

HEATHLAND SCHOOL FIRST AID POLICY

Policy reviewed – Sept 2020

Policy presented to Directors/Senior Management Team (SLT)- Sept 2020

Due for review – Sept 2021

This policy is written following the guidelines given in the document ‘Guidance on First Aid for Schools’ published by the DfE.

It is Heathland School’s (the School’s) responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and to put the procedures in place to meet this responsibility. The policy will be reviewed annually. It should be read in conjunction with other School Policies, especially the asthma, anaphylaxis, diabetes and the Health and Safety policies.

Aims

To identify the first aid needs of the school in line with the Management of Health and Safety at Work Regulations 1999.

To ensure that the provision is available at all times while people are on school premises, off the premises whilst on school visits and on the journeys to and from school for those pupils travelling in the school mini buses.

Objectives

To appoint the appropriate number of suitably trained people as Appointed Persons and Paediatric First Aiders to meet the needs of the school.

To provide relevant training and ensure monitoring of training needs. To provide sufficient and appropriate resources and facilities.

To inform staff and parents (via the handbook) of the School’s First Aid arrangements.

To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

Duties and Responsibilities

The Directors are responsible for the health and safety of their employees and anyone else on the premises. This includes the Director of Studies, Head of Juniors, and teachers, non-teaching staff, pupils and visitors (including contractors).

The **Health and Safety Co-ordinator** must ensure that a risk assessment of the School is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.

The **Health and Safety Co-ordinator** should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ.

The Health and Safety Co-ordinator is responsible for putting the policy into practice and for developing detailed procedures. He / She should ensure that the policy and information on the School’s arrangements for first aid are communicated to all staff and parents.

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Information packs are given to new staff as part of their induction programme, a first aid notice board with important details is displayed in each staff room and staff training is given in response to need.

All staff are expected to do all they can to secure the welfare of the pupils.

The **Appointed Person** need not be a First Aider but should have undertaken emergency first aid training. He/she will:

Take charge when someone is injured or becomes ill

Look after the first aid equipment e.g. restocking the first aid bags in the allocated places

Ensure that an ambulance or other professional medical help is summoned when appropriate.

The **First Aider** must have completed a training course approved by the HSE, and will be updated every **three** years. At all times when the School is in session there will be a fully qualified Paediatric First Aider on site. He/she will:

Be contacted to give immediate help to casualties if required

During lesson time or break times (not lunchtime) any pupil complaining of illness or who has been injured is to be sent to the school office (accompanied where possible) for the appointed person/first aider to inspect and, where appropriate, treat.

During lunchtime any pre-prep/junior pupil complaining of illness or who has been injured is to be sent to the lunchtime assistants who will inform the staff as soon as possible and the first aider will be contacted. A senior pupil will go to the office as previously stated.

All incidents are to be recorded in the accident book.

Where possible constant supervision will be provided for poorly or injured children.

Where the injury or illness requires, or if there is any doubt over the health and welfare of a pupil, parents or carers (as stated on pupil medical record) should be contacted as soon as possible so that the pupil can be collected and taken home. This includes pupils in EYFS. Parents will be made aware of school procedure on admission.

If the situation is life threatening, or of cause for concern, any member of staff can ring 999 and request ambulance help. Should a child be taken to hospital before a parent or carer arrives at the school a member of staff will accompany the child to hospital and parents will be directed to go straight there.

For their own protection and the protection of the patient, staff that administer first aid will follow necessary precautions

When taking pupils off site for an educational visit, it is mandatory to include a member of staff who is paediatric first aid trained (PFA). This is also mandatory with pupils in EYFS. (See Health & Safety on Trips Policy).

Reporting

The Director of Studies or most senior teacher on site will be informed of any serious injury occurring in a day. All incidents, injuries, head injuries and treatments are to be reported in the accident book in the school office.

Parents are to be informed of a head injury with the standard bumped head letter.

Parents of pupils in EYFS will be informed of any injury sustained in school either in person at the end of the school day or by a telephone call or email. Staff should also complete the accident reporting form for employees if they sustain an injury at work.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE.

1. involving employees or self employed people working on the premises.
2. involving pupils and visitors

The Health & Safety Co-Ordinator is responsible for ensuring this happens.

Heathland School must notify Ofsted (for the EYFS) and any other local child protection agencies of any serious accident or injury to, or the death of, any child while in their care and must act on any advice from those agencies. Notification must be made as soon as is reasonably practicable but in any event within fourteen days of the incident occurring.

EYFS:

PFA training must be renewed every three years. All newly qualified entrants (L2 or 3) should have PFA in order to be included in the child:staff ratios. NB- this requirement has been disapplied during the COVID-19 pandemic.

A separate accident book is kept in the EYFS department.

Record Keeping

The First Aid Co-Ordinator, or their nominated representative must ensure that a record is kept of any first aid treatment given.

This should include:

- the date, time and place of incident
- the name (and class) of the injured or ill person
 - details of their injury/illness and what first aid was given
 - what happened to the person immediately afterwards
- name and signature of the first aider or person dealing with the incident

Accident and first aid treatment records can be used to help the SLT to identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes.

A full list of pupils and staff with medical conditions is held in the school office, posted in each of the Staff Rooms and is reviewed regularly as necessary and at least once a year.

Administration of drugs and medicines

Medicines should not normally be brought into school, but if necessary, the prescribed medicine (preferably only the daily dose) can be brought to the school office, or in the case of a younger pupil, handed to a member of staff to keep in the office. It must be clearly labelled with the child's name. A form detailing the dosage and times when the medicine should be taken must be completed. The member of staff administering the medicines to a pupil must also complete a form to be given to the parent/carer. Any specific knowledge or training in the administration of medicine will be addressed as the need arises.

The administration of any medication is witnessed, and the form counter signed, by a second member of staff as well as the senior member of staff administering. A copy is kept on file, the original is sent home with the child.

In the case of pupils in EYFS, medicines will be administered only by the teacher in charge and a record will be kept on medicine, dosage and time. Records of children's regular medication will also be kept and updated when necessary. (See EYFS Policies for more information.)

The school cannot take responsibility for giving medicines which are dangerous and where timing is of vital importance.

Written permission must be obtained from parents for individual medications to be administered. Where medicine is administered to a child, parents must be informed the same day, or as soon as reasonably practical.

First Aid boxes

First aid boxes are checked every term. The list is kept by the First Aid Co- Ordinator.

First Aid Boxes are located in:

The office

Each staffroom

In EYFS room

The kitchen has blue plasters for food use.

Science laboratory

Art room

School mini buses (according to Transport Regulations)

A rucksack, complete with first aid equipment is located in the office for offsite visits. All emergency details for school visits will be provided and placed in this bag for outings. A list of locations of First Aid boxes is outside the School Office.

First Aid Boxes should contain

Wrapped sterile adhesive dressings (assorted sizes) Sterile eye pads

Individually wrapped triangular bandages Safety pins

Medium sized (approximately 12cm x 12cm) and Large sized (approximately

18cm x 18cm) individually wrapped, sterile, un-medicated wound dressings Disposable gloves

No medicine/tablets are to be kept in the first aid boxes

However, there are some medical conditions that children might have, or develop during their time at school. Common conditions may include anaphylaxis, asthma, diabetes and epilepsy.

If a child has, or develops, specific medical needs then the school will draw up a personal health care plan, along with both the child and their parents.

Health care plans will be used to:

- Inform the appropriate staff and teachers about the individual needs of a pupil with a medical condition in their care.
- Remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times.
- Identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers.
- Ensure that all medication stored at school is within the expiry date.
- Remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

Most staff in the school have a first aid certificate (see separate list of first aiders) and if required, staff will receive extra training to manage certain medical conditions.

The following information has been written using the pack:- Medical Conditions at School – A policy resource pack which has regard to DCSF and Department of Health Guidelines.

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 and 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 Epi-pen, 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 which is readily accessible. If a pupil has an Epi-pen, 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 School is within its expiry date.

It is important that key staff in the school are aware of the pupil's condition and of where the medication is kept, as it is likely to be needed urgently.

It is not possible to overdose using an Epi-pen, 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.

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 other pupils.

3. *Managing pupils with anaphylaxis*

- Staff should always be aware of those pupils under their supervision who have severe allergy resulting in anaphylaxis.
- Staff should ensure that all pupils who have an Epi-pen prescribed to them have their medication in School.
- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. Speak to one of the School's first aiders
- If a pupil feels unwell, the first aider should be contacted for advice.
- A pupil should always be accompanied if sent to the first aider

4. *Off-site visits*

- Staff should ensure that they have the correct medication for the pupils in their care
- Staff members trained in the administration of the medication must be identified
- Staff must give consideration to the safe storage of the 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 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 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 the pupil has an anaphylactic reaction*

- Ensure that an ambulance has been called
- Stay calm and reassure the pupil
- Encourage the pupil to administer their own medication as taught (if possible)
- Summon assistance immediately from a first aider
- Liaise with the first aider and school secretary about contacting parents

1. What is asthma?

Pupils with asthmas 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 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 come 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, particularly during PE lessons. If a pupil is too young or immature to take responsibility for the inhaler, staff should ensure that it 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. 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 e.g nebuliser, a health care plan must be completed. For pupils whose asthma is controlled by an inhaler, information should be stored on the medical conditions list compiled by the office.

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 subscribed 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 always be aware of those pupils under their supervision who have asthma
- Games staff should ensure that all pupils with asthma have their 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
- If a pupil feels unwell, the first aider should be contacted for advice
- A pupil should always be accompanied to the first aider if sent by a member of staff

4. Off-site visits

- Staff should ensure that all pupils going on trips carry their medication with them
- 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 visits.

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

7. *What to do if the pupil has an asthma attack*

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying
- Summon assistance from a first aider. Try not to leave the pupil alone
- Make sure that any medicines and/or inhalers are used promptly
- Help the pupil to breathe by encouraging them 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 pupil does not respond to medication or his/her condition deteriorates, call an ambulance
- Liaise with the first aider and office staff about contacting the parents

Diabetes

1. *What is diabetes?*

Diabetes is a condition in which the amount of glucose (sugar) is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to 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 glucose 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 the 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 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 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 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 the pupil's condition to his/her peer group so that they are made aware of their classmate's needs.

3. Managing pupils with anaphylaxis

- 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 they have some knowledge of what to do if a pupil has a hypoglycaemic or hyperglycaemic episode (staff to seek advice from first aiders).

4. Off-site visits

- Staff should ensure that all pupils going on trips carry their medication with them
- 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 additional 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

Action

1. Get someone to stay with the pupil- call for first aid 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.
2. Give fast acting sugar immediately (the pupil should have this) eg Lucozade, fresh orange juice, sugary drink, honey or jam (a 'hypo stop'- discuss with first aider whether this should be taken on trips off site). Recovery usually takes ten to fifteen minutes.
3. Upon recovery, give the pupil some starchy food eg couple of biscuits, a sandwich.
4. Inform parents of the hypoglycaemic episode.
5. In some instances, it may be appropriate for the pupil to be taken home from school.
6. 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 in behaviour
- Vomiting
- Abdominal pain

Action:

- Do not restrict fluid intake or access to the toilet

Contact the first aider and/or parents if concerned

Staff list of paediatric first aiders**First Aiders****Baby Room**

Lisa Myerscough
Lisa Potter
Donna Marchant

Toddler Room

Lisa Lennon
Jade Graham

Top Nursery

Kirsty Prestage
Maureen Rice
Janet Crookston
Sarah Edwards

KG1

Pat Shorrocks
Harriet Hartley

KG2

Vanessa Devine
Laura Wells
Christina Higgins (Mitchel)
Stephanie McLaughlin
Kirstie Hide

Floating Staff

Chantelle Maudsley (Manager)

School PFA

Allan Low
Paul Pickles
Linda Moore
Sue James
Jane Thornton
John Cowell
Denise Tattersall
Julie Donohue

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Cleaning up spillage of bodily fluids

Use disposable gloves, ensuring they have no holes or tears in them.

Wipe up any blood and bodily fluids with paper towels, making sure

everything is wiped up. All paper towels should be put carefully in a bin bag.

Disinfect the area with bleach as it kills hepatitis B as well as the HIV virus.

Dispose of the gloves and the paper towels from cleaning the area in the bin

bag and secure the top.

Wash your hands thoroughly with soap and hot water.

Accommodation

There is a room for medical treatment, and care of pupils during school hours.

The room has a washbasin and lavatory next door.

APPENDIX 1.

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First Aid Co-ordinator:

Miss Jane Thornton

**All Teachers, Nursery Nurses, Office Managers, and Bus drivers are First aid trained:
Training refreshed every two years and records kept.**

APPENDIX 2.

HEATHLAND SCHOOL FIRST AID POLICY

Appointed person to contact Emergency Services:

Miss Jane Thornton

Mrs Denise Tattersall

APPENDIX 3.

Bumped Head Letter

APPENDIX 4

A list of pupils and staff with particular medical conditions is circulated separately.