



Highfield Priory  
Independent Day School  
and Nursery

## Highfield Priory School First Aid Policy

### **FIRST AID POLICY**

Highfield Priory School is committed to provide a safe and secure environment and to promote the health of all pupils. To this end this policy is monitored regularly. The Health and Safety Committee meets regularly to monitor standards and to investigate any first aid issues arising.

This policy refers to all sections of Highfield Priory School including the Early Years Foundation Stage.

The aim of first aid in the school is that it is delivered in a timely and competent manner. To this end the Headteacher, in conjunction with the Health and Safety Committee, is responsible to ensure that all first aid arrangements, equipment and facilities are maintained and in good working order. They ensure that adequate first aid cover is available as appropriate and is applicable and relevant to the conditions at the time and the number of persons to be covered. This includes any members of the public who may suffer or be suffering from recognisable symptoms whilst on our premises during the school working day.

Mrs A McIlwaine is the principal member of the first aid team responsible for the upkeep and maintenance arrangements of all first aid provisions and equipment.

The school office is where any matters of first aid can be dealt with and where anyone can be allowed to rest if feeling unwell and wait to be collected by parents.

First aiders can be contacted by anyone requiring assistance either in person or by phone. If an accident or injury occurs when in the sports hall, playground or out on the field a red card system is in place. A child would bring in the red card to the school office or teacher in school to let them know assistance is required.

There are 19 members of staff who are volunteers and fully trained in Paediatric First Aid skills by Centaur Health and Safety Training Ltd. They are able to carry out their duties effectively and with confidence and to deal with all foreseeable incidents or accidents.

The school is responsible for keeping trained staff up to date with health and safety and first aid training and a copy of any certificate for health and safety / first aid training that he/she undertakes is held by the Bursar.

General first aid information is included as part of the Health and Safety induction process for new staff.

A list of trained first aiders is kept in the school office and displayed in the staff room and bungalow and updated by the office.

If an accident were to occur on the School premises staff should send a child to the office for help and follow initial procedures for emergency treatment of common medical conditions whilst awaiting the arrival of a first aider.

The School provides hand washing facilities; including the use of anti-bacterial hand wash before meals and before snack time in the homework room and bungalow.

From time to time teachers will provide appropriate advice to pupils e.g. the use of sun cream in hot weather and reinforce the importance of hand washing to avoid the spread of infectious diseases.

The school does not allow animals on the main premises except under the following conditions:

Guide dogs for the blind

Occasionally for demonstrations when any animal would be securely managed by a trained professional.

### **ILLNESS DURING THE SCHOOL DAY**

Pupils who are taken ill in the course of the day may rest in the school office briefly, (under the supervision of school office staff, or wait there for parents to collect them.

If pupils are taken ill during the day, at break or lunchtime, they should report the fact to a member of staff on duty who will send them to the school office accompanied by another, older pupil.

If pupils are taken ill during the day, during a lesson or supervised activity, the member of staff will ensure that the child is sent to the office with another pupil as escort.

If a child is taken ill or receives minor injuries whilst in the school's care and it is recommended that the pupil goes home, the office or other responsible adult will telephone the parent.

### **Arrangements for the exclusion of children who are ill or infectious**

If there is reason to believe that any child is suffering from a notifiable disease, identified as such in the Public Health (Infectious Diseases) Regulations 1998, the Head will inform Ofsted for EYFS pupils. The School will act on any advice given by the Health Protection Agency and will inform Ofsted of any actions taken.

In the event of a notifiable disease the Head will also inform the Public Health Department in Preston. He will consult with parents regarding the period of exclusion required for each specific case and will follow the Health Protection Agency 'Guidance on Infection Control in Schools and Other Child Care Settings'.

### **Notification of infectious disease**

Parents are asked to notify the office of any infectious disease. This is particularly important in the case of Rubella (German Measles) which carries a risk to pregnant women.

Staff are provided with the following guidance on the Emergency Treatment of Medical Conditions; this is provided for reference whilst awaiting the arrival of a first aider.

## **EMERGENCY TREATMENT OF COMMON MEDICAL CONDITIONS**

### **ADVICE FOR STAFF WHILST AWAITING THE ARRIVAL OF A FIRST AIDER**

### **INTRODUCTION**

The medical conditions in children that commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

Below are guidelines on how to deal with certain medical emergencies.

For individual pupils, please refer to the relevant medical care plans in the staff room, copies in the office.

## **ASTHMA**

Symptoms  
Coughing  
Tight chest  
Wheezing  
Shortness of breath

Not every child with asthma will present with these symptoms, some children may be very unwell with asthma but not show any of the above signs.

## **TREATMENT**

Reliever inhalers (blue) are taken immediately to relieve asthma symptoms during an attack. They are sometimes taken before exercise to prevent the onset of symptoms.

Preventer inhalers (brown, red, orange) are usually taken at home.

## **STORAGE OF INHALERS**

All staff should familiarise themselves with the children on the Asthma List. This list indicates which children have inhalers in school on a daily basis. **All inhalers should be named.** Inhalers for pupils in the nursery and infant classes should be kept in the classroom. Pupils in the junior classes are encouraged to manage their own condition and normally carry their inhaler with them and take them to sporting activities and educational visits.

## **EMERGENCY TREATMENT IN THE CASE OF AN ASTHMA ATTACK**

If the pupil presents with:

Coughing  
Shortness of breath  
Wheezing  
Tight chest  
Unusually quiet

Assist pupil in administering their blue inhaler as directed.

Sit down in a quiet area  
Loosen tie and top button  
Reassure at all times  
Support upper body if necessary

## **AN AMBULANCE SHOULD BE CALLED IF:**

SYMPTOMS DO NOT IMPROVE SUFFICIENTLY IN 5 -10 MINS

THE CHILD IS TOO BREATHLESS TO SPEAK

THE CHILD IS BECOMING EXHAUSTED

THE CHILD APPEARS BLUE

Stay with the pupil at all times offering constant reassurance.

## **EPILEPSY**

Epilepsy is a very individual condition. Seizures or fits can happen for a variety of reasons. Seizures can take many different forms therefore please refer to individual care plans for guidance. Not all seizures will involve loss of consciousness. Some children may present as confused with slight twitching of a limb where some children may suddenly drop to the floor with jerking movements of the limbs and loss of consciousness. Occasionally breathing may be difficult and the child's colour may

be affected e.g. becoming grey or blue especially around the mouth. Some children also bite their tongue or cheek and occasionally wet themselves.

### TREATMENT

Most children with epilepsy take regular medication to control their seizures. This will be documented in the child's care plan. Usually the medication will be managed at home.

### **EMERGENCY TREATMENT IN THE CASE OF AN EPILEPTIC FIT**

Make sure the child is in a safe position – usually lie on the floor  
Do not restrict a child's movements  
You may place a pillow or rolled up item of clothing under the head to help protect it  
Nothing should be placed in the mouth  
After the seizure the child should be placed in the recovery position  
The child should never be left alone

### **AN AMBULANCE SHOULD BE CALLED IF:**

IT IS THE CHILD'S FIRST SEIZURE

THE CHILD'S COLOUR BECOMES BLUE OR GREY (CYANOSIS)

THE CHILD IS UNRESPONSIVE AFTER THE SEIZURE HAS STOPPED

THE CHILD HAS A SERIOUS INJURY

THEY HAVE PROBLEM BREATHING AFTER A SEIZURE

THE SEIZURE LASTS LONGER THAN FIVE MINUTES OR LONGER THAN THE TIME DICTATED IN THE MEDICAL CARE PLAN

THERE ARE REPEATED SEIZURES

### **DIABETES**

Diabetes is a condition where the level of glucose in the blood is affected by the body's inability to produce adequate insulin. The majority of children in schools have Type 2 diabetes for which they have daily insulin injections. This also requires the children to monitor their blood sugar levels regularly throughout the day and eat a healthy balanced diet.

Younger children may be required to have their insulin injection twice daily whereas older children are usually encouraged to count their carbohydrate intake and adjust their insulin accordingly. The child will also check their blood sugar prior to administering their insulin. Once the child's parents and consultant are happy that the child is confident with their regime, the child becomes responsible for their own injections; this would be detailed in the pupil's individual health care plan. In Early Years settings a teacher or appropriately trained member of staff would assist the child as needed.

A child with diabetes should be allowed to eat regularly throughout the day; this normally includes snacks at break time and prior to sporting activities. This should be taken into account in the case of sporting fixtures and school trips where the normal school day is disrupted.

### **POSSIBLE COMPLICATIONS**

HYPOGLYCAEMIA (LOW BLOOD SUGAR)

### **SYMPTOMS**

Sweating  
Hunger

Drowsiness  
Pallor  
Glazed eyes  
Shaking or trembling  
Lack of concentration  
Irritability  
Headache  
Mood changes, aggressive or angry

**Note:** Each child will experience different symptoms and this will be evident in the child's individual care plan.

### TREATMENT

It is very important that the child's blood sugar is returned to normal without delay.

Never leave a child alone.

Assist the child to take their emergency treatment from their 'hypo' box. This may vary for individual pupils and will usually include fast acting glucose tablets, cola, and lucozade.

This should be followed by longer acting carbohydrates e.g. crisps, biscuits, glass of milk.

Refer to the individual health care plan for further advice.

### **AN AMBULANCE SHOULD BE CALLED IF:**

THE CHILD'S RECOVERY TAKES LONGER THAN 10-15 MINUTES.  
THE CHILD BECOMES VERY SLEEPY OR UNRESPONSIVE

### **STORAGE OF INSULIN AND 'HYPO' TREATMENT**

#### **EYFS**

The insulin should be stored in a safe environment according to manufacturer's instructions. The appropriately trained member of staff will be responsible for the monitoring of blood sugars and administration of insulin prescribed in accordance with the child's Care Plan.

A 'hypo' box will be stored in the bungalow office/nursery store room which is accessible to staff at all times. It is usually advised that the box accompanies the child to activities away from the teaching area e.g. sports hall, library.

#### **Infants and Juniors**

If the child is assessed as competent to manage their own daily insulin regime they should be encouraged to continue this whilst at school. This involves the safe keeping of insulin. Spare insulin pens and sharps bins can be stored in school with parental discussion. If the child needs assistance with their daily regime, the appropriately trained member of staff will offer reassurance and assistance as necessary in accordance with the child's health care plan. The 'hypo' box should be stored in the child's classroom and a spare kept in the school office. Again, it is usually advised that the box accompanies the child to activities away from school e.g. swimming pool, sports field.

### HYPERGLYCAEMIA (HIGH BLOOD SUGAR)

#### SYMPTOMS

Greater than usual need to go to the toilet to pass water

Excessive thirst

Tiredness

Vomiting

Breath that smells like pear drop sweets or acetone

### TREATMENT

Parents should be contacted immediately as urgent medical attention is required.

### **ANAPHYLAXIS**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It can occur within seconds or minutes of exposure to an allergen but can also take several hours or rarely days,

Common triggers include; peanuts, tree nuts, eggs, fish, penicillin, latex and stings of bees, wasps etc.

Less severe reactions include rashes, swollen lips, abdominal cramps and itching. Careful monitoring should be taken even with mild symptoms as they can quickly develop into full anaphylaxis shock.

### **SEVERE SYMPTOMS**

Swelling of the face, throat, tongue, neck and lips.  
Rapid fall in blood pressure causing weakness, pallor and possibly faint  
Asthma symptoms and difficulty breathing  
Potential collapse.

### **TREATMENT**

Most allergic reactions are managed by the quick administration of antihistamine medication. More serious reactions require an injection of adrenaline via a pre loaded injection. If an adrenaline injection is administered an Ambulance should be called.

All children with serious allergies in school have an individual care plan which should be referred to when assessing a child.

Training on the management of allergic reactions and the use of adrenaline injections is available to all staff.

### **STORAGE OF ANAPHYLAXIS MEDICATION**

#### **EYFS**

All children with severe allergic reactions are advised to supply school with necessary medication. This will be kept in a designated bag in the classroom and will accompany the child to and from all activities.

#### **Infants**

All medication is kept in the Key Stage Coordinators cupboard.

#### **Juniors**

All medication is kept in the first aid box in the hallway into the playground which is accessible at all times by all staff.

**Medication should be taken on any school trips or sporting activities.**

**PLEASE NOTE: ALL STAFF SHOULD FAMILIARISE THEMSELVES WITH THE MEDICAL INFORMATION PROVIDED IN THE STAFF ROOM.**

**ALL CARE PLANS ARE STORED IN THE SCHOOL OFFICE AND DISPLAYED IN THE STAFF ROOM.**

### **LONGER TERM MEDICAL PROBLEMS**

#### **Information about the medical condition:**

Information regarding each pupil's health is strictly confidential.

Parents are asked to complete the Medical Consent Form (sent out to new pupils) to inform the nurse of any chronic medical problems or severe allergies. We accept only the pharmacists/doctors written advice on the administration of a prescription drug and this must be sent into school with any medication.

#### **Health Care Plans**

If a pupil has prolonged medical needs parents must keep the school up to date with all relevant information and in particular any changes in the needs or medication of the child.

Children with chronic illness requiring regular medication, such as asthma or diabetes should attend the school office as and when necessary to receive medication as prescribed.

Pupils who are asthmatic should carry a named inhaler at all times in the classroom, on the sports field, at the pool, in breaks and lunchtimes and on school trips. Parents are strongly advised to provide the school with a spare, named inhaler. These are kept in the nursery office and pre-school first aid cupboard.

Inhalers for pupils in the nursery and infant classes should be kept in the classroom. Pupils in the junior classes are encouraged to manage their own condition and normally carry their inhaler with them and take them to sporting activities and educational visits. All inhalers should be named.

If a pupil has need of a nebuliser, the school will require advice from the pupil's GP as to the correct management.

A record is maintained in school of all those children who we know to be asthmatic, epileptic, diabetic or suffer severely from allergies.

## **ADMINISTRATION OF MEDICINES**

### **PRESCRIPTION MEDICINES**

With the exception of those medical conditions indicated above, should a pupil need to bring any prescribed medication into school the following should be noted:

The original bottle/packet should be sent into school labelled with the pupil's name and form. This should be handed in to the office upon arrival at school. Parents must complete a 'request to administer medication' form.

Medication will not be administered without written permission from parents and will only be administered if it has been prescribed for that child by a doctor, dentist, nurse or pharmacist.

We have the right to refuse to administer any medication which is not accompanied by a letter or clearly labelled as stated above.

The office staff will give medication or, in certain cases, a designated member of staff who has received appropriate training

Medicines are stored strictly in accordance with product instructions and in the original container in which dispensed. They should include prescriber's instructions for administration. All medications, except for those used for emergency treatment e.g. Epipens, diabetes treatment and inhalers, are kept in the school office.

Medicines which have passed their expiry date or have been discontinued will be sent home.

On out of school trips and visits prescription medicine will only be administered by a member of staff if parental permission is given on the consent form.

**NON PRESCRIPTION MEDICATION** e.g. pain and fever relief will only be administered with the prior written consent of the parent on the Medical Consent Form and only when there are health reasons to do so.

No child will be given medicine containing aspirin.

Appropriate training, specific to individual children, is provided to administer prescription medicines requiring technical/medical knowledge if required.

## **WRITTEN RECORDS**

All medication and first aid treatment given are entered into the accident/medication book which is kept in the school office.

A separate record is maintained for all EYFS children recording accidents and incidents. For serious accidents parents read and sign the form.

### **ACCIDENT IN THE SCHOOL DAY**

If a pupil has an accident in the playground during the day the member of staff in charge will follow the Standard Accident Procedure:

- The pupil will report the incident to the duty teacher who decides if the child needs treatment in the school office.
- If a child is unable to be moved the duty teacher sends a child to report the incident to the school office. The first aider will go to the scene of the accident and an ambulance will be called if necessary.

If there is an accident in a classroom

- The member of staff stays with the class, comforts the injured pupil, sends a message to the school office and awaits the first aider and informs the first aider of the accident history.
- If the accident obviously requires immediate hospitalisation or if there is any doubt about the level or nature of the injury or concussion occurs as a result of the accident the member of staff will stay with the pupil. The pupil must not be moved (unless in danger) and must be kept warm whilst awaiting the arrival of the first aider. If an ambulance has been called the member of staff in charge informs the paramedic of the accident history. The parent is notified of the accident as soon as possible either before or after the arrival of the ambulance. Details of the hospital are given once known. The Head or other responsible adult will always go with the injured pupil in the ambulance if the parent is not available or does not arrive in time.
- In the case of a serious accident a second member of staff will go to the scene of the accident as soon as possible to take the class to a different room and stay with them.

When a member of staff's child is involved in an accident he/she must wait until cover is provided before leaving their class.

### **EYFS**

At least one person who has a current paediatric first aid certificate will be on the premises at all times when children are present. First Aid training is provided by Centaur Health and Safety Training Ltd and is consistent with guidance set out in the Practice Guidance for the Early Years Foundation.

### **RECORDING AND REPORTING ILLNESS AND INJURY**

The Head organises any incident or accident investigations required as a result of an incident or accident that has taken place within the grounds and premises.

EYFS parents are informed by telephone or in person on the same day of any accidents or injuries sustained by their child whilst in the care of the School and of any first aid treatment performed. If the accident or injury involves a knock to the head then a 'bumped head' letter is completed and given to parents providing details of the event. Above EYFS, parents are notified by the school office if a child has an accident that causes concern.

Copies of the accident book entries are kept in the school office and investigated as appropriate. All entries are taken to the Health and Safety Committee for further discussion and to determine whether current controls and precautions are adequate and appropriate.

A copy of RIDDOR is held by the Bursar to enable first aid personnel to determine whether an incident or accident is reportable as required by the current regulations. Any incident or accident that is reportable under the current set of regulations ('RIDDOR') is done so in a timely manner and as required by the regulations.

### **EYFS:**

The School will notify Ofsted of any serious accident, illness or injury to, or death of, any EYFS child whilst in its care, and of the action taken in respect of it. Notification will be given as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.



Local child protection agencies are notified of any serious accident or injury to, or the death of, any child whilst in their care and the School will act on any advice given.

### RECORDS KEPT

A record of any reportable death, injury, disease or dangerous occurrence is kept for 21 years and four months after the date on which it happened. This includes the date and method of reporting; the date, time and place of the event; personal details of those involved; and a brief description of the nature of the injury, event or disease.

With respect to the reporting of accidents and incidents:

All staff have the following responsibilities:	The Arrangements
<p>To report any accident, irrespective of how minor, or any incident (near miss) that might have resulted in an accident, even if this wasn't the case</p>	<p>All staff are trained in the basics of accident and incident reporting and prevention through the organisation's own internal training system.</p> <p>The Accident Book kept in the office is used to record any incident.</p> <p>Accident, Incident and Illness Report form will be filled in if first aid treatment has been administered.</p> <p>The Accident Book is checked by the Head and any issues are reported to the Health and Safety Committee.</p> <p>'Near miss' book is kept in the staffroom.</p>
<p>To co-operate with any member of the first aid team in fulfilling their duties when entering details in the Accident Book</p>	<p>The office will ensure that accident book is completed by the relevant member of staff</p> <p>For staff an Employee's Report of Injury Form will be filled in</p> <p>Staff will assist in any investigation which is carried out following any accident/incident.</p>
<p>When out on a trip or visit to record any first aid treatment given by first aiders to include the date, time and place of the incident, the name and form of the injured or ill person, details of the injury/illness and what first aid was given. Information as to what happened to the person immediately afterwards (e.g. went home, resumed normal duties, went back to class, went to hospital), the name and signature of the first aider or person dealing with the incident.</p>	<p>For out of school activities the Group Leader is responsible for the first aid kit as soon as it is taken from the school office.</p> <p>The Group Leader ensures that the relevant member of staff provides full details (as listed opposite) of any first aid given whilst on the trip or visit are recorded on the copy of the official accident form.</p> <p>Upon return to school the group leader ensures that the completed form is given to the office along with the first aid kit informing them of any thing that has been used; she will replenish the missing items.</p>
<p>Act upon the advice given to him/her by a member of the first aid team if he/she is injured during an accident sustained on the school premises, such as visiting a hospital, checking with a doctor or resting in the first aid room for a period of time.</p>	

### FIRST AID BOXES

The school provides, in good condition, adequate stocks of first aid provisions in clearly labelled and readily accessible areas as deemed necessary. Maintenance of these boxes is the responsibility of the office. The school will provide a laminated sign for each first aid box to act as a check list.

First aid boxes containing the recommended items by HSE with appropriate content to meet the needs of children are held at various locations throughout the school as shown below.

SCHOOL OFFICE  
NEXT TO DOOR ONTO INFANT PLAYGROUND.  
SPORTS HALL  
NURSERY  
PRESCHOOL  
KITCHEN  
ART, DESIGN AND TECHNOLOGY ROOM  
SCIENCE ROOM  
MINIBUS

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

**IN ADDITION THE OFFICE WILL PROVIDE FIRST AID KITS FOR ALL SECTIONS OF THE SCHOOL TO BE TAKEN ON ANY SCHOOL ACTIVITY**

#### **DEFIBRILLATOR**

The school has a defibrillator which can be found in the entrance to the sports hall. Instructions can be found in a folder behind it.

The Health and Safety Committee is responsible for this policy.

Date last reviewed: July 2018

Next Review Date: Aug. 2019

#### Authority

The Full Board of Governors, by delegation to sub-committees, is responsible for formulating the policies and procedures that will ensure the school continue to achieve the aims of the overall school strategy. Hence, each sub-committee has Terms of Reference and assigned responsibility for policies within that scope. The sub-committees are: Finance and General Purposes, Health and Safety, Safeguarding, Education and Marketing.

For current staff training regarding First Aid, see Staff Training Record