



AMESBURY SCHOOL
HINDHEAD

FIRST AID POLICY

First Aid Policy

This policy has been written in line with the DfE 'Guidance on First Aid in schools' document, version 14 February 2022. This policy applies to all pupils at Amesbury from Pre-Nursery through to Year 8. There is a separate Administration of Medicines in School Policy document and a separate Little Amesbury Administering Medications Policy.

First Aid is the initial assistance or treatment given to a person who is injured or suddenly taken ill. The person who provides help is the First Aider.

The lead First Aider is employed in the role of school nurse who is NMC Registered (They are supported by the Medical Centre Assistant (MCA) who is trained in both First Aid at Work and Paediatric First Aid, head injury and concussion awareness and Medicines Management. Both are referred to as Matron when on duty.

The MCA is the designated duty first aider when on site as the Lead Nurse is also the Mental Health and Wellbeing Lead as works in that role when the MCA is in. The Medical Centre is open to administer First Aid during the school session from 0830am until 5pm daily; outside of these hours there will always be a qualified First Aider in the main school and in Little Amesbury, in case of an emergency. A First Aider should provide immediate assistance to the injured/ill person and should call upon extra help as necessary. Appropriate first aid should be administered according to the injury/illness, with judgment, and inside scope of training for that First Aider.

If the pupil can attend the Medical Centre following an accident/onset of illness first aid will be administered there. The exception to this is pitch side during fixtures when the games staff are expected to administer the first aid. During home contact rugby fixtures, Matron will be pitch side for head injury assessment and first aid support to games staff. At all other times, if the pupil is unable to be moved the Matron/MCA can be contacted on Ext. 280 or on mobile phone which is always carried and switched on: 07395792735. If called out the Matron/MCA will carry an emergency first aid bag and necessary equipment to assess the situation.

In Little Amesbury, all minor injuries are dealt with by the First Aiders on duty (paediatric trained); during school hours pupils should only be brought over to see the Matron/MCA if the injury is more severe or the staff are at all worried and in all cases of the child being too unwell to remain in school. A record of all first aid given will be kept in Little Amesbury and then passed to the Medical Department on a monthly basis for upload to ISAMS. All paper records will be kept in the pupil's medical records. Little Amesbury staff will inform parents of any treatment given when the child is collected. Little Amesbury medicines management is covered in their separate policy and is not managed by the school medical centre or Matron.

There are first aid boxes positioned around the main school and Little Amesbury for easy access. A list of these can be found in the Medical Centre. These are checked on a termly basis by the MCA (on behalf of the Matron) and replenished, as necessary. It is the responsibility of First Aiders to request supplies, as necessary. Outside of normal school hours staff should not hesitate to call for an ambulance if required. Each classroom has a small first aid pack with plasters, wipes and gloves for minor ailments such as papercuts, which do not fall under first aid trained criteria.

Any fixtures/trips/residential require a first aid bag to be taken, including the emergency medication of any pupils attending. Matron will brief the lead first aider for the trip and ensure they have the correct first aid equipment. Redacted details of medical conditions and emergency contact details are

provided by the Schools Administrator for risk assessment for all trips and residential. It is the responsibility of the fixture/trip/residential designated duty first aider to ensure they cross check the emergency medication and safely return it at the end of each fixture/trip/residential and complete the treatment record log appropriately. Matron will then input fixture/trip/residential details onto ISAMS as needed.

1. RECORD KEEPING

All first aid treatment will be recorded in the pupil's medical records on ISAMS. Full details of how the accident happened, what injury was caused, first aid treatment administered, and outcome will be recorded. Should first aid be administered out of hours/off school site by a first aider details should be passed on to the Matron/MCA so that the details can be recorded as above. Parents must be informed of all head injuries/bumps, no matter how small they seem to be as there is always a risk of complications following a knock to the head. Concussion awareness information is to be sent to all parents following a head injury and all games staff are trained in concussion awareness on an annual basis using RFU HeadCase training platform to reflect 2023 concussion guidelines and GRAS structure.

Parents will be contacted by telephone if the injury is serious, or if it will require further treatment, or if the pupil will need to be seen by a doctor. If the accident results in the pupil having to attend A&E/Minor Injuries an Accident Report Form will be completed. Where ISAMS does not auto-generate this form, a separate paper copy will be created and held on file. A copy will be sent to the Health & Safety Manager for review in termly H&S committee meetings, and one kept in the pupil's medical file.

Parents will not be notified of every visit to the medical centre – only head injury/sickness/administered medication/serious injury or sports injuries will be notified. Small scratches and grazes will be logged on ISAMS but no email alert sent.

2. EMERGENCY – THREAT TO LIFE SITUATION

Should an ambulance be required, the Matron/MCA or the attending First Aider will dial 999 or appoint a member of staff to do so; giving details of the casualty, type of injury and details of where the casualty is located. An ambulance must be called if the casualty is unconscious for any length of time, a spinal injury is suspected, a bone injury resulting in the casualty not being able to move or if the casualty has a seizure and is not known to be Epileptic. If they are a known Epileptic and the seizure lasts for more than five minutes, or they have multiple seizures, an ambulance must be called in line with their care plan.

3. PPE/ BODILY FLUIDS

When dealing with blood and other spilled body fluids it is important for the First Aider to wear correct PPE such as disposable gloves. These are found in all the first aid bags along with hand sanitising gel to clean hands if soap and water is not available. These along with any dirty dressing should be placed in a yellow clinical bag, again found in FA bag; these bags should then be placed in the clinical waste bin in the Medical Department. Spilled body fluids will be cleaned up using Bio-hazard kits from the Medical Department, Little Amesbury or Kitchen. There may be some instances where housekeeping is required to assist. Disposable gloves, goggles and a disposable apron should be worn; these are then disposed of in the clinical waste bin.

4. EMERGENCY MEDICATION - PRESCRIPTION

Provision is made for pupils who require any emergency medication when in school. This could be an asthma Inhaler or adrenaline pen for severe allergies or other emergency medication such as for epilepsy.

In Little Amesbury pupils will have their medication kept by the staff in a secure location in their staff room in the medication cabinet. It is the responsibility of the Little Amesbury staff to ensure they store and administer this correctly. The exception to this would be controlled drugs that **MUST** be stored in the main medical centre CD cabinet.

For Years 1-8, a pupil's medication is kept outside the Medical Department in an accessible emergency cupboard. Pupils' own emergency medication is taken by a member of staff when the pupil is off site for fixtures/trips/residential along with the first aid bag.

For all off-site fixtures/trips/residential an adult must be responsible for carrying pupils' emergency medication from Pre-Nursery to Year 6. Pupils in Years 7 & 8 may carry their own, but it must be collected and returned to the Medical Department by the lead first aid member of staff at the end of the trip/ fixture/residential

CDs/regular prescribed medication should not be kept with any pupils at any time but kept safely with the trip lead if off site.

5. MEDICATION CHECKS

The Matron will ensure that accurate records are maintained regarding expiry dates of all medication and that parents are informed when an Inhaler/AAI etc is due to expire. It is the parent's responsibility to ensure the pupil has an in-date one in school. It is also the Matron's/MCA responsibility to ensure that the correct inhaler/AAI is handed over to the member of staff in charge of taking the pupils off site.

Pupils with any other medical conditions, such as Diabetes, will be assessed individually and a care plan written with the collaboration of the parents and pupil as appropriate. From here a decision will be made as to where the medication will be kept – in the medical Department, in their classroom or on their person.

6. SPECIFIC MEDICAL CONDITIONS – FIRST AID MANAGEMENT

6.1 Treatment of an Epileptic seizure

- Clear a space around the child/adult so that they do not injure themselves on anything.
- Put something soft under their head.
- NEVER TRY TO PUT ANYTHING INTO THE MOUTH OR RESTRAIN THEM.
- Start to time the seizure.
- Get all the other children out of the classroom / area immediately.
- Call for help to the office / Matron/MCA Ext 280 (07851 702976).
- If the seizure lasts more than 5 minutes or they have several in a row, an ambulance will need to be called.
- Ask someone to phone the child's parents to inform them and ask them to come to school or meet at the hospital.
- When the seizure has finished, stay with the child and reassure them.
- Do not give them any food or drink until they have fully recovered.

- Place them into the recovery position.
(see *Epilepsy policy for more information*)

6.2 Treatment for a diabetic coma

- Too little insulin can cause high blood sugar (hyperglycemia).
- If it's not treated the person can gradually become unresponsive and slip into a diabetic coma.
- Sign of hyperglycemia include warm, dry skin/ rapid pulse and breathing/ fruity sweet breath – *similar to pear drops* (produced by ketones being released into the blood stream) thirst/ drowsiness, leading to unresponsiveness and finally coma if not treated.
- Call Matron/MCA if you suspect hyperglycemia.
- Place them into the recovery position and monitor breathing regularly.
- DO NOT LEAVE THE CASUALTY – unless you are alone and need to call 999.
(see *Diabetic policy for more information*)

6.3 Treatment for an asthma attack

- Symptoms of an asthma attack
- Child/adult's symptoms are getting worse [cough](#), [breathlessness](#), wheezing or tight chest
- Their blue reliever inhaler isn't helping
- They are too breathless to speak, eat or sleep
- Their breathing is getting faster and it feels like you can't catch your breath
- Sit the person down and encourage them to take slow, steady breaths.
- Help them take one puff of their reliever inhaler, using the spacer every 30-60 seconds, up to a maximum of 10 puffs. 10 breaths to every one puff.
- Call for the Matron/MCA
- If there is no relief after administering 10 puff of the inhaler or the persons condition deteriorates rapidly call for an ambulance at once.
(see *Asthma policy for more information*)

6.4 Treatment of head injuries

There is a separate head injury policy for Amesbury school. All games staff are required to complete annual refresher training on headinjury awareness through the RFU HeadCase training platform. The Director of Sport is responsible for ensuring this requirement is communicated to all permanent and assisting games staff for fixtures and certificates forwarded to Matron for record keeping.

If the casualty does not fully recover or there is a deteriorating level of response after an initial recovery, an ambulance must be called for immediately.

6.5 Treatment of anaphylaxis

Anaphylaxis is a severe and potentially life-threatening allergic reaction that usually occurs within minutes of exposure to a trigger substance known as an allergen. A number of different allergens can trigger anaphylactic shock, from insect stings, latex to certain foods such as shellfish and nuts.

Symptoms of anaphylaxis range from swelling of the throat, lips and mouth, difficulty in swallowing, speaking or breathing, urticarial rash, a sudden feeling of weakness, due to a drop in blood pressure to collapse and unconsciousness.

Adrenaline is used for treating anaphylaxis. The pupil will have been allergy tested and prescribed an adrenaline auto-injector (AAI); these are injections given intramuscular. In mild reactions an antihistamine syrup or tablet may be given if the child has been prescribed these. If a child has breathing problems and normally uses asthma medications such as a reliever inhaler, these can be given.

In the event of having to use an AAI:

- Call for assistance, the Matron/MCA and an ambulance on 999.
- Lay the child down.
- All pupils have an emergency pack containing their Antihistamine (if prescribed) and their AAI. These are kept in a cupboard outside the Medical Department for easy access.
- Remove from packaging and pull off the safety cap. Place the tip on the front of the outer thigh (the needle can pass through most clothing but NOT seams of jeans/joggers).
- Holding the device at right angles to the thigh use a quick motion to press the pen hard against the thigh. Hold the needle in place for 10 seconds.
- If breathing is NOT affected lay the child down and elevate their legs.
- **DO NOT ALLOW THEM TO STAND UP AND MOVE AROUND.**
- If there is no improvement after 5-10 minutes, a second dose can be given using the second pen device.
- If the child becomes unresponsive, they should be placed in the recovery position, with care to maintain airway and breathing and assess levels of response.
- If breathing stops, basic life support should be started.
(see Anaphylaxis policy)

6.6 Management of sickness on site (non-injury)

Any pupil, staff member or visitor to the site is subject to guidance on infection control in schools. Where someone becomes unwell during the school/working day, they are to report to the medical centre for assessment. If they display symptoms of COVID or other seasonal viral illness/respiratory infection, they should follow the wider sickness and absence policy and return home or be collected by a parent/guardian.

For pupils- their parent/guardian will be contacted for a verbal explanation of the protocol, with a follow-up email activated through ISAMS medical notes. The pupil will be accommodated in the dedicated medical centre which is a well-ventilated room.

The same applies to staff and visitors- if they are unable to drive because of their symptoms they will be supported to make alternative transport arrangements.

Where necessary, the adjoining Wellbeing Hub can be converted to a safe and well-ventilated isolation area for multiple cases or in the event of a D&V outbreak during the school day.

7. FIRST AID BOXES/BAGS

There are several First Aid boxes throughout the school and on each mini bus. Each box and bag will be stocked in accordance with the Health & Safety Executive (HSE) guidelines. Each box will be checked each term and replenished as required. This will be carried out by the MCA and a record kept in the Medical Department.

Every tutor room has a small first aid pack containing plasters, wipes and gloves. These are signed for by tutors and are to be used to minor ailments such as papercuts to minimise time out of class for non-emergency care. The application of plasters may be carried out by any responsible adult and does not require additional first aid training. In the event of a pupil being on roll who has a plaster allergy – staff will be notified during annual INSET training.

First Aid bags will be issued to staff when leaving the school site for a visit/sports fixture etc. It is the responsibility of the staff to inform the Matron when a bag is required and provide a list of

participating pupils. The Matron/MCA will then prepare a bag and include any Inhalers and/or Adrenaline pens required. Staff must collect (and return) the bags when a handover of medication is given, and it is the staff's responsibility to ensure that the pupil's inhalers/AAls are returned to the Matron/MCA following the visit/match. No other medication/creams etc. other than the pupil's own are permitted in First Aid boxes/bags (see residential policy for overnight stays away from site)

A list of first aid box locations can be found in the Medical Centre.

A list of all first aid trained staff can be found in the Medical Centre and Staff Room as well as on the site policies list. This includes pediatric first aid trained staff.

All staff will undergo annual online training through the TES EduCare platform to ensure knowledge of managing anaphylaxis, asthma, diabetes. This includes an update to all staff on pupils with medical conditions. Matron will offer refresher training for any staff at any time should they feel they need it and holds a stock of training AAls for physical hands-on training.

8. ACCIDENT REPORTING

Most incidents that happen in school or on school trips do not need to be reported to the HSE. Injuries to pupils, staff, visitors and contractors who are involved in an accident on school grounds or an activity organised by the school are only reportable to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) when

- the death of the person arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests are not treatment)
- the HSE Information Sheet EDIS 1 (rev3) gives guidance and examples of whether an injury arises out of or in connection with work.
- if in doubt guidance should be sought from the HSE,

Injuries and ill health to people at work are reportable by the person responsible under RIDDOR when

- accidents which result in death or a specified injury (which must be reported without delay). Also a reportable occupational disease when confirmed by a doctor in writing. The HSE Information Sheet EDIS 1 (rev3) gives details of specified injuries and reportable diseases.
- accidents prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident but including weekends and other rest days). These must be reported within 15 days of the accident.
- the person responsible is normally the employer of the injured person. The exception will be those that are self-employed, where the controller of the premises should report.

The Facilities Manager is the point of contact for all HSE/RIDDOR queries and reporting.

Dangerous Occurrences (specified near miss events) may also be reportable under RIDDOR. The HSE Information Sheet EDIS 1 contains the typical examples applicable to schools. [Incident reporting in schools \(accidents, diseases and dangerous occurrences\): Guidance for employers \(hse.gov.uk\)](https://www.hse.gov.uk/information-sheets/edis1-rev3.pdf)

If required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations a form F2508 will be completed and sent to the HSE. Reports can be made on-line via the HSE website, only fatal and specified injuries can be reported by telephone.

Completed accident forms are forwarded to the Facility's Manager, Headmistress's PA and a copy kept in pupil's medical file. The forms are to be kept for a minimum of 3 years. The records should be kept to ensure compliance with the Data Protection Act.

Reports of accidents will be made at every meeting of the School Health and Safety Committee (every term).

All accidents reportable by the school under RIDDOR will be investigated. This will normally be undertaken by the Facilities Manager and may include the taking of witness statements, photographs and the production of a written report. All such reports will be reviewed by the Health and Safety Committee.

Where there is a serious incident or near miss that is not reportable under RIDDOR, there may be a requirement for an internal accident report to be filed. This will be completed by all involved parties and co-ordinated by the relevant head of section or department. These will then also be reviewed at Health and Safety meetings termly.