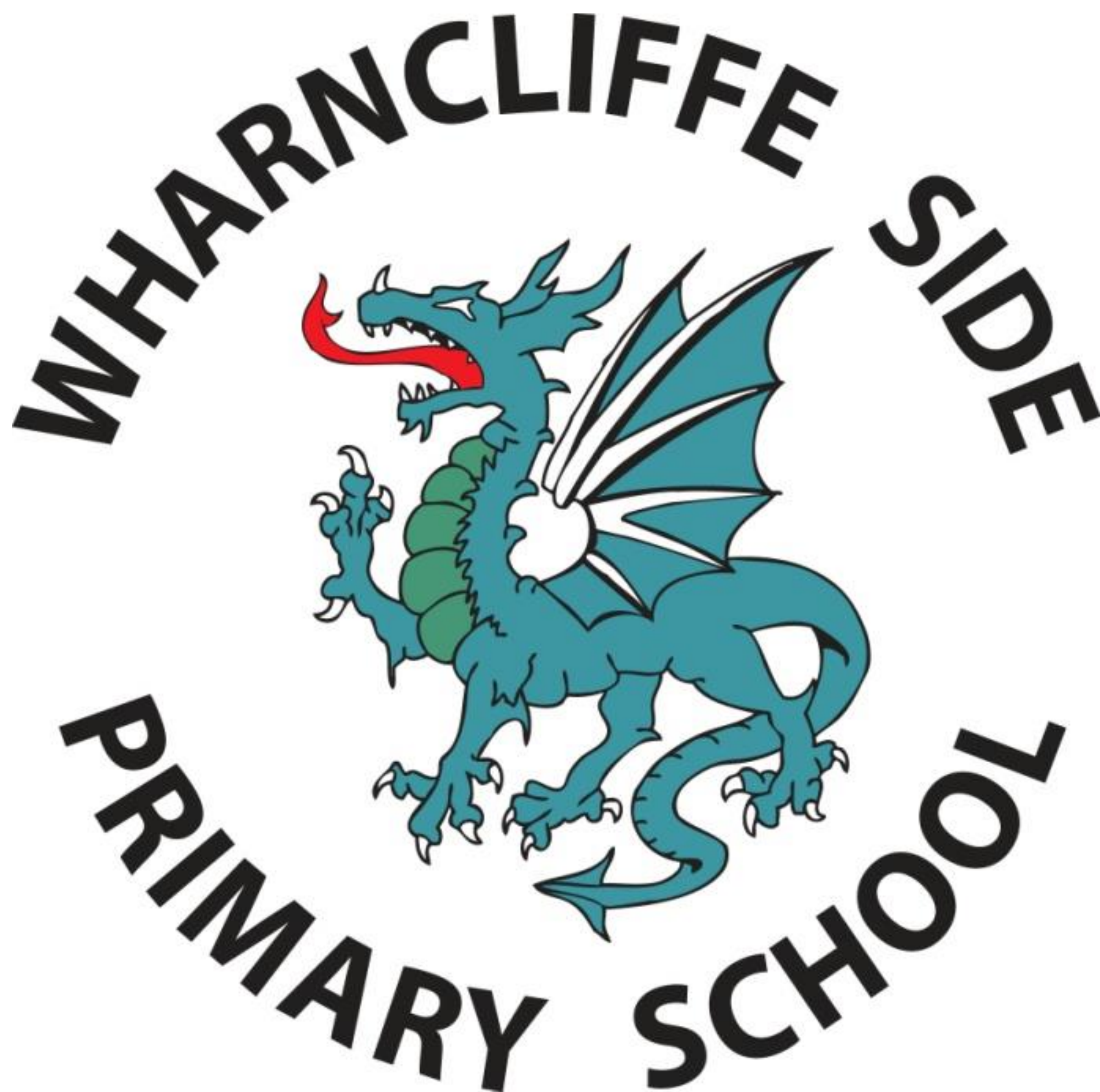


First Aid & Medicines Policy

Reviewed: January 2020

Contents

1. Aims of First Aid
2. Roles and Responsibilities
3. Organisation
4. Medication
5. Recording & reporting
6. Emergency Procedures
   a) Primary Survey
   b) Consent
   c) Information gathering
   d) Bleeding
   e) Recovery position
   f) CPR (including use of defibrillator)
   g) Transportation; including calling an ambulance
   h) Accidental injury during first aid
7. Specific Instructions:
   a) Temperature
   b) Cuts and bruises
   c) Nose bleeds
   d) Sick
   e) Seizures
   f) Choking
   g) Burns / scalds
   h) Embedded objects (including splinters)
   i) Sepsis
8. Appendices:
   a) First Aiders at Wharncliffe Side
   b) (Temporary) Medication Form
   c) Bump Note
   d) Accident Form

1. Aims of First Aid

The three main aims of 'First Aid' are to:

- Preserve life
- Prevent worsening & alleviate suffering
- Promote recovery

2. Roles and Responsibilities

The role of the First Aider is to:

- Check for danger (for everyone)
- Identify the injury / illness
- Decide priority of care
- Preserve dignity
- Communicate – with the casualty, colleagues, bystanders, emergency services, parents / next of kin
- Arrange transportation
- Take care of own PTSD if applicable
- Ensure the incident is reporting correctly

For a list of first aiders at school, see Appendix A. These are members of staff with up-to-date first aid training and may be paid extra for the responsibility of administering first aid / medicine (depending on job role). The poster is displayed prominently throughout school. Staff working with under 5s most have an up-to-date paediatric first aid qualification. Any teacher can also administer basic first aid or administer medicine. In all cases, staff such seek a second opinion if unsure.

The school's admin assistant keeps a list of training / qualifications and organises new training when required (through www.crystalclear1staidtraining.co.uk). She also ensures the first-aid area is appropriately stocked.

This policy applies to pupils and adults in school (staff & visitors). For any babies who may be on-site, the procedures are different (see advice in paediatric first aid booklet).

3. Organisation

   The first-aid area in school is located in the KS2 corridor. This is stocked with all the equipment needed to administer basic first aid. In all cases, appropriate steps should be taken to minimise infection (e.g. wearing gloves / protective clothing; proper disposal of clinical waste).

4. Medication

   If children have a long-term medical condition that requires medication, a care plan must be drawn up with the parents. Specific training may need to be organised for individual members of staff (e.g. epilepsy medication).

   For short-term medication (e.g. a course of antibiotics with 4 or more doses per day), parents must complete a Medication Form (Appendix B). All medicines should be clearly labelled with the child's name and handed in person to an appropriate member of staff. This also applies to over-the-counter medicines such as paracetamol. When administering the medicine, the form is signed by the first aider and checked by another member of staff.

   They are locked away in the First Aid cupboard or fridge as appropriate (alongside the form). If they need to go home at the end of the day, they should be handed back to parents. If a child comes to school via SEND transport, medication should instead be handed to the escort (and signed for).

5. Recording & reporting

   Where medication has been administered in school, this is clearly recorded on the medication form (including the time).

   When a child needs first aid, this is recorded in the 'Accident Book' kept in the first aid area. This is for minor incidents such as cuts & bruises and details what action was taken, when and by whom. In most cases, this is the only recording required.

   If a child has bumped their head, parents are contacted to inform them of what happened and given advice on how to monitor them (see Appendix C: Bump note). Parents are also contacted for other incidents if necessary / serious enough. It may sometimes be necessary to contact parents to collect children early (or at least come up to school and give medicine if none is already in school).

For serious incidents (or any incident involving an adult), a more detailed Accident Form is also completed (Appendix D). Page 1 is completed by the first aider; page 2 is completed by the headteacher. This form is then shared with the CEO of Peak Edge (who may suggest a course of action to prevent further incidents). In extreme cases, incidents need to be reported to RIDDOR (www.riddor.gov.uk) or Ofsted.

These records are kept in accordance with the Data Protection Act 2018.

6. Emergency Procedures

a) Primary Survey

When arriving on the scene, the first aider must conduct a 'Primary Survey' in order to decide on the best course of action. A useful acronym to assist here is DR CABC (see below). If there is more than one casualty, decide who is in most need (usually the quietest one!)

D	Danger	Survey the scene and remove any obstacles if possible (e.g. fallen chairs). Clear the area of bystanders and preserve the patient's dignity	
R	Response	Check the patient's consciousness by saying their name. If unresponsive, they should shout then shake them gently by the shoulders	6c
C	Catastrophic Bleeding	Check for any catastrophic bleeding. If any is discovered, this must be treated first	6d
A	Airways	Treat any life-threatening airway problems. If the patient is unconscious, tilt their head back to open the airway.	7g
B	Breathing	Check to see if the patient is breathing normally*. If so, put them in the recovery position. If not, move on to C – Circulation / CPR.	6e
C	Circulation / CPR	Perform CPR.	6f

**Defined as 2-3 breaths per 10 seconds for an adult and 4 for a child (5-7 for a baby). If breathing is agonal (infrequent, noisy, gaspy), this is a sign of deterioration and CPR should be administered.*

b) Consent

Before performing first aid on someone, consent must be obtained. For pupils, this is given by parents upon registration at the school. If an adult refuses first aid, they should sign the accident form to confirm this. First aid can be given to an adult without consent if they become unconscious (including where they have previously denied consent as the situation has changed). If someone has a 'DNR' (Do Not Resuscitate), a copy of the certificate should be kept in school.

c) Information gathering

It is important to gather as much information as possible; a useful acronym to assist here is SAMPLE:

S – Signs & Symptoms (what can you see? How does the patient feel?)
A – Allergies (do they have any?)
M – Medication (are they taking any?)
P – Past medical history
L – Last meal (what was it? When? When did they last go to the toilet?)
E – Event history (what happened?)

In the event an ambulance is needed, the emergency services will ask for this information.

d) Bleeding

'Catastrophic bleeding' has moved above ABC in the primary survey because it is possible for a patient to bleed to death in 1-3 minutes. The table below shows the consequences of blood loss:

Percentage	Quantity*	Consequences
10%	1 pint	Normal – no significant consequences
20%	2 pints	Dizziness, may become pale, pulse / breathing increases
30%	3 pints	Cold, clammy skin; turn blue around extremities; pulse goes above 100; may become unconscious
40%	4 pints	Turning blue, unconscious, go into shock – death is imminent.

**This varies from person to person. These figures are for approximation only and apply to an adult weighing 180lb.*

For this reason, bleeding is treated first (see section 7b for advice about treating wounds). If the patient has lost a lot of blood but still conscious, they should lay on the back with legs in the air. The first aider should aim to maintain body temperature and loosen any tight clothing. Lips can be moistened but they should not drink. A tourniquet should NOT be applied unless the first aider has had specific training for this.

e) Recovery position

If the casualty is unconscious but breathing normally; they should be placed in the recovery position (pictured). The head should be tilted and facing downwards to allow fluids to drain from their mouth. They should be made as comfortable as possible by removing glasses, watches or any items in pockets. If they are cold, they could be covered with a blanket. If they need to be in the recovery position for a long time, turn them over onto their other side every 30 minutes (if possible). Anyone who may be pregnant should always be on their left side.

f) CPR (including use of defibrillator)

If CPR is required, the first aider must compress the sternum as shown in the picture (fingers interlocked, shoulders above): 30 compressions to 2 breaths. For a child (defined here as having not started puberty), start with 5 rescue breaths first. Do not stop until the ambulance arrives (it is recommended to change person every 2 minutes if possible). There is a defibrillator within school (with different pads for adults and children). This should be sent for and used ASAP. It guides the user through the process and massively increases the chance of success.

g) Transportation; including calling an ambulance

The first aider must make the decision whether or not to call for an ambulance. If the decision is made, another member of staff should go and get the phone; dial 999 and put it on speaker phone. If an ambulance is not required but the person does need the hospital, we would first telephone the parents / next of kin and decide together how to get them

there. If there are no alternative forms of transport, they can go in a fully insured staff car (the first aider should go in addition to the driver).

h) Accidental injury during first aid

The main goal of first aid is to preserve life. Occasionally, this may cause other (non life-threatening problems); for example a broken rib when carrying out CPR or bruising when dealing with choking (see section 7f). This is undesirable of course but may be unavoidable. If this does occur, we will record it clearly on the accident form and communicate it to parents / next of kin.

7. Specific Instructions:

a) Temperature

When children feel unwell, one of the first things we do is take their temperature. A ‘normal’ temperature is 37˚C but this can vary from person to person. If their temperature is between 38-40˚C, they could have a fever or be dehydrated. We advise them to drink water and take steps to cool them down (removing jumpers, using a cold compress and / or an electric fan). If above 39˚C, we contact parents and consider ringing an ambulance (depending on other symptoms) if it is close to 40 ˚C. When they are too cold, we try to warm them up and contact parents if they are 35˚C or below.

b) Cuts, bruises and wounds

Simple cuts and grazes can be dealt with by whoever is first on the scene using the ‘clean & cover’ method. Clean with water or a wipe then cover with a plaster (unless the child is allergic to plasters). For new injuries that could turn into bruises, we apply a cold compress for up to 10 minutes. For major cuts / bleeds, we’d squeeze and elevate the wound and bandage appropriately. Ideally the patient should lay down with their legs raised.

c) Nose bleeds

For nose bleeds, the patient should lean forward (not back) and pinch the soft part of their nose for 10 minutes. A cold compress on the back of the neck can help here. If this doesn’t stop the bleed, it can be repeated up to a maximum of 30 minutes. At that point, we would seek medical advice as it could be a symptom of something more serious.

d) Sick

If a child is sick in school, this should be disposed of appropriately and the area should be cleaned with the correct chemicals. The patient should be sent home and not return for a further 48 hours.

e) Asthma

If a child with asthma has a blue (emergency) inhaler, we treat these the same as other medication (clearly labelled, stored securely). They should be easily accessible in an emergency but also made available for trips, routine PE lessons and swimming for example. Children needing to use a brown (non-emergency) inhaler, they can use this in school but they should be able to self-administer. Ideally, we'd ask parents to keep inhalers in school and get another one for home use.

f) Seizures

A seizure is caused by excess electrical activity in the brain. There are 54 different types altogether but the main ones are:

a) Absence (the child may be staring)
b) Focal (staring but with some repetitive movement)
c) Generalised (drop to the floor; jerking movements and noisy breathing)

It is not 'epilepsy' unless this has been previously diagnosed. Absence and Focal seizures are not emergencies but should be checked out with a GP when convenient. Generalised seizures can be very serious and should be monitored carefully (following the patient's care plan if one exists). The first aider should NOT restrain the patient; instead remove dangers, make them comfortable and time it! Afterwards, they may be unresponsive for up to 20 minutes. If they are not breathing, CPR should be administered as detailed above. The patient should go to hospital if it is their first such seizure, it lasted for more than 5 minutes or they had a 2nd one after coming round.

g) Choking

If someone is choking, it can be a partial / mild choke (they can cough) or complete / severe (they can't cough). If they can cough, lean them forwards and ask them to cough (harder). If this doesn't work, they may need up to 5 'back blows' or a thrust (go behind them, pull in and upwards just above the belly button). Hospital is only required if thrusting was necessary (may be internal bleeding), there was blood in the saliva or they still think the object may be stuck. If they become unconscious, follow the procedures for CPR.

h) Burns / scalds

There are 3 types of burn:

- Superficial (1st degree), e.g. sunburn
- Partial (2nd degree), e.g. blistering from a hot pan
- Full thickness (3rd degree), e.g. electrical, chemical, acid, fire

A patient may have a mixture of 2 or more types and the damage may be worse than they think (they may be unable to feel the full extent if the nerves are burned). The correct procedure is to remove loose clothes (and jewellery), run under cold water for 20 minutes and cover loosely with cling film. We do not apply creams etc. or remove clothes that may be stuck to the body. Burns are measured as a percentage of the whole body. Generally, 1% = the size of the patient's pal (adult or child). Hospitalisation is required if:

- 5% or more of the body is covered in superficial burns
- 1% or more of the body is covered in partial burns
- There is any full thickness burning
- There is any burning to the face, hands, feet, joints, chest or genitals (as this could affect other key functions of the body).

i) Embedded objects (including splinters)

Splinters can be removed if they are not fully embedded. The procedure is to wash the affected area, remove it using tweezers, squeeze the area until it bleeds (to minimise the risk of infection), clean and cover the site with a plaster. Afterwards, check when the patient last had a tetanus jab and recommend a new one if it was a long time ago.

j) Sepsis

5 people are killed by Sepsis every hour in the UK. It is caused by an infection getting into the bloodstream. It is therefore vital to ensure cuts are cleaned properly and any bandages etc. are clean before use (if dropped onto the floor, they should be discarded and replaced with a fresh one). Sepsis often presents as flu-like symptoms but can also be confused with meningitis. Symptoms start a few days after infection and can include:

S – Slurred speech / confusion

E – Extreme shivering / muscle pain

P – Passing no urine (in a day)

S – Severe breathlessness

I – It feels like you're going to die!

S – Skin mottled / discoloured (can look like corned beef

8. Appendices:

a) First Aiders at Wharncliffe Side
b) (Temporary) Medication Form
c) Bump Note
d) Accident Form

a) <u>First Aiders at Wharncliffe Side</u>

First Aid & Medicines

Name & location of First Aiders:

Michelle Rowett
KS2 Corridor (am only)

Abbi Houcher
KS2

Sarah Longmore
(Not medicines)

Louise Askwith
IR

Andrea Smith
Nursery IR

NOTE: All IR staff can do basic first aid and all teachers can administer medicines – please remember to write in the book!

b) (Temporary) Medication form

WHARNCLIFFE SIDE SCHOOL
HEALTH CARE PLAN FOR A PUPIL WITH TEMPORARY MEDICAL NEEDS
2021-2022

CHILD'S NAME: ……………………………………………………………………………………………

DATE OF BIRTH: ……………………………… CLASS: ………………… **MALE/ FEMALE**

CONDITION;. ……………………………………………………………………………………………

Describe condition, give details of child's individual symptoms and daily care requirements: …………

………

………

………

………

Describe what constitutes as an emergency for the child named above, and the action to take if this occurs:
………

………

CONTACT INFORMATION (list order of priority first)

Name:…………………………………………………………… Relationship to child: …………………

Address: ………………………………………………………………………………………………

Daytime telephone no's: ………………………………………………………………………………

Name ……………………………………………………………… Relationship to child: …………………

Address: ………………………………………………………………………………………………

Daytime telephone no's: ………………………………………………………………………………

HOSPITAL/CLINIC CONTACT: ………………………………………………………………………

Daytime telephone no's: ………………………………………………………………………………

G.P.: ……………………………………………………………………………………………………

Daytime telephone no's: ………………………………………………………………………………

PARENT/CARER FILLING IN FORM: ……………………………… DATE: ………………………

PLEASE SEE REVERSE FOR MEDICATION DETAILS

MEDICATION DETAILS

MEDICATION DETAILS IF NEEDED TO BE ADMINISTERED WHILST AT SCHOOL.

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the below named medication.

Name/Type of Medication: ....

....
(As described on container)

Dosage and method: .... Time: ....
Please make sure that you have followed instructions on bottles/boxes when writing time.

Please tick if you have discussed administration time with a member of staff ☐

Can the over named self administer **YES/NO**

Special precautions: ....

Side effects if any: ....

I understand that I must deliver the medicine personally to (agreed member of staff). If your child comes on Transport please give the medication to the driver or escort. CHILDREN MUST NOT BRING MEDICATION INTO SCHOOL THEMSELVES.

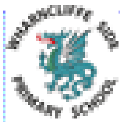
Signed: .... **Parent/Carer**

Print Name: ....

DATE	ADMINISTERED BY	NOTES/CHECKED BY

For school staff only
Member of staff initially receiving this form and medication...

c) Bump note



Wharncliffe Side Primary School

Head Injury

Date: .... Time: ....

Your child ....Sustained an injury to the head today as described below:

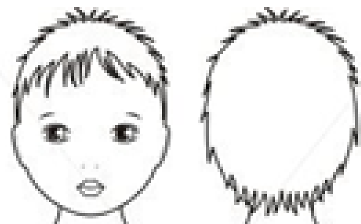
- Bumped heads with another child
- Knocked head on a piece of furniture/equipment/play equipment
- Ball to the head

Other ....

....

....

....



First Aider please put a cross on the area affected

A School First Aid- er assessed your child. Your child has been monitored since the accident and we have not identified anything that caused concern up to the time of them going home. Although no problems were detected during this time, we suggest that you observe your child for the next 48 hours for any of the following symptoms:

Blurred vision, Drowsiness ,Nausea or vomiting, Severe headache, Confusion, Slurred speech, Unresponsiveness, Clumsy, Staggering or dizziness.

Contact your GP or the nearest Accident and Emergency Department if you have concerns about any of the above symptoms.

School telephone number 01142862379

d) <u>Accident form</u>

Accident and Incident Report Form

(For Reporting Accidents, Violent Incidents, Work-related Ill Health, Near Misses & Hate Crime / Incident)

Name of School	**Date & Time of Accident**	**Location of Accident**	
Print Name of Injured Person:		Date of Birth:	☐ Female ☐ Male
Home Address of		Telephone No.:	

Employee ☐ Yes ☐ No	Pay Ref	Pay Point	Date & Time Accident Reported
Job Title:			

Non-Employee	☐ Agency	☐ Contractor	☐ Volunteer	☐ Work Placement
☐ Service User	☐ Young Person/Pupil	☐ Member of Public		

About The Incident

☐ Accident	☐ Violent Incident	☐ Ill Health	☐ Near Miss	☐ Hate Crime / Incident
If there was an injury, what was it, and what part of the body was injured? (e.g. fracture, laceration)				
Describe in detail what happened, including what the person injured or involved, was doing at the time of the incident, and any part played by other people involved.				
Describe the events that led up to the incident, including any unusual or contributory factors, such as adverse weather, lack of adequate training, new or inexperienced worker etc?				

Name & Type Of Any Machinery Involved	Serial No.	Was Machinery In Motion? ☐ Yes ☐ No
Name Of Any Substances Involved		
Name & Address of any Witness(es) to the incident		Telephone No.
Violent Incident: Name & Address of Perpetrator:		
Signature of The Person Injured or Involved In The Incident		Date

This Page to Be Completed By the Head Teacher

Name of Injured Person	**Date of Birth**
Accident/Incident Investigation - Describe the action required to prevent a repeat of the accident/ Incident involved. Do you wish a copy of this report to be sent to the relevant Trade Union? Yes ☐ No ☐ Name of Trade Union ………………………………………………………………	
After A Violent Incident Consider The Following: Does the person involved perceive this incident to be motivated by hate or prejudice? Yes ☐ No ☐ Take appropriate action if there are any Safeguarding concerns. Give support or debriefing as required to the employee(s) involved. Review the adequacy of existing risk assessments as appropriate. Share with relevant colleagues e.g. Headteacher, Trade Unions, other agencies etc	
RIDDOR: It is a legal requirement to report serious injuries or incidents to the Health & Safety Executive (HSE). Contact the Health, Safety & Wellbeing Team **immediately** and they will report this on your behalf. Please tick the box(es) below that describe the injury or incident. ☐ Fatality ☐ Major injury (e.g. fracture other than fingers, thumbs or toes) ☐ **Employee Only**: Absent from work for more than 7 days (excluding the day of the accident but including any days which would not normally have been working days) as a result of an accident arising out of, or in connection with, work. ☐ **Non Employee Only:** (e.g. service user, member of public, young person or volunteer) Has an injury which resulted from an accident arising out of, or in connection with a work activity led to them being taken from the site of the accident to hospital for treatment for that injury? ☐ Contractor or agency employees – contact their supervisor so that they can report it ☐ Dangerous Occurrence About The Injured Person (Tick **All** Relevant Boxes) ☐ Became unconscious ☐ Needed resuscitation ☐ Remained in hospital for over 24 hours (employee) ☐ None of the above	

Tick Only One Box That Best Describes What Happened

☐ Contact with moving machinery or material being machined	☐ Fell from a height State how high: ……………………metres
☐ Hit by moving, flying or falling object	☐ Exposure to/in contact with harmful substance
☐ Hit by a moving vehicle	☐ Exposed to fire
☐ Hit by something fixed or stationary	☐ Exposed to an explosion
☐ Injured while lifting, handling or carrying People **or** ☐ Objects	☐ Contact with electricity or electrical discharge ☐ Injured by an animal
☐ Slipped, tripped or fell on the same level Outside **or** ☐ Inside	☐ Physically assaulted by a person ☐ Verbally abused
☐ Trapped by something collapsing	☐ Subjected to intimidation
☐ Drowned or asphyxiated	☐ Another kind of accident

Further Investigation (To Be Completed By the Head Teacher)

If a further investigation is required, e.g. for most RIDDOR accidents, complete the Corporate Accident/Incident Investigation Form on 365 Sharepoint	Yes ☐	No ☐
Signature of Head Teacher	Job Title	
Print Name of Head Teacher	Telephone No.	Date