



First Aid Policy

Updated November 2017

	Date of Next Review by
Headteacher/SLT	October 2018
Governors	Health & Safety and Safeguarding Committee

Key Points

All staff are expected to use their best endeavours in the event of a first aid emergency.

All staff must know:

- How to call the emergency services – dial 999 and ask for an ambulance. If there is any doubt that an ambulance is required, call an ambulance straight away.

The location of the nearest First Aid Box

First Aid Boxes Located:

Year 2 (Downstairs)

Staff Room (In Cupboard)

Main Office

Appointed Persons are responsible for:

- Taking charge when someone is injured or becomes ill;
- Ensuring that an ambulance or other professional medical help is summoned if appropriate;
- Looking after and restocking the First Aid Box and any other first aid equipment in their area of responsibility.

The Appointed Person is not a First Aider but it is good practice for the Appointed Person to undertake emergency first aid training to help them cope with an emergency. This training, which does not have to be Health and Safety Executive approved, would include:

- What to do in an emergency
- Cardiopulmonary resuscitation
- First aid for the unconscious casualty
- First aid for the wounded, bleeding or burnt

Appointed Persons may undertake basic and/or advance HSE approved first aid training, if funding and vacancies allow.

Responsibility

The provision of first aid at Broseley C of E School is delegated by the Governors to the Head teacher who in turn delegates responsibility to the Business Manager. The Business Manager in her role on the Health and Safety Committee, determines the number of Appointed Persons and the number of First Aiders and the level of training they should receive.

The number of Appointed Persons and First Aiders is reviewed annually by the Health and Safety Committee.

When determining the appropriate number of Appointed Persons and First Aiders, the Health and Safety Committee will take into account:

- The number of staff (and pupils) present at any one time;

The distribution of staff

- The number and locations of first aid boxes;
- Whether there are inexperienced members of staff;
- The number of staff and pupils with disabilities or specific health problems;
- Arrangements for off-site activities;
- Arrangements for out of school hour activities such as parents' evenings;
- Parts of the school premises and grounds with different levels of risks;
- Types of activity undertaken;
- The proximity of professional medical and emergency services;
- Any unusual or specific hazards (e.g. working with hazardous substances; dangerous tools of machinery);

When selecting staff to be an Appointed Person or First Aider, the Health and Safety Committee will take into account their reliability, communication skills, aptitude to learn, ability to cope with stressful situations and the ability to leave the work that they are doing at the time.

Guidance on the minimum legal requirement for Appointed Persons and First Aiders; the need for a first aid room and the contents of first aid boxes can be found in the Health and Safety (First Aid) Regulations 1981.

Reporting accidents and record keeping

All members of the school community should report any accident or incident, however minor, as soon as possible after it has occurred. When an injured person is unable to complete their own details of the accident, then the Appointed Person, First Aider and/or witness should do it on their behalf.

Complete an accident report form (available in the SBM office, Admin office, Learning Mentor Room and Creative room) or fill in the Accident Report Book found in the first aid boxes.

Reports must contain:

- The date, time and place of the event;
- Details of those involved;
- A brief description of the accident/illness and any first aid treatment given;
- Details of what happened to the casualty immediately afterwards e.g. went to hospital, sent home, resumed normal activities, returned to class;

The Head teacher, School Business Manager and Deputy Head should be informed about any incident if it is at all serious or particularly sensitive. For example, when a pupil has had to go to hospital, where one pupil has deliberately hurt another, or where negligence might be suggested.

The School Business Manager must inform parents when any pupil requires hospital treatment. If, as the result of an accident, an employee is taken to hospital, is unable to work or subsequently becomes absent from work, the Head teacher, Business Manager and Building Manager should be notified immediately,

The School Business Manager must report all serious accidents the HSE as required by RIDDOR.

In an emergency, the School Business Manager and the Administration staff have contact details of pupils' parents and guardians. The School Business Manager/ Administration staff have details of employees and their next of kin.

References:

Shropshire Council – Medical Arrangements, Guidelines and Procedures for Schools. JULY 2008 (Updated June 2010)
DfEE Guidance on First Aid for Schools April 2014

First Aiders appointed are:

Mrs Davis (Reception class)	Paediatric First Aid
Cheryl Power (Reception class)	Paediatric First Aid
Tina Firmstone (year 4)	Paediatric First Aid
Caroline Whittle (year 2)	First Aid at work
Nikki Venables (SBM)	
Katy Wootton (year 6 class over bridge)	Paediatric & First Aid Outdoors
Julie Phillips (year 2 class)	Emergency First Aid at work
Kay Harland (Learning Mentor)	Emergency First Aid at work
Cheryl Durns (Lunchtime Supervisor & Office)	Emergency First Aid at work
Heidi Beech (year 6 class)	Emergency First Aid at work
Mrs Woolley (Yr 6 class over bridge)	Emergency First Aid at work

Basic First Aid

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit, and familiarise yourself with how to deal with some of the more common situations opposite. If someone is injured, the following steps will keep them safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call 999 immediately; contact the Appointed Person and First Aider.
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic

first aid steps below.

- Keep an eye on the injured person's condition until the emergency services arrive.

<p style="text-align: center;">Unconsciousness</p> <p>If the person is unconscious with no obvious sign of life, call 999 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.</p>	<p style="text-align: center;">Bleeding</p> <p>Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.</p>
<p style="text-align: center;">Burns</p> <p>For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.</p>	<p style="text-align: center;">Broken bones</p> <p>Try to avoid as much movement as possible.</p>

Contents of first aid boxes in school

- General first aid guidance leaflet
- Medium Sterile Dressing 12cm x 12cm
- Large Sterile Dressing 18cm x 18cm
- Triangular Bandage Single use 90cm x 127cm
- Safety Pins (Assorted)
- Eye Pad Dressing with Sterile Bandage
- Washproof Assorted Plasters
- Moist Cleaning Wipes
- Microporous Tape 2.5cm x 5cm or 3cm
- Nitrile Gloves (1 Pair)
- Finger Dressing with adhesive fixing (3.5cm)
- Mouth to Mouth Resuscitation Device with valve
- Foil Blanket 130cm x 210cm
- Burn Relief Dressing 10cm x 10cm
- Universal Shears
- Conforming Bandage 7.5cm x 4m

Prescription medication to be kept in secure plastic boxes labelled in the fridge. All medication taken regularly by a pupil must be labelled in a separate box with a photograph of the pupil on the outside of the box.

Anaphylaxis

1. What is anaphylaxis?

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be

triggered by a variety of allergies, the most common of which are contained in food (eg dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (eg bees, wasps, hornets). In its most severe form the condition can be life-threatening.

Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No pupil would necessarily experience all of these symptoms at the same time.

2. Medication and control

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an EpiPen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Medication for an individual pupil must be kept in a locked cabinet/fridge which is readily accessible, in accordance with the school's health and safety policy. If a pupil has an EpiPen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

It is very important that key staff in the school are aware of the pupils' condition and of where the pupils medication is kept. They also must know where the medicine form giving them the relevant information to administer the prescribed medication is kept as well.

It is not possible to overdose using an EpiPen as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back. All pupils who have anaphylaxis will require an individual health care plan. The health care plan should indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the school.

Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction.

3. Managing pupils with anaphylaxis

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis
- Staff should ensure that all pupils who have an EpiPen prescribed to

them, have their medication on them at all times.

- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction.

4. Away trips: Please refer to the Staff Handbook for full procedures

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in the administration of medicine must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

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5. Issues which may affect learning

Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimise risk whenever possible.

6. What are the main symptoms?

- Itching or presence of a rash
- Swelling of the throat
- Difficulty in swallowing
- Difficulty in breathing
- Increased heart rate
- Unconsciousness

7. What to do if a pupil has an anaphylactic reaction

- Ensure that a paramedic ambulance has been called.
- Stay calm and reassure
- Encourage the pupil to administer their own medication as taught.

1. What is Asthma?

Pupils with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with

treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

2. Medication and control

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances.

Most pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too young or immature to take responsibility for their inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name.

Pupils with asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the pupil's name and stored in a locked cabinet in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

Where pupils are unable to use an inhaler by themselves or where a pupil requires additional medication, eg a nebuliser, a health care plan must be completed. For pupils whose asthma is controlled by an inhaler, an information card giving the basic details should be completed and kept with the pupil's file.

Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly pupils should never take medication which has not been prescribed for their own personal use.

Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are made aware of their classmate's needs.

3. Managing pupils with Asthma

- Staff should be aware of those pupils under their supervision who have asthma.
- Games staff should ensure that all pupils with asthma have their salbutamol inhaler prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack.

4. Away trips; please refer to the Staff Handbook for full procedures.

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

5. Issues which may affect learning

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Pupils must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. ***However, they should not be forced to take part if they feel unwell.***

6. What are the main symptoms?

- Coughing
- Wheezing
- Inability to speak properly
- Difficulty in breathing out

7. What to do if a pupil has an asthmatic attack

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying
- Summon assistance from Val Harrison (Asthma Co-ordinator). Try not to leave the pupil alone unless absolutely necessary.
- Make sure that any medicines and/or inhalers are used promptly.
- Help the pupil to breathe by encouraging the pupil to breathe slowly and deeply and relax.
- Help the pupil to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the child does not respond to medication or his/her condition deteriorates call a paramedic ambulance.

Liaise with our Asthma Co-ordinator Val Harrison

1. What is diabetes?

Diabetes is a condition in which the amount of glucose(sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to a lack of insulin.

Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high.

Pupils with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

2. Medication and control

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require an individual health care plan.

In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the pupil and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.

The issue of close communication between parents and the School is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date.

Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on a pupil's condition to his/her peer group so that they are aware of their classmate's needs.

3. Managing pupils with diabetes

- Staff should be aware of those pupils under their supervision who have diabetes.
- Games staff should ensure that all pupils with diabetes have a Lucozade

bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.

- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode.

4. Away trips: please refer to Staff Handbook for full procedures

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in the administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

5. Issues which may affect learning

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level:

- Encourage the pupil to eat or drink some extra sugary food before the activity:
- Have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia;
- After the activity is concluded, encourage the pupil to eat some more food and take extra fluid – these snacks should not affect normal dietary intake.

6. What to do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode

Common causes:

- A missed or delayed meal or snack
- Extra exercise
- Too much insulin during unstable periods
- The pupil is unwell
- The pupil has experienced an episode of vomiting.

Common symptoms:

- Hunger
- Drowsiness
- Glazed eyes
- Shaking
- Disorientation
- Lack of concentration

- i. Get someone to stay with the pupil – call for nursing staff/ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may

- drop further and they may collapse.
- ii. Give fast acting sugar immediately (the pupil should have this), eg:
 - Lucozade
 - Fresh orange juice
 - Sugary drink, eg Coke, Fanta
 - Glucose tablets
 - Honey or jam
 - iii. Recovery usually takes ten to fifteen minutes.
 - iv. Upon recovery give the pupil some starchy foods, eg couple of biscuits, a sandwich.
 - v. Inform parents of the hypoglycaemic episode.
 - vi. In some instance it may be appropriate for the pupil to be taken home from school

NB. In the unlikely event of a pupil losing consciousness, call an ambulance.

7. A hyperglycaemic episode (high blood sugar)

Hyperglycaemic episodes occur when the blood glucose level is too high. Pupils may display the following symptoms:

- Excessive thirst
- Passing urine frequently
- A change of behaviour
- Vomiting
- Abdominal pain

Care of pupils in a hyperglycaemic episode

- Do not restrict fluid intake or access to the toilet
- Contact the parents if concerned.

In both episodes staff should liaise about contacting parents/guardians.

Cleaning up body fluids from floor surfaces

Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly

- Put on gloves and a disposable apron. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
- Sprinkle 'sanitaire' absorbing powder liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become

airborne.

- Remove all visible material from the moist soiled areas, using paper towel or single use disposable red cloths.
- Put all used paper towels and cloths into a yellow bag for incineration.
- The remaining visible material should be vacuumed using a designated vacuum cleaner bag these MUST be changed after use.
- Non-carpeted areas: Sanitize the area using appropriate detergent. 1:10 solution
- Carpeted areas: The area should be cleaned with detergent 1:10 solution. This should be put on the affected area for at least 10 minutes. The area should then be shampooed or steam cleaned within 24 hours.
- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water, then rinse with an appropriate detergent.
- Discard gloves, disposable apron into yellow bag for incineration. Finally wash your hands thoroughly using soap and water.

First Aid Treatment for Head Injuries

First aid treatment for head injuries is very important and the following information will be helpful in the event that a head injury occurs.

All head injuries have the potential to be serious and therefore should always be treated carefully the in house first aid training follows the H.S.E. guidelines on all treatment.

The following treatment should be administered:

- Apply a cold compress to the injury, this can be a paper towel soaked in cold water.
- Never apply ice or ice cold materials to a head injury as this can in some instances mask the symptoms of a casualty whose condition may be deteriorating.
- If the injury is sustained during sport do not let the casualty resume the activity until they have been advised by a health care professional.
- Monitor the casualty's condition in accordance with the school policy.
- However if the casualty becomes drowsy, confused or complains of a worsening headache, double vision or vomiting call the emergency services for assistance.
- Advise parents to monitor the child for any changes in their behaviour as described above, these changes may take place sometime after the event as much as 24 or even 72 hours later.

As always should you have any doubts regarding the condition of your casualty call the emergency services.

Experienced first aiders are able to use their skills to observe if the injury is minor.

By observing and considering the mechanics of injury (i.e. the beginning of the actual injury) and what the potential for injury is, it may be possible to diagnose a minor injury. This often happens in playground injuries but always remember "to treat for

the worst and hope for the best” and to look carefully for any signs and symptoms of concussion.