



SEATON HOUSE SCHOOL

FIRST AID POLICY

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This policy applies to the Early Years Foundation Stage, Key Stage 1 and Key Stage 2. **The Administration of Medicines policy is used in conjunction with the First Aid Policy and applies to the EYFS.**

- ◆ Any casualty will be dealt with as promptly as possible; immediate treatment will normally take place where the casualty is found. Subsequent treatment will be carried out as appropriate.
- ◆ Medical help will always be sought whenever indicated either directly by the school or indirectly by advising parents. A member of staff will seek help or assistance as indicated but will not leave the casualty unless delay is life threatening. At all times, the safety of staff, the casualty and all other pupils will be the priority.
- ◆ All school buildings are equipped with a full First Aid Kit, bottles for eye wash, ice packs and a Minor Injuries Record Book. These are kept in:
Junior House – First Aid Room
Senior House – Kitchen
Nursery – Kitchen. Nursery also keeps a record of accidents in each child's folder, and parents are asked to sign this.
- ◆ In the event of more serious injuries, the Accident Report File is kept in the kitchen of Junior House.
- ◆ Details of children who should not be treated with elaplast dressings and children with any other special medical needs are kept in the School Office.
- ◆ The school will act in 'loco parentis'
- ◆ Parents will be kept as fully informed as possible of any medical incident in which their child has been involved e.g. Vomiting, complaints of earache, stomach ache etc. In the case of Junior and Senior House, minor complaints, eg slight headache, is communicated to parents via the homework diary and if possible, orally at the end of the day to the designated person collecting. For more major complaints, eg vomiting, earache, stomach ache, the School Office will telephone a parent and if necessary the pupil is taken home. In Nursery, Nursery staff will inform parents/designated person when collecting of very minor complaints and in the case of more major complaints, ring the parents to inform them, and if necessary the pupil is taken home.
- ◆ If it is felt that it may be necessary to send a child to hospital, advice is sought first of all from a member of staff trained in First Aid at Work and in the case of Early Years a member of staff trained in Paediatric First Aid also. The office will then telephone for an ambulance.

Training

- All staff have been trained in First Aid and their qualification will be renewed regularly. The following staff hold the First Aid at Work qualification:

	Date of qualification	Renewal date
Mrs A Bolton	May 2015	May 2018
Mrs L Stubley	May 2016	May 2019

The following staff hold a Paediatric First Aid qualification:

	Date of qualification	Renewal date
Mrs L Dawson	November 2013	November 2016
Mrs S McGreevy	June 2014	June 2017
Mrs V Mannoch	March 2014	March 2017
Mrs L-A Blaney	November 2013	November 2016
Mrs D Morrison	August 2014	August 2017
Ms F Babajide	July 2014	July 2017

There should be a qualified First Aider on every site. In Nursery and Reception there should be a qualified Paediatric First Aider.

There should be a First Aider on every trip/outing. Under the Early Years Foundation Stage requirements, there should be at least one person trained in Paediatric First Aid.

Arrangements for the exclusion of children who are ill or infectious

In the Nursery the Studio should be used for children who are ill or infectious. In the rest of the school, the Junior House library should be used.

Recording of accidents

All accidents must be recorded in either the Minor Injuries Record Book (one kept on each site) or the Accident Report File (kept in Junior House kitchen). If an accident is recorded in the Accident Report File, parents should be informed.

First Aid Kits

First Aid Kits are kept in the kitchens of all three buildings. There is a First Aid Kit which is kept in the container by the School Field and this should be taken to the playground with the staff on playground duty. Portable First Aid kits should be taken on trips outside school.

Spillage of Body Fluids

Powder free Vinyl Gloves are kept in every First Aid kit and should be used when dealing with body fluids. There are four sickness units in school (Junior House landing, Reception, Senior House staff cloakroom, Nursery kitchen cupboard, which contain cleaning powder, antibacterial spray, cleaning materials, gloves and yellow disposal bags.

The first aid bins in Junior House, Senior House and Nursery should be used for the disposal of waste body fluids.

Reporting to the Health and Safety executive (HSE)

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995(RIDDOR), the School has a duty to notify and report some accidents, diseases and dangerous occurrences.

The HSE Information sheet 'Incident-reporting in schools (accidents, diseases and dangerous occurrences)' gives guidance on this. (most easily done by calling the Incident Contact Centre (ICC) on **0845 300 99 23**):

Any serious accident or serious injury to, or death of any child in the Early Years Foundation Stage must also be notified to local child protection agencies and their advice acted upon.

Bangs to the Head

These will always be regarded as a serious injury and reported to the parents. If there is an obvious abrasion or contusion it will be treated appropriately.

The child will rest for at least 15 minutes after the bang during which time s/he will be monitored closely for any changes such as:

- Lessening of consciousness
- Headache
- Vomiting or nausea
- Drowsiness
- Change in skin condition
- Problems with vision
- Bleeding from nose or ears

If any of these are observed then medical help will be sought promptly either by school or the parents. If the child appears well after 15 minutes s/he may return to normal activities but monitoring will continue in the same way.

Anaphylaxis (see also separate Policy)

Anaphylactic shock is a potentially life threatening condition caused by the body's major reaction to a foreign protein. This is commonly a nut allergy, but can be caused by bites or stings or drugs.

In this condition there is massive swelling of all parts of the body including the tongue and airway.

If this condition is suspected an ambulance needs to be called immediately and the patient monitored for signs of respiratory distress, with resuscitation carried out if necessary.(see unconsciousness)

Known sufferers will carry an epipen and this should be administered as soon as possible in the upper outer thigh muscle.

Major bleeding

Direct pressure will be applied direct to the site of injury and the bleeding part elevated whenever appropriate. Firm dressings will then be applied over the wound until bleeding stops. No foreign bodies will be removed, the casualty will be monitored for signs of shock and will be referred for medical treatment as appropriate. If a child has suffered a severe fall the possibility of internal bleeding will always be considered.

Minor cuts and abrasions

The wound will be cleaned with clean cold water using one swab for each wipe and dressed according to size either with an elastoplast dressing, gauze and micropore tape or a sterile dressing.

Contusions (bruising)

The affected part will be held in cold water as long as appropriate, or a pad soaked in cold water applied to the injured part or a cold compress applied.

Burns

The affected part will be soaked or held in cold water until the burning sensation stops, this may be more than 10 mins. Any burn which results in a blister will be treated as a wound and if the burn covers 9% of the body area, medical advice will be sought.

Choking

The casualty must first be asked if they are choking and be encouraged to cough. If choking continues, up to 5 sharp back slaps will be administered while monitoring the casualty to see if the object causing the condition is ejected. If back slaps fail then up to 5 abdominal thrusts will be administered. This process will be continued until success is achieved.

In a child [up to age 7 approx.] abdominal thrusts will be used with great caution. Turning them upside down may be used as an alternative.

Eye Injuries

If the casualty complains of an object in the eye they should be sat down and the eye irrigated, this will be done by pouring clean water straight from the eye wash bottle into the affected eye. The water will be directed from the nose side of the affected eye towards the ear. If this is unsuccessful both eyes will be covered with eye pads and medical advice sought.

Foreign Bodies

Foreign bodies may be swallowed or inserted in body orifices, these objects will be left alone and medical help sought.

Splinters

If possible these will be removed with sterile plastic disposable tweezers when they protrude through the skin, otherwise they will be treated as a small wound and medical help sought to remove them.

Stings

If the sting is visible and protruding it will be removed, the affected part will then be immersed in cold water to minimise swelling.

The casualty will be monitored for signs of anaphylactic shock.

Fractures

Swelling, bruising, deformity, pain and tenderness may indicate a fracture. If possible the injury will be supported as found or as most comfortable. Medical advice will always be sought.

Casualties with lower body fractures will not be moved.

Joint injuries

If possible the joint will be carefully examined using a minimum of movement. An unusual shape, with severe pain and localised swelling may indicate a dislocation and it will be treated as for fractures.

Swelling alone around the joint may indicate either a strain or sprain. The casualty will be rested, the affected part elevated if possible and treated with a cold compress. Medical attention will be considered in both cases.

Nosebleeds

The casualty will be seated with the head tilted slightly forward, the nose will be pinched at the nostrils and held for 10 mins. This will be repeated up to 3 times and if the bleeding does not stop, medical assistance will be sought.

The casualty will rest afterwards.

This procedure will not be carried out in association with a head injury.

Shock

Casualties who have suffered any injury may exhibit the symptoms of shock. Unless the injury is to the head, the casualty will be laid down with the feet raised, kept warm and his/her condition monitored. Fluids or food should not be given.

Unconsciousness

Once it is established that the casualty is unconscious, an attempt to summon help will be made **immediately**.

Then the following protocol will be followed

Adult [12 years or older]	Child
Ensuring the airway is open. If not it will be cleared and opened.	Ensuring the airway is open. If not it will be cleared and opened
Checking whether the casualty is breathing?	Checking whether the casualty is breathing?
If there is no evidence of normal breathing then an ambulance will be called	If there is no evidence of normal breathing, 5 rescue breaths will be given. If the child does not recover and the first aider has help the ambulance will be called and full CPR will then be carried out using the ratio 30 chest compressions to 2 rescue breaths.
Full CPR will then be carried out using the ratio 30 chest compressions to 2 rescue breaths.	If the child does not recover and the first aider has no help full CPR will then be carried out for 1 minute using the ratio 30 chest compressions to 2 rescue breaths. If there is still no recovery the ambulance will be called and full CPR resumed.

If the casualty is breathing normally they should be placed in the recovery position unless there are injuries which could be worsened by this action.

CONDITIONS REQUIRING EXCLUSION FROM SCHOOL

Exclusion is a necessary control measure to enforce when an individual poses a risk of infection to others and, whilst it is not always applicable in all cases of communicable disease, it is advisable that children are kept away from school when unwell, e.g. feverish, irritable, loss of concentration or are nauseous. Details of specific exclusions are listed below:

DISEASE

Chickenpox
Cold sores
Conjunctivitis
Persistent Diarrhoea and Vomiting

Head Lice
Hepatitis A

Hepatitis B and C

HIV / AIDS
Impetigo

EXCLUSION PERIOD

For 5 days from onset of rash
Whilst sore and discharging
Until better or antibiotics commenced
Until symptoms have stopped for 48 hours
Until treated
Young children and those requiring supervised hand washing until 5 days from onset of jaundice or pale stools
No exclusion, but strict hygiene should be adhered to when handling blood or body substances
Same as Hepatitis B and C
Until antibiotics commenced **and** lesions healed (crusted over)

Measles	For 5 days after onset of rash
Mumps	For 5 days after onset of swelling
Ringworm	None once treatment commenced by GP
Rubella (German Measles)	For 5 days from onset of rash
Scabies	Until treated
Scarlet Fever	For 5 days from starting antibiotics
Sore throat (Bacterial)	For 5 days from start of treatment
Tuberculosis	Until 2 weeks after start of treatment
Whooping Cough	For 5 days from commencing antibiotics

The school reserves the right to ask the parent for a doctor's letter stating that the child is fit to return to school.

Accidents involving Staff

- **work related accidents resulting in death or major injury** (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs)
- **work related accidents which prevent the injured person from continuing with his/her normal work for more than 3 days** must be reported within 10 days
- **cases of work related diseases that a doctor notifies the School of** (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer)
- **certain dangerous occurrences** (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health)

Accidents involving pupils or visitors

- accidents where the **person is killed** or is **taken from the site of the accident to hospital** and where the accident arises out of or in connection with:
 - any School activity (on or off the premises)
 - the way a school activity has been organized or managed (e.g. the supervision of a field trip)
 - equipment, machinery or substances
 - the design or condition of the premises

For more information on how and what to report to the HSE, please see <http://www.hse.gov.uk/riddor/index.htm>.

REVIEW

This policy will be reviewed every two years.

Reviewed September 2016

Judy Evans
Chair of Governors

Debbie Morrison
Headmistress

