

## FIRST AID POLICY

### 1. Policy Statement

The First Aid procedure at Sir William Perkins's School is in operation to ensure that every student, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major. The timely and competent administration of First Aid will be offered and this policy will be effectively implemented with adequate numbers of appropriately trained staff and the provision of proper equipment both on-site and for off-site activities. This policy will operate in conjunction with the Administration of Medicines Policy.

It is emphasised that the team consists of Qualified First Aiders and not trained doctors or nurses. The term FIRST AIDER in this policy, therefore, refers to those members of the school community who are in possession of a valid First Aid at work certificate or equivalent.

In the event of an accident all members of the school community must be aware of the support available and the procedures available to activate this.

Details of the accident will be written up by the staff member in charge of the activity, and the relevant Head of Department /Team Leader will consider and detail any measures which can be put in place to reduce risk of any similar accident in the future.

The Estates and Facilities Manager, together with the First Aid Room Co-ordinator, will oversee the process and ensure that all appropriate action is taken and written up.

This policy has been drawn up with reference to the following guidance:

1. [First Aid in Schools, Early Years and Further Education](#) (updated 2022)
2. [First Aid at work. Health and Safety \(First Aid\) regulations 1981](#)

This policy should be read in conjunction with the following school documents:

- o Health and Safety policy
- o Administration of Medicines policy
- o Eating Disorders policy
- o First Aid Procedures Notice

SWPS is fully committed to ensuring that the application of this policy is non-discriminatory, in line with UK Equality Act (2010). Further details are available in the School's Equal Opportunities policy.

### 2. Aims

The aims of the Policy are:

- to provide timely, effective and safe First Aid cover for students, staff and visitors
- to ensure that all staff and students are aware of the system in place
- to provide awareness of Health and Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents

### 3. Selection of First Aiders

The School will offer the opportunity for all staff to undertake a First Aid qualification, but will require a representative of the following departments to undertake First Aid training: Art, Duke of Edinburgh Award Scheme, Laboratory technicians, Music, PE, Science, Technology, Site supervisors.

### 4. Provision of First Aid Cover

The General Office or School Reception will always have on duty a trained First Aider between the hours of 8.00 am and 5.00 pm. The First Aid Room Coordinator oversees the provision of First Aid. There will be at least one qualified First Aider on site when students are present.

### 5. Duties

a. First Aiders will:

- i. Ensure that they follow the most recent Government guidelines. It is expected that their qualification and insurance [provided by the School] are always up to date.
- ii. Ensure training is updated at least every three years.
- iii. Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- iv. Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident and calling for help from other First Aiders or Emergency Services.
- v. Always dial 999 in the case of any doubt.
- vi. Act as a person who can be relied upon to help when the need arises.
- vii. Work with HoDs to ensure that their nearby first aid kits are adequately stocked. Please notify the First Aid Room Co-ordinator for supplies.
- viii. Keep parents/carers informed as appropriate.
- ix. Insist that any casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents/carers to pick up a student to take them to hospital; ensure that parents/carers are aware of all head and neck injuries promptly.
- x. When necessary, ensure that an ambulance or other professional medical help is called.
- xi. Ensure that a student who is sent to hospital by ambulance is either:
  - Accompanied in the ambulance at the request of paramedics.
  - Followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted.
  - Met at hospital by a relative.(The First Aider need not be the member of staff to accompany the casualty to hospital; however, an appropriate person must be sent.)
- xii. Help fellow First Aiders as and when necessary at an incident, and provide support during the aftermath.
- xiii. Heads of Department/Team Leaders will ensure that staff are aware of particular hazards in their departments.
- xiv. Liaise with the person in charge of cover, to ensure that lessons are covered in the event of an absent teacher.
- xv. Keep a record of each student attended to, the nature of the injury and any treatment given, in the book provided in the First Aid Room. In the case of an accident, an 'accident form' must be reported via firefly at the earliest opportunity by the appropriate person.

- xvi. Comply with the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) regulations. The School will report to the Health and Safety Executive or other appropriate authority: deaths; major injuries; over 7-days' incapacitation (not counting the day on which the accident happened); an accident causing injury to students; members of the public or other people not at work; a specified dangerous occurrence, where something happened which did not result in an injury but could have done.
  - xvii. Ensure that everything is cleared away, using gloves, and every dressing etc. is put in the clinical waste bin in the First Aid Room. Any bloodstains or spillage of other body fluids must be removed thoroughly. No contaminated or used items should be left lying around.
- b. The Governing Body will:
- i. Provide adequate First Aid cover as outlined in the Health and Safety [First Aid] Regulations 1981.
  - ii. Monitor and respond to all matters relating to the health and safety of all persons on school premises in line with the School's Health and Safety Policy.
- c. The Senior Leadership team will:
- i. Ensure that those dealing with any student who is feeling unwell, know to obtain the history relating to the student, particularly in the cases of headaches, to ensure that no injury has caused the student to deteriorate.
  - ii. Ensure that, at the start of each academic year, the First Aid Coordinator compiles a list of students who are known to be asthmatic, anaphylactic, diabetic, epileptic or have any other serious illness and ensure that all staff know how to respond in the first instance in these cases.
  - iii. Have a record of up to date medical consent forms for every student in each year and ensure that these are readily available for staff responsible for school trips.
  - iv. Ensure all new staff are made aware of First Aid procedures in school.
  - v. Ensure that there is at least one qualified First Aider on the School site at all times when students are present.
  - vi. Ensure that in the event that an injury has caused a problem, staff know that the student must be referred to a First Aider for examination.
- d. Staff will:
- i. Familiarise themselves with the First Aid procedures in operation and ensure that they know who the current First Aiders are. Up to date lists of First Aiders are always held at Reception [Dial 0] and in the First Aid room. Or contact the First Aid Coordinator (Dial 4926).
  - ii. Be aware of specific medical details of individual students as appropriate.
  - iii. Ensure that those dealing with any student who is feeling unwell, always obtain the history, particularly in the cases of headaches, to ensure that no injury has caused the student to deteriorate.
  - iv. Ensure that their students/tutees are aware of the procedures in operation.
  - v. Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
  - vi. Send for help to the General Office as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.

- vii. Reassure, but never treat, a casualty unless they are in possession of a valid First Aid qualification or know the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.
  - viii. Send a student who has minor injuries to the staff in the General Office if they are able to walk; this student should be accompanied if deemed necessary.
  - ix. Send a student who feels generally 'unwell' to the First Aid Room after sending an email to [far@swps.org.uk](mailto:far@swps.org.uk) or [office@swps.org.uk](mailto:office@swps.org.uk).
  - x. Ensure that they have a current medical consent form for every student that they take out on a school trip which indicates any specific conditions or medications of which they must be aware.
  - xi. Be made aware of the location of Defibrillator equipment (rear car park by Sports Hall doors) and know where to find the code to unlock or call reception on 2144 if necessary for the code.
  - xii. Have regard to personal safety.
- e. Office Staff will:
- i. Refer any illness or injury to the staff in the First Aid Room in the first instance where possible.
  - ii. Call for a qualified First Aider, unless they are one themselves, to treat any injured student. This will be done by telephone in the case of minor injuries, giving the specific location of the casualty.
  - iii. Support the First Aiders in calling for an ambulance or contacting relatives in an emergency
  - iv. In the case of head and neck injuries, telephone parents/carers in the first instance.
  - v. Administer paracetamol or other medications where parents/carers have given written authorisation. See the Administration of Medicines Policy.
  - vi. Ensure that the First Aid Room and its contents are of an appropriate standard of cleanliness at all times.

## **6. Arrangements for students with specific medical conditions**

- a. Individual treatment plans are drawn up for students with specific medical conditions, for example epilepsy, anaphylaxis, asthma and diabetes, with instructions about care and emergency procedures.
- b. Treatment plans are available to all members of staff in SIMS and SharePoint
- c. Staff are updated about specific cases at the start of each academic year, and at other times, as necessary
- d. Staff are required to ensure that they are aware of the individual medical needs for any students they come across, whether in the classroom, in activities or on school trips. Information is readily available about these students from SIMS/SharePoint
- e. Organisers of trips and activities must consider what, if any, reasonable adjustments they might make to enable students with particular medical conditions to participate fully and safely in all aspects of school life, including visits and activities. Any such reasonable adjustments should be noted in the relevant Risk Assessment.

## **7. Head injuries**

In the event of any injury to the head, the adult in charge must remain with the person concerned at all times until help is called. If the person is partially or fully unconscious an ambulance must be called immediately. See details of what to do and signs to watch out for in the Head Injuries Protocol in the Health and Safety file in School Documents of the Shared Area.

## 8. Information about specific medical conditions

### a. **Epilepsy**

An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time, and it can take a number of different forms e.g. cause changes in a person's body or movements, awareness, behaviour, emotions or senses (such as taste, smell, vision or hearing). Usually a seizure lasts for only a few seconds or minutes and then the brain activity returns to normal. The most common triggers for seizures are tiredness, lack of sleep, lack of food, stress, photosensitivity.

If a student experiences a seizure in school, the details will be recorded and communicated to parents/carers. During a seizure it is important to make sure that:

- i. the student is in a safe position
- ii. the student's movements are not restricted
- iii. the seizure is allowed to take its course and the duration noted if possible
- iv. where possible, other students are moved far away from the affected individual

In a convulsive seizure something soft should be put under the person's head to help protect it. Nothing must ever be placed in the mouth. After a convulsive seizure has stopped, the person must be placed in the recovery position and accompanied, until they are fully recovered.

An ambulance will be called as a matter of routine, in this case, and especially if:

- i. it is the person's first seizure
- ii. the person has injured themselves badly
- iii. they have problems breathing after a seizure
- iv. a seizure lasts longer than is normal for them (generally, more than five minutes) - there are repeated seizures (unless this is usual for the student).

More information may be found, for example from:

- <http://www.medicalconditionsatschool.org.uk/>
- <http://www.epilepsysociety.org.uk/>

### b. **Anaphylaxis**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. The whole body is affected, usually within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Common causes include foods such as peanuts, tree nuts (e.g., almonds, walnuts, cashews, Brazils), sesame, eggs, cow's milk, fish, shellfish, and certain fruits such as kiwifruit. Non-food causes include penicillin or any other drug or injection, latex (rubber) and the venom of stinging insects (such as bees, wasps, or hornets). In some people, exercise can trigger a severe reaction - either on its own or in combination with other factors.

Most common symptoms include the following:

- i. nettle rash (hives) anywhere on the body
- ii. sense of impending doom
- iii. swelling of throat and mouth
- iv. difficulty in swallowing or speaking
- v. alterations in heart rate
- vi. severe asthma
- vii. abdominal pain, nausea and vomiting
- viii. sudden feeling of weakness (drop in blood pressure).

Even where only mild symptoms are present, the student must be watched carefully. They may be heralding the start of a more serious reaction. With severe allergic reactions, the adrenaline injection using the student's own auto-injector must be administered by the student or by a trained person into the muscle of the upper outer thigh. Students are strongly advised to carry two auto-injectors and/or asthma inhalers with them at all times. Sometimes more than one dose of adrenalin is required, and the auto-injector device can be wrongly used or occasionally misfire. Allowing students to keep their AAI's with them reduces delays and allows confirmation of consent. Staff will of course, support students who demonstrate the maturity to carry their own auto-injectors, having been advised at home how to use them. The school's spare AAI's will be used instead of a student's own prescribed AAI(s) if these cannot be administered correctly and without delay. We advise parents and carers to register the expiry date of their child's auto-injectors on the relevant manufacturers website to give ample warning when a new prescription is required.

It is vital that students take their auto injector and/ or inhaler on all trips.

More information may be found, for example from:

- <http://www.medicalconditionsatschool.org.uk/>
- <http://www.anaphylaxis.org.uk/information/schools>

### **c. Diabetes**

Diabetes is a condition in which the body does not produce enough, or properly respond to, insulin. Students with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. It may be necessary to make special lunchtime arrangements for students with diabetes.

If a meal or snack is missed, or after strenuous activity, a hypoglycaemic episode (a hypo) may occur. The symptoms include:

- i. hunger
- ii. sweating
- iii. drowsiness
- iv. pallor
- v. glazed eyes
- vi. shaking or trembling
- vii. lack of concentration
- viii. irritability - headache
- ix. mood changes, especially angry or aggressive behaviour.

If these symptoms are ignored the student will rapidly progress to loss of consciousness and a hypoglycaemic coma. If a student has a 'hypo', it is very important that they are not left alone and that a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is given immediately.

An ambulance must be called if:

- i. recovery takes longer than 10 -15minutes; - the student becomes unconscious.

Hyperglycaemia (high glucose level) may also be experienced by some students. It is usually slow to develop. Treatment is the administration of insulin.

Symptoms include:

- i. a dry skin
- ii. a sweet or fruity smell on the breath rather like pear drops or acetone
- iii. excessive thirst, hunger or the passing of urine - deep breathing - fatigue.

The diabetes of the majority of students is controlled by injections of insulin each day. Older students may be on multiple injections and others may be controlled on an insulin pump. Most students manage their own injections, but may need a suitable, private place to administer them.

More information may be found, for example from:

- <http://www.medicalconditionsatschool.org.uk/>
- [www.diabetes.org.uk](http://www.diabetes.org.uk)

#### **d. Asthma**

Asthma is a common medical condition which affects the airways causing breathing difficulties. It may be mild and infrequent lasting for only an hour or so, or it may be very severe, with attacks, in extreme cases, lasting for several days. Childhood deaths from asthma are rare but do occur.

It is known that some individuals are allergic to certain substances including house dust, pollen and certain foods. Triggers can include viral infections (common colds), allergies, exercise, cold weather or strong winds, excitement or prolonged laughter, sudden temperature changes, fumes from glue, paint, aerosol deodorants, vehicle exhausts or tobacco smoke.

The signs of an asthma attack include:

- i. coughing;
- ii. being short of breath;
- iii. wheezy breathing;
- iv. feeling of tight chest;
- v. being unusually quiet.

A student having an asthma attack must never be left alone, and must be told to use their inhaler immediately. An ambulance must be called if:

- i. the symptoms do not improve sufficiently in 5-10 minutes
- ii. the student is too breathless to speak
- iii. the student is becoming exhausted
- iv. the student looks blue.

Students with asthma must have immediate access to their reliever inhalers when they need them. Inhalers must always be available during physical exercise and educational visits. All staff must be aware of the implications, know that the student could have an attack at any time and know what to do.

The School has a supply of inhalers which are available in an emergency and can be used provided consent from parents/carers has been obtained. (See the Administration of Medicines Policy).

More information can be found in the following:

- <http://www.medicalconditionsatschool.org.uk/>
- <http://www.asthma.org.uk/>

**9. Further Information:**

A current list of qualified First Aiders is available from the General Office, from Reception and on Firefly.

**10. Monitoring and Review**

The Governing Body is ultimately responsible for the effective oversight, review and amendment of this policy and understands its legal obligation to do so.

This policy will be reviewed and updated annually by the Deputy Head Pastoral, in consultation with the First Aid Room Coordinator or as events or legislation require.

Next scheduled review date: Sept 2025 <i>Last reviewed: August 2024</i>	
Key updates in this version:	<ul style="list-style-type: none"><li>• No updates</li></ul>