



First Aid Policy

Created June 2014

Last reviewed July 2017



First Aid and Medication Policy

Statement of Commitment

White Trees Independent School is committed to caring for, and protecting, the health, safety and welfare of its students, staff and visitors. We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.
- To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
- To have a minimum of 2 trained First Aiders on site at any one time. Such people will be able to responsibly deliver or organise emergency treatment.
- To ensure that a trained first aider accompanies every off-site visit and activity. To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995).
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
- To record and make arrangements for students and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to students and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly in writing to parents or guardians if a child has sustained a bump to the head at school, however minor, and to communicate in writing in relation to every instance of accident or first aid or the administration of medicine for students in EYFS.

Details of First Aid Practitioners at White Trees Independent School

| Appointed Person: | Qualification | Training Renewal Date |
|---|-----------------------------|-----------------------|
| Rebecca Verallo-Graves | Emergency First Aid at Work | 09.10.18 |
| Trained 1st Aiders: Rebecca Clarke Rebecca Jevans Lukas Bradon Joanne Yates | Emergency First Aid at Work | 04.10.19 (All) |



Practical Arrangements

Location of First Aid Facilities

- The First Aid room is located upstairs, in a side room off the main classroom for first aid treatment and for students or staff to rest/recover if feeling unwell. This includes; a bed, first aid supplies, a water supply and sink, an adjacent bathroom and hygiene supplies such as gloves and paper towels.
- A portable first aid kit must be obtained from the First Aid Room for school visits.

Responsibilities of the Trained First Aiders

- Provide appropriate care for students of staff who are ill or sustain an injury
- Record all accidents in the accident book (to be found in the office) then place them in the individual student files. They are then copied and the copy passed to head office. In the event of any injury to the head, however minor, ensure that a note from the school is sent home to parents/carers/guardians and a copy placed in the student's file.
- In the event of any accident or administration of first aid involving a student in EYFS, ensure that a note from the school is sent home to parents/guardians and a copy placed in the student's file.
- Make arrangements with parents/carers/guardians to collect children and take them home if they are deemed too unwell to continue the school day.
- Inform the appointed person of all incidents where first aid has been administered.

Responsibilities of the Appointed Person

- Ensure that all staff and students are familiar with the school's first aid and medical procedures.
- Ensure that all staff are familiar with measures to provide appropriate care for students with particular medical needs (eg. Diabetic needs, Epi-pens, inhalers).
- Ensure that a list is maintained and available to staff of all students with particular medical needs and appropriate measures needed to care for them.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.
- Ensure that the school has an adequate number of appropriately trained First Aiders.
- Co-ordinate First Aiders and arrange for training to be renewed as necessary.
- Maintain adequate facilities.
- Ensure that correct provision is made for students with special medical requirements both in school and on off-site visits.
- On a monthly basis, review First Aid records to identify any trends or patterns and report to the Health and Safety committee
- Fulfil the school's commitment to report to RIDDOR, as described below



- Liaise with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
- Contact emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies

What to do in the case of an accident, injury or illness

A member of staff or student witnessing an accident, injury or illness should immediately contact a named trained first aider (see above). Any student or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed. The student or member of staff should not be left unattended. The first aider will organise an injured student's transfer to the first aid room if possible and appropriate and to hospital in the case of an emergency. Parents and or carers should be informed as necessary by telephone by school staff. This will be followed up in writing and a record kept at school. A written record of all accidents and injuries is maintained in the accident book.

Contacting parents

Parents/guardians and or carers should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury including:

- Head injury (a head injury advice sheet should be given to any student who sustains a head injury) Available from the appointed person
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for students, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness
- If the student is generally unwell

If non-emergency transportation is required, an authorised taxi service will be used if parents are delayed. A member of staff will accompany the student until a parent arrives. Parents can be informed of smaller incidents at the end of the school day by the form teacher

Contacting the Emergency Services



An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any student taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a student becoming unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

Accident reporting

The accident book must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors. The accident book will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirements).

Students who are unwell in school

Any student who is unwell cannot be left to rest unsupervised in the sick room. If a student becomes unwell, a parent/carer should be contacted as soon as possible by the appointed person, or the School Manager.

Anyone not well enough to be in school should be collected as soon as possible by a parent/carer or member of home staff. A note must be made of any student going home early due to being unwell.

First Aid equipment and materials

The appointed person is responsible for stocking and checking the first aid kits. Staff are asked to notify the appointed person when supplies have been used in order that they can be restocked. Contents of the first aid boxes is checked weekly by the staff member responsible for health and safety within the school and restocked at that time.

First aid for school trips

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification) and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance. A First Aid kit for school trips must be collected from the first aid room. This must be returned to the first aid room and the appointed person informed of any need for replenishing on return. Any accidents/injuries must be reported to the appointed person and to parents and documented in the accident book in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed.

Students using crutches or having limited mobility

Parents/carer must inform the school of the nature of injury and the anticipated duration of immobility. The School Manager will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers to be fully



aware of the student's needs. Arrangements will be made for the student to arrive/leave lessons early to allow for a safe transfer around school. Parents/carers must inform the school of any particular difficulties.

Emergency care plans and treatment boxes

The appointed person ensures that staff are made aware of any student with an emergency care plan. For example a student with a nut allergy may have an epi-pen. These care plans are held in the first Aid room. A copy is also kept on the students file. Students with a serious medical condition will have an emergency care plan drawn up and agreed by the appointed person and parents. Emergency treatment boxes must always be taken if the student is out of school. The boxes are kept in the first aid room.

Students with medical conditions

A list is available in the first aid room of all students who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip. Please return emergency boxes on completion of the trip. If staff become aware of any condition not on these lists please inform the appointed person.

Dealing with body fluids

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed.

- When dealing with any body fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately.

Bodily fluids include:

- Blood, Faeces, Nasal and eye discharges, Saliva, Vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available in all 1st aid boxes) then placed in the waste bin in the first aid room. Avoid getting any body fluids in your eyes, nose, mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other students and staff.

| ILLNESS | PERIOD OF EXCLUSION | COMMENTS |
|---------|---------------------|----------|
|---------|---------------------|----------|

| | | |
|--------------------------|---|--|
| Chickenpox | 5 days from onset of rash | Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice. |
| German Measles | For 5 days from onset of rash | Pregnant women should inform their midwife about contact |
| Impetigo | Until lesions are crusted or healed | Antibiotic treatment by mouth may speed healing |
| Measles | 5 days from onset of rash | Any children being treated for cancer or on high doses of steroids must seek medical advice |
| Scabies | Until treatment has been commenced | Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts |
| Scarlet Fever | 5 days after commencing antibiotics | Antibiotic treatment recommended |
| Slapped Cheek Syndrome | None | Pregnant women up to 20 weeks must inform their midwife about contact |
| Diarrhoea and vomiting | 48 hours from last episode of diarrhoea or vomiting | Exclusion from swimming may be needed |
| Hepatitis A | Exclusion may be necessary | Consult the Health Protection Agency |
| Meningococcal meningitis | Until recovered | Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts. |
| Viral Meningitis | Until fully recovered | Milder illness |
| Threadworms | None | Treatment is recommended for the student and family members |
| Mumps | 5 days from onset of swollen glands | |
| Head Lice | None once treated | Treatment is recommended for the student and close contacts if live lice are found |
| Conjunctivitis | None | Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better |
| Influenza | Until fully recovered | |
| Cold sores | None | Avoid contact with the sores |
| Warts, verrucae | None | Verrucae should be covered in swimming pools, gymnasiums and changing rooms |



| | | |
|-----------------|------|--|
| Glandular fever | None | |
| Tonsillitis | None | |

Medication in School

The school aims to support as far as possible, and maintain the safety of, students who require medication during the school day.

However, it should be noted that:

- No child should be given any medication without their parent/carers/guardians written consent.
- No Aspirin products are to be given to any student at school.
- Parents/carers must be given written confirmation of any medication administered at school, a copy of which will be kept on the student's file. Proforma for this are available from the School Manager.

Children will need to take medication during the school day e.g. antibiotics. However, wherever possible the timing and dosage should be arranged so that the medication can be administered at home.

(i) Non-Prescription Medication

These are only to be administered by the appointed person or a designated person if they have agreed to this extension of their role and have been appropriately trained.

A teacher may administer non-prescription medication on a residential school trip provided that written consent* has been obtained in advance. This may include travel sickness pills or pain relief (paracetamol).

All medication administered must be documented, signed for and parents informed in writing.

* Parents are asked to complete a consent form at the start of the academic year to cover the administration of non-prescription medicines when deemed necessary by a school first aider. Under EYFS guidance (January 2012), it is also acceptable in the case for EYFS students, provided that parents are contacted immediately before the administration of the medication. In all cases which rely on such on-going consent, parents must, nevertheless, be informed in writing that the administration of medication has taken place.

(ii) Prescription-Only Medication

Prescribed medicines may be given to a student by the appointed person or a designated person if they have agreed to this extension of their role and have been appropriately trained.

Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course.

The school will accept medication from parents only if it is in its original container

A form for the administration of medicines in school is available from the appointed person.

(iii) Administration of Medication



- The medication must be checked before administration by the member of staff confirming the medication name, student name, dose, time to be administered and the expiry date.
- Wash hands.
- Confirm that the student's name matches the name on the medication
- Explain to the student that his or her parents have requested the administration of the medication.
- Document, date and sign for what has been administered.
- Complete the form which goes back to parents
- Ensure that the medication is correctly stored in a locked drawer or cupboard, out of the reach of students.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge in the staff room. All medication should be clearly labelled with the student's name and dosage.
- Parents should be asked to dispose of any out of date medication.
- Used needles and syringes must be disposed of in the sharps box kept in the sick room.

(iv) Emergency Medication

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a health care plan may be required and this will be completed and agreed with parents.

Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2003)

By law any of the following accidents or injuries to students, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive by phone, fax, email or letter.

Major injuries from schedule 1 of the regulations:

1. Any fracture, other than to the fingers, thumbs or toes.
2. Any amputation.
3. Dislocation of the shoulder, hip, knee or spine.
4. Loss of sight (whether temporary or permanent)
5. A chemical or hot metal burn to the eye or any penetrating injury to the eye.
6. Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
7. Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours
8. Any other injury lasting over 3 days
9. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.



10. Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
 - Acute illness requiring medical treatment; or
 - Loss of consciousness
11. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
12. Death
13. A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

Storage of this policy

A copy of this policy is available from the office.

APPENDIX: Guidance to staff on particular medical conditions

(i) Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the student has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

(ii) Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness



When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken

1. Send someone to call for a paramedic ambulance and inform parents. Arrange to meet parents at the hospital.
2. Send for the named emergency box.
3. Reassure the student help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the student's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the student has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the student.
12. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

REMEMBER Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the student must be taken to hospital for further checks.

Epi-pen treatment must only be undertaken by staff who have received specific training.

(iii) Asthma management

The school recognises that asthma is a serious but controllable condition and the school welcomes any student with asthma. The school ensures that all students with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all students and students with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of students with medical conditions kept in the staff room. The school has a smoke free policy.

Trigger factors

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals



- Air pollutants
- Emotional situations
- Excitement

General considerations

Students with asthma need immediate access to their reliever inhaler. Younger students will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the classroom, not locked away and always accessible to the student. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a student to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Students must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

As appropriate for their age and maturity, students are encouraged to be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required. A spare named inhaler should be brought to school and given to the class teacher for use if the student's inhaler is lost or forgotten.

Recognising an asthma attack

- Student unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Action to be taken

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the student.
3. Encourage the student to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the student can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the appointed person or a first aider if she not available.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the student takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany student to hospital and await the arrival of a parent.

(iv) Diabetes management



Students with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any student with diabetes attending school.

Signs and symptoms of low blood sugar (hypoglycaemic attack)

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The student should test his or her blood glucose levels if blood testing equipment is available.

- Pale
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour-weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

Action to be taken

1. Follow the guidance provided in the care plan agreed by parents.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Students should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the student to have access to regular snacks.
6. Inform parents.

Action to take if the student becomes unconscious:

1. Place student in the recovery position and seek the help of the appointed person or a first aider.
2. Do not attempt to give glucose via mouth as student may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany student to hospital and await the arrival of a parent.

Signs and symptoms of high blood sugar (hyperglycaemic attack)



Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken

1. Inform the appointed person or a first aider
2. Inform parents
3. Student to test blood or urine
4. Call 999

(v) Epilepsy management

How to recognise a seizure

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Student may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.

A student diagnosed with epilepsy will have an emergency care plan.

Action to be taken

1. Send for an ambulance;
 - a. if this is a student's first seizure,
 - b. if a student known to have epilepsy has a seizure lasting for more than five minutes
or
 - c. if an injury occurs.
2. Seek the help of the appointed person or a first aider.
3. Help the student to the floor.
4. Do not try to stop seizure.
5. Do not put anything into the mouth of the student.
6. Move any other students away and maintain student's dignity.



7. Protect the student from any danger.
8. As the seizure subsides, gently place them in the recovery position to maintain the airway.
9. Allow patient to rest as necessary.
10. Inform parents.
11. Call 999 if you are concerned.
12. Describe the event and its duration to the paramedic team on arrival.
13. Reassure other students and staff.
14. Accompany student to hospital and await the arrival of a parent.