

FIRST AID POLICY

1. Introduction

- 1.1 This policy also includes the Early Years Foundation Stage.
- 1.2 The arrangements for first aid provision will be adequate to cope with all foreseeable major incidents.

2. Training

- 2.1 Names of fully qualified First Aiders who have successfully completed recognised First-Aid courses (ie. St John Ambulance courses or LBN approved providers) are posted in the Medical room with updated training every three years. There is at least one fully qualified first-aid-er on the school staff with all other teaching and supervisory staff receiving Emergency first-aid refresher courses. There are five paediatric first aiders.
- 2.2 Current names of First aiders at work:
 - Mrs B. Roberts (Headteacher) completed: 05.01.19
 - Ms M. Suarez-Siddons (School Secretary) completed: 26.08.16

Paediatric first aiders:

 - Mrs L. Hasanova (EYFS teacher) completed: 09.02.18
 - Miss D. Francis (EYFS coord.) completed: 03.09.18
 - Mrs N. Patel (EYFS TA) completed: 19.02.18
 - Mrs M. Bah (EYFS Nursery Leader/ASC) completed: 09.09.18
- 2.3 Each member of the school staff is required to undergo a refresher First Aid course every three year to enable them to cope with everyday accidents that occur in school.
- 2.4 Staff undergo training delivered by the School Nurse in the Management of Asthma and Anaphylaxis & the use of Adrenaline Pen for children in school.
- 2.5 Staff are made aware, when dealing with cuts, or any injury involving body fluids, that plastic protective gloves should be worn.
- 2.6 After tending to and cleaning injuries or incidents involving the spillage of bodily fluids all material must be disposed of in the marked 'biohazard' bag(s) and the sealed bag(s) placed in the sealed bin in the staff washroom.

3. First Aid Supplies

- 3.1 Fully stocked First Aid Kits are situated in the School Office, in the Medical Room, by the exits to the playgrounds, in each KS2 classroom and in the park bags. It is the responsibility of the school secretary to monitor these supplies and order replacements as required.

4 Accidents

- 4.1 Accidents involving the head or serious cuts and bruises are reported to the school secretary or duty first aider and recorded in the accident book. **All** head injuries (including minor bangs and knocks) must be seen by the duty first aider and reported to the school secretary. It is the school secretary's responsibility to inform the headteacher, class teacher and the parents. This is done when the child is collected, by the member of staff handing-over the child to the parents/carers (or by phone if the child is not being collected by the parent) and is always followed up with a letter home the same day.
- 4.2 Simple cuts and grazes and superficial wounds are recorded in a minor injuries log. These do not need to be entered in the accident book.
- 4.3 In the case of all head injuries and more serious injuries letters are sent home in the school bag. The school secretary contacts the parents by phone as soon as reasonably possible to inform them of the situation and explain that the child has a letter in their school bag. When the secretary is unable to contact parents by phone the teacher informs whoever picks the child up that a letter is in the bag.
- 4.4 In the event the secretary is unavailable to process letters home, such as incidents/accidents occurring during after school activities, the teacher in charge must complete an incident/accident report available from notice board in the staff room (Appendix A: First Aid Policy Doc 1). This report must be signed, copied and the original kept by the parent/carer who collects the child. The signed copy should be left in the school office for the school secretary to file.
- 4.5 **In Early Years (Nursery, Pre-Reception and Reception classes)** Parents/carers must be informed of all injuries the same day. The class teacher usually does this at home time when children are collected.

5 Serious Injury

- 5.1 In the event of an injury requiring an ambulance (999 or 911 or 112), a member of staff will accompany the pupil and stay with them until the parent or emergency contact arrives. The school secretary will supply the staff member with necessary pupil details.
- 5.2 In most cases the Headteacher (or another certified school First-aider, if the Headteacher is off-site) will determine what is a reasonable and sensible action to take. Where the injury is an emergency an ambulance will be called, following which the parent will be called. Where hospital treatment is required but it is not an emergency, then the Headteacher (or certified school First-aider) will contact the parents for them to transport the child to hospital and take over responsibility for the child.
- 5.3 If the parents cannot be contacted then the Headteacher may decide to transport the pupil to hospital. Only staff cars insured to cover such transportation will be used. No individual member of staff should be alone with a pupil in a vehicle. The second member of staff will be present to provide supervision for the injured pupil.

- 5.4 If there is any doubt about whether an ambulance should be called, a call should be made to NHS 111 and then the above protocol followed. The NHS 111 service is staffed by a team of fully trained advisers, supported by experienced nurses and paramedics. They will ask questions to assess the symptoms, then give the healthcare advice needed.

6 Medicines

- 6.1 Most pupils will at some time have a condition requiring medication. For many the condition will be short-term (perhaps the duration of a short absence from school). However, although a child may soon be well enough to be back at school, medication may perhaps still be required during the school day for a short period. In such cases parents may visit, perhaps during the lunch break, to administer the medication themselves (after first reporting to the office).
- 6.2 Where on the other hand children have long-term medical needs, or parents are unable to attend in person, we will do everything we can to enable them to attend school regularly. Parents must give us written details of the child's condition and medication, and written permission with clear instructions on administering the medication (*see Grangewood Administering Medicine Policy*).
- 6.3 The prescribed medication must be brought to school in a secure, labelled container. Records will be kept of all medication received and administered by the school. This is the responsibility of the school secretary. Class teachers are **NOT** responsible for administration of medicines. (*see Grangewood Administering Medicine Policy*.)
- 6.4 Children using inhalers are allowed to keep them in their pockets. With the younger children the inhalers may be stored by the teacher in the classroom and given to the child at their point of need. In such cases teachers must make sure all inhalers are marked with the owner's name.
- 6.5 Possible signs and/or symptoms of an asthma attack and the management plan which must be followed are given in Appendix B and a copy is posted in each working area (Asthma Attack Protocol).
- 6.6 Possible signs and/or symptoms of a life threatening allergic reaction and the management plan which must be followed are given in Appendix C and a copy is posted in each working area (Anaphylaxis Protocol).

7 Allergies and ongoing Medical Conditions

- 7.1 Information regarding allergies and medical conditions of which staff should be aware are recorded at point of entry into the school on the enrolment form. This information is transferred onto class lists and distributed to the class teacher. A whole school list is posted on the staff room notice board. This information is updated as information is received. A pupil information form is sent out to parents at the beginning of each school year asking parents to make sure all relevant details are up to date.

- 7.2 All Staff involved in the care and teaching of a pupil with a medical condition requiring medical or technical knowledge will be trained by a qualified medical practitioner (eg. School Nurse) and will have an Individual Health Care Plan (IHCP) drawn up.
- 7.3 Relevant information on a pupil with an IHCP will be kept in the child's Class Teacher's Folder and a copy of the IHCP, along with the medication, kept in a sealed clear box with the child's name clearly visible.

8 Out of School Visits

- 8.1 At least one member of staff who has been trained in emergency first-aid must accompany pupils on any out of school visit.
- 8.2 At least one member of staff with a current certificate in paediatric first aid must accompany any Early Years visit out of school.
- 8.3 All teachers carry a first aid bag on visits out of school and a mobile phone along with pupils and accompanying adults contact details.
- 8.4 Minor cuts and bruises are dealt with by the teacher in charge. These are reported to the school office for recording and also to the parents or carers at the end of the school day.
- 8.5 In the event of accident or injury the teacher in charge assesses the situation and administers first aid as necessary. The school must be informed of all details. The school will notify the parents in accordance with school procedure and keep in contact with the teacher in charge for as long as necessary.
- 8.6 If available the teacher in charge may seek assistance from a first aid post. If the incident is serious enough for an ambulance to be called the teacher in charge must inform the school immediately. The teacher appoints one of the parent helpers to accompany the child to hospital and stay with the child until the parent arrives. The school will reimburse the parent helper for any travelling charges incurred. The teacher should remain with the class.

9 Reporting of Diseases and Dangerous Occurrences

- 9.1 It is the duty of all staff to report to the Head teacher or call the Health and Safety Executive (HSE) on 0845 300 9923 or email www.riddor.gov.uk immediately, suspicious rashes or symptoms of any pupil or adult who is unwell. This is in line with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The school first-aider will assess the situation and isolate any such child or adult and keep them as comfortable as possible in the medical room. In the case of pupils, parents will be contacted immediately and asked to collect the child from school to seek medical advice from their doctor. The child will only be allowed to return to school with confirmation from a medical practitioner that it is safe to do so.

9.2 Further information and guidance about RIDDOR reporting and online reporting procedures can be found at www.hse.gov.uk/riddor/report.htm (also see *Grangewood Health, Safety and Welfare Policy and Arrangements*).

10 Monitoring and review

10.1 The Governing Body undertakes a review of this policy annually.

10.2 There will be on-going monitoring of this policy as some aspects may require amending/updating before the review date should there be any incidents which take place relating to it that give cause for concern.

Signed:

Member of Governing Body:

Date:

Chair of Governors:

Date:

Next Review Date:

Sept 2019

REFERENCES:

Poster - Basic advice on first aid at work - HSE www.hse.gov.uk/pubns/books/first-aid-poster.htm

APPENDIX A

Grangewood School

Chester Road, Forest Gate London E7 8QT
Tel: 020 8472 3552

Reporting Incidents/Accidents

Name of child:

Date:

Time:

Teacher in Charge:

Brief description of incident/accident:

For All Head Injuries

There are a number of signs of concussion you need to be aware of:

Dizziness, sickness, loss of memory, serious headache and blurred vision.

If your child has one or more of these symptoms, you should take them to you're your GP or to the hospital for examination.

Parent/carer receiving a copy of this sheet:

Name:

Date:

Signed:

First-Aider/headteacher receiving a copy of this sheet for school records.

Name

Date:

Signed:

APPENDIX B:

ASTHMA ATTACK PROTOCOL

Possible Symptoms of an Asthma Attack:

- coughing, wheezing, noisy breathing
- difficulty breathing, shortness of breath, feeling of tightness in the chest
- breathing hard and fast
- complaint of discomfort when breathing

Possible Symptoms of a Severe Asthma Attack (an emergency):

- Difficulty Talking – breathing is so difficult the student is not able to speak or can only speak in short sentences.
- Difficulty Walking – student is hunched over trying to catch their breath.
- Difficulty Breathing (retractions) – areas below the ribs, between the ribs, and in the neck sink in with each attempt to inhale.
- Nasal Flaring – nostril size increases with breathing.
- Skin Discoloring – student’s lips or fingernails look gray or blue.
- No relief from ‘reliever’ inhaler (usually blue, but not always) – breathing should improve within 5 mins. After the first puffs from the inhaler.

Management Plan:

1. Stay Calm – speak slow and clear.
2. Never Leave Student Alone – have student sit down and lean slightly forward. Encourage him/her to use their own prescribed medication.
3. Give Asthma Medicine – have student self-administer “rescue” inhaler (usually blue but not always). Monitor students technique of inhaler use:
 - a. Remove cap, hold upright, and shake inhaler (use ‘spacer’ if available).
 - b. Breathe out.
 - c. Press inhaler once at the start of inhalation.
 - d. Inhale slowly, 3-5 seconds.
 - e. Hold breath for a count of 10.
 - f. Wait 1 minute before repeating 2nd puff.
4. Notify Office – give name of student, state situation and have office send designated emergency personnel to your location.
5. **Notify office to call 999 OR 911 OR 112 immediately if the reliever has no effect; OR if the attack lasts for more than 5mins; OR it is his/her FIRST attack and therefore they have no medication.**
6. Continue to monitor breathing. To make breathing easier encourage student to relax his/her shoulders.
7. If student is improving, keep him/her under supervision until breathing returns to normal and student is not complaining of symptoms.
8. **If not improving, call 911 or 999 or 112 and administer care according to student’s individualized asthma plan.**
9. **Administer CPR if indicated.**
10. Document and notify school management of occurrence.

APPENDIX C:

ANAPHYLAXIS PROTOCOL



Allergy Action Plan



THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: _____

DOB: _____

Photo

Emergency contact details:

1) _____

2) _____

Child's Weight: _____ Kg

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):

AIRWAY: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Give EpiPen® or EpiPen® Junior
3. Dial 999 for an ambulance* and say ANAPHYLAXIS (“ANA-FIL-AX-IS”)

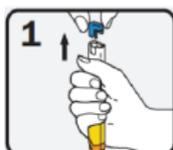
If in doubt, give EpiPen®

After giving EpiPen:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further EpiPen® or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

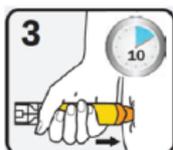
How to give EpiPen®



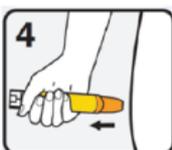
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate. For more information and to register for a free reminder alert service, go to www.epipen.co.uk



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Additional instructions:
If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.
This plan has been prepared by: _____
Hospital/Clinic: _____
Date: July 2018