Cobham Montessori School

Education for life

First Aid / Emergency Treatment Policy

Contents

Key References 1
1.0 Aim 2
2.0 First Aid Provision 2
2.1 Communication 2
2.2 First-Aid Boxes 2
3.0 Procedures 3
3.1 In school 3
3.2 Out of School: 4
3.3 Action in an Emergency (To be undertaken by trained First Aider) 4
4.0 Medicines 5
5.0 Sick Room 5

Trained First Aiders: Yvonne Cooke, Shona Dolan, Blanca Rosal, Katy Bartlett, Angela Byrne

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: This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety (First-Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept

- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

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 this 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 – at least 20 individually wrapped plasters of varying sizes – a wide selection – lots of finger plasters
    - Wound Dressing pads – 2 large, 6 medium
    - Stretchy bandage
    - Triangular bandages
    - Tubular bandage
    - Surgical Tape
    - Wound Cleansing Wipes
    - Foil Blanket
    - Safety pins (selection

- Scissors
- 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 term and replenished 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)
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 significant incidents, injuries and head injuries, are recorded on Accident/Incidents forms and filed in the Accident file, kept in the lockable documentation cupboard.
13. Minor first aid for Elementary children i.e. a plaster to cover an existing cut or very minor bruising will not be recorded on an accident form.

14. Existing injury, or first aid administered to a child who has been hurt outside of school will not be recorded on an accident form as carers will already be aware of injuries.
15. Staff should complete an accident form 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.
16. 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, allergies 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 the heel of 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 the heel of 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

If defibrillator (AED) use is warranted, the school's AED is located in the Elementary classroom on top of the blue cupboard, beside the first aid box.

In the event that the school's AED is not available, the nearest Defibrillators (AED) to outside of Cobham Montessori School are:

- **Cobham Centre for the Community:** Oakdene Road, KT11 2LR (Council building location)
- **Painshill Fire Station:** Portsmouth Road, KT11 1AL
- **Cobham Bowling Club:** Fairmile Lane, KT11 2AY
- **Sacred Health Hall:** Anyards Road, KT11 3EP

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 the Teacher/Guide will administer the medicine, including 'epipens' so long as the parent signs a consent form detailing dosage and frequency, and appropriate training is 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 or aspirin, 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.