**Sinclair House School**

**FIRST AID TREATMENT**

**This policy applies to the whole school including the Early Years Foundation Stage (EYFS)**

**This Policy is publicly available on the School website and a copy may be obtained from the School Office.**

**Allergies/long-term Illness:** A record is kept in the general office of any child's allergy to any form of medication (if notified by the parent) any long-term illness, for example, asthma, and details on any child whose health might give us cause for concern. Emergency supplies for children with nut allergies and diabetes are kept in the school office.

**Courses:** Staff are notified of first aid courses at staff meetings.

**Accident:** Procedure to follow for accidents which commonly occur in school

- Fill in an accident report form, copies of which are kept in the accident book in the school office. If the parent/guardian has to be sent for to take the child to the family doctor or to hospital for further treatment this should be recorded on the form.
- All accidents, however minor, must be reported and complete an accident report form (near misses, potential hazards and any damage must be reported immediately).
- All accidents (near misses, potential hazards and damage) will be investigated by the Health and Safety Officer, who will be responsible for ensuring that corrective action is taken where appropriate to prevent a recurrence.
- The Health and Safety Officer will notify the appropriate authorities when necessary. (See RIDDOR reporting)

**Major Injuries**

- Fracture of the skull, spine or pelvis or of any bone in the arm other than a bone in the wrist or hand.
- Fracture of any bone in the leg other than a bone in the ankle or foot.
- Amputation of a hand of foot or the loss of sight of an eye.
- Any other injury which results in the person injured being admitted to hospital as an inpatient for more than 24 hours, unless that person is detained only for observation.

It might be that the extent of the injury may not be apparent at the time of the accident or immedia tely afterwards, or the injured person may not be immediately admitted to hospital. Once the injuries are confirmed, or the person has spent more than 24 hours in hospital, then the accident must be reported as a major injury.

**Sick or Injured Persons**

**What to do if a child is ill or injured:** The legal responsibility of all teachers and learning support assistants is considered to be "in loco parentis" which means, that we are expected to act as all prudent parents would do. Thus, we would more easily be found negligent if we did nothing than if we attempted to act in the child's best interests. The basic principle is that a teacher or member of the support staff cannot claim that a sick or injured child is not his/her responsibility. The Health and Safety at Work Act requires all employees to share responsibility for the workplace of themselves and of others using it so far as is reasonable and practical. Children should only be in school if they can take part in all school activities, with the exception of recovery from broken limbs or similar injuries. Children who are on antibiotics or have had sickness or diarrhoea must spend the first 48 hours away from school. Further information regarding administration of medicines etc can be found in the Health and Safety document. Parents of children who are taken ill in school should be informed through the school office. Sawdust is kept for use in the case of vomit. There is also a dustpan and brush, gloves and bags for disposal. Please inform the School Office so that cleaners can be informed. It is a requirement for all teaching and support staff to be trained in basic First Aid. However, NEVER perform any First Aid Procedures that you have not been adequately trained to do. The following is an aide-memoire only.

**For a minor illness or slight injury:** Arrange for the child to be taken to a First Aider or bring the First Aider to the child. If no First Aider is on site the child must be taken to the School Office. Please do not send a sick or injured child all over the building looking for help. Use a phone or a runner or get help from a colleague.

**If a child appears to be badly injured or seriously ill (e.g. serious loss of blood, severe pain in abdomen, bone or joint, unconsciousness):** DO NOT MOVE THE CHILD. SEND FOR HELP AT ONCE.

**Calling an Ambulance:** The First Aider on site must make a decision to call an ambulance. **It is always best to err on the side of caution,** bearing in mind that additional injuries may be caused if unqualified persons move a casualty. An ambulance should be called if there is **significant bleeding, shock, serious fractures which are disabling, cardiac arrest or breathing difficulties.**

- Dial 9999 and state which service(s) you require: Ambulance (Call for Police /Fire/ Coastguard as necessary)

- Give the age and sex of the casualty and state whether breathing/not breathing, conscious or unconscious and a brief description of the injury. Any additional factors known e.g. asthmatic, anaphylactic, diabetic etc. and give the address of the school

Stop bleeding by pressure and keep the child warm and quiet to minimise the shock. Find out all you can about what happened and whether the child is in pain. Always be encouraging: never discuss how bad it might be!

ONE person must take charge who will:

- Send for an ambulance if necessary send for a First Aider.
- Notify the Head of the preparatory school and make arrangements for the care of the child's property.
- Arrange to contact the child's parent/s and check that this has been done.

N.B. Check the correct name of the parent. If the child is taken to hospital he or she must be accompanied by an adult, who must be prepared to remain there with the child. Remember that when a child is ill or injured this changes the day's arrangements. Always ensure there is enough supervision for the other children on the trip, so that the sick or injured member of the group can be properly looked after. A first aider with a first aid kit must be on all off-site activities. For further advice please contact a first aider.

**If a child is ill and needs to go home:** The child should be taken to the School Office where the member of staff on duty there will telephone home and ask a parent or responsible adult to collect the child. A note should be made in the "Sick Children Sent Home" record book. If children are not well enough to join in all school activities they should not be in school. Parents should know that it is important that the school knows if any children are off school with diarrhoea and vomiting and the recommendation is that pupils see their General Practitioner during the period of absence. It is important that they should not return to school until free of symptoms for 48 hours.

**Accidents to pupils or visitors:** Major accidents which involve pupils or visitors who are killed or taken from the site of the accident to hospital need to be reported without delay to HSE, followed by Form F2508.

**Minor accidents to pupils:** All types of minor accidents are to be recorded in the accident book. Incidents that require medical attention outside school or a child being sent home are covered by the Accident Report Form. Parents are advised of the incident by telephone or in writing where deemed necessary. Please keep a note of all telephone notifications, including details of who contacted parents / responsible adult, time of call and details of event being notified. If a child is being sent home, there needs to be a record of this too.

**Incidents / Hazards / Accident & Incident Book:** This should be used to record the unplanned or uncontrollable event. Assessment and review will be undertaken at regular intervals to consider further action.

Reportable diseases need to be noted including:

- Date and diagnosis of the disease and who is affected
- The name of the disease

Please refer to the attached list from the HSE. A copy of the list detailing incubation and exclusion periods of commoner communicable diseases is enclosed. Accident reports are being analysed and recorded in order to investigate causes of accident and learning from it, so as to avoid a recurrence.

**Wounds and Bleeding:** Remember to NEVER perform any First Aid Procedures that you have not been adequately trained to do. The following is an aide-memoire only. The aims of First Aid for bleeding and wounds are to:

- Stop bleeding as quickly as possible, because severe loss of blood could be serious and lead to death.
- Prevent infection, by keeping germs out.

**Treatment:**

- Place the casualty in a lying position, preferably with legs raised and elevate injured part, unless a fracture is suspected, and loosen tight clothing.
- Expose wound, removing as little clothing as possible.
- Control bleeding by pressing sides of wound firmly together or by applying direct pressure to the part that is bleeding, over a clean dressing preferably, a clean towel, handkerchief or any other item of clean linen.
- Apply sterile dressing into the depth of the wound until it projects above the wound, cover with padding and bandage firmly.
- If foreign bodies are present in the wound, or bone is projected, cover the wound with a sterile dressing and apply enough pads round the wound to enable bandage to be applied in a diagonal manner, avoiding pressure on projecting foreign body or bone.

- If bleeding continues through dressing, put another dressing over the previous dressing and bandage it firmly. Never remove dressings that are already in place – this disturbs the blood clot and can easily make bleeding worse.
- At all times reassure the patient and keep him/her relaxed and lying as still as possible; any unnecessary movement will tend to make bleeding more severe and keep casualty warm with blankets.
- Except in cases of only slight injuries with small loss of blood, get the casualty as comfortably and quickly as possible.

**Warning:** Stab wounds and puncture wounds can cause injury and infection deep inside the body, even though the skin wound is only small. Therefore, such wounds should be regarded as serious and the casualty sent to hospital.

**Burns and Scalds**

- Cool immediately. If limb or extremity is affected, immerse in cold water or place under a gently running tap, until pain is reduced.
- Remove burnt clothing only if absolutely necessary and after cooling has begun. Stuck clothing should be left alone.
- Do not break blisters; keep immersed in cold water if still painful.
- Remove anything of a constricted nature – e.g. rings, bangles, belts, boots – before swelling starts.
- Cover the burn with a large sterile dressing. If no dressing is available, use the cleanest non-fluffy covering available. Dressing should cover an area bigger than the burn. If necessary, use several dressings.
- If burn is larger than the palm of the hand, send casualty to a hospital as quickly as possible.

**Warning:** DO NOT apply lotion, antiseptics or anything greasy to burns. DO NOT use hairy or fluffy materials to cover a burn. In the case of electrical burns, do not touch the casualty until you are certain that the electricity is switched off.

**Diabetes**: You MUST know if you are teaching a diabetic child. All diabetic children should be registered with the School Medical Service and the school office kept up to date with details of where parents can be contacted in an emergency, also telephone numbers of the Child's Doctor, Hospital etc. The child should always be carry glucose or sugar in his or her pocket and may need to eat in class or before PE and games lessons. It is very important that diabetics eat meals at regular times and are allowed to eat small snacks at other times when they need extra food. The only major problem the diabetic child is likely to have in school will be an INSULIN REACTION (Hypoglycaemia). Some of the first signs may consist of confusion, poor work, and poor handwriting. If any of these are noticed – sugar in any form is the correct treatment (sugar, sweets, and sugary drinks). If reaction has not developed too far the child will return to normal, but SHOULD NEVER BE SENT OUT OF THE ROOM WITHOUT SUPERVISION.

Insulin reactions do not occur very frequently. They are usually brought on by more exercise than usual, delay in getting meals or inadequate meals or excessive Insulin dosage. If a reaction occurs at school, parents should be advised by telephone and in writing. If the child has developed an Insulin reaction or is unwilling to swallow sugar, this should be considered an EMERGENCY - AND THE CHILD TAKEN TO HOSPITAL. Every effort should be made to contact the parents as soon as possible.

**Symptoms of Hypoglycaemic Reaction:** Trembling, numbness
Late symptoms – sweating, tingling of the mouth and fingers, poor orientation, weakness, loss of memory, drowsiness, blurring of vision, unconsciousness, headache, abnormal gait, convulsions, abnormal behaviour. NOTE: The child may be wearing a Medic-Alert or Necklet which would identify the condition, if the teacher has not already been made aware of the child's Diabetic condition.

**Epilepsy: A Guide for Staff:** Types of seizure include Major fit ('grand mal' or 'convulsion'). This type of fit can be very frightening when seen for the first time. The child may make a strange cry, (a physical effect that does not indicate fear of pain), and fall suddenly. Muscles first stiffen and then relax, and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear round the mouth, occasionally blood-flecked, if tongue or cheeks have been bitten. The child may pass water. This type of fit may last several minutes, after which the child will recover consciousness. He/she may be dazed or confused – a feeling that can last from a few minutes to several hours – and may want to sleep or rest quietly after the attack. Although alarming to the onlooker this type of fit is not harmful to the child and is not a medical emergency unless one fit follows another and consciousness is not regained. Should this happen, medical aid should be sought without delay. This condition is known as status epilepticus.

- **Minor fit ('absence' or 'petit mal').** This type of seizure may easily pass unnoticed by parents or teachers. The child may appear merely to daydream or stare blankly. There may be frequent blinking of the eyes, but otherwise none of the outward signs associated with a major seizure. Though brief, these periods of clouded consciousness can be frequent. They can lead to a serious learning problem if not recognised and treated, because the child is totally unaware of his surroundings and receives neither visual nor aural messages during a seizure.
- **Psychomotor fit ('complex partial' or 'temporal lobe'**) This occurs when only part of the brain is affected by the excessive energy discharge. There may be involuntary movements such as twitching, plucking at clothes or lip smacking. The child appears to be conscious may be unable to speak or respond.

- **'Sub-clinical seizures'**. These are often not recognised because, as the name suggests, they cannot be seen. They may be indicated if a child's attainment level drops significantly, or the standard of oral or written work is below expectations for no accountable reason. Where sub-clinical seizures are suspected, the matter should immediately be brought to the attention of the Principal.

Calm observation of any seizure may well provide vital information for the doctors, who rarely see the child having a seizure. Cooperation between teachers, parents and the family doctor/paediatrician can prevent a child with epilepsy from becoming a disabled adult.

**Classroom First Aid:** The reaction and competence of the teacher is the most important factor in any classroom acceptance of a seizure. In a minor fit, understanding and a matter-of-fact approach are really all that are needed. A teacher should be aware of the possibility of mockery when the fit has passed and deal with it, if it arises, according to the age group concerned. If the child has a major seizure, classmates will respond to the calm behaviour of the teacher. Ensure that the child is out of harm's way, but move him/her only if there is danger from sharp or hot objects, or electrical appliances. Observe these simple rules and LET THE FIT RUN ITS COURSE.

- Cushion the head with something soft (a folded jacket would do but DO NOT try to restrain convulsive movements).
- DO NOT try to put anything at all between the teeth.
- DO NOT give anything to drink.
- Loosen tight clothing around the neck, remembering that this might frighten a semi-conscious child and should be done with care.
- DO call an ambulance or doctor if you suspect status epilepticus.
- As soon as possible, turn the child to the side in the semi-prone position to aid breathing and general recovery. Wipe away saliva from around the mouth.
- If possible stay with the child to offer reassurance during the confused period which often follows this form of seizure.

**Asthma:** Almost three million people in the UK have asthma and at least one in 10 children are diagnosed as having asthma in the UK. Each year 2000 people die from asthma in the UK. It is thought that the majority of these deaths are preventable. Due to this fact it is essential that we as teachers understand the causes that lead to an attack and how to deal with an attack when it happens.
Most children are able to lead a normal life by managing their asthma and being aware of situations which could lead to an asthma attack. However, the Head of the preparatory school and teachers need to be fully informed and able to cope with this potentially fatal disease.

It is important that each teacher can respond positively to these questions:
a) Do you know which, if any, children have asthma in the classes which you teach?
b) Are you aware of the situations that can lead to an asthma attack?
c) Would you know what to do if this happened in one of your lessons?

**Causes of Asthma:** Asthma causes narrowing of the airways, the bronchi, in the lungs, making it difficult to breath. An asthma attack is the sudden narrowing of the bronchi. Symptoms include attacks of breathlessness and coughing and tightness in the chest, which can exacerbate the difficulty in breathing. People with asthma have airways which are almost continuously inflamed (red and sore) and are therefore very sensitive to a variety of common stimuli. It is not an infectious, nervous or psychological condition, although stress may sometimes lead to symptoms.

A child's inflamed airways are quick to react to certain triggers (irritants) that do not affect other children without asthma. The things that trigger asthma vary from child to child. The known triggers include:

- Viral infections (common cold) or allergies, e.g. grass pollen, animals (hamsters, rabbits, cats, birds, etc.)
- Exercise and cold weather or strong winds
- Excitement or prolonged laughing or sudden changes in temperature
- Numerous fumes such as glue, paint and tobacco smoke.

**Effects on Child**

- Breathlessness during exercise and coughing, during which wheezing or whistling is heard coming from the child
- General difficulty in breathing and tightening of the chest
- Anxiety of the child.

**When an Asthmatic joins the Class**

- Ask parents about child's asthma and current treatment

- All children should have easy access to medication
- If necessary, discreetly remind child to take medication.

**Sport and the Asthmatic Child**
Exercise is a common trigger for an asthma attack but this should not be the reason for children not to participate in PE or Games. As far as possible, children should be encouraged to participate fully in all sporting events. Swimming is to be encouraged. Prolonged spells of exercise are more likely than short spells to induce asthma attacks. Teachers of Games should be particularly aware of children with asthma when working outside on cold, dry days or when there are strong winds.

Asthmatic children are commonly allergic to grass pollen so this should be considered, especially during the summer months. Teachers should beware of competitive situations when children with asthma may over exert themselves. Exercise triggered asthma will be helped if the teacher ensures that the child uses his/her inhaler before exercise begins and keeps it with them during the lesson. No child should be forced to continue games if they say they are too wheezy to continue.

**Technology:** Teachers should be particularly aware of asthma sufferers during activities producing dust and fumes, e.g. paint, glue and varnish.
**Medication*:*** There are two types of treatments:
*Preventers* - these medicines are taken daily to make the airways less sensitive to the triggers. Generally preventers come in brown and sometimes white containers.
*Relievers* - these medicines are bronchodilators which quickly open up the narrowed airways and help the child's breathing. Generally relievers come in blue containers.

| | *Trade Name* | *General Name* | *A* | *B* |
|---|---|---|---|---|
| Preventers | Intal | sodium cromoglycate | * | |
| | Becotide | beclomethasone | * | |
| | Pulmicort | budesonide | * | |
| Relievers - Bronchodilators | Atraovent | ipratropium bromide | * | |
| | Bricanyl | terbutaline | * | * |
| | Ventolin | salbutamol | * | * |
| Longer Acting Relievers | Nuelin | theophylline | | * |
| | Phyllocontin | aminophylline | | * |
| | Serevent | salmeterol | * | |

**Key**
*A - Aerosol puffer of dry powder inhaler*
*B - Tablet and/or syrup*

**How you can Help during an Attack**: Children with asthma learn from their past experience of attacks; they usually know just what to do and should carry the correct emergency treatment. Because asthma varies from child to child, it is impossible to give rules that suit everyone. However, the following guidelines may be helpful:

1. Ensure that the reliever medicine (such as Attrovent, Bricanyl or Ventolyn) is taken promptly and properly.
   This will be in aerosol, puffer or dry powder inhaler form. A reliever inhaler (usually blue) should quickly open up narrowed air passages: try to make sure it is inhaled correctly. Preventer medicine (such as Intel, Becotide or Pulmicort) is of no use during an attack; it should be used only if the child is due to take it.
2. *Stay calm and reassure the child.*
   Attacks can be frightening, so stay calm and do things quietly and efficiently. Listen carefully to what the child is saying and what he or she wants: the child has probably been through it before. Try tactfully to take the child's mind off the attack. It is very comforting to have a hand to hold but don't put your arm around the child's shoulder as this is very restrictive.
3. *Help the child to breathe.*
   In an attack people tend to take quick and shallow breaths, so encourage the child to breathe slowly and deeply. Most people with asthma find it easier to sit fairly upright or leaning forwards slightly.
   They may want to rest their hands on their knees to support the chest. Leaning forwards on a cushion can be restful, but make sure that the child's stomach is not squashed up into the chest. Lying flat on the back is not recommended.

In addition to these three steps loosen tight clothing around the neck and offer the child a drink of warm water because the mouth becomes very dry with rapid breathing.

**Call a doctor urgently if:**

- the child is either distressed or unable to talk; the child is getting exhausted; you have any doubts at all about the child's condition.

**If a doctor is unobtainable call an ambulance.**

**After the attack**

Minor attacks should not interrupt a child's concentration and involvement in school activities. As soon as the attack is over, encourage the child to continue with normal school activities.

**How teachers can help**

- Ensure all asthmatic children take any necessary treatment before sport or activities.
- Ensure relievers are readily available for use by asthmatic children when required.
- Check with child, parent, school nurse, that correct treatments and instructions are supplied for school outings.
- Be aware that materials brought into the classroom may trigger a child's asthma, and additional treatment may be necessary.
- Make a point of speaking to parents of children needing to use their inhaler for relief more often than usual.
- Act as an educator to children with asthma and their peers' Know what to do in an emergency.

**Do's and Don'ts in Acute Asthma**

- *Don't panic.*
- *Do be aware of procedure to follow if the child does not improve after medication.*
- *Don't lie the child down - keep her/him upright.*
- *Don't open a window - cold air might make the condition worse.*
- *Don't crowd the child - give space - not cuddles.*
- *Do give reliever medication - bronchodilators.*
- *Don't give inhaled steroids (e.g. Becotide, Pulmicort).*
- *Do reassure the child.*
- *Do reassure the other children and keep them away.*

**What to do in an emergency**

1. Keep calm. Allow child space to breathe (no sudden change in temperature).

3. Use reliever inhaler. If no improvement after 5 minutes' repeat inhaler giving a high dose. Dial 999 or take to hospital (two adults required).

5. Ask someone to warn the hospital you are on the way. Demand immediate attention on arrival at hospital.

**SEEK MEDICAL HELP URGENTLY IF:**

1. The reliever (medication) has no effect after five to ten minutes.
2. The child is either distressed or unable to talk.
3. The child is getting exhausted.
4. You have any doubts at all about the child's condition.

<u>Call the parents and an Ambulance:</u> Minor attacks should not interrupt a child's concentration or involvement in School. When the attack is over, encourage them to continue with their lessons/activities. This information has been taken from the National Asthma Campaign booklet "Asthma at School".

*Further information*

The National Asthma Campaign publishes a useful booklet entitled "Asthma at School: a teachers' guide." Available from:
National Asthma Campaign, Providence House, Providence Place, London, N1 ONT
Admin: 020 722 622 260
Helpline: 0345 00203
Further information from Asthma Training Centre: 01789 296944 and BAALPE 01395 263247

**Head Injuries:** Any child, who has sustained a head injury at school, needs to be reported to the School Office, who will inform parents. An accident report form needs to be filled in. Original to go to the school office. A care plan form will need to be completed also. The form will need to be completed and signed by the member of staff filling out the form and witnessed - original to go to the school office and copy given to the parents.

**OFF SITE ACTIVITIES**

**First Aid**

Most Sinclair House employees will as a minimum hold the one day course of emergency first aid. Ideally a 'Full First Aider' who holds the full (3-day) course with a training establishment approved by the Health and Safety Executive will be in attendance. There will always be an EYFS member of staff on a trip who has completed the one day paediatric first aid training. A First Aid Kit should be carried at all times by the group leader. The Group Leader should check the kit is complete.

**Critical Incident/Emergency Procedures:**

The Group Leader and other members of staff have a duty of care to ensure that all pupils are safe and healthy. They also have a common law duty to act as a reasonably prudent parent would. In an emergency, there should be no hesitation to act and to take life-saving action If necessary. All necessary steps should be taken in advance of any visit to assess all risks and take necessary precautions. The detailed actions to be taken by the Group Leader in the event of a serious accident/incident forms an appendix to this policy. The school office, health and safety officer and the principal should be informed by calling 02077369182

**Arrangements for Sports activities off site:**

A copy of the risk assessment including pupil details and Group Leader contact details will be held on the school T-Drive. The Group Leader will have a school mobile phone, any medication and in an emergency will call 999 should they need to do so. All injuries, accidents, illnesses and dangerous occurrences must be recorded in the School Accident file. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored for at least 3 years or if the person injured is a minor. This will be kept in the School Office. The school office, health and safety officer and the principal should be informed by calling 02077369182

**Day Trips:**

A copy of the risk assessment (often generic), including pupil details and Group Leader contact details will be held in the School Office which will act as a contact point. The Group Leader will have a school mobile phone.

**Residential Trips:**

Every group will have a named contact in the UK, and this will normally be the Principal or Deputy, with the Bursar as reserve, with whom they will have exchanged telephone numbers and all relevant information about the trip. The School Office and the Bursar's Office should also have a number where the party can be reached while away from home.

**Points of Contact**

For all off-site activities, the school will organise a 'Point of Contact' at the school or with a member of the SLT at the school. This will often be the EVC or the Office if the trip is during school hours. If the visit involves an overnight stay, there must be two contact people. The contact person/s must have:

- Details of how and where the Group Leader may be contacted
- The names of all participants, including adults
- The distribution of pupils and staff if in separate groups or vehicles
- The itinerary
- The names and telephone numbers of any travel company (including coach company) involved
- Access to parental home contacts for all involved (including adults)
- Details of the Designated Safeguarding Officer in the event of an emergency
- A copy of the Risk Assessment and the Emergency Plan.

**Signed** **Review date: September 2019**

Date: 15th Septemeber 2020