

Hartford Infant and Pre School



First Aid Policy September 2019

Lead person: Mrs Bex Lynch
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Purpose

To ensure that children, staff and visitors to Hartford Infant School (Hartford Infant and Pre School) receive appropriate First Aid care in the event of an accident or emergency whilst on site and on an educational visit. To ensure that clear procedures are in place for the safe storage of First Aid equipment, administration of First Aid to casualties and recording of incidents in accordance with health and safety guidelines.

Aims

- To identify the First Aid needs of the School in line the Health and Safety at Work etc Act 1974.
- To ensure that First Aid provision is available while people are on school premises (within school hours), and also off the premises whilst on school visits. This includes our Tree House before/after school club.

Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school.
- To ensure all staff are aware of the Appointed Persons and First Aiders.
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate resources and facilities.
- To inform staff and parents of the School's First Aid arrangements
- To keep accident records and to report the Health and Safety Executive (HSE) under the Diseases and Dangerous Occurrences Regulations (RIDDOR).

Roles and responsibilities

The **Head Teacher** is responsible for implementing the policy, identifying a responsible staff member for managing First Aid and the administration of medicines, and ensuring that appropriate resources and staff training are available in line with current health and safety legislation. They should ensure that the policy and information on the School's arrangements for First Aid are made available to parents. As part of the school's annual monitoring the Head will review the school's First Aid needs following any changes to staff, building/site, off-site facilities etc. They will also monitor the emergency First Aid training received by other staff and organises appropriate training. See monitoring.

The **Head Teacher and First Aiders/Appointed Person** must draw up procedures in consultation with health specialists, ensure that they are kept up to date and that records are maintained, and provide information to staff.

The **School secretary** will be responsible for stocking and ordering of First Aid provisions when notified by staff. They will ensure training records are kept up to date and will be responsible for reporting any incidents via the on-line reporting system IRF96.

All staff are responsible for keeping themselves up to date with basic First Aid, understanding the importance of risk assessment, and recognising the health needs of pupils for whom they have responsibility.

Pupils are responsible for caring for their own welfare and that of other pupils and understanding the importance of risk assessment.

Appointed Person

At Hartford Infant and Pre School, the Appointed Person is **the Head Teacher** who will take charge when someone is injured or becomes ill. They are responsible for arranging First Aid, calling an ambulance and informing parents. In the absence of this person in an emergency, The Assistant Head Teachers or Caretaker (after hours) will assume this role.

Appointed Persons are not necessarily First Aiders, but it is good practice to ensure that Appointed Persons have emergency First Aid training/refresher training, as appropriate. Emergency First Aid training should help an Appointed Person cope with an emergency and improve their competence and confidence and includes:

- what to do in an emergency
- cardiopulmonary resuscitation
- First Aid for the unconscious casualty
- First Aid for the wounded or bleeding.

First Aiders (3 day trained volunteers)

First Aiders must complete a training course approved by the Health and Safety Executive (HSE) and attend a refresher course every 3 years. At Hartford Infant and Pre School, the main duties of a First Aider are to:

- give immediate help to casualties with common injuries or illnesses;
- when necessary, ensure that an ambulance or other professional medical help is called;
- advise the parent/carer or next of kin of the situation.

In selecting First Aiders the Head Teacher will have considered the person's:

- reliability and communication skills;
- aptitude and ability to absorb new knowledge and learn new skills;
- ability to cope with stressful and physically demanding emergency procedures;
- normal duties because a First Aider must be able to respond immediately to an emergency.

Appendix 1 lists the 3 day First Aiders at Work/Paediatric First Aiders at Hartford Infant and Pre School.

First Aiders (1 day trained)

In addition to 3 day trained First Aiders, several staff are also trained in emergency First Aid and hold the 1 day 'Appointed Person' certificate. **Appendix 1** highlights designated Appointed Person First Aiders.

Members of staff should not give First Aid treatment for which they have not been trained.

First Aid administration and arrangements

A First Aider can assess an injury and decide, in loco parentis, if it warrants treatment or if it is sufficient for the injured person to rest and recuperate. This would be a named 3 day or 1 day First Aider (listed in appendix 1). Where treatment is applied, records of the treatment must be logged in the Linton record book (available in each year group, the lunchtime First Aid box, the front office and forest school First Aid bag) and a copy issued to parents/carers.

During induction with the Head Teacher, new staff are given information regarding:

- Who the First-Aiders are;
- Where the First-Aid boxes are located; and
- The schools routine for dealing with First Aid emergencies. This includes a copy of this policy and the Hartford Infant and Pre School A to Z of First Aid.

Only trained First Aiders are able to provide First Aid treatment.

First aid equipment

Referring to the site Risk Assessment the Head Teacher will ensure that the appropriate number of First Aid kits are available. First Aid boxes or kits should be kept strategically placed in areas of greatest risk, e.g. during Forest School. All First Aid containers must be marked with a white cross on a green background. Where possible, First Aid bags/boxes will be stored close to hand washing facilities.

Additional supplies for First Aid box are stored in the Rainbow Room cupboards. All First Aiders are responsible for informing the School Secretary of low supplies so that these can be ordered. A list of children with allergies, including plasters, is available from the school office and is contained in each class register.

As a minimum each First Aid box/bag in school should contain:

- one guidance card;
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye 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) sterile individually wrapped unmedicated wound dressings;
- disposable gloves.

(Equivalent or additional items are acceptable. Please ensure all used items are replaced immediately).

For visits, off-site activities and trips the trip leader (team leader) must assess the level of First Aid provision and number of qualified staff required. Staff will have access to a mobile phone available to make emergency calls and will be aware of any care plans for children attending the visit. First Aid bags for use off site should contain the following as a minimum:

- one guidance card;
- six individually wrapped sterile adhesive dressings;
- one large sterile unmedicated wound dressing approximately 18cm x 18cm;
- two individually wrapped triangular bandages;
- two safety pins;
- individually wrapped moist cleansing wipes;
- one large sterile individually wrapped unmedicated wound dressings (approx. 18x18 cm);
- disposable gloves;
- sick bags;
- 2 instant ice packs.

(Equivalent or additional items are acceptable. Additional items may be necessary for specialised activities. Please ensure all used items are replaced immediately).

The 3 day First Aider/School Secretary is responsible for regularly checking First Aid bags/boxes and additional supplies, including expiry dates.

Accommodation

The Head Teacher is responsible for providing a suitable room for medical treatment and care of children during school hours. This needs not be a dedicated area but should be close to a lavatory and contain a washbasin. At Hartford Infant and Pre School this is the Hygiene Room which is situated in the middle of the school to the front of the building near the Nurture Room and SENCo Office.

Administering medication

Please see Hartford Infant and Pre School Administering Medicine Policy.

Illness

Pupils: When a child feels unwell, the teacher/teaching assistant attached to the class, should contact the office to arrange for parents/carers to be contacted to collect the unwell child.

Staff and other adults: Members of staff or other adults on site who are taken ill at school should liaise with the Appointed Person to either seek medical attention or go home, accompanied if appropriate. In an emergency, an ambulance would be called and, for staff members, the next of kin contacted. Details of staff member's next of kin numbers are available from the school office.

Record keeping

Statutory accident records: The First Aider must ensure that readily accessible accident records, written or electronic, are kept for a **minimum of three years**.

The Head Teacher must ensure that a record is kept of any First Aid treatment given by First Aider [staff are to use a green First Aid Book kept with all First Aid equipment in allocated spaces and once this book is completed return it to the school office for storage].

This should include:

- date, time and place of incident;
- name (and class) of the injured or ill person;
- details of their injury/illness and what First Aid was given;
- summary of what happened to the person immediately afterwards;
- name and signature of First Aider or person dealing with the incident.

Reporting arrangements

The First Aider must keep 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.

Parents/carers are informed of any significant bumps to the head or where there has been bleeding or the potential of swelling or bruising. Staff who complete records for a First Aid incident must ensure a copy of Linton First Aid slips are given to the School Secretary immediately. An email will be sent to parents/carers via the school office to ensure they are aware of the incident. The person completing the Linton White Slip must tell the class teacher so that they are aware of the incident and can monitor the child especially where a head injury is sustained.

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 pupils 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.

i.e. if it relates to:

- any school activity, both on or off the premises;
- the way the school activity has been organised or managed;
- equipment, machinery or substances;

- the design or condition of the premises.

The HSE must be notified of fatal and major injuries and dangerous occurrences without delay. The Head is responsible for ensuring these accidents are reported to the CAM Academy Trust within 5 calendar days.

The Appointed Person or First Aider must complete form IRF (96) on-line Reporting Accidents/Incidents form available at <https://www.reportincident.co.uk/>

Hygiene and infection control

Staff must follow basic hygiene procedures. Single use disposable gloves must be worn when treatment involves blood or other body fluids and care should be taken when disposing of dressings or equipment. Staff must take care when handling blood and other body fluids. If they are in contact with blood or body fluid and believe there is a risk to their health, they must report this immediately to the Head Teacher, CAM Academy Trust and via the County's On-line reporting system. Soiled dressings should be disposed of in yellow clinical waste bags. These bags are placed into the main clinical waste bin at the end of each day.

Schools have a legal duty of care placed on any person who produces a "controlled waste". In a school this duty will fall to the Head Teacher who has day to day responsibility for the control of the premises. Any waste which is contaminated with human or animal blood or bodily fluids, needles, or other waste which may cause infection (nappies, stoma bags, dialysis kits) is defined as "Clinical Waste". Soiled First Aid materials are clinical waste.

At Hartford Infant and Pre School clinical waste is disposed of in yellow bags and placed in the bin in the hygiene room. This waste is collected regularly by PHS.

Risk assessment

The health and safety policy outlines key risks at Hartford Infant and Pre School and directs staff on how to manage such risks. In addition, our Hartford Infant and Pre School site risk assessments also support this. Thorough risk assessments are carried out at Hartford Infant and Pre School and identify the key actions required to ensure adequate First Aid provision is provided.

The following areas are considered when assessing the need for First Aid;

- Hazards presented by the work;
- Level of risk presented by hazards;
- Number and nature of staff;
- Number and nature of pupils;
- Number of sites / buildings;
- Location of sites / buildings;
- Accident history;
- Off site visits and lone workers;
- Staff working on shared or multi-occupied sites;
- Leave / absences of First Aiders and Appointed Persons.

Following the assessment and using the information gathered, it is the role of the Head Teacher to determine the personnel, equipment and facilities that are required and take steps to ensure they are provided and maintained.

Those with Specific Needs

This document sets out to provide general guidance only. If an establishment has young people with disabilities, long-standing medical conditions or allergies which require special attention, individual and specialist advice should be sought about their treatment in the case of accidents or illness. An individual Healthcare plan will be written for all such cases. See template, Appendix B. See Supporting Children with Medical Conditions Policy.

Further information:

This policy should be read in conjunction with the school's policy on:

- Health and Safety
- Supporting Children with Medical Conditions
- Administering Medicine
- Illness and Accident

This policy is supported by our Hartford Infant School 'A to Z of First Aid' which provides detailed information of how to deal with common First Aid issues.

Monitoring

As part of the School's annual monitoring:

- The Head Teacher is responsible for reviewing the Schools' First Aid needs following any changes to staff, building/site, activities, off-site facilities etc.
- The Head Teacher is responsible for monitoring the number of trained First Aiders, alerting them to the need for refresher courses and organising training sessions. This may be delegated to the School Secretary.
- The Head Teacher is responsible for monitoring the emergency First Aid training received by other staff and organises appropriate training. This may be delegated to the School Secretary.
- The Appointed Person checks the contents of the First Aid boxes termly.

The Head Teacher is responsible for ensuring that all staff are informed about the schools' First Aid arrangements:

- An in-depth induction to new members of staff explains what they must do, where equipment and facilities are and who are the First Aid personnel. This includes sharing of this policy and our Hartford Infant and Pre School A to Z of First Aid.
- In whole school business meetings at the start of each term a First Aid update is given where necessary.

Appendices:

Appendix 1: List of First Aiders

Appendix 2: Individual Healthcare Plan template

Appendix 3: Hartford Infant and Pre School A to Z of First Aid

Appendix 4: Medication in school permission form

Appendix 1
List of First Aiders

Qualification	Name	Expires
First Aid at work & Paediatric First Aid (3 day)	Sue Orledge	11.5.21
	Bex Lynch	12.10.21
	Cheryl Esaw	12.10.21
	Trudy Leah	24.1.23
	Aqila Ali	??
	Sonia Gentile	??
Appointed Person (1 day)	Julie Short	26.9.21
	Jayne Hill	25.9.22
	Claire Peacock	22.11.20
	Moira Whitham	27.6.21
	Sara Turner	22.11.20
	Natalie Hayhoe	20.3.22
	Shauna Armstrong	20.3.22
	Tracy Cosby	4.12.22
	Gemma Jarmaine	16.5.21
	Aqila Ali	5.2.23
	Kerry White	20.9.20

**Appendix 2
Individual Healthcare Plan**

Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Relationship to child	
Mobile	
(home)	
Name	
Relationship to child	
Phone mobile	
(home)	
Clinic/Hospital Contact	
Name	
Consultant	
Phone no.	
G.P.	
Name	
Phone no.	
Adults responsible for providing support in school	
Background	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervis	
Specific support for the pupil's educational, social and emotional needs	
Arrangements for school visits/trips etc	
Other information	
Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency (<i>state if different for off-site activities</i>)	
Plan developed with	
Staff training needed/undertaken – who, what, when	
Form copied to (signed)	

Appendix 3: Hartford Infant and Pre School A to Z of First Aid

Priorities of First Aid:

- Preserve life
- Prevent condition becoming worse
- Promote recovery
- Obtain medical assistance

A is for...

- **ABC** – AIRWAY, BREATHING, CIRCULATION.
 - A - Check the airway is open and clear. Open the airway by placing one hand on the forehead to tilt the head back and use two fingers from the other hand to lift the chin. **If they are unresponsive, move on to breathing quickly.**
 - B - Check if the casualty is breathing normally. Place your ear above their mouth, looking down their body. Listen for sounds of breathing and see if you can feel their breath on your cheek. Watch to see if their chest moves. Do this for **10 seconds**. **If they are unresponsive and not breathing, call 999 for emergency help and start CPR straight away. If they are responsive and breathing move on to circulation.**
 - C - Once you have established they are breathing, look and check for any signs of severe bleeding and injury. **If they are bleeding severely, control and treat the bleeding by applying direct pressure to the wound. Call 999. If they are unresponsive and breathing but with no bleeding, put them in the recovery position and call 999.**
- **Abdominal wound** – lay casualty down and bend legs to relax tummy muscles. Add pad to wound.
- **Absence** – Support casualty to sit down and stay safe, remove any hazards, stay with them and calmly monitor. If this is not known to individual consult with family. If absence is known to individual, follow medical plan.
- **AED** - to be used with CPR on adults and children over 1 year. Call 999 if one is needed and follow instructions. Code for access will be given if necessary.
- **Allergies** –
 - Remove trigger
 - Assess severity
 - Treat with own medicine if known allergy (see healthcare plan)
 - Contact parents
 - Call 999 if signs of throat or mouth swelling
 - Monitor and record (see Monitor)
- **Ambulance** – if in any doubt, call 999.
- **Anaphylaxis** –
 - Call 999 tell operator that you suspect anaphylaxis
 - If known, treat with casualty's auto injector following medical care plan.
 - Sit casualty up to relieve breathing.
 - If pale, treat for shock (see shock).
- **Angina** – spray or tablet form of medication to be used if known angina. Can lead to heart attack, monitor.
- **Asphyxiation** -e.g. choking, strangling, asthma, drowning, seizure. Check **ABC**, if no breathing call 999 and begin **CPR**. Remove cause if possible. If breathing starts, put casualty in recovery position.
- **Assess** – before assisting with an incident, ensure it is safe for yourself to do so. E.g. Are there any hazards? Do you have your gloves on? Do you have communication with others?
- **Assessment** –First Aider in charge (preferably with another trained First Aider) checks airway, breathing, circulation, bleeding, head to toe check.
- **Asthma** – all staff/children known to have asthma should have their own pump in school. Follow directions on completed medication form. Sit them down and calm, encourage casualty to breath slowly and deeply. If attack is bad follow **ABC**.
Seek medical assistance:
 - if the inhaler has no effect after 5-10 minutes
 - if the casualty is getting worse
 - if the casualty is getting exhausted
 - pulse rate 120 or more
 - rapid breathing 30 breaths a minute or more
- **Auto-injector** – follow instructions on medical form to administer. E.g. epi pen

B is for...

- **Bandage** – Use as a dressing on a wound, to hold dressing in place or on its own to support or restrict movement of part of the body.
- **Bins** (First Aid) – use safely to correctly dispose of bodily fluids. All First Aid waste to be placed in yellow bags in hygiene room for safe collection.
- **Bites** (animals and human) - Wash bite with water. Raise and support wound. Pat dry and dress. If wound is large or has broken the skin, the individual should seek medical help (risk of tetanus/hepatitis/HIV).
- **Blood** – protect self and casualty by wearing gloves. Apply pressure to wound, preferably with casualty's hand. If bleeds through dressing, add a second pad. If casualty bleeds through both, remove both and start again. Keep all used pads in bag.
- **Breaks** – If a break in a bone is suspected, allow casualty to sit or lay however they feel comfortable. Support for a broken arm may be possible using padding or sling but let the casualty decide what is comfortable for them (bind as you find if needed). DO NOT attempt to move an injured limb unnecessarily. Ring 999. Do not allow them to eat or drink as they may need anaesthetic. Keep warm and reassure.
- **Breathing** – Assess and treat for any obstruction or difficulty.
- **Bruises** – Rest, Ice, Comfortable position, Elevate (R.I.C.E).
- **Bump** - R.I.C.E. see head injury for bump to head.
- **Burns** – Immediately cool with water for at least 10 minutes (or until pain and heat are relieved) under a tap. Aim water above burn and let trickle down towards the burn. Do not burst any blisters or remove anything sticking to the burn. Cover with thick water-soaked cloth or kitchen film but not fluffy material. Reassure and be prepared to treat for shock. Monitor and keep burnt limb raised. Call 999 if burn:
 - is all the way around a limb
 - larger than palm of hand
 - on face or neck
 - if it has blistered
 - if it is full thickness (skin may look waxy, pale or charred)
 - For children, all burns need medical assistance (if small superficial burn, suggest parent take to doctor).
 - All burns to face and neck need medical attention.

C is for...

- **Calm** – Being calm can help in an emergency and can help to reassure the casualty.
- **Car** – children should NOT be taken to hospital in staff cars. Parent cars or the emergency services must only be used.
- **Cardiac arrest** – see heart attack. Call 999 and follow advice.
- **Chest** – if wound to chest, cover with pad and lean casualty to side of injury.
- **Choking** – children can sit on a chair or lap:
 - encourage to cough first
 - bend forwards
 - apply 5 back slaps -heel of hand between shoulder blades and check for dislodged objects
 - if above has not worked, apply 5 abdominal thrusts (NOT to be carried out on babies or pregnant women)
 - if casualty **pregnant** and back slaps have not worked, 5 chest compressions should be applied.
 - if casualty a **baby**, place over knee with head low, use 5 finger compressions if back slaps have not worked
 - check for dislodged objects
 - repeat 5 back slaps and 5 abdominal thrusts if needed
 - if casualty goes unconscious phone 999, turn onto back, open airway and check breathing
 - start CPR if necessary
 - any casualty who has been subjected to abdominal thrusts should always be medically examined afterwards
- **Circulation**- see **ABC**.
- **Communication** – communicate to parents what they need to know regarding any First Aid. Give facts and be specific about where on the body is injured (left or right, which finger etc).
- **Concussion** – may become evident within minutes or hours of injury but sometimes becomes evident within the days after an accident. Assess - A (are they alert and aware of surroundings?) V (do they respond to voice and answer questions?) P (do they respond to pain response?) U (if unresponsive to any stimulus casualty unconscious – see unconscious). Call 999 if casualty is knocked out, struggles to stay awake, has problems understanding, numbness or weakness, vision problems, fluid from eyes or nose, bleeding from ears, black eye or a seizure
- **Cough** - If severe assess the causes and talk to the casualty. Monitor.
- **CPR** – Cardio Pulmonary Resuscitation. If child not breathing:

- call 999
 - tilt head back to open airway, 5 rescue breaths
 - 30 chest compressions, with one hand
 - 2 breaths
 - 30 chest compressions, with one hand
 - Repeat with breaths and compressions until breathing or help arrives. Take turns with another First Aider if possible.
 - For **babies** (under 1 year) gently tilt head back placing one hand on forehead and gently lift chin with one fingertip on chin point. Place mouth over their nose and mouth. Start with 5 rescue breaths, then 30 chest compressions using 2 fingers on centre of chest.
- **CPR** – if adult not breathing:
 - Call 999
 - Tilt head back to open airway
 - 30 chest compressions with two hands
 - 2 breaths
 - Repeat 30 chest compressions
 - Repeat with breaths and compressions until breathing or help arrives. Take turns with another First Aider if possible.
 - Cuts – clean and cover (check for plaster allergies)

D is for...

- **Defibrillator** - see AED.
- **Dehydration** – Help casualty to sit down, give them water and monitor.
- **Diabetes** – follow information and instructions on individual healthcare plan.
- **Diarrhoea** – contact parents. Support child to clean themselves (note; only children with intimate care plan are changed in school by staff). Reassure and monitor child, noting time begins. Keep warm and hydrated. If persistent or repeated attacks, seek medical advice. Contact caretaker to clean area thoroughly in event of accident.
- **Dizziness** - lie or sit casualty down until dizziness passes, then get up slowly. Encourage them to move slowly and carefully, get plenty of rest and drink plenty of fluids, especially water. Monitor.
- **DRABC/doctor ABC** (Danger, Response, Airway, Breathing and Circulation) - See ABC.

E is for...

- **Ears** – if casualty is bleeding from the ear, place in half sitting position and cover ear with pad. Lean head to affected side and seek medical attention. Do not try to remove any lodged foreign objects in ears, seek medical assistance for this. Insects may wash out using clean tepid water.
- **Electric shock** – make safe by turning off source of electric. Carry out **ABC**. If unconscious and breathing, and safe to do so, place in recovery position while wait for medical assistance. If unconscious and not breathing, carry out **CPR**.
- **Elevation** – see RICE and fainting.
- **Epilepsy** – if casualty known to have epilepsy, follow information and guidance on healthcare plan. Remove any hazards from casualty and loosen any tight clothing. Place something soft under head, stay with casualty and check **ABC**. Monitor.
- **Eyes** – irrigate eye using water over bridge of nose, keep eye open. Place cold compress over the eyes and call parents/seek medical attention.

F is for...

- **Fainting**- cool the environment and lay casualty down. Loosen tight clothing and raise legs to help blood flow, make sure they have plenty of fresh air. Reassure and find out underlying cause.
- **Fever**- monitor and seek medical advice/send home.
- **First aid kit** – check on a regular basis/if you use an item then replace.
- **Food poisoning** – see poisoning.
- **Fracture** – If a fracture in a bone is suspected, call for medical assistance. Allow casualty to sit or lay however they feel comfortable. Control any breathing. Support for a broken arm may be possible using padding or sling but let the casualty decide what is comfortable for them (bind as you find). DO NOT attempt to move an injured limb unnecessarily. Do not allow them to eat or drink as they may need anaesthetic. Keep warm and reassure.

G is for...

- **Gauze** – use to temporarily cover cuts and grazes and for cleaning.
- **Gloves** – put on ASAP to reassure casualty, provide more warmth/reassurance and to protect self.

- **Graze** – clean the wound, wipe away from the wound using a clean wet gauze, pat the wound dry with gauze and cover. Seek medical advice if foreign object embedded in the wound.

H is for...

- **Head injury**– sit casualty down and assess, cover any graze/cut first and then apply ice pack to help reduce the swelling, keep assessing their level of response. If go unconscious, call 999.
- **Health care plan** – written by the First Aid lead/SENDCo with class teachers/parents for all children requiring an individual medical/healthcare plan.
- **Heart attack** – call 999 urgently and follow advice. ABC and sit casualty in 'w position'. Check to see if casualty has angina. Monitor and reassure.
- **Heat exhaustion and heat stroke** - Move casualty to a cool place, get them to lie down and raise their feet slightly. Get them to drink plenty of water and cool their skin – spray or sponge them with cool water and fan them. They should start to cool down and feel better within 30 minutes. If casualty does not feel better, contact emergency services and explain suspected heat stroke. Monitor closely.
- **History** – always gather background information any casualty
- **Hives** – apply cold compress, seek medical advice to explore triggers.
- **Hyperthermia** – contact emergency services. If possible, move the casualty indoors or somewhere sheltered as quickly as possible. Remove any wet clothing, wrap them in a blanket, sleeping bag or dry towel, making sure their head is covered. If safe to do so, give them a warm non-alcoholic drink and some sugary food if they're fully awake. Keep them awake by talking to them until help arrives.

I is for...

- **ICE (in case of emergency)** – critical incident file stored centrally in school office and updated through Scholar pack. Lead First Aider to request information printed for any casualty requiring emergency services.
- **Ice pack** – keep in freezer, do not apply directly to skin, can be used as hot pads
- **Infantile convulsion** – cool child down and protect from injury. Ensure good supply of cool air and airway is maintained. Call emergency services.
- **Information** – always check casualty's personal details to ascertain history.
- **Intimate care plan** – used for children in nappies and need regular changing in school. written by SENDCo with parents and staff. Only children in school with intimate care plan should be changed by adults in event of an accident. Follow specific instructions on individual care plans.
- **Internal bleeding** – if suspected, lay casualty down and advise not to move. Treat for shock and record responsiveness. Note the type, amount and source of any blood lost from body. Use CPR if required.

J is for...

- **Joints** – see sprain if injury to ligament and close to joint

K is for...

- **Kit (First Aid)** – ensure these are kept tidy and up to date.

L is for...

- **Lead** – 1 person takes a lead in an emergency. This is usually a named 3-day First Aider but should be the most suitable person at the time of the incident.
- **Lifesaving medication**.....should always taken on school trips and to PE and forest school. E.g. inhaler.

M is for...

- **Medical plan** – see healthcare plan.
- **Medication** – all medication is to be stored in the front office unless otherwise agreed. E.g. epilepsy medication remains close to pupils requiring this. It is the responsibility of the office staff to ensure medication is in school, in date and stored correctly. Medication is returned to parents at the end of the academic year, and when out of date. All parents/carers complete a medication form and sign to give permission for named staff (on form) to administer this. All medication forms are copied and stored in the medication box and medicines folder in the office. All emergency medication, e.g. inhalers and epi pens should be taken outside for PE, forest school, trips and in an emergency evacuation.
- **Mobile** – phone to be taken to First Aider in charge in an emergency and on all school trips for emergency use.
- **Monitor and record** – observing casualty whilst treating/waiting for assistance. Record vital signs: breathing, pulse, level of response, timings.

N is for...

- **Nose bleed** – wear medical gloves, sit the patient down and ask them to tilt their head slightly forward. Try to get them to apply finger and thumb pressure below the bridge of the nose (the soft part of the nose), check after 10 minutes and encourage them to breathe through their mouth. Monitor and use clean gauze/tissues to catch any blood (keep in bag together). Seek advice and make note of time of the nose bleed. Once bleeding has stopped

clean around the nose with water and once clean, advise them to rest and avoid blowing the nose. If the bleeding is severe or lasts more than 30 minutes seek emergency advice.

- **Notes** – make notes as and when required and pass on pertinent information to medical professionals if called.

O is for...

- **Operation** – let's hope with our consistent First Aid skills this won't be needed!

P is for...

- **Pale** – if casualty has had head injury and colour changes to skin, seek medical attention.
- **Plasters** – check allergies and apply as needed to open cuts and grazes.
- **Poisoning** – if suspected, call for medical assistance. Get history as soon as possible. Do not attempt to induce vomiting. If unconscious and breathing, place in recovery position. If unconscious and no breathing, resuscitate. Send examples of poison with casualty to hospital if possible.
- **Pregnancy** – inform all pregnant staff of cases of chicken pox in school. Abdominal thrusts should not be used on pregnant women (see choking) and pregnant women should be placed on left side if recovery position needed.

Q is for...

- **Question** – find out the facts and ask open ended questions.

R is for...

- **Rash** – check onset and monitor. Seek medical advice if persistent.
- **Reassurance** – talk calmly to the patient to keep them calm.
- **Recovery position** – if casualty is unconscious and breathing, place in recovery position and monitor. Change to other side if longer than 30 minutes. If injury significant may not need to roll (follow advice from medical professionals). Pregnant mums should be rolled onto their left side. Call for assistance, monitor and keep still.
- **RICE** - Rest, Ice applied for 10-15 minutes, Comfortable position for casualty, Elevate by raising limb so higher than heart

S is for...

- **Scrapes** – see grazes
- **Seizure** –
 - remove any hazards to protect casualty (do not move casualty, restrain or put anything in their mouth)
 - loosen tight clothing and place something soft under head
 - treat with medication if known condition (follow healthcare plan)
 - monitor and record (timings are important)
 - check ABC
 - call 999 if: first seizure, lasts more than 5 minutes, is having repeated seizures, or has another injury.
 - when convulsions have stopped, check ABC, put into recovery position, maintain dignity (may have lost bladder or bowel control). Stay with casualty and continue to monitor.
 - always notify parents.
- **Shock** – if conscious, reassure and treat cause. Lay casualty down and loosen tight clothing. Raise legs and keep warm. Monitor and seek medical assistance. Nil by mouth. If leads to unconscious casualty, follow ABC. Reassure and treat cause. Place in recovery position if injuries allow and keep warm. Seek medical assistance and monitor. Nil by mouth.
- **Sick** – see vomit.
- **Skin** – all broken skin should be covered.
- **Spine** – if suspected spinal injury, keep casualty as still as possible, call 999 and reassure.
- **Splinters** – brush off with splinter card or cover and ask parents to remove
- **Sprain** – if injury to ligament follow RICE (Rest, Ice applied for 10-15 minutes, Comfortable position for casualty, Elevate by raising limb so higher than heart)
- **Strain** – if injury to muscle, follow RICE
- **Stroke** – **ABC**, call 999 and follow advice, sit or lay casualty down with head higher than heart. Loosen tight clothing. Ask closed questions if casualty cannot speak. Talk and reassure. Record level of response.

T is for...

- **Ticks** - Use a tick-removal tool. Grasp the tick as close to the skin as possible. Slowly pull upwards, taking care not to squeeze or crush the tick. Clean the bite with antiseptic or soap and water.
- **TLC** – always reassure casualties and stay calm
- **Teeth** – save lost first teeth to send home with child when possible. Rinse mouth and place rolled up piece of gauze over tooth socket if needed (check after 10 minutes). If permanent tooth knocked out, place tooth in milk as soon as possible and ask parent to take casualty to dentist asap.

Appendix 4 Agreement for Hartford Infant School to Administer Medicine

Please complete this form should you need School to administer essential/prescribed medicines to your child. You are then required to meet with the Head Teacher briefly to go through the form to ensure that School has all, and understands all, the details. In the absence of the Head Teacher, the School Secretary can perform this task.

PUPIL NAME

Class

Date of Birth

Address

MEDICAL CONDITION/ILLNESS

Symptoms, triggers, signs

MEDICATION

Expiry Date

Dosage and Method

Timing

Administration

Special precautions/other instructions

Side effects

What constitutes an **EMERGENCY**

Procedures to take in an emergency

Who is responsible in an emergency
(state if different for off-site activities)

Head Teacher, Class Teacher

FURTHER INFORMATION

Daily care requirements

Specific support for the pupil's
educational, social, emotional needs

Arrangements for school visits and
trips etc

Staff training needed/undertaken –
who, what, when

Any other information

Adult responsible for pupil's group to take medicine in named sealed container

FAMILY CONTACT

Name

Relationship to child

Tel (mobile)

Tel (home)

Tel (work)

Name

Relationship to child

Tel (mobile)

Tel (home)

Tel (work)

GP

Name

Telephone

Staff responsible for providing support in School:

Mrs R Lee, Head Teacher

Mrs N Hayhoe, School Secretary

Mrs R Cooper, Finance Secretary

Mrs G Wright, Office Administrator

Mrs S Orledge, Teaching Assistant and 'Four Day' First Aider

_____ (Additional name if required)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Hartford Infant School staff to administer medicine in accordance with their policy. I will inform the School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent Name (please print)	
Parent Signature	
Head Teacher Signature	
Date	