



# CROSFIELDS SCHOOL

## **POLICY FOR FIRST AID**

**Person Responsible:** School Nurse

**Review Date:** Autumn 2020

**Next Review Due:** Autumn 2021

**Reference Documents/Websites:** Healthcare Policy

First Aid is emergency care given to an injured person (in order to minimise injury and future disability) before professional medical care is available. Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of pupils in the same way that parents might be expected to act towards their children. In general, consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

### **Risks**

A risk assessment of First Aid needs is necessary to ensure adequate provision is available. This should include:

- The identification of pupils with specific conditions e.g. asthma, allergies
- The identification of specific hazards in school.
- When to call for further help.
- The documentation of necessary treatment given.

### **Responsibilities**

The responsibility for Health and Safety, which includes First Aid, rests with the Governing Body. The Head Teacher is responsible for putting the policy in place, including informing staff and parents.

All staff, and those parents with responsibility for children in school, should be aware of available First Aid personnel, facilities, and the location of First Aid boxes and information.

First Aid provision must be available at all times, including out of school trips, during PE and other times the school facilities are used e.g. Parents' Meetings.

Adequate First Aid cover will be provided in both school buildings, as well as during break times. If a staff member is alone on a trip or during a PE lesson then they must have access to a telephone in order to summon help.

First Aiders must have attended a recognised First Aid Course approved by the Health and Safety Executive (HSE) and attend refresher courses every 3 years. They will be reliable, have good communication skills, an ability to cope with stress and able to absorb new knowledge.

The HSE states that First Aid does not include the administration of medicines, although there is no legal bar to doing so. Those who dispense it should have a reasonable understanding of what is involved. First Aiders can use Epi-pens if trained to do so.

It is the responsibility of the Headmaster, to ensure good First Aid practice is being carried out within the school and at events and activities organised by the school.

All staff should have First Aid training. Lists of staff with First Aid responsibilities and/or appropriate training are displayed on the staff room notice board and in the School Office. Copies are held in the Nurses Room and with HR Manager.

First Aid Kits are situated in the White Building, Dining Hall, Acorns, Chestnuts, Sports Centre and Changing Rooms buildings. First Aid Kits are also available for use in the Year 5 area, Junior School Teaching Assistant room, Theatre, Design and Technology, Food Technology and Science rooms and during P.E. lessons and educational visits.

The contents of the First Aid Kits are to be regularly checked and maintained by the named person. These are also included in the Annual Health & Safety Inspection.

### **Reporting & Recording of Accidents**

Crosfields School recognises that we have a duty to report incidents that involve the:

- Health & Safety at Work Act 1974
- Social Security Regulations 1979
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

An unreliable accident/incident reporting system, or the under-reporting of near miss incidents could lead to dangerous occurrences recurring which may result in personal injury to staff, parents or visitors. Breach of the statutory requirement to report specific incidents to the Health & Safety Executive (HSE) may lead to prosecution. Inadequate incident reporting procedures will inhibit statistical analyses of accident data.

### **Procedures**

At Crosfields School we make every effort to minimise the risk of accidents but we recognise that accidents may still occur. All accidents to pupils, staff, parents and visitors, no matter how small will be reported to the teacher/Head Teacher as soon as possible after the accident took place and an Accident Report completed.

The First Aider present will deal with the accident and treat any injuries as required.

### **Guidance on when to call an ambulance.**

The first aider on the scene will make the judgement. Anaphylaxis, severe asthma, lack of consciousness, suspected broken bones, heavy blood loss are obvious conditions which require an ambulance. Any head injury should be considered carefully and if in doubt call an ambulance for an injury to be followed up in hospital.

### **Guidance for Away matches or trips**

Staff taking children off site are made aware of any health issues pertaining to the children in their care by the School Nurse. If the School Nurse is not available staff should check the lists in the staff room for information.

Staff should take a first aid kit and any Anaphylaxis kits, if required, from the medical room and sign them out in the trip kit folder.

If a child is injured while off-site, and an ambulance is required, Crosfields Office needs to be informed, as soon as possible, so that parents can be contacted and arrangements made for them to meet their child at the hospital or at the site of the accident. A member of school staff must accompany the child to hospital if parents are not present.

If an ambulance is not required but the child needs to visit A&E for assessment a member of staff must accompany the child unless parents are present or can arrive at the scene of the accident within a reasonable time.

### **Hygiene and Infection Control**

All staff must take precautions to avoid infection and must follow basic hygiene procedures. They must have access to single use disposable gloves situated in all first aid boxes and the medical room and must wash their hands after any incident. The maintenance staff are trained to deal with spillage of blood and other bodily fluids and must be called to deal with such material. There are bodily fluid disposal kits in the Sick Room. All materials used in these incidents are disposed of in the yellow clinical waste bins.

Once the individuals have been treated, all details regarding the accident, will be recorded in the Accident Book by a member of staff. An investigation into the accident should be undertaken immediately or at least on the same day. Judgements should be made as to what can be done to reduce the risk of similar accidents occurring again.

Accidents requiring any form of hospitalisation must be reported to the Headmaster and the Health and Safety Officer.

**RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)** – A RIDDOR report will be needed if an accident to staff or to a pupil or member of the public results in a trip to hospital if specified in Health and Safety Executive guidelines. The Incident Contact Centre (ICC) number is 0345 300 99 23.

An accident book is kept in the Bursar's Office and Medical room, also available in electronic format on Staff T drive. The First Aider should complete the relevant sections. Records should be stored until the child reaches their 25th birthday.

All accidents/near misses will be reported to the Governors at the policy review date or as requested.

The Headmaster will ensure that accidents, which are reportable to the Health & Safety Executive, are reported using the appropriate form.

**For information relating to dealing with Anaphylaxis, Asthma, Diabetes and Epilepsy please refer to Appendix B**

### **The Appointed Person**

This person has the responsibility of taking charge during an incident and summoning help if needed. At Crosfields School, each member of staff is able to assume the responsibilities of the Appointed Person.

The maintenance of the First Aid Cabinets/Kits is the responsibility of the School Nurse.

This Policy also applies to EYFS.

### **Procedures Specific to EYFS**

A first aid log is kept in both Nursery and Reception and completed as required. Parents are informed of any first aid which has been administered. In the Nursery and Reception a letter detailing treatment is sent home. Any child suffering a bump to the head is issued with a medical sticker so all staff are aware of the need to monitor the child. In the event of a more severe injury parents will be contacted immediately and given the option of coming to collect their child.

The first aid logs are monitored by the Early Years Co-ordinator (Reception), Head of Nursery (Nursery) and the School Nurse and risk assessments are updated as deemed necessary. At the end of the academic year all records are handed to the Bursar for storage.

At least one member of staff with current Paediatric First Aid Certificate will be on the premises or on an outing at any one time.

## **Appendix A**

### **Medical emergencies**

#### **School Asthma Policy**

This policy had been written with advice from the Department for Education and Employment, the National Asthma Campaign and the school health service. Crosfields School recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma. Crosfields School encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils.

#### **Medication & Control**

Immediate access to reliever inhalers is vital. Children are encouraged to carry their reliever inhaler as soon as the parents, doctor and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom of the form teacher. An emergency generic salbutamol inhaler is kept in the medical room for use if the child's own inhaler is faulty, empty or missing. Parents must sign a consent form for this inhaler to be used. **All inhalers must be labelled with the child's name by the parent.** School staff are not required to administer medication to children except in an emergency, however many of our staff are happy to do this.

**All school staff will let children take their own medication when they need to.**

### **Record Keeping**

At the beginning of each school year, or when a child joins the School, parents are asked if their child has asthma. Information concerning children with asthma will be kept in the School Medical Register which is available for all school staff to see. If the medication changes at all, parents are asked to inform the School so that the records can be updated accordingly.

### **PE and Swimming**

Taking part in sports is an essential part of school life. P E teachers are aware of which children have asthma from the School Medical Register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise, to take their reliever inhaler before the lesson. Each child's inhaler will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson they will be encouraged to do so.

### **The School Environment**

The School does all that it can to ensure the school environment is favourable to children with asthma.

The School has a no smoking policy.

As far as possible the School does not use chemicals in science and art lessons that are potential triggers for children with asthma. Children can sit out of a lesson should the need arise.

### **Procedure to be followed in the event of an Asthma attack**

- 1 Ensure that the reliever inhaler is taken immediately
- 2 Stay calm and reassure the child
- 3 Help the child to breathe by ensuring tight clothing is loosened
- 4 The child should rest sitting up, breathing slowly and deeply
- 5 Do NOT take the child into cold air

### **After the attack**

Minor attacks should not interrupt a child's involvement in school. After a short rest the child can return to the classroom.

The parents of the child MUST be told of the attack.

### **Emergency procedure**

Call an ambulance urgently if :

- The reliever has no effect after 5 – 10 minutes
- The child is distressed or unable to talk
- The child is getting exhausted
- You have any doubts about the child's condition

Continue to give reliever medication every few minutes until help arrives.

## **School Epilepsy Policy**

This policy has been written with advice from the Department for Education and Employment, the British Epilepsy Association and the school health service.

Crosfields School recognises that epilepsy is an important condition affecting around one in one hundred and thirty (1 in 130) children in the UK and welcomes all pupils with epilepsy.

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

### **Medication and Control**

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day.

### **Record Keeping**

When a child joins the School the parents are encouraged to tell the School if their child suffers from epilepsy. Information about the type and duration of seizures will be recorded in the School Medical Register which is available for all staff to see. If medication changes at all, parents are asked to inform the School so that the records can be updated accordingly.

### **School Life**

Children with epilepsy will be encouraged to take a full part in school activities. They will not be unnecessarily excluded from any school activity. Staff will be aware of which children have epilepsy from the epilepsy register. Extra care and supervision can be provided to ensure their safety in some activities such as swimming (easily identifiable by wearing distinguishing coloured swim cap) or working in the Science or DT Laboratories.

### **The School Environment**

The School does all that it can to ensure that the school environment is favourable to children with epilepsy. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents are encouraged to tell the School of likely triggers so that action can be taken to minimise exposure to them.

### **Procedures to be followed in the event of an Epilepsy Seizure :**

- Do nothing to stop or alter the course of seizure once it has begun
- Do not move the child unless he is in a dangerous place
- Cushion the head with something soft
- Do not put anything at all between the teeth or in the mouth
- Do not restrain the child's movements
- Loosen tight clothing around the neck (but be careful as it may frighten a semi-conscious child)
- Ensure the child's airway is clear at all times
- As soon as possible, place the child in the recovery position
- If there has been incontinence cover the child with a blanket to avoid embarrassment
- Stay with the child and any others who have witnessed the seizure
- Notify the parents

## **Emergency Procedure**

Call an ambulance :

- If the seizure lasts longer than usual
- If one seizure follows another without the child regaining consciousness
- Where there is any doubt

## **School Diabetes Policy**

This policy has been written with advice from the Department for Education and Employment, the British Diabetic Association and the school health service.

Crosfields School recognises that diabetes is an important condition affecting about one in seven hundred (1 in 700) children in the UK and welcomes all pupils with diabetes.

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

## **Medication and Control**

The diabetes of school-aged children may be controlled by two injections of insulin a day or multi injections depending on their individual needs. Most children can do their own injections from a very early age and may simply need supervision and privacy to carry it out. Children will need to monitor their blood glucose levels using a testing machine. Such machines must be labelled with the child's name by the parents and should be kept with the child at all times. Some children may have an insulin pump connected to their body that delivers insulin directly, in addition to a blood glucose monitor (eg Dexcom) which monitors their blood glucose levels, again attached to their person. In order to monitor the pupil specified members of staff should have access to remotely follow the Dexcom monitor by use of a mobile APP. They can intervene as necessary when blood glucose levels are too low or too high so that a pupil can be reminded to take additional insulin or glucose. Children should also carry a supply of fast acting sugar (eg glucose tablets, jelly babies, sugary drink). School staff are not required to administer medication to children except in an emergency, however many of our staff are happy to do this. All school staff will let children take their own medication when they need to.

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise.

PE teachers are aware of which children have diabetes from the School Medical Register. They are aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

## **Record Keeping**

When a child joins the School the parents are encouraged to tell the School if their child suffers from diabetes, for their inclusion in the School Medical Register.

## **Hypoglycaemic Reaction in a Diabetic Child**

Staff are made aware that the following symptoms, either individually or combined, may be indicators of a hypoglycaemic episode (hypo) in a pupil with diabetes :-

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking
- Lack of concentration
- Irritability

**Procedures to be followed in the event of a “hypo” :-**

**Immediately administer a fast acting sugar such as -**

- glucose tablets or
- a glucose rich gel or
- a sugary drink

A slower acting starchy food may be required once the pupil has recovered, some 10 – 15 minutes later, if this is written on their care plan.

- Eg a sandwich or two biscuits, and a glass of milk

**If the recovery takes longer, or there is uncertainty, call an ambulance.**

### **School Anaphylaxis Policy**

This policy has been written with advice from the Department for Education and Employment, the Anaphylaxis Campaign and the school health service.

Crosfields School recognises that anaphylaxis, an extreme allergic reaction, can occur in school children and welcomes any child with anaphylaxis.

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

### **Medication and Control**

In the majority of cases, children with anaphylaxis go through the whole of their school lives without incident. The most common cause is food, in particular nuts, fish and dairy products but, also, wasp and bee stings. Medication includes antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Immediate access to adrenaline injection (eg Epi-pen) is vital. Epi-pens are kept by the children to whom they are prescribed. Parents are asked to ensure that the School is provided with a labelled spare Epi-pen. This must be kept in the school's Nurses Room. All Epi-pens must be labelled with the child's name, by the parent. The spare auto-injector must be taken to any away sporting fixtures or off site visits. The School Nurse is responsible for informing the trip leader or sports coach of any child who carries an adrenaline injector, the trip leader will then be responsible for carrying the spare to use if required.

Adrenaline injection, by Epi-pen or similar, is easy to administer. Responsibility for administering the injection is on a purely voluntary basis. All volunteers have undertaken training from an appropriate health professional.

### **Record Keeping**

When a child joins the School, the parents are encouraged to tell the School if their child suffers from anaphylaxis for inclusion in the School Medical Register.

### **School Environment**

The School does all that it can to ensure that children with anaphylaxis do not come into contact with allergens and seeks to minimize the risks whenever possible.

This Policy applies also to EYFS.  
Allergic Reactions in a Child

### **Symptoms of Allergic Reaction**

Staff are made aware that one or more of the following symptoms and signs will usually appear within seconds or minutes after exposure to the allergen:-

Mild reaction:-

urticaria (nettle rash) over face or whole body and itching.

Severe reaction (anaphylaxis):-

A metallic taste or itching in the mouth

Swelling of the face, throat, tongue or lips

*Difficulty in swallowing*

Flushed complexion

Abdominal cramps and nausea

A rise in heart rate

Collapse or unconsciousness

Wheezing or difficulty breathing

### **Procedures to be followed in the event of an allergic reaction**

1. Mild reaction – antihistamine and observation.
2. Severe reaction - administer an adrenaline injection as soon as possible.

**Call an ambulance immediately if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication. If adrenaline auto-injector is used the child must be taken to hospital by ambulance for a period of observation due to the possibility of further anaphylaxis.**