



First Aid Policy

First Aid provision must be available at all times while people are on school premises, and also off the premises while on school visits.

Pupils who require medication or first aid fall into three broad groups:

- Those completing a course of prescribed treatment – See Medication Policy
- Those who have long-term medical conditions – See Medication Policy
- Those with conditions that can, often without warning, require swift emergency medication

Teachers and other staff in charge of pupils are 'expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children'. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. The Head Teacher is responsible for ensuring that the policy and arrangements are put into practice.

Qualified First Aiders

First aiders must complete a training course approved by HSE and they are required to retrain before expiry of their qualifications. The Headteacher will ensure that first aiders have a current certificate and that new persons are trained should first aiders leave.

Mrs McPherson and Mrs Thomas are to be regarded as First Aid Officers for the children. All of the EYFS staff, Mr Stotesbury and Mrs Thomas hold Paediatric First Aid Certificates. Mrs Marshall has First Aid at Work training and is the First Aid Officer for staff and visitors.

The following staff are also available to provide emergency first aid: Main School: Mr Trafford, Mrs McKenna, Mrs Sandiford, Mrs Hobkirk, Mrs Barber, Mrs Goddard, Miss Miles, Mrs Kilmister, Mr Cox, Mrs Burn, Mrs Scates, Mrs Groom and Mrs Hall.

The playground supervisors will administer first aid for minor injuries at break and lunch times, either on the playground or on in the medical room. An extra member of staff should be called to supervise if ratios are a concern.

All staff are expected to:

- Take charge when someone is injured or becomes ill
- Comfort and reassure him/her
- Ensure that an ambulance or other professional medical help is summoned when appropriate

Staff Training



Mrs Thomas or Mrs McPherson lead the induction of new staff members and maintain the information display boards in the office and medical room. A Being Healthy and Staying Safe weekly agenda item is included for all leadership meetings and staff meetings in both Main School and Nursery. This allows time for training updates and practical discussion of situations arising at school on a weekly basis. A rolling programme of First Aid training is organised by Mrs McPherson to keep all staff up to date with their training requirements.

First Aid Accommodation

- A medical room is set aside which can be used for treatment and care.
- The area contains washing facilities and is near to a toilet.

First Aid Equipment

First Aid boxes are provided in Nursery classrooms, the office, the kitchen and the Medical Room. Each class has its own medical back pack for use in the classroom and off site. A mobile phone should be taken by a member of staff to the park or on an outing. A first aid bag must be taken on all trips. The sport teachers' back packs carry extra ice-packs and thermal blankets. There is a 'sick box' to take on all coach trips. When travelling by car it is the responsibility of the member of staff to carry a first aid box in their vehicle. The class list of pupils' medical conditions **must** be taken on all trips together with medication/inhalers, etc. First Aid Boxes should be restocked weekly from supplies in the First Aid Room. Items are not used after their expiry date. Mrs McPherson will manage all orders and supplies. A sick bucket and necessary equipment, together with cold compresses are kept in the medical room.

Body Fluids

Gloves should be worn at all times if in contact with body fluids and any spillages cleaned up immediately. Vomit should be covered with absorbent deodorizing powder (kept in the cleaning cupboard) and then swept up using the supplied dustpan and brush. If vomit is located outside, the area should be cordoned off and covered with liquid spillage absorber.

Disposal

All items that come into contact with body fluids, including antiseptic wipes, cleaning cloths, tissues, gloves, etc. are to be disposed of in a plastic bag and tied up and placed in the lidded bin and disposed of in the clinical waste bin. Each First Aid back pack contains a clinical waste disposal bag.

First Aid Procedure

In the event that a child displays signs and symptoms of either an illness or an injury the following procedure must be followed:

- Danger: Remove the source of danger if it safe to do so
- Response: Check for a response



Call for help and the Headmistress or Nursery Manager.

Ensure that you relay the event and all signs and symptoms to the person in charge on the day. By doing this, the person in charge can assess the child and decide what further action to take.

- Grazes and paper cuts should be cleansed with an anti-septic wipe and dressed accordingly.
- If there is a back, head or neck injury or possible fracture or if the child or adult is unconscious, do not attempt to move them until a First Aider arrives.
- A record of all medical aid must be recorded and completed notes should be kept in the Head's office in a secure place for at least three years. (Until the child is 18 in the case of a head injury).
- In the EYFS and where a child looks feverish, temperatures must be taken and recorded.
- It is the responsibility of the teacher/office staff/First Aider to inform Parents/Guardians by telephone.
- It is also their responsibility to decide whether it is necessary to phone the emergency services if required and to make that phone call.
- In the event that a child becomes infectious, the medical room must be used to ensure that the child is cared for on a one to one basis. This ensures that the spread of infection can be controlled.

Guidance on calling an ambulance

Call an ambulance immediately if a child is:

- In anaphylactic shock
- Having a diabetic hypo and not responding to glucose
- Having a fit and is not a known epileptic
- Having a severe asthma attack
- Unconscious
- Bleeding profusely
- Displaying signs of a suspected fracture
- Vomiting or suffering double vision after a head injury
- Suffering from a very high temperature (39 +) and not responding, particularly EYFS children
- In any case where there is doubt or where parents cannot be contacted

Transport to hospital

If the First Aider or Head Teacher considers it necessary, the injured person will be sent directly to hospital (normally by ambulance). Parents and/or guardians will also be

informed. No casualty should be allowed to travel to hospital unaccompanied and an accompanying adult will be designated in situations where the parents cannot be contacted.



Reporting Accidents and Record Keeping

The witness or person on duty must record all accidents on the official Accident Form for confidential filing. Accident sheets are located in the medical room, Nursery class and school office. Some accidents must be reported to HSE under RIDDOR (this is the law that requires employers and anyone else with responsibility for health and safety within a workplace, to report and keep records). The date, time and place of event should be noted, personal details of those involved and a brief description of the event/disease. The RIDDOR website contains details and a Form 2508 (copy attached) may need to be completed. These accidents include:

- Accidents resulting in death or major injury (including as a result of physical violence)
- Fatal/major injuries must be reported immediately (by telephone). This must be followed up within 10 days by a written report on Form 2508
- Accidents that prevent the injured party from doing their normal work (or school) for more than 7 days (as of April 2012), previously 3 days.
- Accidents that result in hospitalisation.
- These serious accidents must be reported if they occur during any school activity, both on and off the premises, involves equipment, machinery or the condition of the premises.

Notifying parents/next of kin

- In the event of more significant incidents, i.e. those requiring medical attention, parents (next of kin for staff) will be contacted immediately by telephone.
- All pupils receiving a head injury, however minor will take a 'bump – letter' home that day. (See Bumped Head Policy)
- Staff are responsible for keeping their next of kin details held by the School up to date.

Administering medication

Staff should follow the procedures and forms in the Medication Policy.

Medical history of pupils

Staff must ensure that they are aware of the medical history of the children they teach. It is also essential that staff are aware of any children suffering from potentially life threatening conditions such as diabetes, asthma or allergies which could give rise to anaphylactic shock, and the action necessary to take in the event of such an attack.

An up-to-date list of medical conditions of all children by class is kept in the school office. A list of pupils with allergies is also kept in the office, the kitchen and each classroom. It is updated by the school secretary annually **and when notified of**



changes by parents. Staff are informed by the Head Teacher if children with serious medical problems join the school and a notice is kept on the staff room board.

Conditions requiring swift emergency action:

The four most common conditions where swift emergency action is usually necessary are
asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

Asthma

About one child in 20 has asthma that requires regular medical supervision. An attack is

characterised by coughing, wheeziness and difficulty in breathing. In a severe attack the

pupil's skin and lips may become blue. Children with asthma must have immediate access to their reliever inhalers when they need them.

In the event of an attack, the person in charge of the group should prompt the pupil to use their inhaler if he or she is not already doing so. The pupil should sit rather than lie down and be reassured. The medication should work after about five or ten minutes, but if there is no noticeable improvement or if the pupil is distressed, medical advice should be sought and/or an ambulance called. **Inhalers are kept in the class medical back pack and children take them off site when on a school trip or games session.**

Epilepsy - No child currently in school with this condition

Somewhere between one in 130 and one in 200 UK children have epilepsy and about 80% attend mainstream schools. Not all pupils with epilepsy experience major seizures (commonly called fits) and most of those who do will have them controlled by medication. Pupils should not unnecessarily be excluded from any school activity, but extra care and discreet supervision might be necessary in activities such as swimming.

If a major seizure does occur, unless the pupil is in a dangerous place, he or she should not be moved and nothing should be done to stop or alter the course of the seizure, other than to ensure that the pupil's airway is maintained at all times. No attempt should be made to restrain the pupil in any way, or to put anything in his or her mouth.

Once the convulsion has stopped the pupil should be put into the recovery position and allowed to recover.

Diabetes - No child currently in school with this condition

About one school-age child in 700 has diabetes. This condition results if the person's normal hormonal mechanisms are unable to control the amount of sugar in the blood. This level needs to be monitored and two injections of insulin are normally needed each day to bring the level under control. It is also necessary to eat regularly.



The injections are usually done before and after school. If a meal or snack has been missed, or if the pupil has been taking part in a particularly strenuous activity, he or she might experience a hypoglycaemia episode, commonly known as a hypo. This happens

when the blood sugar level falls too low. Symptoms will vary and these should be discussed when drawing up the pupils' health plan. It is important that in the event of a hypo some fast acting sugar, such as glucose tablets or a chocolate bar is given immediately. If after 10 to 15 minutes there is no sign of improvement an ambulance should be called.

Anaphylaxis

This is the name given to an extreme allergic reaction that requires urgent medical treatment. Nuts, fish and dairy products are the most common causes of allergy, but bee and wasp stings can also cause allergic reactions. In severe cases these reactions can be life threatening, but they can be treated with medication. The most severe cases are normally treated with a device that looks like a fountain pen (Epipen) and is pre-loaded with the correct dose of adrenaline. The needle is not revealed, it is easy to use and is normally injected into the fleshy part of the thigh. For some children the timing of this injection is crucial and procedures must be in place to ensure that this can be swiftly done in the case of an emergency. Responsibility for injecting must be on a voluntary basis and should not be undertaken without training from an appropriate health professional.

Nut allergy - Currently there are **3** children who are anaphylactic

Epipens are kept in the medical bag in the classroom.

Coeliac - Currently we have one coeliac

Allergic reaction to wheat and require a gluten free diet.

G6PD Deficiency - No child currently in school with this condition

Severe allergic reaction to a wide range of foods, drugs and chemicals, which is life threatening.

Sickle Cell Anaemia - No child currently in school with this condition

Blood disorder causing pain in muscles, joints etc., due to sickle shaped cells. An ambulance must be called if a 'crisis' begins.

Rashes and Skin Infections

Children with rashes should be considered infectious and assessed by their doctor. For guidelines on incubation periods parents and staff are directed to Public Health England: **Guidance on infection control in schools and other childcare settings.**



The school secretary will inform staff of any infectious diseases and any necessary precautions. Parents may also be notified in writing.

Non-Prescription Medicine

Cough/sore throat lozenges are allowed and must be handed to the class teacher who will distribute them as necessary.

Skin Cancer

It is the policy of the school to encourage children to avoid overexposure to the sun. Sun hats must be worn on the playground and games fields and children should use barrier creams. Parents are encouraged to apply creams before school, in main school this cannot be done by a member of staff. In the nursery, staff are happy to reapply creams at lunchtime if requested.

Gastro-Enteritis and associated episodes

Parents are asked not to bring to school any child who has been vomiting or had diarrhoea until at least 48 hours have elapsed since the last episode.

Head injury

If a child has bumped his/her head at home we ask parents to notify the class teacher. If your child receives a bump to the head at school we will follow the Bumped Head policy and advise parents accordingly.

Nits

It is likely that at some stage a child will acquire nits. From time to time we will send out 'the nit letter' and we ask all parents to use it as a sign that a thorough check is needed.

Impetigo

If your child is diagnosed with Impetigo, please cover the lesions or keep the child at home until lesions are crusted or healed.

Conjunctivitis

Nursery children diagnosed with Conjunctivitis should be kept at home until the infection has cleared as this is extremely contagious and spreads easily at this age.

Notifiable diseases

If your child is diagnosed with a communicable disease, please let us know and we will notify other parents, staff and OfSTED if necessary.

Flu



**DORMER
HOUSE
SCHOOL**

The school holds an Emergency Plan for a Flu Pandemic.

Risk Assessment

The Health and Safety Committee regularly review the school's first aid needs and inform staff of the first aid arrangements i.e. location of equipment, facilities and personnel and the procedure for monitoring and reviewing the school's first aid needs. The school is rigorous in its risk assessments and conducts an external audit of Health and Safety provision on a three year cycle. Risk assessments have been undertaken to minimise risk and consider the size, location and hazardous areas of the school, the age range of pupils and any special needs, and the safety of visitors. Generally, the school falls into a lower risk category, with some areas of higher risk such as the kitchen.

Swimming Pool

Children with open wounds must not swim. Please check the Fire-College Risk Assessment for their First Aid protocols.

[This policy is monitored by the Headteacher and the Trustees and will be reviewed annually.](#)

Signed:

Date: