



Harvington Prep School

FIRST AID POLICY

(INCLUDING EYFS)

Please read in conjunction with COVID19 Risk Assessment

BACKGROUND

In accordance with Health and Safety legislation (Health and Safety (First Aid) Regulations 1981 and the amended regulations 2009) it is the responsibility of the Governing Body to ensure adequate and appropriate First Aid provision at all times when there are people on the school premises and for staff and children during off-site visits and activities.

Consent to administer First Aid is obtained from parents on admission to the school.

PURPOSE

- To preserve life.
- To limit worsening of the condition.
- To promote recovery.
- To provide First Aid as necessary from trained adults.
- To promote health and safety awareness in children and adults, in order to prevent First Aid.

FIRST AID PROVISION

- The Head is responsible for ensuring that there is an adequate number of qualified First Aiders including arrangements for the EYFS department where at least one person with a paediatric first aid qualification must always be present and at least one paediatric trained member of staff must be on all outings.

Revised March 2021

- Portable First Aid kits are taken on educational and sports visits and are available from the school office.
- The First Aid Coordinator will ensure the maintenance of the contents of the First Aid boxes and other supplies.
- The Head Teacher and first Aid Coordinator will maintain a register of First Aid training and associated refresher dates to ensure that qualifications are maintained.
- All staff will be trained in aspects of First Aid; they will be informed of any child's medication requirements. Training will be provided for staff where the administration of medicine requires medical or technical knowledge, including how to administer inhalers for asthma and the use of an epipen. There must be at least one qualified person on each site at all occupied times.
- Spillage Kits for bodily fluids are located strategically across the school.
- All staff will ensure that they have read the school's First Aid Policy.

FIRST AID BOXES

First Aid Boxes are located in:

- school office
- both kitchens
- Nursery
- the science room
- the mini bus
- the staff room

First Aid Boxes should contain: individually wrapped sterile hypoallergenic dressings (assorted sized plasters), micropore, scissors, water based wipes, wound dressing/bandage, foil blanket and gloves.

No medicine or tablets are to be kept in the First Aid Boxes.

DUTIES OF A FIRST AIDER

- Responding promptly to calls for assistance.
- Giving immediate assistance to casualties with injuries and illness.
- Ensuring that ambulance or professional medical help is summoned as appropriate.
- Recording details of accident and treatment and replacing any First Aid supplies used.

PROCEDURES

In school:

IF THE SITUATION IS LIFE THREATENING OR BEYOND BASIC FIRST AID THEN AN AMBULANCE SHOULD BE CALLED BY ANY STAFF MEMBER AT THE EARLIEST OPPORTUNITY, WITHOUT WAITING FOR A FIRST AIDER TO ARRIVE ON THE SCENE.

- In the event of injury or medical emergency, if possible contact the appointed First Aider(s) or other Teacher.

- All serious accidents should be reported to a member of the Senior Leadership Team (SLT) and First Aid Coordinator who will check that an ambulance has been called and inform the child's parents ASAP.
- In the event of a serious incident when an ambulance is called a member of staff will accompany the child to hospital. Parents are asked to go immediately to the hospital. It may be appropriate to transport a child to hospital without using an ambulance. This should be on a voluntary basis. In such cases staff should ensure they have specific cover from their insurance company and that another adult accompanies them.
- Any child complaining of illness or who has been injured should be sent to the school office for the qualified First Aider to inspect and, where appropriate, treat. Constant supervision will be provided. Given the close proximity of classrooms and the number of staff who are nearby, any emergency of a child being very ill whilst in a lesson, will be communicated to other staff close by and help sought so as one staff member remains with child, whilst another seeks help
- Where 'in-school' treatment is not practical parents should be contacted as soon as possible so that the child can be collected and taken home if necessary.
- Parents should be contacted if there are any doubts over the health or welfare of a child.
- No member of staff or volunteer helper should administer First Aid unless he or she has received training, except in the case of minor cuts and grazes, which can be dealt with if staff feel confident to do so.
- For their own protection and the protection of the patient, staff who administer First Aid should take the following precautions. Hands should be washed before and after administering First Aid. Exposed cuts and abrasions should be cleaned under running water and patted dry with a sterile dressing or by using an alcohol free wipe. Disposable gloves should be worn when dealing with blood.
- If staff are concerned about the welfare of a child – or identify injuries which may not be accidental - they should follow the procedure set out in the School's Safeguarding Policy and Procedures.

Out of School:

- A mobile telephone must be taken on visits and to off-site activities.
- Teachers must take a First Aid kit and class medical bags on all outings, which they sign for, ensuring that children take their medication when required.

EDUCATIONAL VISITS

- The Head has responsibility for ensuring staff adhere to the school's 'Educational Visits Policy' when organizing a visit. All staff should have a copy.
- A risk assessment will need to be carried out as part of the preparation for an educational visit. The risk assessment will detail the risks relating to the visit and any known medical issues of the children and staff attending.

GUIDANCE FOR DEALING WITH ILLNESS AND ACCIDENTS IN SCHOOL AND ON EDUCATIONAL VISITS

- If unconscious do NOT move the patient except to put in the recovery position. Keep patient covered.

- If conscious, make the patient comfortable and do not move unnecessarily. Keep the patient warm.
- Call a First Aider; if unavailable call 999

ACTION IN AN EMERGENCY (To be undertaken by trained First Aider)

- Assess the situation: are there dangers to the First Aider or the casualty? Make sure the area is safe, look at injury: is there likely to be a neck injury?
- Assess the casualty for responsiveness: does the casualty respond?

If there is no response:

- Open airway by placing one hand on the forehead and gently tilt the head back. Remove any obvious obstructions from the mouth and lift the chin.
- Check for breathing. If the casualty is breathing assess for life threatening injuries and then place in the recovery position. If the casualty is not breathing send a helper to call an ambulance and give 2 rescue breaths making 5 attempts at least.
- Assess for signs of circulation. Look for breathing, coughing or movement. If present, continue rescue breathing and check signs for circulation every minute. If breathing is absent begin Cardio Pulmonary Resuscitation (CPR).

RESUSCITATION

- First Aiders may prefer a resuscitation aid, which will hygienically separate the patient from the First Aider. Such aids are kept in all First Aid boxes and in the First Aid areas of the school office.

Always defer to or seek professional advice wherever required.

ACCIDENTS AND ILLNESS PROCEDURES

- All incidents, injuries, head injuries, ailments and treatment are reported in the First Aid file, kept in the school office.
- If a child or member of staff is deemed to be genuinely ill during the school day, he or she should be accompanied to the school office. The First Aid Coordinator, First Aider or duty secretary, will then, in consultation with the class teacher or deputy head or head, establish whether the child ought to be sent home and will contact the parents or guardians. Details of the actions taken must be recorded in the school's MIS.
- If a child or a member of staff has a more serious accident or illness, he or she should be accompanied to the school office if possible. The First Aid Coordinator, First Aider or duty secretary, will then, in consultation with the deputy head or head decide whether the person should be taken to hospital or whether an ambulance should be called. The child's parents should be contacted immediately by the school office staff. If they are not available the school should take action 'in loco parentis'. A record must be made on each occasion if a child, a member of staff, a visitor or a contractor has a serious accident.

- Serious accidents and notable incidents are reported in the Accident Book, which is kept in the school office, by the staff concerned.
- All EYFS accidents/injuries and any first aid treatment given should be reported to parents on the same day, or as soon as reasonably practicable. Parents will sign a form to record the fact that they have been informed.
- Accidents which result in an absence of more than seven days may require reporting to the HSE within ten days of the accident.
- Local child protection agencies will be notified of any serious injury to, or the death of any child whilst in the care of the school. The school will act on the advice of these agencies.
- Records must be kept for at least three years.

ADMINISTERING MEDICINES

- Clear instructions and a signed permission slip allowing staff to administer medicines must be kept on file and updated termly. The First Aid Coordinator is responsible for this. Medicines belonging to children must be labelled and kept refrigerated if required or in the school office, as appropriate.
- Only the trained First Aiders can administer medicines. A record will be kept of any medicine administered, and parents will be informed. *(Before any of these medications are given, written permission from parents must be obtained).*
- If asthma inhalers are brought into the school it is a parent's responsibility to ensure that they inform the school.
- Where the school has accepted responsibility for the administration of inhalers or EpiPens then the First Aiders and those leading a school visit must be instructed in their use.
- Parents of EYFS children must be told about the medicine administered **the same day or as soon as reasonably practicable**.

HEALTH RECORDS AND MEDICINES

- A medical questionnaire sheet is kept for each child. Information should include any serious illness or allergy, any medication required, immunizations, inhaler for asthma, eczema, nut allergy, EpiPen required, special dietary requirements, loss of sight or hearing and chronic conditions such as diabetes. Parents must complete a 'Request for Storage and Administration of Medication in School' form for medication to be administered.
- Records must be checked and updated regularly by the First Aid Coordinator.
- Everyone is aware of the health plans for the children as they are clearly displayed in the staff room, the office, the kitchen and are available on line for all staff. Reviews with parents are agreed at the time of entry into the school and on a 'need to know' basis for any updates. Any new pupils entering the school requiring health plans, are communicated to all staff, via email and are displayed in the same way as above.
- At the beginning of each academic year class teachers must check the medical records of each child in their form.

- The First Aid Coordinator must ensure that other staff i.e. specialist subject teachers, catering and ancillary staff are aware of individuals with particular health problems. Information must be updated on all staffroom notice boards.
- Doses administered must be recorded by the staff concerned in the First Aid book and in the school's MIS.
- It is essential that medication for children is taken on school visits and to the games field with a First Aid kit, which has to be signed for by the PE staff/teachers on duty. Staff are responsible for collecting these from the school offices.

RECORDING INCIDENTS

All incidents where actual First Aid has been administered are recorded on the medical record for each child. The level of detail should be proportionate to the event.

Certain events are to be reported to the parents to ensure that they are aware of the incident and any actions or follow up they are required to undertake. These include:

- Head injuries (other than superficial bumps)
- Bone, joint and muscle injuries
- Severe bleeds
- Vomiting and diarrhoea
- Asthma attack
- Anaphylactic shock
- Foreign object in eye, nose or ear
- Seizure

For serious injury or death incidents, a report must be made to RIDDOR.

INFECTION CONTROL

Infection control is simply the observance of measures that give the protection to the First Aider. Whilst it is possible to identify high risk groups in relation to Hepatitis B and HIV, in many cases carriers exhibit no obvious signs of illness.

HAND HYGIENE

Always make it a priority to wash your hands carefully, immediately after contact with body fluids or blood, even if gloves are worn.

BODY FLUID/HIV

- No person must treat a child who is bleeding, without protective gloves.
- Protective gloves are stored in the school office and in Body Fluid Disposal Kits, which are kept in each house.
- Sponges and water buckets must never be used for First Aid, to avoid the risk of HIV contamination.

- All body fluid spillages (vomit, diarrhoea and blood) must be cleaned immediately using the provided spill kits. This is vital if the spread of infection is to be reduced. Gloves should be worn when contact with blood or body fluid is likely.
- When a Body Fluid Disposal Kit has been used it must be reported to the First Aid Coordinator for recording and restocking.

HEAD LICE

- A letter is sent to the parents of all children in a year group if there is a case of head lice in the class.
- If head lice are noticed in a child's hair, the teacher/staff member will inform the First Aid Coordinator, who will notify the child's parent.

OTHER COMMUNICABLE DISEASES

The school will inform the relevant year group parents of any notifiable diseases occurring in the school or being reported by the Health Prevention Officer. Such notification will be supported by the relevant NHS Guidance sheet.

- Children must be kept away from school for 48 hours after symptoms of vomiting and/or diarrhoea cease
- Parents must inform the school of any notifiable disease their child might have

HEALTH PREVENTION

On the direction of the School's Health Liaison Office the school will from time to time highlight certain conditions or illnesses to parents. This information will detail any required response from parents or the school.

FIRST AIDERS

A list of First Aiders is available from the First Aid Coordinator.

- First Aiders are required to attend refresher training within 3 years of their qualified term. The First Aid Coordinator may attend annual refreshers as required and ensure that any revised guidance is shared amongst the trained First Aiders.
- The First Aid Coordinator is responsible for coordinating the training for First Aiders and maintaining a list of those trained.

The following staff are qualified in paediatric first aid:

NAME	QUALIFICATIONS	EXPIRY DATE
Mrs Katarzyna Figura	Paediatric First Aid (12 hour)	28.02.2023
Miss Francesca Grave	Emergency First Aid at Work	13.02.2023
Mrs Rima Namakerdi	Paediatric First Aid	04-11-2020
Mrs Isobel Majoli Reyes	Emergency First Aid at Work	13.02.2023
Ms Samantha Laslett	Emergency First Aid at Work	13.02.2023
Miss Harmandeep Sehmbhy	Emergency First Aid at Work	13.02.2023
Miss Anila Singh	Paediatric First Aid Early Years	26-09-2023
Miss Katarina Katradis	Emergency First Aid at Work	13.02.2023
Ms Shayna Fonseca	Emergency First Aid at Work	13.02.2023
Mrs Nicola Dejong	Paediatric First Aid (12 hour)	28-04-2022
Mr Nigel Evans	Paediatric First Aid (12 hour)	13.02.2023