



**MOUNT HOUSE  
SCHOOL**

**INSPIRING EVERY INDIVIDUAL**

## **SCHOOL POLICIES**

# **FIRST AID**

<b>Review</b>	<b>Date</b>	<b>By</b>
<b>Last Reviewed</b>	<b>September 2020</b>	
<b>Next Review</b>	<b>September 2021</b>	

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### KEY FACTS:

- To ensure that we promote the good health of all the pupils in our care.
- First Aid can save lives and prevent minor injuries become major ones.
- The school will ensure that there are adequate facilities and appropriate equipment for providing First Aid in the workplace, including for visitors, as well as for the pupils.
- Minimum First Aid provision is a suitably stocked First Aid container, an appointed person to take charge of First Aid arrangements and for information for employees on these arrangements, as well as adequately trained and experienced staff.
- This minimum provision is supplemented with a First Aid needs assessment to identify any additional requirements specific to the school, to record the findings and to introduce measures to manage any risks.
- First Aid provision must be available at all times whilst pupils are on the school premises and including school visits off site.
- Our school, staff and others have a duty to safeguard and promote the welfare of pupils.

### GENERAL STATEMENT

The definition of First Aid is as follows:

- Where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until help is obtained; and,
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

This policy provides an overview of the statutory requirements and how these are met in school. All safeguarding and child protection guidelines must be adhered to both on and off the school site, when first aid is administered.

The responsibility for drawing up and implementing the First Aid policy is delegated to the Head, including informing staff and parents. However, implementation remains the responsibility of all staff in our school in order to keep pupils healthy, safeguarded and protected whenever they are in our care.

### CURRENT PROCEDURE

Our appointed person (School Business Manager as Health & Safety Officer) undertakes an Annual review. A First Aid needs assessment is carried out to ensure that adequate provision is available given the size of our school, the staff numbers, our specific location and the needs of the individuals.

Our First Aid needs assessment includes consideration of pupils and staff with specific conditions and major illnesses, such as asthma and epilepsy, takes account of an analysis of the history of accidents in our school, as well as the identification of specific hazards. It also includes careful planning for any trips and visits, including residential and higher risk trips which always include a suitably trained First Aider, in keeping with our Educational Visits Policy.

Our procedure outlines when to call for help when necessary, such as an ambulance or emergency medical advice from professionals/treatment, and outlines the requirements for documenting necessary treatment once applied. The main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

We ensure that First Aid provision is available at all times, including out of school trips, during PE, and at other times when the school facilities are used.

#### ACCIDENT REPORTING PROCEDURES

A record must be kept of any First Aid administered to employees, pupils or visitors. The following procedures are in place to ensure that accurate records are maintained:

All accidents will in the first instance be recorded in the Accident Book, The Facilities Manager **must be contacted immediately if the accident is serious or whenever the emergency services are called by the School**. If they deem that a report to RIDDOR is required, this can be done on line via the HSE website.

We keep a written record of all accidents or injuries and First Aid treatment. We must inform parents/carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, of any First Aid treatment. Mount House School makes every effort to minimise the risk of accidents but we recognise that accidents may still occur.

All accidents to pupils, staff, parents and visitors, no matter how small are reported to the School Business Manager as soon as possible after the accident took place.

The First Aider present will deal with the accident and treat any injuries as required.

Once the individuals have been treated, all details regarding the accident will be recorded by a member of staff. An investigation into the accident should be undertaken immediately or at least on the same day. Judgements should be made as to what can be done to reduce the risk of similar accidents occurring again.

Any bumps, bangs or knocks to the head will be communicated personally to the parents.

An Accident book is kept in the First Aid room, reception and staffroom.

All accidents/near misses will be reported in the annual Health & Safety Review at the policy review date or as requested.

The Head will ensure that accidents, which are reportable to the Health & Safety Executive, are reported using the appropriate form.

The appointed person has the responsibility of taking charge during an accident and summoning help if needed.

Any treatment of First Aid is recorded by the person who administered first aid. We will record the date, time and place with the name of the class, of the injured or ill person. Details of the injury or what First Aid was administered, along with what happened afterwards is always recorded.

The First Aid Co-ordinator is responsible for the maintenance of accurate and appropriate accident records, including the evaluation of accidents and regular reporting to the H&S committee for monitoring purposes.

We adopt the definition of Ofsted with regard to serious injuries as follows: -

- broken bones or a fracture
- loss of consciousness
- pain that is not relieved by simple pain killers
- acute confused state
- persistent, severe chest pain or breathing difficulties
- amputation
- dislocation of any major joint including the shoulder, hip, knee, elbow or spine
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours
- any other injury leading to hypothermia, heat-induced illness or unconsciousness or requiring resuscitation, or requiring admittance to hospital for more than 24 hours.
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent
- medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin and
- medical treatment where there is a reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material.

We adopt the definition from Ofsted for minor injuries of which we always keep a record as follows:

- Sprains, strains and bruising
- Cuts and grazes
- Wound infections
- Minor burns and scalds
- Minor head injuries
- Insect and animal bites
- Minor eye injuries and
- Minor injuries to the back, shoulder and chest

We follow the guidelines on the Reporting of injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 2013) for the reporting of serious and dangerous accidents and incidents in school. These include work related and reportable injuries to visitors as well as certain accidents, diseases and dangerous occurrence arising out of or in connection with

work. Where accidents result in the incapacitation of a worker for more than seven days, a RIDDOR report is required, including three days for recording purposes.

#### FIRST AID TRAINING

We carefully consider, and review annually, the training needs of our staff to ensure that suitable staff are trained and experienced to carry out First Aid duties in our school. In particular, we consider the following skills and experiences: -

- Reliability, communication and disposition
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergency procedures
- Normal duties are such that they may be left to go immediately and rapidly to an emergency, and
- Need to maintain normal operations with minimum disruption to teaching and learning.

#### LIST OF FIRST AIDERS:

Matt Kerr

Natasha Hillcoat-Hyde

Aidan Mullins

Patrice Smyth

Elizabeth Overton

Sheila Lamsley

#### CONTENTS OF OUR FIRST AID BOX

Our minimum provision, (**not mandatory**) as recommended by HSE is to hold a suitably stocked First Aid box, to nominate an appointed person as well as the provision for staff of relevant information of First Aid arrangements.

In our suitably stocked First Aid box we provide the following, or suitable alternatives: -

- A leaflet giving general guidance on First Aid eg HSE leaflet 'Basic advice on First Aid at work' (INDG347 rev 1)
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 4 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings
- 2 large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings
- 1 pair of disposable gloves
- Ice packs
- Sick bag

The First Aid Coordinator is responsible for examining the contents of the First Aid boxes. These are checked frequently and restocked as soon as possible after use. Extra stock is held within the school and items discarded safely after the expiry date has passed. We do not keep tablets, creams or medicines in the First Aid box.

### Our First Aid boxes are kept in the following place

First Aid Room  
School Office/Reception  
Textiles and PE Department  
Art and Science rooms  
School Office  
Kitchen

We take great care to prevent the spread of infection in school, particularly in the event of spillages of bodily fluids which we manage effectively by washing off skin with soap and running water, out of eyes with tap water and or an eye wash bottle, wash splashes out of nose with tap water, record details of any contamination and seek medical advice where appropriate.

First Aiders take care precautions to avoid the risk of infection by covering cuts and grazes with a waterproof dressing, wearing suitable powder free vinyl gloves, using suitable eye protection and aprons where splashing may occur, use devices such as face shields when giving mouth to mouth resuscitation, wash hands after every procedure. Ensuring any waste products are disposed of in a yellow clinical waste bag or box.

We ensure that any third party lettings or providers, including transport, have adequate first aid provision which complies with our standards. For example, visiting sports clubs or schools.

All accidents are recorded immediately after the accident, including the presence of any witnesses and details of any injury or damage. Records are stored confidentially. The recording of an accident is carried out in confidence at all times by the person administering first aid.

### HOSPITAL TREATMENT – MEDICAL EMERGENCIES

If a pupil has an accident or becomes ill and requires immediate hospital treatment, the school is responsible for either:

- calling an ambulance in order of the pupil to receive treatment or
- taking the pupil to an Accident and Emergency department
- and in either event immediately notifying the pupils parent/carer

When an ambulance has been called, a First Aider will stay with the pupil until the parent arrives, or accompany pupil to hospital by ambulance if required.

Where it is decided that a pupil should be taken to A&E Department a First Aider must either accompany them or remain with them until the parent/carer arrives.

Where a pupil has to be taken to hospital by a member of staff they should be taken in a taxi and not use their own car.

## PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

Staff will only administer prescribed medication (from a doctor, dentist, qualified nurse or pharmacist) brought in by the parent/carer, for the pupil named on the medication in line with the stated does.

Staff may administer non-prescription medication such as Calpol, paracetamol and allergy medication where parents have provided written consent for this to happen. The School will not supply this non-prescription medication. Where medication is to be administered, parents should provide this for the school.

If pupils are to self-medicate in school on a regular basis than a self medicator's risk assessment form will be carried out.

For pupils that are on individual Healthcare Plans, parental consent will be sought regarding details of what medication they need in school, who is going to administer it to them on a regular/daily basis.

Most antibiotics do not need to be administered during the school day and parents should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours, where possible. If however this is not possible then please refer to Storage of Medicine paragraph.

This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded.

All school staff who volunteer or who are contracted to administer medication are provided with training. The school keeps a register of staff who have had the relevant training. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

## STORAGE OF MEDICATION

Medicines are always securely stored in accordance with individual product instructions, paying particular note to temperature. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

We will carry out a risk assessment to consider any risks to the health and safety of our school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

All medicines shall be stored in the original container in which they are dispensed, together with the prescriber's instructions for administration.



If a pupil is prescribed a controlled drug, it will be kept in safe custody in a locked, non-portable container and only named staff will have access. Controlled drugs must be counted in and witnessed if they are not administered by a qualified nurse or practitioner. The medication form must be signed by two people with at least one being the First Aid Coordinator. The records must indicate the amount of remaining medication and logged in a controlled drug recording book.

Parents should collect all medicines belonging to their child at the end of the day. They are responsible for ensuring that any date-expired medication is collected from the school. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays. If parents do not pick up out-of-date medication or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

We will keep medicines securely locked and only named staff will have access to EpiPens, asthma pumps and diabetes hypo kits which need to be with or near pupils who need them. Pupils will also carry EpiPens and asthma pumps themselves. Three times a year the First Aid Coordinator will check the expiry dates for all medication stored at school.

#### DEFIBRILLATORS (AED)

The school has one defibrillator in the school reception area.

The defibrillator is always accessible and staff are aware of the location, and those who staff have been trained to use it. They are designed to be used by someone without specific training and by following the accompanying step by step instructions on it at the time of use. The manufacturer's instructions are circulated to all staff and use promoted should the need arise.

#### MONITORING AND EVALUATION

Our school's Senior Leadership Team monitors the quality of our First Aid provision, including training for staff, accident reporting on a termly basis. Our policy will be reviewed annually, accordingly. Compliance will be reported to formally to the school's termly H&S Committee.

Reports are provided to our Safeguarding committee which includes an overview of First Aid treatment to pupils including the identification of any recurring patterns or risks, lessons learned with the management actions to be taken accordingly including the provision of adequate training for staff.

#### RECOGNISING AND RESPONDING TO MEDICAL EMERGENCIES

##### ASTHMA ATTACK

If a pupil has an asthma attack:

- Ensure that the reliever (blue) inhaler is taken if prescribed
- Send for First Aider
- Stay calm and reassure the child
- Ensure the child sits upright and slightly forward
- Loosen any tight clothing

- Encourage slow deep breaths

Minor attacks should not interrupt the pupil's involvement in the school day and they should return to activities when they are fully recovered.

### DIABETIC EMERGENCIES

The two symptoms of diabetes are **Hypoglycaemia (low blood sugar)** and **Hyperglycaemia (high blood sugar)**

#### Causes of Hypoglycaemia:

- Inadequate amounts of food eaten missed or delayed
- Too much or too intense exercise
- Excessive insulin
- Unscheduled exercise

#### Recognition of Hypoglycaemia:

- Onset is SUDDEN
- Weakness, faintness or hunger
- Palpitation (fast pulse) tremor
- strange behaviour or actions
- sweating, cold, clammy skin
- headache, blurred vision, slurred speech
- confusion, deterioration levels of response to unconsciousness
- seizures

#### Treatment of Hypoglycaemia:

- call or send for First Aider
- ensure the child eats a quick sugar source eg. Glucose tablet or fruit juice
- wait 10 minutes and if the pupil feels better, follow with a carbohydrate snack eg. Biscuit, cereal bar
- once recovered allow to return to normal school activities
- A First Aider must always be informed so that parent/carers can be notified
- If the child becomes drowsy and unconscious the situation is LIFE THREATENING an ambulance must be called

#### Causes of Hyperglycaemia:

- Too much food
- Too little insulin
- Decreased activity
- Illness
- Infection
- Stress

#### Recognition of Hyperglycaemia:

- Onset is over time – hours or days
- Warm dry skin, rapid breathing

- Fruity sweet-smelling breath
- Excessive thirst and increasing hunger
- Frequent passing of urine
- Blurred vision
- Stomach ache, nausea, vomiting
- Skin flushing
- Lack of concentration
- Confusion
- Drowsiness that could lead to unconsciousness

#### Treatment for Hyperglycaemia:

- Call or send for a First Aider
- Encourage pupil to drink water or sugar free drinks
- Allow child to administer extra insulin
- The pupil should rest before resuming activities if well enough to do so
- A First Aider must always be informed so that the parent/carer can be notified

#### EPILEPTIC SEIZURE

A tendency to brief disruption in the normal electrochemical activity of the brain which can affect people of all ages. There are 3 levels of epileptic seizure:

- **Tonic Clonic Seizure (grand mal).** The pupil may make a strange cry and fall suddenly. Muscles first stiffen and then relax and jerking and convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the child may be incontinent.
- **Complex and Partial Seizures (temporal lobe seizures).** These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements such as twitching, plucking at clothing or lip smacking. The child may appear conscious but be unable to speak or respond during this form of seizure. Ensure the safety of the child and move away from any dangers. Speak calmly to the child and stay with them until the seizure has passed.
- **Absence (petit mal).** This can pass unnoticed. The child may appear to daydream or stare blankly. There are very few signs that a child is in seizure. These types of episodes if frequent can lead to serious learning difficulties as the child will not be receiving any visual or aural messages during those few seconds.

#### Procedure for an epileptic Seizure

(Grand Mal)

- KEEP CALM – Let the seizure follow its own course, it cannot be stopped or altered.
- Ask other pupils to leave the room. Ask a responsible pupil to fetch another adult and contact a First Aider.
- Note the time of the seizure
- Protect the child from harm. Only move them if in immediate danger. If possible, move objects that may cause injury away from the immediate area.
- As soon as possible (normally post fit) place the child on his/her side – this does not have to be recovery position but just so tongue can fall forward and excessive saliva can drain out of the mouth
- Support the head and stay with the child until completely recovered.

- Talk quietly to the child and reassure but do not try to restrain any convulsive movements.
- Do not put anything the in the mouth or offer drinks until fully recovered.
- The First Aider will take control when in attendance.

### ANAPHYLACTIC SHOCK

Susceptible individuals may have an allergic reaction to triggers that can result in a life threatening situation. In an anaphylactic reaction chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing become impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood)

#### Triggers:

- Skin or airborne contact with particular materials
- Injection of a specific drug
- Insect bite
- Ingestion of certain foods eg. Nuts, fish, dairy foods

#### Recognition:

- Anxiety
- Widespread blotchy skin
- Swelling of the tongue and throat
- Puffiness around the eyes
- Impaired breathing

#### Serious symptoms:

- cold clammy skin
- blue-grey tinge around lips
- weakness/dizziness
- rapid shallow breathing

#### Progress further:

- Restlessness
- Aggressiveness
- Gasping for air
- Unconsciousness

#### Treatment:

- Call for First Aider
- Locate auto adrenaline injection for pupil
- If serious symptoms appear administer adrenaline via the epi-pen immediately if prescribed.
- If in doubt, call for an ambulance/paramedic

### PROCEDURES FOR DEALING WITH SPILLAGE OF BODY FLUIDS

Spillages of body fluids potentially pose a health risk so should be cleaned up as quickly as possible. During the normal school day arrangements have been made with the Sports

Centre Manager for a member of his team to attend the site of the spillage. The Manager can be contacted on extension:

- Wear disposable gloves (single use) and apron
- Use disposable paper towel to mop up excess spillage
- All disposable items must be placed in plastic bags, sealed and placed in paladin
- Area should be cleaned with either bleach and disinfectant or Emergency Spillage Compound
- Wash and dry hands thoroughly using anti bactericidal soap and paper towel

#### Soiled Clothing

- Do not manually rinse/soak soiled items
- Flush any solid material (vomit/faeces) into toilet, carefully avoiding any splashing
- Place in sealed, waterproof bag for parents to collect
- Use the pre-wash cycle followed by hot wash
- Wash hands with anti bactericidal soap and dry with paper towel.