‘ALIS VOLAT PROPRIIS’

SEATON HOUSE SCHOOL

FIRST AID POLICY

Date Reviewed: Oct 2021
Next Review Date: Oct 2023
Reviewed by: SLT

FIRST AID POLICY

This policy applies to the whole school including the Early Years Foundation Stage

At Seaton House School we aim to ensure that we provide every pupil with the best possible care and will ensure that:

- 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 Record Book. These are kept in the relevant first aid rooms.
- Records of all accidents are maintained in record books and subsequently translated to a spreadsheet for further analysis.
- Details of children with specific medical needs are recorded on SIMS and also in the relevant first aid rooms.
- It acts in 'loco parentis'
- Parents are 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, e.g. 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, e.g. vomiting, earache, stomach ache, the School Office will telephone a parent and if necessary the pupil is taken home. In the Early Years, Early Years 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 trained member of staff. The office will then telephone for an ambulance
- Additional measures introduced to cater for COVID-19 pandemic (see also H&S Policy)

Training

All staff have received basic training in First Aid and this will be renewed regularly, at least every three years.

The following staff hold a Paediatric First Aid qualification:

Paediatric First Aid				
	Date	Expires		
Amy Bowdery	Sep-19	Sep-22		
Angela Hopkins	Sep-20	Sep-23		
Becky Ansell	Mar-20	Mar-23		
Fola Babajide	Mar-21	Mar-24		
Jane Harvey	Jun-20	Jun-23		
Josie McGreevy	Aug-21	Aug-24		
Julie Budgett	Mar-21	Mar-24		
Kavita Gupta	Nov-19	Nov-22		
Krista Saunders	Jan-20	Jan-23		
Laura Fairweather	Mar-21	Mar-24		
Lesley-Ann Hill	Mar-21	Mar-24		
Lisa Smith	Mar-21	Mar-24		
Maria Newton	Jul-19	Jul-22		
Meenu Verma	Mar-21	Mar-24		
Paco Colomer	Sep-20	Sep-23		
Sarah McGreevy	Aug-21	Aug-24		
Sharon Leedham	Nov-20	Nov-23		
Sue Drury	Jan-20	Jan-23		

The following staff hold the Emergency First Aid at Work qualification:

Emergency First Aid at Work				
	Date	Expires		
Clare Oldroyd	Apr-21	Apr-24		
Fergus Endersby	Apr-21	Apr-24		
Hannah Simpson	Apr-21	Apr-24		
Lisa Mason	Apr-21	Apr-24		
Lorraine Ball	Apr-21	Apr-24		
Michelle Smith	Apr-21	Apr-24		
Rosemary Baker	Apr-21	Apr-24		
Sarah Hammond	Apr-21	Apr-24		
Shella Hossenbux	Apr-21	Apr-24		
Tim Roads	Apr-21	Apr-24		
Ursula Riddick	Apr-21	Apr-24		

There should be a qualified First Aider on every site. In Early Years 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 including During the COVID-19 pandemic

If staff suspect a child is ill then they will test the child's temperature using the handheld digital thermometers, if found to be over the normal temperature at that point the child will be isolated in either medical room (kitchen in EY and JH). Parents will be asked to collect their child immediately. If symptoms are present the child must be kept in self isolation at home for at least 14 days.

Arrangements for Staff during the COVID-19 Pandemic

All staff temperature test themselves on arrival at the school, if over the normal reading they must return home immediately and arrange a Lateral Flow Test. If that is positive then staff should arrange a PCR test. Equally if staff are asked to self-isolate because they have come into contact with someone else who has tested positive, they must remain at home and obtain a PCR test as soon as possible. Only after the full isolation period or receiving a negative test can they then return to work.

The school has a supply of lateral flow tests for staff who are working on site to use to minimise the transmission rates from asymptomatic carriers. Staff have been issued instructions on using these home test kits. The test kits are stored and controlled by the School Office staff and supplied to staff in accordance with Government directives.

Recording of accidents

All accidents must be recorded on the electronic Accident Log (Shared Area/Medical) and in the Accident/Injury Record Book if more serious. The member of staff recording the accident signs the Accident Report Slip. If a serious accident (including head bumps) is recorded in the Accident/Injury Record Book then parents should be informed. Any incidents occurring in the Early Years, will be recorded on paper, then passed to the School Office, to be transferred onto the electronic Accident Log. The electronic record is kept for all injuries, to keep track of any patterns of injuries and flag up any Health and Safety concerns.

First Aid Kits

First Aid Kits are kept in the First Aid rooms of all three buildings. There is also a First Aid Kit in the PE shed and in the Nature Garden Pergola. Portable First Aid kits should be taken on trips outside school. EYFS have a portable First Aid kit which they use when the walk between sites.

PPE (Spillage of Body Fluids/COVID-19 Risk)

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, First Aid Rooms and Senior House staff cloakroom), 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.

Additional PPE: gloves, face masks, aprons are in each medical cabinet for use as appropriate during the COVID-19 pandemic. The school will hold an emergency meeting SLT/Governors should any suspected COVID-19 cases be detected on site. Control of infection is paramount.

Subsequent actions for the school will be debated and communicated.

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
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 auto injector e.g. EpiPen or Jext, and this should be administered as soon as possible in the upper outer thigh muscle.

Major bleeding
Direct pressure will be applied 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 7approx.] 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	**EXCLUSION PERIOD**
Chickenpox	For 5 days from onset of rash
Cold sores	Whilst sore and discharging
Conjunctivitis	Until better or antibiotics commenced
COVID-19	10 day self-isolation
Persistent Diarrhoea and Vomiting	Until symptoms have stopped for 48 hours
Head Lice	Until treated
Hepatitis A	Young children and those requiring supervised hand washing until 5 days from onset of jaundice or pale stools
Hepatitis B and C	No exclusion, but strict hygiene should be adhered to when handling blood or body substances
HIV / AIDS	Same as Hepatitis B and C
Impetigo	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 October 2021

Judith Evans
Chair of Governors

Tim Roads
Bursar