First Aid Policy

Last Revised: November 2024
Policy Owner: Bursar

Date of next review: November 2025
Signed: **Date:**
Printed: Mr Ed Currie
Chair of Governors

Signed: **Date**
Printed: Mr Andrew Rudkin
Headmaster

Contents

36 The Avenue, Camberley, Surrey, GU15 3NE Headteacher - Mr Andrew Rudkin BEd (Hons)
01276 22895 secretary@lyndhurstschool.co.uk www.lyndhurstschool.co.uk

Policy Statement

This is a whole school policy and applies to all members of Lyndhurst School including Early Years. Lyndhurst recognises its responsibility to provide adequate and appropriate first aid to children, staff, parents and visitors and the procedures in place to meet that responsibility. The policy is reviewed biennially.

Health and Safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises. In Lyndhurst School, this includes responsibility for the Headmaster and teachers, non-teaching staff, children and visitors (including contractors). This policy is produced with respect to the Health and Safety at Work etc. Act 1974 and with reference to the DfE Guidance on First Aid for Schools (February 2014).

The school will take particular care with the first aid provision for its disabled staff and pupils and have due regard to the Equality Act 2010 and the Education Act 2014, as well as the relevant statutory guidance.

Appropriate risk assessments will be carried out by the (DESIGNATED FIRST AID LEADER AND APPOINTED PERSON) and suitable provision will be made in liaison with the (HEAD TEACHER).

Aims

·To identify the first aid needs of the school in line with the Management of Health and Safety at Work Regulations 1992 and 1999.
·To undertake a risk assessment of the school's likely requirements, taking into account the size, location of the school and any hazardous activities undertaken.
· To ensure that first aid provision is always available while people are on school premises, and off the premises whilst on school visits.

Objectives

At Lyndhurst School there are several trained First Aiders at Work and all the staff have done basic first aid training including paediatric. All EY staff have completed 12-hour paediatric training.

Lyndhurst School has procured insurance arrangements that provide appropriate cover for claims arising from actions of staff acting within the scope of their employment. Lyndhurst School will also ensure that adequate liability insurance is in place to cover accidents to pupils and visitors as well as staff.

Lyndhurst School will:

- provide relevant training and ensure monitoring of training needs
- provide sufficient and appropriate resources and facilities
- inform staff and parents of the School's First Aid arrangements
- Keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Responsibilities

The **Governing Body** are responsible for:
· ensuring that First Aid is administered in a timely and competent manner by the drawing up and effective implementation of a written First Aid Policy.
·The governors are responsible under the Health and Safety at Work etc Act 1974 (HSWA)

The **Headteacher** is responsible for:
·Putting this policy into practise for developing detailed procedures
·Ensuring staff are suitably trained
·Reviewing first aid needs across the school for pupils and adults

The **Compliance Lead (member of SLT)** is responsible for overseeing:
· implementing the review of the School's First Aid Policy
· the review the operation of the First Aid Policy to determine any changes that might be required to the School's First Aid provision
· overseeing effective recording of accidents and making reports under RIDDOR where appropriate.
· collecting data and sharing health & safety statistics with the governors
· overseeing all First Aid Kits throughout are restocked as required.
· overseeing displaying of First Aid notices
· making sure that parents are aware of the school's health and safety policy, including arrangements for First Aid.
· reviewing the school's First Aid needs, and after any changes, to ensure provision is adequate
· ensuring First Aid risk assessment is completed and reviewed as required.
· making sure the numbers of trained first aiders is adequate.

The **First Aid Lead** will be the main point of contact for first aid within the school and will also administer medicines. The First Aid lead is the **School Secretary**.

First Aid Lead (qualified first aider) is responsible for:
- Obtaining medical history and current individual healthcare plans during the enrolment process.
- Annual children's medical data updates from parents.
- Correct storage of pupil medication and ensuring that medication is in date
- Supporting the staff with effective recording and tracking of accidents.
- Communicating with parents regarding any significant injury or accident
- Ensure all staff are informed of any relevant updates regarding individual pupils

Appointed Person (Assistant Bursar), need not be First Aider at Work is responsible for:

- Ensure the proper maintenance of the defibrillator and first aid equipment, such as restocking first aid boxes and bags, with checks conducted every term and
- Maintain a first-aid notice board in the first aid room.
- Maintain Annual staff medical data updates
- Maintain training records and initiate the appropriate training for staff as required.

The First Aid Lead and the Appointed Person serve as key contacts for staff at the scene of an incident, providing additional guidance and support as needed

Staff are responsible for:

- Administer first aid in accordance with training, using the nearest available first aid kit. If injuries require further evaluation, seek advice from the First Aid Lead or Appointed Person.
- Being first responder and administer immediate first aid to casualties with common injuries or illnesses and those arising from specific hazards at school.
- ·When necessary, ensure that an ambulance or other professional help is called.
- Ensure that First Aid kits, including sports-specific kits, are taken along when staff or students go offsite
- Restock First Aid kits on an ongoing basis in collaboration with the Assistant Bursar, who will ensure the kits are fully stocked at the start of each term and provide supplies for any necessary restocking throughout the term
- Ensure that pupils' medical information is collected for trips, along with any required medications, including epi-pens, inhalers, and antihistamines
- Familiarize themselves with the details of pupils with medical needs via HUB, including those who may require First Aid due to conditions such as severe asthma, epilepsy, and diabetes.
- Understand that, in general, the consequences of taking no action are likely to be more serious than those of attempting to assist in an emergency.

Inform the school of any changes to their personal medical conditions.

Early Years First Aid

All staff, First Aid Lead and SLT have a Paediatric First Aid certificate. At least one person, who holds a current paediatric First Aid certificate will be always on the premises and available when children are present and will accompany Early Years children when they are on outings. Details of these training courses and renewal dates are overseen by the Appointed Person.

Staff Training

The appointed person organises first aid training and is responsible the organisation and recording of staff training. A list of staff trained staff is displayed throughout the school site.

A qualified Workplace First Aider holds a valid certificate of competence in First Aid at Work (FAW). These qualifications expire after a period of three years and must be renewed. Regular annual update courses are provided for staff.

An Emergency First Aider is someone who has attended a minimum of 4 hours First Aid training (renewable every three years) and is competent to give emergency aid until further qualified help arrives.

A Paediatric First Aider is someone who has attended a minimum of 12 hours First Aid training (renewable every three years) and is competent to give emergency aid provision to infants up to 18 years of age until further qualified help arrives. It is necessary to differentiate between infancy (under 1 year of age) and children.

Additional training for other medical conditions will be provided as required for example: use of Adrenaline Auto- Injectors, supporting children and adults with Asthma, and supporting children and adults with Diabetes or Epilepsy. These will be provided by external trainers when necessary. Staff are encouraged to request further information regarding a child's condition as appropriate, all information is recorded in HUB and Individual Health Care Plans are situated in the first Aid Room on an accessible clip board.

Staff Induction

All new staff receive information during their induction programme on how to obtain First Aid assistance. This includes:

- location of the First Aid Room;
- the procedure for dealing with an emergency
- where to access the names of qualified first aiders, First Aid Lead and appointed person;
- the location of the First Aid kits;
- how and when to call an ambulance; and
- where to access a current copy of this policy.

Off Site
One member of staff, usually the trip leader, will take responsibility for first aid when the children are off site for sports, visits to playpark, trips etc. This person is agreed for offsite activities to take charge of First Aid arrangements if required.
Duties include:
· Taking charge if someone is injured or becomes ill.
· Responsibility for ensuring the correct First Aid equipment is taken with the group of children.
· Ensuring the Off Site First Aid Bags are restocked.
· Summoning emergency services or other professional medical help as required
· Ensuring the school or member of SLT if after hours has been contacted and kept abreast of any major incidents.
Recording details of the treatment provided on returning to school.

Reviewing Accidents
The Health and Safety Governing Sub Committee termly will review individual significant accident reports and First Aid statistics at their meetings, from HUB. Those of a sufficiently serious nature are reviewed in detail to see if there are ways of preventing future similar incidents

Providing information
First Aid notices will be displayed in prominent places, including in the staff room.
Each designated area has a sign to indicate where each First Aid kit should be kept and will also display which staff currently holds a First Aid certificate.
Alongside the First Aid Policy, the Health and Safety policy is updated annually, emailed to staff and saved on a shared drive which is accessible to all staff.

First Aid Kits & Record of First Aid
All First Aid kits are marked with a white cross on a green background.
The Assistant Bursar will conduct monthly checks to ensure all First Aid kits are well stocked.
On-site First Aid Kits:

- School Kitchen
- Burns Kit [GT1]
- Kitchenette
- Deacon Hall
- First Aid Room
- Sports x 2
- School trip First Aid bag x 3 in the First Aid Room
- Playground in the 'little shed' beside the Astro
- Swimming x 3 bum bags in Year 1, Peri Music & Reception
- Millennium Building – x 1 top floor/ 1 x bottom floor (central location)
- Little Lyndhurst (in the corridor)

Sports First Aid Bags:

- To go off site and all sporting areas

Defibrillator is located on the ground floor of the Main Building opposite the disabled toilet.
All staff with certified First Aid have been trained in its use. However, the defibrillator is designed to be used by any responsible person with or without training in an emergency. Clear written instructions on how to use it are available when opening the unit.

Contents of First Aid Kits

- Individually wrapped sterile adhesive dressings (assorted sizes)
- Sterile eye pads
- Individually wrapped triangular bandages (preferably sterile)
- Safety pins
- Medium sized individually wrapped sterile unmedicated wound dressings
- Large sterile individually wrapped unmedicated wound dressings
- Disposable gloves
- Antiseptic wipes, foil packed
- Disposable bandage
- Triangular bandage
- Assorted adhesive dressings
- Unmedicated ambulance dressings
- Sterile eye pads, with attachments
- Assorted safety pins
- Pair of rustless blunt-ended scissors
- Sick Bags
- Nappy Sacks/Tissues

Recording First Aid for children:

- All incidents to be recorded on our management information system (HUB).
- Staff must assign incident to First Aid Lead and Designated Person
- For EY's an email is sent to parents with read receipt and then recorded on HUB
- For after school care there is a book at the front reception desk where incidents are recorded. The First Aid lead will then update HUB asap.

- Accident Book for adults to complete is alongside the defibrillator
- When an incident is recorded the page will be removed and handed to the Appointed Person for record keeping

Location of individuals medical needs:

1. **Emergency Asthma Kits:**

- Little Lyndhurst Office – Locked Cupboard
- First Aid Room – locked FA cabinet clearly labelled with child's name on it
- In classrooms safely store for easy access when needed.

2. **Emergency Spare Adrenaline Auto-Injectors:**

- First Aid Room – locked FA cabinet with child's name clearly displayed on it.

3. **Paracetamol/Ibuprofen/Antihistamine**

- Little Lyndhurst office, locked box
- First Aid Room – locked FA cabinet (may only be administered with permission from parents and dosage must be recorded in HUB)

4. **Thermometers:**

- First Aid Room – locked FA cabinet
- Little Lyndhurst office

First Aid Room
The First Aid room has a washing facility, bed and a toilet (for emergency use only) allowing for the medical examination and treatment of children and for the short-term care of sick and injured children.

Procedures in the Event of an Accident or Injury
Minor accidents
During lesson times, play or lunchtime, everyday cuts and bruises are dealt with by the member of staff timetabled to be responsible for the children. Minor incidents can be dealt with in situ (e.g. on the playground, at the sports field). If staff regard it as being warranted, the child can be sent to the Reception Office, The child may be accompanied, depending on the severity of the injury.

In the event of a head bump the below protocol will apply.

Head Bump Protocol

A minor head injury can be a frequent occurrence in a school. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission.

However, a small number of children may suffer from a severe injury to the brain and concussion. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain up to 24 hours after the bump to the head.

The presence or absence of a lump at the site of the bump is not an indication of the severity of the head injury, however if you feel the bump or impact to the head isn't classed as a concern then the following procedures apply.

Minor bump to head
A minor bump to the head is common in children, particularly those of infant school age.
If a child is asymptomatic: No bruising, swelling, abrasion, mark of any kind, dizziness, headache, nausea or vomiting. The child appears well, then the incident will be treated as a "bump" rather than a "head injury"

Action to be taken:

- Child to be assessed by a trained First Aider-(Staff on duty playground or class teacher in classrooms - Do not send to Front Office)
- Apply cold compress (Reusable compresses are kept in the Pan Room and Early Years freezers and instant cold ice pack are in the FA kits, these are not reusable please dispose of after use)
- Complete account of incident in HUB & Assign to First Aid Lead (Mrs Nye) and Appointed Person (Mrs Miles)
- Bumped Head sticker given a sheet will be issued for your classrooms
- Pre-Reception and Reception teachers must inform parents at the end of the day

Severe head injury – no loss of consciousness

A minor head injury often causes bumps, swellings or bruises on the exterior of the head. Other symptoms:
- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

Action to be taken:

- Child to be assessed by a First Aider-(Staff on duty playground or class teacher -classrooms)
- Sent to the Office to go to medical room if required for observation and to have a cold compress applied
- Complete account of incident in HUB & Assign to First Aid Lead (Mrs Nye) and Appointed Person (Mrs Miles)
- No PE/physical activities for the rest of the day
- Report to all staff via email so that they can observe child in lessons and for the rest of the school day.
- The Front Office will inform Parent/s by phone call straight away where parents will be given the option to come in and see the child themselves if they would like to.
- The NHS information MUST be given to them when child is collected. (Attached to Gate Register)

Severe head injury – loss of consciousness

A severe head injury will usually be indicated by one or more of the following symptoms:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems
- Difficulty in understanding what people are saying
- Balance problem
- Loss of power in arms/legs/feet
- Pins and needles
- Amnesia
- Leakage of blood or clear fluid from nose or ears or blood
- Bruising around eyes/behind ears

Action to be taken:

- If there is a neck injury and child is unconscious DO NOT move child.
- Instruct an adult or sensible child (if you are on your own) to go to the office with the red triangle to respond immediately and Call 999 to ask for AMBULANCE
- Contact Parent/s immediately
- Inform Head teacher and SLT
- Member of SLT and First Aider to stay with child at all times.
- Complete account of incident in HUB & Assign to First Aid Lead (Mrs Nye) and Appointed Person (Mrs Miles)
- Report will be submitted to Governors when deemed necessary

The bumped head policy also applies to all adults and visitors to our school site.

Serious accidents

A Certified First Aider must be called immediately and the child should not be left unattended at any time. The Certified First Aider must assess the extent of the child's injury to the best of his/her ability and act accordingly, not hesitating to call an ambulance where necessary.

Each room contains a laminated red triangle. To summon help in case of medical or other emergencies staff should send the triangle immediately to the main office or Little Lyndhurst Office.

A member of the SLT should be informed immediately.

Emergency Procedures

If the first member of staff present at an incident judges that an ambulance should be called, he or she should do so immediately, by calling the emergency services on 999, without hesitation and without waiting for a First Aider to arrive at the scene.

An ambulance should always be called in the following circumstances:

- a significant head injury
- fitting, unconsciousness, or concussion
- If Adrenaline Auto Injector administered and state 'Anaphylaxis'
- difficulty in breathing and/or chest pains
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- the possibility of a serious fracture
- in the event that the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, or if they are unsure of the correct treatment.

Whenever possible, an adult should remain with the casualty until help arrives and other staff can be called upon to help with moving away any children present.

If an ambulance is called, the school office should be notified immediately to ensure that access to the school site is unrestricted, that the child can be easily accessed by emergency services when they arrive and direct the ambulance crew to the casualty's location.

Children who are taken to hospital in an ambulance will be accompanied by a member of staff unless parents are able to reach the school site in time to go with their child themselves. Ambulances will not be delayed by waiting for parents to arrive at the school. Within our Admissions Form parents are asked to give permission to the school to authorise any and all Emergency Medical Treatment including administering anaesthetic as directed by ambulance crew upon arrival at nursery/school together with the accident form details.

All accidents and injuries must be reported. For reporting procedures, please see below.

Off-Site Activities

All staff are aware of medical requirements of children and whether they require medicines to be taken off site with them. Children should have their inhalers with them at all times or kept in their classroom. Medicines are collected from the appropriate room at the time of departure. The staff member in charge of the off-site visit is responsible for the medicines. Injuries must be recorded on HUB, on returning to school. A notebook is kept in these bags to help with accuracy of record keeping. Parents must be informed directly.

Additional information about off-site activities / trips can be found in the **School Trips, Educational Visits and Learning Outside Policy.**

Reporting Accidents, Emergencies, and First Aid Administration

Any first aider who has administered first aid or medication, including off-site, should record on HUB. [KL2] The First Aid Lead is responsible for ensuring that all incident report forms are filled out accurately and stored properly. The relevant form teacher must be informed either verbally if considered to be priority or via email. Staff will also need to inform the teacher of the following lesson, if it is not the form teacher.

Any child who is unwell in school is assessed by their form teacher and a First Aid Lead and, if necessary, arrangements made for child to be collected by parents. Details will be recorded as before. The child is booked “Off Premises” on the gate register and the Sign in App.

Significant injuries to school employees and visitors must be recorded in the **Accident Book** and records kept as instructed in the book. This accident book is kept on First Aid board by the Staff Toilets, this is for all staff including Little Lyndhurst Staff.

Existing Injuries

Parents are requested to complete an Existing Injuries Form, which contains details of any injury sustained before the child enters the setting on that day. Parents will provide details of the injury and to supply their signature to said details.

Serious incidents

In the case of a major accident, all members of staff involved at the time of the incident should make a separate report. The date, time and place, what happened, actions taken, injuries or a brief outline of the illness, and first aid administered should be recorded.

The Appointed Person in conjunction with the relevant SLT member will review serious incidents. The governing body will review cases of serious incidents and determine what, if any, steps could be taken in order to ensure that the same accident does not happen in the future. The types of minor accidents reported (no personal details discussed) will be reviewed at senior leadership team meetings to determine whether there are any accident trends that could be avoided.

All accidents or incidents that are reportable under RIDDOR (see below) will be investigated and a record of the investigation kept by the Appointed Person. Accidents that fall under health and safety issues should also be reported in line with procedures outlined in the school **Health and Safety policy.**

Reporting to HSE

The school is legally required to report certain injuries, diseases and dangerous occurrences to the HSE. Where there is a death or major injury this should be reported by calling the Incident Contact Centre (ICC) on 0845 300 9923 (opening hours Monday to Friday 8.30am to 5pm). All other reportable injuries should be reported online.

It is the responsibility of the **Headteacher** to report to the HSE when necessary. Incidents that need to be reported include but are not limited to:

Involving staff

- work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs)
- work related accidents that prevent the injured person from continuing with his/her normal work for more than seven days. which must be reported within 15 days (note that even though over-three-day injuries do not need to be reported, a record must still be retained)
- cases of work-related diseases that a doctor notifies the school of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer)
- certain dangerous occurrences (near misses – reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substances that may cause injury to health).

Involving children, parents, or school visitors

- accidents which result in the death of a person that arose out of or in connection with the school's activities
- accidents which result in an injury that arose out of or in connection with the school's activities and where the person is taken from the scene of the accident to hospital.

Health and Safety Executive Incident Contact Centre Contact Number: 0300 003 1647
See the HSE document **Incident reporting in schools (accidents, diseases and dangerous occurrences) Guidance for Employers**

Reporting to OFSTED/ISI

Ofsted must be informed of the following:

- A child dies on the premises or as a result of something which happened while in our care regardless of where they are when the death occurs.
- An adult dies or has a serious accident or injury while on the premises.
- A child is taken to hospital (A&E) either directly from the premises or later as the result of something that happened while in our care.
- There is any significant event which is likely to affect suitability to care for children.

Reporting to Local Authority
Surrey County council's Local Authority child protection officer (LADO) must also be informed of any serious accident, injury to, or death of a child while in our care.
Contact number: 0300 123 1650

The Children's Services referral hub must also be informed of any incidents resulting in the death of a child. Northwest region:0300 470 9100

Hygiene Procedures for Dealing with the Spillage of Body Fluids

All staff dealing with a biohazard spill are to:

- wear appropriate PPE
- take precautions so as not to come in contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular blood or body fluids reaching the eyes or the areas inside the mouth and nose should be avoided.
- use the Yellow Medical Body Fluid Disposal Bin located in the First Aid room and in the adult toilet in Little Lyndhurst.
- place all soiled paper towel and gloves into a yellow clinical waste bag to dispose of in an approved manner, put any waste into nappy sack or inside glove.
- wash hands, including arms to the elbow, with warm water and soap immediately after every clean-up of blood or body fluid. This should be performed even if gloves have been worn.
- wash all areas that have come in contact with blood.

Medicines in School

First Aid Lead and the **appointed person** are able to administer medication , or in their absence a member of SLT. Administration of any prescription medicines which are due within the school day, only on receipt of written instructions from parents. **Medications must be brought into school in their original container**, as dispensed by a pharmacist, labelled with the child's name. They must include instructions for administration, dosage and storage, as well as possible side effects, doses given must be recorded on HUB under wellbeing 'administration of medication.

Medicines will be returned to parents at the end of the prescribed period or school year, whichever is sooner, and new forms will be required if administration is to be continued.

Medicines are in the locked first-aid cupboard or fridge.

Age-appropriate paracetamol e.g. Calpol may also be administered by a First Aid Lead, general written permission will be obtained annually from parents and office staff must check with a parent on the day before administering.

Inhalers are generally kept in the child's possession for use as required, though spare ones may be left with a teacher or the school office.

EpiPen's should be carried by the child in designated carrier, and a spare one kept in the First Aid Store. EpiPen's must be taken for all off-site education, including to the games field and swimming pool.

Any of the above medicine administered is recorded on HUBmis.

For further information regarding Medical Conditions and Health Care Plans refer to the Supporting Children with Medical Conditions Policy.

Early Years
Details of specific arrangements for First Aid for Early Years, including procedures for responding to Early Years children who are ill or infectious and administration of medicines can be found in the Early Years Being Healthy Policy

Medical & Allergy Information

Medical information given by parents, is stored electronically on a child's profile in HUBMis. This information is carried on school trips and away matches. If the trip leader needs to contact parents they will contact the school who will support with this.

Medical & Allergy information is shared with all staff by the First Aid Lead annually and when there are any amendments, they are recorded on HUB, displayed in the First Aid Room and a copy is supplied to the kitchen staff.

Reviewing Accidents

The Health and Safety Governing Sub Committee will review individual significant accident reports and statistics of all reports at their meetings. Those of a sufficiently serious nature are reviewed in detail to see if there are ways of preventing future similar incidents.

Appendix 1

Severe allergic reaction - Anaphylaxis

An allergy is a hypersensitivity to a foreign substance that is normally harmless but produces an immune response reaction in some people. An anaphylactic reaction is the extreme end of the allergy spectrum affecting the whole body and requires emergency treatment to preserve life, with an intramuscular injection of adrenaline (in school - via an Adrenaline Auto-Injector such as an Emerade/EpiPen/Jext. The reaction usually occurs within minutes of exposure to the "trigger" substance although in some cases the reaction may be delayed for a few hours (bi-phasic). Common trigger substances include peanuts, tree nuts, eggs, shellfish, kiwi, insect stings, latex and drugs such as penicillin.
Avoidance of the allergen/trigger substance is paramount.

Signs and symptoms

The early symptoms of an **allergic** reaction are:

- Itchy, urticarial rash (hives) anywhere on the body
- Runny nose and watery eyes
- Nausea and vomiting
- Abdominal cramping
- Tingling when an allergen has been touched

Where possible remove the "trigger" – the sting, food etc. – get them to spit the food out but **NEVER** induce vomiting

The pupil's medical condition must be monitored as it may **rapidly** deteriorate.

Definition of Anaphylaxis:
Anaphylaxis involves one or both of two features

- Respiratory difficulty (swelling of the airway or asthma)
- Hypotension (fainting, collapse or unconsciousness)

Symptoms suggestive of **Anaphylaxis** are:

- Skin Changes: Pale or flushed, urticaria (hives)
- Severe swelling of lips or face
- Tongue becomes swollen
- Respiratory difficulty - audible wheeze, hoarseness, stridor
- Difficulty in swallowing or speaking
- Pupil may complain that the their neck feels funny
- Feeling weak or faint due to a drop in blood pressure
- Feeling of impending doom (anxiety, agitation)
- Pale and clammy skin
- A rapid and weak pulse
- May become unconscious

Treatment - what to do

Follow the child's individual **Emergency Allergy Action Plan.**

Treatment depends on the severity of the reaction and may require the administration of an Emergency Adrenaline Auto Injector (Emerade/EpiPen/Jext) to be given **without delay.**

For mild symptoms

An antihistamine and if prescribed, an inhaler should be taken by the child/be given by the First Aid Lead, or in their absence by any first aider and on visits, by the teacher with responsibility for First Aid.

Monitor - the child's medical condition as it may **rapidly** deteriorate.

For severe symptoms

Each child with a known severe allergy, who has been prescribed an Adrenaline Auto Injector - Emerade/EpiPen/Jext should (parents advised) carry x2 with them at all times.

Each child also has at least x1 Adrenaline Auto Injector together with any other emergency medication required and a named Emergency Allergy Action.

Treatment for anaphylaxis is adrenaline administered via an Adrenaline Auto Injector into the upper outer thigh muscle and may be given through clothing (avoiding the seam line) noting the time. Adrenaline quickly reverses the effects of the allergic reaction, but it is short-acting. If there is no improvement or the symptoms return, then a second Adrenaline Auto Injector must be administered after 5 minutes. Follow the pupil's Individual Emergency Allergy Action Plan which includes details of any additional medication to be administered such as antihistamines, an inhaler or steroids (adjuncts).

The child must always go to hospital by ambulance if an Adrenaline Auto Injector is administered, even if they appear to have recovered.

Emergency procedure to be followed in school

If a child shows signs or symptoms of a severe allergic reaction a First Aider must be alerted and the following procedure initiated; **following the child's Individual Emergency Care Plan:**

Do not attempt to move the pupil. They may sit up but if they feel faint lie them down and raise their legs (to help preserve their blood pressure). DO NOT STAND THE CHILD UP!

- **Administer the CHILD'S own Adrenaline Auto Injector – Emerade/EpiPen/Jext or help them to administer it themselves if they are able (note the time - write this on your hand)**
- Remember to give the Adrenaline Auto Injector as soon as possible – do not delay - **adrenaline will do no harm, but can save a life if given**
- Call an ambulance stating "anaphylaxis" (follow the school procedure for calling an ambulance)
- Monitor the child's condition carefully; be prepared to commence cardiopulmonary resuscitation (CPR)
- If symptoms have not improved or symptoms return, then after 5 minutes administer the second Adrenaline Auto Injector
- Give all used Adrenaline Auto Injectors to the ambulance crew for safe disposal
- A member of staff will accompany the child to hospital and stay until the parents arrive
- Whoever administered the Epi-pen or the First Aid Lead will record the incident in the child's individual medical record on HUB as soon as practicable after the event.
- The parents must replace any medication as necessary before the child returns to school

New Children

- Parents must inform us of their child's allergy on the Admissions Form that they complete when their child joins. If the condition develops later, the parents must notify us as soon as possible.
- The **First Aid Lead** will discuss with parents the specific arrangements for their child and share with SLT & Staff where appropriate
- Parents will need to teach their child about the management of their own allergy including avoiding trigger substances and how and when to alert a member of staff.
- The parents should ensure that their child has been shown how to self-administer an Adrenaline Auto Injector by the prescribing doctor or specialist allergy nurse and that this is regularly reviewed.
- Pupils should carry x 2 Adrenaline Auto Injectors and any other emergency medication required with them at all times and ideally **1x will be stored securely in the First Aid Room.**
- Parents must provide the school with a spare Adrenaline Auto Injector. Parents will also supply any antihistamine or other medication that may be required. The medication will be kept in a named emergency kit bag with photo-id. The emergency medical kit will also contain the Individual Emergency Care Plan and emergency contact details.
- Parents are responsible for ensuring that all medication is in date and replaced as necessary.
- Parents must keep the school up-to-date with any changes in symptoms or medication and must provide an up-to-date individual Emergency Allergy Action Plan from the prescribing doctor.
- Catering staff will take all reasonable steps to ensure that only suitable food is available and will advise pupils on ingredients and appropriate food choices as required.
- Although the catering department can accommodate most food allergies, the parents will need to provide their child with snacks/packed lunches where appropriate.
- A named photograph of pupils with severe allergies is held in the kitchen and the First Aid Room and on HUB and on the staff shared drive.
- **A child must carry their Adrenaline Auto Injectors and inhaler with them at all times**
- Following any anaphylactic episode all staff will need to record the incident on HUB then meet to discuss what occurred, offer support to each other and look at how the emergency procedure worked and the procedure will be amended if necessary.

Appendix 2

Asthma

Lyndhurst School recognises that Asthma is a common condition affecting children and young people and welcomes all pupils with Asthma to the school.

Asthma is a serious but controllable chronic disease affecting 1.4 million children within the UK and is one of the most common causes of absence from school and the most frequent medical condition which requires medication to be taken during the school day. Asthma can vary in its severity and in presentation according to the individual and can occur at any time.

When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breath and leading to symptoms of asthma.

Asthma can be controlled by taking medication in the form of an inhaler. A reliever inhaler opens the airways and makes breathing easier. A preventer inhaler makes the airways less sensitive to irritants. **Immediate access to a reliever inhaler is essential.**

Types of inhaler

Blue - Salbutamol (ventolin) - reliever inhaler – generally delivered via a volumatic spacer device (taken for the immediate relief of symptoms)
Brown - Beclometasone – preventer inhaler (usually taken only in the morning and at bedtime
Children with asthma learn from their past experience of asthma attacks; they usually know what to do, nevertheless good communication is essential.

Triggers

- Grass, pollen and hay
- Animal fur
- Viral infections
- Cold, damp weather
- Exercise
- Emotion
- Smoke, pollution and dust

Signs of poor control are:

- Night time symptoms leading to exhaustion during the day & poor concentration
- Frequent daytime symptoms
- Using their reliever inhaler on more than two occasion in a week
- Time off school because of respiratory symptoms

New Children

Parents must inform us of their child's asthma on the Medical Questionnaire incorporated in the Admissions Form they complete when their child joins Lyndhurst School. If the condition develops later, the parents must notify us as soon as possible.

The First Aid Lead will discuss with parents the specific arrangements for their child and parents will be asked to provide a copy of their child's current Asthma Action Plan.

A child with asthma should carry their inhaler with them at all times in school.

Parents must provide the Trip Leader with a spare named inhaler for staff to take on residential visits.

Parents are responsible for ensuring that inhalers are in date and replaced as necessary and have sufficient doses remaining.

Should a parent wish to provide the School with a spare inhaler for in-school use, this will be kept in a named individual pouch in the First Aid room.

All children on the Medical Conditions List will have access to an emergency reliever inhaler if required.
Regular training will be available to all staff in the recognition of an asthma attack and how to summon help in an emergency. All staff should familiarize themselves with the procedure for dealing with an asthma attack.

Pupils with asthma are encouraged to take a full part in PE and PE staff will remind pupils who have exercise induced asthma to use their reliever inhaler before the commencement of the lesson and during it if needed.

Specific arrangements should be made for after-school or weekend activities and for school visits.

Common signs of an asthma attack

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences.
- It should be noted that in atypical asthma **no wheezing will be audible.**

Emergency procedure to be followed in school

Action to take in the event of an asthma attack:

- Keep calm
- Encourage the pupil to sit up and slightly forward – do not hug or lie them down
- Make sure the child takes two puffs of their reliever inhaler (usually blue) immediately (preferably through a Volumatic spacer)
- If the child's inhaler is not available the member of staff should access the Childs nearest Emergency Inhaler located in the First Aid locked cupboard in the First Aid Room Emergency Asthma Kit which which contains a reliever inhaler and spacer
- Ensure tight clothing is loosened
- Reassure the child
- Call a First Aider

If there is no immediate improvement:

Continue to make sure the child takes one puff of their reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 urgently and request an ambulance (following school procedure) if:

- The child's symptoms do not improve in 5-10 minutes
- The child is too breathless or exhausted to talk
- The child's lips are blue

Ensure the child takes one puff of their reliever inhaler every minute until the ambulance arrives. Caution:

- **Do not give anything to eat or drink**
- **Do not give ibuprofen or paracetamol**

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a child with asthma in school. When the child feels better, they can return to school activities.

- Parents must always be informed if their child has had an asthma attack and should be recorded in HUB.

Appendix 3

Diabetes

Lyndhurst School supports children attending the school with type 1 and type 2 diabetes and recognise that they need understanding, encouragement and support to ensure a sense of independence. Most children with diabetes have a good knowledge of their condition and can manage it well but good communication between the child and medical team is essential.

New Children

When the child joins the school, the parents will complete a Medical Questionnaire section of the Admissions Form informing us that their child is diabetic. A member of SLT will then send an individual care plan for completion, unless the family already has an appropriate and up-to-date plan; in which case a copy will be requested.

This will include details of the care to be given for hypoglycaemia (low blood glucose) and the emergency treatment that will be needed and instructions on when to call the emergency services. It is crucial to reinforce that parents are experts in the care of their child and should be involved from the outset. They are best positioned to indicate they are ready to share responsibilities with the school. Raising expectations of what is possible and keeping their child at the centre of everything is essential. Collaborative working between healthcare professionals, education staff and the pupil's family will support the school in their day to day management of diabetes including monitoring of the condition, food, physical activity and the child's wellbeing.

Spare equipment will be kept in a named box with a photograph in the diabetes cupboard in the First Aid Room, or in the fridge as necessary.

Insulin

The child will know how to administer their insulin and will carry this with them during the normal school day. However, the school will support them and the form teacher in conjunction with a member of SLT will discuss with the parents all aspects of the child's insulin and its administration. The school will provide facilities for the safe disposal of needles.

The need for regular eating times is recognised by the school and appropriate arrangements will be made. Diabetes management outside school will be the responsibility of the child's consultant/diabetes specialist nurse (DSN) and the parent/guardian must inform the school of any change in the child's regime in writing as soon as they occur. We will always endeavour to invite the new children's DSN to a meeting at the school prior to the child joining.

Trips

The child will need to carry their insulin and blood glucose testing kit and snacks as usual and must plan for the possibility of a delayed return. All staff will be advised of the necessary precautions and emergency procedures. The staff will collect the child's spare emergency kit and a copy of the individual care plan detailing the emergency procedures, for use in the event of a hypoglycaemic episode. They will also carry spare fast acting glucose/snacks/juice boxes. The emergency kit must be returned to the First Aid Room immediately on return to school.

Residential and overnight visits

The parent will complete a detailed medical history form prior to departure which will include the details of insulin with current dosage and frequency. A risk assessment will be carried out and a meeting between the parents, the trip leader and a member of SLT will take place. The teacher organizing the visit will aim to ensure that there is refrigerated storage for the insulin. The child must be confident in the management of their diabetes with regard to dosage administration, monitoring control and the adjustment of dosage when necessary. A copy of the individual care plan and emergency procedures will be taken on the visit. In the event of loss or damage to the insulin, it will be the parents' responsibility to provide where possible extra medication. However, where this is not possible or a delay will occur the visit leader should contact the paediatric department or Accident and Emergency department at the nearest hospital, who will be able to help.

If following a risk assessment, it is felt by the parents and trip leader that the child is not able to manage their diabetes independently, then the requirement for a trained health professional or parents to accompany the visit will be discussed.

PE & Games

All staff are aware of the precautions necessary for a child with diabetes to take part in sporting activities and on the emergency procedures. P.E / Games staff will have a supply of fast acting glucose/snacks/juice boxes available for diabetic children when they are off site or at sporting events.

Background

Type 1 diabetes develops when the insulin-producing cells in the body are destroyed by the body's immune system; the body is unable to produce any insulin. It is a long-term medical condition. Insulin is the key that unlocks the door to the body's cells. Once the door is unlocked glucose can enter the cells where it is used as fuel. In Type 1 diabetes the body is unable to produce any insulin so there is no key to unlock the door and the glucose builds up in the blood. Nobody knows for sure why these insulin-producing cells have been destroyed, but the most likely cause is the body having an abnormal reaction to the cells. This may be triggered by a virus or other infection. Type 1 diabetes can develop at any age but usually appears before the age of 40, especially in childhood. Type 1 diabetes accounts for between 5 and 15 percent of all people with diabetes and is treated by daily insulin injections, a healthy diet and regular physical activity. Insulin is taken either by injections, an insulin pen or via a pump.

The main symptoms of undiagnosed diabetes can include:

- passing urine more often than usual, especially at night
- increased thirst
- extreme tiredness
- unexplained weight loss
- genital itching or regular episodes of thrush
- slow healing of cuts and wounds
- blurred vision

Medication – Insulin

Insulin cannot be given orally as it will be digested. It is administered by either an Insulin pen, injection or by a pump. Insulin may be administered several times a day, so the pupil will carry their pen and blood glucose testing kit with them. Spare insulin will be kept in a labelled box in the fridge. It will be the responsibility of the pupil to be aware of her dosage of insulin. If there is a query during the school day either the parents will be contacted or the named diabetes specialist nurse if the parent is unavailable.

Insulin pump

This continually delivers insulin into the subcutaneous tissue;

- The device is worn attached to the pupil's waist. It helps maintain a more stable blood glucose level and as it is easy to vary the dose, gives pupils more freedom with diet and activity.
- Using the maximum bolus and maximum basal facility settings can give added reassurance that too much insulin will not be delivered in error.
- Each pupil who uses a pump must learn and be confident to carb count, to set/adjust the insulin dose delivery themselves according to their diet, activity and blood glucose levels.
- Staff and First Aiders will not be required to know how to carb count, calculate dosages or administer insulin via a pump.

Emergency procedure to be followed in school

Hypoglycaemia - Hypo (below 4mmols/L)

This is the most common short-term complication in diabetes and occurs when the level of glucose falls too low thereby affecting cognitive function.

It is caused by:

- When too much insulin has been taken
- A meal or snack that has been delayed or missed
- Not enough carbohydrate food has been eaten
- Exercise was unplanned or strenuous
- Sometimes there is no obvious cause.

Signs and symptoms:

- Hunger, trembling, shaking
- Sweating
- Pallor
- Fast pulse or palpitations
- Headache
- Tingling lips
- Glazed eyes, blurred vision
- Mood change – anxiety, irritability, aggressiveness
- Lack of concentration, vagueness, drowsiness
- Collapse

Action to take:

If the child is conscious:

- If possible, get the child to check their blood glucose
- Give orange juice or x3 glucose tablets (The child will carry their own, but drinks, glucose tablets and cereal bars are kept in First Aid Room)
- If the child is conscious, but uncooperative apply Hypostop gel to the inside of the cheek (as per instructions)
- The child will need to check her blood glucose after 15 minutes. If it remains below 4mmols repeat as above
- This will need to be followed by a carbohydrate snack (cereal bar, sandwich, a couple of biscuits, fruit etc) unless the child has an insulin pump in which case her individual care plan should be followed.
- If there is no improvement in the blood glucose level after 2 cycles, then the parents should be called urgently; if no parental contact can be made then Call 999 and ask for a paramedic to attend

If the child is unconscious:

- Place the child in the recovery position
- Call 999 and request an ambulance (following the school procedure)
- Dop not give the child anything to eat or drink
- Organise for the parents to be contacted

Hyperglycaemia - Hyper (14mmols/L or above)

This develops more slowly than hypoglycaemia but is more serious if untreated. This occurs when there is too much glucose in the blood, therefore extra insulin is needed. The blood glucose level will be above 14mmols. This can develop over a few days and will be more noticeable if a child is away on a school visit.

Hyperglycaemia - It is caused by:

- Too little or no insulin given
- Eating more carbohydrate than their diet allows
- Emotional upset
- Stress
- Less exercise than usual
- Infection
- Fever
- Not conforming to treatment

Signs and symptoms:

- Feeling unwell
- Extreme Thirst
- Frequent urination
- Tiredness and weakness
- Nausea Blurred vision
- Flushed appearance
- Dry skin
- Glycosuria
- Small amount of ketones in urine/blood

Action to take:

- They should check their blood glucose and should be able to titrate their insulin according to their blood glucose level; they should also check for the presence of ketones
- Contact the parents if ketones are present and arrange for the pupil to be collected
- Give fluids (without sugar)
- Contact the named diabetes specialist nurse if the parents cannot be reached

Call 999 and request an ambulance if any of the following signs and symptoms occur:

- Confusion/impaired consciousness/unconsciousness
- Deep and rapid breathing
- Abdominal pain
- Nausea/vomiting
- Breath smells of acetone (like pear drops, nail polish remover) as this can proceed to diabetic ketoacidosis (DKA) which for a diabetic is a medical emergency; with an uncontrollable downward spiral without urgent medical attention

General points

- No diabetic child will be allowed leave the classroom alone or be left unattended if unwell and will always be accompanied to the First Aid Room
- A diabetic pupil will be free to check her blood glucose and eat a snack in class as necessary without ever needing to refer to the teacher present
- Privacy for blood glucose testing will always be available in the First Aid Room

Glucagon emergency injection kit

When a pupil with Type 1 Diabetes joins the school or is diagnosed, they must provide first aid lead with a spare Glucagon emergency injection kit. This is kept in the First Aid Room and the expiry date is checked each term.

Checklist for visits

Child/parents	Staff
Hand gel	Copy of Individual care plan, visit medical consent form with full contact details of parent/guardian
Blood glucose testing kit and urine testing kit (if B/G testing does not include ketone testing)	School visit information Risk assessment Letter for airline
Insulin plus spare in case of loss/damage	Mini sharps box
Insulin pen and needles plus spares in case of loss/damage	Quick reference flow-chart with photograph of pupil
All insulin pump equipment if applicable	Spare insulin pump equipment if applicable
Fast acting glucose/carbohydrate snacks/juice boxes Extra food in case of a delayed return	Spare fast acting glucose/carbohydrate snacks/juice boxes
Cool bag for transportation of insulin	Ensure suitable refrigeration facilities are available at destination
Medical Alert bracelet	

Appendix 4
Wound Management Protocol & Procedure

Wounds

There are 4 categories of wounds:

Abrasions	A graze caused by friction, superficial and partial thickness
Cuts	A break in the skin caused by a sharp object e.g. knife, glass; easy to close
Lacerations	Caused by a blunt force; the skin has burst rather than been cut
Penetrating wounds	Usually unable to visualize the base. These wounds require examination in an Accident and Emergency Department. Cover wound with a temporary dry dressing and send pupil to hospital

Minor wounds do not require referral to an Accident & Emergency department but may require further assessment in a Minor Injuries Unit (MIU).

Exclude complications

- Problems with exploration – excessive pain, unable to visualize all of the wound
- Cleaning or closure of the wound – unable to remove all of the debris/harmful debris e.g. glass and/or difficult shape of wound
- Concern about size or depth or site
- Mechanism: human bite, animal bite or extreme violence

Cleaning
This reduces the risk of complications after closure.

- Place patient in a quiet place and appropriate position. Keep them comfortable and calm; maintain their dignity
- Use appropriate sterile field to protect patient, environment and yourself. Wear protective gloves and apron
- Irrigate – using tap pressure
- Squirt water using pressure to remove debris.
- Irrigate until all debris is removed.
- Dry using gauze swab.

Tap water	If drinking water is used there is no evidence to suggest that infection levels are increased. It is readily available and convenient for exploration and cleaning using tap pressure. Alternatively use boiled and cooled water. The infection rate remains 5---10% approximately (Fernandez and Griffiths 2007)
Saline – Sodium Chloride 0.9%w/vPh.Eur	Non-irritant, no antiseptic effect

Dressings

Plasters	• Range of sizes • Short term solution • Use until bleeding has stopped • They do not allow the wound to breathe particularly well • Be aware of pupils with latex allergy

- Record all wound cleansing and dressings in HUB Record of First Aid Book.
- Ensure appropriate aftercare advice is discussed and recorded and where appropriate parents informed.

If necessary, provide parents with written instructions of what they need to look out for (list below) and when they should seek further immediate medical advice:

1. If an increase in pain, swelling and redness is evident
2. If any red lines are seen travelling away from the wound
3. If there is an offensive smell coming from the dressing
4. If the child develops a temperature or diarrhoea

Appendix 5
Resources & Training

Fast Response Link to First Aid Manual

https://fastresponsepfa.elearnhere.co.uk/

Training Guidelines

Training organisations will tailor courses specifically to school needs. Selecting a First Aid Training Provider: A Guide for Employers, provided by the HSE, includes a checklist for employers to evaluate the competence of a First Aid training organisation.

It is important that you conduct the necessary additional checks (due diligence) to decide if this method is suitable. This means you should make sure you are satisfied that:

- The individual being trained knows how to use the technology that delivers the training;
- The training provider has an adequate means of supporting the individual during their training;
- The training provider has a robust system in place to prevent identity fraud;
- Sufficient time is allocated to classroom-based learning and assessment of the practical elements of the syllabus;
- The provider has an appropriate means of assessing the e-learning component of the training; and
- The HSE strongly recommends that practical elements of the course should be assessed by direct observation, to ensure the competence of candidates.

The Health and Safety Executive will revise their guidance Selecting a First Aid Training Provider: A Guide for Employers accordingly in time, and detail which elements must remain classroom based and what digital training is certified.

Appendix 6

Individuals Responsibility Prompt

1. Ensure that my first aid training is current and appropriate, if I have queries about this speak to the Assistant Bursar.
2. Know who is the First Aider at Work and the Appointed Person
3. Know who has paediatric First Aid Certificate
4. Know the location of the First Aid Room

Where can I find First Aid Supplies?

1. The location of First Aid Boxes and Bags are indicated in the First Aid Policy.
2. The Trip First Aid Bags are found in the First Aid Room

If I am present or called to an accident what should I do?

If the injury is minor such as a small graze

1. Provide basic first aid for the injury at the location of the incident or position of the child.

If there are other children around and I am unable to support an individual, what should I do?

1. Send the child to the main Reception or Little Lyndhurst Office with another sensible child.
2. Call for help – either shouting for an adult, who is in the vicinity or sending a sensible child to the main Reception or Little Lyndhurst Office with specific instructions.

I have administered first aid what should I do?

1. Ensure your personal hygiene has been seen to e.g. washed hands and speak to a colleague if you are feeling unsettled by the incident.
2. Ensure any items used containing bodily fluids have been disposed of in the Yellow Bodily Fluids Bin.
3. As soon as possible write up the incident on HUB and [KL1] inform First Aid Lead, who will call parents if appropriate.
4. If the First Aider is not on the premises inform the SLT member responsible that day.
5. Share with the appointed person if any the First Aid Box/Bag supplies need replenishing.
6. Share with SLT if you feel the First Aid Procedures need reviewing.

I don't know which children have specific medical conditions what should I do?

1. Immediately seek the information from First Aid Lead

I don't know who is who?

1. Around the school there are First Aid Posters with a list of staff, refer to these.
2. Speak to the First Aid Lead.
3. Ask your mentor or line manager.

If unsure of the procedures always ask to check.