

GOODRINGTON SCHOOL

First Aid Policy

First-Aiders

One First-Aider is employed who holds a valid first-aid certificate issued by an organisation approved by the Health and Safety Executive. The certificate shall be refreshed every 3 years.

Four appointed persons are employed who hold a valid "Appointed Persons" certificate issued by an organisation approved by the Health and Safety Executive. The certificate shall be refreshed every 3 years.

A written record of the dates first-aiders and appointed persons obtained their certificate and when the refresher training is due will be kept.

The registered First Aider is:

- **Rosalind Ellenby**

The Appointed Persons are:

- **Linda Ward**
- **Michelle Fox**

First-Aid Boxes

The contents will be regularly checked by the registered First Aider and replenished as necessary.

The First Aid boxes are located in:

- **Mrs Ellenby's Office**
- **Medical Room**

First Aid Guidance

Cuts

All open cuts should be covered after they have been treated with a mediwipe. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing. Minor cuts do not need to be recorded in the accident file.

Bumped heads

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with a cold compress. Parents and guardians must be informed in writing. The child's teacher should be informed and keep a close eye on the progress of the child. **ALL** bumped head incidents should be recorded in the Accident Report Book.

Dealing with bodily fluids

In order to maintain protection from disease, all bodily fluids should be considered infected. To prevent contact with bodily fluids the following guidelines should be followed.

When dealing with any bodily fluids wear disposable gloves.

Wash hands thoroughly with soap and warm water after the incident.

Keep any abrasions covered with a plaster.

Spills of the bodily fluids must be cleaned up immediately.

Bodily fluids include blood, faeces, urine, nasal and eye discharges, saliva and vomit.

Accident Report Book

The Accident Report Book is held in the school office and is completed by the Administrator for **all** accidents occurring within the school. The Accident Form is then removed from the book and filed in the Accident Report File.

The Administrator also sends a form home to parents/carers to inform them of the nature of the accident, which they are then asked to sign and return for the school's records.

Calling the emergency services

In the case of major accidents or serious bangs/bumps to the head, it is the decision of the registered First Aider as to whether the emergency services are called.

If a member of staff is asked to call the emergency services, they must:

1. state what has happened
2. the child's name
3. the age of the child
4. whether the casualty is breathing and/or unconscious
5. the location of the school

If the casualty is a child, their parents should be contacted immediately and give all the information required. The Head Teacher should always accompany the child in the ambulance, and meet their parents at the hospital. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are located in the school office.

Sporting Events

Should the pupils be taken off site for any sporting events, e.g. Sport's Day at Haynes Park, a First Aid box will be taken and all the above procedures will continue to apply. If nobody is available in the school office, during such event, an emergency contact list will also be taken.

Medicines in School

Medical Update

Parents are asked to complete a Medical Update Form for their child, prior to them commencing in the Pre-school or school. Parents are then advised to inform the school, in writing, of any changes to their child's medical record.

The child's class teacher will be informed of any medical conditions that the school is made aware of.

Medicine Form

In school we will administer medicines such as antibiotics, anti-histamine, cough mixture and paracetamol. All medicines must be clearly labelled with the child's name and class.

Parents must also complete and sign a Medicine Form to authorise the administration of medicines by school staff. The Medicine Form is available from the school office.

The Medicine Form is then completed and signed by the authorised member of staff when they administer the medicine.

Storage of Medicines

No medicines should be kept in the class or in the child's possession.

All medicines are kept in the locked fridge in the Medical Room or in a locked cabinet in the school office. Both the Business Manager and Head Teacher have a key to the latter cabinet.

The administration of medicines must take place in the Medical room.

Staff taking Medicines

Staff must inform the Head Teacher if they are taking any medication in school and all medicine must be stored in the Medicine Fridge in the Medical Room or in the Medication Cabinet in the school office.

Infectious Diseases

Please refer to the Public Health England, Guidance on Infection Control in Schools and Other Childcare Settings May 2016. This guidance details the periods of exclusion from school for children suffering from infectious disease and is available from the school office.

Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

The information sheet 'Incident Reporting in Schools (accidents, diseases and dangerous occurrences) gives guidance on how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to schools. Most incidents that happen in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR. This information sheet is available in the Health and Safety file in the school office.

Guidance to staff on particular medical conditions

Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only.

Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate Medicine form as detailed in the First Aid Policy.

Observe the child closely for 30 minutes to ensure symptoms subside.

Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness
- When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken

1. Send someone to call for an ambulance and inform parents. Arrange to meet parents at the hospital.
2. Send for the named Epi-pen
3. Reassure the pupil that help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the pupil has collapsed lay them on their side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4 to 8 may be repeated if no improvement is seen in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

Remember Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks.

Asthma Management

The school recognises that asthma is a serious but controllable condition. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the Medical Room and the school office. The school has a smoke free policy.

Trigger Factors

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air Pollutants
- Emotional situations
- Excitement

General considerations

Pupils with asthma need immediate access to their reliever inhaler. Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the school office and is quickly accessible to the pupil. Teaching staff should be aware of a child's trigger factors and try to avoid any situation they may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

Recognising an asthma attack

- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze

- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Action to be taken

1. Ensure that the prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the pupil
3. Encourage the pupil to adopt a position which is best for them – usually sitting upright.
4. Wait 5 minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the Lead First Aider or a first aider if she is not available.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for 5 minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany pupil to hospital and await the arrival of a parent.

Diabetes Management

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupils with diabetes attending school.

Signs and symptoms of low blood sugar (hypoglycaemic attack)

This happens very quickly and may be caused by a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The pupil should test his or her blood glucose levels if blood testing equipment is available.

- Pale
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour – weepy/aggressive/quiet
- Agitated/drowsy/anxious

- Tingling lips
- Sweating
- Hunger
- Dizzy

Action to be taken

1. Follow the guidance provided in the care plan agreed by parents
2. Give fast acting glucose – either 50ml of Lucozade or 3 glucose tablets. Pupils should always have their glucose supplies with them. Extra supplies will be kept in the Medication Cabinet in the office. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the pupil to have access to regular snacks.
6. Inform parents.

Action to take if the pupil becomes unconscious

1. Place pupil in the recovery position and seek the help of the Lead First aider or a first aider.
2. Do not attempt to give glucose via the mouth as the pupil may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany pupil to hospital and await the arrival of a parent.

Signs and symptoms of high blood sugar (hyperglycaemic attack)

Hyperglycaemia develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken

1. Inform the Lead First Aider or a first aider.
2. Inform parents
3. Pupil to test blood or urine
4. Call 999

Epilepsy Management

How to recognise a seizure

There are several types of epilepsy but seizures are usually recognizable by the following symptoms:

- Pupil may appear confused and fall to the ground
- Slow noisy breathing
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face.
- Possible incontinence.

A pupil diagnosed with epilepsy will have an emergency care plan.

Action to be taken

1. Send for an ambulance if this is the pupil's first seizure, if a pupil known to have epilepsy has a seizure lasting for more than 5 minutes or if an injury occurs. Go to points 12 to 14, ensuring the parent is contacted.
2. If none of the reasons in point 1 above, seek the help of the Lead First Aider or a first aider.
3. Help the pupil to the floor
4. Do not try to stop the seizure.
5. Do not put anything in the mouth of the pupil.
6. Move any other pupils away and maintain pupil's dignity
7. Protect the pupil from any danger.
8. As the seizure subsides, gently place them in the recovery position to maintain the airway.
9. Allow patient to rest as necessary.
10. Inform parents
11. Call 999 if you are concerned.
12. Describe the event and its duration to the paramedic team on arrival.
13. Reassure other pupils and staff.
14. Accompany pupil to hospital and await the arrival of a parent.

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