAs

Details of children with food allergies are kept in Bromcom. Any child that has a medical care plan regarding food allergies or other medical conditions requiring an immediate first aid response is also kept there and is shared with staff, with a photograph of the pupil. All staff are expected to read this information regularly to ensure they are fully up to date and aware of all pupils with allergies or specific medical conditions. This information is checked and updated at regular intervals.

Kitchen staff

Details of children with food allergies or special dietary needs are posted on a specific board in the kitchen. Any child that has a medical care plan regarding food allergies or other medical conditions requiring an immediate first aid response is also posted on this board, with a photograph of the pupil.

All kitchen staff are expected to read this information regularly to ensure they are fully up to date and aware of all pupils with allergies or specific medical conditions.

Any changes to the published school menu will need to be taken with regard to this information. If any change to the published school menu is made, the following must be implemented:

- Children with special requirements must be identified
- The changed menu must cater for individual needs by offering an acceptable alternative
- The menu must be clearly identified in the weekly newsletter giving two weeks' notice of any change
- The newsletter must clearly state that there are no other changes during that week

Epilepsy

Children with known epilepsy will be identified to all members of staff via the same method used for food allergies. If a child has an epileptic attack then the following procedure should be followed: -

- Do not touch or leave the child
- Send for a qualified first aider
- Ensure that the area around the child is cleared (i.e., move chairs & desk) to allow the child to move about if they need to

Under no circumstances should the child be restrained, or any object placed into their mouths. An ambulance will be called immediately, and the parents will be informed.

Asthma

On admitting a pupil to Hinguar information regarding medical conditions and asthma is collated and centrally within Bromcom. This information is shared with all staff and annually updated or updated on admission of a new child or the school has been informed by parents that their child's needs have changed.

This data information is managed and shared with staff by Emma Anderson as follows:

- All teachers will have a copy of the Asthma register of pupils in the school via Bromcom. Registers are also held digitally in the school office.

Asthma Medicines

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom stored by the class teacher.

- Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler, these are held in the school office. All inhalers must be labelled with the child's name by the parent/carer.
- All school staff will supervise pupils as they take their asthma medication when they need to and report the taking of the inhaler to parents by telephone or direct contact. This is also recorded and kept in class.
- In EYFS, staff will support the children to take their asthma medication as they are too young to administer the medicine correctly.
- The above applies to BASC also.

Asthma Attacks

In the event of an asthma attack the following procedure will be followed: -

- Ensure that the reliever inhaler is taken immediately. Whenever possible, allow medication to be taken where the attack has occurred.
- If the child's own inhaler is not accessible, contact the office for alternative inhaler. The asthma card will refer to the amount/type of inhaler to be used.
- Stay calm and reassure the child. Stay with the child until the attack is resolved.
- Help the child to breathe by encouraging them to breathe as slowly and deeply as possible.
- After the attack and as soon as they feel better, the child can return to normal school activities.
- The child's parents must be informed of the attack immediately.

Emergency situation

Child should be admitted to the medical bay if the inhaler does not stop the attack. An **ambulance** will be called immediately if: -

- The reliever has not had any effect after 10-15 minutes
- The child is distressed or unable to talk.
- The child is getting exhausted.
- You have any doubts at all about the child's condition.
- Continue to give reliever medication every few minutes until help arrives.

Administration of Medication other than asthma

Occasionally a pupil may need medication during school hours, either for a short period (e.g., to finish a course of antibiotics) or regular medication to treat a chronic condition. If parents ask or give the class teacher medicine please reinforce that:

- Parents must inform and hand in any medicines to the school, via the school office. Parents must complete and sign a medicine form at the school office before handing over any medicine.
- Medicines should consist of a single dose and be accompanied by written instructions, provided by the parent. Any medicine (prescription or non-prescription) should always be handed over in a labelled bottle or box with clear printed instructions from the Doctor/pharmacy as to how much to administer. The school will not administer 'any' medicines that are not in a labelled box with clear printed instructions.
- Unless otherwise instructed by a pharmacy or GP, medicines that need to be administered three times daily, can be given to the child after school and not during lunchtime.
- It is the parent's responsibility to collect all medication at the end of every school day. All 'prescription' medicines left uncollected by the end of a school term will be disposed of accordingly.
- All medicines – except inhalers for asthma, will be administered by designated office staff.

For further information, please see the school's Administration of medicines policy.

Monitoring First Aid Administration procedures

First aid resource purchasing – Carmel Grennan

Monitoring of First Aid equipment in the medical room and medical bags is updated and easily accessible – Carmel Grennan

Reporting to the class teacher/office regarding lunchtime first aid incidents and after care- Louise Hardy (SMDA).

The Head teacher is responsible for monitoring the overall implementation of first aid /administration with designated responsibilities undertaken by Emma Anderson and Carmel Grennan.

Medical Bay Admittance Form

Pupil Name Date Time.....

Admitted by Received by

First Aid Assessment – Give brief details about the wound/ injury (Relevant details only)

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Second opinion needed

Yes

No

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Action Plan

- Immediately Call Ambulance Yes Not deemed necessary
- Contact Parents Yes Not deemed necessary
- Method of contact By Phone By Text Both

Details

- Monitor Pending Arrival of Parents Close Every ()mins N/A
- Monitor Pending Return to class Close Every ()mins N/A

Any other Actions / recommendations (Detail)

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Pupil released to parents

By Time

Pupil assessed as fit to return to class by

By..... Time