



FIRST AID POLICY

October 2020

POLICY NO. 17

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1. Introduction

Health and Safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises. In schools this includes responsibility for the headteacher and teachers, non-teaching staff, pupils and visitors (including contractors). Who the employer is depends on the type of school. Chadsgrove School is committed to providing a first aid service which satisfies the school's needs in terms of the requirements specified in the Health and Safety (First Aid) Regulations 1981 latest edition of Regulations 2018.

This legislation sets out the required standards for first aid in the workplace, including guidelines on first aid kits, training of first aid personnel and provision of first aid rooms. This policy requires that all first aid injuries be reported and treated.

In accordance with national regulatory requirements, the school provides:

- The names of those qualified in first aid (updated training is required every three years)
- Guidance on how accidents are to be recorded and parents informed
- Access to first aid kits
- Arrangements for pupils with particular medical conditions, e.g. asthma, epilepsy, diabetes
- Hygiene procedures for dealing with the spillage of body fluids
- Guidance on when to call an ambulance
- Reference to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995,(RIDDOR) under which schools are required to report to the Health and Safety Executive

2. General Overview

First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill.

First Aid principles are to:

- Preserve life
- Prevent worsening
- Promote recovery

First Aid may be practised by anyone, anywhere, volunteer or professional.

The Health and Safety (First Aid) Regulations of 1981 place a general duty on employers to provide first aid to employees in case of injury or illness in the workplace. The practical aspects of this statutory duty for employers and self-employed persons are set out in the Approved Code of Practice (ACOP), which is revised periodically. The ACOP contains guidance on first aid materials, equipment and facilities. The number of first aiders required in a workplace is dependent on the risk assessment.

Chadsgrove School is bound under the Regulations laid down by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995 (RIDDOR), under this we are required to report to the Health and Safety Executive.

It is vital when accidents occur, minor or severe, to summon appropriate help immediately.

A First Aider should be contacted as soon as possible when accidents occur.

Some other members of staff have had first aid training and should be prepared to help in an emergency.

If you are in any doubt please contact reception for an up-to-date list of qualified first aiders.

The school defibrillator is located in the School hall.

3. Designated First Aiders

First Aiders are qualified personnel who have received training and passed an examination in accordance with Health and Safety Executive requirements. Incorporated into this will be refresher training at regular intervals to ensure that their skills are maintained.

List of First Aiders:

Main First Aiders

Karen Day

Jen Lacey

Glenda Kelleher

Emma Gilbert

Paediatric First Aiders

Suzie Hill

Abi Hadley

First Aiders for Adults

Ciara Porter

Sue Parkes

4. First Aid Boxes

First Aid boxes are situated in various places around the school. The Medical Manager checks them on a termly basis. If any item is used out of a first aid box, the Medical Manager should be informed so that a replacement can be supplied.

First Aid Boxes are located in the:

- Lower Medical Room
- Swimming Pool
- Kitchen
- Lower School Corridor
- Hall/Defibrillator
- Food Tech Room
- Upper School Medical Room
- Extension Classroom Area
- Mobile
- Chestnut
- PE Travel Kit (located in LS meds room)
- Forest school
- Taverner's Bus
- Variety Bus

All boxes will contain the minimum supplies as follows:

- 6 medium dressings
- 2 large dressings
- 3 extra-large dressings
- 2 eye pads
- 6 triangular bandages
- 20 plasters
- 6 safety pins
- 10 alcohol-free wipes
- 2 sterile saline solutions 500ml
- 2 pairs of disposable gloves
- Eye irrigation where mains tap water is not available and/or there is a risk of injury to the eye

Only the above specified first aid supplies will be kept in these boxes; no creams, lotions or medication, however seemingly mild, is to be stored in them.

5. Recording of Accidents/Injuries

THE ACCIDENT BOOK IS LOCATED IN THE FRONT OFFICE

If an employee or pupil is involved in an incident the following details should be recorded in the accident book:

- Full name and address of casualty
- Job title (if applicable)
- Date of entry made
- Date and time of the incident
- Place and circumstances of the incident
- Signature of the person making the entry

On completion, the form should be taken out of the book and sent to Headteacher, Deb Rattley and will be treated in confidence with the appropriate action being taken.

Minor injuries, such as trips, bumps etc. should also be recorded in the accident book.

'Near-miss' incidents involving pupils or staff should be reported as soon as possible to the school Business Manager. These can be reported anonymously if preferred.

All accidents, minor injuries and near misses should be recorded to determine any trends which can be improved on.

School Trips

If a serious injury occurs on a school trip then the school should be notified immediately and the appropriate advice will be given. If the injury is just minor then the details should be recorded in the school accident book on return to school.

It is the responsibility of the school to ensure that all employees and pupils of the school are aware of the procedure for the reporting of accidents. For contractors the Site Manager will take responsibility and for all other visitors the Business Manager will take responsibility. Under RIDDOR the school has a legal duty to report and record work-related accidents by the quickest means possible. HSE has set up online reporting procedures for RIDDOR reportable accidents. The link is:

<http://www.hse.gov.uk/riddor/index.htm>

6. Pupils with Known Medical Conditions

Pupils with known medical conditions, such as epilepsy, diabetes, and allergic conditions etc. will be dealt with according to the school's Medical Intervention Policy (Number 91). Staff

and pupils will be given help and guidance on how to deal with those situations as necessary.

7. Emergency Situations

From April 2004 First Aiders must be trained to recognise and respond appropriately to the emergency needs of children with chronic medical conditions; the most common ones being asthma, diabetes, epilepsy and severe allergic reactions.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Spare inhalers must be provided and labelled by parents and kept in an unlocked cabinet in the classroom

The Department of Health has published new guidelines regarding pupils who have asthma which came into effect in October 2014. These guidelines require us to have parental permission to administer an emergency Ventolin (salbutamol) inhaler to children who have been diagnosed as asthmatic if a pupil has forgotten to bring an inhaler into school, it is broken, expired, or has run out.

8. Safeguarding

If any concerns are raised that have safeguarding implications (e.g. unexplained marks or scars), while a person is being treated for first aid, the First Aider must inform the Designated Safeguarding Lead who will then take appropriate action.

9. Physical Contact with Children

The treatment of children for minor injuries, illness or medical conditions may involve members of staff in physical contact with children. Any treatment should:

- not involve more contact than necessary
- be undertaken by staff who have volunteered to be designated to the task
- be carried out, wherever possible, in front of other children or adults
- be recorded

10. Allergies and Anaphylaxis

When a child joins the school, parent carers are requested to identify on the health form any specific allergies from which they suffer. A care plan is devised by the medical team along with the parents and pupil's allergy consultant. Parent carers are requested to inform the school if their child subsequently develops an allergy to any substance. The School Nurse will always be available for parent carers who wish to discuss their child's allergies and their care.

In the case of a severe allergic reaction, an immediate injection of adrenaline is the first line of treatment. Pupils who have known severe allergic reactions should carry a prescribed

Adrenaline auto injector with them in an easily accessible place. If staff suspect that a child is having a severe allergic reaction, they must contact the School Nurse immediately, follow the anaphylaxis section of their first aid training and administer adrenaline via the pupil's prescribed auto injector.

A list of pupils with known food allergies is given to both kitchen and the food technology department at the start of the autumn term and is amended as necessary during the school year. There is a copy of this list in the medical file in the staff room. All staff involved in catering and food preparation are aware of the implications of a child with a known allergy ingesting or coming into contact with an allergen.

A general notice warning of potential allergens is displayed in the dining hall. It is not possible to state firmly that nuts are not present in any dish as there may have been cross-contamination in manufacture. Pupils with known allergies (or the staff that support them) are expected to check it for identification of any foodstuffs to which they are sensitive. The catering staff are always willing to answer questions from pupils about the ingredients of the meal they are serving.

All parent carers are informed that foods that may contain allergens and requested not to be sent into school.

In Food Technology lessons pupils (or the staff that support them) are asked to carefully check labels before coming into contact with foodstuffs, and if there is any doubt they should discuss the situation with the teacher in charge of the lesson. If the allergy is severe or if there is any potential for an anaphylactic reaction the pupil may not be able to participate in the lesson, and an alternative activity will be provided.

When parent carers join Chads Grove School, they are asked if their child suffers from any known allergies. This is recorded on the registration form.

If a child has an allergy, the following is established and recorded in the child's personal file:

- The allergen, i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.
- The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, any medication used and how it is to be used e.g. an Adrenaline auto injector
- Control measures – such as how the child can be prevented from being in contact with the allergen
- Generally, no nuts or nut products are used if there is a pupil with such an allergy

Pupils with known allergies will be identified on the outing's health form. Where necessary parent carers will provide an Adrenaline auto injector which will be kept in an easily accessible place by the teacher in charge of the outing.

In the case of specific food allergies, the catering staff will be informed so that an appropriate packed meal can be provided. Should a pupil have a severe allergic reaction on an outing then an ambulance must be called.

Treatment

- Seek immediate First Aid assistance
- Administer antihistamine tablets/syrup as prescribed in the pupil's emergency box or care plan
- If the pupil feels better, allow them to rest and contact the parent carers
- If the serious symptoms appear, call for an ambulance and ADMINISTER ADRENALINE VIA A PRESCRIBED ADRENALINE AUTO INJECTOR IMMEDIATELY
- Instructions are kept in the emergency box with the prescribed Adrenaline auto injector. All staff are trained in using Adrenaline auto injectors and this is updated on a yearly basis
- Stay with the pupil until the ambulance arrives

Serious symptoms include:

- Cold, clammy skin
- Blue-grey tinge around the lips
- Weakness/dizziness
- A feeling of impending doom

Symptoms may progress further into:

- Restlessness
- Aggressiveness
- Gasping for air
- Yawning (trying to get oxygen into the body to the brain)
- Unconsciousness

11. Asthma

Asthma is a condition of the respiratory system – it affects the airways in the lungs. When a child with asthma comes into contact with something that irritates their airway (an asthma trigger), the muscles around the walls of the airway tighten so that the airways become narrower and the lining of the airways become inflamed and start to swell. Sometimes thick

mucus or phlegm builds up which can further narrow the airways, this makes it difficult to breathe and leads to symptoms of asthma.

The school encourages all children with asthma to participate in all aspects of school life.

When a pupil joins Chadsgrove, parent carers are asked if their child has asthma and the details of the medication they receive. From this information, Chadsgrove keeps records of children with asthma, which are available for all school staff in the shared drive. A care plan is devised by the School Nurse and kept in the pupil's personal file.

The care plan is updated on a yearly basis unless changes occur before the renewal date. Parent carers are requested to inform the school if there are any changes to their child's condition.

Chadsgrove staff will allow pupils to take their own medication when they are deemed physically and mentally capable.

Taking part in sport is an essential part of school life, and children with asthma are encouraged to participate fully in activities. P.E. staff are aware of which pupils have asthma from the information supplied in the medical file. Teachers will remind pupils whose asthma is triggered by exercise to take their inhaler before the lesson and to warm up properly. If children need to use their inhaler during the lesson they will be encouraged to do so.

The school positively encourages all pupils with asthma to participate in offsite activities, both educational and social. Pupils with asthma are identified on the health forms and should take their inhalers with them. When appropriate, the inhaler may be given to the teacher in charge. In the event of an asthma attack the following procedure should be followed:

1. Stay calm
2. Find a first aider or school nurse
3. Do not overcrowd the pupil
4. Sit pupil upright and loosen clothing
5. Do not expose to a sudden change of temperature, e.g. do not take them outside from a warm building
6. Give one to two puffs of reliever inhaler (blue inhalers are also known as salbutamol or terbutaline) immediately. This will either be carried by the pupil or be in the medical room, if the pupil has a spacer device please use it with the inhaler
7. Sit them down and encourage them to take slow, steady breaths. If there is no improvement, give two puffs of reliever inhaler (one puff at a time) every two minutes. They can take up to ten puffs
8. If no improvement, or if you are worried at any time, call 999
9. If an ambulance does not arrive within 10 minutes and they are still feeling unwell, repeat step 6

No real improvement is recognised by:

- Having extreme difficulty in breathing and coughing with wheezing
- Unable to speak in full sentences
- Lips turn blue
- Becomes exhausted

If asthma is successfully treated in school, parents still need to be advised.

From 1st October 2014 the Human Medicines (Amendment) Regulations 2014, allowed schools to keep a salbutamol inhaler for use in emergencies. The emergency salbutamol inhaler should only be used by children:

- for whom written parental consent for use of the emergency inhaler has been given
- who have either been diagnosed with asthma and prescribed an inhaler
- who have been prescribed an inhaler as reliever medication

Chadsgrove school does all that it can to ensure that the school environment is favourable to children with asthma. The school has a no-smoking policy.

12. Diabetes Mellitus

Diabetes Mellitus is a condition when the body fails to produce sufficient amounts of insulin, a chemical that regulates blood sugar (glucose) levels. As a result, sugar builds up in the bloodstream and can cause hyperglycaemia. People with diabetes control their blood sugar with diet (which provides a predictable amount of sugar and carbohydrate) and insulin injections. Children can have emotional, eating, behavioural and confidence difficulties as a result of their condition. Therefore, much support is required.

Hypoglycaemia - Low blood sugar

Hyperglycaemia - High blood sugar

Causes of Hypoglycaemia:

- Inadequate amounts of food ingested - missed or delayed
- Too much or too intense exercise
- Excessive insulin
- Unscheduled exercise

Recognition of Hypoglycaemia

- Onset is SUDDEN
- Weakness, faintness or hunger
- Palpitations, tremors
- Strange behaviours or actions

- Sweating, cold, clammy skin
- Headache, blurred speech
- Confusion, deteriorating level of response, leading to unconsciousness
- Seizures

Treatment of Hypoglycaemia

- Seek First Aid assistance
- Follow pupil's individual Medical Plan and obtain their emergency diabetes pack (which should be with the pupil at all times)
- Ensure the pupil eats a quick sugar source; wait ten minutes, if the pupil feels better, follow with a carbohydrate snack e.g. cereal bar, toast
- Once recovered allow the pupil to resume school activities.
- Notify parent carers and keep them updated
- If the pupil becomes drowsy and unconscious then the situation is now LIFE-THREATENING - call an ambulance
- Place the pupil in the recovery position and stay with the pupil until the ambulance arrives

Causes of Hyperglycaemia

- Too much food
- Too little insulin
- Decreased activity
- Illness, Infection
- Stress

Recognition of Hyperglycaemia

- Onset is over time – hours or days
- Warm, dry skin
- Rapid breathing
- Fruity / sweet breath
- Excessive thirst and increased hunger
- Frequent urination
- Blurred vision
- Stomach ache, nausea, vomiting
- Skin flushing
- Lack of concentration
- Confusion
- Drowsiness that could lead to unconsciousness

Treatment of Hyperglycaemia

- Seek First Aid assistance. Follow the pupil's individual Medical Plan and obtain their emergency diabetes pack (which should be with the pupil at all times).
- Encourage the pupil to drink water or sugar-free drinks. This school encourages children with diabetes to achieve their potential in all aspects of school life by having a clear policy that is understood by both staff and pupils.

Chadsgrove School will work with outside agencies (GPs, Consultant Physicians and Diabetes Liaison Nurse) to ensure that diabetic pupils can participate fully in school life.

When a pupil is admitted to the school the parent carers will inform the School Nurse via the health form, that their child has diabetes. This information is passed to other staff via the medical file in the staff room. The parent carers and the diabetic liaison nurse of a pupil will be invited into school to meet the nursing, teaching and catering staff to ensure that his/her specific needs can be met. The School Nurse will keep details of current medication regimes in the Medical Room, and parents are asked to inform of any changes.

The school accepts that it is vital to maintain balanced blood sugar levels, and will allow pupils to check their own blood as required, providing a private area to do so. The School Nurse will be available for advice as required. Spare monitoring equipment may be brought into school and stored in the Medical Room.

The school acknowledges that regular injections of insulin are essential for children with diabetes, and will support them in maintaining their prescribed regime by allowing them to inject when prescribed, and providing privacy to do so. Insulin brought into the school will be kept in the pupil's diabetes bag which should be with the pupil at all times. Where necessary spare equipment (e.g. syringes) will also be stored in the Medical Room.

The school will work closely with the pupil, family and catering staff to ensure that his/her dietary needs are met and that any supplements to the diet, e.g. snacks, will be provided at the correct time. It is advised that pupils bring their own snacks so that they are readily available to them when required.

The P.E. staff will be informed if a child have diabetes. They will be encouraged to monitor their blood glucose level before physical activity and if necessary, have a snack/glucose tablet. Staff are aware that they may also need to take extra glucose (either a glucose tablet or in the form of a snack) during and after strenuous exercise. Should a child experience symptoms of hypoglycaemia during P.E., remedial action will be taken immediately and their individual care plans will be adhered to.

The school encourages pupils with diabetes to take part in off-site activities, both educational and social. Children with diabetes should take with them sufficient supplies of insulin and monitoring equipment to last for the duration of the outing. The catering staff will be informed so that appropriately packed lunches can be provided. They should carry with them glucose tablets/snacks for use in the event of a hypoglycaemic episode. For

overnight and overseas trips more equipment will be needed. The School Nurse will liaise with the teacher in charge to ensure that children's needs are safely met and relevant personal are appropriately trained.

The school is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

13. Epilepsy

Epilepsy is a brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but it may be a symptom of some physical disorder. However, the cause - especially in the young - may have no precise medical explanation.

Tonic-Clonic Seizures

The person may make a strange cry and fall suddenly if they are standing. Eyes may roll to the back of their head, muscles stiffen and then relax, and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the person may be incontinent.

Complex and Partial Seizures (Temporal Lobe Seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements, such as twitching, plucking at clothing or lip-smacking. The person appears conscious, but may be unable to speak or respond during this form of seizure. Ensure the safety of the person - gently guide them away from dangers and speak calmly to the person and stay until they recover.

Absence (Petit Mal)

This can easily pass unnoticed. The person may appear to daydream or stare blankly. There are very few signs, if any, of an 'absence/petit mal' seizure. This can lead to serious learning problems as the seizures may be frequent and the person does not receive any visual or aural messages during those few seconds. Therefore, it is so important to be understanding, note any petit mals and inform parent carers.

Procedure for an epileptic seizure

- KEEP CALM – pupils will tend to follow your example! Let the seizure follow its own course. It cannot be stopped or altered
- Ask a member of staff to remove the other pupils from the room and ask them to seek additional support
- Get First Aid assistance if possible and begin to time the seizure

- Refer to the pupil's Individual Health Care Plan and epilepsy management procedure plan which can be accessed in their medical file in the medical room
- Protect the pupil from harm. If possible move any objects that may hurt them, rather than move them from dangerous objects
- As soon as possible place the pupil on their side - this does not have to be true recovery position - just so that the tongue falls forward so that any saliva can drain out of the mouth easily. Never place anything in the pupil's mouth
- Put something under their head to protect them from facial abrasions if at all possible. Try not to leave the pupil alone if at all possible. If you need to leave the pupil, make sure there is something behind their back to try to maintain a sideways position
- Talk quietly to the pupil to reassure them but do not try to restrain any convulsive movements
- Retain the pupil's dignity at all times as during the fit the pupil may be incontinent – cover with a blanket to keep warm
- Once recovered, move them to the Medical Room. Check no obvious injuries have occurred
- Allow the pupil to sleep on their side. Do not leave them alone as the seizure may be the first of a cluster
- Call the pupil's parent carer and request the pupil be collected from school, if possible, so that they can sleep as long as needed. If the seizure occurs in the morning, they may even be able to return in the afternoon. This is a very individual decision and will be left to the parent to decide
- Call an ambulance if it is the pupil's first seizure or if it lasts longer than 5 minutes. If a seizure lasts that long, it is likely to last longer. It is very important that the pupil goes to the hospital and gets proper treatment within one hour of the beginning of the seizure
- Ensure that the ambulance staff are aware of the duration of the seizure and any other pupil medical history that may be relevant
- An appropriate member of staff must accompany the pupil in the ambulance and stay with them until the parents arrive
- Ensure any pupils who were present at the time of the seizure have a chance to talk it over with the school Nurse

Chadsgrove School recognises that epilepsy is a debilitating condition affecting some school children and positively encourages pupils with the condition to take part in all school activities. The school works with outside agencies (GPs, Consultant Physician and Specialist Nurse Practitioner) to ensure that pupils with epilepsy can participate fully in school life.

This school encourages children with epilepsy to achieve their potential in all aspects of school life by having a clear policy that is understood by both staff and pupils.

When a pupil is admitted to the school the parent carers will inform the school nurse, via the health form, of epilepsy. This information is passed to other staff via the medical file in the staff room. The parent carers of a pupil with epilepsy will be invited, with the pupil and their liaison nurse, into school to discuss how their specific needs can be met. Such information will include details regarding their seizures, e.g. triggers, type, duration; whether there is altered behaviour either before or after, and the mode of recovery. The School Nurse will keep details of the current treatment in the Medical Room and parent carers are asked to inform the school of any changes to the treatment regime.

The school acknowledges that the regular administration of prescribed medication is essential in the control of epilepsy and will support pupils by allowing them to take their medication at the appropriate time.

The school acknowledges that epilepsy itself is not a barrier to physical activity. PE staff will be informed that a pupil has epilepsy and will liaise with the School Nurse and the pupil's parent carers and physician to ensure that all physical activity undertaken is suitable for that pupil. Any amendments will be clearly laid out in the pupil's individual health care plan and this shall be adhered to at all times.

The school encourages pupils with epilepsy to participate in off-site activities, both educational and social. Some physical activities may not be appropriate and there will be a discussion before the outing with the pupil, their parent carers and medical and nursing staff to assess the suitability of the activity. Staff should be aware that some flashing lights and strobe effects might trigger seizures in some pupils.

Some pupils with epilepsy may be sensitive to bright light and may need to use a special clip-on screen cover to reduce the effect. Staff will ensure that the screen is used. Further advice may be sought from the School Nurse or Deputy-Head (Angela Macvie).

14. Head Injury

Pupils who fall to the ground following a blow to the head can continue in school if they get to their feet unaided and immediately, appearing fully conscious and orientated. Parents must be informed of the fall.

If they are unable to get up for 10 seconds or more due to a head injury they must go to the hospital.

If they lose consciousness at all or have amnesia do not move the casualty - phone 999, place the pupil in the recovery position and monitor their breathing.

Assessment following a blow:

- Was the pupil knocked out?
- Do they remember the blow?

- What was the duration of the retrograde amnesia?
- What was the duration of the post-traumatic amnesia?
- How did the injury occur?
- Is there a wound/deformity to the area?

Continue to monitor the level of consciousness - improving, stable, or deteriorating.

A 'Head Bump' letter must be sent home and the parents must confirm that they have seen the letter. The Medical Manager will evaluate the procedure.

Defibrillator

Chadsgrove School does possess a defibrillator. This is located in the main hall. Training for the defibrillator has been provided by Charlotte and Craig Saving Hearts (CCSHF).

The instructions for use are located within the defibrillator.