

First Aid Policy

Background

In accordance with Health and Safety legislation (Health and Safety (First Aid) Regulations 1981 and the amended regulations 2009), it is the responsibility of the governing body to ensure adequate and appropriate first aid provision is provided where there are people on the school premises and for the staff and children during off site visits and activities.

Consent to administer first aid and authorisation for the Headmaster to allow hospital treatment, for a sick or injured child is obtained from parents on admission to the school and recorded on ISAMS.

Head Nurse: Mrs Fiona Lines, RGN

School Nurse: Mrs Antonia Codrington, RGN

AIMS OF FIRST AID CARE

- Preserve life
- Alleviate suffering
- Prevent Condition from Worsening
- Promote Recovery
- To provide First Aid as necessary
- To promote health and safety awareness in children and adults.

FIRST AID PROVISION

- The Headmaster is responsible for ensuring that there is an adequate number of qualified first aiders including arrangements for the EYFS department, where at least one person with a paediatric first aid qualification must always be present, and at least one paediatric trained member of staff must accompany all outings.
- Portable first aid kits are taken on educational and sports visits, available from the medical centre.
- The nurses will ensure the maintenance of the first aid boxes and other supplies.
- Training coordinator will maintain a register of first aid training and associated refresher dates to ensure that qualifications are maintained.
- A list of first aiders is available from the training co-ordinator. First aiders are required to attend refresher training within 3 years of their qualified term.

- The school has a medical centre that is staffed by two nurses. There is a school nurse on site each day from 07.45 – 18.00. At all other times there is qualified first aiders on site.
- During these hours the nurses take the lead in administering first aid. Most clubs and activities coincide with these timings.
- Nurses attend pitch side fixtures and sports days.
- All staff will be regularly trained on a yearly basis on basic aspects of First Aid. Training will be provided for staff for the administration of medicine (including administering inhalers for asthma, adrenaline auto injectors and diabetic care).
- Spillage kits for bodily fluids are located within the school.
- All staff will ensure that they have read the school's first aid policy and familiarise themselves on location of adrenaline auto injectors, emergency asthma kits, defibrillator and first aid boxes.

Nurses and matrons hold a current first aid certificate. In addition, the following employees also hold a valid certificate: **See Appendix 1 for Qualified First Aiders**

FIRST AID BOXES

First aid boxes are located in the following places in the school

(See Map for reference on School Web site)

- Sports pavilion
- Day room
- Pre prep Building held in the Kitchen
- Cottage nursery Kitchen nursery
- Middle school staff room
- Upper school staff Room - on the shelves next to the kitchen
- General studies room
- Science In the prep room
- Sports Hall
- Design technology room
- Estates office - on the table worktop
- School mini buses and people carrier- on the shelf above the front seats.

Pre prep and nursery have further miniature kits which are taken out at playtime.

- Pre-Prep In staff room: to be taken outside at playtimes
- Cottage Nursery - Hanging on wall by the children's sinks in main room
- Kitchen First Aid box (maintained by Catering Company)
- First Aid Boxes are checked twice termly. All checks recorded and dated

- First Aid bags are taken to away matches and any school trips. First Aid bags checked and restocked on return.

Adrenaline Auto Injectors held in Medical centre back room

Contents of First Aid Box:

First aid boxes are green with a white cross.

First aid boxes should contain individually wrapped sterile hypoallergenic dressings (assorted sized plasters) 6 medium sized wound dressings. 2 Large sized wound dressings, micropore, and, wound dressing/bandage, disposable gloves, eye pads, triangular bandage. First aid Leaflet.

No medicine or tablets are to be kept in the first aid boxes.

Appendix 2 indicates where all the First Aid boxes are located

Defibrillator

Located outside Medical Centre on wall and Cricket Pavillion

Duties of a First Aider

- Respond promptly to calls for assistance.
- Give immediate assistance to casualties with injuries and illness.
- Ensure that an ambulance or professional medical help is summoned as appropriate.
- Ensure ambulance is given correct full postal address of St Hugh's school.
- Ensure front desk is informed by first aider or allocated adult that ambulance has been summoned and direct them to exact location of casualty.
- All serious incidents should be reported to the Headmaster or deputy head and nurses informed.
- Headmaster or deputy head to immediately inform parents of child that ambulance has been summoned.
- Any significant injury should be assessed by the nurse in the medical centre.

Procedures

In School

- Accident or medical incidents should all be reported to the nurse on duty.
- In the event of a significant accident, a member of SLT will accompany the child to hospital and parents will be asked to go to the hospital immediately.
- Parents should be contacted if there are any doubts over the health and welfare of a child.

- If staff are concerned about the welfare of a child – or identify injuries which may not be accidental they should follow the procedure set out in the schools safeguarding policy and procedures.
- All accidents recorded on school accident forms.

Calling an ambulance from the medical centre

In most circumstances an ambulance will be called by the nurse. There may be times e.g. anaphylactic shock, where an ambulance needs to be called immediately. If an ambulance is required dial 9 999 or 9 112, state you require the ambulance service, answer any questions concerning the incident as briefly as possible, the school address is:

St Hugh's School, Carswell Manor, Carswell, Faringdon SN7 8PT

- Tell the operator exactly where the incident has taken place.
- Ensure member of staff is asked to meet the ambulance at the main gate to direct them to the incident on the school premises.
- Having contacted the emergency services ensure that the Headmaster and medical centre are also informed immediately.

Out of School Excursions

- Educational visits: The Headmaster has responsibility for ensuring staff adhere to the educational visits policy when organising a visit.
- First aid should form part of the risk trip assessment, and one member of staff must be assigned as the person in charge of first aid arrangements.
- A risk assessment will need to be carried out as part of the preparation for an educational visit. The medical centre will require prior knowledge of trips, so the first aider can be informed of pupils with any medical conditions.
- A mobile telephone must be taken on visits and to offsite activities.
- A qualified paediatric first aider must escort trips when children in EYFS are away from the school premises.
- First aid kits must be taken to all outside fixtures/trips.
- First aider will assess situation and once the extent of the injury has been identified, if necessary, dial 999 or 112 for further medical assistance.
- All serious incidents should be reported to Headmaster or deputy head and nurses informed.
- Headmaster or deputy head to inform parents of child that ambulance has been summoned.
- The first aider must record accurate details of accident and treatment given to the child.
- There are small first aid bags that should be taken on residential and non-residential trips in the UK. Larger medical bags are provided for overseas trips.
- Larger medical bags should contain: first aid kit, antibacterial soap/wipes for handwashing, sick bags, medication for travel sickness, and other appropriate contents for specific trips. Spare Asthma inhalers, Auto injectors where appropriate.
- The Medical Centre should be informed for recording on the child's ISAM's record.

- On return from trip, accident Report to be filled in and ensure any First Aid supplies replaced in first aid box.

Accidents and Illness Procedure

All significant accidents to a child, member of staff, visitor or a contractor should be reported and assessed by the nurse on duty. The staff member who witnesses occurrence of accident must record the incident on an accident report form for the child. The nurse will then complete the accident form with treatment given and report as necessary to Health and Safety Committee.

RIDDOR

(RIDDOR means the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 which came into force on 1 April 1996)

These regulations require the reporting of work-related accidents diseases and dangerous occurrences, should an employee have an accident at work which results in:

- over seven days absence from work because of sickness
- A major injury or condition
- A fatality, the Health and Safety Officer should be contacted immediately.

If a non-employee has an accident and requires hospital treatment, this too should be reported to the Health and Safety Officer.

Accident record sheet is available online- Office 365-Share Point-Medical Administration-Documents-Accident Form.

All EYFS accidents/injuries and first aid treatment given should be reported to the parent on the same day. A treatment advice sheet must be completed and given to parents.

Designated Safeguarding lead (DSL) will be notified of any serious injuries of a child whilst in the care of the school.

Guidance on Managing Diabetes within the school

We currently have one child with diabetes type 1

Parents are responsible for:

- Providing diabetes equipment for their child in school.
- Providing a detailed health care plan that will be drawn up for the child in conjunction with the paediatric diabetes specialist nurse and the John Radcliffe Hospital team, describing daily routines for the child's management of glycaemic control (hypo/hyperglycaemia, including signs and symptoms).

Staff are responsible for:

- Attending diabetes training sessions and updates and undertaking two online diabetes modules basic and advanced

- Gaining knowledge on signs and symptoms of hypoglycaemia / hyperglycaemia
- Being knowledgeable on treatment decisions.
- Being aware of locations of hypo boxes situated for this child on the School campus
- Being alert to signs and symptoms of a hypoglycaemic/hyperglycaemic episodes and managing this as per the child's care plan and knowing when to get further help and assistance.
- Calling the school nurse immediately if there are any concerns about the child.
- The teacher on lunch time duty is responsible for overseeing the child during lunch and reporting to the nurses if lunch is not finished by the pupil.

Allocated members of staff will be responsible for pre-meal blood glucose levels and monitoring what the child has eaten and informing the nurse on duty.

For children with Type 1 diabetes, specific school staff will be trained to supervise premeal blood sugars readings, and insulin delivery, in accordance with the child's care plan Hypoglycaemia (Low blood glucose level)

Signs and symptoms:

- Deteriorating levels of behaviour or response
- Sweaty, cold or clammy skin
- Feeling hungry
- Weakness or faintness
- Pallor, sweating or clammy skin
- Drowsiness or confusion
- Nausea
- Shallow breathing
- Irritable or aggressive behaviour

Treatment of Hypoglycaemia:

- Aim is to raise the blood glucose levels as soon as possible
- Wash hands with soap and water and dry well.
- Blood glucose readings should be supervised or be taken and recorded by a trained member of staff.

Treatment of Mild Hypoglycaemia:

- If the child is alert and conscious then liquid glucose or glycojuice will be given, according to their care plan.
- Blood glucose level should be checked after 10 minutes (after the child has washed their hand or cleaned their finger)

Treatment of Moderate Hypoglycaemia:

- If the child is drowsy then glucogel will be instilled into the inside of both cheeks in accordance with their care plan.

Treatment of Severe Hypoglycaemia (Unconscious or fitting):

- Stay calm
- Place child in the recovery position
- Maintain child's airway
- Stay with the child
- Call 999 state "child having a severe Hypoglycaemia"
- Call the medical centre - the nurse will administer Glycogen which is stored in Medical fridge

Hyperglycaemia (High blood glucose level)

Signs and symptoms:

- Thirst
- Greater need to go to the toilet
- Tiredness and weight loss.

Treatment of Hyperglycaemia:

- The child should attend the medical centre
- If the child is unwell, vomiting, or giving off a smell of acetone the child needs urgent medical attention.
- The member of staff assisting the child should inform parents.

Dealing with Accidents involving Bleeding, and Body Fluid Spillage

All blood and body fluid spillages should be regarded as potentially infectious and the same precautions applied to each incident.

All body fluid spillages should be cleaned up immediately.

Precautions:

- Before contact with blood or body fluids any skin lesions – disposable gloves must be worn
- Splashes of blood or body fluid onto the skin should be washed off immediately with soap and water.
- Ensure all contaminated items are disposed of in clinical waste bag provided by Attack Hygiene Company.

Cleaning Procedure

1. Wear disposable gloves and apron.

2. Never use mops to clear up body fluid or blood but absorb spillage with paper towels/absorbent powder.
3. Contact Estates Manager and refer to Infection Control Policy

Boarders becoming ill in the night-time

The following guidance refers to a pupil who becomes unwell from 18.00 to 07.45.

If unwell, boarders are instructed to use the intercom system to contact the resident house tutor. Pupils will be assessed by her and the house parents informed if necessary, out of hours service will be contacted. Headmaster will be contacted if appropriate and parents informed if required during the night.

In the case of an illness the following steps should be taken:

- If the illness will continue to hinder the sleep of others in the same dormitory, the resident house Tutor will remove the child from the dormitory and take them to the sick bay provisions.
- The Residential House Tutor will explain the intercom system so that the pupil can call for assistance, if he/she requires.
- The pupil will be given with food and drink when necessary.

Arrangements for pupils with medical conditions on site.

Every child with a diagnosed medical condition that potentially requires care within the school day has a care plan that is written in consultation with the parents of that child.

Prescription medications are kept separately in the medical centre and handed over to residential tutor at 6pm when the medical centre is closed.

Recording of Incidents

All incidents where first aid has been administered should be recorded on ISAM's for each child.

The following incidents should be reported to parents to ensure that they are aware of an incident and any actions or follow up that are required. These may include:

- Head injuries – sport and non-sport
- Significant Bone, joint and muscle injuries
- Severe bleeds
- Vomiting and diarrhoea
- Asthma attack
- Anaphylactic shock
- Foreign object in eye, nose or ear
- Seizure

- Hypoglycemic attack

Administering Medicines

Any medicines brought into school by parents of a child, must be clearly labelled with the child's name on the original packaging. The expiry date will be checked. A consent for medication form must be signed and completed by parent/guardian for any medication not listed on original St Hugh's medical consent form.

The nurse on duty or trained Staff who have completed in house training on administering medicine can administer medicines.

A record will be kept on ISAMS of any medicine administered. If a child is administered either Paracetamol or Ibuprofen a white wrist band will be applied to the child's wrist stating the date, time, name of medicine and amount given.

All Medication will be stored in an appropriate locked medicine cupboard or in a drug fridge.

If inhalers are brought into the school, it is the parent's responsibility to ensure that they inform the medical centre.

EYFS

- There will be a qualified paediatric first aider with children at all times.
- All accidents or injuries/illness's and the first aid applied will be reported to parents the same day or as soon as is reasonably practical.
- All administration of medicines will be reported to parent the same day or as soon as is reasonably practicable.
- Parents should not bring children to school ill and should inform the school of any significant infection (see Policy on Returning to School who have been unwell).

Written by: Mrs F Lines & Mrs A Codrington

Reviewed: 01.06.20

Review Date: 01.09.21

Appendix 1: List of Qualified First Aiders

Surname	Forename	First aid at work 3 days	Paediatric First aid	Emergency Paediatric first aid	Emergency first aid at work 1 day
Arnold	Hazel		17.6.22		
Avery	Jack	15.3.21			
Avery	Jessica	10.6.22			
Bickell	Charlotte	19.1.23	16.5.21		
Blanchard	Anna		29.9.22		7.1.21
Bolt	Karen	10.6.22			
Bradfield	Phillipa				20.5.22
Boswell	Catherine	19.1.23			
Botsford	Lisa		29.9.22		
Brown	Jane				19.9.21
Clarke	Katie				7.1.21
Claverley	Jacqui				19.9.21
Codrington	Antonia	17.4.21			
Coles	Sarah		15.2.21		
Collier	Alice		29.9.22		
Dale	Susan				7.1.21
Davies	Lisa				20.5.22
Dickens	Liz				19.9.21
Du Plessis	Gill		25.3.21		
Esplin	James				7.1.21
Ewins	Sally	21.1.23			
Eykyn	Anna		18.6.21		
Farrow	Robert	15.3.21			
Farrow	Gill		25.3.21		
Flower	Harriet		25.3.21		7.1.21
Hiscock	Anna		29.9.22		
Hughes	Anna				12.2.22
Johnson	Polly				19.9.21
Joseph-Green	Hannah	24.9.21			
Kennard	Jeremy				12.2.22
Landray	Debbie				12.2.22
Lines	Fiona	18.4.21			
Lings	Netty			17.6.21	
Lloyd	Hilary				19.9.21
Macdonald-Smith	Laura				5.9.21
Pargeter	Denise	15.3.21			
Rundle	Joel				19.9.21
Russell	Jane				12.2.22
Sharifi	Judy				12.2.22
Smith	Eleanor	11.10.20			
Steenart	Kayleigh		25.3.21		

Thomasson	Virginia				19.9.21
Towers	Jim	10.6.22			
Veness	Julia	24.9.21			
Walsham	Rachel		25.3.21		
Wilsdon	Claire		17.6.22		

