



HORNSBY HOUSE SCHOOL

FIRST AID POLICY

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Introduction.

The aim of this policy is to provide staff with information regarding routines and procedures connected with first aid and various related issues.

This policy will become effective immediately and will replace the previous first aid policy. It applies to the whole school, including the EYFS.

Key Points.

Everyone who attends the Medical Room must have details of their visit recorded in the treatment book. This book constitutes a legal document and therefore needs to be completed in ink. Please remember that all information recorded is confidential and the treatment book needs to be locked away at the end of each school day. The yellow accident book, for severe (not minor) accidents/injuries should remain in the filing cabinet in the Medical Room. **Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, the School has an obligation to report injuries which cause an absence from work for more than 7 days.**

Children at school are deemed 'members of the public' and different rules apply; please ask Health and Safety Officers or the School Nurse for details if needed.

A brief description of the complaint/injury (noting 'left' or 'right' where relevant) plus the action taken, need to be recorded in the treatment book together with the date, time and, if relevant, the location of the incident and whether or not parents were contacted. If any medicine is given, the dosage also needs to be noted. All bumps to heads need an e-mail to parents and the class teachers. The affected child must wear an 'I have bumped my head' sticker. **If in any doubt as to the seriousness of a head injury, do not hesitate to contact parents and phone for an ambulance.** All parents of EYFS-aged children are informed of any accidents or injuries sustained by the child whilst in our care (this is done orally). Parents of older children are informed of any serious conditions.

Parents need to complete a 'Request for School to Administer Medication' form (please refer to the Administration of Medication Policy) for each medicine and hand both the form and medicine in to the office. All medicine should be in the original containers. Other medication such as paracetamol may be given with telephone consent. Please record that telephone consent has been given in the treatment book and by whom.

In the case of children requesting analgesics or antihistamines in the morning, first confirm with parents when the last dose was given and follow directions on the box for dosages and timings.

Adrenalin Auto-Injectors and asthma medication are 'bagged up' according to class, with blue bags for boys and red bags for girls. These bags are stored in top cupboards No.2 & No.3, in the Medical Room. Relevant bags MUST accompany children on all off-site trips and a designated adult needs to ensure bags are returned after each trip to the afore-mentioned cupboards. The expiry dates of medication kept at school are monitored by the school nurse.

For health and safety reasons, medication should not be kept in classrooms except for salbutamol inhalers which are clearly labelled and either kept on the pupil or with the class teacher.

Individual children who have special medical needs have Individual Health Care Plans filed in the Medical Room, in classrooms (but not on public view to comply with Safeguarding Children criteria) and in the relevant medical bag. Summaries are on display in the Medical Room, on the School Front Page and in the Lime Tree Building kitchen.

The Medical Room is located within the reception area of the Mavis Gotto Building. The School Nurse is available between 08:00 and 16:00 Monday to Thursday and 08:30 to 15:00 on Friday. In addition to the nurse there are 15 first aiders on site, of whom 11 hold Early Years (EY (paediatric course min. 12 hours)) certificates and 4 First Aid at Work (FAW) certificates. There will always be at least one Early Years first aider on the school site at any time when children are present.

CERTIFICATE HELD BY:

EXPIRY DATE.

• Vicky Adair (School Nurse – Friday) (Paediatric)	27.02.2020
• Marie-Pierre Bloomfield (Paediatric)	30/08/2021
• Michael Cooper (Paediatric)	30/08/2021
• Monika Fartuszynska (Paediatric)	30/08/2021
• Maureen Ferguson (FAW)	01/02/2022
• Paul Faulkner (Paediatric)	30/08/2021
• Mario Laos (Paediatric)	30/08/2021
• Matt McKew (Paediatric)	30/08/2021
• Megan McDonagh (Paediatric)	30/08/2021
• Carol Wymark (Paediatric)	30/08/2021
• Rebecca Flute (Paed) (FAW)	30/08/2021/01/02/2022
• Tarina Starkey (Paed) (FAW)	30/08/2021/01/02/2022
• Maddie Dwyer (Paediatric)	30/08/2021
• Amy Garcia (Paediatric)	30/08/2021
• Jenny Staples (Paediatric)	30/08/2021
• Andy McManus (FAW)	21/02/2021
• Brigid Unwin (Paediatric)	30/08/2021
• Amy Gemmell (Paediatric)	08/2010
• Colin Spikesman (Paediatric)	30/08/2021

First aid certificates need to be updated every 3 years by attending a day refresher course. In the event of a FAW certificate lapsing by more than 28 days, it will be necessary to attend a 3-day foundation course. However, the first aiders will do a 3 hour refresher annually. The School Nurse ensures certificates are current and in date and organises courses for those requiring a refresher each September when the policy is reviewed.

Location & Maintenance of First Aid Bags.

Fully stocked first aid (Medical) room (Mavis Gotto Building)
Science room (Nightingale Building)
Lower School (Lower School kitchen)

For off-site activities, PE teachers have been provided with 2 games bags. Two dedicated first aid boxes are available for overnight or longer trips and 10 'bum bags' are in use for games and swimming. Each of the 5 minibuses also has a first aid box. Brookwood keeps a fully stocked first aid box in the kitchen area of the Lime Tree Building.

PE teachers are responsible for their 2 games bags. Other first aid bags (for off-site activities) are stored in the Medical Room in the cupboard.

All first aid bags are checked at the beginning of each term. When removing a first aid box/bum bag from the medical room, please ensure it is signed out and back in again, using the sheet clearly marked for this purpose.

It is the responsibility of staff to inform the School Nurse of first aid items which may need to be replaced during the term.

Red Card System.

During school hours the Medical Room is open for children to receive first aid treatment and the school nurse is available between the hours of 08:00 and 16:00 (08:30 – 15:00 Fridays). However, if an emergency situation occurs in a classroom at any time throughout the school day a designated adult or child should bring the RED CARD directly to the school office and state clearly and concisely what constitutes the emergency. A course of action will then be established.

Class List and Quick Reference Allergy Lists.

Children who have asthma/allergies/other medical conditions are recorded on the appropriate lists. Complete lists are on view in the School Front Page. This list is updated as information is received. There is also a list which includes children who use Adrenalin Auto-injectors and/inhalers. This is on display on the School Front Page and inside the medical room cupboards where these medications are stored. Hornsby House School recognises that asthma is a widespread, serious but controllable condition and it welcomes all pupils with asthma. The school ensures that pupils with asthma can and do participate fully in all aspects of school life and co-curricular activities through staff education.

Asthma Medication

Hornsby House School recognises that pupils with asthma need immediate access to reliever inhalers. Pupils in the Upper School are encouraged to carry their reliever

inhaler on their person at all times or they are easily accessible in the classroom and one device is held in the Medical Room. Pupils in the Lower School will have their relievers stored safely with the class teachers or in the Medical Room. The reliever and care plans are taken by a member of staff on all trips off site e.g. on school trips and sports fixtures. The School Nurses will check the condition and expiry dates of spare inhalers and the emergency inhaler kit at the end of each term and inform parents when they need replacing. It is the parents' responsibility to ensure all medication provided is in date as expired drugs cannot be administered.

Asthma Records

All pupils whose parents identify they have asthma on their school contact/medical sheets are requested to complete an Individual Healthcare Plan and return it to the School Nurse. This will allow the school a record of their asthma treatment and medication. It is the parents' responsibility to inform the nurse annually, or more often, if there are any changes to their child's asthma treatment.

Staff Education

Hornsby House will ensure that all staff who come into contact with pupils with asthma will know what to do if a pupil has an asthma attack by offering annual teaching sessions, displaying posters throughout the school and ensuring that an Individual Care Plan is kept with the inhaler, as well as knowing where to find the Emergency Inhaler Kit.

Communication

Any pupil attending the Medical Room with an exacerbation of their asthma will be offered advice on the management of their condition. The Nurse will inform parents if their child has had an asthma attack, if their child is using more of their reliever inhaler than usual or has used the emergency inhaler. All teaching staff must inform the school nurse if they witness a pupil using the reliever inhaler.

Emergency Asthma Inhalers

The emergency salbutamol inhaler should only be used by children for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler or who have been prescribed an inhaler as reliever medication. Parents must consent for trained staff to administer an emergency reliever inhaler in the event of a pupil suffering an asthma attack by completing a Request for School to Administer Medication form.

The emergency asthma kit will include the following

- A salbutamol metered dose inhaler.
- 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 half-termly checks recorded.
- A note of the arrangement for replacing the inhaler and spacers.
- List of children permitted to use the emergency inhaler.
- Record of administration of inhaler and contact details of the medical centre.

Head injuries.

A number of (largely minor) head injuries occur during break times. Treatment for bruises consists of applying a cold compress for 10 minutes, during which time the child can be monitored for signs or concussion and an e-mail is sent to both parents with a ‘Head Bump’ note attached. Each child must wear an “I’ve bumped my head” sticker. If the injury has resulted in broken skin, apply pressure for 5 minutes with a sterile dressing moistened with sterile saline. After 5 minutes remove the dressing to access the wound and without exception contact parents and advise follow-through at an A & E department. Recover the wound with a new, sterile, moistened (with sterile saline) dressing.

Concussion is a temporary and reversible disturbance of the brain’s normal function. It occurs when the brain moves or shakes inside the skull and is usually caused by a blow to the head or jaw.

Signs of concussion: becomes drowsy (and unable to wake); vomiting or has a persistence of severe headache; seizure; appears to have any disturbance of vision; weakness of arm or leg; feels dizzy or has a discharge of straw-coloured fluid/blood from ear or nose.

If a child loses consciousness or you suspect a skull fracture he/she must be referred to hospital and parents notified immediately.

When to Call an Ambulance.

In addition to serious head injuries (i.e. fractured skull/loss of consciousness) and loss of consciousness generally, an ambulance should be considered for the following reasons:

- **A possible fracture (at the Nurse’s discretion).**
- **Severe allergic reactions and always if an EpiPen has been used.**
- **Asthma attacks where breathing is severely compromised.**
- **Epileptic seizures.**
- **Open wounds requiring substantial suturing.**
- **If in any doubt as to the patient’s safety.**

Medical Conditions of Children (Lists for all Teachers – Intranet Connection).

All available details concerning medical conditions of children are available to access on the intranet. These details are updated as information is received. All such amendments should be made via the School Nurse; the information will then be forwarded to the relevant staff. **This information is strictly confidential.**

Absence Letters.

Absence letters provided by parents should be initialled by the class teacher and forwarded to the school office for the School Nurse to file.

COSHH.

To comply with COSHH regulations, copies of data sheets relating to medication given to children whilst at school are located in the Medical Room (to the left-hand side of the fridge).

Spillage of Body Fluids.

Hygiene procedures for dealing with the spillage of body fluids require the Premises Manager or his assistant to be contacted and the use of specialised Emergency Spill Compound to be used.

ANAPHYLAXIS POLICY

Definition

Anaphylaxis is a severe allergic reaction at the extreme end of the allergic spectrum. The whole body is affected by the allergen, often within minutes of exposure, but sometimes hours later. Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, Brazil nuts), sesame, fish, shellfish, dairy products, eggs and kiwifruit. Non-food causes include wasp or bee stings, natural latex (rubber), penicillin and other drugs. In some people, exercise can trigger a severe reaction, either on its own or in combination with other factors such as food or drugs (e.g. aspirin).

Symptoms

Mild to Moderate Allergic Reaction include:

- swelling of the lips, face and eyes
- hives or welts
- tingling mouth
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

Severe Allergic Reaction includes:

- generalised flushing of the skin
- nettle rash (hives) anywhere on the body
- sense of impending doom
- swelling of throat and mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma
- abdominal pain, nausea and vomiting
- sudden feeling of weakness (drop in blood pressure)
- collapse and unconsciousness

A patient would not necessarily experience all of these symptoms.

Treatment

Adrenaline auto-injectors are prescribed for those believed to be at risk. Adrenaline (also known as epinephrine) acts quickly to constrict blood vessels, relax smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help to stop swelling around the face and lips. There are three types of auto-injector available and the individual's management plan will state which is preferred:

- Jext patients over 30 kg in weight (0.3mg), patients between 15 kg and 30 kg in weight (0.15 mg),
- EpiPen adult (0.3mg) and junior (0.15mg).
- Emerade adult (0.5 mg), child more than 12 years (0.5 mg) and child 6-12 years (0.3 mg).

Each pupil should be provided with at least two devices to be kept at school. Pens are dispensed in packs of two. These should be held, in their original boxes. These are stored in two places. They are also provided with antihistamine syrup for mild reactions.

Lower school: Cupboard 2 in the Medical Room in bags clearly marked with the pupil's form (red for girls and blue for boys).

Upper school: Cupboard 3 in the Medical Room in bags clearly marked with the pupil's form (red for girls and blue for boys).

Adrenaline should be administered to a pupil if an anaphylactic attack is possible. It is unlikely to be harmful and its omission could prove fatal. Auto-injectors are designed for use by non-medical staff. A personal pupil care plan and flow chart of how to use the adrenalin auto jet can be found with the auto-injectors.

Those at Risk

If a patient has suffered a bad allergic reaction in the past, whatever the cause, then any future reaction is also likely to be severe. If a significant reaction to a tiny dose occurs, or a reaction has occurred on skin contact, this might also be a sign that a

larger dose may trigger a severe reaction. It is particularly important that those with asthma as well as allergies are seen by an allergy specialist because asthma can put a patient in a higher-risk category. Where foods such as nuts, seeds, shellfish and fish are concerned, even mild symptoms should not be ignored because future reactions may be severe.

Nuts in food

The most common cause of incidents of anaphylactic shock in schools is peanuts/tree nuts/sesame seeds. Hornsby House School is a 'nut and sesame seed free' school.

Staff, parents and pupils are strongly encouraged not to bring onto site, and/or to school events, food or snacks that contain nuts or sesame seeds. Staff will remind pupils (and, when and where appropriate, parents) of this policy periodically, and of the danger that even small amounts of an allergen can pose to people with food allergies. Any food supplied for wider consumption (such as for tutor periods, parent-organised social events, etc.) must not contain nuts. This is stated in the school handbook and emailed to parents at the beginning of each term.

A Parent's Responsibility

Parents of allergic pupils:

- They should notify the school of the pupil's allergies. This should be done before the start of the school term or as soon as they become aware that their child has an allergy.
- They are then asked to meet with the School Nurse on the first day of school. At this meeting any special diets and arrangements are discussed and agreed. The Nurse will offer parents the chance to meet with the Catering Manager to discuss this further.
- A treatment plan is agreed and x2 in-date adrenalin auto-injectors, clearly labelled with the pupil's name, are provided for the school to keep.
- Parents should keep note of the expiry date of antihistamine medication and adrenalin auto-injectors and replace when necessary.
- Provide emergency contact information and inform the school of any changes.
- Provide a doctor's note in the event that there is no longer a requirement to carry an auto-injector.

All allergies are detailed on the school contact form, which goes to the school nurse and will be documented and published on the school Front Page. Food allergies, intolerances and other information about special diets are detailed and then given directly to the Catering Office. Parents are asked to update this information annually or if any changes occur in the meantime.

The School's Responsibilities

The school's responsibilities:

- To educate staff on the risks, prevention and responses to anaphylaxis.
- The Nurses are trained in all aspects of anaphylaxis.
- To provide staff with appropriate training
- To ensure first aid training is made available for staff. This includes the recognition of the symptoms of anaphylaxis and how to deal with an emergency.
- The Nurse on duty is available to show staff how to use adrenalin auto-injector.
- The Nurse is on duty Monday to Friday 08:00 to 16.00, Monday-Thursday during term time and Fridays from 08:30 – 15:00.
- The Nurse will ensure that an up-to-date care plan is in place for all children who have an adrenaline auto-injector.
- The Nurse will inform parents of the expiry date of adrenalin auto-injector. The Nurses will carry out a check at the end of each term and determine what pens are due for expiry. They will then inform the parents, in good time. Parents should be told that a failure to provide up to date adrenalin auto-injectors might lead to further action.
- To implement procedures to mitigate the risks presented by anaphylaxis:
 - Photos and names of pupils with severe allergies are kept in the Medical Room and Catering Office. This is also on the School Front Page.
 - Staff are advised that if they have any concerns about a pupil presenting with even a minor reaction to send them, accompanied by an adult, to the Medical Room or to summon the School Nurse.
 - Tutors must periodically remind tutees and, where appropriate, parents that bringing onto site food containing nuts and sesame seeds is strongly discouraged.

Catering

- Catering staff are informed of pupils' allergies.
- Photographs of pupils with allergies are displayed in the kitchen area.
- Key members of the catering staff are to have first aid training, which covers the causes and symptoms of anaphylaxis.
- In the kitchen the catering staff do not knowingly use any nuts or sesame seeds or nut products in their cooking,
 - Emergency Adrenalin auto-Injector are held in the kitchen

School Trips

The visit leader is responsible for collecting pupils' adrenalin auto-injector packs from the Medical Room and signing them out prior to all school trips, then signing

them back in on return. If the adrenalin auto-injector pack is missing from the Medical Room, the school Nurse should be contacted.

Sports Fixtures

The sports staff are responsible for collecting pupils' adrenalin auto-injector packs from the Medical Room and signing them out prior to all school trips, then signing them back in on return. If the adrenalin auto-injector pack is missing from the Medical Room, the School Nurse should be contacted.

School Emergency Adrenalin Auto-injectors

One 0.15mg junior Adrenalin Auto-injector and one 0.3mg Adrenalin Auto-Injector are held in school office and in the school main kitchen. These can be used as needed for a pupil who is named and prescribed an auto-injector by their doctor in the case of an emergency.

Risk Assessment

Members of staff must be aware of the pupils in their care who suffer from anaphylaxis and of the need to carry out a risk assessment on any activity that could expose such pupils to allergens – e.g. cooking, science experiments, an outing, etc. If in doubt, parents should be contacted and medical advice sought before proceeding with the activity. It may be necessary to remove a particular pupil from the immediate environment (e.g. arrange for library supervision while the rest of the class does an activity).