



First Aid Policy

Reviewer: Karen Papirnik (Principal)
Review date: 16th February 2017
Operational from: February 2017 – February 2018
Next review date: February 2018

Principal's Signature: 

'School' refers to Jack & Jill School, including the Pre-prep and Clarence House Preparatory School (CHPS); 'parents' refers to parents, guardians and carers.
This policy is available on the School MIS (School Kompanion); hard copies will be provided on request)

FIRST AID POLICY

Introduction

The Proprietor of the school acknowledges her duty to provide adequate and appropriate arrangements for first aid arrangements under The Health & Safety (First Aid) Regulations (1981).

Specifically the Proprietor understands the duty to provide appropriate equipment facilities and qualified first aid personnel.

The arrangements detailed in this policy describe the way in which this duty is fulfilled.

First Aid Responsibilities

The Facilities Manager is responsible for putting this policy into practice and for developing detailed procedures. He is also responsible for ensuring parents are advised of the school's Health & Safety Policy, including arrangements for First Aid.

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake such tasks.

All members of staff working with pupils are expected to use their best endeavours at all times, particularly in emergencies, to ensure their welfare and safety 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.

Members of staff who volunteer to be First Aiders or Appointed Persons must complete a training course approved by the Health & Safety Executive (HSE) and OFSTED. This will be arranged by the HR Manager at a mutually convenient time and place, and payment for the course made by the School.

The main duties of a suitably qualified first aider are to give immediate help to casualties with common injuries or illnesses and when necessary, ensure that an ambulance or other professional medical help is called.

An appointed person is not a first aider but has attended a basic course in first aid provided by an approved training organisation. An appointed person can also take charge, if necessary, when someone is injured or becomes ill and look after the first aid equipment.

Sufficient staff to cover numbers of pupils and all sessions receive training in Paediatric First Aid and take responsibility for action to be taken in a situation where First Aid support is required.

Provision of Information

It is the responsibility of the Facilities Manager to ensure all staff are informed of the first aid arrangements. This includes the location of equipment, facilities, first aid personnel and procedures for monitoring and reviewing the school's first aid needs.

Staff are informed of first aid provision in the employee handbook and through policies covering arrangements for health and safety displayed on KSM.

New employees are made aware of first aid procedures and provision as part of the School's induction programme.

Details of staff who have completed first aid training are displayed in each classroom on the emergency information board.

Insurance Arrangements

The school insurance fully indemnifies its staff against claims for alleged negligence, providing they have acted within the scope of their employment, have been provided with adequate training and have followed the School's guidelines. For the purposes of indemnity first aid falls within this definition and hence the staff can be reassured about the protection the School provides.

Qualifications & Training

The school provides training for staff who volunteer to undertake additional first aid duties. Generally this takes the form of Surrey First Aid Paediatric training or that from a similar approved trainer, sometimes individually at an off site venue but occasionally in a group on the school premises.

Additional first aid training is arranged when a pupil has a specific medical need requiring a medical management procedure.

First Aid Arrangements

First aid boxes, fully stocked with the recommended contents are located on both sites; in the entrance hall at Hampton, Blue Room toilet area, Yellow Room toilet area, the top of the stairs by Reception classrooms and the main Hall at Twickenham. The Facilities manager is responsible for examining their contents and replenishing as necessary.

There is no mandatory list of items for a first-aid container. However, the HSE recommend that, where there is no special risk identified, a minimum provision of first-aid items would be:

- ▼ a leaflet giving general advice on first aid
- ▼ 20 individually wrapped sterile adhesive dressings (assorted sizes);
- ▼ two sterile eye pads;
- ▼ four individually wrapped triangular bandages (preferably sterile);
- ▼ six safety pins;
- ▼ six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
- ▼ two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
- ▼ one pair of disposable gloves.

Children requiring first aid treatment should be cared for in the Medical Room.

Arrangements for dealing with accidents are detailed in the Arrangements for Health & Safety. Any such incident should be recorded as detailed hereafter.

Suitably trained first aiders are available at all times during the school day and always accompany children on off- site activities.

Hygiene/Infection Control

Measures to be taken to avoid infection are detailed in the arrangements for health and safety but in all cases staff should use the single use disposable gloves provided.

Disposal of dressings or equipment should be undertaken as detailed in the Arrangements for Health & Safety. Blood or other body fluids should be cleaned up with the appropriate powder provided.

Allergies/Long term illnesses

A record is kept on KSM of any child's allergy to any form of medication (if notified by the parent) any long-term illness, for example, asthma, and details on any child whose health might give us cause for concern. Emergency medication for children with nut allergies and diabetes are kept in the unlocked medical cabinets.

Accidents

Procedure to follow for accidents which commonly occur in school

- Fill in an accident report form in the accident book kept at the First Aid areas. If the parent/guardian has to be sent for to take the child to the family doctor or to hospital for further treatment this should be recorded on the form.
- All serious accidents must be reported to a First Aider who will complete an incident report form (near misses, potential hazards and any damage must be reported immediately).
- All incidents recorded in this way will be investigated by the Facilities Manager, who will be responsible for ensuring that corrective action is taken where appropriate to prevent a recurrence. All incident forms to be signed off by the Principal
- The Facilities Manager will notify the appropriate authorities when necessary under RIDDOR reporting requirements for major injuries as below:
 - Fracture of the skull, spine or pelvis
 - Fracture of any bone in the arm other than a bone in the wrist or hand.
 - Fracture of any bone in the leg other than a bone in the ankle or foot.
 - Amputation of a hand or foot.
 - The loss of sight of an eye.
 - Any other injury which results in the person injured being admitted to hospital as an inpatient for more than 24 hours, unless that person is detained only for observation.
- It might be that the extent of the injury may not be apparent at the time of the accident or immediately afterwards, or the injured person may not be immediately admitted to hospital. Once the injuries are confirmed, or the person has spent more than 24 hours in hospital, then the accident must be reported as a major injury.

Sick or Injured Persons

The legal responsibility of all staff is considered to be "in loco parentis" which means, that we are expected to act as all prudent parents would do. Thus, we would more easily be found negligent if we did nothing than if we attempted to act in the child's best interests.

Children should only be in school if they can take part in all school activities, with the exception of recovery from broken limbs or similar injuries. Children who are on antibiotics or have had sickness or diarrhoea must spend the first 48 hours away from school. Further information regarding administration of medicines etc can be found in the Administration of medication policy.

Parents of children who are taken ill during school hours should be informed through the school office. Spillage compound is kept for use in the case of vomit together with a dustpan and brush, gloves and bags for disposal. Please inform the Facilities Manager if this has been used so that cleaners can be informed.

It is a requirement that adequate numbers of staff working with the children are trained in paediatric First Aid. However, NEVER perform First Aid Procedures that you have not been adequately trained to do. General procedures are as follows;

For a minor illness or slight injury:

Arrange for the child to be seen by a First Aider who will advise of the next course of action. However

If a child appears to be badly injured or seriously ill (e.g. serious loss of blood, severe pain in abdomen, bone or joint, unconsciousness):

DO NOT MOVE THE CHILD. SEND FOR HELP AT ONCE.

Calling an Ambulance

The First Aider may make a decision to call an ambulance. **It is always best to err on the side of caution**, bearing in mind that additional injuries may be caused if unqualified persons move a casualty. An ambulance should be called if there is **significant bleeding, shock, serious fractures which are disabling, cardiac arrest or breathing difficulties.**

- Dial 999
- State which service(s) is required: Ambulance (Call for Police /Fire/ as necessary)
- Give the age and sex of the casualty and state whether breathing/not breathing, conscious or unconscious and a brief description of the injury. Any additional factors known e.g. asthmatic, anaphylactic, diabetic etc.
- Give the address of the school

Stop bleeding by applying pressure to the area and keep the child warm and quiet to minimise the shock. Find out all you can about what happened and whether the child is in pain. Always be encouraging: never discuss how bad it might be!

ONE person (not the First Aider) must take charge of all arrangements iel:

- Send for an ambulance.
- Contact the child's parents.
- Make arrangements for the care of the child's property.
- Contact the Facilities manager.

If the child is taken to hospital he or she must be accompanied by an adult, who must be prepared to remain there with the child until the parent/s arrive.

If a child is ill or injured at an offsite activity.

When a child is ill or injured during an off-site activity, this changes the day's arrangements. There will always be enough adults to care for the other children on the trip, whilst the sick or injured member of the group can be properly looked after by the first aider with a first aid kit.

If a child is ill and needs to go home

The child should be taken to the Medical area and a member of the office staff asked to contact a parent or responsible adult to collect the child. If children are not well enough to join in all school activities they should not be in school.

Minor accidents to pupils

All accidents are recorded in the accident book. Incidents that require medical attention outside school or a child being sent home are recorded on an Incident Report Form. Parents are advised of the incident by telephone

Reportable diseases need to be noted including:

- Date and diagnosis of the disease
- Who is affected
- The name of the disease

Please refer to the attached list from Public Health displayed in the school offices.

Head Injuries

Parents of any child, who has sustained a head injury at school, needs to be informed by telephone to ensure the accident slip does not get mislaid or overlooked when the child returns home at the end of the day.

Wounds and Bleeding

The aims of First Aid for bleeding and wounds are to:

- Stop bleeding as quickly as possible, as severe loss of blood could be serious
- Prevent infection, by keeping germs out.

Treatment:

- Place the casualty in a lying position, preferably with legs raised.
- Elevate injured part, unless a fracture is suspected, and loosen tight clothing.
- Expose wound, removing as little clothing as possible.
- Control bleeding by pressing sides of wound firmly together or applying direct pressure to part that is bleeding, over a clean dressing preferably, a clean towel, handkerchief or any other clean linen.
- Apply sterile dressing into the depth of the wound until it projects above the wound, cover with padding and bandage firmly.
- If foreign bodies are present in the wound, or bone is projected, cover the wound with a sterile dressing and apply enough pads round the wound to enable bandage to be applied in a diagonal manner, avoiding pressure on projecting foreign body or bone.
- If bleeding continues through dressing, put another dressing over the previous dressing and bandage it firmly. Never remove dressings that are already in place – this disturbs the blood clot and can easily make bleeding worse.
- At all times reassure the patient and keep him/her relaxed and lying as still as possible; any unnecessary movement will tend to make bleeding more severe.
- Keep casualty warm with blankets.
- Except in cases of only slight injuries with small loss of blood, call an ambulance immediately.

Warning

Stab wounds and puncture wounds can cause injury and infection deep inside the body, even though the skin wound is only small. Therefore such wounds should be regarded as serious and the casualty sent to hospital.

Burns and Scalds

- Cool immediately. If limb or extremity is affected, immerse in cold water or place under a gently running tap, until pain is reduced.
- Remove burnt clothing only if absolutely necessary and after cooling has begun. Stuck clothing should be left alone.
- Do not break blisters; keep immersed in cold water if still painful.
- Remove anything of a constricted nature – e.g. rings, bangles, belts, boots – before swelling starts.
- Cover the burn with a large sterile dressing. If no dressing is available, use the cleanest non-fluffy covering available. Dressing should cover an area bigger than the burn. If necessary use several dressings.
- If burn is larger than the palm of the hand, call an ambulance immediately.

Warning

DO NOT apply lotion, antiseptics or anything greasy to burns.
DO NOT use hairy or fluffy materials to cover a burn.

In the case of electrical burns, do not touch the casualty until you are certain that the electricity is switched off.

Asthma

Almost three million people in the UK have asthma and at least one in 10 children are diagnosed as having asthma. Each year 2000 people die from asthma in the UK. It is thought that the majority of these deaths are preventable. Due to this fact it is essential that we as first aiders understand the causes that lead to an attack and how to deal with an attack when it happens.

Most children are able to lead a normal life by managing their asthma and being aware of situations which could lead to an asthma attack. However, the supervising staff need to be fully informed and able to cope with this potentially fatal disease.

It is important that each teacher can respond positively to these questions:

- a) Do you know which, if any, children have asthma in the classes which you teach?
- b) Are you aware of the situations that can lead to an asthma attack?
- c) Would you know what to do if this happened in one of your lessons?

Causes of Asthma

Asthma causes narrowing of the airways, the bronchi, in the lungs, making it difficult to breath. An asthma attack is the sudden narrowing of the bronchi. Symptoms include attacks of breathlessness and coughing and tightness in the chest, which can exacerbate the difficulty in breathing. People with asthma have airways which are almost continuously inflamed (red and sore) and are therefore very sensitive to a variety of common stimuli. It is not an infectious, nervous or psychological condition, although stress may sometimes lead to symptoms.

A child's inflamed airways are quick to react to certain triggers (irritants) that do not affect other children without asthma. The things that trigger asthma vary from child to child. The known triggers include:

- Viral infections (common cold)
- Allergies, e.g. grass pollen, animals (hamsters, rabbits, cats, birds, etc.)
- Exercise
- Cold weather or strong winds
- Excitement or prolonged laughing
- Sudden changes in temperature
- Numerous fumes such as glue, paint and tobacco smoke.

Effects on Child

- Breathlessness during exercise
- Coughing during which wheezing or whistling is heard coming from the child
- General difficulty in breathing
- Tightening of the chest
- Anxiety of the child.

When an asthmatic child joins the Class

- Ask parents about child's asthma and current treatment
- All children should have easy access to medication
- If necessary, discreetly remind child to take medication.

Sport and the Asthmatic Child

Exercise is a common trigger for an asthma attack but this should not be the reason for children not to participate in PE or Games. As far as possible, children should be encouraged to participate fully in all sporting events. Swimming is to be encouraged. Prolonged spells of exercise are more likely than short spells to induce asthma attacks. Supervising staff of PE should be particularly aware of children with asthma when working outside on cold, dry days or when there are strong winds.

Asthmatic children are commonly allergic to grass pollen so this should be considered, especially during the summer months. Supervising staff should beware of competitive situations when children with asthma may over exert themselves. Exercise triggered asthma will be helped if the supervising staff ensure that the child uses his/her inhaler before exercise begins and keeps it with them during the lesson. No child should be forced to continue games if they say they are too wheezy to continue.

Irritants

Supervising staff should be particularly aware of asthma sufferers during activities producing dust and fumes, e.g. paint, glue and varnish.

Medication

There are two types of treatments:

Preventers - these medicines are taken daily to make the airways less sensitive to the triggers. Generally preventers come in brown and sometimes white containers.

Relievers - these medicines are bronchodilators which quickly open up the narrowed airways and help the child's breathing. Generally relievers come in blue containers.

	Trade Name	General Name	A	B
Preventers	Intal	sodium cromoglycate	*	
	Becotide	beclomethasone	*	
	Pulmicort	budesonide	*	
Relievers Bronchodilators	Atraovent	ipratropium bromide	*	
	Bricanyl	terbutaline	*	*
	Ventolin	salbutamol	*	*
Longer Acting Relievers	Nuelin	theophylline		*
	Phyllocontin	aminophylline		*
	Serevent	salmeterol	*	

Key:

A - Aerosol, puffer or dry-powder inhaler

B - Tablet and/or syrup

How you can Help during an Attack

Children with asthma learn from their past experience of attacks; they usually know just what to do and should carry the correct emergency treatment. Because asthma varies from child to child, it is impossible to give rules that suit everyone.

However, the following guidelines may be helpful:

1. Ensure that the reliever medicine (such as Attrovent, Bricanyl or Ventolyn) is taken promptly and properly. This will be in aerosol, puffer or dry powder inhaler form. A reliever inhaler (usually blue) should quickly open up narrowed air passages: try to make sure it is inhaled correctly. Preventer medicine (such as Intel, Becotide or Pulmicort) is of no use during an attack; it should be used only if the child is due to take it.

2. Stay calm and reassure the child.
Attacks can be frightening, so stay calm and do things quietly and efficiently. Listen carefully to what the child is saying and what he or she wants: the child has probably been through it before. Try tactfully to take the child's mind off the attack. It is very comforting to have a hand to hold but don't put your arm around the child's shoulder as this is very restrictive.
3. Help the child to breathe.
In an attack people tend to take quick and shallow breaths, so encourage the child to breathe slowly and deeply. Most people with asthma find it easier to sit fairly upright or leaning forwards slightly. They may want to rest their hands on their knees to support the chest. Leaning forwards on a cushion can be restful, but make sure that the child's stomach is not squashed up into the chest. Lying flat on the back is not recommended.

In addition to these three steps loosen tight clothing around the neck and offer the child a drink of warm water because the mouth becomes very dry with rapid breathing.

After the attack

Minor attacks should not interrupt a child's concentration and involvement in school activities. As soon as the attack is over, encourage the child to continue with normal school activities.

How teachers can help

- Ensure all asthmatic children take any necessary treatment before sport or activities.
- Ensure relievers are readily available for use by asthmatic children when required.
- Check with parent that correct arrangements and instructions are supplied for school outings.
- Be aware that materials brought into the classroom may trigger a child's asthma, and additional treatment may be necessary.
- Act as an educator to children with asthma and their peers.
- Know what to do in an emergency.

Do's and Don'ts in Acute Asthma

- *Don't panic.*
- *Don't lie the child down - keep her/him upright.*
- *Don't open a window - cold air might make the condition worse.*
- *Don't crowd the child - give space - not cuddles.*
- *Do give reliever medication - bronchodilators.*
- *Don't give inhaled steroids (e.g. Becotide, Pulmicort).*
- *Do reassure the child.*
- *Do reassure the other children and keep them away.*

What to do in an emergency

1. Keep calm.
2. Allow child space to breathe (no sudden change in temperature).
3. Use reliever inhaler.
4. If no improvement after 5 minutes repeat inhaler giving a high dose. Dial 999 or take to hospital (two adults required).
5. Ask someone to warn the hospital you are on the way.
6. Demand immediate attention on arrival at hospital.

SEEK MEDICAL HELP URGENTLY IF:

1. The reliever (medication) has no effect after five to ten minutes.
2. The child is either distressed or unable to talk.
3. The child is getting exhausted.
4. You have any doubts at all about the child's condition.

Call the parents and an Ambulance

Minor attacks should not interrupt a child's concentration or involvement in School. When the attack is over encourage them to continue with their lessons/activities. This information has been taken from the National Asthma Campaign booklet "Asthma at School".

Further information-

Asthma UK 18 Mansell Street, London E1 8AA

Tel: 0300 222 5800

info@asthma.org.uk

Reporting & Record Keeping

Accidents resulting in death or major injury and those preventing members of staff from working for more than seven days must be reported to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. This is the responsibility of the Facilities Manager and must be completed immediately.

Records of reportable injuries, disease or dangerous occurrences are recorded using an "Incident Enquiry Report Form" available from KSM. This includes the date and time of event, details of personnel involved and a brief description of the nature of the event or disease.

Records of all first aid administered by the school's staff to either staff or pupils, are kept in the accident books located at the medical points listed above on both school sites. Parents are advised of all injuries by means of the duplicate accident form.

The school holds nominated emergency contact numbers for all children in the event of the parents needing to be notified or contacted during school hours. Should they be unavailable the School also holds nominated authorised additional contacts for each child unavailable.

The school also holds medical information for each child authorising emergency medical treatment should the parent be unavailable to do so personally. These are taken to hospital by the member of staff accompanying the child should such action be necessary.

Monitoring & Review

Half termly audits of all accidents are undertaken by the Facilities Manager to help in the identification of trends and possible areas for improvement in the control of health and safety risks.

The review of first aid arrangements and this policy is the responsibility of the Facilities Manager and should be carried out annually.