



ADCOTE SCHOOL

FIRST AID POLICY 2020

Reviewed Sept 2020
Next Review Sept 2021

The First Aid procedure at Adcote is in operation to ensure that every student, member of staff and visitors will be well looked after in the event of an accident, no matter how minor or major.

It is emphasised that the team consists of qualified First Aiders and not trained doctors or nurses.

In the event of an accident all members of the school community should be aware of the support available and the procedures available to activate this. The purpose of the Policy is therefore:

- To provide effective, safe First Aid cover for students, staff and visitors.
- To ensure that all staff and students are aware of the system in place.
- To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.

To pay specific attention to potential areas of danger i.e. Science laboratories, sports fields, play areas, Home Economics, Art.

NB: The term FIRST AIDER refers to those members of the school community who are in possession of a valid First Aid at work certificate or equivalent and a current list of qualified staff is attached.

FIRST AIDERS will:

- Ensure that their qualification and insurance [provided by the school] are always up to date. Training is regularly provided by the school through PD days. The Bursar keeps a record of qualifications and sends reminders when renewals are due.
- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services.
- Help fellow First Aiders at an incident and provide support during the aftermath.
- Act as a person who can be relied upon to help when the need arises.
- Ensure that their portable first aid kits are adequately stocked and always to hand.
- Insist that any casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital; ensure that parents are aware of all head injuries promptly.
- Ensure that a child who is sent to hospital by ambulance is either:
(a) Accompanied in the ambulance at the request of paramedics. Or
(b) Followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted.
- The First Aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent.
- Liaison must occur with the teacher in charge of cover, to ensure that lessons are covered in the event of an absent teacher.
- Keep a record of each student attended to, the nature of the injury and any treatment given. In the case of an accident, the Accident Book must be completed by the appropriate person.
- Ensure that everything is cleared away, using gloves.

THE GOVERNING BODY will:

- Provide adequate First Aid cover as outlined in the Health & Safety [First Aid] Regulations 1981.
- Monitor and respond to all matters relating to the health and safety of all persons on school premises.
- Ensure all new staff are made aware of First Aid procedures in school.

HOUSEMISTRESS AND MATRONS will:

- Ensure that they always obtain the history relating to a student not feeling well, particularly in the cases of headaches, to ensure that no injury has caused the student to feel unwell.
- Ensure that in the event that an injury has caused a problem, the student must be referred to a First Aider for examination.
- At the start of each academic year, provide the first aiders and staff with a list of students who are known to be asthmatic, anaphylactic, diabetic, and epileptic or have any other serious illness.
- Update a list of medical consent forms and existing conditions for every student in each year on the Management Information System so it is available for staff responsible for school trips/outings.
- Ensure the first aid boxes are regularly checked and restocked.

STAFF will:

- Familiarise themselves with the first aid procedures in operation and ensure that they know who the current First Aiders are.
- Be aware of specific medical details of individual students when publicised by the House staff,
- Ensure that their students are aware of the procedures in operation.
- Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
- Send for help to Reception as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.
- Reassure, but never treat, a casualty unless staff are in possession of a valid Emergency Aid in Schools Certificate or know the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.
- Send a student who has minor injuries to Reception if they are able to walk where a First Aider will see them; this student should be accompanied.
- Send a pupil who feels generally 'unwell' to see the medical officer.
- Ensure that they have a current medical consent form for every student that they take out on a school trip which indicates any specific conditions or medications of which they should be aware.
- Have regard to personal safety.
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FIRST AID EQUIPMENT and STAFFING

First Aid Boxes are to be kept in:

Science Labs, Art & Textile Room, Home Economics Room, Sports Hall, Mini Buses, Catering Office, Bursar's Office, Maintenance Office, School Office, Senior and Junior Staff Rooms, Aston Boarding House, Aston classrooms, and Junior School.

First Aid boxes are restocked and regularly checked by the medical officer. A

small first aid holdall is available for outings.

First Aid equipment is for use in minor accidents (all of which should be reported and entered on Accident Report Forms). More serious cases must be dealt with at the hospital.

First Aid boxes should be stocked only with those items which are recommended on the list contained in each one:

- - One guidance card
- - Individually wrapped sterile adhesive dressings
- - Sterile eye pads
- - Triangular bandages
- - Safety pins & tape
- -Medium and large sized individually wrapped unmedicated wound dressings
- - Disposable gloves
- Alcohol-free wipes
- Burn gel sachets
- Sterile saline eye drops
- First Aid equipment situated in the Science Labs and Kitchen are as stated above, plus Emergency eye wash and burn gel spray.

All staff will be given the opportunity at regular intervals to train in first aid or to update their first aid qualifications. The Bursar keeps an up to date list of First Aid training and a record is kept in staff files. First Aid training is provided every 3 years as part of our PD day programme.

There will be a qualified First Aider present in school 24hrs a day during school opening hours. On residential trips a first aider will accompany pupils where possible.

Medical officer or matrons can be contacted on ext. 211.
Main office : 201

Pupils' medication is held in the medical officer's locked cupboard in the boarding houses. Pupils requiring medication should be sent to the medical officer at break times.

Accident or incident reporting

Accident or medical incidents should all be reported to medical officer/matron on duty. Depending on the degree of the injury the medical officer/matron will take the following steps:-

- Minor accidents, minor cuts and bruises due to children falling over at play or in games will be treated and entered onto the Accident book. Minor ailments, sickness, headaches, colds etc. will be logged by the matrons. Parents and staff are informed as necessary.
- If the accident is of a more serious nature and medical intervention is necessary or if the incident is due to misuse of equipment, or possible bullying, after first aid is administered, parents contacted or child was taken to A&E or GP the incident is entered into the accident book and if necessary an accident report is filled out. An e-mail is sent to the headmaster. An accident report summary is given to the bursar at the beginning of each term at the H&S meeting.
- When, in the judgement of the First Aider on duty, an accident or illness is of a serious nature then an ambulance should be called immediately and following this the school office and parents informed. DIAL 999.
- If the accident or incident is in connection with working practice or equipment or physical violence causing major injury including fractures (other than fingers thumbs and toes) amputations, dislocation of shoulder, hip, knees, or spine, loss of sight (either temporary or permanent) or other injury sustained that takes more than a three day recovery will be reported under RIDDOR.
 - The Head and Bursar would be notified straight away.
 - If the accident is thought to be from the misuse of equipment, fighting or bullying, then after first aid is administered the incident would be reported to the Deputy Head.

Administration of Medicine

No action should be taken unless:

- The parent has brought the medicine, with clear instructions and in appropriate dosage into school and handed it directly to the medical officer/Matron.
- The medicines are clearly labelled.
- The medicine is kept in the locked cabinet in the Medical/Matrons Room.
- Antibiotics / eye drops require chilling in a fridge.
- The Head has received a written indemnity from a parent confirming that no member of staff will be held to be culpable as a result of administering the appropriate medicine. Wherever possible the pupil should administer the dose to herself.

Under no circumstances should the Head or a member of staff administer an injection, unless specifically trained. In an emergency where a diabetic pupil requires insulin medical assistance should be sought.

ALL staff have the responsibility to administer an Epipen injection should the situation arise. Any medicine in school should be administered by the medical officer or boarding staff unless the parents and class teacher have had careful and detailed discussions about the class teacher undertaking this role. After school and during the evenings and weekends, Matrons and boarding staff will replace the medical officer role. Written instructions about dosage

and frequency should be obtained and signed when it is administered. If there is any ambiguity please consult the medical officer/Matron. If a member of staff is unhappy about administering medicine please consult the medical officer/Matron. At no time should children be allowed to keep or administer their own medicine.

In any situation where pupils may be away from home over a period of time e.g. school camps, field trips, holidays or sporting festivals, parents must sign an indemnity allowing urgent medical treatment to be authorised by the teacher in charge.

If a parent refuses to sign such an indemnity the pupil should be excluded from the activity

Administration of medication (EpiPen or similar)

In the event of pupils requiring EpiPens (adrenaline auto-injectors):

We keep, in the medical office, an EpiPen for each child, clearly labelled with their name. To be supplied by the parent/guardian. The pupil will also keep an EpiPen with her in her school bag.

If a pupil with an allergy goes out of school on trips, outings, matches the leader of the outing will have this information on a medication/condition list for staff. The EpiPen will be ready with the list in the dayroom prior to departure.

All the staff receive regular INSET training videos on how to use the EpiPen should this be necessary.

Signs and Symptoms of ANAPHYLACTIC SHOCK

- Difficulty breathing
- Swollen face and neck

Vomiting

- Red and screaming/pale and floppy

Losing consciousness

First Aid

1. Grasp EpiPen in dominant hand with thumb closest to grey cap
2. With the other hand pull off the safety cap
3. Hold the EpiPen from a distance of approx. 10 cm away from the outer thigh
4. Jab firmly into outer thigh so that the EpiPen is at a right angle to the outer thigh. It can be administered through clothing.
5. Hold in place for 10 seconds
6. Massage the injection area for about 10 seconds
7. Call 999 or take to the nearest hospital

There may be side effects from the EpiPen including:

Rapid action of the heart

Dizziness

Apprehension

Problems with breathing

Weakness

Sweating

Nausea

Vomiting
Headache
Tremor
Anxiety

First aid for someone having an asthma attack

Children with asthma must have an inhaler in school, clearly labelled with their name. Salbutamol /Ventolin is a bronchodilator and works by widening the airways in your lungs to allow air in and out. This helps you to feel less breathless, wheezy, or tight-chested. Help the child into a position that is comfortable to them, sitting slightly forward and supporting the upper body by leaning the arms on a firm surface, if possible. Keep calm and reassure child.

Allow child to use their inhaler, it should take effect within minutes.

To relieve asthma symptoms such as wheezing, breathlessness and tightness of chest the child should take one puff as a starting dose; this may be increased to two puffs if necessary. Do not give inhaler more than 4 times daily.

If the attack is severe and the inhaler has no effect after 5 minutes or if the child is getting worse seek medical help.

Seizures in Adults

Recognition

- Sudden loss of consciousness
- Rigidity and arching of back

Convulsive movements

- Muscle relaxation
- Regaining of consciousness
- Grey-blue tinge to skin

First Aid

1. Protect casualty
2. Try to ease fall
3. Talk to them calmly and reassuringly
4. Clear away any potentially dangerous objects to prevent further injury
5. Ask bystanders to keep clear
6. If possible, cushion the casualty's head with soft material until the seizures cease
7. Undo any tight clothing around casualty's neck
8. Once the seizures have stopped, open the airway and check breathing, then place the casualty in the recovery position
9. Monitor and record vital signs, level of response, pulse and breathing

Precautions

1. Do not force or restrain the casualty
2. If the casualty is unconscious for more than 10 minutes, or is having repeat seizures, or it is their first seizure, dial 999

Note the time and length of the seizure

Seizure in Children

1. Protect child from injury. Clear away any objects and surround the child with soft padding.
2. Loosen clothing.
3. If child is very hot start cooling down by tepid sponging.
4. If possible time the length of the seizure.
5. Once the seizure has stopped open airway and check breathing, then put the child into the recovery position.
6. Dial 999 for an ambulance.
7. Monitor and record level of response, pulse, and breathing until help arrives

Hypoglycaemia: low blood sugar in diabetics

Recognition

There may be:

- Weakness, faintness, or hunger
- Palpitations, and muscle tremors
- Strange actions or behaviour; the casualty may seem confused or belligerent
- Sweating and cold, clammy skin
- Pulse may be rapid and strong
- Deteriorating level of response

Your aim

1. To raise the blood sugar as quickly as possible.
2. Help the casualty to sit down. Give them a sugary drink, sugar lumps, chocolate or any other sweet food; alternatively, if they have their own glucose gel help them take it.
3. This may bring them round enough to manage a longer lasting carbohydrate to sustain their sugar level.
4. To obtain medical aid if necessary.

WARNING

If consciousness is impaired, do not give the casualty anything to eat or drink
If the casualty is unconscious open the airway and check breathing; be ready to give chest compressions and rescue breaths if necessary. If breathing, place him/her in recovery position

DIAL 999 FOR AN AMBULANCE

If you need to request an ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number

01939260202

2. Give your location

Adcote School

Little Ness

Shrewsbury

3. State that the postcode is

SY4 2JY

4. Give the exact location in the school

5. Give your name

6. Give the name of the casualty and a brief description of the casualty's symptoms

7. Inform the ambulance control of the best entrance and state the crew will be met and guided to the correct location