

## **A7/E4: FIRST AID**

**This Policy includes the Early Years Foundation Stage and Breakfast, Tea Time and Holiday Clubs and should be read in conjunction with the Health and Safety Policy.**

### *Appointed Persons*

Mrs Anita Barclay, Headmistress and Designated Safeguarding Lead  
Miss Zoë Cramer, Nippers Deputy Manager, Deputy Designated Safeguarding Lead

### *Policy Statement*

First Aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation, Stretton School ensures that there are adequate and appropriate equipment and facilities for providing timely and competent first aid in school and the effective implementation of this policy. The school also has a statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) and this policy is written in accordance with guidance from the Department for Education "Guidance on First Aid" (2000).

The responsibility for ensuring the health and safety of all staff, non-teaching staff, children and visitors is the responsibility of the Headmistress and Deputy Head Teacher. The Health and Safety Policy includes arrangements for first aid, based on risk assessments carried out in school.

## *Training*

The school ensures that staff undertake First Aid training every 3 years and staff will always use their best endeavours at all times, particularly in emergencies, to secure the welfare of the children 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.

First Aid training is provided by Norfolk County Council which is approved by the Health and Safety Executive. Staff undertake the approved Early Years Paediatric First Aid Course either on two full days or four evenings.

There may be occasions when First Aid Certificates expire and staff are waiting to be accepted on courses. As certificates expire at different times during the 3 year period, there will always be at least one trained First Aider on site and also on any offsite visits or educational trips. There will always be a paediatrically qualified first aider on site and on any offsite visits or educational trips for all children within the EYFS.

The main duties of any First Aider at school are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school, and when necessary to ensure that an ambulance or other professional medical help is called.

## *Appointed Persons*

The Designated Safeguarding Lead and Deputy Designated Safeguarding Lead are the appointed people who take charge when someone is injured or becomes ill. They also ensure that an ambulance or other professional medical help is summoned when appropriate. It is a legal requirement to have an appointed person on site at all times. The School's first aid needs are regularly reviewed (at least annually) to ensure the provision is adequate, including the number of first aiders on site.

The Managers or class teachers in each room are responsible for ensuring the first aid equipment is checked and restocked regularly in their room. The Admissions Secretary is responsible for checking and restocking the Outdoor First Aid Kit and Offsite First Aid Kits (x 3).

When first aid is provided for staff and children, the school ensures that the staff/pupil ratio does not fall below the required standard and for children and others complies with all legislation and guidance.

## *Risk Assessments*

The school considers the following when carrying out risk assessments for first aid needs:

- Staff are included when carrying out risk assessments.
- Any hazardous substances, dangerous tools or machinery may pose risks.
- Any temporary hazards, such as building or maintenance work.

- Special health needs or disabilities.
- Age range of the children.
- Accident statistics, such as times, locations and activities.

Adequate provision of first aiders at lunchtimes, off site, Tea Time and Holiday Clubs and on school trips is always considered, along with provision in cases of absence or holidays.

Procedures are in place for Educational and Off Site Trips (see separate policy).

### *Qualifications*

All first aiders hold a valid certificate of competence issued by Norfolk County Council whose training and qualifications are approved by the HSE. Certificates are valid for 3 years and the school arranges retesting of competence.

### *First Aid Equipment and Facilities*

All staff are aware of the location of the First Aid equipment/boxes, facilities and trained first aiders and this information is part of the staff induction programme.

The School provides proper materials, equipment and facilities at all times and first aid equipment is clearly labelled and easily accessible for all staff. The school will ensure that the First Aid equipment is kept clean and that sterile items are kept sealed in their packages until needed. The appointed persons in consultation with qualified first aiders check the contents of First Aid Boxes weekly using check lists and inform the School Admissions Secretary if items need replenishing.

### **FIRST AID BOXES**

The First Aid Boxes are located as follows:

Prep 3 & Prep 2	1 x Prep 2 Classroom
Prep 1	1 x Prep 1 toilet area
Transition & Nursery	1 x Toilets
Nippers	1 x Main Room
Medical Area	1 x Medical Room
Outside Play Area	1 x Main hallway
	1 x Medical Store Cabinet
Offsite bags x 4	1 x Main hallway
	1 x Prep 1
	1 x Prep 2
	1 x Transition
School Office	1
Staff Room	1

## *Contents*

The following recommended first aid kit is based on a combination of advice from the Health and Safety Executive, the Pre-School Learning Alliance and Colleagues from the Ambulance Service.

- 1 x Leaflet giving general guidance on first aid
- 1 x Protective face shield for performing CPR
- 20 x individually wrapped sterile adhesive dressings of assorted size (plasters). Hypo-allergenic plasters should be used for children, and blue coloured plasters for food handlers.
- 2 x sterile eye pads
- 4 x triangular bandages, individually wrapped and sterile
- 6 x medium wound dressings (approximately 12cm x 12cm), individually wrapped and sterile. These have bandages attached.
- 2 x large wound dressings (approximately 18cm x 18cm), individually wrapped and sterile. These have bandages attached.
- 5 x low adherent dressings (approximately 5cm x 5cm). These have a perforated plastic surface which reduces the likelihood of it sticking to the clotting blood.
- 1 x roll of hypo-allergenic tape. Can be used to hold a dressing in place or fasten a bandage.
- 3 x pairs of disposable gloves
- 1 x pair of scissors with rounded ends
- 10 x pack of 5 sterile gauze swabs for cleaning a wound
- 1 x finger bandage and applicator
- 10 x alcohol free antiseptic wipes
- 6 x safety pins

Items are discarded safely after the expiry date has passed.

The school's first aiders (September 2017) are as follows:

Iain Patterson	Prep 3
Robert Coyle	Prep 2
Selina Leeks	Prep 1
Alice Merrywest	Prep classes
Stacey Riches	Transition
Linda Reynolds	Transition
Natalie Withey	Transition
Helen Batstone	Nursery
Wendy Masters	Nursery
Sandra Withey	Nippers
Joanne Barnes	Nippers
Zoë Cramer	Nippers
Chelsea Spruce	Nippers
Louisa Hughes	Nippers
Pat Barber	Nursery/Transition

The school has a separate Medical Area at the rear of Nippers which can be used for the care of pupils during school hours. This is readily available for use when needed, is close to a WC and basin and contains a fully stocked first aid box and Emergency Asthma Pack. This area has a medical bed, pillows, blanket, soft toys and age appropriate books.

The school also has a defibrillator, located in the Medical Room. All staff have undergone basic training and the defibrillator comes with verbal instructions and will only operate in situations where it is required.

### *Recording Accidents*

All accidents are recorded, and accident reports are filed confidentially in the school office. Each accident report contains details of the time and place of the incident, details of who was involved, and what first aid was administered. The form should also include what happened to the child/person immediately afterwards (for example went home, went back to class, went to hospital). The member of staff who witnessed the incident should record it, even if they do not administer the first aid.

Parents/carers are informed upon collection of children and are requested to sign the accident report. However, in the event of an accident involving a child, where appropriate, it is our policy to always notify parents immediately of their child's accident if it:

- Is considered to be a serious injury
- Involves an injury to the head
- Requires attendance at hospital

In the event that parents/carers cannot be contacted and a message has been left, the school will continue to attempt to make contact with the parents every hour. In the interim, we will ensure that the qualified first aider, appointed persons or the child's Key Person remains with the child until the parents/carer can be contacted.

In the event that the child requires hospital treatment and the parents cannot be contacted prior to attendance, the qualified first aider/appointed person/Key Person and one additional adult will accompany the child to hospital and will remain with them until the parents can be contacted and arrive at hospital.

The school will notify Ofsted of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence.

In relation to pupils and non-employees, accidents which need to be reported under RIDDOR are:

- deaths
- major injuries which require immediate emergency treatment in hospital
- over-three-day injuries
- accidents related to work being carried out in the school by an employee or contractor which results in death or major injury such as fracture, dislocation of a joint or amputation
- an accident causing injury to pupils, 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

The school must also notify the School Advisory Board.

In respect of employees' or contractors' accidents, Accident forms are reviewed and used as a basis for Risk Assessment.

### *Procedures for administering first aid*

All staff take precautions to avoid infection and follow basic hygiene procedures. All staff have access to single-use disposable gloves and hand washing facilities and take care when dealing with blood or other body fluids. When cleaning cuts and grazes, any blood stained wipes are disposed of in a separate bin and are collected as clinical waste every month. For the administration of medicines, see separate policy.

### *Ambulance Service*

The first aider or appointed person will call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of a significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where it is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

If an ambulance is called, the caller must speak to the emergency services operator and give the following information:

- State what has happened
- The child's name
- The age of the child
- Whether the casualty is breathing and/or unconscious
- The location of the school

### *Pupils with Special Medical Needs – Individual Health Care Plans*

Some pupils have medical conditions that, if not managed properly, could limit their access to all aspects of education. These children may be:

Epileptic

Asthmatic

Have severe allergies which may result in anaphylactic shock

Diabetic

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk. All these children have specific Individual Health Care Plans for Children with special health needs and these are kept in the relevant classroom and a copy is kept with the child's Medical Records, one filed with the SENCo and one filed in the school office.

An Individual Health Care Plan is drawn up by the School in consultation with the child and their parents/carers. Any relevant information must be provided by the child's GP. This helps our school to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. Parents/carers have prime responsibility for their child's health and should provide schools with information about their child's medical conditions prior to starting school. If necessary, additional background information and practical training for school staff in understanding and using the Individual Health Care Plans may be necessary. Individual Health Care Plans are updated when a child moves to a new class, or in the event of their medical conditions changing, whichever is sooner.

If children have Individual Health Care Plans due to severe allergy reactions and the need to use an epipen, the parents must provide one to be left at school.

Epi-Pen Training forms part of First Aid Training, but refresher training was given to the following staff in January 2016:

Anita Barclay  
Linda Reynolds  
Stacey Riches  
Sandra Withey  
Kelly Muttock  
Iain Patterson  
Natalie Withey  
Pat Barber

Louisa Hughes

Joanne Barnes

### *Epilepsy, Diabetes and Asthma*

If a child has Epilepsy, Diabetes or Asthma, they should feel they will receive the ongoing support or care they need to manage these conditions and keep them well. Parents/carers should feel confident that if their child has a seizure, asthma attack or a complication related to diabetes at school, they will be given the appropriate first aid or emergency medicine. Children with these conditions should have full access to education and enjoy the same opportunities as any other child including games and school trips unless a healthcare professional advises that they are dangerous.

If a child has not yet had a formal diagnosis of epilepsy, asthma or diabetes, the school can still make arrangements to support them by using information from medical professionals as well as parents/carers.

## *Epilepsy*

With a formal diagnosis of epilepsy parents/carers should provide information about the child's epilepsy by a specialist or specialist nurse. Other information recorded on the child's Individual Healthcare Plan include:

Their type of epilepsy

Their type of seizures

What happens before, during and after a seizure

How long their seizures last

Appropriate first aid

What the school should do after a child has had a seizure

How long a child needs to rest following a seizure

When the school should call for an ambulance

What the school should do in an emergency

Triggers for a child's seizures (if any)

Any warnings a child has that they may be about to have a seizure (for example a headache or an aura)

Any medicine they take, and when they need to take it

Any medicine side-effects that the school needs to be aware of

Any particular activities that may put a child at risk and what can be done to reduce the risk

Any adjustments that need to be made to the classroom environment, to support their learning

Any other medical conditions that a child has

Who the healthcare professionals involved in a child's care are

Any behaviour or emotional issues that the school needs to be aware of

If a child takes daily epilepsy medicine, this will usually be able to be given to them outside school hours. The school should only give them medicine during school hours if it would be harmful to their health or school attendance if they didn't. If a child does have to be given epilepsy medicine during school hours, this would be administered in line with the School's Administration of Medicine policy. Children may be prescribed emergency medicines to stop seizures that last a long time or clusters of seizures and staff must be trained by a professional, such as an epilepsy specialist nurse. The people who can administer it will be named in the Individual Health Care Plan. The school will keep a record every time a child is given emergency medicine. This will include what was given, how much, when and who by. All emergency medicines are stored in a safe and secure place but will be readily accessible in an emergency. Medication (if needed) must be in date, clearly labelled and in the correct container.

If a child has a seizure at school, any member of staff should know what to do to help. This might involve giving first aid or calling for a named person who knows what help the child needs. Individual Health Care Plans will have detailed information about a child's seizures and what first aid they need. Individual Health Care Plans should be easily accessible to all members of staff who might be with a child when they have a seizure. After a seizure, a child will be accompanied by their Key Person or class teacher and parents will be contacted immediately.

Staff should be able to recognise what is happening and respond quickly. They will need to:

Arrange for an ambulance to be called

Arrange for a named and trained member of staff to give the child emergency medicine

Arrange for appropriate first aid, if they have been severely injured

If a child needs to go to hospital, staff should stay with them until a parent/carer arrives at school, or accompany them in an ambulance.

If a child is admitted to the school with epilepsy, staff will all receive general epilepsy awareness training. Before any school trip is being planned, the school will carry out a risk assessment which will be carried out for any child with an Individual Health Care Plan. This will allow the school to look at what extra help a child might need and decide on what steps to take, to ensure children can take part fully and safely. This may involve being flexible and making reasonable adjustments. Parents may suggest reasonable adjustments they could make. The people doing the risk assessment should also get advice from a relevant medical professional, such as an epilepsy specialist or epilepsy specialist nurse.

### *Asthma*

The school recognizes that asthma is a widespread, serious but controllable condition affecting some children at school. Immediate access to reliever medicines is essential. Children with a diagnosis of asthma must bring an inhaler to school and this should be labelled with the child's name and kept in the child's classroom.

The school has an Emergency Asthma Pack held in the Medical Room. This contains 5 x Emergency Salbutamol Inhalers, 5 x Spacer Units and 1 x Emergency Inhaler Log. The inhalers are only used in accordance with the manufacturer's instructions and only in emergency situations where a child does not have their own inhaler or where a child's own inhaler is not working. Emergency Salbutamol inhalers will only be used with a single-use spacer unit with a one-way valve to prevent cross-infection after use.

Parental consent must be obtained before inhalers are used and that the child must have been diagnosed with asthma and prescribed an inhaler, or have been prescribed an inhaler as reliever medication. Parents will be informed of all emergency situations where an emergency Salbutamol inhaler has been used and a letter will be sent home with the child to inform them. A record will be kept when inhalers have been used.

Staff recognise that children's asthma can be made worse by different triggers and that most children have more than one trigger. These can include:

Pollen

Stress

Perfume

Change in the weather

Some animals

Colds

Pollution

Mould and damp

Cigarette smoke

Parents should include details of possible triggers on their child's Individual Health Care Plan and what the symptoms might be. These could include:

Coughing and wheezing a lot

Finding it hard to talk

Difficulty in breathing

Chest feels tight

Need to use an inhaler more

If children are suspected of having an asthma attack, staff should help the child to:

Take the prescribed amount (or puffs) of the blue inhaler

Sit down

Take additional puffs (as prescribed) as necessary of the blue inhaler up to 10 puffs

If a child has to take 10 puffs, the Appointed Person on site will call for an ambulance as hospitalisation may be required.

## *Diabetes*

After consultation with parents and the completion of an Individual Health Care Plan, all members of staff should be aware of a child's condition and relevant symptoms. Should a diabetic pupil be taken off site for any length of time, the staff member in charge is responsible for ensuring the required medicines are taken.

Children with diabetes should always have a supply of dextrose tablets or equivalent which the Key Person or class teacher should carry. A supply of Hypostop should also be provided by parents and can be kept on site. If applicable a supply of emergency insulin should also be kept on site. All relevant items should be taken on Educational Visits.

## *Staff taking medication/other substances*

Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication which may affect their ability to care for children, those staff should seek medical advice. The school will ensure that those staff only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises is stored securely in the staff room (unless it is for emergencies eg Inhaler, Epi-pen) and out of reach of children, at all times. Staff must record on medication forms when they take any medication during their working hours. This record is kept confidentially on individual staff files.

Agreed and approved by the School Advisory Board

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