



LEE Hurst SWAN FIRST AID POLICY

**Last Reviewed H&S Committee March 2018
Applies to the whole school including EYFS**

THIS POLICY IS PUBLISHED ON THE SCHOOL WEBSITE FOR PARENTS.

The aim of the school is to provide adequate and appropriate equipment, facilities and qualified First Aid personnel to ensure the safety of pupils, staff and visitors.

This policy should be read in conjunction with the staff handbook.

This policy is based on 'Guidance on First Aid for Schools' by the DfE.

The policy aims

- To ensure that the number of First Aid personnel is adequate to provide First Aid cover for all persons on premises.
- To ensure that First Aid personnel will be trained to the required standard i.e. have successfully completed an HSE approved course including paediatric first aid certificates for Pre prep (EYFS).
- To ensure First Aid personnel will be able to cope with stressful and demanding emergency procedures.
- To ensure all staff will be made aware of the location of equipment, facilities and First Aid personnel.
- To ensure all staff will be made aware of the procedure for contacting First Aid personnel.
- To ensure all staff will be made aware of the procedure for requesting an ambulance.
- To ensure First Aid notices are displayed in the staff workroom.
- To provide a list of all pupils with special medical conditions, including those with NHS Health Care Plans
- To provide First Aid information in the induction programme for all new pupils and staff.
- To ensure all staff will have read the school policies concerning diabetes, anaphylactic shock, epilepsy and asthma [enclosed as Appendices A, B, C and E]. Staff asked to sign to verify.
- To provide full insurance cover for claims arising from actions of staff acting within the scope of their employment.
- To provide First Aid boxes sited in appropriate positions and clearly marked.
- To ensure First Aid boxes will be checked termly and restocked as necessary.
- To ensure there is a fully stocked first aid box in every school minibus.
- To ensure all accidents will be recorded in the appropriate accident book and that responsible adults of children aged under 8 in Pre-Prep, After School Care and Holiday Club should sign and acknowledge receipt of information.

- To ensure all accident book records will be kept for a minimum of 19 years.
- To ensure all accidents are reported through Ofsted and the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995) according to the requirement for employers to report to HSE: deaths; major injuries; over-seven day injuries; 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. All notifications will be made as soon as possible, and certainly within 14 days.
- To ensure a First Aid Risk Assessment is carried out annually.

Pre Prep (EYFS) First Aid Provision

For the provision of First Aid in the Pre Prep Department, it is a requirement that the trained person holds a valid Paediatric First Aid certificate. The following staff are suitably qualified:

Name	Valid until
Mrs P Slater	18/04/2016
Mrs A Lever	21/11/2017
Miss L Hopkins	13/10/2017
K Colgrove	04/09/2016
Miss Witt	05/12/2017
K Lever	1/07/2018
C Maxwell	12/09/2017
V Cowling	17/05/2016
C Wilson	30/01/2018
E Ho	23/09/2017
Miss Frimin	23/11/18

Provision is made so that there is at least one member of staff with Paediatric First aid qualification on any EYFS trip outside school at least one member of staff in the Paediatric First Aid in the EYFS setting at all times.

Monitoring and Review

The review of suitably qualified staff takes place on an annual basis.

This policy is subject to annual review according to a timetabled programme.

School Trips

Where the risk assessment indicates that a first aider should accompany the trip, then a first aider must be identified to accompany the trip.

For EYFS trips outside of school there must be at least one member of staff with a Paediatric First Aid qualification on the trip

In case of illness/injury medical help must be obtained. If possible, ensure that pupils requiring hospital treatment are accompanied by an adult they know.

Remember, after a serious accident some/all members of the party may suffer shock .

Extract from wording in trips Form C for Day Trips:

I agree to authorise any member of staff during the course of the trip to approve such medical treatment for my child as is deemed necessary in an emergency or upon the advice of a qualified medical practitioner.

Any medical condition from which my child is suffering to my knowledge and any special medical requirements (drugs or other medical treatment) are described below (please attach an additional sheet if necessary).

.....
.....

Extract from Trips Form C for Residential Trips:

2. Medical information about your child

a) Please give details of any medical conditions/food allergies your child has

.....
.....

Any conditions requiring medical treatment, including medication? YES/NO

If YES please give brief details below (you can supply this information on a separate sheet if necessary):

Please advise us if your child requires any travel sickness medication, antihistamine, paracetamol, or any other medication. You must provide all medication in a named bag and it must be handed directly to the teacher in charge. This will ensure your child is taking the correct medication provided by you, should they need it during the trip.

Please give full details of all medication supplied for your child that may need to be administered (name, dose, frequency) – including travel sickness relief medication, paracetamol, antihistamine

.....
I give permission for my child to receive Paracetamol for minor pain relief YES/NO

Any relevant (genuine) fears or phobias (ie. spiders, heights)

.....
.....

Please outline any special dietary requirements of your child. i.e. vegetarian, celiac etc

.....
.....

b) It is EXTREMELY IMPORTANT that you inform the Group Leader/Head Teacher of any further change in your child’s medical circumstances and particularly any contact he/she may have had with any infectious disease within 4 weeks of the departure date of the trip

c) Is your child allergic to any medication? YES/NO
If YES please specify:

.....
d) **When did your child last have a tetanus injection?**
.....

Appendix A

DIABETES

The aim of the school is to provide an environment within the school in which all staff understand a diabetic pupil's needs and that the pupil can participate, as far as possible, in all school activities.

A diabetic pupil **MUST** be allowed to eat at **ANY TIME**, even during lessons if they require extra sugar.

ACTION TO BE TAKEN:

1. When a diabetic's sugar level becomes low they are likely to become aggressive, withdrawn or tearful.

- Make sure that they are **NEVER** left alone.
- Ask for a First Aider to be contacted
- Make sure that they eat some of the high-energy food that they should be carrying with them.
- If they do not have any suitable food with them, send a friend to collect some from Reception.
- **DO NOT** send the diabetic pupil for the food as this will sap their energy levels even more and they may lapse into a coma.

2. If taking the extra sugar does not help their condition,

- The receptionist will then call an ambulance.
- Keep the pupil still and quiet and **NEVER** leave them alone.

Appendix B

ANAPHYLACTIC SHOCK

The aim of the school is to provide an environment within the school in which all staff understand the needs of a pupil with severe allergies so that the pupil can participate as far as, possible, in all school activities.

Any child who may suffer from anaphylactic shock **must carry their medication with them at all times.**

Spare epi pens are kept on a shelf in Reception.

All staff who teach the pupil should have been instructed in the use of the "EpiPen".

ACTION TO BE TAKEN IF SWELLING OR A RASH APPEARS

1. Contact a First Aider
2. The instructions for administration of the pupil's medicine will be in his/her medicine bag which is carried by the pupil at all times

3. Contact the parents and inform them of his/her condition. The contact numbers are kept at the reception desk and on SchoolBase. Depending on the parents reaction either
 - a) wait with the pupil until his/her parents collect him/her. **Never leave the pupil alone**
 - b) arrange for him/her to be taken to the casualty department of Salisbury General Hospital.
4. If the pupil is taken by ambulance a member of staff **MUST** accompany him/her
5. If he/she is taken by car, an adult **MUST** accompany the driver.
6. The medicine box must be taken to hospital.

ACTION TO BE TAKEN IN CASE OF A SEVERE ALLERGIC REACTION

If a severe reaction occurs e.g. the pupil collapses, loses consciousness or has difficulty breathing:

1. Use the “Epipen” following the instructions in the pupil’s medicine bag. At the same time call or send someone to fetch another adult.
2. Send this adult to reception and tell them to call an ambulance (dial 999) immediately. The message to be given to the ambulance service must be.

“I urgently require an ambulance at **LEE Hurst Swan School, Campbell Road, Salisbury SP1 3BQ**, for a **CHILD** with **ANAPHYLACTIC SHOCK**”.

If on the sports field the address and post code are: LEE Hurst Swan School, Netheravon Road Entrance, SP1 3BJ.

This ensures that a paramedic ambulance is sent.

1. Contact the parents; the relevant telephone numbers are kept at the reception desk and on School Base.
2. Ask for a First Aider to be called.
3. Ensure that the Headmaster or in his absence the Deputy Head is aware of what is happening.
4. **DO NOT** leave the child **UNATTENDED**. The effects of the adrenaline pen may wear off in 10-20 minutes; if so give the second Epipen injection.
5. The medicine box must be taken to hospital, with the pupil.

Appendix C

ASTHMA

AIM

To provide an environment within the school in which all staff understand the needs of a pupil with asthma so that the pupil can participate, as far as possible, in all school activities. It is important that staff know what to do in the event of an asthma attack.

When a child joins the school parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.

MEDICATION

All staff will let pupils take their own medicine whenever necessary.

It is the parent’s responsibility to keep the school informed of any changes in the child’s condition, or medication. It is the staffs’ responsibility to keep parents informed of any changes at school.

All inhalers must be clearly labelled with the child’s name and form. Parent to provide a spare inhaler, to be kept in the medical cabinet in the school medical room. The key is at Reception.

Any child who suffers from asthma should carry their medication with them at all times.

If the child is too young to carry the inhaler it must be kept in a designated, easily accessible place where all staff know where to find it.

During PE lessons on the field etc. a clearly labelled box will be provided in which inhalers can be kept safely and cleanly.

Parents should check the inhalers regularly to ensure that they are not out of date or empty.

IN CASE OF AN ATTACK

Let the child take the inhaler immediately.

Keep calm and reassure the child by talking quietly to them.

Ask a responsible pupil or another adult to call a first aider.

Sit them down on a chair leaning them slightly forward. Do not lie them down, ensure any tight clothing is loosened.

If there is no immediate relief after 5 minutes continue to take one puff of the inhaler every five minutes until the symptoms improve.

If the symptoms do not improve in 5 minutes or you are in doubt call 999, continue to take one puff of inhaler every minute until help arrives.

The parents must always be informed when their child has had an attack.

ALWAYS SEEK MEDICAL ADVICE IF:

- the child becomes pale and distressed or unable to talk.
- the child is becoming exhausted.
- the child's condition deteriorates.
- IF YOU HAVE ANY DOUBTS AT ALL ABOUT THEIR CONDITION.**

Appendix D

Head injuries (head bumps)

In the event that child sustains a bump to the head, especially in case of pupils under the age of 11, the first aid recording procedure below is to be followed.

Head Injury Accident Books that contain forms that are to be used for head injuries only are kept in the Medical Room, KS1, Science Lab and Pre-Prep. These must be filled out by the person witnessing the accident and by a qualified first-aider.

ONLY the first-aider completes the second part of the form that is sent home via the pupil and informs the parents about the injury. A head injury letter, kept at the front of the 'Head Injuries' folder, must be given to the pupil to take home.

To ensure that parents are aware of the form, the first aid coordinator will contact the parents by phone to advise them that their child has had head bump. In the absence of the first aid co-ordinator, this task should be undertaken by the first aider who dealt with the child.

If a pupil under the age of 8 has a head bump and is going to Pre-Prep for after school care, Pre-Prep must be informed.

In EYFS parents have to sign a copy of the accident form to prove they have seen the form.

Splinters

If you can see the splinter and you think it can be removed without 'digging' then do so with tweezers.

If a splinter is embedded and not causing any pain or discomfort, cover with a plaster . Contact parent to let them know.

If a splinter is well embedded especially in a tender place eg down a finger nail, phone parent as this will be painful and need attention.

Appendix E

Guidance on Infection Control in Schools and other Child Care Settings

Prevent the spread of infections by ensuring; routine immunisation, high standards of personal hygiene and practice, particularly hand washing and maintaining a clean environment.

Diarrhoea and Vomiting illness	Recommended period to be kept away from school	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
E.coli 0157 VTEC	Further exclusion is required for children aged seven years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice.	Exclusion applies to young children under 5 and those who may find hygiene practices difficult to adhere to. Local PHEC will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Food poisoning.	Until 48 hours after symptoms cease.	Inform the PHEC and EHO if there is a cluster of cases.
Typhoid* [and paratyphoid*] (enteric fever)	Exclusion is important for some children. Always consult with PHEC.	Further exclusion is required for children aged seven years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. Please consult your local PHE centre for further advice.
Shigella (Dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting.	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice.

* denotes a notifiable disease. It is a statutory requirement that Doctors report a notifiable disease to the proper officer of the Local Authority. In addition, organisations may be required via locally agreed arrangements to inform their local PHEC.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease they should inform their Health Protection Unit (PHEC). Advise can also be sought from the school health service.

SEE: For further information see “Guidance on infection control in schools and other childcare settings” from the HPA which is held in Medical Room. A paper copy of the Staff Handbook is held in the Staff Workroom.

Respiratory Infections		
'Flu' (influenza)	Until recovered.	SEE: vulnerable children
Tuberculosis*	Always consult with PHEC.	Requires quite prolonged, close contact for spread.
Whooping cough* (Pertussis)	Five days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks. PHEC will organise any contact tracing necessary.
Rashes/Skin Infections		
Athletes foot	None.	Athletes foot is not a serious condition. Treatment is recommended.
Chicken pox	5 days from onset of rash - until all vesicles have crusted over.	SEE: vulnerable children and female staff – pregnancy.
Cold sores (herpes simplex)	None.	Avoid kissing and contact with the sores. Cold sores are generally a mild and self-limiting disease.
German measles (rubella)*	4 days from onset of rash.	Preventable by immunisation (MMR x 2 doses). SEE: female staff – pregnancy.
Hand, foot and mouth	None.	Contact PHEC if a large number of children are affected. Exclusion may be considered in some circumstances.
Rashes/Skin Infections	Recommended period to be kept away from school	Comments
Impetigo	Until lesions are crusted or healed or 48 hours after commencing antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	4 days from onset of rash.	Preventable by vaccination (MMR x 2). SEE: vulnerable children and female staff – pregnancy.
Molluscum contagiosum	None.	A mild is a viral infection that affects the skin. It most commonly affects children.
Ringworm	Exclusion not usually required	Treatment required from pharmacist.
Roseola (infantum)	None.	None.
Scabies	Child can return after first treatment.	Household and other close contacts require treatment.
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment.	Antibiotic treatment recommended for the affected child.
Slapped cheek/fifth disease. Parvovirus B19	None.	SEE: vulnerable children and female staff – pregnancy.
Shingles	Exclude only if rash is weeping and cannot be	Can cause chickenpox in those who are not immune i.e. have not had chicken pox. It is spread by very close contact

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	covered.	and touch. If further information is required contact your local PHEC. SEE: vulnerable children and female staff-pregnancy.
Warts and Verrucae	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Other infections	Recommended period to be kept away from school	Comments
Conjunctivitis	Until treatment administered.	If an outbreak/cluster occurs consult PHEC.
Cryptosporidiosis (Cryptosporidium)	Exclude for 48 hours from the last episode of diarrhoea.	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled.
Cytomegalovirus	None.	SEE: female staff – pregnancy.
Diphtheria*	Exclusion is important. Always consult with PHEC.	Preventable by vaccination, PHEC will organise any contact tracing if necessary.
Giardiasis	Until 48 hours after symptoms cease.	Inform the PHEC and EHO if there is a cluster of cases.
Glandular fever	None.	About 50% of children get the disease before they are five and many adults also acquire the disease without being aware of it.
Head lice	Until treatment administered.	Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice).	In an outbreak of Hepatitis A, your local PHE centre will advise on control measures See cleaning up body fluid spills and glove information.
Hepatitis B* and C*	None	Hepatitis B and C are not infectious through casual contact. Good hygiene will minimise any possible danger of spread of both hepatitis B and C. SEE: cleaning up body fluid spills and PPE information below.
HIV/AIDS	None.	HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery. Good hygiene will minimise any possible danger of spread of HIV. SEE: cleaning up body fluid spills and PPE information below.
Lyme disease	None.	This disease cannot spread from person to person.
Meningococcal meningitis* / septicaemia*	Until recovered.	Meningitis ABCWY are preventable by vaccination - There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.

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Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease they should inform their Health Protection Unit (PHEC). Advise can also be sought from the school health service.

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Meningitis* due to other bacteria	Until recovered.	Hib meningitis and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. The PHEC will give advice on any action needed and identify contacts requiring antibiotics
Meningitis viral*	None.	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
Other infections	Recommended period to be kept away from school	Comments
MRSA	None.	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required contact your local PHEC.
Mumps*	Five days from onset of swollen glands.	Preventable by vaccination (MMR x 2 doses).
Threadworms	None.	Treatment is recommended for the child and household contacts.
Tonsillitis	None.	There are many causes, but most cases are due to viruses and do not need an antibiotic.

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Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease they should inform their Health Protection Unit (PHEC). Advise can also be sought from the school health service.

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Appendix E

Epilepsy

AIM

The school recognises that epilepsy is a common condition affecting many children and young people who have the right to participate fully in the curriculum and school life.

When a child joins the school the parents/guardians are asked if their child has any medical conditions on their enrolment form. If epilepsy was to be diagnosed at a later date it is the parent/guardian's responsibility to inform the school of the child's condition and medication.

The staff in school will be made aware of any pupil with epilepsy and know what to do in the case of a seizure.

IN CASE OF A SEIZURE

- Stay calm
- If the child is convulsing put something soft under their head.
- Remove harmful objects from nearby.
- Ask someone to call for a first aider.
- **NEVER** try to put anything in their mouth or between their teeth.
- Try and time how long the seizure lasts- if it's longer than normal or more than 5 minutes then call for medical assistance.
- When the child finishes the seizure stay with them and reassure them.
- Do not try and move the child unless they are in danger.
- Do not restrain the child or give him food or drink.
- Aid breathing by gently placing the child in the recovery position once the seizure has finished.

Sometimes a child may become incontinent during their seizure. If this happens try and put a blanket around them when the seizure has finished.

DO NOT leave the child unattended.

Always inform the parents/guardians if a seizure has occurred.

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