



## **First Aid Policy - Including Administration of Medicine and Early Years**

First Aid arrangements in school cover the welfare of staff, pupils and visitors. The school First Aid Policy has regard to the DCSF booklet "Guidance on First Aid for Schools".

First Aid arrangements reflect the assessment of risk associated with both routine and occasional activities and tasks, undertaken during the school term, school holidays, on school premises and off-site.

### **FIRST AIDERS**

Three members of staff (Emma Launchbury and Mitzi Collins) have completed an HSE approved First Aid at Work course.

Sufficient staff will have completed an appropriate Paediatric First Aid Course which meets EYFS requirements. There must be a Paediatric First Aider in the Pre-Prep school at all times as well as a Paediatric First Aider accompanying educational visits off-site.

Reception staff at the Senior School and the Pre-Prep Department, administer the majority of first aid on a day to day basis, and are First Aiders.

Other First Aiders will have completed an HSE approved Emergency First Aid at Work course. The main duties of First Aiders are to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school; and
- When necessary, ensure that an ambulance or other professional medical help is called (see appendix 6 – Ambulance Calling Protocol, and Appendix 7 – First Aid Procedure Flowchart).

In order to ensure that all pupil activities are covered by first aid arrangements, staff who during the normal course of their duties are likely to be in sole charge of pupils in the following situations, should be First Aiders:

- Heads of practical academic departments, *Science, Art/DT, Games;*
- Staff taking pupils off-site for activities, trips or matches; and
- Minibus drivers.

Representatives from Catering, Housekeeping, Maintenance and Grounds departments, who may be on duty out of normal school hours should also be First Aiders.

The Bursar will ensure appropriate First Aid training is provided and will maintain a record of first aiders and their certification details.

Locations of First Aid boxes, plus Epipens & Inhalers are shown on the site plans displayed in each school building, and a full list of First Aiders is attached as Appendix 1. The Defibrillator is located at Reception in the senior school.

### **Nominated First Aid Rooms**

The nominated first aid rooms are the receptions at the Senior School and the Pre-Prep Department. In addition, a medical room with a basin is available at the Senior School, for use as appropriate. Pre-Prep has a dedicated medical area for use. A dedicated emergency pupil 'first aid' toilet is located next to each reception area and will be sign posted.

Both rooms have a nearby 'Designated Emergency First Aid Child Toilet'.

### **Defibrillator Location**

The defibrillator is an automatic version, which is able to be used by most adults. It is located on the wall in the main school entrance and contains instructions on its use with Adults and Children.

## **AWARENESS OF MEDICAL CONDITIONS**

### Pupils

When a new pupil joins the school, a medical questionnaire (see Appendix 1) is completed by the parents in order that the school is aware of any underlying medical particulars both on a day-to-day basis, and in the event of an emergency. This information is requested by Mrs Suida in the Prep/Senior School and Mrs Collins in the Pre-Prep. Medical forms are attached to the inside front cover of a child's confidential file.

If a pupil has any medical equipment which needs to be kept in school, this must be clearly labelled with the child's name and any written instructions handed into reception, and stored securely.

The school is a nut free area. Catering staff will be advised of any specific dietary requirements.

Medical information about pupils of which staff need to be aware, is clearly displayed in staff rooms. This may include allergies, and details of any medical equipment which is kept in school, and should accompany the child when they participate in off-site activities (e.g. Inhalers, EpiPens).

## Staff

All staff are required to complete a confidential medical questionnaire from time to time, which will be held on their personnel file and used only in the event of a medical emergency.

## Residential School Trips

For any school trip involving an overnight stay, a medical questionnaire must be completed for all pupils and by all adults accompanying the trip. *See Educational Visits policy.*

## **ADMINISTRATION OF MEDICINES**

### **Casualties**

First aid at work does not include giving tablets or medicines to treat illness.

If an individual requires to take their own prescribed medication, the First Aider's role is generally limited to helping them to do so, and contacting the emergency services as appropriate.

First Aiders may administer an EpiPen if they are dealing with a life-threatening emergency in a casualty who has been prescribed, and is in possession of an EpiPen.

### **Pupils**

No medicines are administered without the consent of parents. The medical form includes specific opt-in parental permission for certain medications to be given to a pupil for the relief of minor ailments e.g. headache.

Any medicines brought into school must be handed in to reception. All medicines must be clearly labelled with the child's name, together with original packaging/prescription instructions as to the dose and time(s) that the medication should be administered. Parents of children are asked to provide written instructions using the Administration of Medicine form attached as Appendix 4. Additionally in Pre-Prep, parents are requested to keep Pre-Prep pupils at home if they arrive at school and ask for Calpol to be administered to keep the child going during the school day. All medicines are stored securely and administered as required by reception staff.

If a pupil is given medicine of any kind during the school day, parents will be notified. In the Senior School, parents will be advised either by telephone, email or a note sent home. Parents of Pre-Prep children are asked to sign the Administration of Medicine/Minor Accidents form attached as Appendix 5.

## **WHAT TO DO IF SOMEONE IS ILL OR INJURED**

In conjunction with the approach outlined below, Appendix 7 provides a First Aid Procedure Flowchart as a high level overview of the steps and actions to be taken in the event of an injury.

### **Minor illness or injury**

Any ill or injured pupil, member of staff or visitor should be taken to either the Senior School or Pre-Prep reception.

Treatment will be given, and parents / relatives contacted as considered appropriate in the circumstances. Reception staff will arrange for any spillage of body fluids to be dealt with hygienically (see appendix 8)

### **Emergency**

If the illness or injury is so severe that the ill or injured person cannot be taken to reception, then Mrs Launchbury, Mrs Siuda or Mrs Collins should be informed immediately and an ambulance called if necessary (see appendix 6 – Ambulance Calling Protocol). Relatives should also be informed immediately.

### **Record keeping**

Senior School and Pre-Prep reception staff maintain a detailed record of illnesses, accidents, and injuries, together with a record of any first aid treatment, or medication given to a pupil or adult:

- Date and time of incident;
- Name of injured person;
- Details of injury / illness and what first aid treatment was given;
- What happened to the person immediately afterwards i.e. parents informed, taken home, went back to class;
- Name and initials of first aider.

Parents / relatives will be notified by telephone if this is considered appropriate under the circumstances.

All types of accidents/illnesses are recorded in PASS.

Parents of Pre-Prep children are asked to sign the Administration of Medicine/Minor Accidents form attached as Appendix 5.

### **Recording and reporting of accidents**

If First Aid is administered as a result of a serious accident/emergency (i.e. excludes non serious first aid) an accident form must be completed and passed to the Bursar. Accident and near miss trends are monitored, and used to identify possible areas for improvement in the control of health and safety risks, and in assessing first aid needs.

The Bursar is responsible for the reporting under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) of any fatal and major injuries. These may be accidents relating to:

- any school activity on or off the premises
- the way a school activity has been organised or managed
- equipment, machinery or substances
- the design or condition of the premises

The Bursar will also report any notifiable accident, illness or injury to Ofsted and Hampshire Children's Services Department within 14 days of the incident.

### **FIRST AID KITS**

First aid containers are marked with a white cross on a green background. The contents of kits will typically be:

- On-site contents:
  - Leaflet giving general advice of first aid
  - 20 x individually wrapped plasters (assorted sizes)
  - 2 x sterile eye pads
  - 4 x individually wrapped triangular bandages (preferably sterile)
  - Six safety pins
  - 6 x medium sterile, individually wrapped unmedicated wound dressings (~12cm x 12cm)
  - 2 x large sterile, individually wrapped unmedicated wound dressings (~18cm x 18 cm)
  - Two pairs of disposable gloves
  - Steristrips
  - 1 x pair rustless, blunt-ended scissors
- Off-site contents (also consistent with HASPEV para 66):
  - Leaflet giving general advice of first aid
  - 6 x individually wrapped plasters (assorted sizes)
  - 1 x large sterile, individually wrapped unmedicated wound dressings (~18cm x 18 cm)
  - 2 x individually wrapped triangular bandages (preferably sterile)
  - 2 x safety pins
  - Individually wrapped moist cleansing wipes
  - Two pairs of disposable gloves
  - a resuscitator (for hygienic mouth to mouth)
  - disposable cold/hot packs
  - 1 x pair of rustless blunt-ended scissors
  - VOM bags (for sickness)
  - 2 x biohazard bags/clinical waste bags
  - Steristrips
- Minibus kit contents:
  - 10 x antiseptic wipes, foil packaged
  - 1 x conforming disposable bandage (at least 7.5cm wide)
  - 2 x individually wrapped triangular bandages
  - 24 x individually wrapped plasters (assorted sizes)
  - 3 x large sterile unmedicated ambulance dressings (~15cm x 20cm)

- o 2 x sterile eye pads, with attachments
- o 12 safety pins
- o 1 x pair of rustless blunt-ended scissors
- o Two pairs of disposable gloves

There will be some variation in the material included, depending on the nature of the location of the first aid kit, for example, eyewash, burn kits and blue plasters (food preparation).

Any staff using the contents of a first aid kit should notify Mrs Launchbury or Mrs Collins who will then ensure that the kits are restocked. Kit contents will be routinely checked each half term.

*Reviewed by the Board of Governors: November 2023*  
*To be reviewed by the Board of Governors: November 2025*

## **Appendices**

- 1 First Aiders
- 2 Medical questionnaire – Pupils
- 3 Medical questionnaire – Staff
- 4 Pre-Prep – notification to Parents of Calpol given / bump / minor accident
- 5 Pre-Prep – Administration of Medicine form
- 6 Ambulance Calling Protocol
- 7 First Aid Procedure Flowchart
- 8 Body Fluid Spillage Policy

## APPENDIX 6: Durlston Court School – Ambulance Calling Protocol

**Always call an ambulance** in cases of:

- Anaphylactic shock
- Convulsions/epileptic fits (unless otherwise advised on medical questionnaire)
- Severe asthma attacks where inhalers do not appear to be helping
- Severe loss of blood
- Broken limbs where patient cannot move unaided
- Suspected spinal injuries
- Serious head injuries involving heavy bleeding and suspected skull damage
- Unconsciousness, where a patient does not regain full awareness within 2-3 mins
- Suspected heart attacks or strokes
- Choking – where an emergency procedure has been used (ie. not required in cases relieved by a pat on the back)
- Facial, throat or chest injury that may affect breathing

**Consider calling an ambulance** and seek opinion of appointed person in cases of:

- Allergic reactions (to stings, bites, etc) where Piriton or similar has been administered without easing symptoms
- Large cuts where blood loss has been controlled but stitches may be needed
- Fractures/suspected fractures where patient can move but is in great discomfort
- Unconsciousness where patient regains awareness very quickly
- Serious eye injury or chemicals in the eye
- Severe burns
- Nosebleed lasting 30 minutes

If in any doubt about whether or not to call an ambulance, a decision should be taken based on the professional judgement of 2 senior members of school staff

### **PROCEDURE FOR CALLING AN AMBULANCE**

To call an Ambulance dial 999 or 112. Specify 'Ambulance Service' required

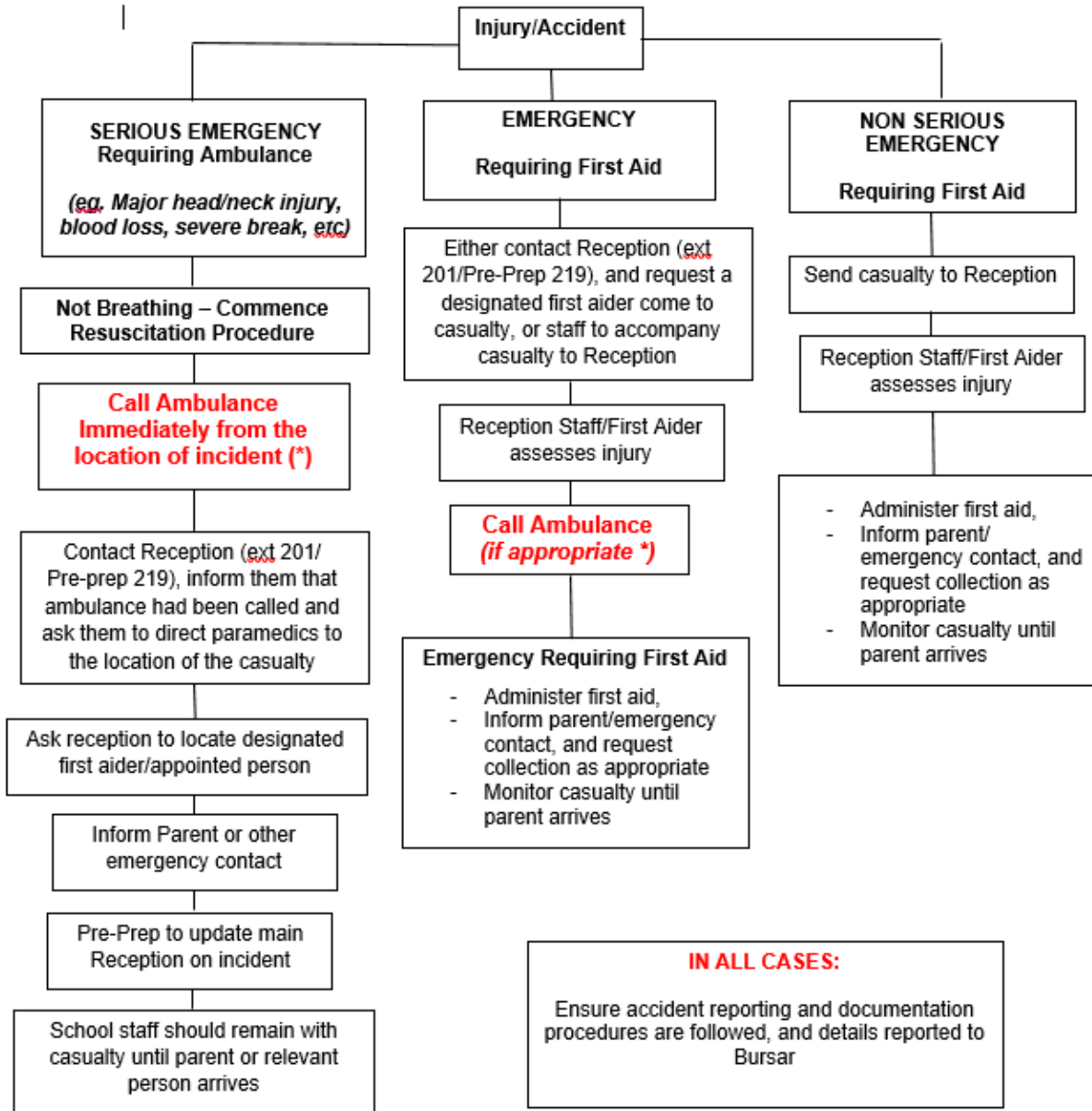
1. Ambulances should only be called from Reception, unless the emergency is **serious**. This will usually be where the injured person cannot be moved and telephone advice is needed immediately from emergency services. Another member of staff should notify Reception if they do not call the ambulance.
2. The Ambulance Controller will need information including:
  - Age and gender of patient(s) (*note: also advise number of patients*)
  - Exact location, including our postcode BH25 7AQ
  - What has happened, where and how long ago
  - Does the patient have any conditions which may have caused what has happened. Has it happened before?
  - Is the patient allergic to anything?
  - Is the patient conscious? Has the patient been unconscious?
  - Is the patient breathing?

3. As soon as the ambulance has been called, contact parent/next of kin. Ask if they can get to school to go to hospital in the ambulance or whether they will meet it at the hospital. In the latter case, ascertain to which hospital the patient will be taken. If the parent cannot accompany their child, a member of school staff should instead. As soon as the parent arrives, the member of staff can return. The member of staff can only give consent for emergency medical treatment if the Medical Questionnaire Declaration has been signed, however, consent is generally not required for life saving emergency treatment in A&E.



APPENDIX 7:

Durlston Court School  
First Aid Procedure Flowchart



Notes:

- (\*) Calling an Ambulance**
- Review Protocol for calling an Ambulance (Appendix 6)
  - Follow Procedure for Calling an Ambulance if required

## **APPENDIX 8:       Body Fluid Spillage Policy**

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection.

In order to minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

### **Staff Contact**

The Facilities Manager to be contacted initially so that he can arrange to clean the area appropriately. The initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean Up Procedure'. In the event of a member of cleaning staff not being available then there are disposable clean up kits available at Pre-Prep Reception and Senior School Medical Room

### **Initial Clean Up Procedure**

Put on disposable gloves from the Clean-up Kit. Cover the affected area in absorbent granules. Allow the granules sufficient time to absorb the fluid content of the spillage. Using the scoop in the Clean-up Kit, collect up the granules and spillage and place the contents in a yellow bag from the Clean-up Kit.

Once all the spillage has been cleaned up, the yellow bag should be sealed. The affected area should then be sprayed with an antibacterial spray and the residue cleaned up with the cloth provided in the kit. Finally, the yellow bag containing the spillage should be placed in a second yellow bag, the disposable gloves should be peeled off inside out and placed in the second bag along with any other materials used to clean up the spillage. This second yellow bag should be sealed and placed in the general waste bin outside.

Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home. The area then needs to be cordoned off until cleaned. If a cleaner is not immediately available then a disposable cleaning kit will need to be used.

If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.

### **Procedure for Blood and Other Body Fluid Spillage**

Gloves to be worn at all times. Any soiled wipes, tissues, plasters, dressings etc must be disposed of in double bagged yellow waste bags. The gloves being used needs to be taken off inside out so that the soiled item is contained within and placed in the bag.

When dealing with a spillage, absorbent paper hand towels need to be place on the affected area so absorbing the spill. If a disposable spillage kit is used then the instructions for use should be followed. If not, then contaminated paper towels need to be placed in a bin with a bin liner, tied up and put in another bin liner and put in an outside general waste bin.

The area must be cleaned with disinfectant following the manufacturer's instructions. A 'Wet Floor Hazard' sign then needs to be put by the affected area. The area should then be ventilated well and left to dry.

All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturers' instructions.

Wash hands.

All waste bags to be disposed of properly in the outside general waste bins.

### **Management of Accidental Exposure to Blood**

Accidental exposure to blood and other body fluids can occur by:

- Percutaneous injury e.g. from needles, significant bites that break the skin.
- Exposure to broken skin e.g. abrasions and grazes.
- Exposure of mucous membranes, including the eyes and mouth.

#### *Action To Take*

- If broken skin encourage bleeding of the wound by applying pressure – do not suck.
- Wash thoroughly under running water.
- Dry and apply a waterproof dressing.
- If blood and body fluids splash into your mouth – do not swallow.
- Rinse out mouth several times.
- Report the incident to the Reception staff and Senior Management.
- If necessary take further advice from NHS Direct (111)
- An accident form will need to be completed and it may be necessary to report the incident to RIDDOR.