



# FIRST AID POLICY

*Rodmarton Primary School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share the same commitment. All staff and volunteers are subject to an enhanced DBS check.*

*Please refer to the school's Child Protection Policy for more information.*

*'We have carefully considered and analysed the impact of this policy on equality and the possible implications for pupils with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.'*

Agreed: February 2021  
Next review: Spring 2024

## **General Statement**

It is our policy to ensure that appropriate first aid arrangements are in place for our children, staff and any visitors to our premises. This includes providing sufficiently trained employees for our needs and maintaining an adequate supply of first aid equipment.

It also involves providing enough information to staff to enable first aid assistance to be sought during normal school hours.

## **Duty of Care**

Our duty to provide first aid at work is governed by the Health and Safety (First Aid) Regulations 1981. These require us to carry out a risk assessment in order to determine what first aid facilities and personnel are necessary to meet the needs of our school. We are also required to review this assessment periodically to ensure that current provision is adequate.

## **Responsibilities of First Aid Personnel**

In order to carry out their duties effectively, first aid personnel have the following duties and responsibilities. First-aiders are responsible for:

- Responding promptly to all requests for assistance.
- Summoning further help if necessary.
- Looking after the casualty until recovery has taken place or further medical assistance has arrived.
- Reporting details of any treatment provided.
- Informing parents of any accident and/or treatment given during the day, or pass this information on to the class teacher so they can inform parents.

In the absence of an available first aider, appointed persons (The Headteacher and Office Administrator) are responsible for :-

- Taking charge when a person has been injured or falls ill.
- Calling an ambulance where necessary.
- Looking after the first aid equipment and ensuring that containers are re-stocked when necessary.

## **Procedures**

First aid will normally be dealt with by the qualified first aiders. Where possible, make sure another adult is informed of any action taken. Please send the child needing attention (accompanied by a friend) to either of these or send a child to fetch one of them if the injured pupil cannot go him/herself. Treatment will normally be given in the Resources Room.

Hands must be washed before and after dealing with any cuts or grazes. The first aider should assess the patient's condition and treat as appropriate.

Use disposable gloves if the wound is bleeding. Use water only to clean cuts or grazes. No lotions or creams should be used.

If necessary, cover the cut with a plaster or other dressing. The first aider is responsible for ensuring that an entry is made in the accident book/form and that parents are informed of any bumps, cuts or injuries. Enter the child's name, injury

and treatment in the accident book (this must be done for all but the very minor scratches and bumps). Please add your name and the date. There is also a staff accident book.

Minor knocks and grazes should be recorded in a small note book kept by each midday supervisor. These must be kept and filed until the child reaches 21.

All minor bumps to the head should be recorded and a 'Bumped Head' note sent home with the child.

Any other head injury must be reported to parents immediately and usually by first aid staff, Office Administrator or the head teacher.

If a child is feeling unwell and needs to go home the Headteacher or in their absence, the teacher on duty must be consulted and must agree to this decision. In a medical emergency, where a patient needs treatment from a doctor or nurse, call 999.

First aid kits must be returned to their designated location and restocked after use. If a first aid kit is poorly stocked, please notify the office administrator who will replenish items.

All staff on visits out of school are expected to carry a first aid kit with them at all times.

### **Prescription Medicines**

If a child is unwell he/she should not be in school. There are, however, times when a child is recovering but still taking prescription medicines or he/she may have long-term medical needs. In these cases it may be possible to give doses of prescription medicines, provided that these are brought to the school office each day by a parent or other adult who signs a form to state the dosage, and that this concurs with the drug's pharmacy label. The medicines will be kept in a locked cupboard (or stored in a fridge) and should be collected each afternoon.

For pupils with long-term needs, a care plan will be written. Asthma inhalers and EpiPens must be taken on trips involving those children with these specific needs.

Older children may have inhalers in their school bags if the parent so wishes and should take them out at break times and during PE lessons.

Any staff administering medicine must check:

- Pupil's name
- Written instructions
- Dose
- Expiry date

### **Visitors**

It is our policy to offer first aid assistance to visitors on our premises. Should a visitor feel unwell or have an accident, then the employee supervising their visit should call for a first aider/appointed person. If the visitor has had an accident, the employee supervising their visit is responsible for ensuring that an entry is made in the accident book/form.

### **Children with Medical Needs**

A list of children with additional medical needs including those who may carry have epipens, carry an inhaler or may who have diabetes is record on a medical information form which is displayed in each classroom filing cabinet, the school office and resources room. The location of each child's epipen or inhaler will appear alongside the child's name.

Wherever possible, parents will be expected to administer this medicine. In circumstances where parents are unable to do this, the Headteacher will allow school staff to give medicine to children during the school day, although there is no obligation for staff to do so. Parents must complete a medicine form. No child should have any medicines in his/her possession.

Any Non-prescription medicines which the child may need occasionally (such as creams and throat sweets), which parents feel it is necessary for the child to use should be labelled and given to the Office Administrator by the parent. See the Medical Conditions Policy for further information.

### **Staff Training**

All staff undertaking first aid duties will be given full training in accordance with current legal requirements. All qualified first aiders have updated training every 3 years.

### **Information for Employees**

We acknowledge that first aid arrangements will only operate efficiently where they are understood, both by employees and others who may be working on our premises. These include part-time and temporary staff. For this reason, information on how to summon first aid is provided for all new and temporary staff.

First Aid boxes can be found in the following areas:  
PPA room, resources room and all classrooms.

## **Guidance on dealing with spillage of body fluids**

Spillages of blood, vomit, urine and excreta should be cleaned up promptly. The following general actions must be taken by the person dealing with the spill:

- Clear the immediate area of people. Hazard signs and cordoning may be necessary, according to the circumstances.
- Disposable personal protective equipment (PPE) including gloves (latex or nitrile) or equivalent and a disposable plastic apron must be worn.
- Any spilt blood or other body fluids should be cleaned up with disposable absorbent paper towels.
- Ensure the area is cleansed with a suitable antiseptic solution.
- Dressings should be disposed of in the ladies' sani-bin after double bagging.

## **MEDICAL EMERGENCIES**

### **ASTHMA**

**Preventer Inhalers** – These usually come in brown/orange/cream/maroon and green inhaler delivery devices or in tablet form. These inhalers need to be used regularly morning and evening. They work by reducing the inflamed lining of the airway. This makes the airways less sensitive and less likely to react to the trigger factor thereby reducing the number, frequency and possibly the severity of the attacks suffered.

**PREVENTER INHALERS DO NOT WORK DURING AN ASTHMA ATTACK. THEY ARE RARELY NEEDED AT SCHOOL.**

**Reliever Inhalers** – These are usually blue inhaler delivery devices. They work almost immediately and are normally effective for up to 4 hours. However, if a child needs to use their reliever inhaler more often, they should be allowed to do so. In this instance, parents should always be informed. Reliever inhalers work on the tightness or spasm in the airways that occurs during an asthma attack. They relax this tightness, 'opening up' the airways allowing the child to breathe more easily.

- These reliever inhalers should be used whenever the child is suffering from asthma symptoms.
- They can also be used prior to exercise and must be available during exercise if needed.
- They must be readily accessible to children at all times including break times and lunchtimes.
- Inhalers should not be stored where there is excessive heat or cold.
- Reliever (blue) inhalers must always be taken with the child on all off school site activities e.g. trips, swimming or sports lessons.
- It is the parents' responsibility to check the date on the medication and wash spacers when necessary.
- School should ensure all devices are taken home before the summer holidays and replaced in September.
- Inhalers are not addictive neither do they give any pleasurable experience.
- If high doses of the reliever inhaler are taken the worst that will happen is that the child will feel very shaky but this will wear off after a short time.

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 they may restrict breathing. The pupil should sit rather than lie down.

## **DIABETES**

### **Signs and Symptoms**

Many children have warning signs, which they associate with a hypo and others around them may also recognise them. They include:

- Irritability
- Pallor and or dark rings under eyes
- Sweating
- Tingling of lips
- Trembling or shakiness
- Hunger
- Headache
- Glazed eyes
- Drowsiness
- Lack of concentration
- Mood changes – uncooperative or slightly confused, angry or aggressive behaviour
- Unconsciousness

### **TREATMENT OF ‘HYPOS’**

**IT IS IMPORTANT HYPOS ARE TREATED IMMEDIATELY TO PREVENT UNCONSCIOUSNESS. THE CHILD MUST BE TREATED WHERE THEY ARE.**

#### **\*IF POSSIBLE TEST BLOOD GLUCOSE LEVELS\***

- **Mild: SELF ADMINISTRATION** (young children will need help)
  - 3 dextrose tables (10gm) (age related – may need only 2 or 4) **OR**
  - 50 mls Lucozade **OR**
  - 50 mls fruit juice **OR**
  - 2 teaspoons of honey or jam

**OR**

  - 100 mls Coca-Cola (not sugar free kind)

**(Chocolate is not suitable for treatment of a hypo as it is full of fat and does not work quickly enough)**

Followed 5 – 10 mins later by a slow acting carbohydrate snack i.e. a sandwich or 2 digestive biscuits or a packet of crisps or fruit.

- **Moderate: EXTRA ASSISTANCE NEEDED** ( Child becomes confused, uncooperative and drowsy)
  - Hypostop gel-1/2 tube for under-fives. 1 tube for over fives
  - Squeeze into inside of cheeks and rub cheeks – will be absorbed by gums and buccal mucosa
  - Followed 5 – 10 mins later by slow acting carbohydrate as above

**For both conditions, if possible, retest Blood Glucose level after 10 minutes, if blood sugar remains below 4 mml after initial treatment, repeat treatment again.**

Following the treatment of a mild or moderate hypo the child can return to normal school activities. There is no need to inform the parents of primary school children until the end of the day.

- **Severe – UNCONSCIOUS**
  - Place the child in the recovery position
  - Do not give anything to eat or drink including Hypostop
  - First call an ambulance. Then inform parent/carer.
  - Due to low blood glucose levels in the brain the child may have a seizure, with jerking limbs.
  - Paramedics will give emergency treatment
  - When conscious give a slow acting carbohydrate snack as above. Child may need to go home or to hospital. The paramedics will advise on each individual case whether the child is able to stay at school, needs to go home or to hospital.

**REMEMBER - children should always keep their 'hypo' treatment on them at all times.**

**Primary school children can have their hypo treatment kept in the teachers' desk. Secondary school children should have a spare kit at the First Aid department and in the P.E department.**

## **ANAPHYLAXIS**

**Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment.** When such severe allergies are diagnosed, the children concerned are made aware 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, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

### **MILD SIGNS AND SYMPTONS (not all will be present)**

- Itching or tingling in the mouth or metallic taste
- Rash and itching – localised or all over
- Swelling – particularly around eyes and face
- Flushing – face and neck or all over
- Abdominal pain/diarrhoea/vomiting
- Anxiety
- Pallor

### **SEVERE SIGNS AND SYMPTONS**

- Difficulty breathing wheezing or coughing
- Swelling of tongue or mouth and/or difficulty swallowing

- Decreased level of consciousness
- Collapse

## **TREATMENT**

### **Mild Reaction**

- Chlorphenamine or other anti-histamines as prescribed.
- Stay with the child and observe closely.
- Contact Parents.

### **Severe Reaction**

**A child with a known severe reaction will usually be prescribed an EpiPen which:-**

- Should be kept on the child or somewhere safe and accessible at all times.
- Should accompany the child at all times if he/she is off school premises during school hours.
- Labelled with child's name and date of birth.
- Stored at room temperature.
- Parents should check expiry for EpiPen.
- Only administered to child for whom it has been prescribed.
- EpiPen must only be injected into the thigh (through clothes if necessary).

## **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 the 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 the recovery position
- Manage all injuries
- DO NOT DISTURB if casualty falls asleep but continue to check airway, breathing and circulation

Phone an ambulance following any seizure.