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## Amesbury First Aid Policy

## First Aid Policy

This policy has been written in line with the DfE 'Guidance on First Aid in schools' document, version 14 February 2022. This policy applies to all pupils at Amesbury from Pre-Nursery through to Year 8. There is a separate Administration of Medicines policy document 13d and separate EYFS administering medications policy.

First Aid is the initial assistance or treatment given to a person who is injured or suddenly taken ill. The person who provides help is the First Aider.

The lead First Aider is employed in the role of school nurse who must be NMC Registered (referred to as Matron). They are supported by the Medical Centre Assistant (MCA) who is trained in First Aid and Medicines Management. Either one will be on duty to administer First Aid during the school session from 0830am until 5pm daily; outside of these hours there will always be a qualified First Aider in the main school and in the EYFS, in case of an emergency. A First Aider must provide immediate assistance to the injured/ill person and should call upon extra help as necessary. Appropriate first aid should be administered according to the injury/illness, with judgment, and inside scope of training for that First Aider.

If the pupil can attend the Medical Centre following an accident/onset of illness first aid will be administered there. If the pupil is unable to be moved the Matron/MCA can be contacted on Ext. 280 or on mobile phone which is always carried and switched on: 07395792735. If called out the Matron/MCA will carry an emergency first aid bag and necessary equipment to assess the situation.

In the EYFS, all minor injuries are dealt with by the First Aiders on duty (pediatric trained); during school hours pupils should be brought over to see the Matron/MCA if the injury is more severe or the staff are at all worried and in all cases of the child being too unwell to remain in school. A record of all first aid given will be kept in EYFS and then passed to the Medical Department on a monthly basis for upload to SchoolBase. All paper records will be kept in the pupil's medical records. EYFS staff will inform parents of any treatment given when the child is collected. EYFS medicines management is covered in their separate policy.

There are first aid boxes positioned around the main school and EYFS for easy access. A list of these can be found in the Medical Centre. These are checked on a termly basis by the MCA (on behalf of the Matron) and replenished, as necessary. It is the responsibility of First Aiders to request supplies, as necessary. Outside of normal school hours staff should not hesitate to call for an ambulance if required.

Any fixtures or school trips require a first aid bag to be taken, including the emergency medication of any pupils attending. Matron will brief the lead first aider for the trip and ensure they have the correct first aid equipment. Redacted details of medical conditions and emergency contact details are provided by the Schools Administrator for risk assessment.

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## **RECORD KEEPING**

All first aid treatment will be recorded in the pupil's medical records on Schoolbase. Full details of how the accident happened, what injury was caused, first aid treatment administered, and outcome will be recorded. Should first aid be administered out of hours/off school site by a first aider details should be passed on to the Matron/MCA so that the details can be recorded as above. Parents must be informed of all head injuries/bumps, no matter how small they seem to be as there is always a risk of complications following a knock to the head. Concussion awareness information is to be sent to all parents following a head injury and all games staff are trained in concussion awareness on an annual basis using EduCare certification.

Parents will be contacted by telephone if the injury is serious, or if it will require further treatment, or if the pupil will need to be seen by a doctor. If the accident results in the pupil having to attend A&E/Minor Injuries an Accident Report Form (on SchoolBase) will be completed. A copy must be sent to the Health & Safety Manager for review in half termly H&S committee meetings, and one kept in the pupil's medical file.

## **EMERGENCY –THREAT TO LIFE SITUATION**

Should an ambulance be required, the Matron/MCA or the attending First Aider will dial 999 or appoint a member of staff to do so; giving details of the casualty, type of injury and details of where the casualty is located. An ambulance must be called if the casualty is unconscious for any length of time, a spinal injury is suspected, a bone injury resulting in the casualty not being able to move or if the casualty has a seizure and is not known to be Epileptic. If they are a known Epileptic and the seizure lasts for more than five minutes, or they have multiple seizures, an ambulance must be called in line with their care plan.

## **PPE/ BODILY FLUIDS**

When dealing with blood and other spilled body fluids it is important for the First Aider to wear correct PPE such as disposable gloves. These are found in all the first aid bags along with hand sanitising gel to clean hands if soap and water is not available. These along with any dirty dressing should be placed in a yellow clinical bag, again found in FA bag; these bags should then be placed in the clinical waste bin in the Medical Department. Spilled body fluids will be cleaned up using Bio-hazard kits from the Medical Department, EYFS or Kitchen. Disposable gloves, goggles and a disposable apron should be worn; these are then disposed of in the clinical waste bin.

## **EMERGENCY MEDICATION - PRESCRIPTION**

Provision is made for pupils who require an asthma Inhaler or adrenaline pen for severe allergies or other emergency medication such as for epilepsy.

In the EYFS pupils will have their medication kept by the staff in a secure location. This is then carried by a member of staff when the child leaves the school site. For Years 1-8, a pupil's medication is kept outside the Medical Department in an accessible emergency cupboard. Pupils' own emergency medication is taken by a member of staff when the pupil is off site for visits/sports fixtures along with the first aid bag.

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Staff are responsible for carrying pupils' emergency medication from Pre-Nursery to Year 6. Pupils in Years 7 & 8 may carry their own, but it must be collected and returned to the Medical Department by the lead first aid member of staff at the end of the trip/time off site/fixture.

CDs/regular prescribed medication should not be kept with any pupils at any time but kept safely with the trip lead if off site.

## **MEDICATION CHECKS**

The Matron will ensure that accurate records are maintained regarding expiry dates of all medication and that parents are informed when an Inhaler/AAI etc is due to expire. It is the parent's responsibility to ensure the pupil has an in-date one in school. It is also the Matron's/MCA responsibility to ensure that the correct inhaler/AAI is handed over to the member of staff in charge of taking the pupils off site.

Pupils with any other medical conditions, such as Diabetes, will be assessed individually and a care plan written with the collaboration of the parents and pupil as appropriate. From here a decision will be made as to where the medication will be kept – in the medical Department, in their classroom or on their person.

## **SPECIFIC MEDICAL CONDITIONS – FIRST AID MANAGEMENT**

### **Treatment of an Epileptic seizure -**

Clear a space around the child/adult so that they do not injure themselves on anything.

Put something soft under their head.

**NEVER TRY TO PUT ANYTHING INTO THE MOUTH OR RESTRAIN THEM.**

Start to time the seizure.

Get all the other children out of the classroom / area immediately.

Call for help to the office / Matron/MCA Ext 280 (07851 702976)

If the seizure lasts more than 5 minutes or they have several in a row, an ambulance will need to be called.

Ask someone to phone the child's parents to inform them and ask them to come to school or meet at the hospital.

When the seizure has finished, stay with the child and reassure them.

Do not give them any food or drink until they have fully recovered.

Place them into the recovery position.

*See Epilepsy policy for more information*

### **Treatment for a diabetic coma –**

Too little insulin can cause high blood sugar (hyperglycemia).

If it's not treated the person can gradually become unresponsive and slip into a diabetic coma.

Sign of hyperglycemia include warm, dry skin/ rapid pulse and breathing/ fruity sweet breath – *similar to pear drops* (produced by ketones being released into the blood stream) thirst/ drowsiness, leading to unresponsiveness and finally coma if not treated

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Call Matron/MCA if you suspect hyperglycemia.

Place them into the recovery position and monitor breathing regularly.

DO NOT LEAVE THE CASUALTY – unless you are alone and need to call 999

See *Diabetic policy for more information*

## **Treatment for an asthma attack –**

Symptoms of an asthma attack

Child/adult's symptoms are getting worse cough, breathlessness, wheezing or tight chest

Their blue reliever inhaler isn't helping

They are too breathless to speak, eat or sleep

Their breathing is getting faster and it feels like you can't catch your breath

Sit the person down and encourage them to take slow, steady breaths.

Help them take one puff of their reliever inhaler, using the spacer every 30-60 seconds, up to a maximum of 10 puffs. 10 breaths to every one puff.

Call for the Matron/MCA

If there is no relief after administering 10 puffs of the inhaler or the person's condition deteriorates rapidly call for an ambulance at once.

See *Asthma policy for more information*

## **Treatment of head injuries –**

A head injury (HI) is any trauma to the scalp, skull, or brain. The injury may be only a minor bump on the skull or a serious brain injury. Head injury can be either closed or open (*all open HI must be transferred to hospital by ambulance*).

All casualties who present in the Medical Department with a history of a head injury will be assessed and history will be carried out, signs monitored, and appropriate action taken. Continuous monitoring every 15 minutes to be recorded on HI record form. If the pupil has been injured on the sports field, they should not "play on" without obtaining medical advice.

If the casualty does not fully recover or there is a deteriorating level of response after an initial recovery, call for an ambulance immediately.

Parents are to be contacted after every bump/head injury and a copy of NHS guidelines sent to them via SchoolBase treatment report.

The school follows the Rugby Football Union (RFU) guidelines on head injuries and graduated return to play and the NICE clinical guideline 56 (*see Head Injury and sport policy*)

## **Treatment of Anaphylaxis –**

Anaphylaxis is a severe and potentially life-threatening allergic reaction that usually occurs within minutes of exposure to a trigger substance known as an allergen. A number of different allergens can trigger anaphylactic shock, from insect stings, latex to certain foods such as shellfish and nuts.

Symptoms of anaphylaxis range from swelling of the throat, lips and mouth, difficulty in swallowing, speaking or breathing, urticarial rash, a sudden feeling of weakness, due to a drop in blood pressure to collapse and unconsciousness.

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Adrenaline is used for treating anaphylaxis. The pupil will have been allergy tested and prescribed an adrenaline auto-injector (AAI); these are injections given intramuscular. In mild reactions an antihistamine syrup or tablet may be given if the child has been prescribed these. If a child has breathing problems and normally uses asthma medications such as a reliever inhaler, these can be given.

In the event of having to use an AAI:

- Call for assistance, the Matron/MCA and an ambulance on 999
- Lay the child down
- All pupils have an emergency pack containing their Antihistamine (if prescribed) and their AAI. These are kept in a cupboard outside the Medical Department for easy access.
- Remove from packaging and pull off the safety cap. Place the tip on the front of the outer thigh (the needle can pass through most clothing but NOT seams of jeans/joggers)
- Holding the device at right angles to the thigh use a quick motion to press the pen hard against the thigh. Hold the needle in place for 10 seconds
- If breathing is NOT affected lay the child down and elevate their legs
- **DO NOT ALLOW THEM TO STAND UP AND MOVE AROUND**
- If there is no improvement after 5-10 minutes, a second dose can be given using the second pen device.
- If the child becomes unresponsive, they should be placed in the recovery position, with care to maintain airway and breathing and assess levels of response
- If breathing stops, basic life support should be started.

*(See Anaphylaxis policy)*

## **Management of sickness on site (non-injury)-**

Any pupil, staff member or visitor to the site is subject to guidance on infection control in schools. Where someone becomes unwell during the school/working day, they are to report to the medical centre for assessment. If they display symptoms of COVID or other seasonal viral illness/respiratory infection, they should follow the wider sickness and absence policy and return home or be collected by a parent/guardian.

For pupils- their parent/guardian will be contacted for a verbal explanation of the protocol, with a follow-up email activated through SchoolBase medical notes. The pupil will be accommodated in the dedicated medical centre which is a well-ventilated room.

After a pupil has been collected, the area is thoroughly cleaned by a member of the facilities team with details of the illness/vomiting so that appropriate PPE can be worn. The room is well ventilated throughout.

The same applies to staff and visitors- if they are unable to drive because of their symptoms they will be supported to make alternative transport arrangements.

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Where necessary, the adjoining Wellbeing Hub can be converted to a safe and well-ventilated isolation area for multiple cases or in the event of a D&V outbreak during the school day.

## FIRST AID BOXES/BAGS

There are several First Aid boxes throughout the school and on each mini bus. Each box and bag will be stocked in accordance with the Health & Safety Executive (HSE) guidelines. Each box will be checked each term and replenished as required. This will be carried out by the MCA and a record kept in the Medical Department.

First Aid bags will be issued to staff when leaving the school site for a visit/sports fixture etc. It is the responsibility of the staff to inform the Matron when a bag is required and provide a list of participating pupils. The Matron/MCA will then prepare a bag and include any Inhalers and/or Adrenaline pens required. Staff must collect (and return) the bags when a handover of medication is given, and it is the staff's responsibility to ensure that the pupil's inhalers/AAls are returned to the Matron/MCA following the visit/match. No other medication/creams etc. other than the pupil's own are permitted in First Aid boxes/bags (see residential policy for overnight stays away from site)

A list of first aid box locations can be found in the Medical Centre.

The Deputy Head has reviewed the school site and activities (on and off site) to assess the level of first aid cover required and who should be first aid trained. The school has several members of staff who are First Aid trained to different levels/courses. It is the responsibility of the Matron to keep records of all trained members of staff and to book courses as required. First Aid training will be updated every three years. A copy of their First Aid Certificate will be kept in the in the Medical Department.

A list of all first aid trained staff can be found in Medical Centre and Staff Room as well as on the staff Teams page.

First Aid trained staff as of May 2022:

<b>Name</b>	<b>Ext</b>	<b>Qualification</b>
Nicola Adey	263	Paediatric First Aid
Kim Ainslie	211	First Aid at Work
Charlotte Carnes	290	Emergency First Aid at Work
Georgie Carruthers	263	Paediatric First Aid
Jo Clark MATRON	280	Emergency First Aid at Work
		Paediatric First Aid
		<a href="tel:07395792735">Tel: 07395792735 (Matrons Phone)</a>
Ollie Clarke		Emergency First Aid
Lauren Dover	250	Emergency First Aid at Work

Last updated JC/May 2022  
Review date Sept 2022

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Amanda (Mandhi) Freeland	261	Paediatric First Aid
Laura Fordham	263	Paediatric First Aid
Valerie Gadd	262	Paediatric First Aid
Martin Gibb	226	Emergency First Aid at Work
Angie Hemmings		Schools First Aid
Bex Johnson	263	Paediatric First Aid
Jonathan Lawrence	294	Emergency First Aid at Work
Tessa Mackenzie		Emergency First Aid at Work
Kate Lloyd-Davies	264	Paediatric First Aid
Mary Marriott	255	Emergency First Aid at Work
Cheryl Parrott	239/251	Emergency First Aid at Work
Sarah Page	238	Sports First Aid
Karen Powis	255	Emergency First Aid at Work
Nick Randall	224	Schools First Aid
Kathy Redman	280	First Aid at Work
		Paediatric First Aid
		Mobile: 07395792735
Grant Rouse	237/250	Sports First Aid
Dr. Tom Smiley		Emergency First Aid at Work
Michelle Thurley	267	Paediatric First Aid
Max Tribe	238	Emergency First Aid at Work
Andy Warry		Emergency First Aid at Work
Louise Williams	250	Emergency First Aid at Work
Rhodri Williams		Emergency First Aid

All staff will undergo annual online training through the TES EduCare platform to ensure knowledge of managing anaphylaxis and asthma. Matron will offer refresher training for any staff at any time should they feel they need it and holds a stock of training AAs for physical hands-on training.

## **ACCIDENT REPORTING**

Most incidents that happen in school or on school trips do not need to be reported to the HSE. Injuries to pupils, staff, visitors and contractors who are involved in an accident on school grounds or an activity organised by the by the school are only reportable to the Reporting if Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) when

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- the death of the person arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests are not treatment)
- the HSE Information Sheet EDIS 1 (rev3) gives guidance and examples of whether an injury arises out of or in connection with work.
- if in doubt guidance should be sought from the HSE, for example when a pupil from another school is injured (specified injury) during a sports match (not reportable) as opposed to a pupil of the school who is injured similarly during a timetabled games lesson (reportable).

Injuries and ill health to people at work are reportable by the person responsible under RIDDOR when

- accidents which result in death or a specified injury (which must be reported without delay). Also a reportable occupational disease when confirmed by a doctor in writing. The HSE Information Sheet EDIS 1 (rev3) gives details of specified injuries and reportable diseases.
- accidents prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident but including weekends and other rest days). These must be reported within 15 days of the accident.
- the person responsible is normally the employer of the injured person. The exception will be those that are self-employed, where the controller of the premises should report.

The Facilities Manager is the point of contact for all HSE/RIDDOR queries and reporting.

Dangerous Occurrences (specified near miss events) are reportable under RIDDOR. The HSE Information Sheet EDIS 1 contains the typical examples applicable to schools.

If required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations a form F2508 will be completed and sent to the HSE. Reports can be made on-line via the HSE website, only fatal and specified injuries can be reported by telephone.

Completed accident forms are forwarded to the Facility's Manager, Headmistress's PA and a copy kept in pupil's medical file. The forms are to be kept for a minimum of 3 years. The records should be kept in a locked filing cabinet in the Finance Office to ensure compliance with the Data Protection Act.

Reports of accidents will be made at every meeting of the School Health and Safety Committee (every half term).

All accidents reportable by the school under RIDDOR will be investigated. This will normally be undertaken by the Facilities Manager and may include the taking of witness

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statements, photographs and the production of a written report. All such reports will be reviewed by the Health and Safety Committee.