### **CLEVE HOUSE SCHOOL AND LITTLE CLEVE NURSERY**

# **First Aid Policy**

This policy applies all pupils in the school, including in the EYFS

It pays due regard to any policies and procedures in the Safeguarding Policy



Last revised: October 2020

Date for revision: October 2021

# CLEVE HOUSE SCHOOL AND LITTLE CLEVE NURSERY

## FIRST AID PROCEDURES

#### 1. STATEMENT OF INTENT

This policy is supplementary to the Health and Safety Policy. It lays down our minimum requirements for the provision for First Aid within Cleve House.

#### 2. SCALE OF PROVISION

According to our school roll size, it is advisable for Cleve House to have at least 2 appointed persons there will be someone with an appropriate First Aid qualification on the school site at all times when children are present.

#### 3. FIRST AID EQUIPMENT & FACILITIES

First Aid boxes and travelling kits should contain a sufficient quantity of suitable First Aid materials and nothing else.

The dispensing of medicines must not be carried out as part of a First Aid function, nor should medicines be kept as part of the contents of a First Aid box.

Written records of all medicines administered are kept in a file in the First Aid drawer.

A list of children with known allergies and conditions named in the Medical Register is kept on the shelf in the Office. Reference must be made to the Medical Register, before any medication is administered to a child.

Children with more severe conditions may have an Individual Health Care Plan which is located in the Office and in other designated areas. Any epipens are stored in the Office as well.

First Aid kits are located in:

EY, Hall and School Office.

First Aid room located in Staff Room for children and staff requiring a quiet area. Folding bed located under the table with any necessary covers. (Use first aid equipment from the Office where minor first aid will be dealt with.)

N.B. First Aid kits are to accompany Sports Staff for matches and games.

Any queries as to a kit's contents should be addressed to the Headteacher

Notwithstanding the above, any item used from any First Aid kit must immediately be replaced by the user, from the stock in the Office.

#### 4. PRESCRIBED MEDICINES

Any prescribed medicines, such as antibiotics, which are brought into school must be handed over to the School Office. If they need refrigerating the Staffroom fridge is to be used.

#### 5. INHALERS

Personal inhalers should be labelled with pupil's name and must be kept on the window sill in the Office and collected and returned when needed for Sports activities. Designated children may carry their inhaler on their person all of the time on a doctor's recommendation.

#### N.B

From October 2014 schools are allowed to hold a generic asthma inhaler, to be used on any child during an emergency situation where the child does not have an inhaler or has insufficient dosage to resolve their asthma attack.

#### 6. **COMMUNICATIONS**

Minor Injuries - cuts and grazes will be dealt with by the Staff on Duty.

In the case of more serious injury Head must be summoned and the School Office notified. Please note however that all First Aiders are trained to deal with any emergency if necessary.

Emergency Services (tel. no. 999) can be contacted via the School Office.

The Study or Staffroom can be used as a quiet area and as a safe place for casualties to be isolated whilst awaiting specialist treatment or collection.

#### 7. TREATMENT

In any situation requiring First Aid, certain precautions always need to be taken to reduce the risk of transmitting other infections, including hepatitis. First Aiders should always cover any exposed cuts or abrasions they may have with a waterproof dressing before treating a casualty, whether or not any infection is suspected. They should wash their hands both before and after applying dressings. The use of disposable gloves is recommended.

With blood, semen and bodily fluids use disposable gloves, an apron and paper towels. Dispose of all items in sealed plastic bags. Clothing may be cleaned in a washing machine on its HOT CYCLE. The AIDS virus is killed by household bleach. Areas where the spillage has occurred should be disinfected (1:10 bleach/water).

Please note – in the event of a series of pupils being taken ill and requiring further attention beyond initial First Aid, pupil should be referred to the Headmaster who will provide accommodation within the School Flat.

#### 8. RECORDING

The First Aider must fill in the Accident/Incident form and take to the Office. If the case is reportable or requires hospital treatment, the relevant section of the form should be filled in.

#### Record includes:

- Date, time and place of incident.
- Name and Class of injured or ill person.
- Details of the injury/illness and what first aid was given.
- What happened to the person immediately afterwards (e.g. went home, resumed normal duties, went back to class etc.)
- Initials of person dealing with incident/accident/illness.
- Note any recommendations made to parent/carer

#### 9. INFORMING PARENTS

Parents will be informed of any injury that requires treatment and possible referral to medical specialists. The Office will contact the parent either after being called by the First Aider on Duty or on receipt of an Accident/Incident form which is filled out by the person dealing with the injury.

All injuries involving dressings for wounds and any head injury must be reported to the Office via the Accident/Incident form so that parents can be informed. If in doubt, ask the Headmaster.

#### SPECIFIC TO EARLY YEARS

- The school must obtain prior written permission from parents for each and every medicine administered before any medication is given
- Written records are kept on all medicines administered to children and parents are informed
- Parents are informed illness or of any accidents or injuries sustained by a child and of any First Aid treatment that was given
- A First Aid Kit must be kept in the EYFS wet area
- The school will notify local child protection agencies of any serious accident or injury to or the death of any child whilst in their care and will act on any advice given
- The school collects information on each child's particular medical needs and these are entered on the Medical Register
- Procedures for children who are ill or infectious are discussed with parents
- Arrangements for the exclusion of children who are ill or infectious are discussed with parents

#### STAFF MEDICATION

- To minimise the probability of accidents from alcohol or drug abuse, staff whose judgment is impaired will be excluded from work and will be subject to disciplinary procedures.
- Some drugs prescribed for medical reasons are likely to impair judgment and lower concentration. If you feel you are affected when on medication please inform your line manager so that additional arrangements may be made to safeguard and support you while at work.
- Any medication being taken by staff must be kept out of access of children

#### Guidance on when to call an ambulance (advice from St John Ambulance)

When managing a casualty, you may need to call for an ambulance. Follow the steps below:

There are several numbers you can call in order to reach an ambulance. From all landlines phone 999. From a mobile phone 112.

They will ask you what service you require. Say ambulance.

They will ask where you are located. Be precise as possible.

They will ask you how many casualties. If one, say one.

They will ask what is wrong with casualty. Tell them what you are sure of (to avoid giving misinformation)

They will ask if other services required

After you hang up you must wait with the casualty until the ambulance arrives.

# RIDDOR (reporting of Injuries, Diseases and Dangerous Occurrences Regulations tel: 0845 300 99 23)

The school has a legal duty under RIDDOR to report and record major work-related accidents. This includes dangerous occurrences where something happens that does not result in an injury but could have done.

RIDDOR applies to all work activities but not all incidents are reportable. The Headteacher will take advice when unsure as to whether the accident is reportable.

For RIDDOR examples, please see the HSE website

The Incident Contact Centre (ICC) on 0845 300 99 23.

This policy takes into account the following: RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

#### Annexe A - Contents of medium sized First Aid Container

Minimum provision of First Aid items is:

A leaflet giving general advice of first aid

Individual sterile adhesive dressings (assorted sizes)

Sterile eye pads

Triangular bandages

Safety pins

Medium sized individually wrapped sterile unmedicated wound dressings

Large sized individually wrapped sterile unmedicated wound dressings

Pairs of disposable gloves

Sterile water eye wash

Bottle of water

Pen

Hand sanitiser

Scissors

A list of the kit's contents should be on the inside lid.

#### **Note well** - Small boxes should have a scaled down version

Sports kits are at the discretion of relevant staff and contain items such as ice packs, tweezers, universal scissors, vent aids, specialist dressing etc.

#### Annexe B - Use of Cold Compresses

Cold compresses should be used and are stored in the fridge in the staff room.

#### Appendix 1

#### **List of First Aiders and Appointed Persons**

#### First Aid at Work

Louisa Treherne (expires January 2023)

Paediatric First Aid: Under Early Years Foundation Stage requirements at least one person on the premises and at least one person on outings must have a paediatric first aid certificate.

Paediatric First Aiders (12 hours) (every 3 years): Craig Wardle (expires July 2022) Karen Ashe (expires March 2023) **Cherie Hartles (expires May 2023)** Paula Pugh (expires May 2023) Fallon Hobbs (expires July 2021) Samantha Burston (expires May 2022)

Paediatric First Aiders (3 hours) (every 3 years): expires September 2023

Clare Fraser **Anne Scribbins** Samantha Pugh **Lisa Cormack Diane Edwards Charlotte Scribbins Tania Norman Sabahat Hasson Elodie Corcoran** Mike Cooper **Margaret Andow** 

#### **Emergency First Aiders:** Louisa Treherne

Appendix 1:1

# **Medical Register**

This is updated as necessary. All Staff must apprise themselves of specific individual medical cases in school. Additional information is located on the board in the Staff Room.

#### Appendix 2 **Medical Emergencies**

#### **Asthma**

If a pupil is having an asthma attack the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down.

 Assist with prompt administration of medication - give 4 puffs of blue reliever.

- If no improvement after 4 minutes give another 4 puffs
- o If still not improvement or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then an ambulance must be called.

Dial 999 from land line and 112 from a mobile phone.

#### **Diabetes**

#### **Signs and Symptoms**

High blood sugar (normally slow onset of symptoms)

- · Excessive thirst
- · Frequent need to urinate
- · Acetone smell on breath
- Drowsiness
- · Hot dry skin

Low blood sugar (normally quick onset of symptoms)

- · Feel dizzy, weak and hungry
- · Profuse sweating
- · Pale and have rapid pulse
- · Numb around lips and fingers
- · Aggressive behaviour

#### **Action**

For person with Low blood sugar give sugar, glucose or a sweet drink e.g. coke, squash.

For person with High blood sugar allow casualty to self-administer insulin. Do NOT give it yourself but help if necessary.

If unsure if person is suffering high or low blood sugar, give them sugar. If they have high blood sugar it will not harm them further, but if they have low blood sugar it will!

#### **Epileptic Seizures**

Epileptic seizures are caused by a disturbance of the brain. Seizures can last from 1 to 3 minutes

#### Signs and symptoms

- · A 'cry' as air is forced through the vocal chords
- · Casualty falls to ground and lies rigid for some seconds
- · Congested, blue face and neck
- · Jerking, spasmodic muscle movement
- · Froth from mouth
- · Possible loss of bladder and bowel movement

#### **Management:**

#### **During seizure**

- · Do NOT try to restrain the person
- · Do NOT push anything in the mouth
- · Protect person from obvious injury
- · Place something under head and shoulders

#### After seizure

- · Place in recovery position
- · Manage all injuries
- · DO NOT disturb if casualty falls asleep but continue to check airway, **breathing** and circulation.

Phone an ambulance if seizure continues for more than 5 minutes.

#### **Anaphylaxis**

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food – in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenalin inhaler or adrenaline injection, depending on the severity of the reaction.

#### Signs and Symptoms

- · Swelling and redness of the skin
- · Itchy raised rash
- · Swelling of the throat
- · Wheezing and or coughing
- · Rapid irregular pulse
- · Nauseousness and vomiting
- · Dizziness or unconsciousness

#### **Management**

- · Call 999 for an ambulance
- · Observe and record pulse and breathing
- · If casualty is carrying medicine for the allergy, assist casualty to use it
- · Help casualty sit in position that most relieves breathing difficulty
- · Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:
- · a metallic taste or itching in the mouth
- · swelling of the face, throat, tongue and lips
- · difficulty in swallowing
- · flushed complexion
- · abdominal cramps and nausea
- · a rise in heart rate
- · collapse or unconsciousness
- wheezing or difficulty breathing

If these symptoms appear in an affected child the epipen must be used and an ambulance called immediately. The pen is pre-loaded and should be injected into the fleshy part of the thigh. Most staff have received training in how to use the epipen, which is very simple, but it must be remembered that swift action is ESSENTIAL.