



HEREWARD HOUSE SCHOOL

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### First Aid Policy

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# ***Hereward House School: First Aid Policy***

## **Our School's Aims**

At Hereward House we aim to provide a warm, welcoming and safe atmosphere in which every child can thrive and feel comfortable. Whilst embracing the highest academic aspirations for our boys, we believe that a school should not be an exam factory. We strive to create a stimulating, purposeful and happy community, where every child feels valued and secure. We aim to be a school where boys will be encouraged and assisted to develop academically, morally, emotionally, culturally and physically. It is our belief each one should enjoy his school days and reflect upon them with pride, pleasure and affection. We are preparing boys not just for senior school, but for life.

## **Introduction**

Hereward House School is committed to keeping its pupils in a safe and secure environment where they can thrive and feel confident. The aim of this policy is to outline First Aid care provided by the school to pupils and staff who injures themselves or become ill whilst attending school, including on outings and residential trips.

First aid can save lives and prevent minor injuries becoming major ones, and under health and safety legislation employers have to ensure that there is adequate and appropriate equipment for providing first aid in the workplace. The school is committed to administering first aid in a timely and competent manner.

This policy has regard to DfE Guidance on First Aid. **This policy covers the whole school, including EYFS.**

## **First Aiders and Training**

**Nick Arnold, Jessica Barnes and Lee Strzelecki** are the school's Appointed First Aiders.

The main task of the Appointed First Aiders is to take charge of the situation in the event of serious injury or illness, to ensure that an ambulance is summoned and that a responsible person is sent to direct the ambulance crew to the casualty. Such a person should also direct pupils away from the area, find out from the crew where the casualty is being taken and subsequently ensure that parents are notified and that appropriate accident reporting procedures are put in place.

The Appointed First Aider and the Deputies take the appropriate First Aid at Work Course and receive updated training every 3 years. One qualified first aider should be on site when children are present.

Danielle Finch (Transition Teacher,) Kaleigh Proctor (Transition Instructor,) and Jane How (Form 1 Instructor) are qualified in paediatric first aid. Both hold current certificates. At least one will

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always be on site when our EYFS class is present. The training is updated on a 3 year rolling basis.

First aid INSETS are run on a rolling 3 year basis. Staff are trained to a level 2 qualification of 'Emergency First Aid at work.' Pupils on any of the school sites will always be accompanied by a qualified first-aider.

### **Practical Arrangement at Point of Need**

If the member of staff present at an incident judges it to be an emergency and that an ambulance should be called, they should do so immediately. In other severe cases the school's appointed first aider will see to the casualty and decide what action to take.

**An ambulance should always be called in the following circumstances:**

- In the event of serious injury or illness
- In the event of a significant head injury
- Whenever there is the possibility of serious fracture or dislocation
- In the event of a period of unconsciousness
- In the event that the First Aider attending feels that they cannot deal adequately with the condition or they are unsure of correct treatment.

**If the injury requires hospital treatment**, the parents are notified and they either meet the member of staff and the pupil at the hospital or take the pupil themselves (if less serious). If parents of the boy are unavailable to go in the ambulance then a member of staff must go instead.

In the event of a **minor** accident or an injury where an icepack is used, either a secretary or the member of staff with the pupil administers first aid and enters the details in the accident book.

It may be that the injured or ill person needs to spend time in the Sick Room. **The Sick Room is in the Library.** It is located on the first floor near to the toilets, and equipped with a sink.

In the event of an accident/injury off-site the member of staff with the pupil administers first aid. It may be that the centre being visited has a more experienced or specialist first aider, in this case they should administer first aid.

### **Access to First Aid kits**

The main First Aid box is kept in the School Office.

First aid boxes are also kept in the Staff Toilets, the Second Office, the Staff room, the Kitchen, Transition (**EYFS setting**), the Lab and the Art room.

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Every kit bag for games contains a first aid box.

All teachers are issued with a first aid bag at the beginning of the academic year.

Spare first aid boxes/kits for outings are kept under the sink in the staff room.

If contents of these boxes become low the member of staff in charge of first aid (Lee Strzelecki) is to be informed so they can be restocked. Boxes are stocked with the recommended supplies according to St John's Ambulance Services.

Lee Strzelecki checks the levels of first aid supplies and keeps all first aid boxes stocked. It is the responsibility of staff to report to Lee Strzelecki if any single-use first aid equipment is used.

### **Recording, Reporting and responsibilities under RIDDOR**

A record of all injuries to pupils, staff and visitors, that happen on the premises or as a result of a school activity are kept in the Accident Book in the main office. There are separate accident books in the junior setting.

Any injury recorded in the accident book should be duplicated and sent home to parents. Parents should also be notified by telephone on the same day or as soon as reasonably practicable about:-

- Any injuries requiring treatment
- Any injury to a pupil who is in our EYFS setting and inform them of any first aid treatment given

The health and safety officer is responsible for keeping a regular check on the Accident Book/Books and suggesting any enquiry or investigation to the Headmaster.

Accident records over a period of two or three years give an accurate indication of where the main problem areas of a school lie and allow decisions about expenditure on safety to be made on an informed basis.

Records will be needed in the event of subsequent claims for compensation and to assist in the management of the school.

Injuries to pupils occurring on school sponsored or controlled activities away from the school (e.g. field trips, holidays, sporting activities) must be reported if the accident arose out of, or in connection with, such activities. The teacher should take notes and then record in the main accident book as soon as practicably possible.

**Serious accidents or injuries should also be reported to the Headmaster.**

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As an employer, **Hereward House has legal duties under RIDDOR** (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995) to report any serious incidences (Diseases, accidents or near misses.) This is the responsibility of the Bursar in discussion with the Headmaster. All RIDDOR reportable accidents are kept separately in the Health and Safety file.

Examples of reportable major accidents, diseases and dangerous occurrences are listed at <http://www.hse.gov.uk/riddor/reportable-incidents.htm>.

### **Infection control**

If boys report sick to the office they're parents should be called and they should be picked up as soon as practically possible. In line with Health Protection Agency guidelines on infection control, pupils are under normal circumstances, required to remain off site for 48 hours after their last episode of diarrhoea or vomiting.

### **Hygiene procedures for dealing with spillage of body fluids**

The housekeeper deals with spillage of bodily fluids. Latex gloves must be worn whilst dealing with any spillages. There is a supply of appropriate products stored in the downstairs maintenance cupboards.

All soiled material must be placed in a clinical waste bin.

### **Arrangements for Existing Medical Conditions** *(Also see Medicines Policy)*

Parents of any pupil who requires long-term or emergency administration of medicine during the school day need to complete an Individual Care Plan. This is available from the school office.

Medical forms for every pupil are kept in the office. A list of medical conditions is compiled each year (or when deemed necessary). Every member of staff receives a copy of this list and there is a copy in the staff room.

Pupils who require short term administration of medicine during the School Day or on trips will need written permission from parents or carers, clearly stating timings and dosage.

Parents are responsible for their son's medication and to ensure it is within the expiry date. The office will inform parents when their son's medication is due to expire. Parents are responsible for providing a replacement before the expiry date.

### **Asthma**

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Boys who suffer from asthma are to have their inhalers in school at all times. They must carry inhalers when going on outings or on sports afternoons. Depending on age it may be advisable for the accompanying teacher to carry the inhaler.

Parents are encouraged to hand in spare inhalers to the office.

If a pupil is having an asthma attack, the person in charge should prompt the pupil to use his reliever inhaler if he is not already doing so. It is also good practice to reassure and comfort the pupil whilst, at the same time, encouraging him to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down.

**General Action:** assist with prompt administration of medication - give 4 puffs of blue reliever. If no improvement after 4 minutes give another 4 puffs

If still no improvement or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then an ambulance must be called. Dial 999 from land line and 112 from a mobile phone.

### **Diabetes**

The school has one known case; the pupil is currently in CE2. Below are the guidelines of how to spot and deal with a diabetes attack.

#### **General Signs and Symptoms**

- i) High blood sugar (normally slow onset of symptoms)
  - Excessive thirst
  - Frequent need to urinate
  - Acetone smell on breath
  - Drowsiness
  - Hot dry skin
- ii) Low blood sugar (normally quick onset of symptoms)
  - Feel dizzy, weak and hungry
  - Profuse sweating
  - Pale and have rapid pulse
  - Numb around lips and fingers
  - Aggressive behaviour

#### **Action**

- i) For person with low blood sugar give sugar, glucose or a sweet drink e.g. coke or squash.
- ii) For person with high blood sugar allow casualty to self-administer insulin if possible. Do NOT give it yourself but help if necessary.

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iii) If unsure if person is suffering high or low blood sugar, give them sugar. If they have high blood sugar it will not harm them further, but if they have low blood sugar it will be vital!

### **Epileptic Seizures:**

Epileptic seizures are caused by a disturbance of the brain.

Seizures can last from 1 to 3 minutes.

### **Signs and symptoms**

- A 'cry' as air is forced through the vocal chords
- Casualty falls to ground and lies rigid for some seconds
- Congested, blue face and neck
- Jerking, spasmodic muscle movement
- Froth from mouth
- Possible loss of bladder and bowel movement

### **Management:**

#### **i) During seizure**

- Do NOT try to restrain the person
- Do NOT push anything in the mouth
- Protect person from obvious injury
- Place something under head and shoulders

#### **ii) After seizure**

- Place in recovery position
- Manage all injuries
- DO NOT disturb if the casualty falls asleep but continue to check airway, **breathing and circulation.**
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**Phone an ambulance if the seizure continues for more than 5 minutes.**

**Anaphylaxis: Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment.**

**Hereward House School is a nut free environment. No food containing nuts should be brought on site.**

When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food – in particular nuts, fish and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity.

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### **Signs and Symptoms**

- Swelling and redness of the skin
- Itchy raised rash
- Swelling of the throat
- Wheezing and or coughing
- Rapid irregular pulse
- Nauseousness and vomiting
- Dizziness or unconsciousness

### **Management**

- Call 999 for an ambulance
- Observe and record pulse and breathing
- If casualty is carrying medicine for the allergy, assist casualty to use it
- Help casualty sit in position that most relieves breathing difficulty

**Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen.**

### **These may include:**

- A metallic taste or itching in the mouth
- Swelling of the face, throat, tongue and lips
- Difficulty in swallowing
- Flushed complexion
- Abdominal cramps and nausea
- A rise in heart rate
- Collapse or unconsciousness
- Wheezing or difficulty breathing

An ambulance should be called immediately.