

GATEWAY SCHOOL

First Aid Policy

This policy applies all pupils in the school, including in the EYFS



Created Sept 15

Date for revision Sept 17

Annual review

Reviewed by School Nurses

Date Sept 16

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First Aid and Medication Policy Statement of Commitment

Gateway School is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors.

We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.
- To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
- To have a minimum of 2 trained First Aiders on site at any one time, including a person with a paediatric first aid qualification whenever EYFS pupils are present. Such people will be able to responsibly deliver or organise emergency treatment.
- To ensure that a trained first aider accompanies every off-site visit and activity. In visits involving EYFS pupils, such a person will have a current paediatric first aid qualification.
- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013).
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
- To record and make arrangements for pupils and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly in writing to parents or guardians if a child has sustained a bump to the head at school, however minor, and to communicate in writing in relation to every instance of accident or first aid or the administration of medicine for pupils in EYFS.

Details of First Aid Practitioners at Gateway School

See Appendix C

Practical Arrangements at Gateway School

Location of Medical Room

- The medical room is located in the S block for first aid treatment and for pupils or staff to rest/recover if feeling unwell.
- This includes; a child-sized couch, first aid supplies, a water supply and sink, an adjacent bathroom and hygiene supplies such as gloves and paper towels.
- A portable first aid kit must be obtained from the Staff Room for school visits.

Responsibilities of the Trained First Aiders

- Provide appropriate care for pupils & staff who are ill or sustain an injury
- Record all accidents in the accident book (to be found in the medical room).
- In the event of any injury to the head, however minor, ensure that a note from the office is sent home to parents/guardians and a note is made on the accident form.
- In the event of any accident or administration of first aid involving a pupil in Nursery, ensure that a note from the school is sent home to parents/guardians, and that parents sign the accident report form upon collection.

- Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.

Responsibilities of the School Nurse:

- Ensure that all staff and pupils are familiar with the school's first aid and medical procedures.
- Ensure that all staff are familiar with measures to provide appropriate care for pupils with particular medical needs (eg. Diabetic needs, Epi-pens, inhalers).
- Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.
- Co-ordinate First Aiders and arrange for training to be renewed as necessary
- Maintain adequate facilities.
- Ensure that correct provision is made for pupils with special medical requirements both in school and on off-site visits
- On a monthly basis, review First Aid records to identify any trends or patterns and report at the Health and Safety committee meetings
- Ensure accurate information is given to the Bursar so that incidents can be reported to RIDDOR.
- Contact emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies
- Meet fortnightly with the Head & Bursar to discuss matters of concern including accidents and medical incidents at school
- Provide a list of appropriate courses to Head of Staff so training can be booked.
- Ensure there is an accurate list of first aiders and make Head of Staff aware who requires update training

What to do in the case of an accident, injury or illness

A member of staff or pupil witnessing an accident, injury or illness should immediately contact the school nurse or trained first aider. The school office should be contacted if the location of a trained first aider is uncertain.

Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed.

The pupil or member of staff should not be left unattended.

The first aider will organise an injured pupil's transfer to the sick room if possible and appropriate and to hospital in the case of an emergency.

Parents should be informed as necessary by telephone by the nurse, first aider or school secretary.

This will be followed up in writing and a record kept at school. A record of all accidents and injuries is maintained in the accident log.

Contacting parents

Parents should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury including:

- Head injury (a head injury advice sheet should be given to any pupil who sustains a head injury) Available from the Medical Room
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing

- Bleeding injury
- Loss of consciousness
- If the pupil is generally unwell

If non-emergency transportation is required, an authorised taxi service will be used if parents are delayed. A member of staff will accompany the pupil until a parent arrives. Parents can be informed of smaller incidents at the end of the school day by the form teacher.

In Nursery, ALL incidents must be communicated to the parents in writing and a copy placed in the child's file. A parent should sign the school copy agreeing that they have been notified.

Contacting the Emergency Services

An ambulance should be called for any condition listed above which requires emergency treatment, if deemed necessary. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a pupil becoming unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

Accident reporting

The accident log must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors. The accident log will be monitored by the Bursar as certain injuries require reporting (RIDDOR requirements).

Pupils who are unwell in school

Any pupil who is unwell cannot be left to rest unsupervised in the sick room. If a pupil becomes unwell, a parent should be contacted as soon as possible by the School Nurse or the school office. In the event a parent is unavailable the school should attempt to contact the secondary contact.

Anyone not well enough to be in school should be collected as soon as possible by a parent. Staff should ensure that a pupil who goes home ill remembers to sign out at the school office.

First Aid equipment and materials

The School Nurse is responsible for stocking and checking the first aid kits. Staff are asked to notify the School Nurse when supplies have been used in order that they can be restocked. The first aid boxes generally contain (based on HSE guidance)*:

- A first aid guidance card
- At least 20 adhesive hypo allergenic plasters (including blue plasters for home economics)
- 4 triangular bandages (slings)
- Safety pins
- Cleaning wipes
- Adhesive tape
- 2 sterile eye pads
- 6 medium sized unmedicated dressings
- 2 large sized unmedicated dressings
- Disposable gloves
- 1 resuscitation face shield
- Yellow clinical waste bag

*These are modified according to the occasion/area of the school

Defibrillator – AED (Automated External Defibrillator)

Location: The AED can be found outside the music room (G4). See attached policy for use – Appendix D

First aid for school trips

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (paediatric certificate for trips involving EYFS pupils) and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance. A First Aid kit for school trips must be collected from the staff room. This must be returned to the School Nurse for replenishing on return. Any accidents/injuries must be reported to the Nurse/1st Aider and to parents and documented in the accident book in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed.

Emergency care plans and treatment boxes

The School Nurse ensures that staff are made aware of any pupil with an emergency care plan. These care plans are available from the folder in the staff room. A copy is also kept in the medical room. Medical records are also updated on iSAMS for staff to see. Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the School Nurse and parents. Emergency treatment boxes must always be taken if the pupil is out of school. The boxes are kept in the medical room.

Pupils temporarily using crutches or having limited mobility - Parents must inform the school of the nature of injury and the anticipated duration of immobility. The form tutor will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school. Parents must inform the school of any particular difficulties.

Pupils with medical conditions - A list is available in the staff room and the sick room of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip. Please return emergency boxes on completion of the trip. If staff become aware of any condition not on these lists, please inform the School Nurse.

Dealing with bodily fluids

In order to maintain protection from disease, all bodily fluids should be considered infected. To prevent contact with bodily fluids the following guidelines should be followed.

- When dealing with any bodily fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following bodily fluids must be cleaned up immediately.
- Bodily fluids include:
- Blood, Faeces, Urine, Nasal and eye discharges, Saliva, Vomit

Process

- Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution
- Never use a mop for cleaning up blood and bodily fluid spillages
- All contaminated material should be disposed of in a yellow clinical waste bag (available in all 1st aid boxes) then placed in the waste bin in the medical room.
- Avoid getting any bodily fluids in your eyes, nose, mouth or on any open sores.
- If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the School Nurse who will follow the [Public Health England](#) guidelines to reduce the transmission of infectious diseases to other pupils and staff.

Administration of Medication in School

The school aims to support as far as possible, and maintain the safety of, pupils who require medication during the school day.

However, it should be noted that:

- No child should be given any medication without their parent's written consent.
- No Aspirin or Ibuprofen products are to be given to any pupil at school.
- Only medication prescribed by a doctor, dentist or pharmacist can be administered in school.

Parents must be given written confirmation of any medication administered at school, a copy of which will be kept on the pupil's file. Proformas for this are available from the school office. In addition parents are asked to give blanket permission for the use of non-prescription children's dosage medicines when their child starts school for the duration of their child's education at Gateway.

Children may need to take medication during the school day e.g. antibiotics. However, wherever possible the timing and dosage should be arranged so that the medication can be administered at home.

It is the parent's responsibility to update the school with any changes to their child's medication.

(i) Non-Prescription Medication

These are only to be administered by the School Nurse or a designated person if they have agreed to this extension of their role and have been appropriately trained.

A teacher may administer non-prescription medication on a residential school trip provided that written consent* has been obtained in advance. This may include travel sickness pills or pain relief.

All medication administered at school must be documented, signed for by the administrator, and parents informed.

* Parents are asked to complete a consent form when their child starts school, to cover the administration of non-prescription medicines when deemed necessary by the school nurse, or other appropriately trained person. This includes EYFS children, provided that parents are contacted immediately before the administration of the medication. In all cases which rely on such on-going consent, parents must be informed in writing / electronically that the administration of medication has taken place. Any over the counter medication that is not listed on the consent form cannot be administered to children under 12, unless prescribed by a doctor or a dentist.

(ii) Prescription-Only Medication

Prescribed medicines may be given to a pupil by the School Nurse or a designated person if they have agreed to this extension of their role and have been appropriately trained. Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course. The school will accept medication from parents only if it is in its original container, with the original dosage instructions. A form for the administration of medicines in school is available from the School Nurse, the school office or the school website.

(iii) Administration of Medication

Any member of staff administering medication should be trained to an appropriate level, this includes specific training e.g. use of Epi-pens

- The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.
- In the absence of a school nurse, it is a requirement that a second adult is present when administering medicine.
- Wash hands.
- Confirm that the pupil's name matches the name on the medication.
- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document any refusal of a pupil to take medication.
- Document, date and sign for what has been administered.
- Complete the form which goes back to parents.

- Ensure that the medication is correctly stored in a locked drawer or cupboard, out of the reach of pupils.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge in the medical room. All medication should be clearly labelled with the pupil's name and dosage.
- Parents should be asked to dispose of any out of date medication.
- At the end of the school year:
 - all medication should be returned to parents
 - any remaining medication belonging to children to be disposed of via a pharmacy or GP surgery.
- Used needles and syringes must be disposed of in the sharps box kept in the medical room.

(iv) Emergency Medication

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a health care plan is required and this will be completed and agreed with parents.

Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

By law any of the following accidents or injuries to pupils, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive by phone, fax, email or letter.

Major injuries from schedule 1 of the regulations:

1. Any fracture, other than to the fingers, thumbs or toes.
2. Any amputation.
3. Dislocation of the shoulder, hip, knee or spine.
4. Loss of sight (whether temporary or permanent)
5. A chemical or hot metal burn to the eye or any penetrating injury to the eye.
6. Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
7. Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours
8. Any other injury lasting over 3 days
9. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
10. Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
 11. Acute illness requiring medical treatment; or
 12. Loss of consciousness
13. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
14. Death
15. A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

Storage of this policy

A copy of this policy is available on the school website, the Teachers Drive and also in the staff room.

APPENDIX A: Guidance to staff on particular medical conditions

(i) Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

(ii) Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken

1. Send someone to call for a paramedic ambulance and inform parents. Arrange to meet parents at the hospital.
2. Send for the named emergency box.
3. Reassure the pupil help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

REMEMBER Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks.

Epi-pen treatment must only be undertaken by staff who have received specific training.

(iii) Asthma management

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the staff room. The school has a smoke free policy.

Trigger factors

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

Generic Emergency Inhalers

Generic emergency inhalers and spacers are located in school and taken off site by first aiders. A list of children who have been diagnosed with asthma and where parents have given permission for emergency treatment, can be found in each of the school first aid rucksacks, sports first aid kits, and with the school nurse.

General considerations

Pupils with asthma need immediate access to their reliever inhaler. Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the classroom, not locked away and always accessible to the pupil. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

As appropriate for their age and maturity, pupils are encouraged to be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required. A spare named inhaler should be brought to school and given to the school nurse for use if the pupil's inhaler is lost or forgotten.

Recognising an asthma attack

- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Action to be taken

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the Lead First Aider or a first aider if she not available.

6. Loosen any tight clothing.

7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.

8. Call an ambulance.

9. Accompany pupil to hospital and await the arrival of a parent.

(iv) Diabetes management

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school.

Signs and symptoms of low blood sugar (hypoglycaemic attack)

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The pupil should test his or her blood glucose levels if blood testing equipment is available.

- Pale
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour-weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

Action to be taken

1. Follow the guidance provided in the care plan agreed by parents and the hospital.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Pupils should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the pupil to have access to regular snacks.
6. Inform parents.

Action to take if the pupil becomes unconscious:

1. Place pupil in the recovery position and seek the help of the Lead First Aider or a first aider.
2. Do not attempt to give glucose via mouth as pupil may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany pupil to hospital and await the arrival of a parent.

Signs and symptoms of high blood sugar (hyperglycaemic attack)

Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often

- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken

1. Inform the Lead First Aider or a first aider
2. Inform parents
3. Pupil to test blood or urine
4. Call 999

(v) Epilepsy management**How to recognise a seizure**

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.

A pupil diagnosed with epilepsy will have an emergency care plan

Action to be taken

1. Send for an ambulance; if this is a pupil's first seizure,
2. if a pupil known to have epilepsy has a seizure lasting for more than five minutes or if an injury occurs, or if instructed to do so on the care plan.
3. Seek the help of the School Nurse or a first aider. Help the pupil to the floor.
4. Do not try to stop seizure.
5. Do not put anything into the mouth of the pupil.
6. Move any other pupils away and maintain pupil's dignity.
7. Protect the pupil from any danger.
8. As the seizure subsides, gently place them in the recovery position to maintain the airway.
9. Allow patient to rest as necessary.
10. Inform parents.
11. Call 999 if you are concerned.
12. Describe the event and its duration to the paramedic team on arrival and any precipitating factors.
13. Reassure other pupils and staff.
14. Accompany pupil to hospital and await the arrival of a parent.

Appendix B**Details of First Aid Practitioners at Gateway School****Staff Members Qualified in First Aid 2016/17**

Name	Qualifications	Date Qualified	Qualification Expiry Date	Provider	Area of Work
Rachel Applegate	First Aid for Schools	Sept '16	Sept '19	St John Ambulance	Year 2
Jemme Atieno	Paediatric First Aid	Oct '16	Oct '19	BLT	Nursery
Emma Bantock	Emergency First Aid in Schools	Jan '17	Jan '20	NDA	Bursar Head of Health and Safety
Bev Barnetson	Paediatric First Aid	July '14	July '17	Chris Davy First Aid	Reception LSA
Jo Bates	Paediatric First Aid	Nov '15	Nov '18	NDA	LSA
Sonia Booth	Emergency First Aid in Schools	July '14	July '17	Chris Davy First Aid	LSA
Tracey Brameld	Paediatric First Aid	July '15	July '18		LSA
Simone Bhatti	Paediatric First Aid	July '15	July '18		LSA
Keith Clark	Emergency First Aid Wilderness First Aid	April '15 April '15	April '18 April '18		Head of Sports
Kathryn Fisher	Paediatric First Aid	Sept '15	Sept '18		Nursery Manager
Linda Fuller	First Aid at Work Allergy Wise Online Training TQUK level 3 award in Paediatric FA	Jan '17 May '16 Jan '16	Jan '20 May '19 Jan '19		School Nurse
Sally Gauntlet	Emergency First Aid in Schools	Jan '17	Jan '20	NDA	Seniors Teacher
Nicola George	Paediatric First Aid	July '15	July '18		LSA
Phil Gibbons	Emergency First Aid in Schools	Jan '17	Jan '20	NDA	Groundsman
Elaine Goodchild	Emergency First Aid in Schools	Jan '17	Jan '20	NDA	Librarian
Rachel Grosse	Paediatric First Aid	July '14	July '17		Year 1 Teacher
Rob Grosse	Emergency First Aid for Schools	Feb '14	Feb '17	Chris Davy First Aid	SMT

Kelly Harman	Emergency First Aid in Schools Paediatric First Aid	July '14 July '15	July '17 July '18	Chris Davy First Aid	Playground
Lorraine Hobbs	Emergency First Aid at Work Allergy Awareness Training	July '15 Aug '15	July '18		Kitchen
Jeanette Hyde	Emergency First Aid in Schools	July '14	July '17		LSA
Annum Kiani	Emergency First Aid in School	Jan '17	Jan '20	NDA	LSA
David Lloyd	Emergency First Aid in School	Jan '17	Jan '20	NDA	Senior Tutor /Teacher Languages
Howard Judge	Emergency First Aid at Work	Nov '16	Nov '19	NDA	PE
Sati Jutla	Emergency First Aid in Schools	July '14	July '17		LSA
Suzanne Kemp	Early Years First Aid	July '14	July '17	Chris Davy First Aid	Foundation, KS1, SMT
Laura Manners	Emergency First Aid in Schools	Jan '17	Jan '20	NDA	LSA
Siv Markeseth-Gunther	Paediatric First Aid	Jan '16	Jan '19	NDA	LSA
Julie McKay	Paediatric First Aid	Sept '16	Sept '19	BLT	Nursery
Linda Nickel	Emergency First Aid in Schools	Jan '17	Jan '20	NDA	PE
Claire Nurse	TQUK level 3 award in FA at work TQUK level 3 award in Paediatric FA	June '15 May '16	June '18 May '19	NDA NDA	School Nurse
Wendy O'Hare	Emergency First Aid in Schools	Jan '17	Jan '20	NDA	Year 5 Tutor Drama
Denise Poor	Emergency First Aid in Schools	Jan '17	Jan '20	NDA	Seniors Teacher
Lauren Rhoades-Smith	Paediatric First Aid	Aug '16	Aug '19	St John's Ambulance	Care
Emily Sutton	Early Years First Aid	July '14	July '17	Chris Davy First Aid	Reception Teacher
Kate Morrall	Emergency First Aid in Schools	July '14	July '17	Chris Davy First Aid	LSA

Tanya Smith	Paediatric First Aid	July '14	July '17		LSA
Kerri Shaw	Emergency First Aid for Schools	Oct '15	Oct '18	St John's	PE teacher
Linda Siriyatorn	Emergency First Aid at Work Allergy Awareness Training	July '15 Aug '15	July '18		Kitchen
Alice Szulc	Paediatric First Aid	July '15	July '18		Nursery (Maternity Leave)
Cliff Taylor	Emergency First Aid for Schools	Jan '17	Jan '20	NDA	Kitchen
Claire Tighe	Paediatric First Aid	May '16	May '19	NDA	Playground
Cara Trinidad	Epilepsy Awareness	Jan '17	Jan '20	Bucks Learning Trust	Year 3 Teacher
Amy Topping	Early Years First Aid	July '14	July '17	Chris Davy First Aid	Reception Teacher
Rob Wallace	Emergency First Aid in Schools	July '14	July '17	Chris Davy First Aid	Year 3 Teacher
Michelle Welsh	Emergency First Aid at Work Allergy Awareness Training	July '15 Aug '15	July '18		Kitchen
Julie West	Paediatric First Aid	July '14	July '17		Playground
Carol Westland	Emergency First Aid in Schools	July '14	July '17	Chris Davy First Aid	Office
Sarah Winfield	Paediatric First Aid	Sept '15	Sept '18		Nursery

Appendix C**Storage & Administration of Medicines**

All medicines received into school other than emergency medication (adrenaline injectors, inhalers), are kept in a locked fridge or locked medicine cabinet. Medication expiry date is checked when it is received, and parents are informed on their child joining the school that any medicines brought in must be prescribed by a GP, Dentist or Pharmacist, in their original container, and clearly labelled. Medication given is recorded on the short term medical form completed by parents. Medicines are returned at the end of the school day via the school nurse and parent, or office staff and parent. They are not given directly to the child to take home.

Non prescribed medicines and over the counter medications (e.g. Calpol) are consented by parents annually in the medical questionnaire (see questionnaire for comprehensive list). Parents are contacted directly prior to administration, medicine will be administered as per instructions on the bottle, and the parent is asked to collect the child as soon as possible.

The administration of medicines is carried out by the school nurse between the hours of 8 - 4. The exception to this is in EYU, out of hours or in the absence of the school nurse when another person deemed responsible by the Head-teacher may do so with parental consent - except for life saving medicines in an emergency.

The keys to the drug cupboard are kept locked away in the locked fridge accessible by the school nurse only. If the school nurse is not on site. Office staff and those in EYU know where the master key is kept and how to access it.

Overnight school trips – Medicine Administration Policy in the absence of school nurse

A designated member of staff is responsible for managing medicines for pupils on school trips. They take with them medical forms and contact sheets for the parents of children, and have a mobile phone. These forms can be made available to any medical authority in the country of the visit. Before departure the school nurse will discuss safe administration of medicines should they be required and are given the hard copy printed below.

Think:

- Does the pupil have any allergies
- Has any other medication already been administered that day
- If so, what was it and what time was it given
- Can you therefore give any further medication
- Check the time difference between doses – 8hourly/ 4 hourly
- Check medication name and expiry date before dispensing
- Write full name of medicine given
- Check and write the pupils full name
- Check the dose, and write in value rather than number of spoonfuls where possible.
- Check the route of administration eg oral, topical
- Ensure you sign /initial for all medications given and have it witnessed
- Write date and time medication given
- Ensure all medications are locked away

- Any medication you are unsure of please read the advice leaflet for contraindications and side effects
- Do not give a medication unless you have contacted a parent/guardian and you are happy to take responsibility for your actions

Any medicine administered must be appropriately recorded and the relevant information copied for the parent and school nurse on return to school.

Appendix D Use of an Automated External Defibrillator (AED)

This school policy aims to provide clear and simple instructions for the use of the automated external defibrillator (AED) Heart Start, provided at Gateway School for all first aiders in the case of an emergency.

The AED can be found outside the music room (G4). The AED unit is sealed but remains unlocked and accessible for all emergencies. It is kept fully equipped and is self tested every day, there is no need for any manual calibration. A green light will flash indicating that the AED is ready to be used at anytime. Training was provided by the Red Cross on installation and is included in 1st aid training for staff.

In the UK approximately 30,000 people sustain cardiac arrest outside hospital and are treated by emergency medical services each year.

Electrical defibrillation is well established as the only effective therapy for cardiac arrest caused by ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT). The scientific evidence to support early defibrillation is overwhelming; the delay from collapse to delivery of the first shock is the single most important determinant of survival. If defibrillation is delivered promptly, survival rates as high as 75% have been reported.

The chances of successful defibrillation decline at a rate of about 10% with each minute of delay; basic life support will help to maintain a shockable rhythm but is not a definitive treatment.

The Resuscitation Council (UK) strongly recommends a policy of attempting defibrillation with the minimum of delay in victims of VF/VT cardiac arrest.

The following sequence applies to the use of an automatic AED in a victim who is found to be unconscious and not breathing normally:

Stage 1

- Open the wall enclosure containing the AED with enough force to break the plastic tie.
- Remove the AED from the enclosure and disconnect the charging jack.
- Take the AED and the 1st aid kit from the enclosure to the victim.
- The help desk operator will respond within 90 seconds: they will confirm it is a real emergency, the exact location of the victim and will reassure the rescuer of the next stage.
- The help desk operator will notify the emergency services of the GPS location of the AED and the victim.

Stage 2

- When you are by the victim, lift the handle labelled 'PULL' on the AED, this cuts communication with the help desk and triggers the integrated vocal guidance system of the AED.
- Follow the instructions given, the AED will measure vital statistics and deliver the correct charge, if required.

Stage 3 Continue to follow the AED prompts until:

- qualified help arrives and takes over OR
- the victim starts to show signs of regaining consciousness, such as coughing, opening his eyes, speaking, or moving purposefully AND starts to breathe normally OR
- You become exhausted.

Placement of AED pads

Place one AED pad to the right of the sternum (breast bone), below the clavicle (collar bone). Place the other pad in the left mid-axillary line. It is important that this pad is placed sufficiently laterally and that it is clear of any breast tissue.

Although most AED pads are labelled left and right, or carry a picture of their correct placement, it does not matter if their positions are reversed. If this happens 'in error', the pads should not be removed and replaced because this wastes time and they may not adhere adequately when re-attached.

The victim's chest must be sufficiently exposed to enable correct pad placement. Chest hair will prevent the pads adhering to the skin and will interfere with electrical contact. Shave the chest only if the hair is excessive, and even then spend as little time as possible on this. Do not delay defibrillation if a razor is not immediately available.

Defibrillation if the victim is wet

As long as there is no direct contact between the user and the victim when the shock is delivered, there is no direct pathway that the electricity can take that would cause the user to experience a shock. Dry the victim's chest so that the adhesive AED pads will stick and take particular care to ensure that no one is touching the victim when a shock is delivered.

Minimise interruptions in CPR

The importance of early, uninterrupted chest compressions is emphasised throughout these guidelines. Interrupt CPR only when it is necessary to analyse the rhythm and deliver a shock. When two rescuers are present, the rescuer operating the AED applies the electrodes while the other continues CPR. The AED operator delivers a shock as soon as the shock is advised, ensuring that no one is in contact with the victim.

CPR before defibrillation

Provide good quality CPR while the AED is brought to the scene. Continue CPR whilst the AED is turned on, then follow the voice and visual prompts. Giving a specified period of CPR, as a routine before rhythm analysis and shock delivery, is not recommended.

Storage and use of the AED

The AED is stored in a location that is immediately accessible to rescuers; it should not be moved stored in a locked cabinet as this may delay deployment. Use of the UK standardised AED sign is encouraged, to highlight the location of an AED. People with no previous training have used AEDs safely and effectively.

While it is highly desirable that those who may be called upon to use an AED should be trained in their use, and keep their skills up to date, circumstances can dictate that no trained operator (or a trained operator whose certificate of training has expired) is present at the site of an emergency. Under these circumstances no inhibitions should be placed on any person willing to use an AED.

Children

Standard AED pads are suitable for use in children older than 8 years. Special paediatric pads, that attenuate the current delivered during defibrillation, should be used in children aged between 1 and 8 years if they are available; if not, standard adult-sized pads should be used. The use of an AED is not recommended in children **aged less than 1 year**. However, if an AED is the only defibrillator available its use should be considered (preferably with the paediatric pads described above).

References – Resus Council Policy for the use of AED's 2010

END