

First Aid Policy

Medicines should only be taken during club when essential. We prefer parents to administer medicines at school however if this is impossible the following procedures will need to be followed.

Administration

Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescribers' instructions for administration. Little Monkeyz will not accept medicines that do not conform to the above rule and will not make changes to the dosage even on parental instructions.

We would encourage parents to ask prescribers to consider the use of medicines that only need to be taken outside of the club. Medicines will be stored in a locked cabinet in the first aid room with the exception of certain inhalers. Some medicines may need to be stored in a refrigerator. In this case they should be sealed in an airtight container and carefully labeled.

No child will be given medicines without their parents written consent.(Must Complete our Form) Any member of staff giving medicines to a child should check

- The child's name
- The prescribed dose
- The expiry date
- The written instructions provided by the prescriber on the label or container

If in doubt about any procedure staff should not administer the medicines but check with parents or a health professional before taking further action.

We consider that it is good practice for children to take responsibility to manage their own medicines. As children become capable of this, staff will only need to supervise.

If a child refuses to take medicine staff should not force them to do so but should make a note of this. Parents should be informed of the refusal on the same day.

Controlled Drugs

Some children may be prescribed drugs that are controlled by the misuse of drugs act. These will always be kept in a locked non-portable container and only a qualified first aider will have access. As with other medicines a careful record of administration will be kept.

Inhalers

Asthma is quite common amongst children and is usually treated by inhalers. These fall into two categories: relievers (blue) and preventers (brown, red, orange or tablets). A spacer device is used for younger children, and they may need assistance with this. If a child is too young or immature to do this, staff should ensure that it is stored in a safe but readily accessible place. For children with asthma, we will have a spare inhaler. All parents will be given a permission slip to ask if for any circumstances their child can use the spare inhaler. Once any child has used the inhaler it will be washed to remove any bacteria and placed back in the locked medical box.

Health Care Plan

For children who have more serious medical conditions it will be necessary to draw up a health care plan. This will record both symptoms and treatment for a child's condition. This must be shared amongst all staff who may have contact with the child.

Disposal of Medicines

All medicines should be returned to the parent when no longer required. It is their responsibility to arrange for safe disposal (by returning the unwanted supply to their local pharmacy). If this is not possible it should be returned to a dispensing pharmacist whose details will be on the label.

Non-Prescription Medicines

Staff should never give a non-prescribed medicine to a child. If a child suffers regularly from frequent or acute pain the parents should refer the matter to the child's G.P.

Accidents and Emergencies

If a child has an accident in our care, the child will be examined by a first aider and appropriate treatment will be given. If the child has received any treatment the staff member will fill out an accident form including how the child got the injury and the treatment the child has had. The accident slip which will be handed to the parent / Guardian on collection. Once the parent / guardian has been informed they will then sign our copy of the slip to prove they were told about the injury. If there are any concerns about the injury parents will be contacted and asked to refer the child to the G.P. or accident department at the local hospital. If a parent or carer cannot be contacted and it is felt the child requires immediate medical attention they will be taken by a member of staff.

If a child receives a bump to the head the parents will be informed regardless of the severity so that they may be vigilant in looking for delayed concussion.

Should a child become unwell we will always attempt to contact parents.

Local Health Authority guidance will be consulted when dealing with infectious diseases.

Staff Training

At least one member of staff will be trained first aider, and it will be their responsibility to deal with emergencies. Administering medicines, a member of staff will administer the medicines. All staff will receive basic first aid training every two years.

Epilepsy Procedures

The following procedures will be followed in the event of a child having an epileptic fit whilst attending club.

The child may not be able to sense that the fit is imminent. As soon as staff notice that the child is having a fit, the main priority is to stay with them and protect them from danger.

- One member of staff will stay with the child.
- All other staff will help to remove children from the room as quickly as possible in the same manner as a fire drill.
- The secretary and the Headteacher should be informed, and the child's parents will be notified.

The staff member who stays with the child should remain calm and ensure that they do not injure themselves and should look after them when the fit has stopped until they are fully conscious again.

Treatment therefore should be to:

- Support/ease the fall if possible.
- Clear area and move any possible objects out of range to avoid a collision injury.
- Place something under their head to prevent them banging it on the ground but without restricting movement of the head.
- Stay with the child during the fit and make a note of how long it lasts. If the fit lasts more than 5 minutes an ambulance should be called.
- DO NOT move, lift or restrain the child unless they are in imminent danger.
- DO NOT, under any circumstances place or attempt to place anything into the child's mouth.
- When the convulsions have ceased check airway, breathing and circulation and place the child in the recovery position.
- If the child has to go to hospital in an ambulance and their parents have not arrived in time, a member of staff will accompany him to the hospital.

Asthma Procedures

Asthma now affects one in ten children in the UK. The most common symptoms are coughing, wheezing or a whistling noise in the chest, or getting short of breath.

Children with asthma need to have immediate access to their reliever inhalers whenever they need them.

The signs of an asthma attack include

- Coughing
- Being short of breath
- Wheezy breathing
- Feeling of tight chest
- Being unusually quiet

When a child has an attack they should be treated according to their individual health care plan. An ambulance should be called if:

- The symptoms do not improve significantly in 5-10 minutes
- The child is too breathless to speak
- The child is becoming exhausted

- The child looks blue

It is important to agree with the parents of children with asthma how to recognize when their child's asthma gets worse and what action must be taken. Details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and child's doctor should be noted on their individual health plan.

A child should have a regular asthma review with their G.P. or other relevant health care professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the school or setting.

Children with asthma should participate in all aspects of club including physical activities. Physical activity benefits children with asthma although endurance work should be avoided. Some children may need to take their reliever asthma medicines before physical exertion. Care may be necessary in cold or wet weather.

Triggers

A trigger is anything that irritates the airways and causes the symptoms of asthma to appear.

There are many asthma triggers. Common ones include colds, viral infections, house-dust mites, pollen, cigarette smoke, furry or feathery pets, exercise, air pollution, laughter and stress. Everybody's asthma is different, and everyone will have his or her own triggers. Most people have several. It's important that children with asthma get to know their own triggers and try to stay away from them or take precautions.

What happens to the airways?

When someone with asthma comes into contact with a trigger that affects their asthma, the airways do three things. The airway lining starts to swell, it secretes mucus, and the muscles that surround the airway start to get tighter. These three effects combine to make the tubes very narrow, which makes it hard to breathe in and out normally. When this happens asthma symptoms appear (cough, wheeze, a tight chest, and shortness of breath). This is called an asthma attack. It's at this point that the person with asthma will need to take a dose of their reliever medication.

What to do if a child has an asthma attack

1. Ensure that the reliever inhaler is taken immediately

This is usually blue and opens up the narrowed air passages.

2. Stay calm and reassure the child

Attacks can be frightening so stay calm. Listen carefully to what the child is saying. It is very comforting to have a hand to hold but do not put your arm around the child's shoulder as this is restrictive.

3. Help the child to breathe

Encourage the child to breathe slowly and deeply. Most children find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended. Ensure tight clothing is loosened and offer the child a drink of water.

After the attack

Minor attacks should not interrupt a child's involvement during the club. As soon as they feel better they can return to normal school activities.

The child's parents must be informed about the attack.

Emergency situation

Call a doctor or the ambulance urgently if:

• the reliever has no effect after five to ten minutes

• the child is either 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

A child should always be taken to hospital in an ambulance. Little Monkeyz staff should not take them in their car as the child's condition may deteriorate very quickly.

Defibrillator

The following procedures will be followed in the event of a child being unconscious (not responsive) and not breathing properly.

The signs of being unconscious include

- Suddenly becoming unresponsive.
- Having a blank or confused look.
- Feeling lightheaded or dizzy, or having trouble standing.
- Slurring or mumbling.
- Having a slow or rapid heartbeat.
- Being unable to speak.
- Having difficulty breathing.
- Having bluish skin.

When a child is unconscious

- All other staff will help to remove children from the room as quickly as possible in the same manner as a fire drill.
- One member of staff will stay with the child.
- Phone Emergency Services
- One member of staff will collect the school's Defibrillator machine, this will be in the risk assessment for the venue we are at. The number for the machine will also be noted to all staff and made visible.
- While on call to the emergency services follow the on-screen instructions on the defibrillator machine.
- Secretary and the Headteacher should be informed, and the child's parents will be notified.

Removal of Foreign Objects

If a child has a splinter or foreign object pierced in their skin, we **do not remove the object**.