



St. David's School

First Aid Policy

Introduction

The employer (Governors of the school) is responsible under the Health and Safety at Work Act 1974 for making sure that the school has a Health and Safety Policy. The staff also have responsibilities. This includes arrangements for First Aid based on a risk assessment of the school.

Pupils who require medication or first aid fall into three broad groups:

- Those who are completing a course of prescribed treatment
- Those who have long-term medical conditions
- Those with conditions that can, often without warning, require swift emergency medication

First Aid provision must be available at all times while people are on school premises, and also off the premises while on school visits. In the EYFS at least one person on site and on visits must hold a paediatric first aid certificate involving a minimum of 12 hours training.

The Head Teacher is responsible for ensuring that the policy and arrangements are put into practice. Teachers and other staff in charge of pupils are "expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children". In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Adequate and appropriate training for staff that volunteer to be First Aiders [2/4 days] and nursery nurses (12 hours) must be arranged.

First Aid boxes are provided in Nursery and the office and a mobile pack should always be taken to the games pavilion and on outings. The Staff Duty Person should collect a small first aid box on the way to the playground from the office. A mobile phone should be taken by a member of staff to the field or on an outing. First Aid Boxes should be kept stocked and orders placed by Mrs Derringer. A sick bucket and necessary equipment together with cold compresses are kept in the kitchen area.

First Aid Procedure (displayed in the areas listed below)

EYFS

Kitchen

Staffroom

Offices

Main Hall

In the event that a child displays signs and symptoms of either an illness or an injury the following procedure must be followed:

- Remove the source of danger if it safe to do so.
- Call for the First Aider or appointed person.
- In the Nursery notify the teacher/adult in charge. Ensure that you relay the event and all signs and symptoms to the person in charge on the day. By doing this, the person in charge can assess the child and decide what further action to take.
- Any minor injuries should be dealt with in the playground by the Duty Person. Anything other than a minor graze should be referred to the First Aiders. Grazes should be cleansed with a non-alcoholic 'wipe' and dressed accordingly.
- If there is a back,head or neck injury or possible fracture or if the child or adult is unconscious do not attempt to move them until a First Aider arrives.
- A record of all medical aid must be recorded and completed books should be kept in the office in a secure place for at least three years.
- In the EYFS and where a child looks feverish temperatures must be taken and recorded.
- It is the responsibility in School of the teacher/office staff/First Aider to inform Parents/Guardians by telephone.
- It is also their responsibility to decide whether it is necessary to phone the emergency services if required and to make that phone call.
- In the event that a child becomes infectious, a vacant side room must be used to ensure that the child is cared for, on a one to one basis in a room that is comfortable, warm and quiet. This ensures that the spread of infection can be controlled.

N.B. In the EYFS parents must be informed of any accidents or injuries sustained by their child and of any first aid treatment that was given. Accident book to be completed (in Nursery).

If a member of staff is injured an Accident Record must be completed and signed and kept in the Head Teacher's office in a locked cupboard.

Should any injury necessitate either a check up at hospital or 3 days or more absence from work/school a Report of an Injury or Dangerous Occurrence Form (Form F2508) should be completed and faxed to the Incident Contact Centre. Fax Number 0845 300 9924, telephone number 0845 300 9923.

The Accident Book for Staff and Form 2508 are kept in a locked cupboard in the Headteacher's office.

Guidance on calling an ambulance

Call an ambulance immediately if a child is:

- In anaphylactic shock, is having a diabetic hypo and not responding to glucose, is having a fit and is not a known epileptic, having a severe asthma attack
- Unconscious, a suspected fracture or profound bleeding
- Vomiting or suffering double vision after a head injury
- Suffering from a very high temperature(39 +) and not responding, particularly EYFS children
- In any case where there is doubt or where parents cannot be contacted

First Aiders

First aiders must complete a training course approved by HSE. Their main duties are:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional help is called.
- Be able to go immediately to an emergency.

In the school, the first aiders (3 day course) are:

Mrs M Derringer, Mrs F Izzard, Mr R Jones and Mrs K Palfreyman

In the EYFS **Mrs Hartfield** and **Mrs Thompson** hold an appropriate paediatric First Aid qualification.

N.B. Certificates are only valid for 3 years. The Early Years coordinator (Mrs Hartfield) arranges refresher courses as required.

All staff have completed a first aid at work course in January 2011. He/she should not give first aid treatment for which she has not been trained. However, it is good practice to ensure that staff have emergency first aid training/refresher training, as appropriate.

What to do in an emergency

- Cardiopulmonary resuscitation
- First aid for the unconscious casualty
- First aid for the wounded or bleeding

Staff are expected to:

- Take charge when someone is injured or becomes ill, until a first aider arrives
- Comfort and reassure him/her.
- Ensures that an ambulance or other professional medical help is summoned when appropriate

Reporting accidents/record keeping

The witness or person on duty must record all accidents on the official Accident Form for confidential filing. Accident books are located in the top and bottom playgrounds, Nursery class and school office.

Some accidents must be reported to HSE. The date, time and place of event should be noted, personal details of those involved and a brief description of the event/disease.

These accidents include:

- Accidents resulting in death or major injury (including as a result of physical violence)
- Fatal/major injuries must be reported immediately (by telephone). This must be followed up within 10 days by a written report on Form 2508
- Accidents that prevent the injured party from doing their normal work (or school) for more than 3 days.
- Accidents that result in hospitalisation.
- These serious accidents must be reported if they occur during any school activity, both on and off the premises, involves equipment, machinery or the condition of the premises.

Notifying parents/next of kin

- In the event of more significant incidents, i.e. those requiring medical attention, parents (next of kin for staff) will be contacted immediately by telephone.
- All pupils receiving a head injury, however minor will take a 'bump – letter' home that day. The class teacher or secretary will inform parents by telephone
- Staff are responsible for keeping their NOK details held by the School up to date
- In the EYFS, serious accident or injury, illness or death and the action taken in respect of it must be notified to Ofsted within 14 days. Local child protection agencies must be similarly informed.

First aid accommodation

- A suitable room is set aside which can be used for treatment and care
- The area contains a wash basin and is near to a toilet

Contents of first aid container (which are checked half termly by the first aider)

- A leaflet giving general advice on First Aid
- Individually wrapped sterile adhesive dressings
- Sterile eye pads
- Triangular bandages
- Safety pins
- Medium sized (12x12cm) individually wrapped non-medicated wound dressings
- Disposable gloves *NB Equivalent items are acceptable*
- "Travelling" First Aid containers to be taken on 'off site' activities and in the minibus, should contain the above but in smaller quantities.

Administering medication

Medication should only be taken in school when absolutely necessary and it is helpful if dose frequencies can be arranged for this to take place out of school hours.

No pupil should be given medication without his or her parents' written consent. A member of staff giving medicine should check the name of the pupil, the written instructions, the prescribed dosage and the expiry date. If there is any doubt about anything, checks should be made with parents or health professionals before proceeding. Children with long-term medical needs are often very good at taking their own medicine and this is to be encouraged.

As a general rule school staff should not give non-prescribed medication such as painkillers to pupils. Aspirin and Ibuprofen should never be given to a child unless prescribed by a doctor.

Where pupils suffer regularly from acute pain, such as migraine, parents should authorise and a GP should prescribe appropriate painkillers for their child's use. These should be accompanied by written instructions about when the child should take the medication. A member of staff should supervise the pupil taking the medication and inform the parents in writing on the day the painkillers were taken.

In the event of a child refusing medication, school staff should not force them to do so. Parents should be informed as a matter of urgency and if the situation is life threatening, the emergency services should be called. When medicines are given to children a record must be

kept. Such records will offer protection to staff and proof that agreed procedures have been followed.

Safety Issues

All medicines are kept in the office or the refrigerator in the staff room. Ideally medicine should be bought to school on a daily basis, but this is not always possible. All containers should be clearly labeled with the pupil's name and the dose that has been prescribed.

Some medicines, such as asthma inhalers must be readily available to pupils and should not be locked away. Some pupils require medicines in an emergency situation. Staff must know the location of these medicines.

All staff should know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need. A pupil who needs to go to hospital by ambulance should always be accompanied by a member of the school staff, who should remain until the arrival of the pupil's parents. Although the best way to get a child to hospital is by ambulance, in an emergency situation a member of staff's own car might be the favoured option. The member of staff should always be accompanied by another adult and should be appropriately insured.

Conditions requiring swift emergency action:

The four most common conditions where swift emergency action is usually necessary are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

Asthma

About one child in 20 has asthma that requires regular medical supervision. An attack is characterised by coughing, wheeziness and difficulty in breathing. In a severe attack the pupil's skin and lips may become blue. Children with asthma must have immediate access to their reliever inhalers when they need them.

In the event of an attack, the person in charge of the group should prompt the pupil to use their inhaler if he or she is not already doing so. The pupil should sit rather than lie down and be reassured. The medication should work after about five or ten minutes, but if there is no noticeable improvement or if the pupil is distressed, medical advice should be sought and/or an ambulance called.

Inhalers kept in the office and children take them off site when on an outing/games session.

Epilepsy

Somewhere between one in 130 and one in 200 UK children have epilepsy and about 80% attend mainstream schools. Not all pupils with epilepsy experience major seizures (commonly called fits) and most of those who do will have them controlled by medication. Pupils should not unnecessarily be excluded from any school activity, but extra care and discreet supervision might be necessary in activities such as swimming.

If a major seizure does occur, unless the pupil is in a dangerous place, he or she should not be moved and nothing should be done to stop or alter the course of the seizure, other than to ensure that the pupil's airway is maintained at all times. No attempt should be made to restrain the pupil in any way, or to put anything in his or her mouth. Once the convulsion has stopped the pupil should be put into the recovery position and allowed to recover.

None currently in school.

Diabetes

About one school-age child in 700 has diabetes. This condition results if the person's normal hormonal mechanisms are unable to control the amount of sugar in the blood. This level needs to be monitored and two injections of insulin are normally needed each day to bring the level under control. It is also necessary to eat regularly.

The injections are usually done before and after school. If a meal or snack has been missed, or if the pupil has been taking part in a particularly strenuous activity, he or she might experience a hypoglycaemia episode, commonly known as a hypo. This happens when the blood sugar level falls too low. Symptoms will vary and these should be discussed when drawing up the pupils' health plan. It is important that in the event of a hypo some fast acting sugar, such as glucose tablets or a chocolate bar is given immediately. If after 10 to 15 minutes there is no sign of improvement an ambulance should be called.

None currently known to be in school.

Anaphylaxis

This is the name given to an extreme allergic reaction that requires urgent medical treatment. Nuts, fish and dairy products are the most common causes of allergy, but bee and wasp stings can also cause allergic reactions. In severe cases these reactions can be life threatening, but they can be treated with medication.

The most severe cases are normally treated with a device that looks like a fountain pen (Epipen) and is pre-loaded with the correct dose of adrenaline. The needle is not revealed, it is easy to use and is normally injected into the fleshy part of the thigh.

For some children the timing of this injection is crucial and procedures must be in place to ensure that this can be swiftly done in the case of an emergency. Responsibility for injecting must be on a voluntary basis and should not be undertaken without training from an appropriate health professional.

SEE SCHOOL PROTOCOL

Written instructions of what to say to emergency services should the need arise, are under each telephone.

Nut allergy

Epipens are kept within range of the anaphylactic children.

Currently there are three children who are anaphylactic.

Coeliac

Allergic reaction to wheat and require a gluten free diet.

Should the need arise to call an ambulance, written instructions are under each telephone.

Currently there are no coeliac children who have their own packed lunches

G6PD Deficiency

Severe allergic reaction to wide range of foods, drugs and chemicals.

Life threatening.

One child in school currently – Ambulance must be called – instructions are with telephones.

SEE ACCOMPANYING DETAILS

Sickle Cell Anaemia

Blood disorder causing pain in muscles, joints etc., due to sickle shaped cells. One child in school currently – ambulance must be called if parent unavailable and 'crisis' begins.

Infection Control

- Children and adults must remain absent until 48 hours after their last bout of vomiting or diarrhoea
- All staff should follow basic hygiene procedure when dealing with spillage of body fluids and to avoid infection e.g. Use
 - Disposable rubber gloves (in the first aid room)
 - Hand washing facilities
 - Crystals and spray
- With regard to suspected and confirmed notifiable or infectious diseases the HPA will be consulted; Ofsted will be informed if any child has such a disease.
- The secretary will inform staff of any infectious diseases and any necessary precautions. Parents may also be notified in writing.

Risk Assessment

The governing body/head regularly review the school's first aid needs and inform staff of the first aid arrangements i.e. location of equipment, facilities and personal and the procedure for monitoring and reviewing the school's first aid needs. This is done by:

- Displaying simple and clear first aid notices in staff rooms
- Informing new staff and pupils about first aid arrangements e.g. in staff handbook / on notice boards

Risk assessment considers size, location and hazardous areas of the school, the age range of pupils and any special needs, and the safety of visitors. Generally, schools fall into a lower risk category, with some areas of higher risk.