



ST. NICHOLAS SCHOOL **FIRST AID & SUPPORTING MEDICAL NEEDS POLICY** **(including EYFS)**

1. INTRODUCTION & AIMS

At St. Nicholas School we believe that proper procedures should be followed in the administration of First Aid. Health and Safety legislation places duties on employers of staff to protect the health and safety of their staff, pupils and visitors.

Our first aid policy aims to inform stakeholders of:

- Qualified first aiders /appointed persons
- Location of first aid containers
- Arrangements for off-site activities and trips
- Arrangements for pupils with particular medical conditions
- Hygiene procedures for dealing with the spillage of body fluids
- Guidance on when to call an ambulance
- Accident Reporting under RIDDOR
- Head injury advice notice

This policy is part of our guidance related to our Welfare, Health & Safety of pupils guidance.

2. THE ROLE OF THE HEAD OF SCHOOL

The Head Teacher and the Head of Nursery are responsible for ensuring that first aid is administered in a timely and competent manner, for implementing this policy and for developing detailed procedures and arranging first aid courses as applicable. The Head makes sure that parents are aware of the school arrangements for first aid. The Head is also responsible for reviewing the first aid needs, particularly after any changes to ensure that the provision is adequate.

The Head or Deputy Head should ensure parents are kept informed as appropriate.

3. THE ROLE OF THE TEACHER AND THE SUPPORT STAFF

All staff in the school should make themselves aware of this policy and the wider Health & Safety policies. All staff are expected to assist a child who has sustained an injury or who is expected to have sustained an injury. Where a staff member has not received Paediatric First Aid training then they should seek the assistance of a staff member who has where accidents are not considered minor. *First Aid Rotas are displayed on the board in the Staff Kitchen.*

The main duties of a first aider are:

- To give immediate assistance to casualties with common injuries or illnesses
- To ensure that an ambulance or other professional help is called when needed
- To ensure that parents are informed if a child has sustained a head injury (however minor it appears)

In addition to this, termly checks and re-stocking of first aid containers in the staff kitchen and classrooms are conducted. All contents should be up to date.

4. FIRST AIDER ROTA & PROCEDURES

Pupils are informed that they should seek the help of any staff member whether in the classroom or playground. A staff First Aid rota is in place so that any matters requiring attention can be dealt with by a member of staff whilst other duties, playground or classroom, can continue as normal.

All injuries must be assessed quickly and the correct course of action taken. All pupil injuries should be prioritized.

Staff should always wear gloves when dealing with cuts and wounds.

5. MEDICAL EMERGENCIES

This is when an injury/illness requires immediate medical help or further assessment by doctor. Please refer to Appendix 1.

6. SAFEGUARDING

It is important that staff follow safeguarding procedures and aim not to isolate themselves with a pupil, e.g. in the toilets, whilst administering first aid. Staff should aim to have another member of staff close by, and should inform the pupil what is happening, and seek their permission to check a potential injury in sensitive areas. Obviously common sense and professional judgement should be applied, and if in doubt staff should ask the Head or Deputy Head. Where a child is distressed and refusing to be examined, it is advisable to immediately contact the parent and seek their intervention with the child. In the EYFS a paediatric trained member of staff will be on site at all times and one will always accompany an outing.

7. MEDICINES

If medicine is sent into school by a parent, a written note should accompany it and the parent should see the class teacher or Key worker. We do not administer antibiotics; however, parents may come to the school to administer this at lunchtime if strictly necessary. It is the St Nicholas' policy that if a child is that ill s/he should be kept at home. If pupils require medicine over the course of the day, parents are to complete a medication form on arrival, and medicine will be stored in the staff kitchen as outlined below.

8. LOCATION OF MEDICATION & FIRST AID KITS

Medicines that require refrigeration are kept in a separate clearly marked container in the refrigerator in the staff kitchen.

The main First Aid kits are also kept in the kitchen in clearly marked boxes / packs.

Medications, such as EpiPens, are kept in immediate proximity to the child in potential need – i.e. in the classroom in a secure place, that any teacher using that room is aware of.

9. ARRANGEMENTS FOR PUPILS WITH SPECIFIC MEDICAL CONDITIONS

Parents are required to inform the school of any medical conditions and to update the school where a need arises. Staff are asked to inform the Head of any concerns about potential medical conditions.

Information sheets for pupils requiring medication are printed and displayed on the notice board in the staff kitchen, and these are discussed by staff in relevant meetings / training.

10. FIRST AID AREA

Due to the size and layout of the building, St. Nicholas' School has limited space for a first aid area. Our policy until further infrastructure developments take place is:

We encourage parents to collect sick children as soon as possible.

Where a child has suffered a small injury and is able to sit, we use the reception area seating

Where a child needs to lie down (i.e. before being collected by a parent or transported to a hospital / clinic) the medical couch is set-up in the Head's office and the screen used. A kit is prepared including disposable vomit bowls and bottled water.

Toilets are in very close proximity to the office due to the size of the school, and a basin is located in the office for use in such circumstances.

11. FIRST AID OFF-SITE

Teachers holding lessons away from the school grounds should be in possession of a mobile phone and the number of that phone should be logged in the school office. They should also carry a portable first aid kit. First Aid trained male and female staff should accompany pupils to the swimming baths so as to be appropriately present when pupils change separately.

Please refer to our Risk Assessment guidelines.

12. HYGIENE

Staff must wear gloves when dealing with accidents involving spillage of bodily fluids. (Refer to Appendix 2 Body Fluid Spillages).

13. LIFTING

Children should not be lifted as this could cause injury to both the lifted and the lifter. All staff are made aware of "Manual handling" guidance.

14. ALLERGIES

There are named children in our school who have developed allergic reactions to certain types of food. Details of these children together with a photograph are on the staff room notice board in the kitchen. Staff should acquaint themselves with the procedure for dealing with these children, particularly those who need an Epipen. Training has been given to the school staff in the use of an Epipen.

St. Nicholas is a nut-free school.

15. INFECTIOUS DISEASES

The school adheres to The Public Health Agency (formally The Health Protection Agency) and the National Health Service (NHS) Directs information and advice.

The school will help to reduce the risk of catching or spreading infectious diseases by:

- Sending any child with a temperature of 38°C home.
- Encouraging children to always cover their nose and mouth with a tissue when coughing or sneezing.
- Disposing of dirty tissues promptly in a bin.
- Maintaining good basic hygiene, for example washing hands frequently with soap and warm water before drying thoroughly to reduce the spread of the virus. Posters are displayed around the school encouraging this.
- Using named water bottles and disposing of drinking cups in a bin straight after use.
- Regularly cleaning and maintaining the toilet and wash areas by cleaning staff.
- Cleaning hard surfaces, such as door handles, classroom and dining room tables frequently.
- All School trips will be risk assessed prior to visits. If there is no easy access to hand washing facilities, hand cleansing rub (alcohol free) or wipes will be provided.

16. RECORD KEEPING

Records are kept of any injuries requiring treatment. The page from the record book is then placed in either the pupil or staff file as appropriate, as required by the Data Protection Act.

Separate records are kept for pupils and staff.

In an emergency or if a child is too unwell to stay at the school the parents are contacted by the Head or Deputy.

In the case of an injury particularly a head injury (that does not need professional attention) a message is given directly to the parent/carer upon collection at the end of the school day. All head injuries are recorded separately and a copy placed in the pupil file.

Parents are informed of accidents on the same day or as soon as is reasonably practical.

16. STAFF INFORMATION

All staff are expected to inform the school of any known medical conditions they suffer from that might need attention in school. They should take medical advice if they are taking medication which may affect their ability to care for pupils. All staff medication will be securely stored if on the school premises.

17. MONITORING AND REVIEW

The Head Teacher is responsible for monitoring this policy and its effectiveness.

*This policy was reviewed and updated in Autumn 2018.
The next review will take place in Autumn 2019 or in light of relevant regulatory changes.*

Signed: Amit Mehta (Proprietor)

APPENDICES:

APPENDIX 1

Medical Emergencies

This is when an injury/illness requires immediate medical help or further assessment by doctor.

- If a child is considered to need hospital treatment but it is not an emergency, the school should contact the parents and they should collect their child. The Head will take the decision whether to transport the child to a hospital in the event that it is not an emergency and the parents cannot be reached.
- If immediate hospital treatment is considered necessary an ambulance will be called without delay and parents informed. Staff should always call an ambulance in the following circumstances:
 - In the event of serious injury or illness;
 - In the event of any significant head injury;
 - In the event of a period of unconsciousness;
 - Whenever there is the possibility of a fracture;
 - In the event that the First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid or if they are unsure of the correct treatment.
- When an ambulance has to be called ideally the person who is at the scene of the accident should contact 999 so clear accurate information can be given. A record of the school's observations and treatment prior to the arrival of the ambulance must accompany the child to hospital. The hospital and parents will be given a record of observations and any treatment given at school. Parents must be alerted. Senior management must be alerted. Secretary to be alerted.
- If parents are not present, the school should send a member of staff to the hospital.

The accidents/incidences warranting emergency care are situations such as: Head injuries where there is a loss of or suspected loss of consciousness; sudden collapse; major wounds needing medical attention; suspected fractures; spinal injuries; use of an EpiPen; major asthma, diabetic, seizure event. *This list is not exhaustive.* An accident involving serious injury will be reported under RIDDOR, to the police or the Health and Safety Executive by the head. In the case of children in EYFS, the School will also notify Ofsted and the local child protection agencies

APPENDIX 2

Body Fluid Spillage Policy Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages:

Initial Clean Up Procedure:

- Get some disposable gloves from the nearest First Aid kit.
- Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and place in tie-up plastic bag.
- Put more absorbent towels over the affected area.
- All gloves / towels used to be placed in yellow "medical bin" outside in bags provided.
- Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.

- A badly affected area then needs to be cordoned off until cleaned.
- If a cleaner is not immediately available, staff member to mop affected area and place wet surface safety sign nearby.

Procedure for Blood and Other Body fluid Spillage:

- Gloves to be worn at all times.
 - Any soiled wipes, tissues, plasters, dressings etc must ideally be disposed of in the clinical waste bin.
 - When dealing with a spillage, absorbent paper hand towels need to be placed on the affected area so absorbing the spill.
 - If a disposable spillage kit is available then the instructions for use should be followed.
 - If not then contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in the yellow bin or put in another bin liner and put in an outside bin.
 - The area must be cleaned with disinfectant.
 - A 'Wet Floor Hazard' sign then needs to be put by the affected area.
 - The area should then be ventilated well and left to dry.
 - All reusable cleaning up equipment then needs to be appropriately disinfected.
 - Wash hands use anti-septic soap.
 - All used bags to be disposed of in the yellow bin, properly sealed in sacks provided.
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ALLERGIC REACTIONS MANAGEMENT

Teaching staff will be made aware of any child with life threatening allergies at or before the beginning of term by the School Secretary.

Signs and symptoms of mild allergic reaction

- * Rash
- * Flushing of skin
- * Itching or irritation

Treatment

- * Remove allergen if possible eg rinse skin, wash out mouth etc
- * Administer prescribed antihistamine following procedure above
- * Observe victim closely for at least 30 minutes.

ANAPHYLAXIS MANAGEMENT

Rapid signs and symptoms of severe allergic reaction

Anaphylaxis is a rapid developing condition resulting in sudden collapse of the casualty within seconds/minutes:

- * Swollen lips, tongue, throat or face
- * Nettle type rash
- * Difficulty swallowing and/or feeling of lump in the throat
- * Abdominal cramps, nausea and vomiting
- * Generalised flushing of the skin
- * Difficulty breathing, may be very noisy
- * Difficulty speaking
- * Sudden feeling of weakness caused by fall in blood pressure
- * Collapse and unconsciousness

If anaphylaxis is suspected prompt action is required as follows:

- * Remove antigen if possible
- * Confirm identity of casualty
- * Reassure casualty
- * Send someone to ask Office staff to call 999 ambulance and casualty's parents/next of kin
- * Remove Epipen from protective case and remove safety cap at top
- * Holding Epipen in a fist like grip push firmly at right angles to outer thigh until auto injector mechanism functions. Hold in place for 10 seconds allowing injector to administer contents of syringe
- * Remove Epipen from thigh and massage area
- * Note time given
- * If casualty has collapsed lay them on their side in the 'recovery position'
- * Monitor breathing (and pulse if trained to do so) Perform CPR if necessary
- * Do not leave casualty
- * Provide Paramedics with full history of casualty and incident

Epipens are not a substitute for medical attention. If an anaphylactic reaction occurs and an Epipen is administered the casualty must be taken to hospital.

Staff receive Epipen training every year.

ASTHMA MANAGEMENT

Teaching staff will be made aware of any child with severe asthma at or before the beginning of term by the School Secretary.

The Study School recognises that asthma is a serious condition which can be life threatening. We ensure that all pupils with asthma can and do fully participate safely in all aspects of school life including out of school activities.

Trigger factors for asthma may include: change in weather conditions, animal fur, viral or chest infection, exercise,

pollen, chemicals, air pollutants, emotional situations and excitement.

Persons with asthma need immediate access to their reliever inhaler (usually blue). Younger pupils may need help/encouragement to administer their inhaler. It is the parent's responsibility to ensure that School is provided with a named, in date reliever inhaler which is always accessible to the pupil. All inhalers are kept in the School Office.

Recognising an asthma attack

- * casualty unable to continue an activity or have difficulty with it
- * difficulty breathing
- * chest may feel tight
- * possible wheeze
- * difficulty speaking
- * increased anxiety
- * coughing, sometimes persistent

Action

- * Ensure prescribed reliever is taken promptly (either in the classroom or in the school office if it is possible to move the casualty).
- * Reassure casualty
- * Encourage casualty to adopt a position which is best for them (usually sitting upright)
- * **Wait 5 minutes** if symptoms disappear pupil may resume activity.
- * If symptoms have improved but not disappeared, inform parents/next of kin and give another dose of the inhaler.
- * Loosen tight clothing
- * If there is no improvement in another 5-10 minutes allow casualty to take another dose of their inhaler every minute for five minutes or until symptoms improve.
- * An ambulance will be called.
- * A member of staff will accompany the casualty to hospital and await the arrival of a parent/next of kin.

DIABETES MANAGEMENT

Signs and symptoms of low blood sugar level (hypoglycaemia)

Onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, more exercise, warm weather, too much insulin and stress. Individuals should test their own blood sugar levels if testing equipment available. Symptoms include:

- * pale
- * glazed eyes
- * blurred vision
- * confusion/incoherent
- * shaking
- * headache
- * change in normal behaviour-weepy/aggressive/quiet
- * agitated/drowsy/anxious
- * tingling lips
- * sweating
- * hunger
- * dizzy
- * leading to unconsciousness

Action

- * Give fast acting glucose (lucozade drink or glucose tablets) - the casualty should have their own emergency supply in School Office. This will raise the blood sugar level quickly
- * After 5 - 10 minutes follow this up with further snacks as advised by the parents. Do not leave the casualty unaccompanied at any time
- * Allow access to regular snacks and check blood sugar level again and as necessary
- * Inform parents as soon as possible

Action to be taken if the pupil becomes unconscious

- * Place casualty in recovery position
- * Do not attempt to give glucose by mouth as this may cause choking
- * Telephone 999
- * Inform parents/next of kin as soon as possible
- * Accompany casualty to hospital and await arrival of parent

Signs and symptoms of high blood sugar level (hyperglycaemia)

This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal. Symptoms may include:

- * feeling tired and weak
- * feeling thirsty
- * passing urine more often
- * nausea and vomiting
- * drowsy
- * breath smelling of acetone
- * blurred vision
- * unconsciousness

Action

- * inform School Secretary
- * arrange for blood glucose testing if possible
- * inform parents/next of kin as soon as possible
- * call 999 and accompany casualty, await arrival of parents/next of kin

EPILEPSY MANAGEMENT

How to recognise a seizure

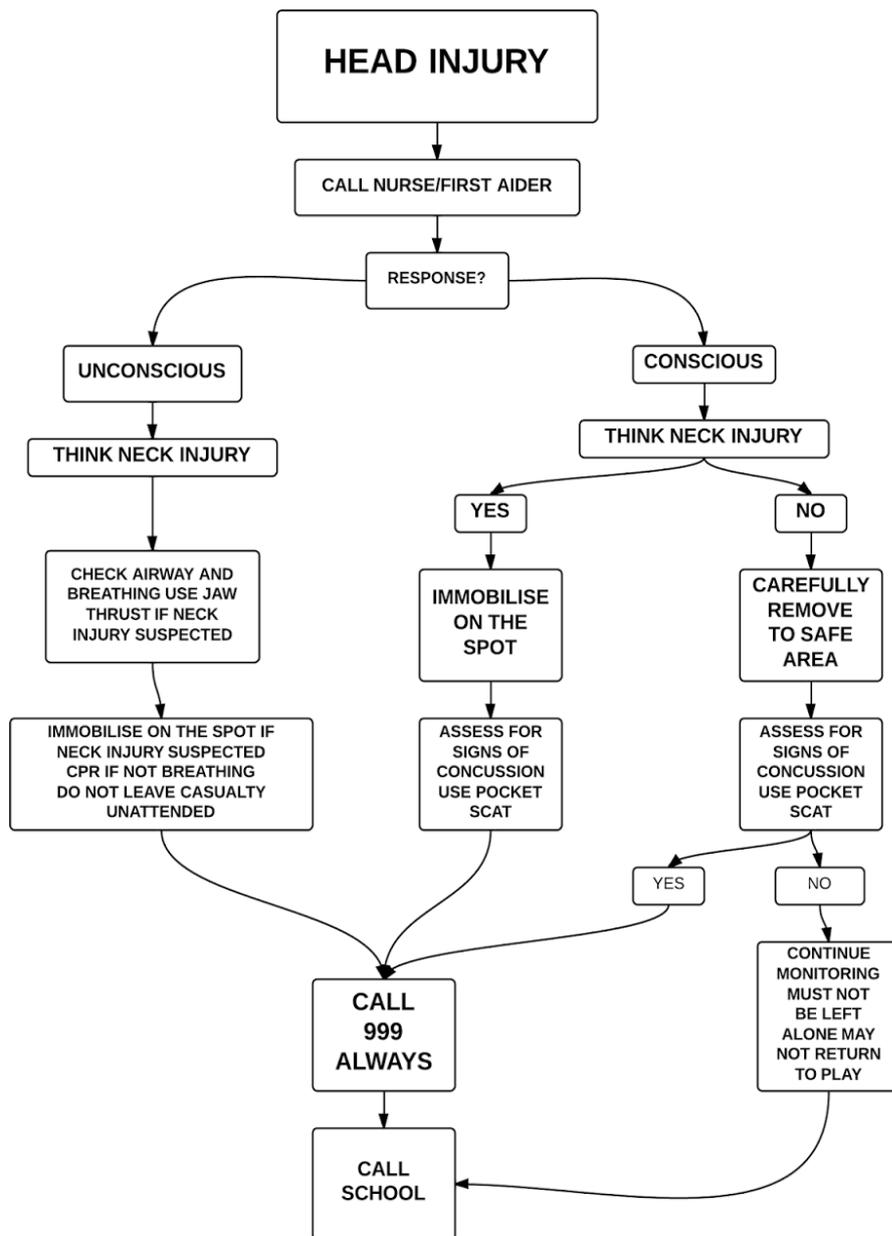
There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- * casualty may appear confused and fall to the ground
- * slow noisy breathing
- * possible blue colouring around the mouth, returning to normal as breathing returns to normal
- * rigid muscle spasms
- * twitching of one or more limbs and/or face
- * possible incontinence

Action

- * try to help casualty to floor if possible but do not put yourself at risk of injury
- * move furniture etc. away from casualty in order to prevent further injury
- * place a cushion or something soft under the casualty's head
- * clear the area of students
- * call School Secretary
- * cover casualty with a blanket as soon as possible in order to hide any incontinence
- * stay with casualty throughout duration of the seizure
- * as the seizure subsides place casualty into recovery position
- * inform parents as soon as possible
- * send for ambulance if this is the casualty's first seizure or, if a casualty, known to have epilepsy has a seizure lasting for more than 5 minutes, or if an injury occurs as a result of the seizure. Casualty must be accompanied until parent/next of kin arrives
- * casualty to rest for as long as necessary
- * reassure other pupils and staff

HEAD INJURY MANAGEMENT (see flowchart below)



A HEAD INJURY CHART MUST ALWAYS BE COMPLETED AT THE SCENE.

ALL HEAD INJURIES THAT RETURN TO SCHOOL MUST BE HANDED OVER FORMALLY TO A FIRST AIDER. A HEAD INJURY INSTRUCTION LEAFLET AND DETAILS OF THE INJURY MUST ALWAYS BE GIVEN TO PARENTS BEFORE TAKING A PUPIL HOME

IF IN DOUBT, ALWAYS CALL AN AMBULANCE

Current First Aid trained staff (Autumn Term 2018)

Staff who hold a current **FIRST AID AT WORK** certificate:

Mrs A Almeida Mr M Donaldson

Staff who hold a current **PAEDIATRIC FIRST AID** certificate:

Mrs A Almeida Mrs V Marini Mrs F Bhana Mrs L Lall Mrs A Shah
Mrs A Sweetman Mrs J Godar Mrs T Doyle

Staff trained in using an **EPIPEN**:

Mr M Donaldson Mrs A Almeida Mrs A Shah Mrs F Bhana Mrs L Lall
Mrs A Sweetman Mrs J Godar Mrs T Doyle Mrs V Marini