



FIRST AID POLICY

Astley Park School is mindful of the need to safeguard the well being of all pupils, staff and visitors to the School and will ensure, as far as is reasonably practicable, that first aid arrangements will be managed in compliance with the management of Health and Safety (First Aid) Regulations 1981, Education (Independent School Standards) (England) Regulations 2003.

Management of first aid arrangements will be undertaken in such a way as to ensure there are adequate arrangements for training and retraining of first aid staff, provision of first aid equipment and facilities and for the recording of first aid treatment.

The school aims:

- To provide a prompt and appropriate response in cases of illness and injury
- To ensure compliance with all relevant legislation
- To ensure there are sufficient numbers of competent staff within the school environment
- To ensure there are suitable facilities to administer first aid
- To identify and implement reasonably practical arrangements for dealing with first aid incidents
- To keep accident records and report to the HSE as required under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995

The Governing Body review matters of Health and Safety on a regular basis and delegate the responsibility for ensuring the policies are put into practice.

All staff in the school are expected to do all they can to safeguard the welfare of pupils, other staff and visitors.

The School has a large number of staff both teaching and non teaching who are trained and qualified as Emergency First Aiders. The school also has three designated First Aiders who have completed First Aid at Work and Defibrillator Training.

They are: **Gill Jones** **Liz Webb** **Wendy Lea**

First aid boxes are placed in designated areas of the school. They are clearly signed and contain details of trained first aid staff. They will be checked regularly and any deficiencies made good.

First aid boxes/waist bags will be taken when groups of pupils go out of school on organised trips or to participate in sporting events.

All new pupils and staff are given information on where to go for help in the event of an accident as part of their induction into the school.

If a pupil is injured or ill during the school day he/she must inform a member of staff immediately. The individual will then be assessed by a qualified first aider who will assess, treat (where appropriate) and record.

The individual will remain under the care of the first aider. In the event of there being no prospect of recovery the pupil will be kept in an appropriate area and parents or guardians contacted, to collect them.

The Class Teacher and office staff will be notified if a pupil goes home.

If there is doubt or concern about an individual's condition they will be taken to hospital either by ambulance or car accompanied by a qualified first aider.

In all cases of hospitalisation one or both parents will be contacted and requested to go directly to the nearest hospital where they will be met by a member of the school staff.

The school will keep records of all accidents and injuries, and has a procedure in place for ensuring that they are reviewed regularly in order, where possible, to minimise the likelihood of recurrence. The school will keep a record of any first aid treatment, prescription medicines or treatment given to a pupil.

The school will always contact parents if a pupil suffers anything more than a trivial injury, if they become unwell, or if the school has any worries or concerns about their health.

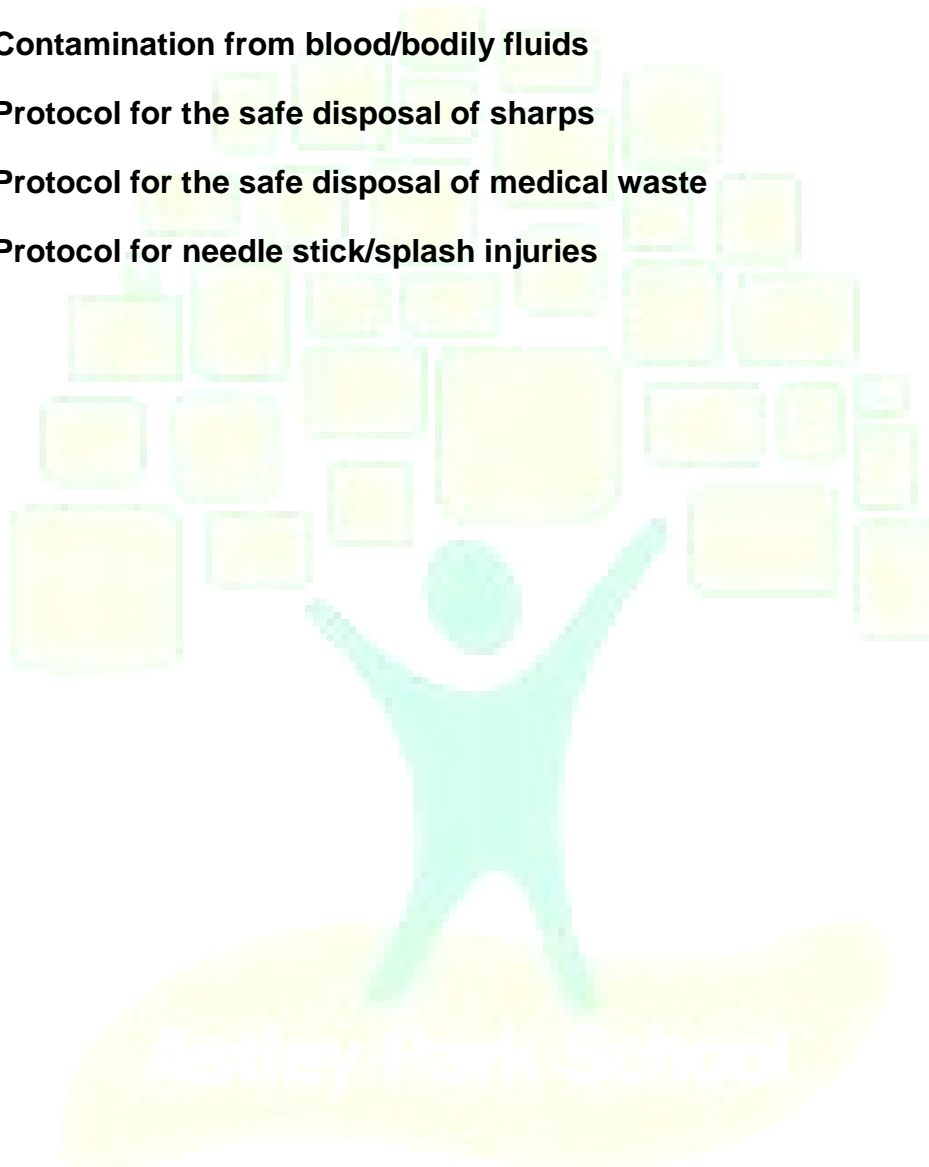
In the event of an injury to an employee an accident report form should be completed by the individual via ORACLE FUSION.

In the event of an injury to a visitor an Accident/Incident/Near miss Report form should be completed as soon as possible and passed to the school Business manager.

The school encourages parents to contact the school to discuss any concerns they may have regarding their child's health.

Appendices

- 1. Asthma**
- 2. Diabetes**
- 3. Epilepsy**
- 4. Anaphylaxis**
- 5. Contamination from blood/bodily fluids**
- 6. Protocol for the safe disposal of sharps**
- 7. Protocol for the safe disposal of medical waste**
- 8. Protocol for needle stick/splash injuries**



Asthma

In developing this asthma guidance the school acknowledges the advice and guidance of the National Asthma Campaign. The school recognises that asthma is a widespread, serious but a controllable condition affecting many pupils at the school. The school welcomes all pupils with asthma and through the guidance pupils will be able to achieve their full potential in all aspects of school life. All relevant staff will be given training on asthma management and will be expected to update this regularly.

- All pupils with asthma will have an individual health care plan.
- The school allows pupils who are competent to keep their inhaler with them; other pupils' inhalers will be stored in an designated accessible place in their classroom.
- Relevant staff will receive regular training and updates to ensure they have a clear understanding of asthma and what to do in the event of an asthma attack.
- Pupils will be encouraged to understand the condition so that they can support each other. This will be done through the PSHCE programme.
- Staff will be informed annually of those children who suffer with asthma. The individual health care plans are available for staff to take off site with a pupil on school trips and visits.
- The school will work in partnership with all parties to ensure effective communication of the guidance.

Asthma

Asthma is a condition that affects the airways. When a person with asthma comes into contact with something that irritates their airway the muscles around the walls of the airway tighten so that the airway becomes narrow and the lining inflamed and starts to swell. Sometimes sticky mucous or phlegm builds up which can further narrow the airways. This makes it very difficult to breathe and leads to symptoms of asthma.

Recognising an asthma attack

- The airways in the lungs become restricted
- The child will have difficulty speaking
- The child may wheeze, and have difficulty breathing out
- The child may become quickly distressed, anxious and exhausted. They may appear blue around the lips and mouth.

What to do if a child has an asthma attack

- Ensure that the reliever (blue) inhaler is taken if prescribed
- Stay calm and reassure the child
- Ensure the child sits upright and slightly forward
- Loosen any tight clothing
- Encourage slow deep breaths

Call 999 and request an ambulance urgently if:

- o The reliever (blue inhaler) has had no effect after 5 - 10 minutes
- o The child is unable to talk or increasingly distressed
- o The child is disorientated or collapses.
- o The child looks blue around the mouth and lips
- o If you have any doubts about the child's condition
- o Inform the parents or guardian as soon as possible about the attack

Minor attacks should not interrupt the child's involvement in the school day and they should return to activities when they are fully recovered.

Diabetes

In developing this diabetes guidance the school acknowledges the advice and guidance of the British Diabetic Society. The school recognises that diabetes is a widespread condition affecting many children and welcomes all pupils with the condition and recognises its responsibility in caring for them. All relevant staff will be given training on diabetes management and will be expected to update this annually.

- All pupils with diabetes have an Individual Health Care Plan.
- All relevant staff have a clear understanding of diabetes and are able to recognise common signs and symptoms associated with the condition.
- Pupils will be encouraged to recognise the signs and symptoms to support their fellow pupils.
- Staff are informed each year of those children who have diabetes.
- The catering staff are also aware of all diabetic pupils in case high sugar refreshments are needed urgently.
- The school will work in partnership with all parties to ensure the guidance is implemented and maintained and to ensure effective communication of the guidance.

Diabetes

Diabetes is a condition in which the amount of sugar in the blood stream is too high. This comes about because the body fails to either produce insulin or enough insulin to deal with the sugar.

As a result the sugar builds up in the blood causing Hyperglycaemia. People with diabetes control their blood sugar levels with diet which provides a predictable amount of sugar, carbohydrate and insulin injections. Children particularly can have emotional and behavioural difficulties as a result of their condition and much support is required.

Hypoglycaemia – low blood sugar

Hyperglycaemia – high blood sugar

Causes of Hypoglycaemia

Inadequate amounts of food eaten missed or delayed

Too much or too intense exercise

Excessive insulin

Unscheduled exercise

Recognition of Hypoglycaemia

Onset is SUDDEN

Weak, faintness or hunger

Palpitation (fast pulse) tremor

Strange behaviour or actions

Sweating, cold, clammy skin

Headache, blurred vision, slurred speech

Confusion, deterioration levels of response leading to unconsciousness

Seizures

Treatment of Hypoglycaemia

Call or send for a first aider

Ensure the child eats a quick sugar source e.g. Glucose tablet, gel or fruit juice

Wait 10 minutes and if the pupil feels better, follow with a carbohydrate type snack e.g. biscuit, cereal bar etc.

Once recovered allow to return to normal school activities

Inform parents or guardian of the episode

If the child becomes drowsy and unconscious the situation is LIFE THREATENING

Call 999 and request an ambulance

Place the child in recovery position and stay with the child

Contact the parent/guardian

Causes of Hyperglycaemia

Too much food

Too little insulin

Decreased activity

Illness

Infection

Stress

Recognition of Hyperglycaemia

Onset is over time – hours or days

Warm dry skin, rapid breathing

Fruity sweet smelling breath

Excessive thirst and increasing hunger

Frequent passing of urine

Blurred vision

Stomach ache, nausea, vomiting

Skin flushing

Lack of concentration

Confusion

Drowsiness that could lead to unconsciousness

Treatment of Hyperglycaemia

Call and send for a first aider.

Encourage child to drink water or sugar free drinks.

Allow child to administer extra insulin.

Permit child to rest before resuming activities if feeling well enough.

Contact parent of guardian.

Please contact School Nurse for further advice, help and support.



Epilepsy

In developing this guidance the school acknowledges the advice and guidance of the Epilepsy Action Group, and Specialist Epilepsy Nursing team. The school recognises that epilepsy is condition which affects a number of pupils at the school. The school welcomes all pupils with epilepsy and through the guidance pupils will be able to achieve their full potential in all aspects of school life. All relevant staff will be given training on epilepsy management and will be expected to update this annually.

- All pupils diagnosed with epilepsy will have an individual health care plan
- Staff should have a clear understanding of the condition and what to do in the event of a seizure. Training on individual health care plans is given to teachers/support staff that has a pupil under their care.
- Pupils will be encouraged to understand the condition so that they can support their fellow pupils.
- The school works in partnership with specialist teams and parents to provide a continuation of care for those pupils who suffer from the condition.
- Staff are informed each year of the children at the school who have epilepsy. A copy of Individual Health Care Plans are placed with the child's medication within designated areas.
- Advice and further information on individuals is available from the School Nurse/Health Visitor.
- Astley Park School will work in partnership with all parties to ensure the effective communication of the guidance. Copies can be found in the policy file.

Epilepsy

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but may be a symptom of some physical disorder. However, its cause, especially in the young, may have precise medical explanation.

Tonic Clonic Seizure (grand mal)

The child may make a strange cry and fall suddenly. Muscles first stiffen and then relax and jerking and convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the child may be incontinent.

Complex and Partial Seizures (temporal lobe seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements such as twitching, plucking at clothing or lip smacking. The child may appear conscious but be unable to speak or respond during this form of seizure. Ensure the safety of the child and gently move them away from any dangers. Speak calmly to the child and stay with them until the seizure has passed.

Absence (petit mal)

This can easily pass unnoticed. The child may appear to daydream or stare blankly. There are very few signs that a child is in seizure. These types of episodes if frequent can lead to serious learning difficulties as the child will not be receiving any visual or aural messages during those few seconds. Therefore it is important to be understanding, note any probable episodes, check with the child that they have understood the lesson and inform parents. Staff can play an important role in recognising a seizure, recording changes in behavioural patterns and frequency.

Procedure for an Epileptic Seizure

Total seizure (tonic clonic)

- KEEP CALM – Pupils will tend to follow your example! Let the seizure follow its own course; it can not be stopped or altered.
- Ask the other pupils to leave the room.
- Note the time of the seizure
- Protect the child from harm. Only move them if in immediate danger. If possible move objects that may cause injury away from the immediate area.
- As soon as possible (normally post fit) place the child on his/her side – this does not have to be the recovery position but just so that the tongue can fall forward and excessive saliva can drain out of the mouth.
- Support the head and stay with the child until completely recovered.
- Talk quietly to the child and reassure but do not try to restrain any convulsive movements.
- Do not put anything into the mouth or offer drinks until fully recovered.
- The first aider should then make a full assessment of the seizure and note any injuries that may have been sustained.
- Allow the child to rest and sleep following the seizure as this may be the first in a cluster of seizures. Ensure they remain on their side.

- Inform the parents and arrange for collection.
- Please refer to the pupils Individual Healthcare Plan throughout.
- In the absence of a Individual Healthcare Plan a ambulance should be called.

If the ambulance is summoned then report the seizure in as much detail as you can, especially how long it has lasted.

- A member of staff needs to accompany the child to hospital and stay with them until the parent(s) arrive.



Anaphylaxis

In developing this guidance the school acknowledges the advice and guidance of the Anaphylaxis Society. The school recognises that allergic shock (anaphylaxis) is a serious condition that may affect a number of pupils at the school and recognises the responsibility it has in dealing with children's allergies appropriately.

- All pupils with anaphylaxis will have an Individual Health Care Plan.
- All relevant staff will have an understanding of what it means to be allergic whether it be a reaction of the skin, airborne, contact, ingestion, or injection. They will be able to recognise and respond to a child who may be having an anaphylactic reaction including the administering of emergency adrenaline (epipen). Staff will receive regular training and updates to ensure they have a clear understanding of what to do in the event of an allergic shock.
- The school will hold an epi-pen for those children who are prescribed it and also other antihistamine medicines in either tablet or syrup form to respond to more minor reactions.
- All medications will be labelled and stored appropriately in the medical cabinet. Each child will have an individual zipper bag containing their medicine and information about their allergy management. This bag can be taken off-site on school excursions.
- Relevant staff will be informed of those children who have this condition. A folder containing all necessary information on each individual will be given to staff each year with another copy available in the care plan file.
- The catering department will be made aware of all children who have allergies.
- The school will work in partnership with all parties to ensure the guidance is implemented.

Allergic Reaction

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances) usually proteins which causes the formation of an antibody which specifically reacts with it. In susceptible individuals the reaction may develop within seconds or minutes of contact with a trigger factor. The exposure may result in a severe allergic reaction that can be life threatening.

In an anaphylactic reaction chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood)

Triggers

- Skin or airborne contact with particular materials
- Injection of a specific drug
- Insect bite
- Ingestion of certain foods. EG. Nuts, fish and dairy products.

Recognition

- Anxiety
- Widespread blotchy skin
- Swelling of the tongue and throat
- Puffiness around the eyes
- Impaired breathing

Serious symptoms

- Cold, clammy skin
- Blue- grey tinge around lips
- Weakness/dizziness
- Rapid shallow breathing

Progress further

- Restlessness
- Aggressiveness
- Gasping for air
- Unconsciousness

Treatment

- Call or send for first aider
- Ask member of staff to get pupils emergency medicine bag from medical room



- Administer antihistamine tablet/syrup as prescribed
- When a pupil recovers allow time to rest and contact parents
- If serious symptoms appears call 999, request ambulance and administer Adrenaline via the epi-pen immediately if prescribed
- Stay with pupil, note the time epi-pen was given and reassure pupil
- Give as much detail to the ambulance crew on arrival regarding the allergic reaction and what medicine you have given



Prevention of Contamination from Blood/Body Fluids

Occupational exposure to blood or other body fluids through spillage poses a potential risk of infection particularly to those who may be exposed to these substances in the work place setting. The safe and effective management of these spillages is therefore essential to prevent transmission via this route and to comply with the Health and Safety at Work Act 1974. It must be assumed that every person encountered could be carrying a potentially harmful microorganism that might cause harm to others. As such, safe effective management of spillages is a precaution applied as standard. Astley Park School acknowledges the guidance given by Health and Safety Executive and Public Health Department (Infection Control)

The aim of the guidance is to ensure the protection of all staff children and visitors where there is an accidental exposure to blood/body fluids when dealing with an incident. It aims:

- To ensure all members of staff are aware of what action to take
- To ensure all members of staff are protected through good working practices
- To prevent contamination

School staff dealing with an incident must:

- Always wear suitable 'single use' disposable gloves when handling blood and body fluids during first aid procedures
- Always cover any open wounds/cuts/sores/burns of the skin with a waterproof dressing
- Place any soiled dressings/gloves in a small yellow clinical waste bag (provided in the first aid room)
- Ensure yellow clinical waste bags are disposed of safely in the medical room
- Wash hands thoroughly following removal of gloves
- Arrange for spillages to be cleaned up as quickly as possible

This guidance applies to:

First aiders and any member of staff, teaching and non-teaching who maybe involved in dealing with an incident. It includes the whole school staff and extends wherever practical to field trips, excursions and sporting events.

In the event of accidental exposure to a contaminant:

- Broken skin – wash immediately with soap under running water and cover with waterproof dressing
- Eye – wash eye out thoroughly with water
- Mouth – do not swallow. Spit out and rinse mouth out with water
- Attend Accident and Emergency if necessary for further advice/treatment
- Report any incidents of accidental contamination to school business manager ASAP.

Spillages of blood or body fluids

A spillage is a leak or spill of blood or body fluid from a person, specimen container or equipment. Spillages of blood or body fluids present a risk of infection and must be dealt with immediately.

Viruses such as Hepatitis B, C and HIV can be transmitted through blood and other bodily fluids. Quick and effective management of spillages regardless of the setting is essential for health and safety. Before attempting to clear a spillage make sure you have gathered all necessary equipment and wear personal protective equipment.

Equipment required:

- Biohazard Kits are available from the site supervisor. Read and follow the instructions carefully
- Use the protective gloves/apron
- Contain the spillage with absorbent towel or chlorine granules in the first instance
- Cover the spillage with NADCC granules giving a minimum of 3 minutes contact time
- Scoop up the granules with the scoop provided and discard contents in to the yellow clinical waste bag provided
- Wipe the area and any other splashes with appropriate detergent
- Clear everything away

IMPORTANT NOTE

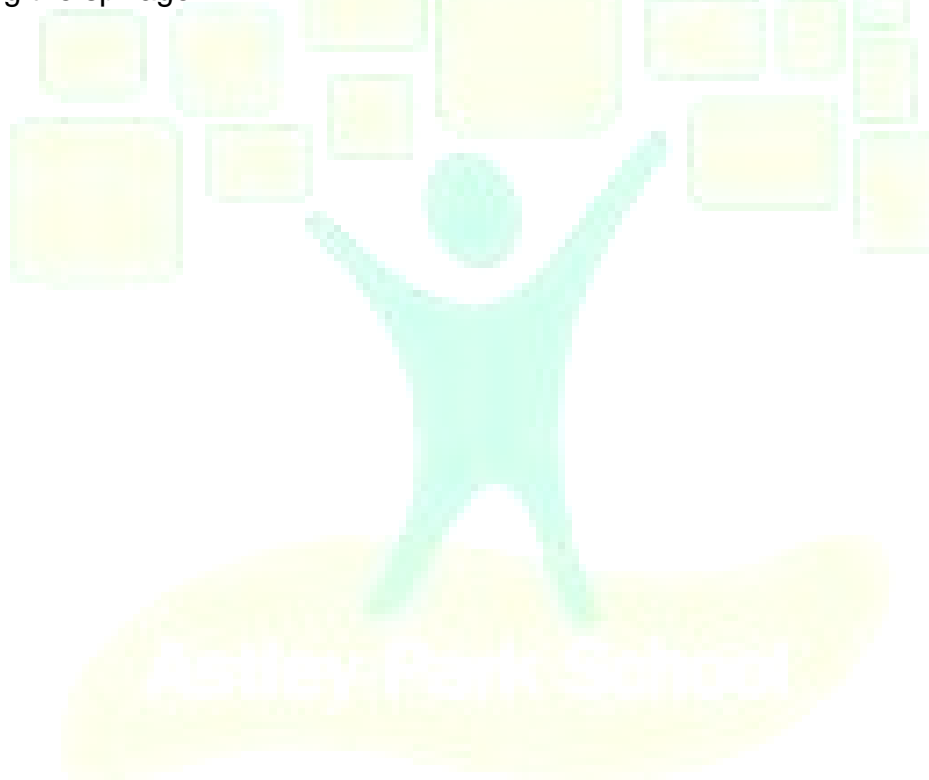
DO NOT use the granules on urine spillages as the fumes released can cause harm.

Urine should be mopped up and the area disinfected afterwards. Clean the mop and bucket out with disinfectant and allow to dry.

Soft furnishing can be further cleaned with the appropriate cleaning equipment. The site supervisor can supply the necessary carpet and upholstery cleaners for this. Ensure the room is allowed to 'air' and that soft furnishings are completely dry before using again.

Following Decontamination

Ensure the area is decontaminated and is safe, with all items that have been used to clear the spillage removed and disposed of into healthcare waste. Ensure that hands are washed thoroughly and all clothing cleaned. Employ the usual signage for areas that might remain a hazard for some time following the spillage.



Protocol for the Safe Disposal of Sharps

Aim:

- To protect all pupils, staff and visitors from the dangers of exposure to sharps.
- To ensure staff and pupils know how and where they can dispose of sharps correctly.

Individual responsibility:

- It is the individual's responsibility to ensure that sharps are always handled safely.
- It is the individual's responsibility to dispose of them safely.
- It is a criminal offence to discard an item in such a manner as to cause injury to others
- Use of sharps is covered by the Health and Safety at work Act 1974 and should be risk assessed in accordance with COSHH 1999 regulations.

Disposal:

- Sharps should not be passed from hand to hand
- Keep all handling to a minimum
- All sharps must go directly into a sharps bin
- Do not re-sheath needles
- Always wear gloves and use litter picker tongues if available when picking up discarded needles on site
- Always hold sharps in the centre of shaft to prevent injury to fingers/hand
- Report any needlestick injury immediately and seek medical attention

Protocol for the safe Disposal of Medical Waste

Aim:

- To protect all staff, pupils, visitors and the environment from exposure to pathogens which could cause disease.
- To prevent contamination from hazardous medical waste

Definition of medical waste:

- Discarded waste human blood and blood components.
- Discarded waste material that is contaminated with human excretions and exudates.

Therefore it is of great importance to contain medical waste correctly and use medical waste bins and medical waste bags.

Medical waste bins:

- These large capacity bins lined with a yellow clinical waste bag are situated in designated areas in school.
- Waste is collected and incinerated on a regular basis

What the bins should be used for:

- Blood soiled tissues, gloves, and dressings.
- Wipes for clearing away vomit, urine and faeces.
- Anything else that may have come into contact with bodily fluids.

What NOT to use the clinical waste bins for:

- NEEDLES/SHARP OBJECTS
- Paper towels for hand washing
- Paper or general rubbish

Protocol for Needle stick/splash Injuries

Aim

- To protect pupils, staff and visitors from injury and potential contamination
- To minimise exposure to and transmission of a wide variety of micro-organisms

General Information

- Sharps are defined as objects or devices having acute rigid corners, edges, points or protuberances that when handled may accidentally cause a penetrating or cutting injury to the skin. These include hypodermic needles, scalpel blades, art knives, scissors, lancets, broken glass, ampoules and pipettes
- Splash – any splash of body fluids to a person's mouth, eyes, ears or broken skin

Types of injuries

- Uncontaminated - all sharps that have not been in contact with anyone else prior to injury
- Contaminated – all sharps that have previously been in contact with another person, any splash of body fluids to a person's mouth, ears eyes and broken skin.

Procedure after injury

Non –contaminated sharps/splash injures

- Wash area with soap and water
- Contact the school nurse or first aider
- Apply occlusive dressing to wound
- All staff/ pupils must complete accident form promptly

Contaminated Sharp/splash injury

- If skin is broken wash area vigorously with soap and water
- If blood/body fluids come into contact with skin wash area thoroughly
- If eyes are contaminated, irrigate area gently with water
- Contact the school first aider
- Medical attention and counselling should be sought if required

- The affected area may need to be assessed by a doctor

Risks for injuries

The danger of infection or illness from micro-organisms or blood borne viruses, which may be present on the 'sharps' should they penetrate the skin.

Sharp injuries with blood and other potentially infectious body fluids are the most common routes for transmitting Hepatitis B and HIV.

Prevention of injuries

- All staff to be informed of the Managing Medicines in School Policy
- All staff should know their own immunisation status
- All staff to know how to contact first aider and gain access to a medical kit
- All staff to cover existing wounds or areas of broken skin with waterproof dressings
- All staff to report any injuries to a first aider and complete an accident form
- All staff to protect themselves with the appropriate protective clothing
- All work done with sharps must be careful, attentive and unhurried
- All staff to read and understand the 'Guidance for the Prevention of Contamination for blood/body fluids'

Date policy approved by the Policy Committee 29.06.2016

Signed by Chair of Committee

Mr M Maher

Signed by Chair of Governing Body

Mrs W Blundell

Policy Review Date Summer 2023