

First Aid and Welfare Policy

This is a whole-school policy which includes the Early Years Foundation Stage

1. Introduction

The welfare of the children at St. Helen's College is a primary responsibility. This document describes the principles and procedures to be followed in order to minimise the chances of injury, illness or harm, and to maximise the physical and mental well-being of all members of the school community.

This document should be read in conjunction with the school Asthma, Anaphylaxis, Health & Safety Policies and Safeguarding and Child Protection Policies.

2. First Aiders

the school has conducted a first aid needs assessment to ensure that first aid provision is adequate and appropriate. Staff training provision, qualification requirements and the provision of first aid equipment are determined by the outcomes of the risk assessment.

The school arranges first aid training regularly and courses are open to all members of staff. A list of currently qualified first aiders is provided in appendix 1.

Training for first aiders will be provided at the appropriate intervals, at least every three years.

At all times, at least one qualified first aider will be on the school premises when children are present. For the EYFS, this person will be a qualified paediatric first aider. In addition, for EYFS children at least one person on school outings will be a paediatric first aider and paediatric First Aiders will be present until 6 p.m. when the last child leaves the premises.

3. Illness/Injury at School

If a child is observed to be ill or injured, or reports feeling ill, the member of staff concerned should

- if the illness/injury is not apparent, question, examine and/or observe the child to ascertain what further action is needed
- take the child, or send the child accompanied by another responsible child, to the Welfare Officer /Assistant, and inform the Welfare Officer/Assistant of the problem
- await or request follow-up information from the Welfare Officer/Assistant

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Upon receipt of a child who is thought to be ill or injured, the Welfare Officer/Assistant should

- reassure, question, examine and observe the child, and take the child's temperature
- take appropriate action, based upon symptoms, training and experience

Depending on the nature of the problem, this action might include

- spending a little time with the child and applying 'TLC', then returning the child to class
- cleaning a wound and applying a dressing
- encouraging the child to eat, drink or visit the toilet
- observing the child for some time, perhaps with the child lying on the sick bed
- phoning the child's parents and requesting early collection
- administering prescribed medicine, if this has been provided with written instructions
- phoning the parents and recommending an immediate visit to the GP or hospital
- in extreme cases, taking the child to the GP or hospital, if the parent is unavailable, or telephoning for an ambulance.
- **NB if the illness or injury is judged to be serious, and urgent or specialist treatment is needed, an ambulance must be called.**

If a child is taken to hospital

- every continued effort should be made by the office staff to contact the parents
- two members of staff should accompany the child to the hospital (one if an ambulance is used). One may return once the child has been delivered; the other must stay with the child until the parent arrives.
- seatbelts should be worn by all occupants of the car which is used
- a SIMS report and other medical records and medicines should be taken

In all cases of child illness or injury, the Welfare Officer/Assistant should

- in cases of imagined or mild illness, report back to the member of staff who referred the child, and to the child's form teacher
- in addition, in cases of genuine illness or injury, prepare and provide a record of treatment (see appendix I) which should be sent home with the child.
- enter the details in the treatment book.
- NB separate treatment books are kept for children and adults.

4. First Aid

Please read this section in conjunction with section 3 - Illness/Injury at School.

If a child suffers any kind of head injury, a suspected fracture or significant bleeding, or if the member of staff in attendance has any concerns whatsoever about the injured child, then a qualified first-aider must be called.

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The first-aider must provide immediate assistance to the injured child, and should call upon extra help as necessary. Appropriate first aid should be administered, according to the judgement and training of the first-aider.

Emergency first aid boxes are kept in the medical room, refectory and hall (Lower School) and school office, lunch assistants' summer house, science laboratory, Windsor kitchen, school hall, maintenance workshop and pavilion (Upper School). In addition, each classroom is equipped with a mini-kit for the treatment of cuts and grazes.

If an accident results in a minor injury, such as a cut or graze, then the supervising adult may take appropriate action, according to current recommended minor first aid procedures (see appendix L)

First aid materials for minor accidents are kept in the medical room, (Lower School) and lunch assistants' hut and medical room (Upper School), as well as in all classrooms.

First aid boxes, and supplies of materials for dealing with minor injuries, should be checked and topped up regularly by the Welfare Officer/Assistants.

Immediately following treatment, the member of staff involved should fill in the treatment book, and the record of treatment slip (see appendix I) which is sent to the parents via the form teacher.

5. RIDDOR and Other Reporting Requirements

Under the RIDDOR (reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) legislation, some accidents which occur in school or during educational activities elsewhere must be reported to the Health and Safety Executive. A HSE guidance document for schools on this subject is available here: <http://hse.gov.uk/pubns/edis1.pdf>.

All serious accidents and near misses (whether to pupils, staff or visitors) must be reported to the Head, who will take the decision whether or not to refer to the HSE.

The school will notify local Child Protection Safeguarding Board of any serious accident or injury to or death of any child while in the care of the school and will act on any advice given.

If the welfare staff have reason to believe that any child is suffering from a notifiable disease identified as such in the Public Health (Infectious Diseases) Regulations 1988, they must inform the Head who will inform Ofsted and the Health Protection Agency.

The school will act on any advice given by the Health Protection Agency and inform Ofsted of any action taken.

6. First Aid Hygiene

Persons administering first aid must, wherever practicable:

- wear protective gloves and, if necessary, an apron and/or eye protection
- avoid contact with the patient's bodily fluids
- place soiled dressings directly into a designated bin with a disposable liner
- clean any soiled areas immediately after treating the patient, before removing protective clothing
- wash hands immediately after treating the patient.

7. Storage and Administration of Medicines (See separate Medicines Policy document)

This section should be read in conjunction with sections 1 (Asthma) and 2 (Anaphylaxis).

Prescribed medicines should be brought to school only if absolutely necessary.

Medicines must be given to the Welfare Officer/Assistant at the start of the day. She must ensure that medicines are stored securely. Medicines must never be stored in classrooms, teachers' cupboards or school bags.

Written instructions for administration, and a spoon if necessary, must be provided by the child's parent, with a written letter including the child's name, medication and instructions.

If medicine has been accepted by the Welfare Officer/Assistant, then it is her responsibility to ensure that the correct dose is administered at the right time. No other person should administer medicine. Administration must be recorded in the medicine administration book. Where medicine is administered to a child, parents must be informed the same day or as soon as reasonably practical.

At the end of the day, the Welfare Officer/Assistant should return the medicine to the child's form teacher for sending home.

8. Day Trips and Residential Visits (See also Educational Visits Policy)

The Welfare Officer/Assistant is responsible for preparing first aid supplies, inhalers and epipens for the day trip or residential visit.

If possible, at least one accompanying member of staff should have been trained in first aid (to appointed person level). Failing this, staff must ensure that a qualified first-aider will be available at the site to be visited for the whole time that the party is present. NB Under EYFS requirements, at least one adult accompanying the party must have a paediatric level 3 first aid certificate. It is essential that at least one accompanying

member of staff is trained in asthma awareness and the use of the epipen. This training is provided by the school.

One member of staff must be designated as responsible for pupil welfare. This person:

- is responsible for first aid
- must carry a fully stocked first aid bag
- must carry inhalers and epipens for the children on the visit (this task should be delegated to other staff in cases where the party splits, or is accommodated in more than one building)
- administers any medicines according to the written instructions provided by the parents, and keeps a written record of medicines administered.

9. Care in the Playground

Most accidents, and other problems including bullying, occur in the playground. Vigilant, proactive, caring supervision will reduce the frequency and degree of these undesirable events.

Children in the playground must be supervised at all times. The number of adults supervising will depend on the number of children present, but the normal minimum is two adults. However, a teacher of a class from Year 1 upwards may take the class to the playground and supervise alone provided 'back-up' is available from the office or other source in the event of a problem.

Playground supervision is an active, not a passive, activity. Supervisors (teachers, class assistants, SMSAs or Funtasia staff) should watch what is going on, intervene as necessary, and not allow individuals to distract them unnecessarily.

Supervisors should station themselves in different areas of the playground and should not chat.

Because of the risk of injury, supervisors must not take hot drinks to the playground.

Should the need arise, supervisors should summon the duty teacher, or qualified-first aider, for assistance or advice. In Lower School the staff-room is close by so any teacher could assist.

Supervisors should ensure that:

- children play in such a way that they will cause no harm or offence to themselves or others. Swearing, fighting, screaming and wild running are not allowed. The 'Seven Rules for a Happy School' (or in Lower School the Golden Rules) should be reinforced.
- children use the adventure playgrounds, according to rota, only when directly supervised by a member of staff

- playground toys which are provided are used properly, as designed, and are put away correctly after use
- when the bell is rung, children stop playing and listen for instructions
- the playground is free of litter at the end of each session
- these rules apply to all playground activity, including Funtasia and Summer School.

Supervisors should be alert for signs of distress in individual children. If children are clearly unhappy or worried, action should be taken. Depending on the circumstances, this might involve having a friendly word, engaging the child in some activity, asking others to let the child play with them, or sending the child for medical attention. Any concerns about individuals or groups of children should be passed on to the form teacher or head teacher.

Supervisors should maintain a good grip on the behaviour of children in the playground. Children who misbehave should be withdrawn for a period, or sent to a teacher to be disciplined. Supervisors should inform form teachers of misbehaviour.

Playground Pals try to sort out minor problems but if they become aware of a welfare concern they should speak to the supervisors.

10. Hygiene, Personal Cleanliness & Food Handling at School

Form teachers and lunch supervisors should ensure that the children know and follow the essential rules of personal hygiene, e.g.

- use the toilet periodically, during breaks
- flush the toilet after use, wash hands using soap, dry hands
- wash hands before eating
- when eating, use appropriate cutlery e.g. spoon for yoghurt, cup for drinks
- dispose of waste and rubbish correctly
- cover mouth and nose when coughing or sneezing, preferable with a tissue, and dispose of soiled tissues appropriately.

As appropriate, staff might wish to remind individuals or groups about

- daily showering/bathing, and the use of deodorant
- cleaning teeth
- washing hair
- trimming nails
- changing clothes.

Girls who begin menstruation will need sensitive support and advice from their form teacher and/or the Welfare Officer/Assistant. Male form teachers should ensure that a female teacher shares this responsibility. Form teachers should liaise with the girls' parents, and should be aware of pertinent religious/cultural issues or practices. The teacher or Welfare Officer/Assistant should ensure that the girl:

- has a friendly adult to turn to, at any time, if she is worried
- knows what is going on biologically
- knows how to use and dispose of sanitary materials.

If head lice, other infestations or infections (athlete's foot, verrucas, ringworm etc.) are reported or observed, appropriate action must be taken, and advice given. In all cases, the matter should be referred to the Welfare Officer/Assistant who will provide guidance according to Local Authority or school guidelines.

Staff should 'clean up as they go' - coffee cups should be washed and spillage wiped up straightaway and not left.

The Welfare Assistant should ensure that the kitchen bin is emptied, surfaces are disinfected and appliances cleaned according to an agreed schedule.

11. Premises - Hygiene & Cleanliness

It is the responsibility of the head teacher, delegated to the cleaning contractor, to ensure that the school is properly cleaned every day. Hygiene issues must be prioritised when planning the cleaning schedule, and suitable materials used. Special attention must be given to

- toilets and urinals
- wash basins and soap dispensers
- desk surfaces
- bins

Staff who become aware of problems in this area should speak to the head.

Staff should have access to cleaning materials, and should note the following:

- rooms should be swept as necessary, especially after art/craft activities, and after lunch
- tables should be wiped, using a safe anti-bacterial agent, before and after lunch
- spillage should be dealt with immediately
- if a child is sick or has an accident, the Welfare Officer/Assistant should be called. The teacher and Welfare Officer/Assistant should, between them, ensure that the child is cleaned up and cared for, and that any soiled areas are cleaned and disinfected.

Each classroom should be equipped with

- a clean broom, dustpan and brush
- tissues

Harmful materials (e.g. cleaning agents) must be kept in locked cupboards away from children.

12. Automated External Defibrillators (AEDs)

The school has two AEDs in place – located in the school halls in Lower and Upper School.

AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the AED at the time of use. It should therefore be sufficient for the school to provide a short general awareness briefing session to all staff in order to meet statutory obligations. The Resuscitation Council (UK) states that untrained bystanders should not be discouraged from using an AED in an emergency. Nevertheless, individuals who have received training will naturally feel more confident in doing so should the need arise.

Both the School Welfare Officer and Assistant have been trained by St John Ambulance and attend annual refreshers.

It is the responsibility of the School Welfare Officer and Assistant on both locations to check on a monthly basis the AED is working and record that the check has taken place.

Pads, safety razors, protective gloves and pocket masks need to be replaced after every incident.

Also batteries have a life of 5 yrs; and pads have an expiry date that usually lasts 2 years. It is the responsibility of the School Welfare Officer to ensure replacements are purchased.

Standard AEDs are suitable for use on people of all ages, except babies aged less than 12 months. For children aged 1-8, it is recommended that AEDs be used with paediatric pads. However, adult pads may be used if paediatric pads are not available.

13. Control of Substances hazardous to Health (COSHH)

The welfare officer should ensure that

- data sheets are requested when potentially hazardous materials are being ordered
- data sheets are filed in the offices at both the Lower and Upper School
- data sheets are copied to relevant staff e.g. science co-ordinator
- the cleaning contractor provides data sheets for all cleaning agents that he supplies to the premises.

14. Provision of Medical Services

Currently, with the exception of treatment for accidents and allergies, the administration of medicines, and special vaccination campaigns (e.g. MMR vaccinations in 2005) no medical services are provided at the school.

15. Asthma (See separate Asthma Policy document)

Asthma is a physical condition, not an emotional illness. It affects at least one in every ten children. An attack is caused by a sudden narrowing of the air passages making it difficult to breathe. These passages are almost continuously inflamed, red, or sore. Asthma can be avoided by, firstly avoiding known irritants and, secondly, by inhaling specific drugs. Drugs can be self-administered by the child concerned.

An asthma attack might be triggered by house dust mites, grass pollen, furry or feathery animals, certain foods, exposure to cold, damp air, fumes such as glue, paint or tobacco, exercise and prolonged laughter.

Staff should

- welcome all children with asthma
- encourage and help children with asthma to participate fully in all aspects of school life
- recognise that asthma is a serious condition affecting many school children
- be acquainted with the list of children who are asthmatic (see appendix F)
- recognise that immediate access to inhalers is vital
- do all that is possible to ensure that the school environment is favourable to children with asthma
- ensure that other children understand asthma so that they can provide support and stigma is avoided
- have a clear understanding of what to do in the event of a child having an asthma attack

Asthma training will be provided regularly for all staff.

16. Anaphylaxis (See separate Anaphylaxis Policy document)

Anaphylaxis is a severe allergic reaction of rapid onset with circulatory collapse and hypotension (low blood pressure) and is life threatening.

Almost any food can cause anaphylaxis but the foods most commonly responsible are nuts, fish, shellfish, cow's milk and eggs. Anaphylaxis may also be caused by, medication, latex, bee and wasp stings.

If a pupil appears to demonstrate symptoms, call emergency services immediately and request a paramedic stating that the patient has 'apparent anaphylactic reaction.'

Symptoms:

- sensation of burning, irritation or itching in the lips, mouth or throat
- generalised itchiness, sneezing and fainting
- swelling to lips mouth and throat
- restricted airways – difficulty breathing, coughing, wheezy, choking, noisy breathing
- loss of consciousness and suffocation

Parents should

- train the child to avoid contact with any food items other than those provided by the parents
- train the child to report immediately the onset of symptoms of anaphylactic shock
- provide the child's form teacher with suitable treats to be given in place of birthday cake etc. which might be brought to class by another child
- ensure that epipens are provided and are replaced before the use-by dates expire
- meet and brief each new form teacher at the start of the academic year
- Provide an up to date careplan

Staff should

- undertake initial training in anaphylaxis awareness and the use of the epipen (training is provided in school)
- undertake refresher training annually
- ensure that epipens / medications are taken to the sports field and on outings
- be acquainted with the list of children who are prone to anaphylactic shock (see appendix G)
- remind children who are on the list, whenever appropriate, about the restrictions which they must observe
- take prompt action if there is any suspicion of a reaction taking place.

For each child on the anaphylaxis register, a care plan and epipen is kept in the medical room, staff room and child's classroom (Lower School) and the medical room and child's classroom (Upper School).

17. Diabetes (See separate Diabetes Policy document)

Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. This happens because:

- the insulin does not work properly; or
- the pancreas does not make any or enough insulin;
- sometimes it can be a combination of both.

Type 1 diabetes

Type 1 diabetes develops if the body is unable to produce any insulin. Children with this form of diabetes need to replace their missing insulin so will need to take insulin (usually by injection or pump therapy) for the rest of their lives.

Type 2 diabetes

Type 2 diabetes develops when the body can still make some insulin but not enough, or when the insulin that is produced does not work properly. Most pupils with Type 2 diabetes will be prescribed a tablet called metformin. This is taken either with the last mouthful of a meal or immediately afterwards. It does not usually cause hypoglycaemia.

Signs and symptoms

If diabetes goes untreated, the body starts breaking down its stores of fat and protein to try to release more glucose but this glucose still cannot be turned into energy and the unused glucose passes into the urine. This is why children with untreated diabetes often pass large amounts of urine, are extremely thirsty, may feel tired, and lose weight.

Children with diabetes can sometimes have short-term complications as a result of their condition. These complications include hypoglycaemia, hyperglycaemia and ketoacidosis.

staff should

- welcome all children with diabetes;
- encourage and help children with diabetes to participate fully in all aspects of school life;
- recognise that diabetes is an important condition;
- be acquainted with the list of children who are diabetic and recognise that immediate access to blood monitoring equipment and medication is vital;
- have a clear understanding of what to do in the event of a child being hypoglycaemic or hyperglycaemic.

18. Further Information

Further information and advice concerning asthma, anaphylaxis, diabetes and other medical issues will be found in the medical rooms. Staff should not hesitate to refer to the Welfare Officer or Assistant if they have any questions on medical or welfare matters.

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Author(s)	ML
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Appendix 1

Designated first-aiders as at 24th April 2016

- Tracey Beale
- Sue Blackstone
- Emma Davies
- Holly Hawkes
- Maxine Lang
- Nicola Mann
- Sam Moonshadow
- Gayle Oakshott
- Caroline O'Mahoney
- Tracey Parker
- Bhavna Patel
- Edit Poczos
- Sharmaine Porteous
- Kelly Rumney