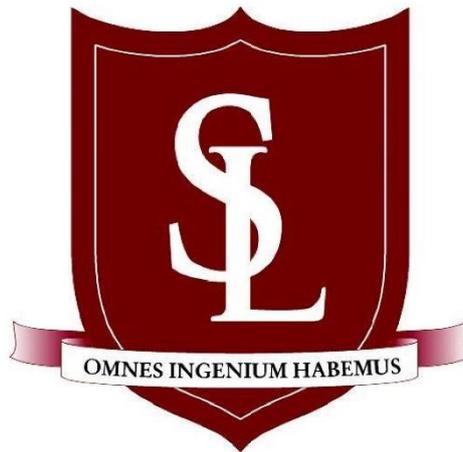

FIRST AID POLICY



South Lee School

Reviewed by: M. Watch (Headmaster) and D. Macfarlane (School Nurse)
Date: September 2016

FIRST AID POLICY

This policy applies to the whole school including pupils in the EYFS setting

This policy sets out the measures and controls for the safe provision of first aid for all employees, pupils and visitors on South Lee site and its affiliate or associated sites. It follows the guidance set out by the HSE and adheres to all compliances mentioned.

1. Employers must provide adequate and appropriate equipment, facilities and qualified first aid personnel.
2. It is the responsibility of the governing body and head teacher to ensure a regular review of the school's first aid needs is carried out to ensure that provision is adequate. Time is allocated for staff to spend time on PD days each term discussing medical conditions and treatment of pupils.
3. South Lee has a School Nurse who is in charge of First Aid. She will be the first point of contact for any First Aid required. All school First Aiders are required to complete a recognised training course. Staff with an updated First Aid at Work certificate are listed on posters around school. Most staff including EYFS, have a basic first aid qualification and a list is kept on file of their training dates. This is updated every three years. Epi pen training is given to staff each year. All Early Years staff have been trained in paediatric first aid. First aiders always accompany pupils on school trips and visits. The School Nurse (Donna Macfarlane) takes responsibility for ensuring this happens.
4. The main duties of the School Nurse are to:
 - To give immediate aid to casualties with common injuries or illnesses while at school
 - See any children feeling unwell or injured if necessary
 - Make a judgement about calling an ambulance or taking child/staff to hospital.
 - Regularly check first aid supplies and order if necessary
 - Record any incidents and report to tutors, parents and HSE or RIDDOR as necessary
5. If the School Nurse is off the premises a first aider will:
 - Take charge when someone is ill or injured
 - Ensure an ambulance is summoned when appropriate.
 - Record and report back to School Nurse, parents and tutors. The School Nurse reports to HSE or RIDDOR as necessary.
6. All minor incidents must be written in one of the first aid books, which are kept in the quiet room, in sports bags, the GP Room, in the Science laboratory and the School Office detailing:
 - Name
 - Date + Time
 - Form
 - Details of the incident
 - Treatment

- A follow up statement if necessary

The top copy must be given to the form tutor for information, then put in the child's file. The form tutor is responsible for contacting the School Nurse to raise concerns about patterns of illness or incident.

All incidents of a more serious nature (such as when pupils have been sent to A and E, to the Doctor or has a head injury) are recorded on the schools' accident form. In this instance duplicate copies of the form are to be placed in the child's file in the school office and in Mrs Macfarlane's file. See Appendix 1.

7. Parents will be informed of any incidents (always when a head injury is involved) when it is felt necessary or appropriate, either by phone straightaway or at the end of the day for more minor injuries. If a visit to A&E is thought necessary, then parents will be contacted to do this. If a serious accident does occur it may be necessary to call an ambulance (see point 20), before contacting parents. EYFS have an extra form for parents to complete about calling the ambulance and if treatment can be given at A&E and one for applying for plasters.

8. It is the responsibility of parents to inform the school of any changes in circumstances so that up to date records are maintained. Regular reminders are sent out to parents from the School Nurse.

9. It is also the responsibility of parents to notify the school of any illnesses or allergies. The School Nurse will update the school's records and inform any new members of staff as part of their induction.

10. There is a separate form for parents to sign with regards to the administration of medicine in school. See Appendix 2.

11. A list of all children suffering from asthma or any other potentially serious illnesses is kept in the medical file on the school network. All teachers have access to this. Form Tutors should pass on any new information that they receive to the School Nurse who will update their file. Children suffering from asthma have unrestricted access to their inhalers.

12. Any child suffering from a food allergy that may cause an anaphylactic reaction is known to all staff including kitchen staff. Staff are kept up to date on any treatment regarding these children and receive epi-pen training

13. The school policy is that all children should feel able to report any illness or injury and expected to be taken seriously.

14. First Aid boxes will have a list of contents inside them. These will be regularly checked by the School Nurse.

First Aid Stations locations are:

- Jubilee quiet room (+ supply)
- Outside Form 1 classrooms (lockable)
- IT room Pre Prep
- GP room corridor (+supply)
- Nursery
- Staff room
- Kitchen
- Library (used for breaktimes)
- Office
- Science laboratory
- ADT room
- Sports Cupboard
- Mini buses
- Trips bag and residential stays available

Drugs are located in a fridge in the office in South Lodge.

Lockable

15. Gloves should be worn at all times when dealing with blood, vomitus urine and faeces. Since 2008 nitrille (non latex) blue gloves are used throughout the school due to latex allergy occasionally found with some pupils.

16. Staff will follow guidelines on first aid when dealing with any injury.

17. During lunch breaks lunch time supervisors deal with minor injuries, keeping records as detailed in point 6. If there is any injury of a more serious nature they will find the first aider or a member of the teaching staff.

18. When offsite the member of staff will have first aid equipment and a mobile phone to summon help in the case of any injury.

19. Children should report to their class teacher or nearest member of staff if they are feeling unwell or have injured themselves.

20. Should an ambulance be required then the following procedure should be followed:

- Before you phone, make sure you know the location of the emergency and the telephone number that you are calling from.
- Dial 9 for an outside line then 999 or 112.
- The first person to speak to you will be the telephone operator, who will ask whether you require the ambulance, fire or police service.
- Once you have requested the Ambulance Service, your call will be connected to the Ambulance Emergency Operations Centre.
- The Emergency Call Handler will ask you the nature and location of your emergency.
- Stay on the line. The Emergency Call Handler will ask you some questions about the incident, including details about the condition of the patient **or patients**. This information helps to determine which resources you need to respond to your emergency and is relayed to the people dealing with your emergency.
- Do not hang up until instructed to do so. The call handler may offer you advice to enable you to help the patient, and you will also be required to confirm the location and number you are calling from.
- Try to remain calm and speak clearly at all times.

- Once the phone call is completed then staff should be organised to direct the ambulance/paramedics to the patient.

21. School details include:
 South Lee School
 Nowton Road
 Bury St. Edmunds
 Suffolk
 IP33 2BT
 01284 754654

Note that the Victory grounds and Nowton Park are used by the school and will have mobile phone access by staff.

22. An emergency is a critical or life threatening situation which may include loss of consciousness, severe chest pain or loss of blood.

Dial 999 or 112 immediately for emergencies such as:

- chest pain
- difficulty in breathing
- loss of consciousness
- severe loss of blood
- severe burns and scalds
- choking
- fitting / convulsions
- drowning
- severe allergic reactions

23. To check the conscious level of patient, see the following points:

- Do they respond and open their eyes to audible stimuli? Conscious.
- Do they respond to eyes to audible stimuli?
- Do they respond to physical stimuli (pain)?
- If they do not respond to the above stimuli then they are unconscious.

24. The SUFFOLK HEALTH PROTECTION AGENCY provides guidance on infectious diseases in schools. Information is displayed in these places:

1. School office
2. Kindergarten area
3. Health & Safety board in the staff room.

25. **ASTHMA/breathing** conditions checklist and response:

Common signs of an asthma attack are:

- coughing
- shortness of breath

- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache.

What to do

- Keep calm
- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child

All known children with Asthma have an asthma plan which helps staff understand their individual responses.

Call 999 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

Help the child to take 1 puff of their reliever inhaler every 30-60 seconds, up to a maximum of 10 puffs. If they don't feel better after 10 puffs, call 999. If the ambulance takes longer than 15 minutes, help the child to take 1 puff of their reliever every 30-60 seconds.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

26. EPILEPSY

What is Epilepsy?

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons.

Medicine and Control

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours.

Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with epilepsy can use computers and watch television without any problem.

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or working in science laboratories. Concerns about safety should be discussed with the child and parents as part of the health care plan.

During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered.

An ambulance should be called during a convulsive seizure if:

- it is the child's first seizure
- the child has injured themselves badly
- they have problems breathing
- the seizure lasts longer than the period set out in the child's health care plan
- a seizure lasting longer than five minutes if you do not know how long they usually last for that child
- there are repeated seizures, unless this is usual for the child as set out in the child's health care plan

Staff should refer to the pupils' individual care plan for further details.

27 DIABETES

Any pupil who has Diabetes will have an individual care plan which all staff who teach them will be made aware of.

What is Diabetes?

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

Medicine and Control

The diabetes of the majority of children is controlled by injections of insulin each day or continuously via an infusion pump. Most younger children will be on a twice a day insulin

regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes.

If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a **hypoglycaemic reaction** (hypo) in a child with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

- the child's recovery takes longer than 10-15 minutes
- the child becomes unconscious

Some children may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the

child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

Please refer to the pupils' individual care plan for further details.

28. ANAPHYLAXIS

What is anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

Refer to the pupils' individual care plan for further details.

29. RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)

What must I report?

As an employer, a person who is self-employed, or someone in control of work premises, you have legal duties under RIDDOR that require you to report and record some work-related accidents by the quickest means possible.

You must report:

- deaths;
- major injuries; over-7 day injuries – where an employee or self-employed person is away from work or unable to perform their normal work duties for more than 7 consecutive days;
- injuries to members of the public or people not at work where they are taken from the scene of an accident to hospital;
- some work-related diseases;
- dangerous occurrences – where something happens that does not result in an injury, but could have done;
- Gas Safe registered gas fitters must also report dangerous gas fittings they find, and gas conveyors/suppliers must report some flammable gas incidents.

RIDDOR applies to all work activities but not all incidents are reportable. If someone has had an accident in a work situation where you are in charge, and you are unsure whether to report it contact the Deputy Head master or in his absence call the Incident Contact Centre (ICC) on 0845 300 99 23.

What is the Incident Contact Centre (ICC)?

The ICC is a 'one-stop' reporting service for work-related health and safety incidents in the UK. It was established on 1 April 2001 and is primarily a call centre, open from Monday to Friday between 8:30am and 5:00pm. If you wish to speak to an ICC operator, just call 0845 300 99 23. All information will remain confidential.

How do I contact the ICC?

- By phone: **0845 300 99 23 (local rate)**
- Online: HSE RIDDOR - Report online

What records do I need to keep?

You must keep a record of any RIDDOR reportable injury, disease or dangerous occurrence. This must include the date and method of reporting; the date, time and place of the event; personal details of those involved; and a brief description of the nature of the event or disease.

You can keep the record in any form you wish. You could, for example, choose to keep your records by:

- keeping copies of report forms in a file;
- recording the details on a computer;
- using your Accident Book entry;
- maintaining a written log.

When you report the incident by telephone or through this web site, the ICC will send you a copy of the record held within the database. You will be able to request amendments to the record if you feel the report is not fully accurate.



For completion by parent/guardian
YEARS (Keep for two years)

EARLY

Full name of child

Diagnosis/condition

Description of symptoms requiring medication:

Full name of prescribed drug:
Dosage:

How administered?

Any other instruction/information?

Last dose given by parent		
Date	Time	Dosage

For inhalers/Epi-pens:	For sun cream/teething gels:

In order for your child to receive prescribed medicines (e.g. antibiotics, inhalers, Epi-pens) and lotions (e.g. cough preparations, sun creams, nappy creams and teething gels) whilst in the day care provision, you need to complete and sign this form. For necessary medicines (e.g. prescribed drugs) this form needs to be completed, signed and dated on every day the medicines need to be given. Staff cannot administer prescribed drugs without parents' written permission on the day the medicine is to be given. Please bring prescribed medicines only when your child attends the provision and take them home again when your child leaves. (The only exception could be spare inhalers supplied in case of emergency.) All medicines/lotions must be clearly marked with the child's full name and (where appropriate) the prescribed dosage.

Parent/guardian

Signature.....

Date:



South Lee School

MEDICAL & EMERGENCY CONTACT INFORMATION

NAME:

EVENT:

DATE:

Any dietary needs.

Any relevant medical information

Emergency contact information (**Parents** - if you intend to be away from home during this time, please give as much information as possible)

Name/s: (1).....

(2).....

Telephone number/s.: (1).....

(2)

If the above relative(s) etc cannot be contacted in time, I hereby authorise any member of South Lee staff accompanying the trip to consent to such medical treatment including inoculations, surgery or blood transfusions, which in the opinion of a qualified practitioner, may be necessary while on the trip.

I also consent to South Lee staff administering any non- prescribed medication should it be required.

Signed:Date:



South Lee School

HEALTH CARE PLAN

Condition	
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Child's Full name	
Address	
Telephone Number	
Date of Birth	
Name & Address of GP	
Telephone Number	

Contact Information

Name of Contact 1	
Telephone Number	
Relationship to child	

Name of Contact 2	
Telephone Number	
Relationship to child	

Name of Contact 3	
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Telephone Number	
Relationship to child	

MEDICAL DETAILS

Medical Condition	
Symptoms which require administration of treatment/action	
Precautionary measure	

ACTION TO BE TAKEN

Medication to be taken	Dosage	Expiry Details	Storage

Further action if medication is not effective



South Lee School Nursery

Medical/Health Information

Pupil's Name: _____

Start Date: _____

Signature of Parent/Guardian: _____

I. South Lee School Nursery Medical/Health Information

Name: _____

Date of Birth: _____

Name of GP: _____

Surgery Address: _____

Has your child an ongoing medical condition?

Please could you give us details?

Has your child any special dietary needs?

--

Does your child take regular medication? (e.g. inhalers/creams)

--

Has your child an allergy of any type? (i.e. certain food/insect stings)

--

Does your child suffer from any of the following?

	Asthma		Skin problems
	Speech & Language difficulties		Convulsions/fits
	Constipation/soiling		Diabetes
	Allergies		Visual difficulties
	Hearing difficulties		Other
	Frequent earache		

Please would you give us details

--

Any past illnesses?

Is there anything else you would like to tell us?



Head Injury

Any child suspected of having a concussion should be removed from play, and then seek medical evaluation. The child must **NOT** return to play or sports on the same day as the suspected concussion.

Signs to watch for

Problems could arise over the first 24-48 hours. The child should not be left alone and must go to a hospital at once if they develop any of the following:

- New headache, or headache gets worse
- Persistent or increasing neck pain
- Becomes drowsy or can't be woken up
- Cannot recognise people or places
- Has nausea or vomiting
- Behaves unusually, seems confused, or is irritable
- Has any seizures (arms and/or legs jerk uncontrollably)
- Has weakness, numbness or tingling (arms, legs or face)