



ST MARY'S SCHOOL GERRARD'S CROSS

FIRST AID POLICY

The School refers to all staff and students in St Mary's School which includes: the Early Years/Foundations Stage (EYFS), the Preparatory Department (Years 1-6), Senior House (Years 7-11) and the Sixth Form.

Aim

- to ensure that the school has adequate and appropriate equipment, facilities and procedures to provide appropriate First Aid; and
- to ensure that the First Aid arrangements are based on a risk assessment of the school.

Internal Management

The internal management responsibility for First Aid is delegated to the Head.

The Head must ensure that parents are aware of the school Health & Safety and First Aid policies.

The School will appoint a 'First Aid Officer' to be in charge of First Aid provision, who will:

- ensure that the First Aid provision is adequate and appropriate;
- ensures that the number of First Aiders/appointed persons meets the assessed need;
- ensures that the equipment and facilities are fit for purpose

First Aiders

In low risk places including schools – 1 First Aider to every 50 to 100 employees.

In this School, the ratio is approximately 1 to every 45 pupils. Three members of staff are First Aid at Work (FAW) qualified and approximately 45 further members of staff are EFAW trained. Certificates are valid for 3 years. Towards the end of the 3-year certification period, First Aiders need to undertake an FAW requalification course or another EFAW course, as appropriate.

As strongly recommended by HSE, this school ensures that all FAW trained First Aiders undertake annual refresher training to maintain their skills.

First Aid Officer: Sue Jenkins

FAW trained First Aiders:

Sue Jenkins - FAW
Caroline Wilkins - FAW
Emma Warburton - FAW
Lynda Gibson – Paediatric
Rebecca Rose – Paediatric
Karen Williams - Paediatric

Duties of a First Aider

They must:

- complete an approved HSE (FAW/EFAW) training course;
- give immediate help to casualties; and
- ensure that when necessary an ambulance or other professional medical help is called.
- take charge when someone is ill or injured;
- look after the First Aid equipment; and
- ensure that medical help is called when necessary.

First Aid at Work (FAW) course lasts 18 hours – staff that have successfully completed this course should be able to:

- provide emergency First Aid at work
- administer First Aid to a casualty with:
 - injuries to bones, muscles and joints, including suspected spinal injuries
 - chest injuries
 - burns and scalds
 - eye injuries
 - sudden poisoning
 - anaphylactic shock
- recognise the presence of major illness and provide appropriate First Aid (including heart attack, stroke, epilepsy, asthma, diabetes).

Emergency First Aid at Work (EFAW) new category of First Aider training/course should last 6 hours – staff that have successfully completed this course should be able to:

- understand the role of the first aider including reference to:
 - the importance of preventing cross-infection
 - the need for recording incidents and actions
 - use of available equipment
- assess the situation and circumstances in order to act safely, promptly and effectively in an emergency
- administer First Aid to a casualty who is unconscious (including seizure)
- administer cardiopulmonary resuscitation
- administer First Aid to a casualty who is wounded and bleeding
- administer First Aid to a casualty who is suffering from shock
- provide appropriate First Aid for minor injuries (including small cuts, grazes and bruises, minor burns and scalds, small splinters).

Insurance

The school governors must ensure that insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

Training

- The school will provide adequate and appropriate training for First Aid staff and appropriate information for all staff to enable them to carry out their duty of care.
- The governors will ensure that there are sufficient trained staff to meet statutory requirements and the assessed needs, allowing for staff who are absent or off-site.
- The school holds an INSET day for staff, every three years, to gain an Emergency First Aid at Work certificate which is valid for three years.

Equal Opportunities

- The school will take particular care with the First Aid provision for its disabled staff and pupils. Appropriate risk assessments will be done by the person in charge of First Aid, and suitable provision will be made in liaison with the Head.

Monitoring and Review

- The Head will review the First Aid needs and arrangements annually, and will ensure that the appropriate level of First Aiders/appointed persons is in post, and that the appropriate standards are met.
- The governing body receives the minutes of the termly meetings of the Health & Safety Committee (which include updates on First Aid, Accidents and Emergencies).
- Governors review the policy annually.

PROCEDURES

First Aid Boxes are situated in:

Senior House

- Art Department,
- Science Department - Biology Lab
- Science Department - Chemistry Lab
- Home Economics,
- Minibus,
- Hall,
- Textile Room,
- Drama Room,
- Sixth Form Centre (Cedar House)
- Cherry Tree House

- Bursar's Office,
- Sports Hall,
- Library,
- School Outings (school office),
- P.E. Department (off-site events),
- P.E. Department (off-site events)
- Prep (kept with the file)
- Kitchen – ***provided and maintained by Holroyd Howe***

Prep Department

- Smith - Science Lab
- Smith – First floor
- Nursery - Stairwell of Library
- Oakdene – Hall
- Oakdene - 1st Floor Class room
- Oakdene - ICT Suite
- P.E.
- Prep Landing

First Aid Boxes

The First Aid boxes will be located as agreed by the Head.

All staff should know where the First Aid boxes are kept.

The boxes must contain a 'sufficient quantity' of First Aid material and nothing else.

The school requires the following items to be in the box as a minimum.

Minimum for 51-100 employees

Guidance card

Individually wrapped 'assorted sizes' sterile adhesive dressings

Sterile eye pad

Triangular bandage

Safety pins

Medium size, sterile unmedicated dressings

Large, sterile unmedicated dressings

Disposable, surgical gloves – to be worn by any personnel administering first aid

The person in charge of First Aid will determine whether there should be more than the minimum items.

PROCEDURE IN THE CASE OF ACCIDENT/INJURY/ILLNESS - AT SCHOOL

(applicable to both pupils and staff)

MOBILE CASUALTY

Direct to the Senior House Office where:

All girls who are unwell or who have had an accident should be given privacy. This may be in the library if the library is empty, or in the sick room.

In the event of an accident or of a girl reporting to the office as unwell (to the extent that we think she may possibly need to be sent home in the course of the day) the following people will be informed

- the girl's form tutor or class teacher
- Mairead Carney for Prep School girls; Jacqui Deadman for girls in KS3, Zoe Glenister for girls in KS4, Jenna Dodd for the Sixth Form.
- Jo Kingston

In the event of accidents and/or injuries the Bursar and the Head should also be informed. If the casualty recovers, send back to class.

If a girl has an accident or becomes unwell in such a way as to need further monitoring (eg in the event of an asthma attack) before break, follow up checks should take place at break time and at the beginning of lunch time with instructions to the girl to return to the office if she needs to. These checks should be recorded. If the accident occurs between break and lunchtime then a further check should take place at the end of lunchtime. If there is an incident in the afternoon, then parents should be advised that they need to keep an eye on the girl in the evening.

In the event of an accident or injury, whoever carries out treatment must record all details (date, name of casualty, nature of accident/injury, treatment given) in the accident record book (kept in the School Office) and a copy of the report is sent home to parents/guardians. In the event of an illness, details of any medication given (i.e. Paracetamol or personal medication) should be recorded in the medication administered book – *name of medication, date, time given, dose.*

IMMOBILE CASUALTY

Do not leave casualty, get someone else to get a First Aider who will carry out the appropriate action as above.

If the nature of the accident/injury/illness is such that the casualty requires to be sent home, or to the hospital;

PUPIL 1) In the event of a decision being taken by the First Aid Officer, in consultation with the Head/Deputy Head, parents/guardians will be informed immediately (telephone numbers in Office).

2) Inform Attendance Officer and update Schoolbase

STAFF 1) Inform Bursar, Head or Deputy Head

2) In the case of staff, if staff member is unable to drive, arrange transport and/or inform relative (telephone numbers in Office).

RECORD ALL DETAILS IN ACCIDENT BOOK

WHEN TO CALL AN AMBULANCE (as advised by the School Doctor and with reference to <http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/responding-to-emergencies-FAQ.aspx>)

Always call 999 in a medical emergency that is if someone is seriously ill or injured and their life is at risk. For example if someone has:

- lost consciousness
- fits that are not stopping and is in an acute confused state
- persistent, [severe chest pain](#)
- breathing difficulties
- severe bleeding that can't be stopped

ACCIDENT / INJURY / ILLNESS ON TRIPS ORGANISED BY SCHOOL

A record must be kept of the accident/injury/illness as set out above and any medication issued in the duration of the trip.

INFECTIOUS ILLNESSES / DISEASES

Depending on the illness, remember that in cases of infectious illnesses/diseases the school and/or Environment Health Authority may have to be informed

FIRST AID IN PREP DEPARTMENT

FIRST AID BOXES

Smith - Science Lab
Smith – First floor
Nursery - Stairwell of Library
Oakdene - Hall
Oakdene - 1st Floor Class room
Oakdene - ICT Suite

FIRST AIDERS (FAW)

Sue Jenkins - FAW
Caroline Wilkins - FAW
Emma Warburton - FAW
Mrs K Hemsworth - EFAW
Mrs L Gibson – Paediatric
Mrs M Keal – EFAW
Rebecca Rose - Paediatric

ACCIDENT PROCEDURE

Minor cuts are dealt with by Staff on duty.

More serious injuries are referred to a First Aider.

Parents are informed by a member of staff or the office, and if necessary the child goes home via the main office.

EMERGENCY TREATMENT

If extremely serious, an accident would be referred to the Emergency Services. The Head, Deputy Head and First Aid Officer should be informed.

ILLNESS

Parents are informed by either a Prep Department member of staff or the office, and if necessary the child goes home, via the main office.

RECORDS

All reported accidents are recorded in the accident record book and a copy of the report is sent home to parents/guardians.

MEDICATION

A list of girls suffering from asthma and other allergies is held centrally. All prescribed medication, including asthma inhalers and EpiPens, are kept in the office.

This policy should be read in conjunction with the School's policies on Asthma, Epilepsy and Diabetes.

Reviewed September 2018

Appendix One Anaphylaxis

Appendix Two Asthma

Appendix Three Diabetes

Appendix Four Epilepsy

Appendix Five Handling Body Fluids

Appendix Six Head Injury Letter

Appendix One

Anaphylaxis

Allergies are an increasing problem, ranging from mild reactions to serious life-threatening anaphylaxis. The school takes its responsibility very seriously. This policy has been developed to ensure that all members of staff are aware of the condition and how to proceed in an emergency.

On admission parents are asked to inform the school of any known medical conditions. This includes allergies and particularly any anaphylactic reaction. Parents must keep the school informed of any change in circumstances.

Care of the Student with Anaphylaxis

Allergic reactions may be minor requiring anti-histamine medication or severe requiring epipens (adrenaline injection). For those requiring anti-histamines parents can send in medication with a letter stating how and when it is to be used. This will be stored in the school office. This may only be administered with parental consent.

Epipens

Students who are known to have anaphylaxis will be prescribed an epipen for use in an emergency.

In Senior House the student is responsible for ensuring that it is always available. She should carry it with her to the games field and on school trips. A spare epipen will be kept in the School Office for each girl to use in an emergency.

In the Prep Department one pen will be kept in the classroom and one at the School Office for each girl.

Responsibility

The school will take reasonable steps to ensure a safe environment. The school canteen does not consciously use any nuts in food preparation.

Training is offered to all members of staff so that they can recognise the symptoms, know how to administer the epipen and deal with an emergency situation. This is undertaken on a voluntary basis. Training will be offered to all new members of staff as the need arises and there will be regular updates for all staff.

Staff must make sure they are aware who the students at risk are. A list will be displayed in the staff room.

Parents and students have a responsibility to ensure that their epipen is available at all times and that it is not out of date. Parents will be asked to complete and sign a consent form giving permission for staff to administer medication in an emergency.

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Appendix Two

The school takes its responsibilities to students with asthma very seriously and all students with asthma are encouraged to take a full part in all activities of the school.

AIMS

- To enable all students with asthma to participate fully in all school activities.
- To ensure that all staff have a clear understanding of how to deal with a student having an asthma attack.
- To encourage all students to take responsibility for their own medication.
- Students, parents, school staff and asthma professionals to work together for a greater understanding of the effect of asthma and to adopt a responsible attitude to its treatment.

PROCEDURE FOR COLLECTING INFORMATION ABOUT STUDENTS WITH ASTHMA

When joining St. Mary's School parents/guardians are asked to declare any medical condition their daughter may have. **Asthma is a condition that the school needs to be made aware of.**

Parents should keep the school informed of changes in daytime contact numbers so that, should the need arise, they may be contacted quickly.

USE OF INHALERS

All students should have their own labelled, reliever inhaler with them at all times. They must take an inhaler with them into the Sports Hall, onto the sports field and on any school trip or journey. A spare, labelled, reliever inhaler is to be kept in the School Office. The spare inhaler will be for emergency use and to go out on school trips.

Students have access to their spare inhaler at all times. However, the school cannot accept responsibility for any loss or damage to inhalers and parents should check details such as condition of the inhaler and expiry date etc. regularly.

ASTHMA AND THE PE LESSON

All students take part in PE lessons. Asthmatic students are responsible for taking their relief inhaler to the lesson and should not leave it in the changing room. Labelled, relief inhalers can be given to the teacher in charge at the start of the lesson for safekeeping, or, as in cross-country running, carried with the student.

In specific incidences it may be necessary to make individual appropriate arrangements.

ASTHMA AND THE SCIENCE AND TECHNOLOGY LESSONS

Fumes from Science experiments will often trigger symptoms or attacks in students with asthma. Fume cupboards will be used, whenever possible, to avoid this. When a fume cupboard is not available, asthmatic students will be asked to sit near an open window, to the back of the classroom.

In Biology lessons asthmatic students will be reminded not to sit near to animals, birds or pollen experiments.

In Technology lessons asthmatic students will be reminded to be aware of sawdust and the need to wear eye protection as necessary.

SCHOOL TRIPS / RESIDENTIAL VISITS

All prescribed medications and a copy of this policy must accompany the student and the member of staff in charge of the trip must be informed of name, dosage and frequency of administration of all medicine/ inhalers/ injections.

September 2018

Appendix Three

DIABETES

Aims

- To enable students with diabetes to take a full and active part in activities in and out of school.
- To ensure that staff have an understanding of diabetes and how it may affect a student in her day to day life.
- To ensure that staff are aware of and know how to deal with a diabetic whose blood sugar is low.
- To encourage students to be responsible for themselves and have a mature attitude to their condition.

What is diabetes?

Diabetes is a condition in which the body cannot make its own insulin. Insulin enables the body to use glucose and therefore produce energy. Without insulin the blood sugar will rise and the person will become very unwell.

This condition is controlled by the administration of insulin by injection. The blood sugar must be closely monitored at all times. If too much insulin is given, too little food is eaten or exercise is undertaken, the blood sugar may fall dangerously low.

Responsibility

Parents are asked to inform the school of any known medical conditions on admission. Diabetes is one we must be aware of.

Parents must inform school if their daughter is unwell or if there is any change to their circumstances or treatment which may affect them during the school day.

Staff who teach or care for a diabetic student have a responsibility to be aware of what to look for and how to deal with an emergency situation.

The school will liaise closely with parents, student, diabetic nurse and doctor.

Students must act responsibly and ensure that they eat regularly and sufficiently to maintain their health and wellbeing.

Implications for School

There are no learning problems associated with diabetes. A student with diabetes must eat at regular times. This may mean having to be flexible at lunchtime and allowing students to eat between lessons, in class or even during exams if necessary.

The student may need extra food if undertaking exercise.

If the student is unwell, this may affect their blood sugar. Normally it will rise.

If the blood sugar falls below a normal level this is called hypoglycaemia (hypo). This is a very serious situation and must be treated urgently as it may lead to rapid unconsciousness.

Signs, Symptoms and Treatment of Hypoglycaemia (Hypo)

- Drowsiness and lack of concentration
- Pallor, sweating, shaking
- Difficulty in communication
- Stomach ache and vomiting
- Aggression and confusion

Most diabetics recognise when their blood sugar is low and will have something sweet to eat or drink.

If any of these symptoms are seen or there is any concern, encourage the student to eat or drink something sweet and call for the nurse. The student will need to rest until recovered.

If they become unconscious, place in the recovery position and call 999.

Inform the parents as soon as possible.

Special Provision

There is no reason why a diabetic should not take a full and active part in all activities in and out of school.

Allowance must be made for students to be able to check their blood sugar at any time. They may carry their testing kit with them or leave it in the medical room.

If a student needs to inject insulin during the school day, appropriate provision must be made for this.

The student must be responsible for carrying her own snacks and is advised to keep extra snacks or drinks in the medical room and at the games field.

School Trips and Residential Visits

Staff must be aware of all known medical conditions of girls prior to a school journey. The first aid officer can provide this information.

Parents must ensure that any medication taken is labelled with name, dose and time of administration. Insulin is given by injection and will be self administered. If for any reason a girl cannot give her own injection, she will only be able to travel if a suitably qualified adult accompanies her.

Staff accompanying students on all visits must be aware of their need to have a regular routine of meals. If there is a change of time as on international travel, any difficulties must be addressed by student, parents and staff before travel.

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Appendix Four

Epilepsy

St Mary's School is committed to fully meeting the needs of pupils who have epilepsy, keeping them safe, ensuring they achieve to their full potential, and are fully included in school life. We will do this by:

- Keeping careful records of changes in behaviour and levels of achievement to identify pupils who are not achieving to their full potential.
- Tackling any problems early.
- Ensuring that all pupils with epilepsy are fully included in school life, activities and outings (day and residential) and are not isolated or stigmatised.
- Giving voice to the views of pupils with epilepsy, for example regarding feeling safe, respect from other pupils, teasing and bullying, what should happen during and following a seizure, adjustments to support them in learning, adjustments to enable full participation in school life and raising epilepsy awareness in school.
- Making necessary adjustments e.g. exam timings, coursework deadlines, timetables.
- Liaising fully with parents and health professionals (with the parent's permission) to share information about the pupil's education, healthcare, medication and any affects this has on

their school life (for example epilepsy medication and seizures can affect a person's ability to concentrate). This will be an ongoing process.

- Ensure that staff are epilepsy aware and know what to do if a pupil has a seizure.
- If needed, there will be a trained member of staff available at all times to deliver emergency medication.
- Every student with epilepsy will have an Individual Health Care Plan in place which will include information on the pupil's seizures, medication, and emergency protocols.
- Raising awareness of epilepsy across the whole school community, including pupils, staff and parents.

What to do in the event of a seizure

- Stay calm
- If the child is convulsing then put something soft under her head.
- Protect the child from injury (remove harmful objects from nearby)
- NEVER try to put anything in her mouth or between her teeth.
- Remove all other students from the area.
- Try and time how long the seizure lasts - if it lasts longer than usual for that child or continues for more than five minutes then dial 999.
- When the seizure is over stay with her, reassure her and call for the school nurse.
- Do not try to move the child unless she is in danger.
- Do not try to restrain the child.
- Do not give her food or drink until she has fully recovered from the seizure.
- Aid breathing by gently placing the child in the recovery position once the seizure has finished.

Sometimes a child may become incontinent during the seizure. If this happens, try to put a blanket or cover around her when their seizure is finished to avoid potential embarrassment.

St Mary's School recognises that children with epilepsy can have special educational needs because of their condition. If this is the case, the procedures for helping children with additional needs will be put in place. We also recognise the importance of having a school environment that supports the needs of children with epilepsy. Any child suffering with epilepsy will be able to rest, supervised, in the medical room if necessary.

September 2017

Appendix Five

Body Fluid Spillage Policy

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

Staff Contact

Sites and Premises Manager to be contacted initially so that he can arrange for a member of his team to clean the area appropriately.

- ☒ The initial clean up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean Up Procedure'.
- ☒ In the event of a member of cleaning staff not being available then there are disposable clean up kits available in the Healthzone.

Initial Clean Up Procedure

- ☒ Get some disposable gloves from the nearest First Aid kit.
- ☒ Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner).
- ☒ Put more absorbent towels over the affected area and then contact the Sites and Premise Manager for further help.
- ☒ The bin liner that has had the soiled paper towels put in, then needs to be tied up and double bagged and put in an outside bin.
- ☒ Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.
- ☒ The area then needs to be cordoned off until cleaned.
- ☒ If a cleaner is not immediately available then a disposable cleaning kit will need to be used.
- ☒ If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.

Procedure for Blood and Other Body fluid Spillage

- ☒ Gloves to be worn at all times
- ☒ Any soiled wipes, tissues, plasters, dressings etc must ideally be disposed of in the clinical waste bin If not available then the glove being used needs to be taken off inside out so that the soiled item is contained within and placed in a bin which is regularly emptied.
- ☒ When dealing with a spillage, absorbent paper hand towels need to be place on the affected area so absorbing the spill.
- ☒ Contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in another bin liner and put in an outside bin.
- ☒ The area must be cleaned with disinfectant following the manufacturer's instructions.

- ☒ A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- ☒ The area should then be ventilated well and left to dry.
- ☒ All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturer's instructions.
- ☒ Wash hands.
- ☒ All bags to be disposed of in outside bins

Management of Accidental Exposure to Blood

Accidental exposure to blood and other body fluids can occur by:

- ☒ Percutaneous injury e.g. from needles, significant bites that break the skin.
- ☒ Exposure to broken skin e.g. abrasions and grazes.
- ☒ Exposure of mucous membranes, including the eyes and mouth.

Action To Take

- ☒ If broken skin encourage bleeding of the wound by applying pressure – do not suck.
- ☒ Wash thoroughly under running water.
- ☒ Dry and apply a waterproof dressing.
- ☒ If blood and body fluids splash into your mouth – do not swallow.
- ☒ Rinse out mouth several times.
- ☒ Report the incident to the First Aid Officer and Senior Management.
- ☒ If necessary take further advice from NHS Direct.
- ☒ An accident form will need to be completed and it may need to be reported to RIDDOR.

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Appendix 6



Head Injury

I would like to inform you that.....
banged their head today. She was checked and treated and has been under supervision since.
If any of the following symptoms appear within the next 48 hours it is advised that you seek
immediate medical advice.

**Drowsiness, Vomiting, Severe Headache, Slurred Speech, Dilated Pupils and/or Blurred
Vision.**