



BRAMLEY SCHOOL & NURSERY

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IAPS school for girls aged 3 to 11

BRAMLEY SCHOOL

FIRST AID POLICY

Revised: October 2009



Headmistress: Mrs. Paula Burgess BEd (Hons), MA, NPQH

Bramley Educational Trust Limited Registered Charity No: 270046

FIRST AID AND MEDICAL NEEDS POLICY

Responsibility	The governing body is responsible for the first aid policy in the school, but this is implemented through the Headmistress.
First-aiders	The qualified first aiders normally give first aid or administer medicine. However, any member of staff can do this voluntarily if there is an emergency where these staff members are not available. All staff are covered by the school's insurance policy and are expected to use their best endeavours in an emergency to secure the welfare of pupils.

Bramley's qualified first aiders are:

- Mrs Janet Hamilton Head of Pastoral Care
- Mrs Anne Marie Dearlove Head of Pre Prep who is also a Paediatric First Aider for the EYFS
- Mrs Michelle Roles Head of ICT/DT
- Mrs Sue Palmer-Simmons is the Appointed Person for first aid. The Appointed person orders first aid supplies and equipment. She will call emergency services if required and can also provide emergency cover where a first aider is absent due to unforeseen circumstances.

All qualified first aiders must update their training every 3 years.

The school will ensure that there is at least one qualified first aider in school during school hours.

Paediatric First Aid

Under Early Years Foundation Stage requirements at least one person on the premises and at least one person on outings must have a paediatric first aid certificate.

Equipment and supplies	<p>First Aid Equipment is kept in the cupboard in the cloakroom in the main building. This cupboard contains first aid boxes, extra supplies and asthma inhalers. Medicines are kept in a first aid cupboard in the school office or in staff room fridge.</p> <p>Further first aid boxes are kept in Little Bramley, the science room and the staff room. Staff take a box out on playground duty. Spare boxes must be taken on school trips, matches and outings. Staff are responsible for re-stocking first aid boxes from the main supply and are to request new stock when they see it is running low from Mrs Palmer- Simmons who will order stock.</p>
Medicines	<p>We are prepared to administer certain medicines provided the parent gives details and signs a permission form – see medical needs section. These forms will be kept in the office.</p>
First aid boxes	<p>First aid boxes must contain as a minimum:</p> <ul style="list-style-type: none"> • a leaflet giving general advice on first-aid • twenty individually wrapped sterile adhesive dressings (assorted sizes) • two sterile pads • four individually wrapped triangular bandages (preferably sterile) • six safety pins • six medium-sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings • two large (approximately 18cm x 18cm) individually wrapped unmedicated wound dressings • one pair of disposable gloves
Travelling first aid containers	<p>Travelling first aid containers must contain as a minimum:</p> <ul style="list-style-type: none"> • a leaflet giving general advice on first aid • six individually wrapped sterile adhesive dressings (assorted sizes) • one large (approximately 18cm x 18cm) individually wrapped unmedicated wound dressing • two individually wrapped triangular bandages (preferably sterile) • two safety pins • individually wrapped moist cleansing wipes • one pair of disposable gloves

**NO LOTIONS, SPRAYS, CREAMS OR MEDICINES
SHOULD BE USED**

**Practical
Arrangements and
First Aid Procedure**

First aid will normally be dealt with by the qualified first aiders. Please send the child needing attention (accompanied by a friend) to either of these or send a child to fetch one of them if the injured pupil cannot go herself.

Treatment will normally be given in the main cloakroom.

Hands must be washed before and after dealing with any cuts or grazes. Use disposable gloves if the wound is bleeding.

Use water only to clean cuts or grazes. No lotions or creams should be used.

If necessary, cover the cut with a plaster or other dressing.

Enter the child's name, injury and treatment in the accident book (this must be done for all but the very minor scratches and bumps). Please add your name and the date. There is also a staff accident book.

Accident books are held in the school office and in the Early Years Department.

Minor knocks and grazes are recorded in a small note book kept inside each of the first aid bags. Staff are responsible for filling this in.

If a child is feeling unwell and needs to go home Mrs Hamilton should be consulted and the parents contacted. Children normally stay with their class until collected, or wait in the office. Mrs Burgess must be informed if a pupil is sent home.

Parents must be informed of any accident and/or treatment given during the day, preferably by the person who treated them.

Any head injury must be reported to parents immediately and usually by first aid staff, the secretary or the headmistress.

In an emergency follow the Emergency Procedure. (See Staff Guidance).

Contact numbers, emergency contact and doctors' details

are kept in the office. Details of chronic illness or allergies are also kept here and further details of these conditions are kept in the medical file.

Medical Needs

Many pupils will have short-term medical needs at some time during their school life, involving the need to take medication at school.

A few pupils may have long-term medical needs which may involve special requirements and/or medication.

The Headmistress is prepared to allow school staff to give medicine to children during the school day, although there is no obligation for staff to do so providing a signed letter by a parent has been given to the member of staff.

No child should have any medicines in her possession. Any NON-PRESCRIPTION MEDICINES which the child may need occasionally (such as creams and throat sweets), which parents feel it is necessary for the child to use should be labelled and given to the FORM TEACHER by the PARENT. Please discourage children from bringing these unless they are absolutely essential.

Prescription Medicines

If a child is unwell she should not be in school. There are, however, times when a child is recovering but still taking prescription medicines or she may have long-term medical needs. In these cases Mrs Hamilton and Mrs Palmer-Simmons are willing to give doses of PRESCRIPTION MEDICINES, provided that these are brought to the OFFICE each day by a parent or other adult who signs a form to state the dosage, etc and that this concurs with the drug's pharmacy label. The medicines will be kept in a locked cupboard (or stored in a fridge) and should be collected each afternoon.

We will not be able to give the medicine without the signature of a parent on the medication form.

If a child needs medicines such as painkillers or cough medicine these will be dealt with in the same way as prescription medicines and the form must be completed in the same way.

The forms will be kept in the office.

For pupils with long-term needs (such as asthma) the forms only need to be filled in at the beginning of each academic year.

Spare pupil asthma inhalers and epipens must not be locked away as they may be needed urgently.

Asthma inhalers are kept in the large cupboard in the cloakroom. They must be taken on trips and to matches with the girls. Older girls may have inhalers in their school bags if the parent so wishes and should take them out at break times and during PE lessons.

Any staff administering medicine must check:

- pupil's name
- written instructions
- dose
- expiry date

Guidance on dealing with spillage of body fluids

Spillages of blood, vomit, urine and excreta should be cleaned up promptly. The following general actions must be taken by the person dealing with the spill:

- Clear the immediate area of people. Hazard signs and cordoning may be necessary, according to the circumstances.
- Disposable personal protective equipment (PPE), including gloves (latex or nitrile) or equivalent and a disposable plastic apron must be worn.
- Any spilt blood or other body fluids should be cleaned up, either with disposable absorbent paper towels. Dispose absorbent towels and latex gloves inside the clinical waste bin in the downstairs disabled toilet.
- Ensure the area is cleansed with a suitable antiseptic solution.

MEDICAL EMERGENCIES

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
- If still not improvement or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then an ambulance must be called. Dial 999 from land line and 112 from a mobile phone.

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
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Action

For person with Low blood sugar give sugar, glucose or a sweet drink eg coke, squash

For person with High blood sugar allow casualty to self administer insulin. Do NOT give it yourself but help if necessary.

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!

- Epileptic Seizures** 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.**

- Anaphylaxis** 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, depending on the severity of the reaction.

Signs and Symptoms

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

Management

- Call 999 for an ambulance
- Observe and record pulse and breathing
- If casualty is carrying medicine for the allergy, assist

casualty to use it

- Help casualty sit in position that most relieves breathing difficulty
- Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

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.

Guidance on when to call an ambulance (advice from St John Ambulance)

When managing a casualty, you may need to call for an ambulance. Follow the steps below:

There are several numbers you can call in order to reach an ambulance. From all landlines phone 999. From a mobile phone 112.

They will ask you what service you require. Say ambulance.

They will ask where you are located. Be precise as possible.

They will ask you how many casualties. If one, say one.

They will ask what is wrong with casualty. Tell them what you are sure of (to avoid giving miss- information)

They will ask if other services required

After you hang up you must wait with the casualty until the ambulance arrives.

RIDDOR (reporting of Injuries, Diseases and Dangerous Occurrences Regulations tel: 0845 300 99 23)

The school has a legal duty under RIDDOR to report and record major work-related accidents. This includes dangerous occurrences where something happens that does not result in an injury but could have done.

RIDDOR applies to all work activities but not all incidents are reportable. The Headteacher will take advice when unsure as to whether the accident is reportable. The Incident Contact Centre (ICC) on 0845 300 99 23.