

Cobham Montessori School

Education for life

First Aid / Emergency Treatment Policy

Contents

Key References	p. 1
1.0 Aim	p. 1
2.0 First Aid Provision	p. 2
2.1 Communication	p. 2
2.2 First-Aid Boxes	p. 2
3.0 Procedures	p. 3
3.1 In School	p. 3
3.2 Out of School	p. 4
3.3 Action in an Emergency	p. 4
4.0 Medicines	p. 5
5.0 Sick Room	p. 5

Trained First Aiders: All permanent teaching staff as of August 2020

Key References: In addition to this policy Cobham Montessori School takes due regard for, and refers to the following legislation and guidance, any additional details found in the following publications:

[Health and Safety at Work Act](#)

[The Health and Safety \(First-Aid\) Regulations 1981](#)

[First Aid Approved Code of Practice and Guidance - HSE - 1997 - L74](#)

[Guidance on First Aid for Schools](#)

[EYFS 2017](#)

Links are current as at 22nd August 2020

For further information please refer to our full policy list for related policies.

1.0 Aim

1. To preserve life
2. To limit worsening of the condition
3. To promote recovery
4. To provide first aid as necessary from trained adults
5. To promote health and safety awareness in children and adults, in order to prevent first aid being necessary
6. To encourage every child and adult to begin to take responsibility for their health needs.

2.0 First Aid Provision

- The Head of School is responsible for ensuring that there is an adequate number of qualified First Aiders.

- Shona Dolan is the **Appointed Person** who is nominated to take charge of first aid arrangements, such as looking after the first aid kits and other supplies and calling an ambulance in an emergency.
- All permanent teaching staff are **first aiders**, i.e. someone who is qualified to give first aid treatment in the event of an injury or illness.
- All staff will ensure that they have read the school's First Aid Policy and all other related policies.

2.1 Communication

Communication is important for effective first aid, display information showing:

1. names of first-aiders and appointed persons indicating where and how they may be contacted
2. contact details (telephone numbers and addresses) of the emergency services, local hospital and any retained GPs or other available medical assistance.

This information needs to be sited near to every internal and external telephone and at other key sites that present special risks, such as laboratories and workshops.

2.2 First-Aid Boxes

- All First Aid Kits must be kept out of reach of children.
- Every class or area must have a fully stocked First-aid Box with the following contents:
 - Gloves - 2 pairs
 - Plasters - wide selection - lots of finger plasters
 - Wound Dressing pads
 - Stretchy bandage
 - Non-woven Triangular bandage
 - Tubular bandage
 - Surgical Tape
 - Wound Cleansing Wipes
 - Foil Blanket
 - Safety pins (selection)
 - Scissors
 - Thermometer
 - Face Shield
 - First Aid Leaflet

In catering areas the following additional item is recommended:

- Blue catering grade plasters.
- It is important to keep First-aid boxes fully stocked. This requires regular checks and back up supplies of first aid equipment. How often a first-aid box needs to be checked depends on how often it is used. This will vary on the location of each first-aid box, but as a general guide each box should be checked every half term.

3.0 Procedures

3.1 In school

1. In the event of injury or medical emergency, speak immediately to the nearest appointed First Aider(s).
2. Any child complaining of illness or who has been injured must be inspected by a qualified First Aider(s). Constant supervision must be provided. Parents should be contacted as soon as possible so that the child can be collected and taken home. (Please refer to the policy section for Care of Sick Child Policy and the Notice of Response to a Child suspected of having Coronavirus)
3. Parents are contacted if there are any doubts over the health or welfare of a pupil.

4. If immediate contact is not warranted, parents/carers will be notified at collection of any incident which required the administration of any first aid.
5. IF THE SITUATION IS LIFE THREATENING THEN AN AMBULANCE SHOULD BE CALLED AT THE EARLIEST OPPORTUNITY WITHOUT WAITING FOR THE APPOINTED PERSON TO ARRIVE ON THE SCENE.
6. The school recommends that, unless it cannot possibly be avoided, no member of staff should administer first aid without a witness (preferably another member of staff).
7. No member of staff should administer first aid unless he or she has received proper training.
8. For their own protection and the protection of the patient, staff who administer first aid should take the following precautions:
 - Exposed cuts and abrasions should be cleaned with a saline wipe or, if larger, under running water and patted dry with a sterile dressing.
 - Hands should be washed before and after administering first aid.
 - Disposable gloves should be worn.
9. All serious accidents should be reported to the Head of School or First Aider who should call an ambulance and the child's parents as soon as possible.
10. In the event of a serious incident an ambulance is called, and a member of staff accompanies the pupil to hospital. Parents are asked to go immediately to the hospital.
11. If an injury has been sustained, the pupil should not be moved.
12. All incidents, injuries and head injuries, are recorded in the Accident/Incident record file, kept in the lockable documentation cupboard.
13. Staff should complete the accident record if they sustain an injury at work. An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed. The member of staff or other supervising adult concerned should seek medical advice without delay.
14. Upon seeking emergency medical treatment a member of staff should be asked to check the Medical Consent form on the contacts list and the parents' wishes should be addressed in any treatment given.

3.2 Out of School:

1. Staff must always bring the school mobile phone on trips out of school.
2. Staff must check that pupils who have asthma or other chronic conditions take their inhalers or other prescribed medication.
3. Staff must take a first aid kit.
4. A Risk Assessment will need to be carried out as part of an educational trip.

3.3 Action in an Emergency (To be undertaken by trained First Aider)

1. Are there dangers to the First Aider or the casualty? Make the area safe before proceeding.
2. Then tap the casualty on the shoulder and shout "Are you OK?" to ensure that he or she needs help. For infants, flick the bottom of the foot to elicit a response; Seek consent to administer first aid if feasible.
3. If the casualty does respond, call 999 to report any life-threatening or serious conditions and obtain consent to give care. Check the casualty from head to toe and ask questions to find out what happened.
4. If the casualty does not respond, ask a bystander to call 999, then administer approximately 2 minutes of CPR. If you're alone with the casualty administer 2 minutes of CPR, then call 999.
5. IF THERE IS NO RESPONSE:
Airway: Open the airway. With the casualty lying on his or her back, tilt the head back slightly and lift the chin. Open the airway by placing one hand on the forehead and gently tilt the head

back. Only if absolutely safe to do so remove any obvious obstructions from the mouth and nose and lift the chin. It is critical that any obstruction is not pushed further into the airway.

Breathing: Check for breathing. Listen carefully, for no more than 10 seconds, for sounds of breathing. (Occasional gasps aren't breathing.) Infants typically have periodic breathing, so changes in breathing pattern are normal. If the casualty is breathing assess for life threatening injuries and then place in the recovery position.

Response: If the casualty is not breathing begin Cardio Pulmonary Resuscitation (CPR).

Child CPR:

1. Place child on their back on a hard surface
2. Apply a barrier (this is kept in the first aid box)
3. Give 5 rescue breaths
4. Give 30 chest compressions using one hand
5. Follow this with 2 rescue breaths and 30 chest compressions
6. Continue with CPR until ambulance arrives, you become exhausted or you need to move away from danger

Adult CPR:

1. Place adult on their back on a hard surface
2. Apply a barrier (this is kept in the first aid box)
3. Give 2 rescue breaths
4. Give 30 chest compressions using 2 hands
5. Follow this with 2 rescue breaths and 30 chest compressions
6. Continue with CPR until you see obvious signs of life, an ambulance arrives, you become exhausted or you need to move away from danger

**NB the nearest Defibrillator (AED) to Cobham Montessori School is

Creston UK Ltd
Portsmouth Road
Cobham
KT11 1TF

Or: Squires Garden Centre or the Sainsbury's Superstore

4.0 Medicines

Children Medicines Procedures - Refer to the Administration of Medicine policy

If a child is well enough to be in school but still requires medication Teacher/Guide the will administer the medicine, including 'epipens' so long as the parent signs a consent form detailing dosage and frequency, and appropriate training given to staff where necessary. Children with asthma who need to use inhalers are encouraged to keep these in school and use when needed.

All medicines should remain in their original containers and not be dispensed into other containers. As medicinal containers become empty they must be disposed of, preferably to a pharmacist.

Staff Medicines Procedures (Paracetamol)

No medicines other than paracetamol may be given to staff without individual prescription. As for all medicines, they must be in "as dispensed" containers and clearly labelled.

Paracetamol can only be given to staff if asked for by name.

5.0 Sick Room

In the event of a child being taken ill and needing to be isolated from other children and staff, the front room (or occasionally a suitable place in the garden) will be used. In this event it will be deemed off limits for all other uses. The nappy changing trolley may temporarily be moved into to hallway or classroom or the portable changing mat may be used.