



First Aid Policy

2023-2024

Approved by: Headteacher

Date: September 2023

*Last reviewed on: September
2023*

*Next review due September
by: 20234*

At Hale Prep School, there is a commitment to ensure that every pupil, including EYFS, every member of staff and every visitor will be provided with the timely and competent administration of first aid in the event of an accident or illness, no matter how minor, and the effective implementation of the first aid policy. The school recognises that it has a statutory duty to provide adequate and appropriate facilities and equipment to achieve this objective. The DfE Guidance on First Aid in schools has drawn up this policy.

Health Care Plan

Before starting school, parents are required to complete a health care plan which will include contact numbers, GP's name, any ongoing condition requiring medical treatment/medication, special dietary requirements, any allergies, and a description of what constitutes an emergency for the child. The care plans are kept in the secretary's office in a secure area.

Accident Report Book

Accident report books are situated in the secretary's office and the kitchen.

Any incident/accident must be recorded in an accident book by the person attending the casualty or dealing with the incident. This record will include the date, time and place of the incident, full name of the injured/ill person, details of the injury/illness and what first aid treatment was given, and name and signature of the first aider or appropriate person dealing with the incident.

A copy of the report is sent home to the parent or guardian on the same day or as reasonably practicable. Completed accident report books will be maintained in the school office and then the storeroom.

Serious injury or that resulting in a hospital visit

RIDDOR (reporting of injuries, disease and dangerous occurrences regulation). Any serious injury, or injury that results in a visit to the hospital, must be reported to the Health and Safety Unit and Trafford Borough Council.

Key Personnel

The appointed person for first aid is Mrs B Wilson. Mrs Wilson (renewal date 27/2/2023), Miss Naylor (renewal date 13/01/2025), Mrs Katie Darlington (renewal date 09/05/2026) and Miss Claire Humphreys (05/03/2026) are the qualified paediatric first aiders on site. Miss Naylor is appointed specifically to EYFS and will accompany all EYFS trips. Mrs K Busby is in charge of ensuring first aid arrangements are kept up to date on site. This role includes:

- Looking after first aid equipment

- Calling emergency services
- Ensuring first aid qualifications and insurance are up to date,
- Ensuring supplies of first aid materials are available at various locations and are regularly checked
- Ensuring that the locations of materials are known to all members of staff
- Ensuring the accident book is maintained,
- Ensuring that the health care plan is maintained and updated
- Ensuring there is a first aider present when pupils are in school

The staff has received suitable first aid training enabling them to give emergency first aid to someone who is injured or becomes ill whilst on the school premises. The last training was on 1st September 2020.

At least one qualified first aider will be on site when pupils are present. For the early years, at least one person with a paediatric first aid qualification will be on-site or on outings. The current paediatric first aiders are Mrs Belinda Wilson, Miss Rebecca Naylor and Mrs Alison Whitfield.

All staff must sign an acknowledgement that they are familiar with the school's first aid policy.

Emergency in Classroom Procedure

In the case of an emergency, year 2 and the juniors are old enough to carry a message to Mrs Wilson. Reception and year 1 have a red laminated card in the classroom. In the case of an emergency, a child is to take the card to Mrs Wilson; this will inform her that an emergency has occurred.

Mrs Wilson will immediately accompany the child back to the classroom. There are similar red cards in the outside classrooms, hall, music room, art room and science lab.

First Aid Equipment and Information

1. Medical Room

The medical room is adjoining the music room. The room comprises a bed, water facility, and first aid kit. The room is within 10 metres of a toilet.

2. Location of First Aid Boxes

First aid boxes are clearly labelled with a white cross on a green background. They are located in the infant toilets, the computer room, the school office, the kitchen, the far Crystal Palace, Year 6 classroom and the medical room. First aid kits for trips and off-site games lessons are stored in the medical room.

The appointed person for first aid will ensure that the first aid boxes are on site, that all are adequately stocked and check the expiry date of the stock.

3. Spillage Kit

The spillage kit for dealing with bodily fluids is located in a high cupboard in the infant toilets. This includes a disposable apron and gloves, an odour mask, a disposal bag, disinfectant/sanitiser spray, and antiseptic wipes.

Permission for Medication

When a child needs medication to be administered during the school day the following procedure must be adhered to:

1. School must have written permission from the parent/guardian for medication to be administered in school. If the medication is non-prescriptive e.g. Calpol, a simple written note with the name of the medicine, dose and time to be administered is sufficient. For prescription medication, forms are available from the office for the parent/guardian to sign.
2. The teacher must record the times and dosage given each day in all instances. A separate form for this is available from the office. Dosage and times must match the instructions on the label. When the medication is required daily for a sustained period instructions from parents on the Health Care Plan will suffice.
3. School Calpol and Neurofen are stored separately from children's medicines.
4. Non-prescription drugs must be stored separately from prescription drugs.
5. The signed piece of paper for prescription drugs remains in Mrs Wilson's office. When the parent collects the medication, they are required to sign that the medication has been administered for that day.

Forms are available in the office in a file marked First Aid, Medication and Accident. Completed forms must be returned to Mrs Wilson to be filed in this folder.

Lunchtime and Break Supervision

At break and lunchtime, a child who feels unwell or is injured will first be attended to by the playground supervisor who is pediatric-trained. Should the break lunchtime supervisor believe that the injury illness requires further attention then Mrs Wilson or a senior member of staff should be informed.

All accidents *and* illnesses, no matter how trivial, should be fully recorded in the accident book.

At all times there are at least two, usually three, playground supervisors. At no time will the children be left unsupervised in the event of a playground supervisor attending a pupil indoors.

School Trips and Games Sessions

All groups leaving the school, for whatever reason, must take an appropriate first aid kit along with any individual medications such as inhalers, and epi-pens. All equipment will be checked termly by Mr Steve Busby, head of PE. Adequate supervision will be provided at all times in the gym, changing areas and sports fields. Children must be supervised at all times in the playground and on buses to and from sports.

Procedure in the event of an incident requiring medical assistance

1. If a pupil becomes unwell

If a pupil is feeling slightly unwell during a lesson or activity then the pupil will be sent to the secretary's office. The secretary is a qualified first aider. Along with one of the deputies, an informed decision will be made regarding whether to call the parents.

2. If a pupil is involved in an accident

There will be an immediate call for a first aider. The first aider will take charge and will decide on, and if appropriate, administer the relevant first aid treatment.

All incidents must be recorded and parents informed in line with the school policy. At all times ensure that all other pupils in the vicinity are adequately supervised.

3. If a serious accident or medical emergency is necessitating an ambulance

Call for assistance from the nearest first aider, ensuring all children in the vicinity are safe and supervised. The first aider who attends will take charge and will decide on and, if appropriate, administer the relevant first aid treatment. In the event of it being deemed necessary to call an ambulance, if not previously alerted, inform the head or one of the deputies. A member of staff will then be stationed at the school gate to escort the paramedics to the pupil. A member of staff known to the pupil will accompany the casualty until the parent or guardian arrives. Where there is an urgent need for treatment, the responsibility must be assumed by the doctor. The Health Care Plan should be taken to the hospital.

All incidents must be recorded by the school's procedure

4. Notifying Parents

The office manager, following instructions from the Headteacher or Mrs Busby, will notify parents where required. Any child taken to hospital by a member of staff must have written details of name, address, date of birth, doctor and any medical information that may be relevant.

5. Dealing with bodily fluid spillages (Biohazards)

For this policy, bio-hazards are said to include blood, vomit, faeces, urine and wound drainages.

In the event of a spillage on a surface, there should be an immediate isolation of the area before members of staff deal with the hazard.

Waste should be disposed of in the appropriate bin. The spillage kit is located in a high cupboard in the infants' toilets.

6. Head Injuries

All head injuries are to be regarded as potentially dangerous irrespective of the extent of the external injury.

The monitoring of a pupil with a head injury must be thorough, looking for key signs such as sickness, dizziness, incoherence or drowsiness. The policy of the school is to always be cautious.

Parents are always informed in the case of a head injury. After a detailed telephone conversation describing the injury, ultimately it is at the discretion of the parents as to whether to collect their child and seek medical attention.

If the child remains in school she/he will be carefully monitored. The child will take home a note advising parents of any developing symptoms that may require medical attention.

7. (a) Bee or wasp sting – always phone parents in case of allergic reaction.

(b) Nose bleeds – if after 20 minutes of treatment, a pupil's nose continues to bleed, contact parents.

(c) Shock – If a pupil has signs of shock – pale, cold and clammy, rapid shallow breathing and displays symptoms of shock – faint, dizzy, nausea – immediately call for an ambulance.

8. Guidance on when to call an ambulance

An ambulance will be called for the following;

Head bangs where children lose consciousness/vomit or have signs of severe concussion. Broken limbs where the child does not move from the place of injury and cannot move freely when transported. When children move from the site of an accident an assessment will be made of their injury.

Parents have the right to ask the school to call an ambulance if they consider it may be difficult to transport their child by themselves.

Seizures or fitting occurs.

If parents arrive in school before an ambulance is called we will discuss with them the fact that we feel it is appropriate to call an ambulance.

9. Infectious and communicable disease policy

If a child has to go home prematurely due to illness, they should remain at home until they are better for at least 24 hours. If any infectious or communicable disease is detected on the school's premises, the school will inform parents/carers in writing as soon as possible. In specific cases, the parents are asked to follow the doctor's guidelines for example with cases of chicken pox, measles etc. This is communicated to parents in the Parents' Handbook.

Staff Awareness

All the staff are made aware of pupils with particular medical conditions. This is achieved verbally at staff meetings and by a notice on the staff noticeboard. Members of staff must ensure that the needs of such pupils are included in any risk assessment for trips outside the school.

The staff is made aware of the location of first aid boxes, epi-pens and spillage kits. Where necessary, the staff will meet with the district nurse and external agencies in addition to regular staff training.

All staff is included in the above including non-teaching staff and playground supervisors.

Review of First Aid

An annual review (or when deemed necessary) of First Aid equipment will be taken out by Kath Busby and Belinda Wilson to ensure everything is in date. They will look for any patterns of injuries by analysing the accident books. This will be recorded in the office on the annual review sheet.

Appendix

- Asthma
- Epilepsy
- Diabetes
- Allergies and anaphylaxis
- Healthcare plan

Paediatric First Aid:

Mrs B Wilson	(renewal date Feb 2023)
Miss R Naylor	(renewal date Jan 2025)
Mrs K Darlington	(renewal date May 2026)
Miss Claire Humphreys	(renewal date March 2026)

First Aid at Work:

All the teaching staff attended the appropriate course on 1st September 2020. This will be updated on a 3-year rolling programme.

ASTHMA

Asthma is a condition of the respiratory system – it affects the airways in the lungs. When a person with asthma comes into contact with something that irritates their airway [an asthma trigger], the muscles around the walls of the airway tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes stick mucous or phlegm builds up which can further narrow the airways. This makes it difficult to breathe and leads to symptoms of asthma.

Recognition of an asthma attack:

- The airways in the chest become restricted
- The pupil may only be able to speak with
- difficulty the pupil may wheeze, unable to breathe out

The pupil may become distressed, anxious, exhausted, have a tight chest or may even go blue around the lips and mouth

Arrangements for children with asthma

- Children keep their inhalers in a labelled clear bag in their form room.

What to do if a pupil has an asthma attack

- Follow the emergency classroom procedures
- Ensure that the reliever medicine is taken. The medication must belong to the pupil having an asthma attack.
- Note that some pupils may not have spare medication stored with School
- Stay calm and reassure the pupil. Attacks can be frightening, so stay calm, the pupils have probably been through this before. It is very comforting to have a hand to hold but do not put your arm around the pupil's shoulder as this is very constrictive. Listen carefully to what the pupil is saying. Loosen any tight clothing.
- Encourage the pupil to breathe deeply and slowly. Most people find it easier to sit upright or lean forward slightly. Lying flat on the back is not

recommended.

- Call 999 and request an ambulance urgently if the reliever has no effect after five or ten minutes, the pupil is becoming distressed or unable to talk, the pupil is getting exhausted, becomes disorientated or collapses, and the pupil looks blue. If you have any doubts at all about the pupil's condition.
- The pupil's parents or guardian will need to be informed after an attack even if relatively brief.
- Minor attacks should not interrupt a pupil's involvement in the School. As soon as the pupil feels better they can return to School activities.

EPILEPSY

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but it may be a symptom of some physical disorder. However, its cause – especially in the young – may have no precise medical explanation.

Tonic-Clonic Seizures (urinal mal)

The person may make a strange cry and fall suddenly. Muscles first stiffen and then relax, and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the person may be incontinent.

Complex and partial seizures (temporal lobe seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements, such as twitching, plucking at clothing or lip-smacking. The person appears conscious but may be unable to speak or respond during this form of seizure. Ensure the safety of the person – gently guide away from dangers and speak calmly to the person and stay until they recover.

Absence (petit mal)

This can easily pass unnoticed. The person may appear to daydream or stare blankly. There are very few signs, if any, of an 'absence / petit mal' seizure. This can lead to serious learning problems as the seizures may be frequent and the person does not receive any visual or aural messages during those few seconds. Therefore, it is so important to be understanding, note any petit mals and inform parents.

Staff can play an important role in the recognition of epilepsy and in the recognition of changing patterns or an increased rate of seizures.

Arrangements for children with epilepsy

Any medication will be stored in the office clearly labelled with the child's name.

Procedure for an epileptic seizure

Total seizure (total clonic)

- KEEP CALM – pupils will tend to follow your example. Let the seizure follow its course. It cannot be stopped or altered.
- Ask the other pupils to leave the room and ask a responsible pupil to fetch another adult. Contact the office using the emergency classroom procedures.
- Note the time.
- If the pupil has emergency medication, ask a member of staff to get the pupil's medication. Administer the prescribed medication as per instruction.

Protect the pupil from harm. Only move the pupil during a seizure if you have to for their protection. If possible move any objects that may hurt them, rather than move them from dangerous objects.

- As soon as possible (normally post-seizure) place the pupil on their side – this does not have to be a true recovery position – just so that the tongue falls forward so that any saliva can drain out of the mouth easily.
 - Put something under their head to protect them from facial abrasions if at all possible. Try not to leave the pupil alone if at all possible. If you need to leave the pupil make sure there is something behind their back to try to maintain a sideways position.
 - Talk quietly to the pupil to reassure them but do not try to restrain any convulsive movements. Do not place anything in their mouth.
 - Minimise any embarrassment as during the fit the pupil may be incontinent – cover with a blanket to keep warm.
 - Once recovered, move them to the Medical Room.
- If possible, ask other pupils to leave the Medical Room.

Allow the pupil to sleep on their side. Do not leave them alone as the seizure may be the first of a cluster – leave with a First Aider.

- Call the pupil's parent/guardian and request the pupil be collected from school so that they can sleep as long as needed. If the seizure occurs in the morning they may even be able to return in the afternoon. This is a very individual decision and will be left to the parent to decide. If the seizure lasts five minutes or longer call an ambulance immediately.
- If a seizure lasts that long, it is likely to last longer. It is very important
- that the pupil goes to the hospital and gets the proper treatment within one hour of the beginning of the seizure. If you are concerned or the pupil has received injury e.g. due to a fall, call an ambulance. We are advised it is better not to call an ambulance if the seizure lasts less than five minutes as they are better off left in peace.
- When the ambulance arrives, report to the paramedic details of the seizure – especially how long it has lasted. If the parent arrives, report the details of the seizure to them.
- An appropriate member of staff must accompany the pupil in the ambulance and stay with them until the parents arrive.
- Ensure any pupils who were present at the time of the seizure have a chance to talk it over with their class teacher or a key person (in EYFS).
- All Hale Prep staff, through reading this document, should have a clear
- understanding of what to do in the event of a pupil having an epileptic seizure.

Some pupils may have emergency medication – but it is NOT carried by pupils all staff must know where this is kept.

- All staff, teaching and non-teaching will be informed of pupils with epilepsy in the staffroom.

Arrangements for children with diabetes (currently there are no children at HPS)

DIABETES MELLITUS: TYPE 1 INSULIN DEPENDENT

Diabetes Mellitus is a condition when the body fails to produce sufficient amounts of insulin, a chemical that regulates blood sugar (glucose) levels. As a result, sugar builds up in the bloodstream and can cause hyperglycaemia. People with diabetes control their blood sugar with diet (which provides a predictable amount of sugar and carbohydrate) and insulin injections. Children can have emotional, eating, behavioural and confidence difficulties as a result of their condition. Therefore, much support is required.

Hypoglycaemia – low blood sugar

Hyperglycaemia – high blood sugar

In developing these procedures Hale Prep recognises the advice and guidance of the British Diabetic Society and Diabetes UK. The school recognises its responsibility in dealing with pupils appropriately.

- Hale Prep understands the importance of ensuring the pupils feel safe and*
- secure. Hale Prep recognises that diabetes is a widespread condition affecting pupils and welcomes pupils with diabetes.*
- All pupils with diabetes will have an Individual Health Care Plan.*
- Hale Prep encourages, helps and supports pupils with diabetes to achieve their potential and to participate fully in aspects of School life.*
- Hale Prep staff will have a clear understanding, through reading this document, of what it means to be a diabetic and what to do in the event of a pupil having a hypoglycaemic or hyperglycaemic episode and what to do in an emergency.*
- All staff must understand that immediate access to insulin or diabetic*
- snacks is vital. Pupils' emergency boxes are kept in the Office and snacks are left in each room the child is taught in. It is the responsibility of the parent to keep these supplies up to date.*
- All staff, teaching and non-teaching will be informed of pupils with*
- diabetes in the staffroom. The School will also inform catering staff of pupils with diabetes in case these pupils have no snacks with them and urgently need something to eat.*
- A personal record of a child's insulin reading is to be kept daily. It is accessible to the child and for the parent to view.*
- A child with diabetes has a regular daily time for insulin checks. A staff rota will be put in place to ensure this*

ALLERGIES AND ANAPHYLAXIS

An allergy is a hyper-sensitive reaction to intrinsically harmless antigens (substances, usually proteins that cause the formation of an antibody and react specifically with that antibody). In susceptible individuals, the reaction may develop within seconds or minutes of contact with a trigger factor.

Exposure may result in a severe allergic reaction (anaphylaxis) that can be life-threatening. In an anaphylactic reaction, chemicals are released into the bloodstream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood).

Triggers can be

- Skin or airborne contact with particular
- materials Injection of a specific drug or
- insect bite Ingestion of a certain food e.g. nuts, fish, eggs

Recognition

- Anxiety
- Wide-spread red blotchy skin eruption
- Swelling of the tongue and throat Puffiness around the eyes.
- Impaired breathing from tight chest to severe difficulty in breathing

Serious symptoms

- Cold, clammy skin
- Blue-grey tinge around the lips
- Weakness/dizziness
- Feeling of impending doom

Progresses further

- Restlessness
- Aggressiveness
- Gasping for air
- Yawning (trying to get oxygen into the body to the brain)
- Unconsciousness

Treatment

- Follow the emergency classroom procedures.
- Ask a member of staff to get the pupil's emergency box from the office. Administer antihistamine tablets/syrup as prescribed in the emergency box. If the pupil feels better, allow them to rest and contact the parents.
- If serious symptoms appear call for an ambulance and ADMINISTER ADRENALINE VIA EpiPen / ANAPEN IMMEDIATELY. Instructions are kept in the emergency box with the EpiPen / Jextpen.
- Lie the pupil down if possible, and lift the legs slightly.
- Try and expose the thigh, especially if the pupil is wearing thick trousers. Remove the safety cap of the EpiPen.
- Hold the EpiPen very firmly to the outer aspect of the thigh, at right angles to the leg. Press hard into the thigh, UNTIL A CLICK IS HEARD.
- Hold the EpiPen in place for a count of ten seconds. Remove the EpiPen from the thigh and rub the area gently. Do NOT throw the used EpiPen away.
- Ensure the used EpiPen is taken to the hospital with the pupil in the ambulance.
- If the pupil is feeling no better or appears worse after ten minutes you may need to give a second injection if available (using the other thigh).
- Stay with the pupil until the ambulance arrives.
- All staff receives annual EpiPen training. The last date was October 2018.

- All Hale Prep staff will have a clear understanding, through the reading of this document, of what it means to be allergic to a particular substance (whether the trigger of a reaction is skin or airborne contact, injection or ingestion), signs and symptoms of a reaction, and what to do in the event of a pupil having an anaphylactic reaction, including the use of an EpiPen to administer emergency adrenaline.
- All staff, teaching and non-teaching will be informed of pupils with allergies in the staffroom.
- The School will also inform catering staff of pupils with food allergies, to ensure the pupils' dietary requirements are catered for.

Hale Prep is committed to working in partnership with all parties to ensure the procedures are adhered to and communicated effectively.