

## First Aid Policy

### 1. Policy

This policy outlines The Jam Academy's responsibility to provide adequate and appropriate first aid to students, associates, staff, parents and visitors, and the procedures in place to meet that responsibility. First Aid is the initial help a person gives a casualty for treatment of any sudden injury or illness, until professional help from external agencies like the paramedic service arrives, or the casualty can be given over to the care of a responsible adult who is entrusted with taking further medical advice where necessary. The Jam Academy will provide First Aid such that all students attending our school have full access to learning, including those with medical needs. The school will endeavour to keep every student safe and comfortable whilst at school. If a student requires First Aid the school will inform parents/guardians/sponsors as appropriate.

### 2. Aims & Objectives

#### Aims

- To identify the First Aid needs in line with, and comply with the Management of Health and Safety at Work Regulations (1992 and 1999), Control of Substances Hazardous to Health regulations (2002), The Equality Act (2010), The School Premises Regulations (England) (2012), The Children and Families Act (2014), Managing medicines on School Premises (2014), Guidance on First Aid in Schools (2014), and DFE guidance on Supporting pupils with Medical Conditions (2014).
- To make First Aid provision based on the school's internal risk assessment processes.
- To ensure that First Aid provision is available at all times while students and staff are on school premises, and also off the school premises whilst on school trips and when participating in extra curricula activities.

#### Objectives

- To appoint the appropriate number of suitably trained people as Appointed Person and First Aiders to meet the needs of the School.
- To provide relevant training and ensure monitoring of the training needs of staff/associates.
- To provide sufficient and appropriate resources and facilities.
- To make the School's First Aid and administering medicines arrangements available for staff, associates and parents via the school website and staff network drive.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

### 3. Responsibilities

- The **Senior Management Team** are responsible for the health and safety of their employees and anyone else on the premises. This includes the Associates, Staff, Non-Teaching Staff, Students and Visitors (including contractors).
- The **Senior Management Team** must ensure that a risk assessment of the School is undertaken and that the appropriate training and resources for First Aid arrangements are appropriate and in place. They should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ. Any complaints regarding First Aid or administering medications should be made by following the procedure for complaints as set out in the school's complaints policy, which can be found on the website.
- **Associates** and **Staff** are expected to do all they can to secure the welfare and safety of the students, this will be secured by reading and understanding individual health care requirements for students as identified in student files of the students they teach and/or take out of school on trips and extra curricula activities.
- It is the **Parent/Guardian/Sponsor's** responsibility to send their son/daughter to school, and to make

the decision as to whether their child is fit enough to attend school or not. They must also inform the Appointed Person, of any changes in relation to their child's medical condition if and when changes occur. Parent/guardian/sponsors are asked to complete a 'medical form' on induction, including medical needs and contact numbers. Any changes to this information must be notified to the school immediately. Where medication is supplied via the parent to the school for distribution at school, parent/guardian/sponsors have responsibility to note expiry dates and to ensure that all medication kept in school is within date. They must deal with the correct disposal and replenishment as necessary.

- It is **individual student's** responsibility, where possible, to manage their own indicators of health, ensuring that they report to an adult in the school if they feel unwell and that where agreed, they manage their own medication; for example, reporting as appropriate to measure bloods and take prescribed medication in the case of diabetes. It is also the individual student's responsibility to report to parent/guardian/sponsors if they have felt, or become unwell or suffered minor injuries in the course of the school day, unless otherwise indicated on the policy.
- The **First Aider** will notify parent/guardian/sponsors if their child is so unwell that they require immediate collection from school. Students are not permitted to make this decision - they must not phone or text parent/guardians/sponsors and request to be collected. If a student is unwell, they must consult First Aider to be assessed and appropriate action taken. First Aiders in school cannot diagnose medical conditions. They are trained to assess whether or not a young person is fit enough to attend lessons. If this is deemed not to be so, it is the parent/guardian/sponsor's responsibility to take over immediate care of the student.

The appointed person is the Principal or the Curriculum Director. S/he will:

- Assess young people who present as feeling unwell and take appropriate action, which shall be recorded and tracked.
- Take charge when someone is injured or becomes ill.
- Look after the first aid equipment e.g. re-stocking the first aid boxes.

The First Aider must have completed and keep up-dated a training course approved by the HSE. S/he will:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

**Casualties with suspected fractures to back or neck injuries must not be moved unless the nurse or ambulance personnel are present.**

- When necessary, ensure that an ambulance or other professional medical help is called.
- Normal duties. A first aider must be able to leave to go immediately to an emergency.

A second First Aider will work under the management of the appointed person as and when required. Other trained personnel will be available on occasion should an emergency arise.

All First Aiders hold a valid certificate of competence, issued by an organisation approved by HSE. Other, named staff hold a 1 day first aid certificate especially designed for schools call First Aid at Work. A list of named staff can be found on the wall in the Jam Theatre Studios Kitchen.

#### 4. Procedures

- Risk Assessment  
Reviews are required to be carried out at least annually. Recommendations on measures needed to prevent or control identified risks are forwarded to the Senior Management Team.
- Re-assessment of First Aid provision  
As part of the School's monitoring and evaluation procedures:
  - ➔ The Senior Management Team will review the School's First Aid needs following any changes to staff, building/site, and activities, off-site facilities, etc.
  - ➔ The Senior Management Team monitors the number of trained first aiders, alerts them to the need for refresher courses and organises their training sessions.
  - ➔ The Senior Management Team also monitors the emergency first-aid training received by other staff and organises appropriate training.
  - ➔ The Senior Management Team checks the contents of the first-aid boxes monthly.
- Risk assessment  
The school is low-risk environment, but SMT will consider the needs of specific times, places and activities in deciding on First Aid provision.  
In particular they should consider:
  - ➔ Off-site PE
  - ➔ School trips
  - ➔ Science/Technology/Project/Allotment
  - ➔ Adequate provision in case of absence, (including trips)
  - ➔ Out-of-hours provision (e.g. clubs/events)
  - ➔ Arrangements should be made to ensure that the required level of cover of first aiders is available at all times when people are on school premises.
- First Aid equipment  
The First Aid Officer (Mark Hartley) must ensure that the appropriate number of first-aid containers according to the risk assessment of the site are available.
  - ➔ All First Aid containers must be marked with a white cross on a green background.
  - ➔ First Aid containers must accompany PE teachers and any staff leading school related activities off- site.
  - ➔ A defibrillator is situated on site, within the offices of Excel Communications, and staff have been appropriately trained in the use of this item.
  - ➔ Spare stock should be kept in school.
  - ➔ Yellow SHARPS boxes are kept, clearly labeled, for individual students for safe disposal of needles and other sharps.
  - ➔ Responsibility for checking and re-stocking the first aid containers is that of the First Aid Officer.

## 5. Medication - Supervision and Administration

- Arrangements for Administering Medicines

Students are not encouraged to take medication at school. In the main, the need to do so will be recorded on specific Individual Health Care Plans, which are updated regularly by parent/guardians/sponsors, the health services and school. In this way, the school will supervise the administration of medication for students who have long term medical needs. This includes young people with asthma, epilepsy, diabetes, those taking medication for ADHD, severe allergies and other such conditions that have been diagnosed and are monitored by health professionals.

If students have short term medical conditions where medication is required to be taken during the school day, the parent/guardian/sponsor must write to the Senior Management Team with details of the medical condition and the medication required to be taken during the school day.

If the school receives information on the requirement to administer medication, further information maybe requested to ensure that the medication is taken correctly.

It is the parent/guardian/sponsor's responsibility to ensure that the medication arrives at school, is within the required expiry date and is sufficient to cover the short term period as noted on the form. All medication brought into school must be clearly labeled with the student's name, dosage and frequency of administration, date of dispensing, cautionary advice and expiry date. In the event that medication is found to be nearing or out of date, an email will be sent to parent/guardian/sponsors reminding them to update the medication. If the medication is not collected by the end date, it will be disposed of by the school.

All medication will be kept in a locked cabinet in the kitchen or in a locked container in the kitchen fridge. The only medication that a student (aged under 16) is permitted to have with them are asthma inhalers, and Epipen as prescribed on their Individual Health Care Plans and diabetic testing equipment and pens.

- Administering paracetamol

The First Aider is permitted to administer paracetamol in the event of a minor medical ailment, IF a parent/guardian/sponsor has previously given written permission to do so using the online form ([www.jamparents.uk](http://www.jamparents.uk)). Paracetamol will not be issued to any student under the age of 18 unless written permission has been received.

Paracetamol will never be administered before 11am in order to control dosage, unless the parent confirms by that day contact that the student has not taken a dose already before the start of the school day. When a student whose parent has given written permission for paracetamol to be administered requests it from the First Aider, the medication will not be issued automatically, until a series of self-help questions have been asked. Once satisfied that the student has answered the above questions in a competent way, one 500 mg tablet will be administered. The parent/guardian/sponsor will always be emailed if paracetamol has been administered. In the event that the First Aider does not consider the student to be competent in either answering the self-help questions, the First Aider will contact the parent/guardian/sponsor to explain why the administration of paracetamol is being refused by the school. If necessary, the parent/guardian/sponsor will be requested to come and take the student so that appropriate medical advice can be taken. If a young person makes repeated requests for paracetamol, the school may withdraw the availability of the medication, even if parents have returned written consent. Parents will always be informed if the school decides to take this action.

It is the parent/carer/sponsor's responsibility to inform the school if circumstances should change such that their child must no longer be offered paracetamol.

- Sun Protection  
We recommend that parent/guardian/sponsor's supply their children with sun screen of an appropriate factor for the weather on any particular day. Drinking water is available from the kitchen

## 6. Accommodation

The kitchen is used for assessment of students who are injured or who report that they feel unwell, and contains seating, a sink and is close to the toilets.

## 7. Hygiene / Infection Control

Basic hygiene procedures must be followed by First Aiders. Single issue disposable gloves must be worn when treatment involves blood or other body fluids. Care should be taken when disposing of dressings or equipment.

There are special yellow boxes for the disposal of needles, for students with disorders such as diabetes who self-administer medicines.

## 8. Accidents/ injuries and illnesses

- Reporting Accidents  
Statutory requirements are followed under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some accidents must be reported to the HSE. For definitions, see HSC/E guidance on RIDDOR 1995, and information on Reporting School Accidents (Annex A).

The following accidents must be reported to the HSE:

- ➔ Accidents resulting in death or major injury (including as a result of physical violence).
- ➔ Accidents which prevent the injured person from doing their normal work for more than three days.

Involving students and visitors:

- ➔ Accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work.
- ➔ Any school activity, both on or off the premise.
- ➔ Equipment, machinery or substances
- ➔ The design or condition of the premises

HSE must be notified of fatal and major injuries and dangerous occurrences without delay by telephone and be followed up in writing within 10 days on HSE form 2508.

The Senior Management Team must ensure that the school keeps a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

- Identification and Treatment of students with particular medical conditions
  - ➔ Parents complete a medical form when registering their child. The original is kept in the student's file. A copy of medical forms is taken on all off site visits and every class teacher has access to the medical conditions form with all the relevant / important details.
  - ➔ Any regular medicines are named and stored in a locked First Aid cupboard with the exception of antibiotics and insulin, which are stored in a locked container in the fridge. Details of medicines dispensed are kept in a separate book.
  - ➔ Currently the specific medical conditions, for which medication might be administered in school, are asthma, diabetes and anaphylactic shock. It is important that prescribed inhalers for asthmatics are kept in the pockets of student's to whom they have been

been prescribed so that they can be self-administered. Spare inhalers are kept in a first aid bag in the school office. This is also true of prescribed epipens, which must be checked regularly to ensure they have not passed their expiry date.

## 9. Record Keeping

SMT will ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This record should be completed by any First Aider administering treatment or support to children and young people in the school's care. This should include:

- The date, time and place of accident / incident
- The name (and class) of the injured or ill person
- Details of their injury / illness and what first aid was given
- What happened to the person immediately afterwards
- Name and signature of the first aider or person dealing with the incident.
- Whether or not and to whom the incident has been referred.

SMT must ensure that the school has in place procedures for ensuring that parents are informed of significant incidents.

## 10. Monitoring

Accident records can be used to help the SMT identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes.

## 11. Informing parents/guardians/sponsors

Parent/guardian/sponsors will not be informed if the student has a minor complaint:

- Cuts and grazes that does not require professional attention.
- A sprain/strain to ligaments muscles where the student confirms that the initially reported pain has stopped and physical movement is not visibly hampered.
- A headache that goes away.
- If prior permission has been given for administering paracetamol.

Students in our school are expected to take responsibility for their health and are therefore expected to inform parent/guardian/sponsor of any minor injury/illness that has occurred during the school day.

Parent/guardian/sponsors will always be contacted, or the secondary contacts supplied on file will be contacted, and every effort made to speak with them personally should a student:

- Need to attend hospital
- If an ambulance is called.
- Has a suspected contagious rash
- Has been stung/bitten by an insect or animal.
- Has an injury to the head of any kind.
- Appear to be unfit to continue their day at school
- Who has an existing health care plan in place and is feeling unwell
- If the injury is deemed non-accidental.

## ASTHMA

Asthma is caused by the narrowing of the airways, the bronchi, in the lungs, making it difficult to breathe. An asthmatic attack is the sudden narrowing of the bronchi. Symptoms include attacks of breathlessness, coughing and tightness in the chest.

Individuals with asthma have airways which may be continually inflamed. They are often sensitive to a number of common irritants, including grass pollen, tobacco fumes, smoke, glue, deodorant, paint and fumes for science experiments. Animals, such as guinea pigs, hamsters, rabbits or birds can also trigger attacks.

Students are asked to have their inhalers with them at all times and especially when they are doing PE, attending the Allotment, in Science or Technology, and when they are on trips out of school. A spare inhaler clearly labeled with the student's name, dosage/frequency of expected need, date of dispensing, cautionary advice and expiry date, should be made available by parents/guardians/sponsors to be kept in the First Aid locker in case of additional need.

Parents are responsible for ensuring that the inhaler medication is renewed well before the expiry date.

### **WHAT TO DO IN THE EVENT OF ASTHMA ATTACK**

1. Keep calm – it is treatable
2. Let the student sit down: do not make them lie down.
3. Let the student take their usual treatment – normally a blue inhaler
4. Call First Aid – If the child has forgotten their inhaler, and there is not a spare one in the First Aid cupboard summon a parent/guardian/sponsor to bring one in from home.
5. Wait 5 to 10 minutes
6. If the symptoms disappear, the student can go back to what they were doing.
7. If the symptoms have improved but not completely disappeared, summon a parent/guardian/sponsor and give another dose of the inhaler while waiting for them to arrive.
8. If the normal medication has no effect, follow the guidelines for 'severe asthma attack'.

### **SEVERE ASTHMA ATTACK**

When normal medication does not work at all. The child is breathless enough to have difficulty in talking normally.

1. Call an Ambulance
2. The Appointed Person or a member of the office or teaching staff will inform the parent/guardian/sponsor
3. Keep trying with the usual reliever inhaler, and do not worry about possible overdosing
4. Fill in an accident form

### **IF IN DOUBT TREAT AS A SEVERE ATTACK**

## EPILEPSY

Epilepsy is a tendency to have seizures (convulsions or fits)

There are many different types of seizures; however a person's first seizure is not always diagnostic of epilepsy.

### **WHAT TO DO IF A CHILD HAS A SEIZURE**

1. DO NOT PANIC. Ensure the child is not in any danger from hot or sharp objects or electrical appliances. Preferably move the danger from the child or if this is not possible, move the child to safety.
2. Let the seizure run its course
3. Do not try to restrain convulsive movements
4. Do not put anything in the child's mouth, especially your fingers
5. Do not give anything to eat or drink
6. Loosen tight clothing especially round the neck
7. Do not leave the child alone
8. Remove all students from the area and send a responsible pupil to the school office for assistance
9. If the child is not a known epileptic, an ambulance should be called
10. If the child requires medication to be given whilst having the seizure, then the Appointed Person or a member of staff trained to give the medication must do it
11. As soon as possible put the child in the recovery position. Seizures are followed by a drowsy and confused period. Arrangements should be made for the child to have a rest as they will be very tired.
12. The person caring for the child during the seizure should inform the parent/carer as they may need to go home, and if not a known epileptic they must be advised to seek medical advice.



## ANAPHYLACTIC SHOCK

Anaphylaxis is an acute; severe reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (peanuts, nuts, cow's milk, kiwi fruit and shellfish), certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps and hornets). In its most severe form the condition is life threatening.

Students with any of these known allergies should have their own Epipen with them at all times, and a spare. Epipens should be made available by the parents to the First Aid cabinet.

### Symptoms

- Itching or strange metallic taste in the mouth
- Hives / skin rash anywhere on the body, causing intense itching
- Angioedema – swelling of lips/eyes/face
- Swelling of throat and tongue – causing breathing difficulties / coughing / choking
- Abdominal cramps and vomiting
- Low blood pressure – child will become pale / floppy
- Collapse and unconsciousness
- Not all of these symptoms need to be present at the same time.

### First Aid treatment

Oral Antihistamines  
Injectable Adrenalin (Epipen)

### WHAT TO DO IN THE EVENT OF AN ANAPHYLACTIC REACTION

1. DO NOT PANIC
2. Stay with the child at all times and send someone to the school office / First Aid Room.
3. Treat the child according to their own protocol which will be found with their allergy kit. IF YOU FOLLOW THE CHILD'S OWN PROTOCOL YOU WILL NOT GO WRONG.
4. Contact the parent or guardian
5. If you have summoned an ambulance fill in the allergic reaction report in the First Aid Log and get it to the ambulance crew with the used Epipen.

## DIABETES MELLITUS

Diabetes mellitus is a condition where there is a disturbance in the way the body regulates the sugar concentration in the blood. Children with diabetes are nearly always insulin dependent.

### WHAT TO DO IN THE EVENT OF A HYPOGLYCAEMIC ATTACK (LOW BLOOD SUGAR LEVELS)

1. DO NOT PANIC
2. Notify First Aid
3. If the student is a known diabetic and they know their sugar level is going low, help them to increase their sugar intake. Glucose sweets, sugary drink, chocolate or anything that has good concentration of sugar.
4. Get the child to First Aid to test the blood sugar level
5. Notify the parent or guardian
6. If the condition deteriorates, or the pupil is unresponsive then an ambulance must be called immediately

### HYPERGLYCAEMIA (TOO MUCH SUGAR IN THE BLOOD STREAM)

This condition take a while to build up and you are less likely to see it in the emergency situation at school.

### **Emergency injury or illness**

An Ambulance will be called after any accident / incident if the First Aider in charge deems it necessary to have immediate medical intervention.

In the event this is deemed necessary the parent/guardian will be contacted after the ambulance has been called.

A member of staff will always travel in the ambulance to the accident and emergency department if the parent/guardian is unavailable at the time of departure. In this event the member of staff should take the student's medical information with them. They should also ensure that a second member of staff knows that they have gone and arrangements for returning to school or home have been made.

#### **EMERGENCY PROCEDURE FOR CALLING AN AMBULANCE**

1. Dial 999
2. Ambulance required at: Jam Theatre Studios, 45a West Street, Marlow, Bucks SL7 2LS
3. Give brief details of accident or incident and the consequent injury or problem. Give details of any treatment that has or is being administered
4. Inform them that there is no car park and they will need to park outside the main gates on the main road, where someone will be to direct them.
5. Notify the nearest SMT member immediately
6. Ensure that a person is available to meet the ambulance and take the personnel to the place where the person for who the ambulance has been called is situated.

### **Cuts and grazes**

All First Aiders will use latex free surgical gloves when treating any or potential open wound. Wounds will be cleaned with water and/or alcohol free surgical wipes.

If plasters, adhesive dressings or gauze bandages are used, students who are judged competent to answer will be asked whether they are allergic to plasters before administration. In the case that a student is not judged competent to answer this question, parent/guardian will be contacted before the plaster or such item is administered, and if necessary the parents/guardian will be advised to attend the school immediately to administer it.

### **Head injury**

Any student who reports a blow to the head will be asked the following set questions:

- How did it happen?
- When did it happen?
- Where did it happen?
- How do you feel?

The student will be monitored in the First Aid room for 20 minutes minimum for any signs of concussion.

If the injury is minor the student will return to normal lessons with a 'head injury note' advising that the student is to be returned to the first aid room if any of the following signs or symptoms are reported by the student or observed by the member of staff. Students themselves are told to come back to the First Aid room if they start to feel faint, dizzy or feel sick.

Parent/guardians will be informed if a head injury is suspected. If there are further concerns in school, parent/guardians will be contacted to come and collect their student immediately. At this point advice will be given to the parent/guardian to seek further professional medical advice.

## **Nausea/vomiting /diarrhoea**

Students who report nausea or vomiting or diarrhoea will be assessed, separated from other students and assessed for a minimum of 20 minutes. If no further symptoms occur they will be returned to normal lessons, and told to come back if they feel unwell again during the school day. If symptoms persist then parent/guardian will be asked to come and collect their child and seek further professional medical advice.

It is the school policy that when a child has either been physically sick or has had a temperature, he or she must be kept at home for 48 hours following either the end of the sickness or the return to a normal temperature.