



# First Aid Policy

## Daffodil Preparatory School

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# KEY POINTS

All staff is expected to use their best endeavours in the event of a first-aid emergency. All

staff must know:

1. How to call the emergency services – dial 999 and ask for an ambulance. If there is any doubt that an ambulance is required, call an ambulance straight away.
2. The location of the nearest first aid box (*see annex A*) which will contain:
  - The name of and how to contact the Appointed Person responsible for the building or area of the School the casualty is in (*see annex A*)
  - The name of and how to contact the First Aider (first aid trained person) responsible for the building or area of the School the casualty is in (*see annex A*)
  - A basic aide memoir for dealing with first aid emergencies (*see annex B*)
  - Basic first aid equipment (*see annex C*)

**Appointed Persons** are responsible for:

- Taking charge when someone is injured or becomes ill;
- Ensuring that a member of the Medical Team or an ambulance is summoned if appropriate;
- Looking after and restocking the first aid box and any other first aid equipment in their area of responsibility.

The Appointed Person is not a First Aider, but it is good practice for the Appointed Person to undertake Emergency First Aid training to help them cope with an emergency. This training, which does not have to be Health and Safety Executive (HSE) approved, would include:

- What to do in an emergency
- Cardiopulmonary resuscitation (CPR)
- First aid for the unconscious casualty
- First aid for the wounded, bleeding or burnt

Appointed Persons may undertake basic and/or advanced HSE approved first aid training.

**First Aiders** are responsible for:

- Giving immediate help to casualties with common injuries or illnesses and those arising from specific hazards at School;
- Where necessary, ensuring that a member of the Medical Team or an ambulance is called.

First Aiders must complete a training course approved by the HSE. Refresher training is required every three years.

Sporting events

It is the responsibility of each sports tutor in charge of any sporting event taking place either on

or off the school site to ensure:

- There is a First Aider present (all sports staff are encouraged to undergo first aid training).
- There is a pitch side, suitably equipped first aid bag available at every event.
- They have a mobile telephone to contact Medical Centre or an emergency ambulance as necessary.
- They are aware of the location of the nearest defibrillator (AED).
- They are aware of pupils in their charge who have a medical condition and ensure they have immediate access (pitch side) to their medication prior to any sporting event, if appropriate.

## **Responsibility**

The provision of first aid at Daffodil Preparatory School is delegated by the BoD to the Headteacher, who in turn delegates responsibility to the teachers.

The number of Appointed Persons and First Aiders is reviewed annually by the SBM or more frequently when required, for example following an accident or emergency.

When determining the appropriate number of Appointed Persons and First Aiders, the SBM will take into account:

- The number of staff (and pupils) present at any one time;
- The distribution of staff;
- The number and locations of first-aid boxes;
- Whether there are inexperienced members of staff;
- The number of staff and pupils with disabilities or specific health problems;
- The size, nature (split sites/levels) and location of the school premises to which members of staff have access in the course of their employment;
- Whether there are travelling, remote or lone staff;
- Arrangements for off-site activities;
- Arrangements for out of school hour activities such as parent evenings;
- Parts of the school premises with different levels of risks;
- The types of activity undertaken;
- The proximity of professional medical and emergency services;
- Any unusual or specific hazards (for example, working with hazardous substances, dangerous tools or machinery); and
- Accident statistics. These indicate the most common types of injuries, times and locations. It is a useful tool as it highlights areas to concentrate on and tailor first aid provision to.

When selecting staff to be an Appointed Person or First Aider, the SBM will take into account their reliability, communication skills, aptitude to learn, ability to cope with stressful situations and the ability to leave the work that they are doing at the time.

Guidance on the minimum legal requirement for Appointed Persons and First Aiders; the recruitment, selection and training of First Aiders; the responsibility and accountability of First

Aiders; the need for a first aid room and the contents of first aid boxes can be found in the Health and Safety (First Aid) Regulations 1981.

## Reporting accidents and record keeping

All members of the school community should report any accident or incident, however minor, as soon as possible after it has occurred. When an injured person is unable to complete their own details of the accident, then the Appointed Person, First Aider and/or witness should do it on their behalf.

## Complete an accident report form

### Reports must contain:

- The date, time and place of the event;
- Details of those involved;
- A brief description of the accident/illness and any first aid treatment given;
- Details of what happened to the casualty immediately afterward - for example went to the hospital, went home, resumed normal activities, returned to class.

The Headteacher should be informed about any incident if it is at all serious or particularly sensitive. For example, when a pupil has had to go to hospital or if one pupil has caused deliberate damage to another or where negligence might be suggested.

The headteacher must inform parents when any pupil requires hospital treatment or is kept in the Medical Centre overnight.

In an emergency, the Headteacher's office has contact details of pupils' parents and guardians. The HT or SBM has details of employees and their next of kin.

## References

- a) Education Regulations (Independent School Standards) (England) 2010 (SI 2010/1997) Regulation 3 (14)
- b) DfEE Guidance on First Aid for Schools
- c) Health and Safety (First Aid) Regulations 1981



# ANNEX A: FIRST AID TRAINED STAFF LIST

The above schedule provides details of appointed persons and first aiders by building or facility. There are other members of staff, not listed, who have first aid training. The SBM will ensure that a trained first aider is present for each school match with access to a portable first aid bag.



# ANNEX B: BASIC FIRST AID

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit and familiarise yourself with how to deal with some of the more common situations below. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm if people are seriously injured call 999 immediately; contact the Appointed Person and First Aider.
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Continue to monitor the injured person's condition until the emergency services arrive.

In the case of any of the above situations occurring, the Medical Centre **MUST** be informed.

# ANNEX C: CONTENTS OF FIRST AID BOXES ON SITE

The minimum requirement for a first aid box, according to the HSE, is as follows:

- General first aid guidance leaflet
- individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- sterile eye pads;
- individually wrapped triangular bandages, preferably sterile;
- safety pins;
- large sterile individually wrapped unmedicated wound dressings;
- medium sterile individually wrapped unmedicated wound dressings;
- disposable gloves (see HSE's leaflet Latex and you).

Depending on the area (e.g. science block, kitchen) and size of box, additional stock items might be added to provide specific first aid to that area where a certain type of injury is more common. Please note that, for instance, eyewash will be necessary in identified areas such as labs or workshops. Please do not include known allergenic materials, i.e. Elastoplast, any creams or otherwise. Prescription medication such as inhalers must not be kept in first aid boxes.

# ANNEX D: ANAPHYLAXIS

## 1. What is anaphylaxis?

Anaphylaxis is a severe form of allergic reaction. The cause is often contact with a protein to which your immune system has become sensitive, for example in nuts, in shellfish, in a fruit or vegetable or in the venom from a bee or wasp sting. Various medications and especially antibiotics, strong painkillers and anaesthetics can sometimes cause anaphylaxis. In other cases, anaphylaxis may only occur when a combination of factors come together. An example might be a person who suffers an attack of anaphylaxis during strenuous exercise just after eating a hidden food allergen – a food that normally causes that person no symptoms at all. If, after investigation, no allergy or external trigger can be found, the term idiopathic anaphylaxis is used. Idiopathic anaphylaxis has the same symptoms as anaphylaxis with a known trigger. As with all cases of anaphylaxis, idiopathic anaphylaxis has the potential to be life threatening.

## 2. Medication and control

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection.

### **ADRENALINE AUTO INJECTOR/ 'EPIPEN'**

Commonly referred to as EpiPens, Adrenaline Auto Injectors can come in different branded forms though EpiPen is the one most commonly used in the UK. This syringe injects automatically when pressed or jabbed firmly against the skin (ideally the thigh) and contains adrenaline. Adrenaline is one of the best emergency treatments for anaphylaxis as it interrupts the consequences of the immune response that is responsible for the reaction. Use your auto injector as soon as a severe reaction is suspected, for example if the symptoms include tongue or throat swelling, breathing difficulty, weakness or faintness. Always lie down if the symptoms include weakness or faintness.

All pupils who have anaphylaxis will require an individual health care plan. Spare Emergency Adrenaline Auto Injectors (EAAs) are stored at the Medical Centre, in pupils' Boarding Houses and in Kingsland Hall. Pupils with an Adrenaline Auto Injectors should carry it with them at all times. The Medical Centre advise all pupils to carry 2 at all times.

### **3. Managing pupils with anaphylaxis**

- a. Call for Emergency help (999/112). A pupil that has been given adrenaline must always have a period of observation in hospital.
- b. Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis.
- c. Staff should ensure that all pupils, who have an Adrenaline Auto Injector prescribed to them, have their medication on them at all times.
- d. Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. (Anaphylactic training is part of the first aid training for staff).
- e. If a pupil feels unwell, the Medical Centre staff should be contacted for advice.
- f. A pupil should always be accompanied to the Medical Centre when it is safe to do so.

### **4. Away trips: Please refer to the Staff Handbook for full procedures**

- a. Staff should ensure that pupils going on away trips carry their medication with them.
- b. Staff members trained in the administration of medication must be identified.
- c. Staff must give consideration to the safe storage of medication.
- d. Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

### **5. Issues which may affect learning**

Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day, but schools should bear in mind the potential risk to such pupils in the circumstances and seek to minimize risk whenever possible.

### **6. What are the main symptoms?**

- Intense itching and a raised blotchy rash (urticaria) like hives or a nettle rash
- Lip, tongue, throat and/or eyelid swelling
- Severe wheezing, difficulty breathing or difficulty speaking
- Feeling faint, unusually terrified or passing out
- Vomiting or abdominal pain
  
- What to do if a pupil has an anaphylactic reaction
  - Get someone to call 999 as the adrenaline can sometimes just be a short-term treatment and the symptoms may come back.
  - Stay calm and reassure the pupil.
  - Encourage the pupil to administer their own medication/ Adrenaline Auto Injector as taught. If unable, then a competent member of staff should administer.
  - Summon assistance immediately from the Medical Centre.
- If unsure whether to use the Adrenaline Auto Injector, the general advice is that it is better to

use it than not. If administered correctly, adrenaline is a safe drug for most people.

# ANNEX E: ASTHMA

## 1. What is Asthma?

Pupils with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals, but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

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- a. Recognises that asthma is a widespread, serious but controllable condition.
- b. Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art, PE, science, educational visits and out of hours activities.
- c. Recognises that pupils with asthma need immediate access to reliever inhalers at all times
- d. Ensures that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are; a record of all school pupils with asthma is kept and available on the system.

### Asthma medicines

Children with asthma at DPS should have their own reliever inhaler on their person to treat symptoms and for use in the event of an asthma attack. Spare-prescribed inhalers are kept in their boarding houses by the House Matron. An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school, having forgotten, lost or broken it, or the inhaler having run out.

New regulations introduced on 1 October 2014 now allow schools to hold an Emergency Asthma Kit.

### Storage and care of the EMERGENCY ASTHMA KIT

The Medical Team has overall responsibility for the maintenance of the emergency asthma kits. Emergency asthma kits will be kept in various key locations on the School premises including one

at the Medical Centre where oxygen and a nebuliser are also kept. There is also a spare emergency asthma kit available at the Medical Centre to be taken on school away trips.

### **Contents of the Emergency Asthma Kit:**

- e. A salbutamol metered dose inhaler (Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. It is essential that the emergency inhaler is used only by pupils who have asthma or who have been prescribed a reliever inhaler.)
- f. A plastic spacer compatible with the inhaler;
- g. Instructions on using the inhaler and spacer;
- h. Manufacturer's information;
- i. Information contact details of the Medical Centre, so that the Medical Team can record use and refill the kit.

Away trips: please refer to the Staff Handbook for full procedures

Staff should ensure that all pupils going on away trips carry their medication with them. Staff members trained in administration of medication must be identified. Staff must give consideration to the safe storage of medication. Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

1. Main Entrance
2. Medical Room

### **HOW TO RECOGNISE AN ASTHMA ATTACK**

- j. Persistent cough (when at rest)
- k. A wheezing sound coming from the chest (when at rest)
- l. Difficulty breathing (could be breathing fast and with increased effort,
- m. Nasal flaring
- n. Unable to talk or complete sentences. Some people will go very quiet.
- o. May try to tell you that their chest 'feels tight'.

### **CALL AN AMBULANCE IMMEDIATELY IF PATIENT:**

- Appears exhausted
- Has gone blue around the lips and/or nose
- Has collapsed and/or lost consciousness

### **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

- p. Keep calm and reassure the pupil.
- q. Encourage the pupil to sit up and slightly forward.
- r. Encourage the pupil to use their own inhaler – if not available, use an EMERGENCY ASTHMA

KIT.

- s. Remain with the pupil while the kit is brought to them.
- t. Immediately help the pupil to take two separate puffs of salbutamol via the spacer.
- u. If there is a noted improvement, escort the pupil to the Medical Centre if safe to do so.
- v. If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs.
- w. Stay calm and reassure the pupil.
- x. If the pupil does not feel better or you are worried at any time before you have reached 10 puffs, call the Medical Centre or 999 for an ambulance if appropriate.
- y. If an ambulance does not arrive in 10 minutes, give another 10 puffs in the same way.

## **HOW TO USE A SPACER DEVICE**

1. Remove the cap from the inhaler
2. Shake inhaler and insert into device
3. Place mouthpiece in the mouth
4. Press the canister once to release a dose of the drug
5. Take a deep slow breath in
6. Hold breath for about 10 seconds, then breath out through mouthpiece
7. Breath in again but do not press the canister
8. Remove the device from the mouth
9. Wait about 30 seconds before repeating steps 2-8.



# ANNEX F: DIABETES

## 1. What is diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin.

Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and in stopping the blood glucose level from rising too high.

Pupils with diabetes have lost the ability to produce enough insulin or any at all and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

## 2. Medication and control

Diabetes cannot be cured but it can be treated effectively with medication or by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require an individual health care plan.

In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school, they will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the pupil and their parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.

The issue of close communication between parents and the School is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date.

Following discussion with the pupil and their parents, individual decisions should be made as to whether to provide basic information on a pupil's condition to their peer group so that they are aware of their classmate's needs.

### **3. Managing pupils with diabetes**

- z. Staff should be aware of those pupils under their supervision who have diabetes.
- aa. Games staff should ensure that all pupils with diabetes have a Lucozade bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- bb. Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode. (Staff to seek advice from Medical Centre staff for training)
- cc. If a pupil feels unwell, the Medical Centre staff should be contacted for advice.
- dd. A pupil should always be accompanied to the Medical Centre if sent by a member of staff.

### **4. Away trips: please refer to Staff Handbook for full procedures**

- ee. Staff should ensure that all pupils going on away trips carry their medication with them.
- ff. Staff members trained in the administration of medication must be identified.
- gg. Staff must give consideration to the safe storage of medication.
- hh. Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

### **5. Issues which may affect learning**

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level:

- ii. Encourage the pupil to eat or drink some extra sugary food before the activity
- jj. Have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia;
- kk. After the activity is concluded, encourage the pupil to eat some more food and take extra fluid
- these additional snacks should not affect normal dietary intake.

### **6. What do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode**

Common causes:

- ll. A missed or delayed meal or snack
- mm. Extra exercise
- nn. Too much insulin during unstable periods
- oo. The pupil is unwell
- pp. The pupil has experienced an episode of vomiting.

Common symptoms:

- qq. Hunger
- rr. Drowsiness
- ss. Glazed eyes
- tt. Shaking
- uu. Disorientation
- vv. Lack of concentration

- i. Get someone to stay with the pupil - call for the Medical Team/ambulance. (If they are hypo, do not send them out of class on their own, their blood sugar may drop further, and they may collapse.)
- ii. Give fast acting sugar immediately (the pupil should have this):
  - 1. Lucozade
  - 2. Fresh orange juice
  - 3. Glucose tablets
  - 4. Jelly babies
  - 5. 'Hypo Stop' (discuss with Medical Centre whether this should be taken on trips off site)
- iii. Recovery usually takes ten to fifteen minutes.
- iv. Upon recovery encourage the pupil to eat some starchy food, e.g. a couple of biscuits or a sandwich.
- v. Inform Medical Centre/parents of the hypoglycaemic episode.
- vi. In some instance it may be appropriate for the pupil to be taken home from school.

NB. In the unlikely event of a pupil losing consciousness, call an ambulance.

## **7. A hyperglycaemic episode (high blood sugar)**

Hyperglycaemic episodes occur when the blood glucose level is too high. Pupils may display the following symptoms:

- ww. Excessive thirst.
- xx. Passing urine frequently
- yy. A change of behaviour
- zz. Vomiting
- aaa. Abdominal pain

## Care of pupils in a hyperglycaemic episode

- bbb. Do not restrict fluid intake or access to the toilet
- ccc. Contact the Medical Centre and/or parents if concerned.

In both episodes, staff should liaise about contacting parents/

# ANNEX G: CLEANING UP BODY FLUIDS FROM FLOOR SURFACES

Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly.

1. Put on gloves and a disposable apron. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
2. Sprinkle 'sanitaire' absorbing powder liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.
3. Remove all visible material from the most soiled areas, using paper towel or single use disposable red cloths.
4. Put all used paper towel and cloths into a yellow bag for incineration.
5. The remaining visible material should then be vacuumed using a designated vacuum cleaner. The vacuum cleaner bag MUST be changed after use.
6. Non-carpeted areas: Sanitize the area using 1:10 bleach solution (instructions follow). Because of the level of contamination, the bleach solution is much stronger than the 1:1000 solution used for regular sanitizing. The bleach must contact the affected area for a minimum of 10 minutes. A red mop and bucket are designated for this use.
7. Carpeted areas: The area should be cleaned with detergent 1:10 solution, rather than bleach solution and should contact the affected area for at least ten minutes. The area should then be shampooed, or steam cleaned within 24 hours.
8. Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water, then rinse with a bleach solution.
9. Discard gloves, disposable apron into yellow bag for incineration. Finally wash your hands thoroughly using soap and water.

Dilution instructions for bleach/detergent sanitizer

1:10 solution

2tbsp (30ml) bleach in 1 cup (250ml) water

OR

2cups (500ml) bleach in 1 gallon (4L) water

*Reference; Centre for Disease control and Prevention. DOH 20*

