

First Aid Policy St Teresa's School

Mission Statement

Inspiring and achieving together, using our unique gifts given to us by God.

Last updated: July 2019

Next review date: July 2020

Responsibility for First Aid at St Teresa's is held by the Joint Head Teacher's. All our information and guidance concerning First Aid (including accident records and forms) are kept in the school office until such time as they are archived. Our aim is the timely and competent administration of First Aid.

Appointed First Aiders

Appointed First Aider for school: Mrs P Aldus

Appointed EYFS First Aider: Mrs E Moody

Other staff are also trained in First Aid (see Appendix One) and can be called upon in the instance that the above Appointed First Aiders are away from school.

- Our staff training programme enables there to always be at least one suitably qualified person on the school site when children are present. All EYFS children are treated by a member of staff with a Paediatric First Aid qualification. We take account of the number of children, staff and the layout of our premises to ensure that a paediatric first aider is able to respond to emergencies quickly.
- First Aid training requires updating every three years and the school's training and development plan allows for this.
- All staff with First Aid qualifications are listed and this information is displayed around the school; this list highlights those staff trained in Paediatric First Aid. Training is also held annually on use of Epipens. Specialist training (i.e. on diabetes) is given by trained staff when needed.

The duties of First Aiders:

The main duties of a First Aider are to:

- Give immediate help to casualties with common illnesses or injuries and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.

The duties of the school's Appointed First Aider:

The main duties of the school's appointed person are to:

- Take charge when someone becomes injured or is ill.
- Be responsible for the First Aid equipment within the school.
- Ensure that an ambulance or other professional help is summoned, if appropriate.
- To ensure that, the child's parents are informed immediately.
- To ensure that with the Joint Head Teachers, the school's First Aid Policy and practices are continuously reviewed and monitored.

First Aid accommodation:

The medical room in school is within the school office. The area contains a washbasin and a bed and is near to a toilet. There is also a fridge for medications that require it.

First Aid kits:

In the school there are two forms of First Aid kits. The first are full First Aid kits, which are located in the school office and in the Pre-School Class and are taken on off-site sport's fixtures. The second type is an immediate First Aid kit and provides a straightforward selection of First Aid materials to be taken on educational visits. There are First Aid kits located inside the playground door, in the dining room and in the staff room.

Procedure for administration of First Aid when an incident occurs on the playground:

- During break and lunch times, there is always a minimum of two staff members on the playground.
- There is a First Aid kit stored by the playground door, which contains equipment to deal with minor bumps and grazes. After medical treatment has been given, it must be recorded in the accident book. All First Aid administered to children in EYFS is carried out by a member of staff trained in Paediatric First Aid and is recorded on separate yellow forms within the accident book.
- If a child bumps their head, they must be sent to the office immediately, so that they may be seen by the Appointed First Aider. EYFS children will be seen by a Paediatric First Aider. If felt necessary, the child is to be accompanied by one of the members of staff, with the other member of staff supervising the playground. Parents are always informed of bumps to the head. (See 'Head injuries' section later in this policy, for further details.)
- If a child suffers a serious injury on the playground, one member of staff is to stay with the injured child whilst the other staff member alerts Mrs. Aldus or another designated First Aider. The child is to be supervised by an adult at all times.

Procedure for administration of First Aid when an incident occurs in the school building:

- These procedures are to be followed if First Aid is required during class time or when children are in the school building for another reason, for example a lunch time club.
- If the child has suffered a minor injury, the teacher in charge of the group should ensure that they are seen by a qualified First Aider and the usual First Aid procedures are followed.
- If the child has suffered a significant injury or requires emergency First Aid relating to a specific medical need, e.g. asthma, the adult in charge of the group should stay with the child whilst another adult (if present) or a child (who is to carry the 'red card' from that room) should summon help from a qualified First Aider.
- At no point should the child be left alone.
- The First Aider then deals with the situation and follows the relevant procedures.

Hygiene procedure for dealing with spillage of body fluids:

The First Aid room and the accessible toilet contain the following equipment for dealing with the spillage of bodily fluid:

- Gloves
- Disinfectant
- 'J-cloths'
- Paper towels

- Sanitare absorbent clean up powder
- Bucket/bowl
- Black bin liners

All bodily fluids are to be cleared quickly and efficiently and the area to be disinfected. Any blood products are to be disposed of in the 'Initial' receptacle in the accessible toilet. Other products such as used gloves, paper towels are to be bagged in black bin liners and placed straight into the large waste bin in the staff car park. If there is a danger of slippage on the disinfected floor, place a 'wet floor' sign over the area (these can be found in the kitchen).

First Aid administered on the sports field:

The children are always to be accompanied to the sports field by at least two members of staff, one of which is to be a suitably qualified First Aider. The staff members should always ensure that they have a fully charged mobile phone which is switched on and a First Aid kit with them.

- If a minor incident occurs on the field i.e. cuts and grazes, the qualified First Aider is to treat the injury and record it in the school accident forms available in the First Aid Kit and these are to be filed in the EYFS or office Accident Book on return.
- If a more serious injury occurs, the member of staff qualified in First Aid should first assess the situation and then phone the school and arrange for a member of staff to come immediately to the field to assist the staff member in taking the child back to school, if safe to do so. At this point, another member of staff should also come to the field to support the other staff member in the supervision of the remaining pupils. Or if felt necessary, phone the emergency services and then phone the school to enable them to contact the parents of the child and to arrange for staff members to come to the field.
- At no point should the injured child be left alone.

First Aid administered on school trips:

Each school trip should be accompanied by at least one member of staff who is suitably trained in First Aid. If this trip involves children from the EYFS, a member of staff who is qualified in Paediatric First Aid will accompany the trip. The trip leader should ensure that a First Aid kit is taken on the trip as well as any medication required by the children. The trip leader will be informed of any children with IHCPs and the details of these. Any incidents that occur can then be dealt with using the First Aid kit and the usual school procedures followed.

Head injuries:

If a pupil suffers a bump on the head a 'Bump on the Head Slip' must be sent home with the child. The pupil will also be given a 'Bump on the Head Sticker' to wear (stickers not given to children in EYFS). Class teachers must be informed if a bump on the head has taken place during a break time.

Any Key Stage One or Key Stage Two child who suffers a head injury in school must be taken to the office, so that parents can be called and informed as necessary. EYFS staff would arrange to phone parents or childminders and record the incident in the home school link book. All staff dealing with those children on that day, will be informed and asked to monitor the child.

Arrangements for pupils with specific medical conditions:

Children who have specific medical conditions, for example asthma, diabetes, allergic reactions that require treatment using an Epi-pen, have specific needs and procedures to be followed. Some of these children will have an Individual Health Care Plan, the details of which are in our Medicines

Procedure and Policy document.

Asthma inhalers and Epipens are kept in clearly labelled Medipacs in the children's classrooms. All of this medication for each class, is kept in a clearly marked basket near the teacher's desk. This basket is taken with the class when they change location, so that the medication is always readily available. A poster showing photographs of the children who have medical conditions and their details, is located near each teacher's desk.

Hygiene and infection control:

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single-use disposable gloves (kept in medical room, accessible toilet and staffroom) and hand washing facilities. There is anti-bacterial hand gel in each room and children are regularly reminded about when this should be used. During times of high-infection, all push plates and door handles are cleaned daily.

Emergency Procedures:

Upon being summoned in the event of an accident, the Appointed First Aider is to take charge of the First Aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate First Aid and make a balanced judgment as to whether there is a requirement to call an ambulance.

The Appointed First Aider will always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- Whenever the First Aider is unsure of the severity of the injuries
- Whenever the First Aider is unsure of the correct treatment

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable. In the event that parents cannot be contacted, and a message has been left, we will continue to attempt to make contact with the parents every half hour. In the interim, we will ensure that the qualified First Aider, or if appropriate another member of staff remains with the child until the parents can be contacted and arrive (as required). The school in this instance is able to act in loco-parentis, as parents sign a consent form agreeing to this when the child enters the school.

Record of the administration of First Aid:

Records are kept via the 'Accident and Incident Book' just inside the playground door, the 'Accident Book' located in the school office and the 'EYFS Accident Record Book'. The playground 'Accident and Incident Book' is to be used to record all minor accidents and incidents that occur on the playground. Any injuries where further treatment is required, are to be entered in the 'Accident Book' in the office. These books are to be reviewed at the termly meeting of the Health and Safety Committee for causes of accidents and possible hazards/changes in policy required.

Reporting of accidents and informing parents:

Accidents are reported to parents verbally or in written form and, depending on their severity, some

have to be reported to outside agencies.

- In Pre-school and Reception classes, if children have an accident at school, an accident form is completed, and the information shared with parents.
- All accidents to staff, both teaching and non-teaching, must be entered in the accident book, which is located in the school office.
- Accidents to pupils in Key Stage One and Key Stage Two where medical treatment is administered in the office, are to be entered in the accident book, which is located in the school office. Other more minor accidents, i.e. scrapes and grazes, are dealt with from the playground and recorded in the accident book by the playground door.
- Following Statutory requirements, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) HSE must be notified of fatal and major injuries and dangerous occurrences without delay. The Joint Head Teachers are responsible for ensuring this happens. The school must keep a record of any 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. This record can be combined with other accident records.
- The following accidents must be reported to the HSE - Involving employees or self-employed people working on the premises: accidents resulting in death or major injury (including as a result of physical violence). We need to keep records of accidents which prevent the injured person from doing their normal work for more than three days.
- Refer to 'Incident reporting in schools (accidents, diseases and dangerous occurrences) Guidance for employers' for further details and advice.

Any accident that results in either a pupil or member of staff being sent to hospital should be brought to the attention one of the Joint Head Teachers as soon as possible.

Appendix One

FIRST AIDERS

| Name | Type of course | Date attended | Expires |
|--|--|----------------------|----------------------|
| Paola Aldus Appointed First Aider | Paediatric First Aid | Sep 2018 | Sep 2021 |
| Eleanor Moody Appointed EYFS First Aider | Paediatric First Aid | Sep 2018 | Sep 2021 |
| Paula Cunningham | Paediatric First Aid | Sep 2018 | Sep 2021 |
| Katy Craker | Emergency First Aid at Work | July 2019 | July 2022 |
| Jackie Aggett | Emergency First Aid at Work | July 2019 | July 2022 |
| Christine de Lauriston | Emergency First Aid at Work | July 2019 | July 2022 |
| Michelle Whiting | Emergency First Aid at Work | July 2019 | July 2022 |
| Johanna Powell | Emergency First Aid at Work | Sept 2018 | Sept 2021 |
| Katherine Shaw | Emergency First Aid at Work | July 2019 | July 2022 |
| Paul Meakin | Emergency First Aid at Work | Feb 2019 | Feb 2022 |
| Kate Barnes | Emergency First Aid at Work | Jul 2019 | Jul 2022 |
| Dawne Adams | Emergency First Aid at Work | Jul 2019 | Jul 2022 |
| Hannah Simon | Emergency First Aid at Work Paediatric First Aid | Jul 2019 Jul 2017 | Jul 2022 Jul 2020 |
| Sam Iannelli | Paediatric First Aid | Sep 2018 | Sep 2021 |
| Caroline Male | Paediatric First Aid | Sep 2018 | Sep 2021 |
| Denise Stones | Paediatric First Aid | Sep 2018 | Sep 2021 |
| Maria Russel | Paediatric First Aid | Sep 2018 | Sep 2021 |
| Abi McLarty | Paediatric First Aid | Sep 2018 | Sep 2021 |
| Flora Saco | Paediatric First Aid | Sep 2018 | Sep 2021 |
| Su Trott | Paediatric First Aid | Sep 2018 | Sep 2021 |

Appendix Two

Details of specific Medical Conditions

Asthma

NB – The inhalers of children who suffer from asthma are kept in the child’s classroom along with a photograph of the child. Photographs are also placed where necessary in other areas of the school, such as the staff room. Inhalers MUST accompany children to any off-site activity/trip.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help with this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.

Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child’s name. Inhalers should always be available during physical education, sports activities and educational visits.

The signs of an asthma attack include:

- coughing
- being short of breath
- wheezy breathing
- feeling of tight chest
- being unusually quiet

When a child has an attack they should be treated according to their individual health care plan as previously agreed.

An ambulance should be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

It is important to agree with parents of children with asthma how to recognise when their child’s asthma gets worse and what action will be taken. An Asthma School Card (available from Asthma UK) is a useful way to store written information about the child’s asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and the child’s doctor.

Wherever possible, children with asthma should participate in all aspects of the school or setting ‘day’ including physical activities. They need to take their reliever inhaler with them on all off-site activities. Some children may need to take their reliever asthma medicines before any physical exertion.

Epilepsy

Epilepsy is a very individual condition. Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. Parents and health care professionals should provide information to schools, to be incorporated into the individual health care plan, setting out the particular pattern of an individual child's epilepsy.

If a child does experience a seizure in school, details should be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure – e.g.
- visual/auditory stimulation, emotion (anxiety, upset).
- any unusual 'feelings' reported by the child prior to the seizure.
- parts of the body demonstrating seizure activity e.g. limbs or facial muscles.
- the timing of the seizure – when it happened and how long it lasted.
- whether the child lost consciousness.
- whether the child was incontinent.

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

What the child experiences depends whether all or which part of the brain is affected. Not all seizures involve loss of consciousness. When only a part of the brain is affected, a child will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected a child may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.

In some cases, such seizures go on to affect all of the brain and the child loses consciousness. Such seizures might start with the child crying out, then the muscles becoming stiff and rigid. The child may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth. Some children may bite their tongue or cheek and may wet themselves. After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours. Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child may appear 'blank' or 'staring', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not normally 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 Individual 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 after a seizure.
- a seizure lasts longer than the period set out in the child's Individual Health Care Plan.
- a seizure lasts for 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 Individual Health Care Plan.

Children who are known to suffer from epilepsy should have an Individual Health Care Plan. This should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

Diabetes

Each child with diabetes may experience different symptoms and this should be discussed when drawing up the Individual Health Care Plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff should draw any such signs to the parents' attention. Before staff 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. The school may need to make special arrangements for pupils with diabetes. 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. The child must carry water with them at all times.

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.

Each child may experience different symptoms, and this should be discussed when drawing up an

Individual Health Care Plan.

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 should 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.

Anaphylaxis

NB – Epi-pens are kept in the classrooms and/or in the school office. Photographs of children at risk are in appropriate places around the school. Epi-pens MUST be taken with the child to ANY off-site activity/trip. (In some circumstances a child will keep their Epi-pen with them at all times.)

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).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Unfortunately this is becoming more common among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). If a severe allergic reaction occurs, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

Staff have been trained in the use of epi-pens and this training is updated annually. Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give

the injection than to hold back.

The epi-pens for individual children are stored in their classrooms. If there is a second epi-pen in school, it is stored in the medical room. The procedure to be followed for each individual is displayed on the staffroom board.

Day to day policy measures are in place for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school. The kitchen staff are aware of children with specific needs and their photos are displayed in the dining room and staff room.