



**St John's Priory School**

**Banbury, Oxon**

**FIRST AID POLICY**

**INCLUDING EYFS**

For Prep School and Early Years Foundation Stage

## FIRST AID POLICY

### Legal Status:

This policy is drawn up and implemented to comply with The Education (Independent School Standards Compliance Record) (England) (Amendment) Regulations 2014.

- Complies with Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR). The school is mindful of its duty to report to the Health and Safety Executive (0845 3009923) any instances that fall within the Reporting Injuries, Diseases or Dangerous Occurrences Regulations Act 1995 (RIDDOR).
- Complies with the Guidance on First Aid for Schools Best Practice Document published by the Department for Education (DfE).
- Complies with the Health and Safety (First Aid) Regulations 1981 (amended 1997)
- First Aid at Work Guidelines for Employers published by the Health and Safety Executive 2009

St Johns Priory School has an Appointed Person for the health and safety of the School's employees and anyone else on the premises. This includes all teaching and non-teaching staff, volunteers, children and visitors (including contractors). They must ensure that a risk assessment of the School is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.

### Applies to:

- the whole school including Early years inclusive of activities outside of the normal school hours;
- all staff (teaching and support staff), the proprietor and volunteers working in the school.

### Related documents:

- Welfare, Health and Safety Policy; Medication (giving and storage); First Aid Treatment

### Availability:

- This policy is made available to parents, carers, staff and pupils from the school office and website.

### Monitoring and Review:

- This policy will be subject to continuous monitoring, refinement and audit by the Headmistress.
- The Headmistress will undertake a formal annual review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than one year from the date shown below, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Date: September 2019

## Introduction

This policy is designed to ensure that all children can attend school regularly and participate in activities. This policy outlines the School's statutory responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The school complies with the Guidance on First Aid for Schools Best Practice Document published by the DfE. In order to comply with this best practice document the school has a requirement for a minimum of three trained First Aiders who have satisfied the requirements of the 'First Aid at Work' course. It is a requirement for at least two staff members on each floor at each school building to be trained in basic first aid. However, staff should NEVER perform any First Aid Procedures that they have not been adequately trained to do. All companies are required by The Health and Safety (First Aid) Regulations 1981 (amended 1997) to provide trained first aid human resources and treatment for staff in the event of injury or ill health at work. Although the regulations only require the employer to provide cover for staff, it is the School's policy to extend this cover to children and visitors.

The school will provide:

- Practical arrangements at the point of need;
- The names of those qualified in first aid and the requirement for updated training every three years;
- Having at least one qualified person on each school site when children are present;
- Always have a person who is Paediatric First Aid Trained on site when EYFS children are present;
- Showing how accidents are to be recorded and parents informed;
- Access to first aid kits;
- Arrangements for pupils with particular medical conditions (for example asthma, epilepsy, diabetes).
- Hygiene procedures for dealing with the spillage of body fluids;
- Guidance on when to call an ambulance;
- Reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 9923)

## Methodology

This First Aid Needs Assessment will consider the following topics:

- The nature of the work, the hazards and the risks
- The new classification of first aiders
- The Nature of the workforce
- Schools history of accidents and illness
- Excursions/Sports Fixtures/Lone Workers
- The distribution of the workforce
- The remoteness of the site from emergency medical services
- The assessment of the number of first aiders required

## Aims

- To ensure that suitable arrangements are in place for the provision of first aid.
- To ensure that all staff are aware of their roles and responsibilities in relation to the provision of first aid treatment.
- Ensure employees know where First Aid Kits are located and the names of Trained First Aiders/Appointed Persons. Keep them informed of any changes.
- First aid facilities should be clearly identified, eg on the site health & safety notice board.

- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.
- To provide First Aid treatment where appropriate for all users of the school (with particular reference to pupils and staff)
- To provide or seek secondary First Aid where necessary and appropriate.
- To treat a casualty, relatives and others involved with care, compassion and courtesy.

### Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school – See appendix I page 19
- To update their training every three years. See appendix I page 19
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the School's First Aid arrangements

### Policy

St John's Priory will ensure that:

- Adequate resources are available for the implementation of this policy.
- This policy and procedure are effectively communicated.
- An assessment is made to ensure that suitable first aid facilities are provided.
- Arrangements are made for the provision of suitable first aid facilities.
- An assessment is made to ensure that suitable first aid facilities are provided.
- Employees with first aid responsibilities receive adequate training.
- Arrangements are made for the periodic monitoring of performance against these standards.
- The Proprietor has overall responsibility for the management of health and safety and Registered Managers/School Heads will be responsible for ensuring that first aid arrangements are in place. This policy will be reviewed and revised at least every two years.

### Classification for first aiders.

There are now three levels of workplace first aider:

- Emergency First Aider at Work (EFAW) – 6 hour course
- Paediatric First Aider 2 days paediatric course
- First Aider at Work (FAW) – 18 hour course.

(Details of the type of training needed for EFAW and FAW are attached at Annex A)

### The Nature of the Workforce

We have considered the needs and health of all employees, pupils, visitors/contractors. During term time there will be one or more First Aider at Work (FAW) on duty. During school holidays - there should be at least one Emergency First Aider at Work (EFAW) available to administer first aid. Any First Aid at Work training courses are to be agreed and booked by the Headmistress. Before a pupil is accepted for a placement in the school with specific health problems/disability (such as heart conditions, asthma, diabetes etc a separate Risk Assessment will be completed by the Business Manager who must consider the training needs for the First Aiders within the school. The Headmistress is responsible for ensuring that there is adequate first aid cover available at all times, including when a first aider is on annual leave, a training course, a lunch break or other foreseeable absences. It is not acceptable to provide an 'Emergency First Aider at Work' (6 hour course) to cover foreseeable absences of a First Aider at Work' (18 hour course). The evidence of the level of injury in our school is relatively low and really confined

to pupil injuries, most of which are results from slips/trips and falls or occasionally on the sports field or in the sports hall or in the playgrounds. Again most of the injuries are minor and require minimal first aid attention.

## **Definitions**

### **First Aid**

The arrangements in place are to initially manage any injury or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out. It does not include giving of any tablets or medicine to treat illness.

### **Full First Aider**

A person who has completed a full (3-day) course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

### **Full Paediatric First Aider**

A person who has completed a full (2-day) course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

### **Appointed Person**

A person who has completed a 1-day course of emergency first aid from a competent trainer and holds a current certificate.

### **Policy Statement**

St John's Priory school will undertake to ensure compliance with all the relevant legislation with regard to the provision of First Aid for pupils, staff, parents and visitors. We will ensure that procedures are in place to meet that responsibility. This policy should be read in conjunction with insert name of school's Health and Safety policy and policy on Safeguarding children on school visits. It will be reviewed annually.

### **First Aid Facilities**

The Business Manager must ensure that the appropriate number of first-aid containers are available according to the risk assessment of the site are available. See Health and Safety Executive (HSE) guidelines on recommended and mandatory contents.

- All first-aid containers must be marked with a white cross on a green background;
- First Aid containers are held in EYFS (nursery), Art Room, First Aid Room, Staff Toilet, Activities Room and on the third floor.
- First aid container always accompany the children when using any specialist facilities and during any offsite activity/education visit. First aid containers must accompany Physical Education (PE) teachers off-site;
- All vehicles carry a first aid kit;
- First aid containers should be kept near to hand washing facilities;
- Spare stock should be kept in school;
- Responsibility for checking and restocking the first-aid containers is that of the First Aider Officer. The First Aiders must notify to the offices or the First Aid officer any necessity of restocking of the First Aid boxes.

### **First Aid Room**

The first aid room at St Johns Priory School is fit for purpose. There is a bed allowing a person to lie down, a hand wash basin and access to a toilet reasonably nearby. A bodily fluids kit is to hand as well as a first aid kit. A locked cabinet allows storage of any first aid records.

### **Training**

The First Aid Officer is a Fully First Aid trained and have had specific instructions regarding some other health conditions. The list of staff with current First Aid Certificates is available at every floor and in the Staff Rooms and Medical Rooms. A list of First Aid qualifications is saved at the end of this policy. All First Aid qualifications are updated every three years in accordance with regulations. Both a *full first aider* and at least one *paediatric first aider* will always be on the premises. First aid kits are available on the premises, in vehicles and for educational visits and offsite activities.

### **First aid kits**

Regularly check the contents of first aid kits and ensure they remain fully stocked. They should contain a First Aid Guidance card (HSE publication) which will specify the contents that should be provided.

### **Defibrillator**

Located in the staff room and regularly checked by the School Business Manager.

### **Trained first-aiders**

- Ensure that employees are aware that they can only give first aid if they hold a current first aid certificate. This treatment can be provided to employees, individuals, visitors and any other people who work St John's Priory.
- Provide sufficient First Aiders on the site, to take account of shifts and absences.
- St John's Priory policy is that there should be a minimum of one Paediatric trained first aider per site.
- Ensure that each first-aider holds a current Certificate of Competence in First Aid Work issued by an HSE approved organisation. Re-training is required every 3 years, i.e. before the expiry date.
- Ensure that where there are 'appointed persons' they receives emergency first aid training (normally 4 hours duration). They should not give first aid treatment. Their role should be limited to maintaining first aid boxes and assisting trained First-Aiders.

### **First Aiders' responsibilities**

- To give first response treatment and to summon an ambulance through the school office, when necessary.
- To inform the school office when pupils are too unwell to stay at school. The school office will contact parents to collect their child and, when required, inform them of the accident and the hospital to which their child is being taken and to keep a legible written record of attendances, with dates, times and treatment given.

### **Policy on First Aid in School**

Before a child joins our school, medical records are taken from the parents to ensure the school is aware of any medical conditions, allergies or illnesses the child has. This is then communicated to all staff members and displayed prominently in the staff room. Parents are required to update their child's medical records on an annual basis via a form sent home.

All staff, both teaching and non-teaching are responsible for dealing with minor incidents requiring first aid. During lesson time first aid is administered by the qualified class teacher or assistant, or one of the First Aid Officers. If an accident occurs in the playground and first aid is required, then one of the staff on duty in the playground, who is qualified, can assist, or if they are not qualified, they should come to the staff room or School Office and request the assistance of the designated first aider. The First Aiders are authorised to apply dressings and compresses and take reasonable steps to facilitate symptom relief. Fully stocked First Aid kits are available in the Medical Room and school office. Any action taken should be recorded in the relevant year groups Accident File (these are stored in the Medical Room). If a serious accident occurs or any head injury, parents should be informed by telephone. If an injury or illness involves spillage of body fluids gloves should be worn. If there is any concern about the first aid which should be administered then the qualified first aiders must be consulted. Where vomiting or diarrhoea has occurred, children should not return to school until 48 hours after the last episode of vomiting or diarrhoea.

The arrangements for first-aid provision will be adequate to cope with all foreseeable incidents. The number of designated first-aiders will not, at any time, be less than the number required by law. This is determined by risk assessment (Local Authority guidance). Designated staff will be given such training in first-aid techniques as is required to give them an appropriate level of competence. The Lead First Aider is responsible for ensuring that a sufficient back-up stock is held on site. All first aid-signs and containers must be identified by a white cross on a green background. A written record will be kept of all first-aid administered either on the school premises or as a part of a school related activity.

#### **Administering first aid**

- First aid should only be administered by a trained first aider.
- For minor injuries which are within the first aider's capability, appropriate treatment should be provided. Otherwise the injured person should be made comfortable until the emergency services arrive.
- Ensure that contaminated waste is safely disposed of and any blood or body fluid spillages are safely removed.
- Record any first aid treatment on the accident report form. Copies of first aid certificates should be systematically filed.

#### **The First Aiders' procedure for dealing with sick or injured pupils:**

- Ascertain by inspection and discussion with child or staff member the nature of the child's injury or illness.
- Comfort or advice as necessary. This may be sufficient and child can return to class or break. Inform staff member of nature of any concerns if appropriate. Treat injury or illness if required. Clean wound with antiseptic wipe or running water and cover with a plaster if still bleeding and no allergy exists.
- Record action taken on accident report form. If child is then well enough he/she will return to class.
- If problem persists or there are doubts as to the seriousness of any injury then parent(s) will be telephoned and asked what they would like to do. If he/she wishes to collect their child appropriate arrangements are made.
- Where vomiting or diarrhoea has occurred, parents will be informed that children should not return to school until 48 hours after the last episode of vomiting or diarrhoea.
- If a severe illness or injury is suspected then the most appropriate member of staff will take the pupil to hospital or emergency services will be called and administrative staff will contact the parents to inform them. No pupil will travel in an ambulance unaccompanied.
- If any issue arises during treatment or discussion with the pupil that the First Aid Officer feels should be taken further, she/he will telephone or speak to the parents and/or the Designated Safeguarding Officer or most appropriate member of staff. N.B. The First Aiders will have up to date Emergency First Aid training and some will have a full and current First Aid at Work Certificate. They are not, however, medically qualified and hence cannot give medical advice.

### Hygiene/Infection control/HIV Protection

Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand-washing facilities, which should be used when dealing with any blood or other bodily fluids. Staff should take care when dealing with such fluids, and when disposing of dressings or equipment. Make sure any waste (wipes, pads, paper towels etc) are placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened securely ready to take home.

Source: 'Guidance on First Aid for Schools: A Good Practice Guide' (adapted).

### Supporting sick or injured children

With reference to sick children and medicine we:

- Make every effort to keep abreast of new information relating to infectious, notifiable and communicable diseases and local health issues.
- Contact the school health professional for advice if we are unsure about a health problem.
- Isolate a child if we feel that other children or staff are at risk.
- Contact parents to take children home if they are feeling unwell/being sick/have diarrhoea/have had an accident/may have an infectious disease.
- Ring emergency contact numbers if the parent or carer cannot be reached.
- Make every effort to care for the child in a sympathetic, caring and sensitive manner.
- Respect the parents' right to confidentiality
- Keep other parents informed about any infectious diseases that occur.
- Expect parents to inform the office if their child is suffering from any illness or disease that may put others at risk. See policy on administration of medicines

### Confidentiality

Information given by parents regarding their child's health will be treated in confidence and only shared with other staff when necessary or appropriate.

### Monitoring

Accident report forms can be used to help the **SLT** to identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes. The **SLT** reviews the accident record data regularly. This policy will be reviewed annually.

### Reporting to HSE

Statutory requirements: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (**RIDDOR**) to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23). The Headteacher 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)
- accidents which prevent the injured person from doing their normal work for more than three days



- accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work i.e. if it relates to: any school activity, both on or off the premises;
- the way the school activity has been organised and managed;
- Equipment, machinery or substances, the design or condition of the premises.

HSE must be notified of fatal and major injuries and dangerous occurrences without delay. The Headmistress is responsible for ensuring this happens, but may delegate the duty to the Health and Safety Officer. The School Administrator will report the incident to HSE and also to our insurers.

### **Record keeping**

Statutory accident records: The Headmistress will ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years. The Headmistress must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This should include:

- the date, time and place of incident and the name (and class) of the injured or ill person
- details of their injury/illness and what first aid was given and what happened to the person immediately afterwards along with the name and signature of the first aider or person dealing with the incident.

### **Reporting**

The First Aider should complete an Accident Report Form. All injuries, accidents and illnesses, however minor, must be reported to the School Office and they are responsible for ensuring that the accident procedures are filled in correctly and that parents and HSE are kept informed as necessary. The medical book is signed by the parent at the end of the day when they collect their child. All details need to be filled in, including any treatment given.

### **Reporting to Parents**

In the event of accident or injury parents must be informed of the accident or injury sustained and also the first aid treatment received on the same day or as soon as reasonably practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Headmistress if necessary. Parents are always called if there is a head injury, no matter how apparently minor.

### **Accidents involving Staff**

Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs)

Work related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported within 10 days. Cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer). Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

### **Accidents involving pupils or visitors**

Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

- any School activity (on or off the premises) and the way a School activity has been organised or managed (e.g. the supervision of a field trip)
- equipment, machinery or substances and the design or condition of the premises.

Need to be reported without delay to HSE, followed by Form F2508. For more information on how and what to report to the HSE, please see: <http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link

#### **Annex A:**

##### **Basic First Aid**

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit, and familiarise yourself with how to deal with some of the more common situations opposite. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm. If people are seriously injured call 999 / 122 immediately; contact the Duty First Aider.
- Make sure you and the injured person are not in danger and assess the injured person carefully and act on your findings. Keep an eye on the injured person's condition until the emergency services arrive.

<b>Unconsciousness</b>	<b>Bleeding</b>
If the person is unconscious with no obvious sign of life, call 999 / 112 and ask for an ambulance. Get the defibrillator from the staff room and commence CPR.	Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing. Organise transport to hospital or dial 999.
<b>Burns</b>	<b>Broken bones</b>
For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.	Try to avoid as much movement as possible. Organise transport to hospital or dial 999.

##### **Embedded Objects and Splinters**

An object embedded in a wound (other than a small splinter) should not be removed as it may be removed as it may stem bleeding, or further damage may result. In principle leave splinter in place, carefully clean the area with

warm soapy water; use sterile dressing to cover it, Report to parents, if the child is particularly uncomfortable contact parents.

## **Annex B: Anaphylaxis**

### **What is anaphylaxis?**

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (eg dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (eg bees, wasps, hornets). In its most severe form the condition can be life-threatening. Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No pupil would necessarily experience all of these symptoms at the same time.

### **Medication and control**

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an Epipen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing. Medication for an individual pupil must be kept in a locked cabinet which is readily accessible, in accordance with the School's health and safety policy. If a pupil has an Epipen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date. ***It is important that key staff in the School are aware of the pupil's condition and of where the pupil's medication is kept, as it is likely to be needed urgently. All children with an Epipen have a peg within their classroom areas that they keep a medical bag on. These pegs are indicated by a green cross. Medical bags go with the children from class to class so they are always at hand.***

It is not possible to overdose using an Epipen as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back.

All pupils who have anaphylaxis will require a 'Health Care Plan' which parents or guardians should complete prior to starting at insert name of school. The Health Care Plan should give basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file.

Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction.

### **Managing pupils with anaphylaxis**

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis. Staff should ensure that all pupils who have an epipen prescribed to them, have their medication on them at all times.

- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. (Staff to seek advice from Duty First Aider). If a pupil feels unwell, the Duty First Aider should be contacted for advice.
- A pupil should always be accompanied to the Surgery if sent by a member of staff.

#### **Away trips:**

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupils medication, if the pupils cannot carry it themselves (See Health Care Plan.)
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

#### **Issues which may affect learning**

Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimize risk whenever possible.

#### **What are the main symptoms?**

Itching or presence of a rash, swelling of the throat, difficulty in swallowing, difficulty in breathing, increased heart rate and unconsciousness

#### **What to do if a pupil has an anaphylactic reaction**

Ensure that a paramedic ambulance has been called, Stay calm and reassure the pupil, encourage the pupil to administer their own medication as taught, summon assistance immediately from the Duty First Aider and liaise with the Duty First Aider about contacting parents.

### **Annex C: Asthma**

#### **What is Asthma?**

Pupils with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

#### **Medication and control**

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances. All children with asthma are required to have an inhaler in school which should be named and kept in their classroom in a locked cabinet. Most pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name.

***Pupils with asthma must have immediate access to their inhalers when they need them.***

All parents will be required to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the pupil's name and stored in a locked cabinet in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date. All asthmatic pupils will require a 'Health Care Plan' which parents or guardians should complete prior to starting at insert name of school. The Health Care Plan should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file. Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly pupils should never take medication which has not been prescribed for their own personal use. Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are made aware of their classmate's needs.

**Managing pupils with asthma**

- Staff should be aware of those pupils under their supervision who have asthma. Games staff should ensure that all pupils with asthma have their salbutamol inhaler prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack. (Staff to seek advice from Duty First Aider)
- If a pupil feels unwell, the Duty First Aider should be contacted for advice. A pupil should always be accompanied to the Surgery if sent by a member of staff.

**Issues which may affect learning**

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Pupils must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. ***However, they should not be forced to take part if they feel unwell.***

**What are the main symptoms?**

- Coughing, wheezing, inability to speak properly and difficulty in breathing out.

What to do if a pupil has an asthmatic attack

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying.
- Summon assistance from the Duty First Aider. Try not to leave the pupil alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are used promptly and help the pupil to breathe by encouraging the pupil to breathe slowly and deeply and relax.
- Help the pupil to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the child does not respond to medication or his/her condition deteriorates call a paramedic ambulance.

122 or 999

Liaise with the Duty First Aider about contacting the pupils parents/guardians.

## **Annex D: Diabetes**

### **What is diabetes?**

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high. Pupils with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

### **Medication and control**

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require a Health Care Plan. In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the pupil and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode. The issue of close communication between parents and the School is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date. All diabetic pupils will require a 'Crisis Sheet' which parents or guardians should complete prior to starting at Insert Name of School. The Crisis Sheet should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file. Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on a pupil's condition to his/her peer group so that they are aware of their classmate's needs.

### **Managing pupils with diabetes**

- Staff should be aware of those pupils under their supervision who have diabetes.
- Games staff should ensure that all pupils with diabetes have a lucozade bottle or dextrose tablets with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode. (Staff to seek advice from the School Health Professional for training).
- If a pupil feels unwell, the Duty First Aider should be contacted for advice.
- A pupil should always be accompanied to the Surgery if sent by a member of staff.

**Away trips:**

A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupils medication, if the pupils cannot carry it themselves (See Health Care Plan). Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

**Issues which may affect learning**

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level: Encourage the pupil to eat or drink some extra sugary food before the activity, have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia, after the activity is concluded, encourage the pupil to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

**What do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode**Common causes:

A missed or delayed meal or snack, extra exercise, too much insulin during unstable periods, the pupil is unwell or the pupil has experienced an episode of vomiting.

Common symptoms are:

- Hunger, drowsiness, glazed eyes, shaking, disorientation, lack of concentration
- Get someone to stay with the pupil - call for the Duty First Aider/ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse.
- Give fast acting sugar immediately (the pupil should have this), eg:
- Lucozade, fresh orange juice, sugary drink, e.g. Coke, Fanta, glucose tablets, honey or jam, 'Hypo Stop' (discuss with parents / houseparent's whether this should be taken on trips off site)
- Recovery usually takes ten to fifteen minutes.
- Upon recovery give the pupil some starchy food, eg couple of biscuits, a sandwich.
- Inform the Duty First Aider and parents of the hypoglycaemic episode.
- In some instances it may be appropriate for the pupil to be taken home from school

**NB. In the unlikely event of a pupil losing consciousness, call an ambulance (122 or 999) and the Duty First Aider.**

**A hyperglycaemic episode (high blood sugar)**

Hyperglycaemic episodes occur when the blood glucose level is too high. Pupils may display the following symptoms:

- Excessive thirst, passing urine frequently, vomiting, abdominal pain
- A change of behaviour

Care of pupils in a hyperglycaemic episode:

- Do not restrict fluid intake or access to the toilet
- Contact the Sanatorium and/or parents if concerned.

In both episodes, liaise with the Duty First Aider about contacting the pupils parents/guardians.

**Annex E: Hemiplegia****What is hemiplegia?**

Childhood hemiplegia (sometimes called hemiparesis) is a condition affecting one side of the body (Greek 'hemi' = half). We talk about a right or left hemiplegia, depending on the side affected. It is caused by damage to some part of the brain, which may happen before, during or soon after birth, when it is known as congenital hemiplegia, or

later in childhood, in which case it is called acquired hemiplegia. Generally, injury to the left side of the brain will cause a right hemiplegia and injury to the right side a left hemiplegia. Childhood hemiplegia is a relatively common condition, affecting up to one child in 1,000. About 80% of cases are congenital, and 20% acquired

### **What are the effects of hemiplegia?**

Hemiplegia affects each child differently. The most obvious result is a varying degree of weakness and lack of control in the affected side of the body, rather like the effects of a stroke. In one child this may be very obvious (he or she may have little use of one hand, may limp or have poor balance); in another child it will be so slight that it only shows when attempting specific physical activities.

### **Managing pupils with hemiplegia**

It is essential to include the weaker side in play and everyday activities, to make the child as two-sided as he or she can be. As they get older, many children and young people with hemiplegia can be encouraged to develop better use of their weaker side through involvement in their chosen sports and hobbies.

### **Annex F: Cleaning up body fluids from floor surfaces**

All appropriate precautions will be taken by the support staff when cleaning up after an incident involving blood, vomit, etc.

Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly. Disposable bags (for soils) are available in the school office.

- Put on gloves and a disposable apron. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
- Remove all visible material from the most soiled areas, using paper towel.
- The remaining visible material should then be sprayed and cleaned using an antibacterial spray.
- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and hot water.
- Discard gloves, disposable apron etc as appropriate. Finally wash your hands thoroughly using soap and water.

### **Annex G: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013)**

All Schools are required to report to the Health and Safety Executive (Tel: 0845 300 99 23). Employers must report: Deaths, major Injuries, over three day injuries, accidents causing injury to pupils, accidents causing injury to members of the public or people not at work, specified dangerous occurrences where something happened which did not result in an injury but could have done. Refer to Health & Safety Handbook for full details.

### **The nature of the work, the hazards and the risks**

The following table, compiled using information from the Health & Safety Executive, identifies some common workplace risks and the possible injuries that could occur:

Risk	Possible injuries requiring first aid	Assessed risk to employees, pupils and visitors/contractors	Remarks



Manual Handling	Fractures, lacerations, sprains and strains (mainly pertains to kitchen/cleaning and maintenance staff).	Low	
Slip and trip hazards	Fractures, sprains and strains, lacerations. ( mainly pupils)	Low	
Machinery	Crush injuries, amputations, fractures, lacerations, eye injuries – there are very few machines within the school which are capable of causing amputations and fractures.	Low	
Work at height	Head injury, loss of consciousness, spinal injury, fractures, sprains and strains – working at heights is restricted to adults, below one metre an adult can work alone; over one metre a full size ladder or scaffold tower is used with 2 or more people present at all times.	Low	
Workplace transport	Crush injuries, fractures, sprains and strains, spinal injuries – it is unlikely that workplace transport injuries will occur as the minibus is only used for people carrying.	Low	
Electricity	Electric shock, burns – all hardwiring is tested every 5 years and PA 100% every 3 years, there is also an annual visual H&S self-audit which should identify any shortcomings and these would then be rectified, couple to this is the appointment of H&S reps who are responsible for monitoring all H&S matters within their area of responsibility.	Low	
Chemicals	Poisoning, loss of consciousness, burns, eye injuries – all chemicals are kept under lock and key and their issue and use is supervised by qualified adults/personnel.	Low	

## Annex H - What to do when someone has a seizure

### First aid for seizures

- Tonic-Clonic seizures
- Seizures involving altered consciousness or behaviour
- First aid for people who use a wheelchair
- First aid in other languages

### Tonic-Clonic seizures

The person goes stiff, loses consciousness and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely. This is due to irregular breathing. Loss of bladder and/or bowel control may happen. After a minute or two the jerking movements should stop and consciousness may slowly return.

#### Do...

- Protect the person from injury - (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card or identity jewellery
- Aid breathing by gently placing them in the recovery position once the seizure has finished (see pictures)
- Stay with the person until recovery is complete
- Be calmly reassuring

#### Don't...

- Restrain the person's movements
- Put anything in the person's mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

#### Call for an ambulance if...

- You know it is the person's first seizure, or
- The seizure continues for more than five minutes, or
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures, or
- The person is injured during the seizure, or
- You believe the person needs urgent medical attention

### Focal (partial) seizures

Sometimes the person may not be aware of their surroundings or what they are doing. They may pluck at their clothes, smack their lips, swallow repeatedly, and wander around.



regaining

**Do...**

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring
- Explain anything that they may have missed

**Don't...**

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round

**Call for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

**First aid for people who use a wheelchair**

If you use a wheelchair, or you have other mobility problems, speak to your GP or epilepsy specialist. They should give you a care plan, which includes advice on how people should help you if you have a seizure.

Here are some general first aid guidelines for people who have a seizure in a wheelchair.

**Do...**

- Put the brakes on, to stop the chair from moving
- Allow the person to remain seated in the chair during the seizure (unless they have a care plan which says to move them). Moving the person could possibly lead to injuries for the person having the seizure and the carer
- If the person has a seatbelt or harness on, leave it fastened
- if the person doesn't have a seatbelt or harness, support them gently, so they don't fall out of the chair
- Cushion the person's head and support it gently. A head rest, cushion or rolled up coat can be helpful

The person's care plan should give advice on what to do after the seizure has finished. For example, whether it is safe to move the person from the chair to put them in the recovery position.

**Don't...**

- Restrain the person's movements
- Put anything in the person's mouth
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

• This information has been produced under the terms of The Information Standard [10].

Source: <https://www.epilepsy.org.uk/info/firstaid>

### Epilepsy Helpline

Freephone 0808 800 5050, text 0753 741 0044, email [helpline@epilepsy.org.uk](mailto:helpline@epilepsy.org.uk), tweet @epilepsyadvice

### Annex I – St John’s Priory First Aid Training Record.

	Paediatric First Aid	First Aid At Work	First Aid	Update Due
Tracy Bennett	5/4/2019			5/4/2022
Amanda Calvert	5/1/2017			5/1/2020
Maxine Cooper	5/4/2019			5/4/2022
Ruth Derbyshire	21/05/2018			21/5/2021
Rachael Foster	5/1/2017			5/1/2020
Carol Glover	5/1/2017			5/1/2020
Gemma Holloway	6/3/2017			6/3/2020
Michelle Jenkin		14-15/10/2019		15/10/2021
Megan Penn	5/1/2018			5/1/2021
Lakeeta Pinkham	5/4/2019			5/4/2022
Alexander Smith	5/1/2017			5/1/2020

Zoe Smith	5/1/2018			5/1/2021
Meryl Sparling	5/1/2017			5/1/2020
Peter Tubb	5/1/2017			5/1/2020
Ian Widdows	5/1/2017			5/1/2020
Tracey Wilson	5/1/2017			5/1/2020