



THE CEDARS
SCHOOL

First Aid Policy

Introduction

The school complies with the Guidance on First Aid for Schools Best Practice Document published by the DfE.

All companies are required by The Health and Safety (First Aid) Regulations 1981 (amended 1997) to provide trained first aid human resources and treatment for staff in the event of injury or ill health at work.

Definitions

First Aid

The arrangements in place are to initially manage any injury or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out. It does not include giving of any tablets or medicine to treat illness.

First Aid Point

Where an appropriately qualified person is on duty to administer First Aid.

First Aider

A person who has completed a one-day course of emergency first aid from a competent trainer and holds a current certificate.

First Aid Kit

An easily identifiable box, with a white cross on a green background that contains as a minimum supply of in-date equipment.

Medication and allergies

Whilst we would discourage a culture of parents sending pupils into school when they are not well, many pupils will at some time have a condition requiring medication. For many the condition will be short-term – perhaps the duration of a short absence from school. However, although a child may soon be well enough to be back at school, medication may perhaps still be required during the school day for a short period. The administration of medicine at The Cedars falls within our remit for the Duty of Care for the children, and arrangements are therefore in place should medication be required during the school day. Firstly, where possible, all anti-biotics should be administered by parents out of school hours. However, should this not be feasible, a request should be made to one of the office staff, who are responsible for administering any medicines. We will not administer aspirin to any pupils unless it has been prescribed by a doctor.

Children are not allowed to self-administer medicines unsupervised, so they should not be sent into school with cough mixture, Calpol or anti-biotics. Where regular medication is required (e.g. Piriton), permission should be gained from parents prior to administering and an 'Administering Medication Parental Consent Form' should be filled in and signed. However, medicines must always be provided in the original container.

All medication should be clearly named. All epipens will be kept in the school office. It is the responsibility of parents to ensure that asthma pumps or epipens (which are in date) are available in school.

Where on the other hand children have long-term medical needs, we will do everything we can to enable them to attend school regularly. If it is unavoidable that a child has to take medicine in school for treatment for a long-term illness to be effective, then each individual case will be considered on its own merits. Parents must give us details of the child's condition and what treatment has been prescribed. Medication should be brought to school in a secure, labelled container with the child's name and dosage required. Medication will be kept in accordance with safety requirements; either locked in the cabinet in the Medical Room or kept in the SCR fridge where appropriate.

Where long term needs for emergency medication exist, the school will require specific guidance on the nature of any likely emergency and how to cope with it while awaiting paramedical assistance. Detailed written instructions should be sent to the school and the parent should also liaise with their child's form tutor. If the emergency is likely to be of a serious nature, emergency contact numbers must be given where an adult is available at all times.

Medical information on each child is obtained when they first start at the school and updated information is requested annually. This list is circulated to all staff members at the beginning of each academic year so that they are aware of any children who suffer from certain medical conditions, and in particular those such as severe allergies, asthma, epilepsy, diabetes etc. A list of all children with particular food allergies is displayed in the hall and updated periodically.

Staff involved in administering the medication will receive appropriate training and support from health professionals where necessary. A health and safety assessment is carried out to manage any identified risks. No member of staff is required to administer medication unless willing to do so. Where possible the medicine should be self-administered under the supervision of an adult. Written records are kept by office staff for all medicines administered.

First Aid

All staff, both teaching and non-teaching, are responsible for dealing with minor incidents requiring first aid. However no one should perform any first aid procedures that they have not been adequately trained to do. If there is any concern about the first aid which should be administered, one of the qualified First Aiders should be consulted. During lesson time first aid is mostly administered by the class teacher or teaching assistant. If an accident occurs outside and first aid is required, one of the staff members on duty outside should send the child to the First Aid Point where a qualified First Aider will be on duty. If required, the qualified First Aider may be called to assist in the playground.

The main First Aid Point is the school office, where fully equipped first aid kits are kept. Additional supplies are stored in a cupboard in the Medical Room, the Art & Design Room and the Science Laboratory.

First Aid kits are looked after by the School Administrator and she also completes checklists periodically to ensure sufficient and appropriate levels of stock. However all staff are responsible for checking the contents of the first aid kits on a regular basis and for notifying her of any items required to replenish stock.

First Aid Kits

Their contents will vary slightly according to where they are situated, however the kits will usually contain the following:

Bandages, plasters, dressings, antiseptic wipes, cotton wool, sterile gauze swabs, disposable gloves, steri-strips, eye washes, slings, scissors, tweezers, safety pins.

The following staff are trained in first aid until 2020, and at least two are on the school premises during the school day:

Mr W Ash, Mr C Ashton, Mr J Cook, Mr S Davis, Mr D Harland, Mr B Rix, and Mr B Woodward.

Concussion in Sport

Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of players, and especially young players. All Sports staff have completed the HEADCASE course and follow the appropriate measures, in line with the RFU guidelines:

http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/57/returntoplayafterconcussion_Neutral.pdf

Guidance on when to call an ambulance

For more significant injuries and if the need arises, office staff will telephone for emergency assistance. In those cases where a child needs to be taken to hospital, parents will be contacted immediately and at least one member of staff will be available, if necessary, to accompany the child.

Significant injuries require two members of staff to assess the situation, and any head injury will be referred to the Head or, in his absence, the Deputy Head.

We record all head injuries and injuries that require significant first aid in a school accident book. This book is kept in the school office. In these cases we inform parents or the adult collecting the child verbally and also via a copy of the Accident Record. Should a child be quite seriously hurt, we contact the parents through the emergency telephone number that is kept on file. These numbers are updated annually, but parents are encouraged to inform us when contact details change. Old books are kept on file in the school office for at least 6 months.

The following situations are ones where the need to call an immediate ambulance are particularly recognised:

- 1) Suspected anaphylactic shock.
- 2) A seizure (fit) which lasts longer than 5 minutes.
- 3) Injury resulting in severe blood loss, that cannot be controlled by pressure and elevating the injured part.
- 4) Severe breathing difficulty and not responding to the usual measures (e.g. severe asthma attack not responding to inhalers and the child cannot talk in short sentences due to breathlessness; OR prolonged choking episode not relieved by 5 sharp blows to the back and 5 front thrusts and the child cannot talk or take a clear breath).

- 5) Suspected meningitis such that a child has a temperature above 38c accompanied by a dark red or purple rash that does not appear with pressure from a glass (the 'glass test')

All accidents (near misses, potential hazards and damage) should be reported to the school's Health & Safety Committee, who will be responsible for investigating such incidents and ensuring that corrective action is taken where appropriate to prevent a recurrence.

The school will report to the Health and Safety Executive (Telephone: 0345 300 9923 opening hours Monday to Friday 8.30am to 5pm) any incident which falls under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995). Major injuries include the following:

- Fracture, other than a bone in the wrist, hand, ankle or foot;
- Amputation;
- Dislocation of the shoulder, hip, knee or spine;
- The loss of sight of an eye (whether temporary or permanent);
- Chemical or hot metal burn to the eye or any penetrating injury to the eye;
- Injury resulting from an electric shock or electrical burn leading to unconsciousness;
- Unconsciousness caused by asphyxia or exposure to harmful substance;
- Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin, or illness believed to have resulted from exposure to a biological agent or its toxins or infected material;
- Any other injury: leading to hypothermia, heat-induced illness or unconsciousness, or requiring resuscitation, or which results in the person injured being admitted to hospital as an inpatient for more than 24 hours (unless that person is detained only for observation).

It might be that the extent of the injury may not be apparent at the time of the accident or immediately afterwards, or the injured person may not be immediately admitted to hospital. Once the injuries are confirmed, or the person has spent more than 24 hours in hospital, then the accident must be reported as a major injury.

Should a child sustain a particular injury which requires bed rest and somewhere to wait for collection, they should be taken to the Medical Room on the 1st floor. A member of staff will provide appropriate supervision.

Safety/HIV Protection

There may be rare occasions where it is necessary for staff to restrain a pupil physically, to prevent them from inflicting injury to others, causing self-injury, damaging property, or being disruptive. In such cases only the minimum force necessary may be used, and any action taken must be only to restrain the pupil. If restraint has been required, a written report will be made in the Incidents log book in the Head's office.

Hazardous substances will be safely stored in a secure area. Maintenance and when necessary examination and testing will take place of items such as electrical equipment and gas appliances.

Staff are advised always wear disposable gloves when treating any accidents/incidents which involve body fluids. Make sure any waste (wipes, pads, used gloves etc) are placed in a plastic bag and fastened securely for disposal. If a child has significant blood spillage on their clothes, they can be changed into their PE kit if required. Their clothes should be placed in a plastic bag and fastened securely ready to take home.

Monitoring and review

It is the responsibility of the Head to monitor and evaluate the effectiveness of this policy. This policy will be reviewed at least once every two years.

This policy will be reviewed annually	
Title	First Aid Policy
Version	6
Date of Review	Autumn 2018
Author	Robert Teague, Headmaster
Approved by SMT	Yes
Approval required by PACT or sub-committee	Yes
Latest Review (state whether changes were made)	Yes
Next Review Date	Autumn 2019