



ABERCORN SCHOOL FIRST AID POLICY

This policy also applies to the EYFS

Updated	Review Date	Version
January 2022	September 2022	2022.01
Amended April 2022		

Signed: Mr John Clarke (Chair of Board)

This Policy should be read in conjunction with the following: Safeguarding and Child protection Policy and was written with reference to First Aid in Schools (DFE, 2014) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306370/guidance_on_first_aid_for_schools.pdf

1. Introduction

1.1 Our school is committed to achieving the five required outcomes of the Children’s Act 2004 and the Every Child Matters publication:

- Be healthy;
- Stay safe;
- Enjoy and achieve;
- Make a positive contribution;
- Achieve economic well-being.

1.2 Abercorn School ensures that every full time teacher and teaching assistant has basic First Aid training (to include paediatrics) on an every 3 years basis.

1.3 We have a number of staff with higher qualifications from St John’s Ambulance in First Aid at Work/Paediatric First Aid.

Lower School - 28 Abercorn Place – Katheryn Sareen and Tracy Lenihan

Middle School - 248 Marylebone Road – Asier Jauregui, Dylan Keen and Michelle Sanderson

Upper School - 38 Portland Place – Val Mason, Paula Correia, Anna Dibley, Barry Hopwood, Egan Constance and Glaucia Caetano

1.4 All staff at the Lower School will complete the First Response Paediatric First Aid course within the first month of employment. All staff have training every 3 years, with the latest training taking place in January and April 2022.

1.41 All staff at Middle and Upper School have completed the First Response First Aid at Work course, including Paediatric Element.

1.42 Several fully-trained paediatric members of staff will always be on site at Lower School when children are present they will always accompany pupils when offsite. At Middle and Upper a fully trained first aider will accompany pupils when they are off site for Games/PE or Regent’s Park Break.

1.43 The administration staff have access to an up-to-date record of all training and the fully trained first aiders are displayed with photos clearly at the front office of each site.

2. Serious Medical Conditions

Medical information on children will be requested when they join school and always kept up-to-date. The School will rely on parents to keep us up-to-date if there is a change of prescription regarding an ongoing

condition and to provide updated prescriptions accordingly. When a prescribed treatment has run out, and with reference to the consent form, we will notify the parent by handing back the empty bottles/containers. Equally, we will liaise with the parent if the medicines are needed both at school and at home.

2.1 Parents who have children with any serious medical conditions i.e. asthma, need of epi pens, or any allergies etc. should complete the 'Allergy, Dietary and Medical Requirements' form, from the school office. This information is then disseminated to the appropriate members of staff where and if necessary.

2.2 If a child has been diagnosed with a serious medical condition such as diabetes, epilepsy and serious allergies the hospital he/she is under will supply the school with a specific care plan for that child. This will be updated by the hospital/ trained medical professional as and when is necessary. However, if the hospital does not supply a health plan; then the school will compile our own Health Plan together with the parents. Once agreed by the parents, this information is then shared with all fully trained first aiders.

2.21 The fully qualified First Aiders on that site who will have had specific training to be able to care for the child and administer any medication that will be needed.

2.3 There are lists and photographs of children with allergies or specific medical needs in all staff rooms and if appropriate in the kitchen area.

2.4 From Nursery to Middle School the class teacher will keep any medical equipment needed in the classroom and will take it with them when off site with the child. The Upper school medication is kept at the front desk. It will always be taken with the child when they are off site.

2.5 Abercorn School will ensure that all pupils who require feminine hygiene products will have access to them.

4. Administering Medicines

4.1 Whenever a request has been made by a parent to administer medicines to their child, First Aiders must ensure that the medication has a valid pharmacy label on it. Non-prescription medication can be administered if in the original packing. However, the Consent to Administer Medication form must be completed by the carer/parent before **any** of these medications are given.

4.2 Medicines are stored strictly in accordance with product instructions. They should include the prescriber's instructions for administration. These must be clearly labelled with the child's full name and dated. Where this is not practical then photographic evidence of the packaging must be provided.

4.3 Whenever prescription/non-prescription medicines are administered, written permission will be given by the parents using the 'Consent to Administer Medicines' form and they will be informed of the time of administration the same day or as soon as reasonably practicable. In addition to reporting, First Aiders will also record the time and dosage administered in the 'Medical Administration Book' kept in the school office.

4.4 Staff will be given appropriate training where necessary (e.g. administering epi pens).

5. First Aid kits

5.1 There are First Aid kits kept in each of the school offices and each of the medical rooms.

5.2 The Lower School classes and garden have their own first aid kits

5.3 All PE and Games staff take First Aid kits off site with them.

5.4 First aid kits are always taken out on any school trips and whenever the children leave the building during school day (for example park break time at Upper school).

5.5 After use the first aid kits are restocked with any item that has been used.

5.6 First aid kits will be systematically maintained in order on a half-termly basis by the First Aiders of each site.

5.7 All staff need to wear plastic gloves when dealing with any spillages of bodily fluids.

5.8 The basic principles of blood and body /fluid/ substance spills management are:

- Standard precautions apply, including the use of PPE, as and when applicable. The site of the spillage should be marked with a hazard sign.
- Spills should be cleared up before the area is cleaned. The type of surface should be considered as well whether it is carpet or hard flooring
- The nature of the spill should also be taken into account i.e. sputum, vomit, urine, faeces or blood
- Standard cleaning equipment, gloves, including a mop, bucket and cleaning agents should readily available for the spills management and easily accessible.
- In areas where cleaning materials may not be available a disposable 'spills kit' could be used, containing the following items:
 - Disposable gloves,
 - Disposable apron,
 - Biocide absorbent granules,
 - Scoop and scraper
 - Disinfectant surface wipes
 - Clinical waste Bag

Single use spillage kits should be replaced as soon as possible

With all spills management protocols, it is essential that the affected area is left clean and dry.

6. Asthma Policy and Administration of Salbutamol

6.1 Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves, they should keep their inhaler on them, and if not, it should be easily accessible to them.

6.2 When the child's inhaler is forgotten, lost, broken or has ran out, *the emergency salbutamol inhalers should be used by children only for whom **written parental consent for use of the emergency inhaler has been given, who have been diagnosed with asthma and prescribed an inhaler or who have been prescribed an inhaler as reliever medication.***

6.3 Arrangements for the Supply, Disposal, Storage and Care of the inhaler. A supplier, such as a local pharmacy, will need a request signed by the Headmaster stating the name of the School for which the product is required, the purposes for which that product is required and the total quantity required. Spent inhalers should be returned to the pharmacy to be recycled, rather than being thrown away. The School's emergency Salbutamol inhaler is supplied by the School Doctor.

6.4 Abercorn School will have one emergency asthma inhaler kit on each 3 sites and they will safely be kept in the Offices at Lower and Middle School and in the medical room at Upper school. The spare inhaler is taken to Games/PE for pupils in Upper school.

6.5 Every emergency asthma inhaler kits on all 3 sites will include.

A salbutamol metered dose inhaler;

- At least two plastic spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded; this is checked every six weeks.
- A note of the arrangements for replacing the inhaler and spacers;
- **A list of children permitted to use the emergency inhaler and a ticking box where parental consent has been obtained on all 3 school's sites;**
- A record of administration (i.e. when the inhaler has been given).

6.6 First Aiders responsibilities include ensuring that:

- Every six weeks the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- That replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary;
- Arrange that the school's arrangements are in line with the Guidance on the use of emergency salbutamol inhalers in schools.

6.7 Please note that a child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The Salbutamol inhaler should still be used by these children if their own is not accessible – it will help them relieve their asthma and could save their life. When the emergency inhaler is to be used, a check should be made that parental consent has been given for its use, in the register.

6.71 Support and training for staff. All staff will be:

- Trained to recognise the symptoms of an asthma attack and how to distinguish them from other conditions with similar symptoms;
- Aware of the Asthma Policy;
- Aware of how to check if a child is on the register;
- Aware of how to access the inhaler;
- Aware of who are the designated members of staff and how to access their help.

6.72 Keeping record of use. Every use of the emergency inhaler will be recorded. This should include where and when the attack took place, how much medication was given and by whom. These records will commonly be kept up-to-date by First Aiders.

7 Adrenaline auto-injectors (epi pens) 2 Spare Epi-pens at Middle/Upper School

7.1 Arrangements of Epi-Pens. Ideally each one of the Epi-Pen pupils should have two prescribed Epi-Pens. At Lower and Middle School one Epi-Pen will stay in the classroom and the second one will be in the school offices. In Upper school if the pupil is old enough they can carry their Epi-Pen with them, otherwise they are at the front desk. (This is because all staff will know where they are as the children constantly move around the building). When the pupils go off site they will have both Epi-Pens with them. Once in school the second one is returned to the school offices.

We have two spare Epi-pens in the Upper building as we have older pupils who might require a higher dosage. In both Middle and Lower school they have one spare Epi-Pen.

The spare Epi-Pens are provided by the School Doctor.

7.2. The School keeps spare epi pens on each building and complies with the requirements set in the *“Guidance on the use of adrenaline auto-injectors in schools (September 2017)”* issued by the Department of Health. Our First Aiders at Work are trained to recognise anaphylaxis symptoms and to administer the medicine in the case of an emergency.

8. Medical Rooms and in event of illness

8.1 There is a dedicated medical room in each building. In the Lower School, building it is near the rear exit of the staff room. In Middle School, it is off the corridor leading to the playground. In Upper School, it is on the ground floor next to the girls toilets.

8.2 Should a child become unwell whilst in the care of the School, the child’s parent or emergency contact will be notified immediately. They will be asked to collect the child.

8.3 If unwell the child should be made as comfortable as possible in the medical room with access to a sick bowl and a toilet, if necessary.

8.4 Children should not come back to school until 48 hours after vomiting or diarrhoea has ceased.

9 Recording Accidents

9.1 There are accident books in each school’s office. The forms have to be filled in immediately or as soon as possible after any accident by the person who witnessed the accident. The Accident book sheets are then put directly into the child's file (and stored in compliance with GDPR). Incidents will always be recorded on the spreadsheet. If necessary parents are informed by a telephone call.

9.2 Staff ask parents to complete an 'Accident Prior to entering the Lower School' form if a child has had an accident prior to entering the Lower school, e.g. graze on the knee on the way to school/home, head bump etc.

9.3 Ofsted and ISI will be notified by the school of any serious accident, illness or injury to, or death of, any child whilst in their care, and of the action taken within 14 days. The Local Safeguarding Children's Board will also be notified, and the school must act on any advice upon any advice from this agency. For more information please see '13 Reportable Occurrences'

10. Head Injuries

There specific procedures to follow:

- Ice pack is applied/bandage if bleeding.
- First aider is called if it is severe.
- Main carer called, if not available, a message is left and then we continue to work through all the numbers on the child's file and leave messages if not available.
- Parents are informed of the accident and severity and asked to come and collect the pupil. If the accident is very slight, the parent may wish not to collect but we will keep a watch over the child to ensure they remain alert and fit, and inform the parent if there are any changes.
- The Accident book is completed and a Red Head injury letter is filled in if appropriate and must be handed to the parent on collection of the child. These are located in the offices in each site. At Middle and Upper sites, the head Injury letter is given to the child to take home. Games and PE staff at Upper School have Red Head notes in the First Aid Kits. If an accident happens at PE or Games, a member of staff will call the school office. The administrator will then call the parent to inform them of the head injury/serious injury.

11. In the event of a Serious Injury

11.1 The First Aider must be called. They will make the patient as comfortable as possible and decide if an ambulance is required. If so they will stay with the patient and another member of staff will call the emergency services and the parent. In the event of the parent being delayed, the child's class teacher or a fully trained First Aider will usually accompany the child in the ambulance. Injuries relating to (13.1) require ambulance assistance, however, this list is not exclusive.

11.2 Ofsted and ISI will be notified by the school of any serious accident, illness or injury to, or death of, any child whilst in their care, and of the action taken within 14 days. The Local Safeguarding Children's Board will also be notified, and the school must act on any advice upon any advice from this agency.

12. Notifiable Diseases

Notification of a number of specified infectious diseases is required under the Public Health (Infectious Diseases) 1988 Act and the Public Health (Control of Diseases) 1988 Act.

Doctors in England and Wales have "a statutory duty to notify a 'Proper Officer' of the Local Authority of suspected cases of certain infectious diseases." The Proper Officers are required every week to inform the Health Protection Agency (HPA) Centre for Infections (Cfi) details of each case of each disease that has been notified. This allows analyses of local and national trends. This information is collected by the Health Protection Agency.¹

12.1 Notification

- Notification takes place via the appropriate form, telephone, text or email and includes:
- Patient's name, age, sex and home address
- The disease or form of poisoning being reported
- Date of onset of symptoms
- If in hospital also: Hospital address, Day admitted , Whether the disease was contracted in hospital
- Telephone, text or email can be used in urgent cases

See appendix for list of notifiable diseases

13 Reportable Occurrences

13.1 Reportable major injuries are:

- fracture, other than to fingers, thumbs and toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury: leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

14. Monitoring and review

- 14.1 The Board of Directors has named the Head Master, Deputy Heads and the Facilities Manager as the people with responsibility for health and safety matters. It is the Head Master's responsibility, upon consultation with the Facilities Manager, to keep the Board informed of new regulations regarding health and safety, and to ensure that the School regularly reviews its procedures with regard to health and safety matters.
- 14.2 The Health and Safety Committee, in consultation with professional advisors if necessary, carries out regular risk assessments, with the object of keeping the school environment safe.
- 14.3 The HeadMaster, Deputy Heads and Facilities Manager implement the School's health, safety and welfare policy on a day-to-day basis, and ensure that all staff are aware of the details of the policy as it applies to them. The Head Master also reports to the Board regularly on health and safety issues.

14.4 This policy will be reviewed at any time on request from the Board, or at least once every three years or earlier if required.

Signed: Senior Leadership Team

Date: January 2022

Appendices

Appendix 1.

Under its obligations to RIDDOR (Reporting of Injuries, Disease and Dangerous Occurrences Regulations (2013) the School has a responsibility to report certain incidents to the Health and Safety Executive.

What is reportable under RIDDOR?

As an employer, a person who is self-employed, or someone in control of work premises, you have legal duties under RIDDOR that require you to report and record some work-related accidents by the quickest means possible.

Reportable deaths and major injuries

Deaths

If there is an accident connected with work and your employee, or self-employed person working on the premises, or a member of the public is killed you must notify the enforcing authority without delay. You can either telephone the ICC on 0845 300 99 23 or complete the appropriate [online form \(F2508\)](#)^[1].

Major injuries

If anyone at Abercorn School suffers an accident connected with work and your employee, or self-employed person working on the premises sustains a major injury, or a member of the public suffers an injury and is taken to hospital from the site of the accident, you must notify the enforcing authority without delay by telephoning the ICC or completing the appropriate [online form \(F2508\)](#)^[2].

Reportable over-three-day injuries

If there is an accident connected (including an act of physical violence) and your employee, or a self-employed person working on your premises, suffers an over-three-day injury you must report it to the enforcing authority within ten days.

An over-3-day injury is one which is not "[major](#)" but results in the injured person being away from work OR unable to do their full range of their normal duties for more than three days. You can notify the enforcing authority by telephoning the Incident Contact Centre on 0845 300 99 23 or completing the appropriate [online form \(F2508\)](#)^[3].

Reportable disease

If a doctor notifies you that your employee suffers from a reportable work-related disease, then you must report it to the enforcing authority.

Reportable diseases include:

- certain poisonings;
- some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;
- lung diseases including: occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma;
- infections such as: leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;
- Other conditions such as: occupational cancer; certain musculoskeletal disorders; decompression illness and hand-arm vibration syndrome.

You can notify the enforcing authority by telephoning the Incident Contact Centre on 0845 300 99 23 or completing the appropriate [online form \(F2508A\)](#)^[5]

Reportable dangerous occurrences (near misses)

If something happens which does not result in a reportable injury, but which clearly could have done, then it may be a dangerous occurrence which must be reported immediately. Just call the Incident Contact Centre on 0845 300 99 23 or complete the appropriate [online form](#)^[6].

Reportable dangerous occurrences are:

- collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- explosion, collapse or bursting of any closed vessel or associated pipework;
- failure of any freight container in any of its load-bearing parts;
- plant or equipment coming into contact with overhead power lines;
- electrical short circuit or overload causing fire or explosion;
- any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion; Accidental release of a biological agent likely to cause severe human illness;
- failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period;
- malfunction of breathing apparatus while in use or during testing immediately before use;
- failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent;
- collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall;
- unintended collision of a train with any vehicle;
- dangerous occurrence at a well (other than a water well);
- dangerous occurrence at a pipeline;
- failure of any load-bearing fairground equipment, or derailment or unintended collision of cars or trains;
- a road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released;
- a dangerous substance being conveyed by road is involved in a fire or released;

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- the following dangerous occurrences are reportable except in relation to offshore workplaces:
unintended collapse of: any building or structure under construction, alteration or demolition where over five tonnes of material falls; a wall or floor in a place of work; any false-work;
- explosion or fire causing suspension of normal work for over 24 hours;
- sudden, uncontrolled release in a building of: 100 kg or more of flammable liquid; 10 kg of flammable liquid above its boiling point; 10 kg or more of flammable gas; or of 500 kg of these substances if the release is in the open air;
- Accidental release of any substance which may damage health.

Appendix 2

Notifiable diseases

List of notifiable diseases¹

- [Acute encephalitis](#)
- [Acute poliomyelitis](#)
- [Anthrax](#)
- [Cholera](#)
- [Diphtheria](#)²
- [Dysentery](#)
- [Food poisoning](#)
- [Leptospirosis](#)³ (Acute form of weil's disease)
- [Malaria](#)
- [Measles](#)
- [Meningitis](#); all types
- [Meningococcal septicaemia](#) (without meningitis)⁴
- [Mumps](#)⁵
- [Ophthalmia neonatorum](#) (new born conjunctivitis)
- [Paratyphoid fever](#)⁶
- [Plague](#)
- [Rabies](#)
- [Relapsing fever](#)
- [Rubella](#)
- [Scarlet fever](#)
- [Smallpox](#)⁷
- [Tetanus](#)
- [Tuberculosis](#)
- [Typhoid fever](#)⁸
- [Typhus fever](#)

- [Viral haemorrhagic fever](#)
- [Viral hepatitis](#); all types
- [Whooping cough](#)⁹
- [Yellow fever](#)