



# First Aid

## The Old School Henstead

Written by:	WJM
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### **Policy 7 - FIRST AID**

**This policy applies to all children in the school, including those in the EYFS.**

#### **Philosophy**

We recognise that first aid can save lives and prevent minor injuries from becoming major. Under duty of care we have a responsibility to take the appropriate measures to ensure that correct procedure is followed and in doing so the children in our care promptly receive the correct first aid treatment. We will notify Ofsted /ISI within 14 days, of any serious accident, illness or injury to, or death of, any child while in our care, and of the action taken.

#### **Aim**

To make adequate arrangements for the provision of first aid to be made available at all times, while people are on the school premises and also off the premises, whilst taking part in school visits.

We aim to achieve this by:

- keeping updated and following current Health & Safety legislation
- having at least one qualified First Aider will be on site when children are present
- the following staff are qualified in paediatric first aid – Miss Doughty and Mrs Webster
- having an appointed person in charge of first aid arrangements - Mrs Solomon.
- having appointed qualified paediatric first aiders for EYFS. A current paediatric first aider is on site at all times and always accompanies EYFS on outings.
- providing training and information for employees, enabling them to be fully qualified to administer first aid and to recognise the need for professional medical assistance
- having at various points throughout the school correctly identified and suitably

stocked first aid containers and also portable first aid kits for off-site use

- carrying out the necessary risk assessment
- making due consideration and any necessary arrangements for children with specific needs
- medicine is signed in to the office, is in date, in the original container, with the stated dose and how and when it is to be administered. Refusal to take medication on the part of a child is also recorded.
- If staff are taking medicines, it must be securely stored and taken in the staff room.
- keeping accurate records in the school accident book and keeping parents fully informed
- notifying parents immediately of any type of injury to the head and following this up with the appropriate advice
- taking specific care in the Science area of the school - the area has its own first aid box and fire extinguishers. Children are not permitted to enter the room without a member of staff present. Each activity has its own risk assessment with consideration to the potential hazards of the materials used and the group of pupils that will be using the materials. A consequence of this is that the teacher may undertake an activity with one group of pupils and not with another, or direct very close supervision to individuals whilst an activity progresses.
- we have regard for the National Curriculum which states that pupils should be taught to: "use simple equipment & materials appropriately and take action to control risks"
- It is good practice to ask pupils to consider risks involved in practical tasks and to discuss the precautions they should take to minimise the risks.

## **Accidents**

Should an accident occur at school first aid will be administered by a qualified member of staff. Parents will be informed either in writing or in person for all accidents other than minor cuts and bruises. Should the qualified first aider consider that hospital treatment is required, the school will make every effort to contact the parents before they are taken. However, in an emergency the school will act in loco parentis if it has been impossible to contact a parent.

## **RIDDOR**

In accordance with RIDDOR requirements, a separate Accident Book is maintained and held in the Headmaster's study. Reports are submitted to the Health & Safety Executive as required.

## **First Aid Kits**

These are located in the following places: The School Office  
The Staff Room  
The Nursery Classroom

The School Minibus

The Science Lab

## **When to call an Ambulance**

Unless immediately apparent that an ambulance is to be called, this will be decided on in consultation with qualified first aiders.

### **Hygiene Procedures to be used when dealing with the spillage of bodily fluids**

Spillages of blood, vomit, urine and excreta should be cleaned up promptly. The following general actions must be taken by the person dealing with the spill:

- Clear the immediate area of people.
- Disposable personal protective equipment (PPE), including gloves (latex or nitrile)

or equivalent and a disposable plastic apron must be worn.

- Any spilt blood or other body fluids should be cleaned up, with disposable

absorbent paper towels. All towels, gloves and aprons should be disposed of by double bagging, surrounded by a yellow bag. These are available in the office or in the EYFS block.

- Ensure the area is cleansed with a suitable antiseptic solution.

### **Children with Asthma, Epilepsy and those with Diabetes**

Children with particular medical conditions for example: asthma, epilepsy, diabetes and severe allergies should have their medication located in their classroom and should be to hand when needed. Inhalers, insulin and epi-pens must be taken on all sporting activities and trips.

### **First Aiders**

One member of staff is qualified in First Aid at Work, three hold current up to date paediatric First Aid certificates. Other members of staff are qualified in Schools First Aid. Qualifications are updated every three years.

See Appendix to First Aid Policy for specific guidance in case of medical emergencies

### **Appendix to First Aid Policy**

Specific Guidance in case of Medical Emergencies

#### **Asthma**

If a pupil is having an asthma attack the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down.

- Assist with prompt administration of medication - give 4 puffs of blue reliever.
- If no improvement after 4 minutes give another 4 puffs
- If still not improvement or if the pupil appears very distressed, is unable to talk

and is becoming exhausted, then an ambulance must be called. Dial 999 from land line and 112 from a mobile phone.

## **Diabetes**

### Signs and Symptoms

High blood sugar (normally slow onset of symptoms)

- Excessive thirst
- Frequent need to urinate
- Acetone smell on breath
- Drowsiness
- Hot dry skin

Low blood sugar (normally quick onset of symptoms)

- Feel dizzy, weak and hungry
- Profuse sweating
- Pale and have rapid pulse
- Numb around lips and fingers
- Aggressive behaviour

### Action

For person with Low blood sugar give sugar, glucose or a sweet drink eg coke, squash

For person with High blood sugar allow casualty to self-administer insulin. Do NOT give it yourself but help if necessary.

If unsure if person is suffering high or low blood sugar, give them sugar. If they have high blood sugar it will not harm them further, but if they have low blood sugar it will be vital!

## **Epileptic Seizures**

Epileptic seizures are caused by a disturbance of the brain. Seizures can last from 1 to 3 minutes

### Signs and symptoms

- A 'cry' as air is forced through the vocal chords
- Casualty falls to ground and lies rigid for some seconds
- Congested, blue face and neck
- Jerking, spasmodic muscle movement
- Froth from mouth
- Possible loss of bladder and bowel movement

### Management: During seizure

- Do NOT try to restrain the person
- Do NOT push anything in the mouth
- Protect person from obvious injury
- Place something under head and shoulders

### After seizure

- Place in recovery position
- Manage all injuries
- DO NOT disturb if casualty falls asleep but continue

to check airway, breathing and circulation.

- Phone an ambulance if seizure continues for more than 5 minutes.

## **Anaphylaxis**

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food – in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

### **Signs and Symptoms**

- Swelling and redness of the skin
- Itchy raised rash
- Swelling of the throat
- Wheezing and or coughing
- Rapid irregular pulse
- Nausea and vomiting
- Dizziness or unconsciousness

### **Management**

Dependant on care plans which all staff will know. Most staff have received training in how to use the epipen, which is very simple, but it must be remembered that swift action is ESSENTIAL.