



MOORFIELD  
SCHOOL

# FIRST AID POLICY

This policy is also applicable to the EYFS.



# FIRST AID POLICY

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This policy outlines the School's responsibility to provide adequate and appropriate first aid to pupils, staff and visitors in a timely and competent manner.

The policy refers to non-statutory DfE guidance given in 'First Aid in Schools' document which is kept in the First Aid room.

## OBJECTIVES

- To appoint the appropriate number of suitably trained people as First Aiders to meet the needs of the school.
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the School's First Aid arrangements
- To keep accident records and to report to the HSE as required under RIDDOR

## FIRST AIDERS TRAINING

*The majority of staff are trained in the delivery of First Aid*

*It is emphasised that first aiders are not trained doctors, nurses or medical professionals.*

First Aid Co-ordinator - Mary Glover (First Aid at Work November 2016)

All staff listed below had First Aid training through Educare in September 2015:

Mrs Jessica Crossley (Aug 15)	Ms Josie Vento (Sept 16)
Mrs Sophie Pickles (Nov 15)	Mrs Victoria Crebbin (Nov 15)
Mrs Tina Driver (Nov 15)	Mrs Mary Glover (Oct 15)
Mrs Katherine Martin (July 15)	Mr Toby Turner-Thompson (Dec 15)
Miss Michelle van Eede (Aug 15)	Miss Hetty McMurray (Aug 15)
Mrs Simone Salter (Aug 15)	Mrs Peta Dean (Oct 15)
Mrs Jane Brown ((Jan 16)	Mrs Grizelda Collier (Aug 15)
Mrs Jane Chadwick (Oct 15)	Mrs Lynsey Rix (Aug 15)
Mrs Emma Bradnum (Sept 16)	Mrs Sue Conti (Sept 16)

*Moorfield staff will be trained in 3 years – September 2018/19*

EYFS staff with full Paediatric First Aid course (approved by the First Aid Industry Body and Ofsted)

Emma Preston (April 2013, June 2016), Tina Driver (June 2016), Sophie Pickles (May 2016), Karley Baxter (November 2014), Jane Brown (November 2016), Catherine Scott (May 2017)

Joshua Hemingway has Outdoor First Aid training (April 2015)

A qualified first aider is always present on the school site when children are present.

A staff member with paediatric first aid training should always be with EYFS children, whether at school or on a trip.

## ROLE OF THE FIRST AID CO-ORDINATOR

1. Oversee the restocking of first aid boxes.
2. Keep first aid room in good order.
3. Review accident forms with Head.
4. Monitor the effectiveness of School's first aid practice and recommend necessary adjustments.
5. Jointly with the Head determine the necessity of RIDDOR to the HSE.

## ACCIDENT PROCEDURE

At playtimes/lunchtimes staff deal with minor injuries as they arise in the school playgrounds. Staff on duty on the pitch must have a mobile phone with them to ensure contact with the office can be made if necessary.

The member of staff present at an incident or attending an incident is expected to use their best endeavour to secure the welfare of the pupil. They may call upon the support of other staff, whose responsibility it is to give help with injuries/illnesses and ensure that further medical help is called for if considered necessary. All staff should take account of hygiene procedures and precautions to avoid infection when dealing with an accident. Plastic gloves (in the First Aid room) must be worn when administering first aid.

## ACCIDENT FORMS

An accident form must be completed after each incident. Accident books are kept in the first aid room (F1 to S6 pupils), Reception and Nursery.

The form should be completed by the initial member of staff attending the pupil and must state the facts as witnessed.

A Head Bump form is filled in for every accident involving head injuries and this is sent home with the pupil (see Appendix 1 for Head Injuries). Accident record sheets are monitored by the Head and kept for a minimum of the three years.

Parents in EYFS are contacted by phone during the school day about all but the most minor accidents. Unless there is concern about the wellbeing of a F1 to S6 child following an accident, the parent will not be contacted during the course of the school day.

## ILLNESS AT SCHOOL

If a child feels very unwell while in a lesson and the member of staff decides that s/he should be sent home s/he should, if possible, phone the office to ask that the parent be contacted. Alternatively a well pupil can take a message to the office instead.

Once the parent has been contacted and the collection time ascertained, the office staff will relay the message back to the relevant teacher. The unwell child then packs his/her bags and goes down to wait in the office or first aid room until s/he is collected.

Nursery children wait in the Nursery until their parents arrive.

Disposable cardboard sick bowls are stored in every classroom.

## MEDICATION IN SCHOOL

Teachers are prepared to administer prescribed medications where specific instructions are given by the parent/guardian and appropriate forms filled in. The school's medication form gives details of the medical problem, dosage required and timings. The form must be signed. When the medication is given in school the teacher must write down the time the medicine is administered and initial the form to record that the medicine has been given. In the absence of the school form, a signed letter from the parent giving relevant details for medication will suffice. The medicine must be in the correct container from the pharmacy and include a spoon which must be stored in the 'Medicine' boxes in the following places:

- staff room fridge
- in the staff room on the microwave
- Nursery fridge
- window sill of Nursery kitchen

No medicines may be stored in the classrooms.

## STAFF MEDICATION

Staff must seek medical advice if they are taking medication which may affect their ability to care for children. Any staff medication must be securely stored at all times.

## ARRANGEMENTS FOR PUPILS WITH PARTICULAR MEDICAL CONDITIONS

### *(Epi-pens/Asthma/Allergies)*

Information is requested at the start of each year and a class copy of pupil's details of allergies/ dietary requirements etc. is kept in the staff room on the Pupil Medical Information Board.

Where required, training is provided by the local health authority's school nurse. E.g. epipen training

All staff undertake such training in a voluntary capacity, their names will be listed on individual children's care plans.

Epi-pen care plans are kept in named boxes, marked with the child's name in the school office and in the relevant classroom.

Inhalers are kept in a plastic box on a high shelf in the First Aid room.

Should a child need an inhaler during class time, the teacher will send another pupil to the office to request in the office for the inhaler to be retrieved.

Should a child need an inhaler during play time, a teacher on duty will collect the correct inhaler from the box in the First Aid room and return outside to administer the medication to the child who is waiting with the other member of staff.

Epi-pen/inhalers etc accompany all children who require them on trips outside school or for lessons outdoors.

*See Appendix 2 and 3 for Asthma Attacks – Asthma Action, and procedure for Anaphylaxis.*

### CONTAGIOUS ILLNESSES

For diarrhoea and/or vomiting children must be kept off school for 48 hours from the last episode in order to prevent the spread of infection.

For other contagious illnesses advice can be obtained from regard to quarantine periods.

### ROLE OF THE SCHOOL NURSE

The School has an allocated school nurse from the local authority who comes into Moorfield for:

Administering flu jabs as required (Government initiative)

Measuring height and weight (Reception children)

Testing hearing (Reception children)

Physiotherapy ((for specific individual needs)

### CALLING FOR AN AMBULANCE

In the case of a major accident an ambulance called. (e.g. for a person with a blocked airway, anaphylactic shock, heavy bleeding, loss of consciousness) A first aider always stays with the patient and someone else goes to call an ambulance. They must:

1. State what has happened.
2. Give the casualty's name and age.
3. Say whether the casualty is breathing or conscious.
4. Give the location of the school.

Assistance is to come to front gate on Ben Rhydding Road. If necessary, the front gate is to be opened for ease of access, or the rear entrance by the hall. Specific instructions must be given to ensure a swift response. A member of staff would accompany the child in the ambulance if the parent is not present.

(In cases where breakages are suspected contact the child's carer to come and collect them, no matter how close to the end of the school day.)

### HOSPITALISATION

In the case of a requirement for an emergency procedure, if the parents cannot be contacted in time, the Head is authorised to give consent for the advice of an appropriately qualified medical specialist to give emergency medical treatment. This may include general anaesthetic and surgical procedure under the NHS.

If the child requires treatment at A&E but does not require emergency transportation, parents would be contacted to take their child to hospital.

If a staff member requires hospital treatment and needs an adult to assist with transport, they would be taken to hospital and next of kin would be contacted.

## HYGIENE PROCEDURE FOR DEALING WITH SPILLAGE OF BODILY FLUIDS

All equipment needed is stored in the labelled buckets in the cupboard under the stairs next to the first aid room, resources room, top floor on top of the cupboards and Nursery. Rubber gloves must be worn.

When clearing up vomit sand and sawdust is poured on top of it and then it is shovelled into a black bag before the floor is cleaned with antiseptic. The black bag is disposed of in the dustbins to the rear of the School.

Urine, blood etc is cleared away using antiseptic with special cloths kept in the buckets.

## RIDDOR (REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES REGULATIONS – 1995)

Some accidents must be reported to the HSE.

For example, the school must report.

1. deaths
2. major injuries
3. over-three day injuries
4. an accident causing injury to pupils
5. a specified dangerous occurrence where something happened which did not result in an injury but could have done
6. see <http://www.hse.gov.uk/riddor>

The Health and Safety co-ordinator will assess the incident with the Head and determine whether it is reportable and take necessary action. This must be done as soon as practicable or within fourteen days of incident. The Local Child Protection Agency must be informed at the same time.

## EXTRA-CURRICULAR TRIPS

Portable first aid kit, mobile telephone, contact numbers for all on trip, epi-pen, inhalers etc to be carried by trip organiser.

## RESIDENTIAL TRIPS

Bewerley Park, Robinwood etc – trip organisers must check that first aid provision is provided by the location's personnel during any residential course – trip organiser to ensure inhalers etc are taken. (see Trips and Visits policy)

For the London trip organised solely by the School, teachers must carry a first aid kit and pupils' medication at all times.

**FIRST AID ROOM** located at bottom of main staircase.

First Aid stock maintained and checked every half term by Mrs Mary Glover and reordered by the office.

All stock is held in First Aid Room.

First Aid Containers to contain (minimum recommended):-

- 20 individually wrapped sterile adhesive dressings
- 2 sterile eye pads
- 4 individual triangular bandages
- 6 safety pins
- 6 medium sized unmedicated wound dressings
- 2 large unmedicated wound dressings
- 1 pair disposable gloves

All items to be in date and replaced as soon as possible after use.

Portable boxes/bags to contain the above, plus moist cleansing wipes.

Dates of inhalers to be checked at the same time.

Boxes located in First Aid Room

- Kitchen
- First Floor near Upper Music Room
- Top Floor near telephone
- Nursery ground floor on the window shelf in the kitchen area
- Nursery first floor
- Main Hall Foyer
- Portable box for trips etc (kept in First Aid Room)
- Outside F4 at the back door (to be taken to the pitch)

Ice packs and covers stored in Staff Room.

Drafted by:

The Headmistress

Date:

July 2010

Approved by Governors

June 2010

Reviewed by SMT:

May 2012, 2014, 2015, 2016, April 2017

The review to be initiated by:

The Head

Next Review:

October 2017

# ASTHMA ACTION

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IF AN ASTHMATIC CHILD BECOMES WHEEZY AND BREATHLESS OR COUGHS CONTINUOUSLY:

1. Keep calm. Sit the pupil down. **THEY SHOULD NOT LIE DOWN.**
2. Give the pupil their usual treatment – normally a blue inhaler (this can be repeated without causing harm).
3. Wait 5-10 minutes. If the symptoms disappear, the child can continue with lessons.
4. If the symptoms have improved but have not disappeared, repeat the treatment and contact the parents.

IF THE SYMPTOMS HAVE NOT IMPROVED AND/OR THE PUPIL IS HAVING DIFFICULTY IN:

- Talking
  - Is unable to walk unaided
  - Has a rapid heart beat
  - Or is frightened by the attack
1. Call 999 for ambulance
  2. Contact parents
  3. Keep using the inhaler and spacer if available (up to 10 puffs of the pupil's inhaler can safely be administered during an attack).

DO NOT DELAY IN SEEKING HELP IS AN ATTACK IS SEVERE.

# ACTION FOR HEAD BUMPS

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Common signs of **MILD-TO-MODERATE HEAD INJURY** are confusion, disorientation, headache, dizziness, nausea and vomiting. Following a head injury during a game, the teacher supported by the first aider can make a head-to-toe assessment:

Orientation:	ask the child who he is, where he is, how old he is,
Memory:	have her recall the names of three objects; do this right after the injury and then five minutes later
Concentration:	have him count backwards from 100 by 3s or 7s, or repeat a series of three numbers (3, 1, 5, for example), months of the year, colors of fruits, etc.
Speech:	check for slurred speech; it is often helpful to have a parent or someone familiar with the child's usual speech to help assess the normalcy of speech after a head injury
Neurologic:	perform a fast check of pupil reaction, coordination and sensory (bring finger to nose with eyes open and closed)
Motor function:	have the child run back and forth

If the pupil does not respond well to these tests, parents must be contacted and advised to take her to hospital to be checked over.

## OTHER REASONS TO GO TO HOSPITAL:

- Unconscious
- Have a fit
- Repeated vomiting
- Complain of increasing headache
- Feel weakness in an arm or leg

*ALWAYS complete a Head Bump form to be sent home with the pupil.*

# ACTION FOR ANAPHYLAXIS

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ANAPHYLAXIS IS AN EXTREME AND SEVERE ALLERGIC REACTION. THE WHOLE BODY IS AFFECTED, OFTEN WITHIN MINUTES OF EXPOSURE TO THE SUBSTANCE WHICH CAUSES THE ALLERGIC REACTION (ALLERGEN) BUT SOMETIMES AFTER HOURS. ALLERGIC REACTIONS CAN BE CAUSED BY NUTS, BEE STINGS ETC.

## PROCEDURE IN THE EVENT OF AN ANAPHYLACTIC REACTION

- Lie the child down and elevate the legs
- Ask someone to ask the office staff to Dial 999 and call an ambulance (Give the pupil's name and inform them that he/she is suffering an Anaphylactic Reaction)
- While awaiting the medical assistance, staff will administer the EpiPen
- Call the pupil's parents and inform them
- A second dosage will be given after ten minutes if prescribed and the ambulance has not arrived and his/her condition has not improved

## THE EPIPEN TREATMENT - INJECTABLE ADRENALINE

Directions for use are:

- Lie the child down and elevate the legs.
- Pull the end off i.e. the grey cap
- Hold onto the muscle at the top of the leg i.e. thigh
- Aim the pen. It must be placed OUTSIDE THE THIGH AND LEFT. See description
- Swing arm and jab the EpiPen against leg firmly, ensuring the end of the pen is not covered by hand.
- Count slowly to ten whilst leaving the pen in leg: this allows the adrenaline to be absorbed.
- Withdraw needle i.e. pull the EpiPen away. If the pen has worked the needle will be visible.
- If the child has a blue inhaler, 10 puffs can be taken straight after the administration of the pen.
- Look for a positive response. YOU CAN INJECT A SECOND DOSAGE AFTER TEN MINUTES IF REQUIRED.
- Confirm that an ambulance has been called.

## SIGNS & SYMPTOMS OF ANAPHYLAXIS

### Mild / Moderate Reaction

- Itchy hives / nettle rash or flush
- Tingling / itchy mouth or lips
- Swelling of face / eyes / lips
- Tummy pain / vomiting
- Mild Wheeze

### Severe Reaction

- Difficulty breathing / tight chest / wheezing/ cough
- Swelling of tongue
- Swelling / tightness of throat
- Difficulty talking or swallowing / hoarse voice
- Dizziness or collapse / loss of consciousness