



Castle Park Primary School

Church Rd, Caldicot NP26 4HN

First Aid Policy and Procedures

1. Quick Action Guide: Emergency Protocols

In a medical emergency, do not wait for a designated First Aider if the situation is life-threatening. Follow these steps immediately.

Emergency Contact Details

- **Emergency Services:** 999 (or 112)
- **School Phone Number:** 01291 429465
- **School Address:** Castle Park Primary School, Church Road, Caldicot
- **Postcode:** NP26 4HN
- **Best Entrance for Ambulance:** Car Park gate on **Llanthony Close, NP26 4LU**

Emergency Equipment Locations (School Office)

- **Defibrillator:** Located in the School Office.
- **Kitt Medical Box:** Contains emergency-use Epipens (School Office).

Information for the Emergency Operator (Caller Checklist)

- [] **Phone Number:** State 01291 429465.
- [] **Address:** Castle Park Primary School, Church Road, Caldicot.
- [] **Postcode:** Explicitly state **NP26 4HN**.
- [] **Casualty Location:** Give exact location (e.g., Year 4 classroom, Yard, Hall).
- [] **Casualty Details:** Name of learner and a brief description of symptoms/injury.
- [] **Arrival Instructions:** State that the ambulance should use the **Llanthony Close gate** and that a member of staff will meet the crew to take them to Main Reception.
- [] **Stay on the Line:** Do not hang up until the operator has repeated the information back.

2. Roles and Accountability

Role	Primary Medical/First Aid Responsibility
Governing Body	• Oversee statutory compliance and policy development

Headteacher

- Maintain the **Register of First Aid Trained Staff** (with qualification dates).
- Ensure adequate numbers of staff are trained and processes are robust. Guidance can be found in the MCC First Aid Policy.
- Lead communication regarding learners with specific healthcare needs.
- Ensure appropriate training is in place.

**ALNCo / SRB
Lead Teacher**

- Organize further training on individualised medical conditions based on specific learner needs.
- Review Individual Healthcare Plans (IHPs) at least annually.

Lead First Aiders

- Treat injuries according to training level.
- Maintain first aid boxes and stock levels.
- Conduct **termly checks** on the expiry dates of pupil medication.

All Staff

- Read and understand First Aid/Medical policies.
- Know the location of all emergency equipment.
- Report pupil illness/deterioration immediately and know emergency signs.

Parents

- Provide up-to-date health information and signed consent forms.
- Supply in-date, pharmacy-labelled medication in original containers.
- Ensure a nominated adult is contactable at all times.

3. Treatment Pathways

Pathway A: Minor Injuries (Cuts/Grazes)

1. **Hygiene:** Staff must wash hands and wear disposable gloves before and after treatment.
2. **Treatment:** Non-trained staff may treat minor cuts and grazes following St. John's Ambulance guidelines.
3. **Recording:** The person administering aid must record the treatment in the **Class Accident Book**.

Pathway B: Serious or Life-Threatening

Red Flags for Immediate Escalation:

- Loss of or suspected loss of consciousness or sudden collapse.

- Suspected fractures or spinal injuries.
- **Major wounds needing medical attention.**
- Use of an EpiPen or major asthma, diabetic, or seizure events.

Immediate Actions:

1. **Alert SLT:** Use the **walkie-talkie** immediately to alert Senior Leaders, the office, and First Aiders.
2. **Do Not Move:** Casualties must not be moved until advice is received from emergency professionals.
3. **Accompaniment Rule:** A member of staff **must stay with the learner** until the parent arrives or **accompany the child to the hospital in the ambulance.**

Head Bump Protocol

- **Mandatory Contact:** Parents must be telephoned for **every** head injury and asked, if appropriate, to visit the school to assess the child.
- **Precise Recording:** The name of the parent contacted and the specific time of contact must be recorded in the Class Accident Book.

4. Medication and Chronic Needs Management

The Golden Rule No medication is administered without written parental consent (see form in appendix). All medication must be in the **original pharmacy-labelled container** including the learner's name, dosage, and expiry date.

Storage and Access

- **Pupil-Specific Items:**

Inhalers are kept in marked classroom boxes in a lockable area.

EpiPens and other emergency medication specific to a child is kept in a clearly marked locked cupboard in the school office unless otherwise stated in the pupil's health care plan.

Prescription medication will be stored in the school office, or as appropriate, in the fridge in the staff room. This must be clearly labelled with the child's name, in its original packaging and stored with a medication consent form and administration record. Medication must be transported to and from school by a responsible adult and never by a pupil.

- **Emergency Back-up:** A secondary supply of emergency EpiPens is kept in the **Kitt Medical Box** in the School Office.

Individual Healthcare Plans (IHPs) An IHP is required for learners with medical needs that are:

- Complex or long-term.
- Fluctuating.
- High-risk (requiring emergency intervention).

Information Sharing

- **High-Risk Register:** Located in the staffroom and on the secure staff-share area.

5. Forest School & Off-Site Activities

- **Forest School:** The lead staff member must carry the specialist outdoor first aid kit at all times.
- **Off-Site Visits:** The Visit Lead must carry emergency medications (inhalers/Epipens) for identified pupils and verify First Aider-to-pupil ratios.
- **Swimming:** Staff and learners must strictly adhere to Caldicot Leisure Centre rules and instructor guidance.

6. Body Spillage Protocol (5-Step Process)

1. **Protection:** Wear disposable gloves (and aprons if available).
2. **Absorb:** Disperse designated granules over the spillage and leave for several minutes.
3. **Remove:** Use the **designated dustpan and brush** to sweep the absorbed waste into newspaper.
4. **Clean:** Wash the affected area with warm water and detergent. **The designated dustpan and brush must also be washed and cleaned after use.**
5. **Dispose:** Place all waste and gloves in a sealed bag and dispose of in yellow bag in accessible toilet. Dispose in **external dustbins only**. Wash hands immediately.

6. Record Keeping and Reporting

Compliance requires the maintenance of three specific record types:

1. **Class Accident Book:** For minor injuries and head bumps (must include contact times).
2. **Record of Medication Administration:** Must be completed for every dose.
 - **The Witness Rule:** This record requires the signature of the administering staff member **and a second staff witness**.
3. **Monmouthshire Incident Form:** Must be completed for any incident where a pupil is taken directly from school to hospital **and receives medical treatment**.

Note: All injuries not considered minor must be reported directly to the Headteacher.

Castle Park Primary School

Appendix 1 – Consent for Prescribed Medication

Consent for Prescribed Medication

PARENT/CARER CONSENT FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION TO A LEARNER

- Our school **will not give** your child medication unless you complete and sign this form.
- If more than one medication is to be given, a separate form should be completed for each one.
- A new form must be completed when dosage changes are made.
- Where medication is prescribed to be taken in frequencies which allow the daily course of medicine to be administered at home, parents should seek to do so, e.g. before and after school and in the evening. (However we understand there will be instances where this is not appropriate.)
- Parents/carers will be informed as stated in the school policy when a child refuses their medication or when emergency medication is administered.
- Parents/carers can request sight of records.
- Without exception learners must not share their medication for any reason with another learner.

Name of child	
Date of birth	
Class / form	
Healthcare need	
Routine or emergency medication	
Medicine	
Note: medication must be in the original sealed container if dispensed by the pharmacy.	
Name, type and strength of medicine (<i>as described on the container</i>)	
Date dispensed	
Expiry date	
Dose and frequency of medication	
Method of administration	
Timing of medication	
Duration of treatment	
Special precautions	

Special requirements for administering medication e.g. two staff present, same gender as learner.	
Storage requirements	
Who will deliver the medication to school and how frequently?	
Who will receive the medication?	
Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects that the school needs to know about?	
Is there any medication that is being administered outside of school day that we need to know about? Are there any side effects that we should be aware of?	
Any other instructions	
Learner to self-administer medication under supervision from a stored location	Yes / No (please circle) <i>If yes, learner must also sign declaration*</i>
Learner to carry and self-administer medication	Yes / No (please circle) <i>If yes, learner must also sign declaration*</i>
Procedures to take in an emergency	
If the school has an emergency inhaler- If your child is prescribed an inhaler have you given consent for your child to use a school emergency inhaler on a separate consent form?	Yes / No (please circle)
Agreed review date	<i>To be completed with the school</i>
Name of member of staff responsible for the review	<i>To be completed with the school</i>
INDIVIDUAL HEALTHCARE PLANS (IHP)	
Healthcare Plan from health professional attached if appropriate	Yes / No (please circle)
IHP created by school attached if appropriate (appendix 3)	Yes / No (please circle)
Guidelines provided by health attached if appropriate e.g. patient information sheet	Yes / No (please circle)
Review date of the above	
Contact details	Contact 1 Contact 2
Name	
Daytime telephone number	

Relationship to the child		
Address		
Post Code		
In the best interests of the learner the school might need to share information with school staff and other professionals about your child's healthcare needs e.g. nursing staff. Do you consent to this information being shared?	Yes / No (please circle)	
<ul style="list-style-type: none"> • I have read and agree to the school giving medication in accordance with the school policy. I understand my parental/carer obligations under the Welsh Government guidelines (http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?skip=1&lang=en). • The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer the medicine in accordance with the information given above and the school policy. • I will inform school of any new information from health professionals in regard to my child, e.g. if there are any changes in dosage or frequency or if it is stopped. I will ensure that this is in writing from the health professional. • I understand that it is my responsibility to replenish the medication supply in the school and collect expired or unused medication. • Where correct medication is not readily available on a given day and places the child at risk, the head teacher has the right to refuse to admit my child into the school until said medication is provided. • It is my responsibility to provide in-date medication which is correctly labelled. • I consent for the information in the form to be shared with health professionals/emergency care. • If my child has received any emergency medication prior to school, I will inform the head teacher/delegated member of the school staff before school starts. 		
Parent/carer signature:		
Date:		

I would like my child to administer and/or carry their medication

Parent/carer signature:	
Date:	

*If yes to these questions: I agree to administer and/or carry my medicine. If I refuse to administer my medication as agreed, then this agreement will be reviewed.

Learner signature:	
Date:	

HEADTEACHER/DELEGATED PERSONS AGREEMENT TO ADMINISTER MEDICATION

It is agreed that *<insert child's name>* _____ will receive *<insert name and quantity of medication>* _____ at *<insert time medicine is to be administered>* _____

(Name of learner) _____ will be given their medication / supervised while they take their medication by *<insert name of member of staff>* _____

This arrangement will continue until (*e.g. either end date if course of medication or until instructed by parents/carers*) _____

Name (head teacher/delegated person): _____

Signed: _____ Date: _____

Individual Healthcare Plan in place; OR

Individual Healthcare Plan not required