



# First Aid Policy

## General

The school is required under the Health and Safety at Work Act 1974 to have a First Aid policy. The Health and Safety (First Aid) Regulations 1981 set out what employers have to do.

## Aim

To ensure that the school has adequate and appropriate equipment, facilities and procedures to provide appropriate First Aid.

To ensure that the First Aid arrangements are based on a risk assessment of the school in line with the Management of Health and Safety at Work Regulations 1992.

## Responsibilities

The Headteacher along with the Senior Management Team has the general responsibility for all school policies.

## Internal Management

The internal management responsibility for First Aid is delegated to the Head Teacher.

- The Head Teacher is responsible for developing detailed procedures.
- The Head Teacher must ensure that parents are aware of the school health and safety and First Aid policies.
- The school will appoint a person to be in charge of First Aid provision, who will ensure that the first aid provision is adequate and appropriate (Debbie Forsyth).

The HR Manager will ensure that:

- Appropriate risk assessments in liaison with the Headteacher are carried out.

- Ensures that the number of First Aiders / Appointed Persons meets the assessed need.
- Ensures that the equipment and facilities are fit for purpose. Regularly keeps the Head Teacher informed of the implementation of the policy.

## Key Points

Staff may, volunteer to undertake First Aid tasks. However, all staff in charge of pupils including volunteer staff must use their best endeavours at all times, particularly in emergencies, to secure the welfare of the students in the same way **that parents would be expected to act towards their children**.

Trained staff may take action beyond the initial management stage. Other staff must provide aid only to the level of qualification or competence they possess.

*All staff must know:*

How to call the emergency services – dial 999 and ask for an ambulance. If there is any doubt that an ambulance is required, call an ambulance straight away.

The location of the medical room and nearest first aid box / Trauma Box (see appendix A).

## Duties of a First Aider

They must:

Complete an approved HSE training course;

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- ensure that when necessary an ambulance or other professional medical help is called.
- Both First Aiders and Appointed Persons will be expected to follow any government guidance.

## Number of First Aiders

The school has over the recommended number of staff who have successfully completed an Emergency First Aid in the Work Place training. (See Appendix A for the school list of the First Aiders and Appointed Persons).



## Appointed Persons

They are not First Aiders but can deliver what is deemed “reasonable care” to students and staff. They can provide emergency cover, within their role and competence, where a First Aider is absent due to unforeseen circumstances.

They can:

- Take charge when someone is ill or injured;
- look after the first Aid equipment and restock first aid containers;
- ensure that an ambulance or other professional medical help is summoned when appropriate.

## Number and Location of First Aid Containers

- A suitably stocked First Aid container (See Appendix A for First Aid boxes and Emergency First Aid Containers)
- An appointed person in charge of First Aid (See Appendix A)
- Information for employees on First Aid arrangements
- Arrangements of off-site activities.

## Recording / Reporting

It is the responsibility of the person administering first aid to ensure that a written record of first aid administered is noted in the student or staff accident book, whether the staff; pupil or other person receives first aid treatment either on the School premises or as part of a School-related activity, and the record must include details of the advice given to parents of pupils as appropriate.

The student’s first aid book is located in the reception office; the staff accident book is located in the staff working room.

Upon completion of a record, the record form will be detached and forwarded to the HR manager for follow up action; if no action is required the report will be filed in the Accident Report folder located in the HR office.

The school must have an adequate stock of accident recording books.

The Managing Director is responsible for reporting serious accidents to insurers and the Human Resources Manager / Head Teacher are responsible for reporting serious accidents to the Health and Safety Executive as required by RIDDOR.

The school’s HSE Division:

Rose Court, 2 Southwark Bridge, London SE1 9HS.

Tel. 020 7556 2100 HSE Helpline: 0845 345 0055



## **Medical Room**

The medical room will be used at all times for administering first aid, unless the person injured is unable to move or be relocated. The medical room is located on the ground floor within the back of house area.

## **School Nurse**

The school uses NHS Southwark to support and assess the health needs of our students.

- Postal address PO Box 64529, London SE1P 5LX.
- Tel. 020 7525 0400

The school Nurse:

Southwark PCT NHS (various)

Students with specific medical needs (such as epilepsy / diabetes) the school will liaise direct with their nurse to support risk assessments and staff training.

Training for specific conditions will be carried out periodically to ensure that staff are able to support the child.

## **Risk Assessments**

Staff meetings and individual briefings for appropriate Class Teachers/Tutors are the medium whereby staff are informed of significant illnesses/conditions of pupils for risk assessment purposes. If risk assessments are put in place staff must sign the appropriate lead sheet stating that they have read and understood the risk assessment. Copies of risk assessments will be placed in the student's records and the Accident folder located in the HR Office.

The person responsible for First Aid must make suitable and sufficient risk assessments in the school to determine any extra provision required over and above the minimum provision.

The risk assessments must also cover the risks to employees and students and also any non-employees who may come into the school.

## **Insurance**

The school has adequate insurance arrangements which provide full cover for claims arising from actions of staff acting within the scope of their employment.

## **Training**

The school will provide adequate and appropriate training for First Aid staff and appropriate information for all staff to enable them to carry out their duty of care.

The Head Teacher, Managing Director and Human Resources Manager will ensure that there are sufficient trained staff to meet statutory requirements and the assessed needs, allowing for staff who are absent or off site.

The school currently uses Medrock Training to deliver Emergency First Aid in the Work Place Training, who is an approved HSE training provider.

## **Guidance**

National guidance is provided in the government's document "First Aid in Schools".

## **Equal Opportunities**

The school will take particular care with the First Aid provision for its disabled staff and students. Appropriate risk assessments will be done by the person in charge of First Aid, and suitable provision will be made in liaison with the Head Teacher / SMT.

## **Monitoring and Review**

The Head Teacher and Human Resources Manager will review the First Aid needs and arrangements annually, and will ensure that the appropriate level of First Aiders / Appointed Persons are in post, and that the appropriate standard are met.

SMT will receive an annual report from the Human Resources Manager and a review of the policy will take place every two years or earlier if major legislative change.

## **References**

- Health and Safety Policy
- School Emergency Plan
- Fire Procedures
- Medication Procedures
- Risk Assessments
- DfE Guidance on First Aid for Schools (located in accident report folder in HR office)
- Health and Safety (First Aid) Regulations 1981



## Appendix B

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit, and familiarise yourself with how to deal with some of the more common situations opposite. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call 999 immediately; contact the a First Aider and or Appointed Person.
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive.

### Unconsciousness

If the person is unconscious with no obvious sign of life, call 999 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.

### Bleeding

Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.

### Burns

For all burns, cool with water for at least 10 minutes. Do not apply dry dressing, keep the patient warm and call an ambulance.

### Broken Bones

Try to avoid as much movement as possible



## **Appendix C: Contents of Medical Room First Aid Cabinet & First Aid Boxes**

General first aid guidance leaflet

- 20 individually wrapped sterile adhesive dressings/plasters (assorted sizes)
- 2 Sterile eye pads
- 4 individually wrapped triangular bandages (preferably sterile)
- 6 Safety pins
- 6 medium sized (approx 12x12cm) individually wrapped sterile non-medicated wound dressings and 2 large ones (8x18cm)
- 3 pair of disposable gloves

Please do not include known allergenic materials, i.e. Elastoplast or any creams or otherwise.

## **Appendix D: Anaphylaxis**

### **1. What is Anaphylaxis?**

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (e.g. dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (e.g. bees, wasps, hornets). In its most severe form the conditions can be life-threatening.

Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No pupil would necessarily experience all of these symptoms at the same time.

### **2. Medication and control**

Medication to treat anaphylactic reactions includes antihistamines, and adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an EpiPen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Medication for an individual pupil must be kept in a locked cabinet which is readily accessible, in accordance with the school's health and safety policy. If a pupil has an EpiPen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parent's responsibility to ensure that any medication retained at the school is within its expiry date.



**It is important that key staff in the School are aware of the pupil's condition and of where the pupil's medication is kept, as it is likely to be needed urgently.**

It is not possible to overdose using an EpiPen as it only contains a single. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back. All pupils who have anaphylaxis will require an individual health care plan. The health care plan should indicate where in some circumstances the pupil should be allowed to carry medication on his / her person around the school.

Following discussion with the pupil and his / her parents, individual decision should be made as to whether to provide basic information on the pupil's condition to his / her peer group so that they are aware of their class's needs and of the requirement of urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction.

### **3. Managing pupil with anaphylaxis**

Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis.

Staff should ensure that all pupils who have an EpiPen prescribed to them have their medication on them all times or stored in the reception medical cupboard.

Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. They will request that the PCT NHS nurse producing the health care plan attends to give staff training on specific pupils needs.

A pupil should always be accompanied by an appointed first aider / first aider and not be left alone.

### **4. Away trips**

Staff should ensure that all pupils going on away trips carry their medication with them.

Staff members trained in the administration of medication must be identified.

Staff must give consideration to the safe storage of medication.

Staff supervising the trip must be aware of the pupils condition and of any relevant emergency procedures.

### **5. Issue which may affect learning**

Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimise risk whenever possible.





## **6. What are the main symptoms?**

- Itching or presence of a rash
- Swelling of the throat
- Difficulty in swallowing
- Difficulty in breathing
- Increased heart rate
- Unconsciousness

## **7. What to do if a pupil has an anaphylactic reaction**

- Ensure that an ambulance has been called.
- Stay calm and reassure the pupil.
- Encourage the pupil to administer their own medication as taught.
- Summon a first aider / appointed first aider immediately and inform headteacher.
- Liaise with reception staff about contacting parents.

## **Appendix E: Asthma**

### **1. What is Asthma?**

Pupils with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones included viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

### **2. Medication and control**

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances.

Most pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name.



***Pupils with asthma must have immediate access to their inhalers when they need them.***

It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the pupil's name and stored in a locked cabinet in accordance with the School's health and safety policy. It is the parent's responsibility to ensure that any medication retained at the school is within its expiry date. Reception will regularly check medication held in the school and remind parents of imminent expiry dates.

Where pupils are unable to use an inhaler by themselves or where a pupil requires additional medication, e.g. a nebuliser, a health care plan must be completed. For pupils whose asthma is controlled by an inhaler, an information card giving the basic details should be completed and kept with the pupils file. (School Approval to Administer Medication Form).

Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly pupils should never take medication which has not been prescribed for their own personal use.

Following discussion with the pupil and his / her parents individual decisions should be made as to whether to provide basic information on the pupil's condition to his / her peer group so that they are made aware of their classmate's needs.

### **3. Managing pupils with asthma**

- Staff should be aware of those pupils under their supervision who have asthma.
- Games staff should ensure that all pupils with asthma have their salbutamol inhaler prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack.
- If a pupil feels unwell, first aider / appointed first aider must be called and the headteacher informed.

### **4. Away trips**

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures



## 5. Issues which may affect learning

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities. Pupils must also be allowed to take their inhaler with them on all off site activities.

Physical activity will benefit pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. **However, they should not be forced to take part if they feel unwell.**

## 6. What are the main symptoms?

- Coughing
- Wheezing
- Inability to speak properly
- Difficulty in breathing out

## 7. What to do if a pupil has an asthmatic attack

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying.
- Summon assistance a first aider / appointed first aider. Do not leave the pupil alone; use your radio to summon support. Headteacher must be informed.
- Make sure that any medicines and / or inhalers are use promptly.
- Help the pupil to breath by encouraging the pupil to breathe slowly and deeply and relax.
- Help the pupil to sit fairly upright or to lean forward slightly rather than lying flat on hi / her back.
- If the child does not respond to medication or his / her condition deteriorates call an ambulance.
- Reception to liaise with parents / carers.



- **Appendix F: Diabetes**

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin.

Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high.

Pupils with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

## **2. Medication and control**

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (Hypoglycaemia). All pupils with diabetes will require an individual health care plan.

In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school he / she will know how to undertake the procedure with adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the school should establish with the pupil and his / her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.



The issue of close communication between parents, the pupils diabetic nurse and school is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any condition to his / her peer group so that they are aware of there classmate's needs.

### **3. Managing pupils with diabetes**

Staff should be aware of those pupils under their supervision who have diabetes.

Games staff should ensure that all pupils with diabetes have a lucozade bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.

Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode. (HR Manager request training from the pupil's diabetic nurse).

If a pupil feels unwell, a first aider / appointed first aid must be informed along with the headteacher.

### **4. Away trips**

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in the administration of medication must be indentified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

### **5. Issues which may affect learning**

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level:

Encourage the pupil to eat or drink some extra sugary food before the activity. Have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia.

After the activity is concluded, encourage the pupil to eat some more food and take extra fluid – these additional snacks should not affect normal dietary intake.



## 6. What to do in an emergency if a pupil has a hypoglycaemic (low blood sugar) Episode

- Common causes:
  - A missed or delayed meal or snack
  - Extra exercise
  - Too much insulin during unstable periods
  - The pupil is unwell
  - The pupil has experience an episode of vomiting
  
- Common symptoms:
  - Hunger
  - Drowsiness
  - Glazed eyes
  - Shaking
  - Disorientation
  - Lack of concentration
  
- i. Get someone to stay with the pupil – call first aider / appointed first aider / ambulance / diabetic nurse (fi they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse).
  
- ii. Give fast acting sugar immediately (the pupil should have this on their persons), e.g:
  - Lucozade
  - Fresh orange juice
  - Sugary drink, eg coke, fanta
  - Glucose tablets
  - Honey or jam
  - “Hypo Stop” (discuss with diabetic nurse if this should be taken on trips off site)
  
- iii. Recovery usually takes ten to fifteen minutes.
  
- iv. Upon recovery give the pupil some starchy food, e.g. couple of biscuits or sandwich.
  
- v. Inform parents and diabetic nurse of the hypoglycaemic episode.
  
- vi. In some instance it may be appropriate for the pupil to be taken home for school.

**NB. In the unlikely event of a pupil losing consciousness, call an ambulance (and then contact parents / diabetic nurse).**



## 7. A hyperglycaemic episode (high blood sugar)

Hyperglycaemic episode occur when the blood glucose level is too high. Pupils may display the following symptoms:

- Excessive thirst
- Passing urine frequently
- A change of behaviour
- Vomiting
- Abdominal Pain

Care of pupils in a hyperglycaemic episode

Do not restrict fluid intake or access to the toilet

Contact a first aider / appointed person and the pupils parents and diabetic nurse if concerned.

### Appendix G: Cleaning up body fluids from floor surfaces

Avoid direct contact with body fluids, as they have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly.

1. Put on gloves and a disposable apron. Disposable latex or vinyl gloves are the best choice.
2. Sprinkle “sanitaire” absorbing powder liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.
3. Remove all visible material from the most soiled areas, using paper towel or single use disposable red cloths.
4. Put all used paper towels and cloths into a designated bag for disposal in a safe manner. (Southwark Council)
5. The remaining visible material should then be vacuumed using a designed vacuum cleaner. The vacuum clearer bag MUST changed after use.
6. Non carpeted areas: Sanitize the area using 1:10 bleach solution (instructions below). Because of the level of contamination the bleach solution is much stronger than the 1:1000 solution used for regular sanitizing. The bleach must contact the affected area for a minimum of 10 minutes. A red mop and bucket are designed for this use.
7. Carpeted areas: the area should be cleaned with detergent 1:10 solution, rather than bleach solution and should contract a the affected



area for at least ten minutes. The area should then be shampooed or steam cleaned within 24 hours.

8. Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water; then rinse with a bleach solution.
9. Discard gloves, disposable apron into designated bag for disposal in a safe manner. (Southwark Council).
10. Premises Manger to liaise with specialist cleaning company if unable to clean affected area.

Dilution instruction for bleach / detergent sanitizer

1:10 solution

2tbsp (30ml) bleach in 1 cup (250ml) water

Or

2 cups (500ml) bleach in 1 gallon (4L) water

Reference; Centre for Disease control and prevention DOH 2006

## **Cavendish School**

Sara Craggs  
Head Teacher

Policy Reviewed: September 2013  
Review Date: September 2014

