



# HOWE GREEN HOUSE

B I S H O P ' S   S T O R T F O R D

## FIRST AID POLICY

ISI Reference	13a
Issue Number	
This policy is endorsed by	Governing Board and the Head
This policy is owned by	
Review Body	Education Committee

Most Recent Revision Date	Michaelmas 2025
Last Reviewed by Governors	Michaelmas 2025
Period of Review	Two years
Next Review Date	Michaelmas 2027
Previous Reviews	Lent 2017, Michaelmas 2019, Michaelmas 2023

To be made available	YES
To be on website	YES
Internal staff only	NO
Internal students only	NO
Internal staff and students	YES

# **First Aid Policy**

## **Howe Green House School & Little Oaks Nursery**

### **This Policy also includes Before and After School Provision**

The school also holds a Communicable Diseases Policy which relates directly to the First Aid Policy below.

#### **Statement of Intent**

The Governing Board and staff of Howe Green House School fully recognise the contribution it makes to safeguarding and promoting the welfare of children. We recognise that all staff, including volunteers, have a full and active part to play in protecting our pupils from harm.

All staff and governors believe that our school should provide a caring, positive, safe and stimulating environment, which promotes the intellectual, social, physical, intellectual and moral development of the individual child.

#### **First Aid**

The Compliance Officer of Howe Green House School, who is our nominated person responsible for First Aid, will ensure that provisions conform to the Health and Safety (First Aid) Regulations 1981 and the revised approved code of practice issued by the HSE in 1990.

The nominated person will ensure that first aid boxes are available and fully stocked and replenished with approved standard items only.

Howe Green House School ensures that staff are trained in Paediatric First Aid as soon as possible after commencing work at the school. This ensures that qualified first aiders are available at all times. The school runs a rolling programme to review and regularly update staff qualifications.

Where pupils require specific medication or have particular medical requirements, these shall be noted both on Bromcom, Medical Tracker and on printed notes for children with medical conditions lists on display in the Staff Room and in the Bayford Hall kitchen. The responsible person will ensure that any special notices will be posted to advise on emergency procedures, the location of first aid and emergency facilities and the identity of those persons appointed to dispense such facilities.

First Aid boxes are located at the following points:

- Little Oaks Lodge
- Chestnut House - Medical Room
- The Art Room
- The Bayford Hall – Entrance to Science Staircase, Kitchen
- The Cedar Wall – External
- The Hornbeams
- Mulberry Lodge
- Caretakers Workshop

Travelling First Aid Kits are located in:

- The Medical Room
- The PE office

All teaching and lunchtime staff have access to a medical bag located at the bottom of the staircase to the Science room, for which they are responsible for re-stocking with supplies from the medical room.

The designated member of staff will be responsible for ensuring adequate supplies are available and for re-ordering when stocks run low.

All injuries must be on Medical Tracker immediately and reported to the class teacher or, if unavailable, the school office or the Compliance Officer.

### **Accident Reporting and Investigating Procedures**

All accidents will be reported and recorded in accordance with appropriate regulations.

An accident book is kept electronically on Medical Tracker. The following information will be required:

- Name & address of the person who has had the accident
- Name, address, occupation, signature and date of person filling in the accident book
- The date, time and location of the accident
- A report about the accident, stating how it happened, the cause, if known, and the injuries sustained.
- Any accident, and the first aid given, will be reported to parents on the same day, or as soon as reasonably practicable.

The Co-Headteachers are responsible for conforming to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985 (RIDDOR).

Fatal accidents and those which involve major injury must be reported to the Health & Safety Executive immediately by completing an online Form F2508 and submitted to the Health & Safety Executive within seven days of the accident occurring. In

accordance with the statutory framework for the Early Years Foundation Stage Ofsted and local child protection agencies must be notified of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care, and act on any advice given.

Major injuries are defined as follows:

- Fracture of any bone in the arm, wrist, leg or ankle but not in the hand or foot
- Fracture of skull, spine or pelvis
- Amputation of a hand, finger, thumb, foot or toe
- The loss of sight of an eye or a penetrating injury to an eye
- Injury requiring immediate medical treatment or loss of consciousness resulting from:
  - Electric shock
  - Lack of oxygen
  - Exposure to pathogens or infected material
  - Any injury which results in the person being admitted into hospital for more than 24 hours.

The extent of the injury may not be apparent at the time of the accident or the injured person may not be immediately admitted to hospital. However, once one of the above injuries has been confirmed or more than 24 hours has been spent in hospital, then a reportable incident has been identified and the Health & Safety Executive must be notified.

### **Incident Reporting**

All incidents, or near misses involving personnel or property will be reported and logged using the Near Miss Record Book held in the Operations & Compliance Office and, where necessary, an Incident Form will be completed and sent home to the parents.

This information will be used as the basis for any risk assessments undertaken to control these incidents or near misses.

Regular analysis of these incidents will be made so as to minimise future accidents.

### **Medical Incidents**

All medical incidents such as fainting and epileptic seizure should be recorded on Medical Tracker. In all cases parents/guardians will be informed and asked to collect their child.

The person responsible for First Aid must ensure that pupils are cared for in an appropriate fashion. This will involve the continuous observation of the pupil while awaiting the arrival of the parent/guardian/emergency services.

### **Medication**

The school will administer medication for life threatening allergic reactions or conditions e.g. asthma, epilepsy, cystic fibrosis, febrile convulsions etc.

The school may also administer medication for long-term chronic conditions such as severe eczema as well as prescribed medications when dosages cannot be configured to occur outside of the school day and where medical advice has been given that a child is well enough to be in school. Such medications will be stored in a locked draw or fridge in the Reception Office. A Medical Health Plan form will be completed on Medical Tracker.

### **Dealing Hygienically and Safely with Spillages of Body Fluids**

Spillages of body fluids potentially pose a health risk so should be cleaned up immediately. Caretaking staff would have received appropriate training in dealing hygienically and safely with spillages of body fluids.

The following guidelines should be followed:

- Wear disposable gloves
- Call for caretaker, if possible, to treat with emergency spillage compound, leave for at least 3 minutes and then dispose in yellow clinical waste bag.
- In the event that the caretaker is unavailable spillage compound and cleaning kits can be found in the medical room and main Reception Office.
- Discard gloves into yellow clinical waste bag.
- Wash and dry hands thoroughly.

### **Soiled clothing**

- Do not manually rinse/soak soiled items.
- Flush any solid material (vomit, faeces), into the toilet, carefully avoiding any splashing.
- Place clothing in to a sealed, waterproof bag for parent to collect.
- Wash hands with liquid soap and dry with paper towels

### **Blood spills on clothing**

- Change clothes (immediately if possible)
- Do not manually rinse/soak
- Place clothing in sealed, waterproof bag for parent to collect
- Place used plastic bag in a yellow clinical waste bag
- Wash hands with liquid soap and dry with paper towels

### **Emergencies**

In the case of a pupil being taken to hospital by a member of staff or the emergency services the following emergency information should be either handed to the ambulance team or taken with the child when transferring to hospital. This information can be downloaded from Medical Tracker by searching the pupil and

selecting the ambulance button. A printed copy should be handed to paramedics or taken to hospital.

### Emergency Information - Pupils

The following information will be made available to hospital or emergency services

- Pupils' Name
- Pupils' Address
- Name of Parent/Guardian
- Daytime telephone number
- Night-time telephone number
- Known regular medication
- Known allergies
- Name and address of Doctor and/or Medical Practice

### **Anaphylactic Shock**

Adrenaline auto-injectors e.g. EpiPen are placed in zipped plastic wallets stored in both the Reception Office and in the individual classes, if more than one is supplied, and out of reach from children. The packs contain information on how to use adrenaline auto-injector, and a copy of the Medical Disclaimer & Health Plan Form.

Where it has been necessary to administer an adrenaline injection:

- call for an ambulance detailing that the pupil has received an intramuscular injection of epinephrine;
- place the used injection in the yellow contaminated sharps box located in the Reception Office together with the EpiPen packs and hand to the ambulance crew.
- contact the parents to advise of situation.

### **Asthma Attack**

The following guidelines from Asthma U.K. are suitable for both children and adults and are the recommended steps to follow in an asthma attack:

- administer two puffs of reliever inhaler (usually blue), immediately;
- sit the person down and try to encourage slow, steady breaths;
- if the person does not start to feel better, administer two more puffs of the reliever inhaler (one puff at a time) every two minutes, up to ten puffs;
- if no better after administering inhaler as above, or if you are worried at any time, call 999;
- contact the parents to advise of situation;
- if an ambulance does not arrive within 10 minutes and the person is still feeling unwell, repeat one puff at a time every two minutes, up to 10 puffs

Even if symptoms improve and there is no need to call 999, the person should still see a doctor or asthma nurse within 24 hours.

### **Diabetic Hypo**

The following guidelines are from Diabetes U.K.

It is very important that a hypo is treated quickly. If it is left untreated, the blood glucose level will continue to fall and the child or adult could become unconscious. They should not be left alone during a hypo – nor be sent off to get food to treat it. Recovery treatment must be brought to the person affected. If a hypo occurs during activity, there is no reason why the person should not continue with the activity once they have recovered.

Some people will know when they are going hypo and can take appropriate action themselves, but some children, especially younger ones, may need help. Providing they are still able to swallow, you can offer a sugary drink (non-diet).

If they are reluctant to drink, encourage them to take GlucoGel (a glucose gel) into the inside of their cheek and then massage it gently from the outside. Glucose will be absorbed through the lining of the mouth and it will help recovery.

Immediate action	Follow-up action
<p>Give the child something sugary, to raise the blood glucose level quickly. Good examples* include:</p> <ul style="list-style-type: none"> <li>• Lucozade, cola or another (non-diet) drink</li> <li>• glucose tablets</li> <li>• fresh fruit juice.</li> </ul> <p>*amounts may vary depending on the child's age</p>	<p>Having some starchy food on recovery is important to prevent blood glucose levels falling again, for example:</p> <ul style="list-style-type: none"> <li>• roll/sandwich</li> <li>• fruit</li> <li>• cereal bar</li> <li>• two sweet biscuits</li> <li>• a meal, if it is due</li> </ul>

## Epileptic Fit

### Action Plan in case of epileptic fit (grand mal)

#### In a classroom or inside school

- Clear a space around the child so that they do not hit themselves on anything.
- Put something soft under their head.
- **NEVER TRY TO PUT ANYTHING INTO THE MOUTH.**
- Start to time the fit.
- **Get all the other children out of the classroom / area immediately.**
- Call for help to the office / classroom assistants
- If the fit lasts more than 5 minutes, get someone to dial (9) for an outside line and then 999 and state that the child is having a tonic, clonic seizure.
- Ask someone to phone the child's parents to inform them and ask them to come to school.
- When the fit has finished, stay with the child and reassure them.
- Do not give them any food or drink until they have fully recovered.
- Roll them into the recovery position if possible.

### **In the playground**

- Clear a space around the child so that they do not hit themselves on anything.
- Put something soft under their head.
- **NEVER TRY TO PUT ANYTHING INTO THE MOUTH.**
- Start to time the fit.
- **Send other children into the classrooms and send to the staffroom for help.**
- If the fit lasts more than 5 minutes, get someone to dial (9) for an outside line and then 999 and state that a child is having a tonic, clonic seizure (convulsion).
- Ask someone to phone the child's parents to inform them and ask them to come to school.
- When the fit has finished, stay with the child and reassure them.
- Do not give them any food or drink until they have fully recovered.
- Roll them into the recovery position if possible.

### **Bumped Heads**

The Governing Board recognise that accidents involving the pupil's head can be problematic because the injury may not be evident (e.g. internal) and the effects only become noticeable after a period of time.

Where a pupil receives a bump to the head as a result of an accident a wrist band detailing date and time will be applied and an "Accidental Bump to the Head" letter will be sent home via Medical Tracker.

In certain cases, it may be necessary to also inform the parents by telephone.

### **Emergency Treatment**

A member of the leadership team will determine what is reasonable and sensible action to take in each case.

Where the injury is an emergency an ambulance will be called following which the parents will be contacted.

Where hospital treatment is required but it is not an emergency, then the parents will be contacted for them to take over the responsibility of their child.

If the parents cannot be contacted then a member of the leadership team may decide to transport the pupil to hospital.

Where a member of the leadership team makes arrangements for transporting a child to hospital then the following points must be observed:

- no individual member of staff should be alone with a pupil in a vehicle;
- a second member of staff will be present to provide supervision for the injured pupil;



- at least one member of staff will be the same gender as the pupil

**Other associated policies:**

- Health and Safety Policy
- Communicable Diseases Policy

**Monitoring and Reviewing**

To ensure our procedures remain effective they will be reviewed on a regular basis.

**Date of Policy Review:** Michaelmas 2025

**Education Committee:** Mary Sanders

**Co-Headteachers:** A Lipani and P Bailey

**Next Review:** Michaelmas 2027