

First aid Policy

At Hope Nursery, we take our children and staff welfare seriously and make every effort to prevent accidents. In the event of an accident occurring, or a person presenting as unwell, we aim to act quickly and provide first aid where necessary. All permanent staff have training in paediatric first aid.

Procedures

Any injury which involves e.g.: Blood, bumps, swelling, bruising, suspect broken bones, nose bleed, choking, nausea, dizziness, fainting or unconsciousness *should be dealt with immediately according to the following procedure:*

1. Stay calm and take mental note of time, place and circumstances and deal with injured child or adult.
2. Calm the injured child or adult
3. Decide on treatment, if necessary
4. Administer First Aid if necessary
The only medication administered will be to clean wounds (water and cotton wool and sterile wipe)
5. If injury needs medical attention inform Principal immediately
6. Child's parent/guardian must be contacted
7. If child has to go to hospital a member of staff will accompany
8. If a child has to go home the teacher should enquire about his/her well-being within a reasonable time.
9. Immediately when the crisis is over, write an account of incident together with details of treatment into the accident book. Date, time and sign each entry and give to the Principal together with statements of any witnesses.

Parents

Parental permission will be sought to apply plasters if necessary
Parents must inform school if there are any specific issues for their child, e.g. asthma, allergies, medical conditions.

Policy for the administration of medication in school

"IT IS IMPORTANT TO NOTE There may be occasions where school staff may be asked to administer medication, but they cannot be directed to do so. The administration of medication to children remains the responsibility of the parent or those with parental responsibility. Medication should only be taken to school when absolutely essential and with the agreement of the Principal. Parents should be encouraged to request, where possible, that medication be prescribed in dose frequencies which enable it to be taken outside school hours. Schools should be alerted to the particular risks for young persons in taking Aspirin and Ibuprofen and should not routinely administer these unless under clear medical guidance." (DE guidance - Supporting children with medical needs, 2008)

The Board of Governors and staff of Hope Nursery School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so, **however it is expected that parents of a child who has an infectious condition or is unwell, should not send the child to school.** If a child is, or becomes unwell during the nursery day, staff will contact a parent, or if a parent is not available, another person nominated by the parent. They may be asked to collect the child from school.

Where it is necessary to keep medications in school, e.g. asthma inhalers or adrenaline injections,

Parents are responsible for

- making sure that their child is well enough to attend school.
- making the school aware that their child requires medication;
- reaching agreement with the Principal on the school's role in helping with their child's medication;
- providing the Principal with written instructions and making a written agreement. Details of the dose and when the medication is to be administered, are essential. Prescribed medication will not

be accepted in school without complete written and signed instructions from the parent. Non

- ensuring any changes in medication or condition are notified promptly;
- providing sufficient medication and ensuring it is correctly labelled;
- disposing of their child's unused medication;
- Each item of medication must be delivered to the Principal or class teacher, in normal circumstances by the parent, in a secure and labelled container as originally dispensed.

This should state :-

- Pupil's Name.
- Name of medication.
- Dosage.
- Frequency of administration.
- Date of dispensing.
- Storage requirements (if important).
- Expiry date.

In school:-

- Medication will be kept in a secure place, out of the reach of pupils.
- The school will keep records of administration of any medication, which they will have available for parents.
- Where medication is needed intermittently, e.g. occasional use of inhaler, parents will be informed of this at the end of the day, or earlier if necessary.
- If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day.
- If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- The school will not make changes to dosages on parental instruction
- Staff will not give a non prescribed medicine (e.g. calpol) to a child unless there is specific prior written permission from the parents
- Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service or other appropriate health professional

Pupils with a long term condition requiring regular medication, e.g. anaphalaxis, epilepsy

Depending on the severity of their condition these children may require a Medication Plan, which may indicate additional staff training. In these instances, school staff should

- never give medication without appropriate training from health professionals
- For children with significant medication needs an individual programme of training will be devised.
- All training should be reviewed at least annually and be child specific
- Training should be arranged in conjunction with the Health and Social Services Trusts, Community Paediatricians, School Nurse/Community Children's Nurse or other health professionals.
- A health-care professional should confirm that any training has given staff sufficient understanding, confidence and proficiency in medical procedures and communicate this to the employer.
- Training should be for named staff member(s) in the specific procedure(s) for each named child or children. The training programme undertaken must be planned and recorded in detail for the named staff member/ members.
- The training in specific procedures should include: information on the individual child's Medication Plan; the requirement to maintain the child's confidentiality; instruction on the procedure required by demonstration, followed by supervised practice where appropriate, and supported by a written protocol. This protocol should include the actions necessary for the trained person to implement and will become part of the pupil's Medication Plan; and where appropriate, child protection or intimate care issues must be addressed.
- Ideally, the staff should be trained before the child starts attending school, but, otherwise, parents must be aware that they will need to continue being responsible for the procedures until staff are trained.
- If no trained person is available on a particular day, the parents should be advised of this.
- The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there

may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

- All staff will be made aware of the procedures to be followed in the event of an emergency.

Emergency procedures

"Any individual can take action to preserve life provided that the action is carried out with the best of intentions and is performed in good faith. Teachers and other staff are expected to use their best endeavours at all times in emergencies. In general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency." (DE guidance - Supporting children with medical needs, 2008)

As part of our risk management in school, all staff will be informed of children with known medical conditions and/or medication plans.

These are mainly related to four conditions:

- Acute asthmatic attack requiring more inhalers/attention than usual routine doses.
- Diabetic hypoglycaemic attack requiring Glucose (glucose tablets or hypostop).
- Anaphylactic reaction requiring Adrenaline (e.g. EpiPen® or Anapen®).
- Prolonged epileptic seizures

For a child with a medication plan, the potential for an emergency to arise will be reflected in the plan, which will incorporate a plan of action, should an emergency occur. Staff will be expected to follow the advice given in that Medication Plan. Temporary staff, who may be in attendance and may not have the level of awareness and understanding of permanent staff, are expected to act within their own competencies and experience and obtain appropriate help.

Where a pupil experiences an emergency event with no relevant previous history, staff are expected to take all reasonable steps within their own competencies and experiences to assist the pupil and obtain the appropriate help.

Emergency Procedures

In the event of an emergency, the class teacher should stay with the child and direct a member of staff to call 999.

Parents must be alerted immediately.

A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent arrives. Where possible, the member of staff should have details of any health care needs and medication of the pupil and or a copy of the Medication Plan. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance.

Individual Care or Medication Plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency,

The incident should be fully recorded.

In all emergency situations a teacher or other member of school staff will be expected to act as a responsible adult or parent in the best interests of the child in recognition of their duty of care.

If in doubt phone for the emergency services.