

BRIDGEWATER SCHOOL

WORSLEY, MANCHESTER

M28 2WQ

WHOLE SCHOOL POLICY FOR FIRST AID

SCOPE: This policy covers all pupils attending Bridgewater School, including those in EYFS and any using the school's Early and Late Clubs. In order to address all our pupils' needs, separate procedures may be appropriate for EYFS, Prep or Senior children. Where this is the case, the relevant procedure is attached.

We are a 3-18 school incorporating before and after school clubs. Arrangements have been made to ensure that accidents requiring first aid are dealt with in the appropriate manner.

Please see attachment "Bridgewater School First Aiders" for details regarding the school's qualified first aiders, their qualifications, the expiry date of their certificate, how they can be contacted in an emergency and their usual location. The attachment also gives the locations of the first aid kits. There will be at least one qualified person on the school site when children are present.

A copy of the Health and Safety Policy document is kept in both staff rooms and is available on the staff shared drive.

The names of the qualified first aiders are on lists displayed in prominent positions throughout the school. They will be reviewed every term.

The school has a designated area for providing first aid treatment. The school has first aid boxes situated throughout the school for general use (see attachment); these kits are checked and stocked by a nominated person.

First Aid Bags are available for all classes to take on all trips and to sporting events and these are kept in the main office.

Procedure to follow if a pupil or member of staff requires first aid

- If as a staff member you have an accident, no matter how minor, you must report to the school office and the nominated first aider – for assessment and treatment.
- If you are in the vicinity of a serious accident involving a pupil or staff member, you must send someone to the office and request a nominated first aider. You must stay with the child or staff member until help arrives. Please refer to the attached Appendix 1 – HSE Information Guide to Incident Reporting in Schools, in the event that the incident may need reporting to RIDDOR.

- Do not attempt to move the injured person unless their life is at risk if you do not.
- In the case of a serious accident which may require further treatment, the office will ring parents, guardian or next of kin to arrange for the injured person to be collected and taken for treatment. Where the injury is deemed by the nominated first aider to be sufficiently serious, an ambulance will be called for by the office staff calling '999'
- A member of the office staff will notify the Head Teacher who will in turn nominate the appropriate person to contact parents, guardians or next of kin. A member of the office staff will notify the pupil's form teacher as to the condition of the pupil and whether or not they will be in lessons for the rest of that day, the form teacher will then notify other relevant teaching staff.
- In the **PREP DEPARTMENT**, if a member of the teaching staff is required to take a pupil or staff member to the hospital for non-life threatening treatment, they should be sure that they are covered by their car insurance for the purpose of carrying school children. If the staff member is dazed or unsteady, then another member of staff should accompany the driver to be with the member of staff in the rear of the car. A second member of staff must **always** accompany a pupil.
- In the **SENIOR SCHOOL**, the pupil or staff member would not *usually* be accompanied by a member of the teaching staff. Arrangements must be made in the office for the pupil to be accompanied by an available member of the office staff or a member of the SLT.
- In the **SENIOR SCHOOL**, science staff are trained to take Immediate Remedial Measures (see CLEAPSS Laboratory Handbook located in Science Dept.) whilst waiting for a First Aider.
- The school will inform parents of any accident or injury sustained by a child on the same day or as soon as reasonably practicable and any first aid treatment given.

THE ACCIDENT & INCIDENT BOOK

- All accidents have to be reported in the accident book in the office by the person who was first at the scene when the accident happened. **(Children regularly require "minor" first aid for a graze or bump. This is the inherent nature of a school, not every bump needs logging in the main accident book. Please see below for more details).**
- Facts and details regarding the accident, how it happened and action taken must be noted in the accident book.
- The first aider who treats the pupil or staff member is responsible for reporting in the accident/incident book the treatment administered.
- If the accident is reportable under Reporting of Injuries, Diseases and Dangerous Occurrences 1995 (RIDDOR) Act then RIDDOR must be contacted. Please refer to

the attached Appendix 1 – HSE Information Guide to Incident Reporting in Schools, in the event that the incident may need reporting to RIDDOR.

- The details of reporting the incident to RIDDOR must be updated in the Accident Book.
- The Accident & Incident Book will be monitored by Elaine Cameron-Ward once a week; she will follow up and report any omissions.
- The Accident & Incident book will be brought to all Health and Safety meetings.

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PREPARATORY DEPARTMENT

ACCIDENTS IN PREP

EYFS

- The EYFS keeps a log of their children's minor accidents in registers in their classrooms. Parents are informed of all accidents on the same day or as soon as reasonably practicable and any first aid treatment given. A first aid register is held in both Kindergarten and Reception classes with a record of minor accidents. Children who receive first aid or bump their heads receive a wristband to wear.

All staff are paediatric first aiders.

KS1 and 2

- If a child has a minor accident in school, a bump/graze etc., in class or at break time, the class teacher (or the member of staff responsible at the time) must fill in an accident report which is kept on a clipboard in the Prep Staff room. Serious accidents involving a visit to the hospital must always be reported in the school's accident book, located in the main office.
- Regular Prep welfare staff are qualified first aiders and a first aid kit is taken to the playground at lunch time.
- If a child has a bump/graze etc. on the yard at lunch time, a member of the welfare team must fill out a lunchtime accident report. If the child needs to be sent in for further action i.e. washing a graze, application of an ice pack etc., this must be included in the report by the welfare staff.
- All minor injuries must be logged in this way and reported to the class teacher.
- If a child is injured at break time with no first aider on duty, they are sent to the office.

- A qualified First Aider must look at a child's injury and if they feel the child needs further treatment of any kind, they must contact parents. Any child sustaining a head injury or seen by a first aider must be given an appropriate wristband to alert staff to monitor the child for the rest of the day and alert parents of their child's injury upon their return home.
- The sick room is used if a child's injury needs further monitoring by a first aider.
- If a child has a major accident he/she must not be moved in any way. A member of the welfare team should contact the office to locate a First Aider to give immediate assistance. Every effort should be made to make sure the child feels as warm and comfortable as possible, and to reassure the child.

ADMINISTRATION OF MEDICATION

Reference should be made to the Administration of Medication Policy

- If pupils have to take medicine during school hours, it must be handed to their class teacher first thing in the morning or following the child's arrival.
- The child should have written consent from their parent/guardian for the administration of the medicine. The medicine should then be stored in the medical cupboard within the staff room, or in the staffroom fridge, if necessary, and administered by the class teacher as per instructions. This action should be cross-checked by a witness.
- No medicines, including asthma inhalers, should be kept in the classroom. Except if part of a care plan. This rule ensures against accidents, loss or theft. All asthma inhalers should be kept in the appropriate case stored within the Asthma Bag in the stock cupboard in the staff room.
- In the event of a child being prescribed an epipen, the notes regarding that child are located both in the medical cupboard/green bag with the epipen AND on the main notice board in the Prep staff room.
- Staff are trained in the administering of an epipen by the school nurse team from Salford NHS or online via Allergywise or National College.
- Any administration of medicines should be witnessed by another adult and logged on the Medicine Log, which is also kept in the medicine cupboard.
- If a member of staff is unhappy about administering medication, they should consult with the Deputy Head Teacher for alternative arrangements.
- Any concern about the administering of medication or indeed first aid issues can be raised at the Health and Safety meetings.
- Children who have been prescribed antibiotics should be at home for the first 24 hours, to minimise the risk of an allergic reaction on school premises.

- Children who suffer from any sickness/diarrhoea must abstain from school for 48 hours.

PLEASE NOTE:

There is a comprehensive list of all children who require an inhaler and/or epipen in school in the office. It also includes expiry dates.



SENIOR DEPARTMENT

ACCIDENTS IN SENIORS

- For minor accidents requiring treatment, students should report to the school office where an assessment and appropriate treatment will be applied. In more serious cases the form teacher and/or SLT will be informed, as well as a phone call made to parents. Duty staff are on hand either outside or in the main building, close to the yard, if further advice or guidance is required.
- In the case of the student having a major accident, a student should not be moved until a first aider is located either by the office or the duty member of staff. Every effort should be made to make the child feel as warm and comfortable as possible, and to reassure the child.

ADMINISTRATION OF MEDICINES

Reference should be made to the Administration of Medication Policy.



HYGIENE & DISPOSAL – BODILY FLUIDS

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

ASTHMA

The school recognises that asthma is a widespread, serious but controllable condition affecting many of our students. We encourage all students with asthma to achieve their potential in all aspects of school life.

The school ensures all the staff understand their duty of care to students in the event of an emergency and that they feel confident in knowing what to do. The school understands the importance of medication being taken as prescribed. Staff are kept informed of all students with asthma and the medicines they take.

Parents/Carers /Guardians are asked to forward to school an inhaler clearly labeled with the child's name and required dosage (the inhaler should be labelled and not the box). Each section of the school has its own procedures, the inhaler will be stored in the medicine cupboard, fully labelled. The inhaler's expiry date will be noted and the inhaler sent home or disposed of when it needs replacing.

Parents are required to update school at least annually with any changes in pupil details including medical conditions.

Asthma is a condition that affects the airways. When a person with asthma comes into contact with something that irritates their airway the muscles around the walls of the airway tighten so that the airway becomes narrow and the lining inflamed and starts to swell. Sometimes sticky mucous or phlegm builds up which can further narrow the airways. This makes it very difficult to breathe and leads to symptoms of asthma.

Recognising an asthma attack

- The airways in the lungs become restricted
- The child will have difficulty speaking
- The child may wheeze, and have difficulty breathing out
- The child may become quickly distressed, anxious and exhausted. They may appear blue around the lips and mouth.

What to do if a child has an asthma attack

- Ensure that the reliever (blue) inhaler is taken if prescribed
- If the child's inhaler cannot be located, use the emergency inhaler located in the school office
- Notify a first aider
- Stay calm and reassure the child
- Ensure the child sits upright and slightly forward
- Loosen any tight clothing
- Encourage slow deep breaths

Call 999 and request an ambulance urgently if:

- The child's inhaler cannot be located.
- The reliever (blue inhaler) has had no effect after 5 - 10 minutes
- The child is unable to talk or increasingly distressed
- The child is disorientated or collapses.
- The child looks blue around the mouth and lips
- If you have any doubts about the child's condition

Inform the parents or guardian as soon as possible about the asthma attack

Minor attacks should not interrupt the child's involvement in the school day and they should return to activities when they are fully recovered.

Prep inhalers are taken to the playground at lunch, break time and in Late Club.

DIABETES

In developing this policy, the school acknowledges the advice and guidance of the British Diabetic Society. The school recognises that diabetes is a widespread condition affecting many children and welcomes all pupils and staff with the condition and recognises its responsibility in caring for them.

We encourage all students with Diabetes to achieve their potential in all aspects of school life.

The school ensures all the staff understand their duty of care to students in the event of an emergency and that they feel confident in knowing what to do. Staff are kept informed of all students with diabetes and the medicines they take.

Parents are required to update school at least annually with any changes in pupil details including medical conditions.

Diabetes is a condition where the body is unable to regulate levels of glucose (sugar) in the body, resulting in too much glucose being present in the blood stream. This comes about because the body fails to either produce insulin or enough insulin to deal with the sugar.

As a result, the sugar builds up in the blood causing Hyperglycemia. People with diabetes control their blood sugar levels with diet which provides a predictable amount of sugar and carbohydrate and insulin injections and or medication.

Children particularly can have emotional and behavioural difficulties as a result of their condition and much support is required.

- **Hypoglycemia – low blood sugar**
- **Hyperglycemia – high blood sugar**

Causes of Hypoglycemia

- Inadequate amounts of food eaten, or missed or delayed meals
- Too much or too intense exercise
- Excessive insulin
- Unscheduled exercise

Recognition of Hypoglycemia

- Onset is SUDDEN
- Weakness, faintness or hunger
- Palpitation (fast pulse), tremor
- Strange behaviour or actions
- Sweating, cold, clammy skin
- Headache, blurred vision, slurred speech
- Confusion, deterioration levels of response leading to unconsciousness
- Seizures

Treatment of Hypoglycemia

- Call or send for a first aider
- Ensure the child eats a quick sugar source e.g. Glucose tablet, gel or fruit juice.
- Wait 10 minutes and if the pupil feels better, follow with a carbohydrate type snack e.g. bread, biscuit, cereal bar etc.
- Once recovered allow to return to normal school activities
- Inform parents or guardian of the episode

- If the child becomes drowsy and unconscious the situation is LIFE THREATENING
- Call 999 and request an ambulance
- Place the child in recovery position and stay with the child
- Contact the parent/carer / guardian

Causes of Hyperglycemia

- Too much food
- Too little insulin
- Decreased activity
- Illness
- Infection
- Stress

Recognition of Hyperglycemia

- Onset is over time – hours or days
- Warm dry skin, rapid breathing
- Fruity sweet smelling breath
- Excessive thirst and increasing hunger
- Frequent passing of urine
- Blurred vision
- Stomach ache, nausea, vomiting
- Skin flushing
- Lack of concentration
- Confusion
- Drowsiness that could lead to unconsciousness

Treatment of Hyperglycemia

- Call for a first aider.
- Encourage child to drink water or sugar free drinks
- Allow child to administer extra insulin
- Permit child to rest before resuming activities if feeling well enough
- Contact parent of guardian
- If condition does not improve call 999 and request an ambulance.

ANAPHYLAXIS

- There are children within both departments who have severe allergies.
- Where necessary Epi-pens are located in the medical cupboard in Prep Staff Room and a second Epi-pen is stored with the Prep inhalers in the green bag which are taken to the dining hall and yard at break, lunch and Late Club. Senior student's epi-pens are located in the medical cupboard in the Sick Room.
- Staff to be informed as to which children have the allergies
- Staff to be trained in the use of Epi-pens
- Staff to be made aware of symptoms of anaphylaxis and to be vigilant

- If Epi-pens have been used – staff involved to ensure correct documentation and ensure that parents/guardians have been informed.
- In the event of the Epi-pen not working or the child's condition worsening - call 999 for an ambulance quoting anaphylaxis reaction and contact parents immediately.

First Aid trained staff receive Anaphylaxis/Epi pen training as part of the first aid courses that they attend. In the event of an anaphylactic reaction for a child, please dial 999, locate the child's Epi pen or medication and call a first aider.

NO-ONE SHOULD ADMINISTER AN ANTI-ANAPHYLACTIC INJECTION WITHOUT HAVING RECEIVED THE RELEVANT TRAINING.

EPILEPSY

The school recognises that Epilepsy is a widespread, serious but controllable condition. We encourage all students with Epilepsy to achieve their potential in all aspects of school life.

- ***Get all the other children out of the classroom / area immediately.***
- Call for a first aider.

Scenario: Managing an epileptic seizure | Management | Epilepsy | CKS | NICE

- **For people having a tonic-clonic seizure, note the time, and if it lasts less than 5 minutes:**
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 - Look for an epilepsy identity card or jewellery.
 - Protect them from injury by:
 - Cushioning their head, for example with a pillow.
 - Removing glasses if they are wearing them.
 - Removing harmful objects from nearby, or if this is not possible, moving the person away from immediate danger.
 - Do not restrain them or put anything in their mouth.
 - When the seizure stops, check their airway and place them in the recovery position.
 - Observe them until they have recovered.
 - Examine for, and manage, any injuries.
 - Arrange emergency admission (call for an ambulance) if it is their first seizure; a seizure reoccurs shortly after the first one; the person is injured or having trouble breathing after the seizure, or is difficult to wake up.
- **For people having a tonic-clonic seizure lasting more than 5 minutes, or who have more than three seizures in an hour, in addition to the above measures:**
 - **Treat with one of the following:**
 - Buccal midazolam as first-line treatment in the community.
 - **Call an ambulance for urgent hospital admission if seizures *do not* respond promptly to treatment.**
 - **Call an ambulance for urgent hospital admission if seizures *do* respond to treatment but:**
 - Seizures were prolonged or recurrent before treatment was given, particularly if seizures had developed into [status epilepticus](#).
 - There is a high risk of recurrence, such as a history of repeated seizures or status epilepticus.

- There are difficulties monitoring the person's condition.
 - This is their first seizure.
- **Arrange for specialist review** for consideration of providing the family or carers with buccal midazolam, to treat future prolonged or recurrent seizures according to an individually agreed protocol.
- **For people having a focal seizure** (for example unusual movements or behaviour, wandering):
 - Protect them from injury by removing harmful objects from nearby, or if this is not possible, moving them away from immediate danger.
 - Do not restrain them.
 - Observe them until they have fully recovered – do not give them anything to eat or drink until they have made a full recovery.
 - Reassure them and explain anything they may have missed.
 - Examine for, and manage, any injuries.
 - Arrange emergency admission (call for an ambulance) if it is their first seizure, the seizure continues for more than 5 minutes, or they need urgent medical attention.

Action Plan in case of epileptic fit (grand mal)

a) In a classroom or inside school

1. Clear a space around the child so that they do not hit themselves on anything.
2. Put something soft under their head.
3. **NEVER TRY TO PUT ANYTHING INTO THE MOUTH.**
4. Start to time the fit.
5. ***Get all the other children out of the classroom / area immediately.***
6. Call for a first aider.
7. If the fit lasts more than 5 minutes, get the office to dial 999 and state that a child is having a tonic, clonic seizure.
8. Ask someone to phone the child's parents to inform them and ask them to come to school.
9. When the fit has finished, stay with the child and reassure them.
10. Do not give them any food or drink until they have fully recovered.
11. Roll them into the recovery position if possible.

b) In the playground

1. Clear a space around the child so that they do not hit themselves on anything.
2. Put something soft under their head.
3. **NEVER TRY TO PUT ANYTHING INTO THE MOUTH.**
4. Start to time the fit.
5. ***Send other children into the classrooms and send to the staffroom/office for help.***
6. If the fit lasts more than 5 minutes, get the office to dial 999 and state that a child is having a tonic, clonic seizure.
7. Ask someone to phone the child's parents to inform them and ask them to come to school.
8. When the fit has finished, stay with the child and reassure them.
9. Do not give them any food or drink until they have fully recovered.
10. Roll them into the recovery position if possible.

NB: All staff should familiarise themselves with the following documents, an electronic copy of which can be found on the Staff Shared Drive/Reference/Procedures and Guidelines.

1. The HSE document “Basic Advice on First Aid at Work”
2. The DfEE document “ Guidance on First Aid for Schools”

Reviewed by the Head Teacher and Senior Management Team – March 2025