



## FIRST AID POLICY

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All staff in school deal with minor incidents requiring first aid and their training is updated at regular intervals either through Inset or through outside courses.

A useful document to consider is Health and Safety, Responsibilities and Duties for Schools (2018).

During lessons first aid may be administered by the class teacher, teaching assistant or members of staff located in the school office.

### Break Time Arrangements

If an accident occurs in the playground dedicated members of staff are available to provide first aid. At morning break time this will usually be Mrs Staples or Mrs Wade. At lunchtimes, midday supervisors on the playground will provide first aid from 12.20pm to 1.50pm. After this time, when the majority of children are outside, a member of the teaching staff will be on first aid duty in the infant block shared area. For more serious first aid emergencies, a qualified first aider is available in the school office.

The main qualified first aiders at Ayscoughfee Hall School are: - **Mrs Staples, Miss Lawniczak and Mr Hutton. Mrs Climo, Mrs Forster, and Mrs Li** are trained in **Paediatric First Aid** and a paediatric first aider always accompanies any EYFS trips. Their qualifications and training must be renewed every 3 years. We do additionally try to train as many staff as possible on a First Aid at Work training course. There is always at least one qualified first aider in school when children are present.

### First Aid Boxes

There are nine boxes. One is located in the School Office, Main Corridor, Art Room, PTFA Kitchen, Cookery Room, Music Corridor, Infant Block and Junior Changing Rooms.

Each box contains: scissors, bandages, plasters (single and strip), sterile gauze and disposable gloves. Supplies of ice compresses are kept in the School Office and the Infant Block.

The School Secretary is responsible for checking the First Aid supplies and for keeping a record of when they have been checked. She will replace out of date items and replenish stocks when necessary, from the First Aid Store. Staff should notify her if they notice that stocks are running low.

### Medical Room

Medical rooms are located in the Junior boys' / girls' changing rooms. Both rooms have a locked first aid cabinet, the key to which is stored in the PE Office. In the rare event of the Medical Rooms being in use during PE sessions children will change in classrooms.

### Defibrillator

A defibrillator is kept in the office for use if necessary. All staff have been trained in the use of this equipment, but full instructions are available.

### Safety/HIV Protection

All staff must wear disposable gloves when dealing with any accident involving blood or any other bodily fluids. Any waste (wipes, pads, paper towels etc.) must be placed in a disposable bag, fastened securely and placed in the Clinical Waste Bin located in the staff toilet in the Infant Block. Any soiled children's clothes must be placed in a plastic bag and fastened ready to take home.

## **Treatments:**

### **Cuts/scratches**

Use only clean water or antiseptic wipes. It is policy not to use antiseptic liquids/ointments, as these could delay healing. Plasters may be applied, if necessary, after ascertaining the child is not allergic to them.

### **Bleeding**

Clean as above. If profuse, apply direct pressure and raise the wound before sending for the first aider.

### **Head Bumps**

Use a cold compress. Run hands over the scalp to find any bleeding, swelling or any area that feels soft or indented. Handle the head and neck very gently. Head Injuries are logged in the School Accident Report book. A copy of this slip is sent home with the pupil in their book bag to inform parents that their child has had a head injury. (The child might not show signs of concussion until much later). In cases of serious head injury, parents will be notified by telephone immediately.

### **Falling**

Children tend to fall over quite frequently when playing, and they react in different ways. It is advisable to watch the situation carefully and assess it. If the child is unable to get up and is in obvious distress, call the first aider, who will assess the situation and take the appropriate action. If the child is unable to stand unaided, **do not lift them** –this could cause other injuries.

### **Unconsciousness**

**Call the first aider immediately**

### **Breathing difficulties**

Ask the child to stand or sit quietly, do not lay them down. If they have an inhaler, check that they use it correctly. If they do not use an inhaler, **call the first aider immediately**.

### **Fainting/Epilepsy**

If a child is falling, try to support him/her or ease the fall, loosen clothing around the neck and **call the first aider**.

### **Haemophilia**

This condition affects the clotting of the blood and can cause haemophiliacs to bleed more freely than other people. If the child concerned is a sufferer and is experiencing a 'bleed', **call an ambulance immediately and inform the parents**.

### **Anaphylaxis**

This is the result of a severe allergic reaction. The child can experience severe difficulties with breathing. Common allergies are:

- Food e.g. eggs, fish, nuts (especially peanuts)
- Insect stings
- Immunisation or antibiotics

Children with a severe allergy may have an Adrenaline Auto Injector for anaphylaxis this is to be kept in school. This will deliver adrenaline. All staff are instructed on the use of these and know where to find them. **They are located in the main school office, in a named box with the child's individual Allergy Action Plan inside and their photo on the box lid. Some children may also have one in a named plastic bag in their classroom as well (kept by their teacher). Quick action is necessary.** After using an Adrenaline Auto Injector for anaphylactic shock, follow up treatment will be needed. The used Adrenaline Auto Injector should be given to the paramedic attending. If the person administering the Adrenaline Auto Injector accidentally stabs themselves with the needle, then they should squeeze the area until it bleeds, run it under the tap and then go to casualty. Anaphylactic shock sufferers should be known to all, they appear on the regularly updated child medical list which is distributed to all staff, there are photographs and names on the staffroom board, Adrenaline Auto Injectors are kept in the main school office in plastic boxes with photographs of the children on the container and the Allergy Action

Plan inside, staff receive regular training on the use of Adrenaline Auto Injector. Children needing treatment to any 'sensitive' part of the body should always be treated in the presence of two members of staff.

### **Allergies/ Long -Term illness**

Parents are asked to inform the School Secretary of any known allergies to any form of medication, food products or insect stings, as well as details of any long-term illness, e.g. asthma, and details on any child

whose health might give cause for concern. The School Secretary records this information and keeps a record on the pupils' school record. A Medical List is compiled and distributed to class teachers at least

annually or as needed. Please note this is a **Confidential List** and should be treated as such. Class teachers are given a **Confidential List** of all children known to have long-term or chronic conditions, any treatment required and instructions for dealing with possible emergencies.

### **Accidents**

Most injuries resulting from accidents in school are minor ones (cuts and grazes).

#### **All injuries must be recorded in an accident book**

School Accident Report books and first aid supplies are kept in the infant block and the school office and are readily available to all staff. Any accident must be recorded fully (including treatment given, if any) by the member of staff who witnessed it. Early Year classes keep School Accident Report books in their classrooms for any accidents during class play. Head injuries are also recorded in the School Accident Report book as per the 'Head Bump' section of this policy. The School Accident Report book should be kept for 3 years.

Minor bumps which do not require treatment do not need to be recorded in the school accident book unless this relates to a child in Kindergarten, in which case they should be recorded and the relevant slip handed to the class teacher to be sent home to parents.

Injuries sustained which require a phone call home to parents, even if the child remains in school, should be recorded on My Concern.

Lunchtime Supervisors are responsible for taking out an insulated First Aid bag with pen, School Accident Report Book and essential first aid requirements, including an ice pack. Any items used should be replaced regularly.

In the event of a more serious injury (suspected fractures, damage to an eye, unconsciousness etc.), the Headteacher must be informed and an ambulance must be summoned immediately. A parent (or other emergency contact) must be informed and asked to meet the ambulance at the hospital. The Headteacher or Deputy Headteacher must be kept informed throughout.

It is the responsibility of any member of staff dealing with an accident to complete the relevant forms or book. Staff who have an accident should report the matter to the School Secretary who will make a note in the Staff Accident Report book.

### **RIDDOR (Reporting of injuries, diseases and dangerous occurrences regulations)**

Major accidents resulting in death or serious injury should be reported to the authorities. This applies also to accidents involving teaching staff and other employees. The health authorities must also be informed of any reportable illnesses in school. The Head teacher has ultimate responsibility for conforming to RIDDOR 1995

### **Vomiting and Diarrhoea**

There are buckets and cleaning materials in the School Office and Staffroom for pupils who feel sick. Vomit must be treated as a biohazard and the area must be thoroughly disinfected. If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed. This includes if the child is sick at home.

### **Chicken Pox and other Diseases and Infections**

If a child is suspected of having Chicken Pox a member of staff will look at their arms or legs. To look at a child's back or chest would only be done if the school were concerned about infection to other children. In this case another adult would be present and would not be completed without the child's consent. If a child has Chicken Pox or any other suspected infection they will need to stay off school for a prescribed period of time. The School Office will advise timescales. We refer to the 'Guidance on Infection Control in Schools and other Childcare Settings' as produced by the HSC Public Health Agency, and follow their guidelines for dealing with and responding to different diseases and infections.

All parents must ensure they adhere to the guidelines above to control the spread of infection within the school.

### **First Aid on School Trips**

A first aid pack must be carried on all school trips. All teachers should carry a mobile 'phone to enable contact with the ambulance service and the school. (See Educational Visit Policy). Most staff are trained in general first aid and we try to ensure there is a first aider on all school trips. A Paediatric First Aider must be present on all EYFS outings.

### **Arrangements for Children who Feel Unwell During the Day**

It is important that children who are clearly unwell and / or infectious should be sent home as soon as possible.

#### **The following guidelines should be adhered to:**

If a child says he / she feels unwell, staff should:

- Check to see if the child is on the "medical condition" list
- Ask the child how he / she feels
- Look at the child's face to check if there are any signs of illness i.e. pale face, flushed face, spots, lack lustre eyes etc.
- Check to see if the child appears to be lethargic
- Check the child's temperature with a thermometer.
- Note if the child has been sick, fainted etc.

If any of these signs are apparent, then the following should occur:

- Child could be sent to the office
- Teacher to be informed if applicable.
- Parent should be telephoned
- Child should be kept comfortable with first aider present – temperature monitored if necessary
- First aider to explain the nature of the child's symptoms to parent on arrival
- Class teacher to be informed when child has been taken home
- In the case of an obvious rash or spots, the child should be isolated until collected

It is necessary to note that some children will say they are poorly when they are not.

If there is any suspicion that a child is malingering:

- Check whether the child has tendencies towards hypochondria and has done this before
- Check with the teacher what subjects and / or tests are taking place to establish a reason for malingering
- Leave the child in the classroom situation to see if there is any improvement or the child "forgets" to act poorly at any stage
- The child may be sent to the school office for monitoring to see if they show signs of recovery
- If nothing is apparent and the child wants to talk, then do listen, but without prompting
- Do not send the child home if there are any suspicions that he / she may not be ill – if necessary, ring the parent to see how they were in the morning or if there are any problems of which the school is unaware
- The headteacher should be informed before parents are called to take the child home

## **Asthma**

### **Liaison with Parents**

The school will ask all parents whether their son/daughter has asthma (or is ever wheezy) when the child joins the school and on regular questionnaires throughout the child's school career. A record of all pupils with asthma will be maintained. Details of treatment will be obtained from parents, together with clear guidance on correct usage and kept on an Asthma record card in the Office. Parents will be encouraged to contact the School when dosages change etc. These details will be given to teachers and treated as confidential.

### **Access to Inhalers**

Pupils will need to have one reliever inhaler to keep at home and it is the parent's responsibility to provide an additional one to bring with them to school. Common relievers are Ventolin, Bricanyl and Salbutamol.

The issue of access to inhalers is an especially important one. For infant children, unless otherwise directed by the parents, the inhaler will be kept by the teacher. For junior children, the inhaler will be kept by the pupils themselves.

Reliever inhalers are of particular importance. IT IS ESSENTIAL THAT THE PUPIL HAS IMMEDIATE ACCESS TO THEIR RELIEVER INHALER AT ALL TIMES. Delay in taking a relief treatment can lead to a severe attack and, in rare cases, could even prove fatal.

The school will ensure that the pupil has easy access to their reliever inhaler, when provided by parents, at all times, in the classroom, on the sports field, at the pool, at break and lunchtimes and on school trips.

### **Sports**

The aim of total normal activity is the goal for all but the most severely affected pupil with asthma; however, nearly all young people with asthma can become wheezy during exercise.

Sports teachers should be aware that some of pupils with asthma will take a dose of their inhaler before exercise. If the pupil does become wheezy or breathless, a further dose of the reliever inhaler will be made available.

Pupils on the asthma register should not be forced to participate in games if they say they are too wheezy to continue.

A pupil who is noted to be over-reliant on their reliever inhaler has poorly-controlled asthma and needs to consult their doctor (non-urgently). Teachers must consult with parents regarding this matter.

### **Nebulisers**

Some children with severe asthma may use an electric device called a Nebuliser to deliver the asthma drugs. The School needs to liaise with the child's GP on correct management.

### **Other Guidelines**

- Teachers should avoid sitting the child next to a radiator when the central heating is on.
- Fumes from science experiments should be avoided.
- If necessary, children should be allowed to stay inside in very cold weather.
- If it is causing a problem, children should be kept away from pollen as much as possible.
- Be aware that visiting animals or encounters with animals on trips out may trigger an asthma attack.

### **THE ASTHMA ATTACK – WHAT TO DO.**

A pupil having an asthma attack will normally respond well and quickly to their reliever treatment. However, severe attacks of asthma need urgent medical attention. In rare cases, asthma can prove fatal and so it must never be underestimated.

If the pupil does not respond to their reliever inhaler call 999 immediately and follow the advice given by the operator. While you wait for an ambulance sit them up and give them a puff of their inhaler every

30 – 60 seconds up to ten puffs.

### **Medication**

Mrs Staples can administer medication that has been prescribed by the doctor and is essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. For example antibiotics, if they have been prescribed to be taken four times per day. If your child needs prescribed medication during the school day, the following procedures must apply:

### **Prescribed Medicines**

- The medication must be in its original packaging
- A medication form must be completed and signed by parents/ carers in the school office. Before any medication can be administered in school.
- Only medication prescribed for the child will be administered.
- Medication must be brought into the school office by the parent/ carer. Children must never be given their own medication to bring in.
- For safety's sake, children are not permitted to keep medication of any kind, other than asthma inhalers for junior children, in their bags, pockets etc. All medication must be handed in to Mrs Staples (or class teachers in the case of infant inhalers).

### **Non-Prescribed Medicines**

In the event of a child needing non-prescription medication, the school is prepared to administer this only if the child is otherwise well enough to be in school. The following procedures must apply:

- Ibuprofen or Aspirin based medications cannot be administered unless prescribed by a doctor (see above).
- A medication form must be completed and signed by parents/ carers in the school office. Before any medication can be administered in school.
- Children's paracetamol based medication (such as Calpol) may be administered, however this must be brought into school by a parent/ carer and must be in the original packaging with all the instructions/dosage available.
- The school cannot provide Calpol or any other medicine.
- Children must not bring medication into school; this must be delivered to the school office by parents or carers (see above). This includes throat lozenges etc.

### **Self-Management**

It is good practice to support and encourage young people to take control of their medication and illness from a young age and we encourage this. Administering and managing asthma and diabetes medication are examples of this. Inhalers should only be used on the child they are prescribed for.

### **Safe Storage**

A few medicines need to be refrigerated. They can be kept in a refrigerator in the School Office containing food but should be airtight and clearly labelled. There is restricted access to a refrigerator containing medicines. Should a child be in after school club their medication is passed to the Kids Club supervisor who will then store it in another restricted access refrigerator, so it is ready to pass to the parents when they collect the child.

### **Outings and Educational Visits**

The same guidelines should be adhered to when children are off the premises. Careful note should be made of any medical conditions which may require the administration of medicine. Risk Assessment forms for visits out of school require staff to check and take correct medication for children with them.

### **Health Care Plans / Allergy Action Plans**

Children taking regular prescribed medicines including being prescribed an Adrenaline Auto Injector should have a Health Care Plan or Allergy Action Plan, which is completed by parents and read by school, stating:

- Who they are
- Medical details
- Contact details
- Facilities required

This should be kept up to date and give clear guidance as to what should be done in an emergency.

### **Staff Taking Medication**

All staff have a duty of care to ensure that all regular medication is stored in a safe place and is inaccessible to children. The School Office will do so if you wish. Such regular medication should be logged on the relevant Emergency Information Staff Sheet maintained by the School Secretary, it is the member of staff's responsibility to keep the School Secretary informed of any changes.

All staff must seek medical advice and inform the Headteacher if they are taking medication which may affect their ability to care for children.

At Ayscoughfee Hall School we cover first aid for staff as well as pupils.

Procedures are monitored by the Senior Management Team which reports to the Governing Body through the Headteacher.

***Any reference to the word 'School' implicitly includes all its associated clubs/activities including Kids Club. This policy also applies to EYFS***

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