



Knowledge · Virtue · Aspiration

Upper Junior School for Girls

FIRST AID POLICY

INTRODUCTION

Greenfields believes that ensuring the health and welfare of staff, students and visitors is essential to the success of the school. Our proprietors require that in accordance with the law, first aid is administered in a timely and competent manner. Furthermore, our policy must be effectively implemented at all times.

We are committed to:

- providing excellent provision of First Aid for students, staff and visitors
- ensuring that students with medical needs are fully supported at school

We will ensure that all staff including supply staff and volunteers, are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the school is appropriately insured and that staff are aware that they are insured to support students in this way.

In the event of illness, a staff member will accompany the student to the school office or first aid room in order to manage their medical condition effectively. The school will not prevent pupils from eating, drinking or taking breaks whenever they need to.

THE SCHOOL NURSE

As we are an Independent school we do not have an onsite nurse. However, we have staff who are qualified level 3 First Aiders. Their details are listed below.

STAFF TRAINING

All First Aiders have attended appropriately accredited training within the last three years and are able to follow guidelines given at the course. This coupled with access at all times to first aid kits enables qualified staff to administer first aid wherever required. First aid training is appropriate to the age of the children in their care, thus allowing them to provide excellent care.

THE FIRST AID TEAM

The First Aiders in school are:

- **Zone B:** Naweed Ahmed
- **Zone A:** Nadia Choudhury, Khadri Abdirisak and Asmaa Majid.

All staff are aware which of their colleagues are qualified to administer first aid and will refer any accidents or other medical emergencies to them promptly. At all times there will be at least one qualified first aider on site. The staffing is arranged to ensure that a number of first aiders are on site each day so that even in the event of absences or a first aider is accompanying a school trip there will be first aid cover available.

FIRST AID BOXES

The first aid boxes are located:

- First Aid Room (situated adjacent to Head Teachers office)
- Zone A Staff Room
- Playground Hut (Upper Playground)

All first aid boxes are placed at easy access for staff but out of reach for the children.

ADMINISTERING FIRST AID

In the case of an accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a comfortable space and calls for a first aider.
- The first aider administers first aid and must record necessary details regarding accidents and other medical emergencies on an Accident/Injury Record Book. Parents should be informed when necessary and a record will be kept of occasions when they have been.
- If the child has had a bump on the head, they must be given a “head injury’ note and a sticker saying ‘I have bumped my head’ so all other staff are aware for the duration of the school day.
- If the incident is reportable under RIDDOR (*Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 1995*), then the health and safety officer Shakeel Ahmed will inform them.

FIRST AID AND THE CURRICULUM

Members of staff are made aware of any particular hazards in subjects and all other learning activities that they teach or supervise and therefore a risk assessment is required to ensure all risks are limited. If an accident should occur whilst a teacher is teaching or supervising they will follow the same procedure (mentioned above) and will have access to the first aid kit.

ACCIDENTS / ILLNESSES REQUIRING HOSPITAL TREATMENT

Staff should note the following; If it is clear that an injury is relatively low level then this can be treated onsite. However, if the level of injury is significant, higher level, involving head injury or if there is any doubt about whether or not the injury should trigger an emergency ambulance call (or visit to the hospital); then, an emergency call or visit to the hospital must take place. If a child has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required. Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

MEDICATION

Pupils’ medication is stored in:

- The First Aid room in a locked cabinet
- If required in the Zone B Staff Room fridge

ADMINISTERING MEDICINES IN SCHOOL

Prescribed medicines may be administered in school by a staff member who is first aid trained where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours.

If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly. Staff will not force the child.

In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the school office. Staff will ensure that records are kept of any medication given.

Non-prescribed medicines may not be taken in school.

It is the responsibility of the school to return medicines that are no longer required, to the parent for safe disposal.

Asthma inhalers will be held by the school for emergency use, as per the Department of Health's protocol.

PUPILS WITH SPECIAL MEDICAL NEEDS – INDIVIDUAL HEALTHCARE PLANS

Some pupils have medical conditions that, if not properly managed, could limit their access to education. It is essential that such conditions are promptly identified. All efforts will be made through our normal systems of pastoral care and liaison with parents and/ or external agencies to ensure effective identification. These children may be:

- Epileptic
- Asthmatic
- Have severe allergies, which may result in anaphylactic shock
- Diabetic

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most if not all school activities; unless evidence from a clinician/GP states that this is not possible. The School will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will

be used to take account of any steps needed to ensure that the curriculum and school environment is inclusive to pupils with medical conditions too.

The School will not send pupils with medical needs home frequently or create unnecessary barriers to pupils participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

An individual healthcare plan will help the school to identify the necessary safety measures required to support any children with medical needs and ensure that they are not put at risk. The School appreciates that pupils with the same medical condition do not necessarily require the same treatment.

Parents/carers have primary responsibility for their child's health and should provide schools with information about their child's medical condition. Thus during the initial registration procedure such questions are asked to gain an insight into all children's medical needs.

Parents and the pupil should give details in conjunction with their child's GP and Paediatrician. The school nurse may also provide additional background information and practical training for school staff.

All staff are made aware of any children with such conditions are alert to the need for prompt action.

EPIPENS AND ANAPHYLAXIS SHOCK TRAINING

A list of anaphylaxis sufferers are displayed inside of the first aid cabinet in the first aid room. Epipens, for anaphylaxis sufferers, are kept out of reach in the medicine cabinet. Epipens can only be administered by members of staff who have received epipen training. The school will ensure sufficient members of staff are trained to administer epipens when needed.

Epipens and the appropriate trained member of staff are taken on educational visits and off site sporting activities. Parents are responsible for checking that the treatments are still within their 'Use by dates' and for replenishing them.

PROCEDURE THAT WILL BE FOLLOWED WHEN THE SCHOOL IS FIRST NOTIFIED OF A CHILD'S MEDICAL CONDITION

- The parent to complete and sign Medical record forms and return these to school

- Medication that is to be administered at school has to be brought in by a responsible adult and must be in original packaging with instructions of times and dosage to be given.
- All medication will be recorded on a medication form and signed for on receipt
- Medication will be kept in a locked medication cabinet and pupil will be made aware who is responsible for the access to the cabinet
- Any medication that is surplus must be sent home to parent/guardian or carer at the end of every term.

This will be in place in time for the start of the relevant school term for a new pupil starting at the school or no longer than two weeks after a new diagnosis or in the case of a new pupil moving to the School mid-term.

SCHOOL VISITS

In the case of a residential visit, the residential first aider will administer first aid. Reports will be completed in accordance with procedures at the residential centre. In the case of day visits a trained First Aider will carry a travel kit in case of need.

HYGIENE PROCEDURES IN CASE OF BODY FLUID AND /OR BLOOD SPILLAGE

Blood and body fluids for example, faeces, vomit, saliva, urine, nasal and/ or eye discharge may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils practice good personal hygiene and are aware of the procedure for dealing with body spillages.

STAFF CONTACT

- The First Aid coordinator will need to be contacted initially so that he can arrange for a member of the team to clean the area appropriately
- The initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean Up Procedure'.

INITIAL CLEAN UP PROCEDURE

- Get some disposable gloves from the nearest First Aid kit
- Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner)
- Put more absorbent towels over the affected area and then contact the headteacher for further help
- The bin that has had the soiled paper towels put in then needs to be double bagged tied up and placed in the outside bin
- Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home
- The area then needs to be cordoned off until cleaned
- The area must be cleaned with disinfectant following the manufacturer's instructions.
- A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- The area should then be ventilated well and left to dry
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturer's instructions
- Wash hands thoroughly
- If the spillage has been quite extensive the area may then need to be closed off until the area can be cleaned correctly.

MANAGEMENT OF ACCIDENTAL EXPOSURE TO BLOOD

Accidental exposure to blood and other body fluids can occur by:

- Injury from needles, significant bites that break the skin etc.
- Exposure to broken skin e.g. abrasions and grazes.
- Exposure of mucous membranes, including the eyes and mouth.

ACTION TO TAKE IF THE ABOVE OCCURS

- If broken skin encourage bleeding of the wound by applying pressure

- Wash thoroughly under running water.
- Dry and apply a waterproof dressing.
- If blood and body fluids splash into your mouth – do not swallow.
- Rinse out mouth several times.
- Report the incident to the headteacher.
- If necessary take further advice from NHS Direct.
- An accident form will need to be completed and it may need to be reported to RIDDOR dependent on the severity of the injury.

ADMINISTERING FIRST AID OFF-SITE

First Aid provision must be available at all times including off-site on school visits. The level of first aid provision for an off-site visit or activity will be based on risk assessment.

A trained appointed person or first aider will accompany all off site visits and activities along with a suitably stocked First Aid box. The First Aider must be aware of the contents of the First Aid box and its location at all times throughout the visit. All adults present on the visit will be made aware of the arrangements for First Aid.

If any First Aid treatment is given, the Group Leader will advise the school office, by mobile telephone if urgent, or on return so that the pupil's parents can be informed.

If a pupil is taking a prescribed medicine, a 'Parental Agreement' form will have been completed: see Administering Medicines in School section above. The medication will be kept in the First Aid box, with a cool pack if necessary, and will be administered by the First Aider at the necessary time.

Guidance taken from DfE – First aid for schools:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306370/guidance_on_first_aid_for_schools.pdf

P. Saeed Alam - October 2018

This policy will be reviewed in September 2019