

Title: First Aid & Medical Policy			
Ref.:	SOP011	Rev.:8	Date: April 2021

(13a) First Aid & Medical Policy

Rev.	Date	Amendment	Approved By:	Authorised By:
8	April 2021	Policy Reviewed	CB	RU
7	Jan 2019	Risk Assessment Process Added	CB	RU
6	Feb 2018	Full Review	CB	RU
5	Sept 2015	Minor revision - changes to First Aid boxes/staff qualifications	SH	RU
4	May 2015	Minor revision - changes to staff list	SH	RW
3	Aug 2014	Minor revisions following GN review	BA	RW
2	April 2014	Revised and reviewed content	SH	RW
1	Jan 2010	Revised format and reviewed content		

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First Aid and Medical Policy

This policy applies to all members of the school community including Early Years Foundation Stage (Nursery and Reception). It has been drawn up with reference to DfE Guidance on First Aid (DFEE-20025-2000)

1 Urgent Medical Attention

In the event of a child requiring urgent medical attention of any sort e.g. X-rays, injections, blood transfusion or an operation, staff are authorised to agree to such treatments in the school's name in the Headmaster's absence if and only if the following conditions are satisfied:

- The medical authority tells you that the treatment is urgent or essential
- If the emergency is so serious as to warrant an immediate decision before parents or other named persons can be contacted
- If the above does not apply, if you have tried to contact the child's parents but have failed to do so.
- The child's medical notes have been consulted for any possible adverse conditions.

Please note that for further information on this important area see the relevant section regarding [administration of medicines to pupils with medical needs](#).

2 First Aid

Staff at Yateley Manor receive basic first aid training every three years conducted by a suitable certified training professional. Staff from across various departments e.g. Sport, Music, Pre-Prep, Maintenance, Year 3, Year 4, Cookery, DT etc were trained in First Aid.

These members of staff have received a certificate of basic competence. This certificate does not qualify the member of staff to act as a qualified 'First Aider' for the purposes of the 'Health and Safety Regulations 1981'. Simon Head, as the Staff Development Officer, retains the training records.

The School Matron (Clare Boyd) has the First Aid at Work Qualification last updated in July 2018 and is the school's appointed first aider. This qualification is due to be updated in July 2021.

In addition to this the following members of staff hold the Early Years Paediatric First Aid Qualification.

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First Aid at Work (renewal every three years)

Surname	Forename	Role	Date of Award
Boyd	Clare	Matron	27 July 2018
Nightingale	Vanessa	Year 2 Teacher	04 September 2018
Dearing	Samantha	Year 2 teacher	04 September 2018
Webb	Lisa	TA in Year 1	04 September 2018

Paediatric Qualified (renewal every three years)

Surname	Forename	Role	Date of Award
Boyd	Clare	Matron	28th August 2020
Barber	Karen	Nursery Manager	04 September 2018
Tye	Kayleigh	Nursery Deputy Manager	23 rd February 2019
Adams	Cassie	Nursery Assistant	9 th November 2020
Ford	Zabrina	Nursery Assistant	28 th August 2020
Sigley	Lesley	Nursery Assistant	04 September 2018
Sewell	Emma	Nursery Assistant	10 July 2018
Salmon	Katie	Nursery Assistant/Reception TA	28 th August 2020
Belshaw	Suzanne	Reception Teacher	04 September 2018
Hall	Angie	Reception Teacher	04 September 2018
Voller	Julie	Year 1 Teacher	04 September 2018
Brown	Katherine	Reception TA	04 September 2018
Poulton	Lisa	Reception TA	28 th August 2020
Foster	Jo	Receptionist	28 August 2020
Young	PJ	Receptionist	04 September 2018

There will always be at least one qualified person on site when children are present. A qualified EYFS Paediatric First Aider will accompany any EYFS trips.

As long as staff follow the school's documented procedures they will be covered by the School's Public Liability Insurance.

3 First Aid Boxes

These are stored in the following areas of the school:

- The Pavilion
- The Swimming Pool
- The Kitchen
- The Nursery
- The Workshop
- The Gymnasium
- Matron's Room

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- The Fyson Blum Hall Entrance
- The Fyson Blum Hall in storage cupboard at the back of the Hall
- The Cleaning Cupboard by Matron's Room
- Mozart, Da Vinci & The Language Landing [Manor Place site]

In addition there are eye baths in:

- Both Science Laboratories

The contents of all first aid boxes/eye baths are regularly checked and updated by the School's Matron.

4 General Medical Information

Medical Questionnaires

On entering the school each child's parents should have completed a medical questionnaire giving details of allergies, medical conditions, inoculations as well as giving staff employed by the school permission to administer certain commercially available medicines e.g. paracetamol [Calpol]

See [example form](#)

These forms are filed in the main school office. Copies are filed with Matron, the Sports Office and the Health and Safety Officer.

Parents are also required to complete a medical questionnaire before children start at Yateley Manor and again at the beginning of Year 3. Parents are reminded to inform the school of any changes before taking part in any educational visit or on a day to day basis.

5 Staff Responsibility

All staff should acquaint themselves with the list of children's allergies and medical problems produced each term. This list is stored on SIMS and a copy is kept by the school's Matron and in the school office. All information held on these print outs is provided by the parents.

6 Parental Responsibility

Parents are responsible for supplying information about medication that their child needs to take at school and for letting the school know of any changes to medication or the type of support needed from the school. All medication must be delivered to Matron where a form giving details of the medication, dosage and permission for administration of said medication must be completed.

The Doctor or the parent should provide the following details in writing for the school using the Yateley Manor Administration of Medicine in School Form:

- The name of the medication;

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- The dosage;
- The method of administration;
- Time and frequency of administration;
- Any other treatment that may be required;
- Any possible side effects from the prescribed treatment.

A record book logging all medication given is kept by Matron. There is no legal requirement to do so but a record of what medication has been given and when and by who is an example of good practice and indicates that correct procedures have been followed should there be a problem

7 Medical Support

7.1 Risk Assessment of Medical Needs

Before admission to Yateley Manor, the parent or carer is asked to complete a medical form to ensure that we have sufficient information about the medical condition of any child with long-term medical needs.

Where appropriate, Matron and School Staff will meet with the parents to discuss any care plan, including the administration of any prescription medicines that may be required to support the child's specific needs. The parents will be asked to complete an Administration of Medicines Form providing details of any medication needed on a regular or as needed basis and authorisation for staff to administer the medicine as appropriate.

An individual risk assessment is conducted by Matron who makes it available to all staff via the intranet and this assessment will accompany staff on day or residential trips. These assessments are updated when information changes and on a termly basis, and staff are informed of the changes.

7.2 Long Term Needs

All parents of pupils at Yateley Manor will have completed a medical questionnaire on entering the school. These forms are stored in the school office and will detail those pupils who have long term medical needs.

The medical form should give the following information:

- Details of the condition;
- Any special requirements, e.g. Dietary;
- Medication and any possible side effects;
- Who to contact in an emergency.

7.3 Short Term Needs

Any pupils may need to take some kind of medication at some time during their school life and for most this will be for a short period of time only.

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Applying a lotion or perhaps finishing a course of antibiotics would be a typical example here and to allow pupils to have such medication given to them at school will obviously mean less time being spent away from school.

However medication should only be brought to school when necessary and should always be handed in to Matron or in the case of a residential trip, to the member of staff in charge of the trip.

A letter of parental consent must always accompany any medication

It will obviously be helpful if any medication can be given in dose frequencies that enable it to be taken outside school hours. Parents should be encouraged to ask their doctor or dentist to take this in to account when giving a child any prescription.

Medication is stored in a locked cupboard in Matron's room.

8 Storage of Medication

Some medicines may be harmful to children and adults for whom they have not been prescribed. If the school administers such medicines then it has a duty of care to ensure that the risks to the health of others are properly controlled.

This duty derives from COSHH (The Control of Substances Hazardous to Health regulations) 2002. At Yateley Manor such medicines are administered and therefore this duty of care applies.

Any medication brought to school and handed to Matron should be stored in a container, which is clearly labelled with the name of the pupil, the name and dosage of the prescribed medication and the frequency of the administration.

Large volumes of medicines should not be stored in school.

Where a pupil needs two or more prescribed medicines each should be stored in a separate container.

All medication in school must be stored safely.

Pupils should know where their own medication is stored and that Matron has the key to the cupboard.

A few medicines such as asthma inhalers must be readily available to pupils and must not be locked away.

Other medicines should be kept in a secure place not accessible to pupils.

Some medicines need to be refrigerated. Such medicines can be kept in a refrigerator containing food, but must be stored in an airtight container and clearly labelled. Access to a fridge containing medicines should be strictly limited.

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Pupils must have access to their medicine when it is needed but medication must only be accessible for those to whom it has been prescribed.

The school should not dispose of medicines - parents should collect medicines held at school at the end of each term. It is the parent's responsibility to dispose of all date-expired medicines.

Matron keeps a careful eye on both Epipen-Autoinjectors and inhalers kept in school and informs parents of approaching expiry dates. Pupils usually take their Epipen-Autoinjector home over the school holidays.

A 'Sharps' Bin is located in Matron's room. This is to be used to store all used needles e.g. staff, pupils or visitors who may be diabetic.

9 Administering Medication

Some medicines may be harmful to children and adults for whom they have not been prescribed. If the school administers such medicines then it has a duty of care to ensure that the risks to the health of others are properly controlled.

This duty derives from COSHH [The control of substances hazardous to health regulations] 2002. At Yateley Manor such medicines are administered and therefore this duty of care applies.

9.1 Authority

When a child is required to take medication during the course of the school day, this medicine should be handed in to Matron when the child arrives at school. A note of authorisation from the parents must accompany this medication. This applies to all children in the school including those in EYFS.

When a child is away from the school premises either on a day trip or residential trip, the same procedure should apply. The letter of authorisation from parents and the appropriate medication should be handed to the designated member of staff for that particular trip.

9.2 Non-Prescribed Medication

School staff other than Matron or matron's assistant [Office staff in Matron's absence] should not administer any non-prescribed medication to pupils. Members of staff will not know whether the pupil has taken a previous dose or whether this dose may react with a previous dose given or indeed other medication being given.

Children under the age of 12 must never be given aspirin unless prescribed by a doctor.

In the case of younger children who may not remember being given medication such as Calpol earlier in the day, under no circumstances should they be given another dose until either the parents have been contacted and permission obtained or the recommended time has lapsed since any previous dose.

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If any pupil suffers regularly from acute pain such as that from a migraine, the parents must authorise through written consent and supply appropriate medication for their child's use.

Such medication should be handed in to Matron and shouldn't be kept by the pupil. The written authorisation must detail the dosage and the frequency of the dosage. Matron must supervise the child when taking this medication and a note sent home at the end of the day informing the parents of the dosage taken and the frequency. This will ensure that before giving a further dose at home, the parents are fully aware of the dosage already taken.

Matron logs all medicines given to children and adults on file in her room.

9.3 Prescribed Medication

No pupil at Yateley Manor should be given any medication without the written consent of the pupil's parents.

If a member of staff should have to give any medication to a pupil perhaps on a field trip or residential trip, that member of staff must check the following before giving out the medication:

- the pupil's name;
- the written instructions from the parents or doctor;
- the prescribed dose;
- the expiry date of the medication.

If the member of staff is in any doubt whatsoever they should either check with the parents or a suitable health professional before taking any further action.

A record should be kept by the member of staff of all medication given to a particular pupil and this should be entered in the trip logbook. A second member of staff must also be present as a witness when the medication is being given to a pupil. Both members of staff must sign in the appropriate place in the log book.

9.4 Self-Management of Medication

Children at Yateley Manor should only carry medication around with them if a genuine need arises such as children suffering from asthma. Any parents who wish their child to administer their own medication must provide written consent before this can be allowed to take place.

9.5 Pupils who refuse to take medication

Any pupil who refuses to take medication should not be forced to do so. The school should inform the parents as quickly as possible. If necessary the emergency services should be contacted.

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10 Effect of Medical Conditions on Activities

10.1 School Outings and Residential Visits

As far as possible pupils with special medical needs should be encouraged to participate in such activities as long as it is safe to do so. We ensure a first aider accompanies any school outings and residential visits, and all staff understand how to summon the emergency services.

Parents complete a medical form prior to a school outing or residential trip, these are checked by staff and Matron. Matron will liaise with parents if there are changes to medical information or medication needs to be administered during a trip. Once the trip is over all medical forms are returned to Matron where they are filed.

Staff involved in such trips must be aware of any pupils on the trip with special medical needs and when planning activities take into account how administration of any medication will take place. All pupils with specific medical conditions will have an individual risk assessment and all staff on a trip must have read and understood this assessment prior to the trip taking place. Please note that such information is for staff only and is not to be shared with parent helpers etc.

If there is concern as to whether it is wise and indeed safe for a pupil to participate in a particular trip, the leader of the trip and/or the parents should seek medical advice from the child's GP or Consultant and obtain written consent for the child to participate in the activities. Staff at the venue should also be consulted to ensure participation would be safe for the child.

During all school trips and residential visits Matron is on 24hr call.

10.2 Sporting Activities

Most pupils with special medical needs can participate in extra-curricular sport or PE. Indeed for many pupils such activity benefits their overall social, mental and physical health.

Some pupils may need to take precautionary action before and after exercise and should be allowed to do so. Obviously the member of staff in charge must be aware of pupils who have such needs and allow this to happen. All staff who take pupils for sport must be aware of the relevant medical conditions of pupils in their care and any emergency procedure should the need arise.

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10.3 Emergency Procedures

All staff must ensure that they know how to call the Emergency Services in the event of an emergency.

A member of staff should always accompany any pupil taken to hospital by ambulance. This member of staff should remain until the pupil's parent/s arrive.

Staff should never take a pupil to hospital in their own car, it is safer to call an ambulance

11 Allergy and Anaphylaxis

Anaphylaxis is an acute, severe reaction due to an abnormal sensitivity which requires immediate medical attention

11.1 Causes

Anaphylaxis can be triggered by a variety of allergens:

- Food [Peanuts, nuts, egg, dairy products and shell fish]
- Drugs [Penicillin]
- The venom of stinging insects [Bees, wasps or hornets]

11.2 Symptoms

Symptoms usually occur within minutes of exposure to the allergen. A combination of symptoms can be present at any one time, such as:

- Itching, tingling sensation
- Swelling of throat and tongue
- Difficulty in swallowing/breathing
- Generalised flushing of skin
- Abdominal; cramps, nausea, vomiting
- A sudden feeling of weakness/floppiness
- Collapse and unconsciousness

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11.3 Treatment for Anaphylactic Shock

Treatment is urgent and essential to prevent progression of a severe anaphylactic reaction. In the event of an acute allergic reaction, staff should follow this procedure:

1. Contact the ambulance service on 999 or 112. Medical attention must be sought in every case.
2. Inform parents immediately or other appropriate emergency contact person.
3. Stay with the child and assess the severity of the symptoms. As long as written permission has been provided by parents, the appropriate prescribed medication should be given e.g. antihistamine or Epipen .
4. If the Epipen is the prescribed medication then sit the child down, support them from behind. The child should be able to administer their own Epipen. If the child doesn't have an Epipen then stay with the child and reassure them until the ambulance arrives.
5. Epipens are only available on prescription and under no circumstances should a child use another child's Epipen.
6. If the child becomes unconscious place the child on the floor in the recovery position [safe airway position] and give the Epipen injection [if available] to the outer thigh. This can be administered through light clothing.
7. Epipen should be used immediately in a severe reaction. If in doubt about the severity of an allergic reaction, use the Epipen anyway!
8. If there is no improvement within 10 minutes, and there are symptoms of weakness, floppiness then repeat Epipen once more if a second Epipen is available.
9. If no breathing/pulse initiate mouth to mouth resuscitation and cardiac massage [Five rescue breaths followed by 30 chest compressions followed by 2 rescue breaths and 30 chest compressions etc. until help arrives] Please note that a child is classified as being aged between one year old and puberty.
10. Hand over the child's care to the ambulance team/parents on their arrival.
11. Hand over the Epipen to ambulance staff. Never throw the Epipen away. Keep all packaging and hand over to paramedics.
12. Record all medication given with date and time of administration. Inform the Headmaster of the incident.

11.4 Day to Day Management

Matron keeps all named epipens locked in the medicine cupboard unless the child is in the nursery where one will be kept there.

Careful pre-planning and awareness amongst staff taking school trips of any kind is essential.

12 Asthma

Asthma is an allergic response within the lungs causing difficulty in breathing due to the narrowing of the tiny airways. There are many triggers. About one in seven children have asthma diagnosed at some time and one in twenty children have asthma requiring medical medication.

12.1 Signs and symptoms

Symptoms vary widely. Very cold weather or prolonged energetic exercise may require preventative measures in some children. Signs of worsening asthma or the onset of an attack can include the following:

- Increased coughing
- Wheezing
- Feeling of tightness in the chest
- Breathlessness – in-drawing of the ribcage
- Blueness of lips **Caution as this is a very late sign!**

12.2 Medication

- Preventers:
These usually come in brown, white, green or purple containers e.g. Intal, Becotide, Pulmicort, Flixotide, Seretide. These are of no use during an attack.
- Relievers:
These help open up the airways quickly and are often in blue containers e.g. Atrovent, Ventolin, Bricanyl.

12.3 Management of an Attack

- If an attack takes place on the school premises, the School Matron must be alerted straight away.
- If the attack takes place off the school premises e.g. on a school trip then staff should take the following action:
 - Stay calm and reassure the child
 - Ensure the reliever medicine is taken promptly and properly. If there is no improvement after 3 minutes then another dose should be taken.
 - Listen to the child as they often know what they need
 - Encourage the child to sit and lean forward but without squashing the stomach - breathe deeply and slowly
 - Loosen tight clothing and offer sips of water [not cold] to keep mouth moist
 - If there are any doubts about the child's condition, for example if it is a first attack, if the child is unable to talk, is distressed, the reliever hasn't worked within 5-10 minutes, or the child is exhausted, then an ambulance should be called.
 - If the child's attack does respond quickly to treatment, the child may continue in school but the parents **must** be informed of what has taken place that day.

12.4 Day to Day Management of Asthma

- All children must have easy access to their medication. Children's asthma medication is either kept on their person or in an unlocked cupboard in matron's room.
- If a spare 'reliever inhaler' is provided by parents this must be clearly labelled with the pupil's name and stored safely in matron's room.

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- Pupils should not take medication which has been prescribed for another pupil. However it should be noted that no damage will be caused through taking asthma medication by mistake [either by a child that didn't need it or by an asthmatic taking too much].
- If appropriate, remind children to take the reliever inhaler as a preventative measure prior to exercise.
- Remind children to take necessary devices on school day trips, residential trips or out onto the playing fields.
- If a child is having problems taking their medication, report this to parents.
- Children who suffer with asthma should be encouraged to participate in all activities and not to 'opt out' because of their condition.

Always be vigilant for signs of an attack.

In the event of a child not having his/her inhaler available (or the inhaler being exhausted) a spare inhaler, not necessarily the child's own, should be used.

N.B. This is the only situation when another person's medication could be used.

13 Reporting of Injuries, Diseases or Other Dangerous Occurrence

All accidents to persons on school premises whether to staff, pupil or other person must be reported and fully investigated. The person must be taken to Matron's room.

Off site accidents during authorised school activities, such as day or residential visits, must also be recorded and fully investigated. Appropriate medical assistance may be required.

13.1 Accident Form - On Site

The member of staff on duty must fill in the school's accident form recording in detail the pupil's name, age, gender etc. However, if a member of staff isn't available to do this, the form will be completed by matron.

Details of the accident as well as the names of any witnesses should be entered.

The possible cause of the accident should be entered and any advice for preventing a similar accident happening again.

The member of staff should then sign and date the form and pass this to the school matron who will complete the rest of the form including details of any treatment given etc.

When completed by Matron, the form should be passed to the Bursar who will check and then sign the final document.

If the duty member of staff didn't witness the accident then he should write 'Accident not witnessed' when completing the accident form.

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13.2 Accident Form - Off Site

On day outings or visits, the accident form should be completed on the trip. It is vital that this is not left until the following day, as important detail will inevitably be forgotten. A supply of accident report forms should always be taken on each trip by the trip leader.

Accident report forms should be taken on all school residential trips and completed in the usual way. A note of the accident should also be made in the 'Daily Log Book' kept by the trip leader.

Any accident report forms should be handed in to the Health and Safety Officer at the end of the trip together with the completed log book.

13.3 Accident Book

Details of all accidents involving Prep or Pre-Prep children staff and visitors are logged by Matron in the accident book and a copy will be entered into the existing accident folder on computer.

The H.S.E. accident loose leaf Book B1510 2003 will be used to record accidents involving all staff and other adults including visitors to the school. These forms will also be used for accidents involving visiting pupils for matches etc. **These records must be kept for children until they are 25 years old.**

Such details should include the time the incident took place as well as the nature of the injury and the treatment given.

13.4 Notifying Parents

If a pupil sustains an injury to the head then parents are contacted by telephone to inform them. If a sporting injury or severe bump they be sent the advice slip entitled "Advice for parents whose children have received a head injury whilst at school".

In the event of a Head injury, parents are usually advised by Matron to have their child checked over at A & E.

13.5 Action

The Bursar reads through all accident report forms prior to each Health and Safety & Governors meeting and those of a sufficiently serious nature are discussed at the meeting to see if there are ways of preventing future similar incidents. Matron is always at these meetings.

13.6 Serious Accidents

Certain accidents are of a sufficiently serious nature that they must be reported to the HSE using the appropriate online report form listed below. The form will then be submitted directly

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to the RIDDOR database. In normal circumstances this should be completed by the Bursar, or in his absence by the Health & Safety Officer. You will receive a copy for your records

Types of reportable injury

The death of any person

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

Specified injuries to workers (this does not include pupils – but see below)

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are:

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
 - covers more than 10% of the body
 - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness
 - requires resuscitation or admittance to hospital for more than 24 hours

Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, **for more than seven consecutive days as the result of their injury**. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

Over-three-day incapacitation

Accidents must be recorded, but not reported where they result in a worker being incapacitated **for more than three consecutive days**.

Non-fatal accidents to non-workers (e.g. pupils, parents and other members of the public)

Accidents to members of the public or others who are not at work (including pupils) must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances. **There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.**

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14 Procedure for Diabetes

All staff should be aware of emergency procedures

14.1 Recognition of Hyperglycaemia (high blood sugar – gradual onset)

- Thirsty
- Vomiting
- Frequent urination
- Abdominal pains which could result in vomiting.
- Rapid breathing. Rapid weak pulse
- Warm dry skin
- drowsiness

14.2 Action

- If unconscious place in recovery position and monitor
- Call 999 or 112. send or call for Matron
- **NEVER GIVE FLUIDS TO AN UNCONCIOUS PERSON**

14.3 Recognition of Hypoglycaemia (low blood sugar – rapid onset)

- Hungry
- Strong, rapid pulse
- Pale, cold and sweating
- Weakness, loss of co-ordination, feeling dizzy or faint
- Dramatic change in behaviour (crying,giggling,shouting,anger)
- Inattentiveness and slurred speech.
- May be asleep and unresponsive.
- If left might possibly have a convulsion.

14.4 Action

- Send runner or call for Matron
- Raise sugar levels quickly, a sugary drink is best(luozade,coke,lemonade,ribena, sugar in water, jam, dextrosol tablets or hypostop)

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- If there is a quick response, rest and constantly reassure then more food/drink (Recovery should be about 5-10 minutes)
- If there is no response or loss of consciousness, call 999 or 112
- Monitor vital signs until recovered or help arrives
- If in doubt about 'Hyper' or 'Hypo' then treat for Hypo

14.5 Maintenance

- All First Aid Bags to carry known diabetics personal treatment for Hypoglycaemia
- Test equipment. Syringes and insulin to be kept in sickbay, locked away with the child's name clearly visible
- Snacks to be kept easily accessible to rectify Hypoglycaemia

15 Procedure for Epilepsy

There are many types of epilepsy the following are examples of four different types:

All staff should be aware of emergency procedures

15.1 Simple Partial

- The person is fully aware
- Abnormal twitching movement of part of the body (head, eyes, arm)
- Hand or tingling sensation
- May sense odd smell or taste.

15.2 Partial Complex

- The person might experience an odd taste or smell
- Might be in a dreamlike state
- Lip smacking
- Fidgeting
- This could lead to a generalised seizure.

15.3 Generalised Absence

- Brief loss of consciousness
- The person does not usually fall down
- No abnormal movements.
- Appears to be day dreaming

15.4 Generalised Tonic Clonic

- Loss of consciousness
- Body stiffens and may start to jerk uncontrollably
- May bite tongue or become incontinent
- Feels sleepy and confused afterwards

15.5 Action in the event of a seizure

- Send for Matron, note the time
- Do not try to restrain or move unless in danger
- Make space around the child, remove any potentially hazardous items and make safe.
- Remove any children from the incident as it could be alarming to them.
- Loosen clothing around neck if possible
- Let the seizure run its course
- After seizure place in recovery position and monitor
- Note the time (duration)
- Stay with the child until fully recovered
- Always inform parents or next of kin
- Observe for two hours
- Call 999 or 112 IE
 - A first seizure
 - If there is more than one seizure
 - If the seizure lasts more than 5 minutes
- Contact parents in all cases
- Remember the ambulance service would prefer a well-intentioned false alarm to a late call

15.6 Maintenance

- Ensure staff awareness of all known epileptics
- Keep medication readily available with the child's name clearly marked

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16 The Cleaning, Removal and Disposal of Bodily Fluids

Spillages of diarrhoea and vomit should always be attended to as quickly as possible.

- Step 1** Always assess the risk of carrying out the required task before you begin
- Step 2** Isolate the affected area
- Step 3** Make sure that the protective clothing and equipment you require is available (disposable gloves and plastic aprons)
- Step 4** Put on the protective clothing
- Step 5** Contain the spill, if needs be, by placing disposable wipes/paper towels around it
- Step 6** Remove the bulk of the contamination with paper towels. The area should be cleaned thoroughly with detergent and water, using disposable cloths. Then wiped over with a standard hypochlorite solution **or** the recommended product agreed by your locality which should also contain 0.1% hypochlorite. Ensure adequate ventilation when using hypochlorite solutions
- Step 7** Put all disposable items into a plastic bag, consider double bagging if bags are flimsy, tie and dispose
- Step 8** All re-usable items must be thoroughly cleaned, disinfected and dried before being returned to the correct storage area
- Step 9** Thoroughly wash your hands on removal of gloves with soapy water and dry well and apply surgical hand gel.

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17 Management of cuts/abrasions and spills of blood

- If certain precautions are taken, the risk is minimised
- Wear single use well-fitting disposable latex gloves whenever in contact with blood (washing grazes, dressing wounds, cleaning up blood after an incident) and wear a disposable plastic apron if possible
- Carefully cleanse the wound under running water or using a fresh sachet of normal saline from a first aid kit. Avoid splashing. Dab carefully dry
- Children and adults should have all exposed cuts and grazes covered with waterproof plasters
- Cover any blood spillage on hard surfaces with paper towels, then (if the surface allows) gently apply 1% hypochlorite solution (e.g. Milton – follow instructions on the bottle), avoiding splashing. Allow to stand for 10 minutes then clean the area with warm water and detergent
- If the surface would be damaged by the hypochlorite (e.g. soft furnishings) wash with detergent and water
- At sports events, the sponge or cloth used to mop blood from one child must never be returned to a bucket of water or used on another child
- If someone suffers a bite, scratch or puncture injury that may have introduced someone else's blood or a splash of blood to the eye, area of broken skin or mouth. Rinse well with water and seek medical advice urgently
- Dispose any soiled materials and disposable gloves in sanitary bins in matron's room, wash hands with hot soapy water and apply surgical hand gel.