



# Hawkesdown House School

Endeavour • Courage • Truth

---

## FIRST AID POLICY

### **This is a whole school policy including EYFS.**

This policy is written with due regard to DfE documents Guidance on First Aid for Schools: A Good Practice Guide February 2015.

#### **Introduction**

This policy outlines the School's responsibility to provide adequate and appropriate first aid to pupils, staff, parents, visitors and the procedures in place to meet that responsibility. The School has taken into account, the requirements of the EYFS legislation, which is that at least one person on the premises, and at least one person on outings, must have a paediatric first aid certificate.

#### **Aims**

1. To provide adequate first aid provision and medical care for pupils, visitors and school personnel.
2. To appoint the appropriate number of suitably trained people as appointed persons and First Aiders to meet the needs of the School.
3. Those qualified in First Aid have their training updated every three years.
4. To provide sufficient and appropriate First Aid resources and facilities.
5. To inform staff of the School's First Aid arrangements.
6. To provide information on the correct procedure to follow should First Aid be required.
7. To provide information on the correct Reporting procedures.

Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the School in the same way that parents might be expected to act towards their children (DfE Guidance on First Aid for Schools).

#### **Key Personnel**

##### **The Head**

The Head is responsible for putting the policy into practice and for developing detailed procedures. The Head ensures that parents are aware of the School's Health and Safety Policy, including arrangements for first aid (DfE Guidance on First Aid for Schools).

##### **Appointed Person**

The school has appointed Kirsty Alexander to work in conjunction with the Head to manage First Aid in the school. Kirsty Alexander is responsible for the ordering of First Aid resources, assisting colleagues in the administering of First Aid and keeping staff aware of changes in First Aid as and when is necessary.

New staff members should familiarise themselves with members of staff who are trained in First Aid, Anaphylaxis and Paediatric First Aid (please see First Aid sign in Back Office).

## **First Aid Policy**

1. Stay calm
2. Assess the situation
3. Check for any danger
4. Administer First Aid (never give the casualty anything to eat or drink)
5. In the event of a serious accident, an ambulance should be summoned. If a child needs to be taken to hospital, every effort should be made to contact the child's parents/guardians. (All parents/guardians are asked to complete an emergency treatment form on joining the school, so that their wishes in regard to treatment are known.) The child's medical form and emergency treatment form should be taken with the children when going to hospital.
6. Log the incident in the accident book located in the back office.

## **First Aiders**

The Head appoints the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the School. There is a minimum of one qualified person on the School site when children are present. Some staff in Foundation Stage have paediatric first aid training.

In the EYFS, all staff are paediatric first aid trained and certificated as per the regulations set out in the Statutory Guidance for the Foundation Stage (2017).

First Aiders must complete a training course approved by the Health and Safety Executive (HSE).

A list of qualified first aiders is available from the office.

The main duties of a First Aider are to:

- Give immediate help 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.
- Complete the required record of the incident (see Record Keeping).

## **Reporting accidents and record keeping**

All accidents must be recorded as follows:

### **Children**

- The accident book must be completed by the person attending the incident.
- The person should review the record following the incident to ensure it has been completed accurately and fully and that they have signed it.
- *Minor incident*

Parents are to be informed of minor incidences at the end of the school day or, where appropriate, by the class teacher.

- *Serious Accident or major incident*

In the event of a serious accident, parents will be contacted immediately by a senior member of staff.

- The Head is to be informed of the injury.
- Any major accident or incident should be recorded on an incident form and filed in the red file in the office. A copy must be sent to the Head.

### *Bump to the Head*

- In the event of a child suffering a bump to the head, a Bumped Head Accident Sheet (available in the red folder) must be completed, signed by the Head or Head of Early Years, a copy retained in the red folder and a copy given to the parent on the day of the incident.
- Staff who injure themselves at school are required to fill in the DPA Accident Book in the School Office.
- The Head is to be informed of the injury and retains a copy of the DPA form.
- The DPA Accident Book identifies which incidents are reportable under RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995).

Under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) regulations schools are required to report the following to the Health and Safety Executive (0845 300 9923) <http://.hse.gov.uk/riddor/report.htm>;

- a) Deaths
- b) Major injuries
- c) Over-three-day injuries
- d) An accident causing injury to pupils, members of the public or other people not at work.
- e) A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

Reference: <http://www.hse.gov.uk/pubns/edis1.pdf>

### **Visitors**

- Visitors must sign in the Signing in Book and make themselves known to the School Secretary. Visitors with specific requirements would be advised to notify the school and an assessment can be made as to assigning them a responsible person.
- Visitors who injure themselves at school are required to fill in the DPA Accident Book in the School Office.
- The Head is to be informed of the injury.

### **First aid materials, equipment and facilities**

- First Aid bags/containers and individual medications must be taken:
- To off-site PE lessons
- On school trips
- To football/cricket lessons on Wednesdays (a separate First Aid bag will be taken by the football/cricket coach)
- For afternoon Huff and Puff sessions
- Individual medications (e.g. Epi-Pens) must be taken with the child when outside of the classroom.

### **Classroom First Aid containers**

Each Class teacher is issued with a First Aid bag. Teachers are responsible for keeping it well stocked, according to the given inventory, and within expiry date. Spare First Aid equipment is kept in the bottom drawer of the filing cabinet in the school's back office. The contents of the classroom containers include:

- HSE Basic First Aid at work guide
- Resuscitation for Children pocket guide
- Sterile adhesive dressings
- Disposable icepacks
- Bandages
- Safety pins
- Alcohol free cleansing wipes
- Cleansing wipes
- Disposable gloves
- Sick bag
- Other items as determined by the teacher

### **Additional First Aid containers**

These can be found outside the boys' loos, outside the School Office, outside Hawkins room on the upstairs floor, and in the kitchen. The contents of the above containers include:

- HSE Basic First Aid at work guide
- 20 individually wrapped sterile adhesive dressings (Kitchen contents is blue)
- Two sterile eye pads
- Four triangular bandages
- Six safety pins
- Six medium medicated wound dressings
- Two large unmedicated wound dressings
- Disposable gloves

(In accordance with DCSF Guidance on First Aid for Schools).

### **Accommodation**

The First Aid room (as defined by the Education (School Premises) Regulations 1996) is located in the School Back Office. The First Aid Room contains:

- Camp bed with bedding
- Sink with hot and cold water
- First Aid container
- Wipe down First Aid aprons
- Paper towels
- Disposable cups
- Refuse bin
- Telephone
- Record keeping facilities
- A chair is available from the adjacent office
- The nearest WC is along the corridor.

### **Administering medicine during school hours – for the whole school including EYFS**

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children, however, have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Although there is no legal duty that requires school staff to administer medicines, the school has a clear duty of care to the children and follows good practice by supporting children with health needs as part of their accessibility planning duties.

### **Parental responsibilities in respect of their child's medical needs**

Parents have the prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents complete and sign a medical form when their children join the school. This states that parents must keep the School informed should the medical needs of their child change as they grow up.

They must also complete and sign medication consent forms in the event that any medication needs to be administered during school hours e.g. if it has to be given four times daily even when the pupil is well enough to attend school (Appendix 1)

### **Children with specific medical conditions**

Children with specific medical conditions who either regularly take medicine in order to keep themselves well (e.g. epileptics), or who may need to take prescribed medicine as a matter of urgency (e.g. asthmatics and those with allergies) have more detailed medical forms (Care Plans). These are written up by the

parent and the child's medical practitioner and discussed with the Head. Details of the medication are recorded on these.

They should also include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

Up to date lists of children with allergies or other medical conditions will be issued at the beginning of each term.

All food allergies and intolerances are recorded on the board in the School Hall (used for lunch). Photographs of children who require an Epi-Pen or have other severe allergies, asthma, epilepsy or diabetes are kept in the Back Office, together with relevant information.

Children who require epi-pens should bring two to the School. One will be kept by the Form teacher and the other in a named box in the Hall.

For children with food allergies or other dietary needs, special attention should be paid when treats by parents are brought to School (e.g. on birthdays). Children who are unable to eat cake or sweets should be given an alternative (previously arranged in consultation with child's parents).

Staff with specific medical conditions should be honest about this and should also have a specific Care Plan. It is in their own interests that their condition and what to do in an emergency is known by all their colleagues

### **Roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines**

No member of staff must administer any medicine to a child unless a medical consent form has been completed by the parent and has been signed by the Head.

In general, Form Teachers have the responsibility of administering medicine. The medicine is kept in classrooms stored safely away from children or in the fridge in the Back Office if required. There is access to the telephone in the office should they need to get further information from the parent or from the medical practitioner who prescribed the medicine.

For children in the EYFS, the Teacher will always accompany them to the School Office and will give them reassurance and any necessary support and will ensure that the Medical Record is completed correctly.

Before administering any medicine, the member of staff must check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

Administration of medication must be recorded, with the date and time of administration, the name and signature of the member of staff. The administration log is on the medication consent form of the child concerned. Parents/carers should be clearly informed at the end of each day when, how much and how many times the medicine was administered during school hours.

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and immediately telephone the parents. For a child with a Care Plan, the procedures to then follow should be recorded. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

If in doubt about any procedure staff should not administer the medicines but check with the parents or the prescribing doctor before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the Head who will then discuss it with the parent or with the School Doctor.

### **Procedures for managing prescription medicines which need to be taken during the school day**

The Medical Consent form should be handed into the School Office together with the medicine. The parent should give the School Office written details of how the medicine is to be given and when. This should be checked against the prescriber's instructions on the medicine.

Medicines will only be accepted that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber (for exceptions see non-prescription medicines below). Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

The School must never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

The School Office will inform the child's Form Teacher of the time the medicine needs to be given and the Form Teacher will arrange for this. For children in the EYFS the Form Teacher will bring the child in person and may administer the medicine.

For children with a Care Plan, the School Office will check the stored medicines at the start of each term and ensure that the medicine has not expired. They will request new medication from the parent when necessary.

### **Safe storage of medicines**

The School Office will store the medicine in an appropriate secure place and if this is a refrigerator, will ensure it is kept in a secure container clearly marked: 'Medicines'.

It is a requirement that if a child has to bring an epipen to school, then two such pens **must** be provided.

Staff medication should not be kept in classrooms, but in the secure, marked medicine box in the Back Office.

### **Procedures for managing prescription medicines on educational visits and to off-site games**

If a child is finishing a course of antibiotics following an illness, it is preferable that they do not join their colleagues on educational visits or to off-site games but stay at home, in order to recover fully from their ailment.

For children with specific medical conditions, the care plan and the necessary medicines must be taken on educational visits and to off-site games. These are the responsibility of the Teacher on Educational Visits and a nominated member of the games staff for off-site games. They should always check that the medicine is in date.

A medical list accompanies all Educational Visits and goes with the games staff to off - site games. Children with medical conditions are listed with brief details of their medication. Staff should be alert at certain times of year for children with asthma or environmentally triggered allergies.

Sometimes additional safety measures may need to be taken for outside visits. It may be that a parent or another volunteer might be needed to accompany a particular child.

### **Non -prescription medicines**

Parents may request at times that children are given non-prescription medicine, for example Calpol or Piriton, but any non-prescription medications must be agreed by the School in advance. This is indicated on a child's application form at entry. Guardians are also telephoned before the administration of non-prescription medicines.

There are some possible exceptions, for example painkillers for a child that has had an injury. In such cases, the Head will make the decision after discussion with the parents and then the same procedure must be followed for obtaining a medical consent form from the parent.

Some children are sensitive to the sun, and sun cream, may be administered by staff for younger children until they are old enough to do this themselves.

### **Children carrying and taking their medicines themselves**

Children should not be allowed to carry or take their medicine themselves. However, it is important that older children, particularly those with specific medical conditions, should learn to manage their own medication.

### **Record keeping**

Each time medicine is given the School, including the Early Years, must keep written records. Good records help demonstrate that staff have exercised a duty of care. In some circumstances such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult and the record signed accordingly.

An official Register for Pupil Medications must be maintained and must contain a record of all occasions when medication is given to a pupil. The Medical Consent Forms are stored in the appropriate section of the Accident Report Folder stored in the office:

- the date the medication was given;
- the time the medication was given;
- the name of the student receiving medication;
- the name of the medication given;
- the exact dosage of medication given;
- the name of the person on the school staff authorised to give medication to the student the signature of the person giving the medication; and
- the signature of the Head/Head of Early Years or delegated responsible person.

The Medication Log must be completed by the authorised person giving the medication, immediately after the medication is given.

The Medical Consent Form and the Medication Log must be held and kept in the file marked Medical Register.

In effect, the documentation referred to in (a) above represents an agreement among the parties as to the arrangements made in respect of the medication.

### **Splinters**

Members of staff are not to try to remove a splinter from a pupil with tweezers for legal reasons. The boys should wash their hands thoroughly and parents should be informed of the splinter at pick up time.

### **Medical Emergencies**

A member of staff who is present when a medical emergency takes place should always call for help from another adult and find the nearest First Aider. However, there are some emergencies where prompt action by the adult at the scene can save lives and all staff should be aware of these procedures.

### **Allergies – Anaphylactic shock**

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food – in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, (Epi – Pen) depending on the severity of the reaction.



**Signs and Symptoms** – these will normally occur within seconds or minutes of exposure to the allergen

- Swelling and redness of the skin, flushed complexion
- Itchy raised rash
- Swelling of the throat
- Wheezing and or coughing or difficulty breathing
- Rapid irregular pulse
- Nauseousness and vomiting
- Dizziness or unconsciousness

### **Management**

If these symptoms appear in an affected child the epipen must be used and an ambulance called immediately.

- The pen is pre-loaded and should be injected into the fleshy part of the thigh. Most staff have received training in how to use the epipen, which is very simple, but it must be remembered that swift action is ESSENTIAL. Some children have two or more epipens. If after 5-10 minutes there is no improvement or their condition worsens then the second epipen should be administered.
- A second person must summon a First Aider and inform the School Office. The School Office will then inform the Head/ Head of Early Years who will in turn immediately summon an ambulance and inform the child's parents. There should be no delay in calling for an ambulance, should it be impossible to contact the School Office or the Head/ Head of Early Years then the member of staff at the scene should make the call.
- Do not forget to tell the School Office that an epipen has been administered so that they may tell the parents and paramedics. The Teacher will have details of expiry dates of epipens and ensure they are replaced by the parents on or before the expiration.
- The Head/ Head of Early Years, or other responsible person, will assess the situation and see if the person giving first aid needs assistance and usher any children away from the scene or occupy them in some way.
- If the child is conscious and having breathing difficulties treat as you would an asthmatic by sitting the child upright and loosen any tight clothing.
- If the reaction advances and the child becomes unconscious and is breathing treat as you would the unconscious patient by putting them in the recovery position and monitor closely.
- If the child is unconscious and not breathing, a First Aider must commence cardio-pulmonary resuscitation.
- Give all relevant information to paramedics i.e. sequence of events, known drug/food allergies and any medication/treatment given.
- The school is in possession of an emergency epipen for administration to a child who is experiencing anaphylaxis. This will only be administered with the support of the emergency services via telephone. This is clearly labelled in the school hall.

### **Asthma**

If a pupil is having an asthma attack the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down.

- Assist with prompt administration of medication - give 4 puffs of blue reliever.
- If no improvement after 4 minutes give another 4 puffs

A second person must summon a First Aider and inform the School Office for that building. The School Office will then inform the Head/ Head of Early Years who will in turn immediately summon an ambulance and inform the child's parents. There should be no delay in calling for an ambulance, should it be impossible to contact the School Office or the Head/ Head of Early Years then the member of staff at the scene should make the call.

The school is in possession of two emergency inhalers for administration in an emergency where a child's inhalers cannot be accessed. These are clearly labelled in the hall.

### **Diabetes**



## Signs and symptoms

### High blood sugar (normally slow onset of symptoms)

- Excessive thirst
- Frequent need to urinate
- Acetone smell on breath
- Drowsiness
- Hot dry skin

### Low blood sugar (normally quick onset of symptoms)

- Feel dizzy, weak and hungry
- Profuse sweating
- Pale and have rapid pulse
- Numb around lips and fingers
- Aggressive behaviour

## Action

For person with low blood sugar give sugar, glucose or a sweet drink e.g. coke, squash followed by a little food.

For person with High blood sugar: A parent should be consulted regarding the correct dose. If they casualty can self-administer their insulin then they can do so. If not, such as in the case of a small child, then a member of staff with experience and training should administer the injection.

If unsure if person is suffering high or low blood sugar, give them sugar. If they have high blood sugar it will not harm them further, but if they have low blood sugar it will be vital!

## Epilepsy

Epileptic seizures are caused by a disturbance of the brain. Seizures can last from 1 to 3 minutes.

### Signs and symptoms

- A 'cry' as air is forced through the vocal chords
- Casualty falls to ground and lies rigid for some seconds
- Congested, blue face and neck
- Jerking, spasmodic muscle movement
- Froth from mouth
- Possible loss of bladder and bowel movement

## Management

### During seizure

- Do NOT try to restrain the person
- Do NOT push anything in the mouth
- Protect person from obvious injury
- Place something under head and shoulders

### After seizure

- Place in recovery position
- Manage all injuries
- DO NOT disturb if casualty falls asleep but continue to check airway, breathing and circulation.

Phone an ambulance if seizure continues for more than 5 minutes.

### Disposal of Bodily Fluids

The School has a container used for the disposal of Sharps in the Back Office. Soiled items, used gloves, dressings etc. are disposed of in yellow biohazard bags and put in a designated bin for disposal.

## **Ambulance**

The number to dial for an ambulance is 999, or the EU emergency number 112. The nearest hospital to the School is St Mary's Paddington and School post code is W8 7PN. Call an ambulance;

- after administering First Aid and you feel there is a need for a hospital check up
- after placing in the recovery position if the casualty is breathing, but unconscious
- if the casualty is not breathing
- if you are in doubt as to the condition of the casualty

## **Hygiene/Infection Control**

Basic hygiene procedures must be followed by staff. Single-use disposable gloves must be worn when treatment involves blood or other bodily fluids. Care should be taken when disposing of dressings or equipment. Staff are issued with anti-bacterial hand gel, and should also ensure that normal hand washing routines are followed.

## **Information and Briefing**

All staff should familiarise themselves with the HSE Basic First Aid at Work guide and school policy on First Aid and First Aid Procedure.

Regular briefings are undertaken during staff meetings to update staff on changes to First Aid and administering of medications.

Parents must brief staff on specific requirements including allergies, asthma, etc. as each child's condition, while similar, may require different action.

cf; List of Staff with First Aid Qualifications

**APPENDIX 1 – Medication Consent Form**



Hawkesdown House School  
Endeavour • Courage • Truth

---

**MEDICATION CONSENT FORM**

**PLEASE RETURN THIS FORM TO THE OFFICE**

Should it be necessary for your child to take medication during school hours, it is important for the following consent form to be completed beforehand. All medication should be brought to the School in the original packaging and given to the School Secretary. It can then be collected by the parent/carer at the end of the day.

A separate form should be completed for each new medication.

**Child's name** .....

**Child's Form** .....

**Name of medication**.....

**Reason for taking medication** .....

.....

.....

.....

.....

**Dosage and frequency**.....

**For how long (e.g. 3 days)** .....

**Any special instructions** .....

I hereby give my consent for my son to be given the medication detailed above by the School Secretary or another member or staff.

Signed .....  
(Parent / carer)

Date .....

## APPENDIX 2 – First Aid Training Record



Hawkesdown House School

Endeavour • Courage • Truth

---

### FIRST AID TRAINING RECORD

<b>Member of staff</b>	<b>First Aid Course</b>
(Whole Staff) Kirsty Alexander Fiona Galligan Paula Geary Sarah Jones Keyworth Rosanna Laurence Jenny Mackay Marta Marcos Denis Mouzourides Holly Simms Natalia Steenekamp (Emma Mayer– maternity leave)	First Aid for Schools (Grays Medic) 06.09.17 (expiry 05.09.20)
Sophie Zazzarino	Paediatric First Aid Course (2 days) 12.04.18 (expiry 11.04.21)
Natalia Steenekamp	Paediatric First Aid Course (1 day plus online) 09.03.18 (expiry 08.03.21)
Kirsty Alexander	Paediatric First Aid Course (2 days) 15.03.18 (expiry 14.03.21)
Greta Green	Paediatric First Aid Course (1 day plus online) 26.01.18 (expiry 25.01.21)
India Bamber	Emergency First Aid at Work (Worsley Training 17.10.17 (expiry 17.10.20)
Paula Geary	Paediatric First Aid Course (1 day plus online) 29.09.17 (expiry 28.09.20)
Marta Marcos	Paediatric First Aid Course (1 day plus online) 19.05.17 (expiry 18.05.20)
Sarah Jones Keyworth	Paediatric First Aid Course (1 day plus online) 19.05.17 (expiry 18.05.20)
Emma Mayer	Paediatric First Aid Course (2 days) 27.02.17 (expiry 26.02.20)
Rosanna Laurence	Paediatric First Aid Course (2 days) 12.11.16 (expiry 11.11.19)
Ruzica Dubajic	Paediatric First Aid Course (2 days) 11.10.16 (expiry 09.10.19)

- 3 day 'First Aid at Work' course is valid for 3 years. Then a 2-day First Aid at Work Requalification course which is valid for another 3 years.
- 2-day Paediatric First Aid course is valid for 3 years. OFSTED says minimum of 1 person on the premises for EYFS – would need extra for classes going on trips.
- 1 day 'Emergency First Aid at Work' course (previously called 'Emergency First Aid for Appointed Persons') is valid for 3 years. There is no requalification course but another 1 day 'Emergency First Aid at Work' course can be done.
- All staff receive First Aid for Schools training every three years. The course covers the HSE syllabus defined for Emergency First Aid in the Workplace, plus additional topics covering children 5 to 11 years. New members of staff are given training in their induction.