



The Ryleys

Girls & Boys Preparatory School

13a and c First Aid Policy

Monitoring: Headteacher

Named Person Responsible: Mrs J Langford

Reviewed: September 2024

Policy Review Date: September 2025

FIRST AID POLICY

At The Ryleys Prep School, there is a commitment to ensure that every pupil, including EYFS, every member of staff and every visitor will be provided with adequate first aid in the event of an accident or illness, no matter how minor. The school recognises that it has a statutory duty to provide adequate and appropriate facilities and equipment to achieve this objective. This policy has been drawn up in accordance with the DfE Guidance on First Aid.

Health Care Plan

Prior to starting at the school, parents are required to complete a health care plan which will include contact numbers, GP's name, any on-going condition requiring medical treatment/medication, special dietary requirements, any allergies, a description of what constitutes an emergency for the child.

Accident Report Book

Accident report books are situated in the secretary's office and in the kitchen in the Prep and in the staff rooms in the Pre-Prep and Pre-School / Nursery.

Any incident/accident must be recorded in an accident book by the person attending the casualty or dealing with the incident. This record will include date, time and place of incident, full name of injured/ill person, details of the injury/illness and what first aid treatment was given, name and signature of the first aider or appropriate person dealing with the incident.

The accident report book will be maintained in the school office for 21 years.

Serious injury or that resulting in a hospital visit

RIDDOR (reporting of injuries, disease and dangerous occurrences regulation) forms must be completed if an accident has resulted in a hospital visit; it is the responsibility of the office admin staff to ensure these are completed. They are available online when needed.

Key Personnel

The appointed people for first aid are Kate Buckwell and Fiona Whiteley and they are the qualified paediatric first aiders on site. Within the Pre-Prep and Pre-School appointed first aiders are Jayne Renshaw, Lara Willett, Emma Bell and Caroline Buckley. All staff undertook basic first aid training in September 2019. Kate Buckwell is in charge of ensuring first aid arrangements are kept up to date on site.

This role includes:

Looking after first aid equipment

Calling emergency services

Ensuring first aid qualifications and insurances are up to date

Ensuring supplies of first aid materials are available at various locations and are regularly checked

Ensuring that the location of materials are known to all members of staff

Ensuring the accident book is maintained
Ensuring that the health care plan is maintained and updated
Ensuring there is a first aider present when pupils are in school

The staff have received suitable first aid training enabling them to give emergency first aid to someone who is injured or becomes ill whilst on the school premises.

At least one qualified first aider will be on site when pupils are present. For the early years, at least one person with a paediatric first aid qualification will be on site or on outings.

First Aid Equipment and Information

1. Medical Room

The medical room is next to the Head's office. The room comprises a water facility and first aid kit. If a child requires a bed facility, there is bedding available for use on the sofa in the Head's office. The room is within 20 metres of a toilet.

2. Location of First Aid Boxes

First aid boxes are clearly labelled with a white cross on a green background. They are located in the first aid room, the school office, the kitchen, and the classrooms in the Prep department. In the Pre-Prep they are located in the Pre-Prep hallway (on a high shelf), staffroom and the Pre-School entrance. First aid kits for travelling are held in the school office, and the Pre-Prep staff room. The portable kits for games are held in the school office.

The appointed person for first aid will ensure that the first aid boxes are on site, that all are adequately stocked and check the expiry date of the stock.

3. Spillage Kit

The spillage kit for dealing with bodily fluids is located in the first aid room and the Pre-Prep staff room. This includes disposable apron and gloves, odour mask, disposal bag, disinfectant/ sanitizer spray, antiseptic wipes.

4. Defibrillator

The school defibrillator is positioned in the foyer of the Centenary Hall. All staff have been trained in its use and all staff and older children (KS2) are aware where it is kept.

Permission for Medication

When a child needs medication during the school day, which will be administered by a teacher the following procedure must be adhered to:

1. School must have written permission from parent/guardian for medication to be administered in school. If the medication is non-prescriptive e.g. Calpol, a simple written note with name of medicine, dose and time to be administered is sufficient. For prescription medication, forms are available from the office for parent/guardian to sign.
2. The teacher must record times and dosage given each day in all instances. Dosage and times must match instructions on label.
3. Non-prescription drugs are stored separately to prescription drugs.
4. Staff note in the child's diary the time and dosage of medicine given.

**Forms are available in the office in a file marked First Aid, Medication and Accident.
Completed forms must be returned to the secretaries to be filed in this folder.**

Lunchtime and Break Supervision

At break/lunchtime, if a child who feels unwell or is injured they will first be attended by the playground duty teacher. Should the break/lunchtime duty teacher believe that the injury/illness requires further attention then the Headteacher or the Deputy Head should be informed.

All accidents/illnesses, no matter how trivial, should be fully recorded in the accident book.

At all times there are at least two, usually three, playground duty teachers. At no time will the children be left unsupervised in the event of a playground duty teacher attending a pupil indoors.

School Trips and Games Sessions

All groups leaving the school, for whatever reason, must take an appropriate first aid kit along with any individual medications such as, inhalers and epi-pens. (Staff are given annual training on epi-pen use by a local district nurse.)

Staff on medication

Staff taking medication need to inform school of their need for medication which could affect their ability to care for children, and where their medication is to be stored.

Procedure in the event of an incident requiring medical assistance

1. If a pupil becomes unwell

If a pupil is feeling slightly unwell during a lesson or activity then the pupil will be sent to the secretary's office, accompanied by another pupil. The secretary will then contact the nearest first aider.

If the member of staff deems the above to be inappropriate then the procedure outlined in "Emergency in the Classroom" will be followed.

Parents will usually be contacted and asked to collect a pupil if they become unwell.

2. If a pupil is involved in an accident

There will be an immediate call for a first aider. The first aider will take charge and will decide on, and if appropriate, administer the relevant first aid treatment.

All incidents must be recorded and parents informed in line with the school policy.

At all times ensure that all other pupils in the vicinity are adequately supervised.

3. If there is a serious accident or medical emergency necessitating an ambulance

Call for assistance from the nearest first aider, ensuring all children in the vicinity are safe and supervised. The first aider who attends will take charge and will decide on and, if appropriate, administer the relevant first aid treatment. In the event of it being deemed necessary to call an ambulance, if not previously alerted, inform the Headteacher, the Deputy Head. A member of staff will then be stationed at the school gate to escort the paramedics to the pupil. A member of staff known to the pupil will accompany the casualty until the parent or guardian arrives. Where there is an urgent need for treatment, the responsibility must be assumed by the doctor. The Health Care Plan should be taken to the hospital.

All incidents must be recorded in accordance with the school's procedures.

4. Dealing with bodily fluid spillages (Bio hazards)

For the purpose of this policy, bio-hazards are said to include blood, vomit, faeces, urine and wound drainages.

In the event of a spillage on a surface, there should be an immediate isolation of the area prior members of staff dealing with the hazard. Waste should be disposed of in the appropriate bin.

Spillage kit is located in the first aid room.

5. Head Injuries

All head injuries are to be regarded as potentially dangerous irrespective of the extent of the external injury.

The monitoring of a pupil with a head injury must be thorough, looking for key signs such as sickness, dizziness, incoherence or drowsiness. The policy of the school is to always be totally cautious.

If, following assessment, the head injury is felt to be of sufficient severity, parents will be asked to collect their child and seek medical attention.

If the child remains in school under careful monitoring mentioned above, the child will take home a note advising parents of developing symptoms that may require medical attention.

6. (a) Bee or wasp sting – always phone parents in case of allergic reaction.

(b) Nose bleeds – if after 20 minutes of treatment a pupil's nose continues to bleed, contact parents.

(c) Shock – If a pupil has signs of shock – pale, cold and clammy, rapid shallow breathing and displays symptoms of shock – faint, dizzy, nausea – immediately call for an ambulance.

7. Guidance on when to call an ambulance

An ambulance will be called for the following;

Head bangs where children lose consciousness/vomit or have signs of severe concussion.

Broken limbs where the child does not move from the place of injury and cannot move freely when transported. When children move from the site of an accident an assessment will be made of their injury. Parents have the right to ask for the school to call an ambulance if they consider it may be difficult to transport their child by themselves.

Seizures or fitting occurs.

If parents arrive in school before an ambulance is called we will discuss with them the fact that we feel it is appropriate to call an ambulance.

8. Infectious and communicable disease policy

If a child has to go home prematurely due to illness, they should remain at home until they are better for at least 24 hours. If any infectious or communicable disease is detected on the school's premises, the school will inform parents/carers in writing as soon as possible. In specific cases the parents are asked to follow the doctor's guidelines for example with cases of chicken pox, measles etc.

Parents are informed if their child has vomited or has diarrhoea and they are asked to collect their children immediately and to keep them off for 24 hours after the last episode of illness.

Staff Awareness

All the staff to be made aware of pupils with particular medical conditions. This is achieved verbally at staff meetings and by a notice on the staff notice board. Members of staff must ensure that the needs of such pupils are included in any risk assessment for trips outside the school.

The staff are made aware of the location of first aid boxes, epi-pens and spillage kit.

Where necessary, the staff will meet with the district nurse and external agencies in addition to regular staff training.

All staff are included in the above including non-teaching staff and playground supervisors.

Appendix

Asthma

Epilepsy

Diabetes

Allergies and anaphylaxis

Health care plan

ASTHMA

Asthma is a condition of the respiratory system – it affects the airways in the lungs. When a person with asthma comes into contact with something that irritates their airway [an asthma trigger], the muscles around the walls of the airway tighten so that the airways become narrower and the lining of the airways become inflamed and start to swell. Sometimes stick mucous or phlegm builds up which can further narrow the airways. This makes it difficult to breathe and leads to symptoms of asthma.

Recognition of an asthma attack:

The airways in the chest become restricted

The pupil may only be able to speak with difficulty

The pupil may wheeze, unable to breathe out

The pupil may become distressed, anxious, exhausted, have a tight chest or may even go blue around the lips and mouth

Arrangements for children with asthma

Children keep their inhalers in a labelled clear bag in their bags or in the Pre-Prep the inhalers are kept by the class teachers.

What to do if a pupil has an asthma attack

Follow the emergency classroom procedures

Ensure that the reliever medicine is taken. The medication must belong to the pupil having the asthma attack. Note that some pupils may not have spare medication stored with school.

Stay calm and reassure the pupil. Attacks can be frightening, so stay calm, the pupil has probably been through this before. It is very comforting to have a hand to hold but do not put your arm around the pupil's shoulder as this is very constrictive. Listen carefully to what the pupil is saying. Loosen any tight clothing. Encourage the pupil to breathe deeply and slowly. Most people find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended.

Call 999 and request an ambulance urgently if:

- The reliever has no effect after five or ten minutes
- The pupil is becoming distressed or unable to talk
- The pupil is getting exhausted, becomes disorientated or collapses
- The pupil looks blue
- You have any doubts at all about the pupil's condition

The pupil's parents or guardian will need to be informed after an attack even if relatively brief.

Minor attacks should not interrupt a pupil's involvement in the school. As soon as the pupil feels better they can return to school activities.

EPILEPSY

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but it may be a symptom of some physical disorder. However, its cause – especially in the young – may have no precise medical explanation.

Tonic Clonic Seizures (arinal mal)

The person may make a strange cry and fall suddenly. Muscles first stiffen and then relax, and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the person may be incontinent.

Complex and partial seizures (temporal lobe seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements, such as twitching, plucking at clothing or lip smacking. The person appears conscious, but may be unable to speak or respond during this form of seizure. Ensure safety of the person – gently guide away from dangers and speak calmly to the person and stay until they recover.

Absence (petit mal)

This can easily pass unnoticed. The person may appear to daydream or stare blankly. There are very few signs, if any, of an 'absence / petit mal' seizure. This can lead to serious learning problems as the seizures may be frequent and the person does not receive any visual or aural messages during those few seconds. Therefore it is so important to be understanding, note any petit mals and inform parents. Staff can play an important role in the recognition of epilepsy and in the recognition of changing patterns or an increased rate of seizures.

Arrangements for children with epilepsy

Any medication will be stored in the office clearly labelled with the child's name.

Procedure for an epileptic seizure

Total seizure (total clonic)

KEEP CALM – pupils will tend to follow your example. Let the seizure follow its own course. It cannot be stopped or altered.

Ask the other pupils to leave the room and ask a responsible pupil to fetch another adult.

Contact the office using the emergency classroom procedures.

Note the time.

If the pupil has emergency medication, ask a member of staff to get the pupil's medication

Administer the prescribed medication as per instruction.

Protect the pupil from harm. Only move the pupil during seizure if you have to for their protection. If possible move any objects that may hurt them, rather than move them from dangerous objects.

As soon as possible (normally post-seizure) place the pupil on their side – this does not have to be true recovery position – just so that the tongue falls forward so that any saliva can drain out of the mouth easily.

Put something under their head to protect them from facial abrasions if at all possible.

Try not to leave the pupil alone if at all possible. If you need to leave the pupil make sure there is something behind their back to try to maintain a sideways position.

Talk quietly to the pupil to reassure them but do not try to restrain any convulsive movements.

Do not place anything in their mouth.

Minimise any embarrassment as during the fit the pupil may be incontinent – cover with a blanket to keep warm.

Once recovered, move them to the Medical Room.

If possible, ask other pupils to leave the Medical Room.

Allow the pupil to sleep on their side. Do not leave them alone as the seizure may be the first of a cluster – leave with a First Aider.

Call the pupil's parent / guardian and request the pupil be collected from school so that they can sleep as long as needed. If the seizure occurs in the morning they may even be able to return in the afternoon. This is a very individual decision and will be left to the parent to decide.

If the seizure lasts five minutes or longer call an ambulance immediately.

If a seizure lasts that long, it is likely to last longer. It is very important that the pupil goes to hospital and gets the proper treatment within one hour of the beginning of the seizure. If you are concerned or the pupil has received injury e.g. due to a fall, call an ambulance. We are advised it is better not to call an ambulance if the seizure lasts less than five minutes as they are better off left in peace and quiet.

When the ambulance arrives, report to the paramedic details of the seizure – especially how long it has lasted. If the parent arrives, report the details of the seizure to them.

An appropriate member of staff must accompany the pupil in the ambulance and stay with them until the parents arrive.

Ensure any pupils who were present at the time of the seizure have a chance to talk it over with their class teacher or key person (in EYFS).

All The Ryleys staff, through reading of this document, should have a clear understanding of what to do in the event of a pupil having an epileptic seizure.

Some pupils may have emergency medication – but it is NOT carried by pupils it is vital that all staff know where this is kept.

All staff, teaching and non-teaching will be informed of pupils with epilepsy in the staffroom.

Arrangement for children with diabetes

DIABETES MELLITUS: TYPE 1 INSULIN DEPENDENT

Diabetes Mellitus is a condition when the body fails to produce sufficient amounts of insulin, a chemical that regulates blood sugar (glucose) levels. As a result, sugar builds up in the blood stream and can cause hyperglycaemia. People with diabetes control their blood sugar with diet (which provides a predictable amount of sugar and carbohydrate) and insulin injections. Children can have emotional, eating, behavioural and confidence difficulties as a result of their condition. Therefore much support is required.

Hypoglycaemia – low blood sugar

Hyperglycaemia – high blood sugar

Causes of Hypoglycaemia

Inadequate amounts of food ingested – missed or delayed

Too much or too intense exercise

Excessive insulin

Unscheduled exercise

Recognition of Hypoglycaemia

Onset is SUDDEN

Weakness, faintness or hunger

Palpitations, tremors

Strange behaviours or actions

Sweating, cold, clammy skin

Headache, blurred speech

Confusion, deteriorating level of response, leading to unconsciousness

Seizures

Treatment of Hypoglycaemia

Follow the emergency classroom procedures

Ensure the pupil eats a quick sugar source e.g. three glucose tablets, glucogel, fruit juice or fizzy drink (not a diet version)

Wait ten minutes and, if the pupil feels better, follow with a carbohydrate snack e.g. cereal bar, toast

Once recovered allow the pupil to resume school activities

If the pupil becomes drowsy and unconscious then the situation is now LIFE-THREATENING and call an ambulance

Place the pupil in the recovery position and stay with the pupil until the ambulance arrives

Contact the parent / guardian immediately **Causes of Hyperglycaemia**

Too much food

Too little insulin

Decreased activity

Illness

Infection

Stress

In developing these procedures The Ryleys recognises the advice and guidance of the British Diabetic Society and Diabetes UK. The school recognises its responsibility in dealing with pupils appropriately.

The Ryleys understands the importance of ensuring the pupils feel safe and secure.

The Ryleys recognises that diabetes is a widespread condition affecting pupils and welcomes pupils with diabetes.

All pupils with diabetes will have an Individual Health Care Plan.

The Ryleys encourages, helps and supports pupils with diabetes to achieve their potential and to participate fully in aspects of School life.

The Ryleys staff will have a clear understanding, through reading this document, of what it means to be a diabetic and what to do in the event of a pupil having a hypoglycaemic or hyperglycaemic episode and what to do in an emergency.

All staff must understand that immediate access to insulin or diabetic snacks is vital.

Pupils' emergency boxes are kept in the Office and snacks are left in each room the child is taught in. It is the responsibility of the parent to keep these supplies up to date.

All staff, teaching and non-teaching will be informed of pupils with diabetes in the staffroom.

The School will also inform catering staff of pupils with diabetes in case these pupils have no snacks with them and urgently need something to eat.

A personal record of a child's insulin reading is to be kept daily. It is accessible to the child and for the parent to view.

A child with diabetes has a regular daily time for insulin checks. A staff rota will be put in place to ensure this.

The Ryleys is committed to working in partnership with all parties to ensure the procedures are adhered to and communicated effectively.

ALLERGIES AND ANAPHYLAXIS

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances, usually proteins that cause the formation of an antibody and react specifically with that antibody). In susceptible individuals, the reaction may develop within seconds or minutes of contact with a trigger factor. Exposure may result in a severe allergic reaction (anaphylaxis) that can be life threatening. In an anaphylactic reaction, chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood).

Triggers can be

Skin or airborne contact with particular materials

Injection of a specific drug or insect bite

Ingestion of a certain food e.g. nuts, fish, eggs

Recognition

Anxiety

Widespread red blotchy skin eruption

Swelling of the tongue and throat

Puffiness around the eyes

Impaired breathing from tight chest to severe difficulty in breathing

Serious symptoms

Cold, clammy skin

Blue-grey tinge around the lips

Weakness / dizziness

Feeling of impending doom

Progresses further

Restlessness

Aggressiveness

Gasping for air

Yawning (trying to get oxygen into the body to the brain)

Unconsciousness

Treatment

Follow the emergency classroom procedures.

Ask a member of staff to get the pupil's emergency box from the office.

Administer antihistamine tablets / syrup as prescribed in the emergency box

If the pupil feels better, allow them to rest and contact the parents

If the serious symptoms appear call for an ambulance and ADMINISTER ADRENALINE VIA EPIPEN / ANAPEN IMMEDIATELY. Instructions are kept in the emergency box with the EpiPen / Anapen.

Lie the pupil down if possible, and lift the legs up slightly

Try and expose the thigh, especially if the pupil is wearing thick trousers

Remove the grey safety cap of the EpiPen

Hold the EpiPen very firmly to the outer aspect of the thigh, at right angles to the leg

Press hard into the thigh, UNTIL A CLICK IS HEARD

Hold the EpiPen in place for a count of ten seconds

Remove the EpiPen from the thigh and rub the area gently

Do NOT throw the used EpiPen away

Ensure the used EpiPen is taken to hospital with the pupil in the ambulance

If the pupil is feeling no better or appears worse after ten minutes you may need to give a second injection if available (using the other thigh)

Stay with the pupil until the ambulance arrives

All staff receive annual EpiPen training.

All The Ryleys staff will have a clear understanding, through reading of this document, of what it means to be allergic to a particular substance (whether the trigger of a reaction is skin or airborne contact, injection or ingestion), signs and symptoms of a reaction, and what to do in the event of a pupil having an anaphylactic reaction, including the use of an EpiPen to administer emergency adrenaline.

All staff, teaching and non-teaching will be informed of pupils with allergies in the staffroom.

The School will also inform catering staff of pupils with food allergies, to ensure the pupils' dietary requirements are catered for.

The Ryleys is committed to working in partnership with all parties to ensure the procedures are adhered to and communicated effectively.