



BERKHAMPSTEAD SCHOOL

Accident & First Aid Policy

Many children and staff will at some time become unwell at school, have a condition that requires medication or have an accident that requires First Aid. This policy outlines the procedure concerning :

1. **Reporting of Injuries, Diseases and Dangerous Occurrences**
2. **First Aid Procedures**
3. **The Administration of Medicines**

1. **Reporting of Injuries, Diseases and Dangerous Occurrences**

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) require that employers report all fatal and specified major injuries, any injuries that result in the inability of an employee to work more than 3 days, or any injury which results in a person being admitted to hospital for more than 24 hours. The regulations relate to any employee or other person within the school or engaged upon an activity arranged by the school.

Under the requirements of the Regulations, where someone dies or suffers a specified major injury or condition, or there is a dangerous occurrence, as defined in the Regulations, the school has to notify the Health and Safety Executive (HSE) immediately by the quickest practicable means. In practice, compliance with either of these provisions will normally mean a telephone call to the Incident Contact Centre (ICC) on 0845-300-9923 during normal office hours. The ICC operator will complete a report form over the phone and a copy will be sent to the school.

A schedule of injuries and conditions which are required to be reported is as follows:

Reportable Major Injuries

- fracture other than to fingers, thumbs or toes
- amputation
- dislocation of shoulder, hip, knee or spine

- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- any incident leading to hypothermia, heat induced illness or unconsciousness or requiring resuscitation or requiring admittance to hospital for more than 24 hours
- unconsciousness caused by asphyxia or exposure to harmful substances or biological agent
- acute illness requiring medical treatment or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

Reportable Over-Three-Day Injuries

If there is an accident connected with work (including an act of physical violence) and an employee, or a self-employed person working at the school, suffers an over-three-day injury it must be reported to the enforcing authority within ten days.

An over-three-day injury is one which is not “major” but results in the injured person being away from work or unable to do the full range of their normal duties for more than three days.

Reportable Dangerous Occurrences (near misses)

- collapse, overturning or failure of load-bearing parts of lifts and lifting equipment
- explosion, collapse or bursting of any closed vessel or associated pipe work
- electrical short circuit or overload causing fire or explosion
- any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion
- accidental release of a biological agent likely to cause severe human illness
- collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall
- dangerous occurrence at a well (other than a water well)
- when a dangerous substance being conveyed by road is involved in a fire or released
- unintended collapse of any building or structure under construction, alteration or demolition where over five tonnes of material falls, including a wall or floor in a place of work, any false work
- explosion or fire causing suspension of normal work for over 24 hours
- sudden, uncontrolled release in a building of 100kg or more of flammable liquid, 10kg of flammable liquid above its boiling point, 10kg or more of flammable gas or

- 500kg of these substances if the release is in the open air
- accidental release of any substances which may damage health.

Reportable Diseases include

- poisonings
- skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne
- lung diseases including occupational asthma, farmer's lung, asbestosis, mesothelioma, pneumoconiosis
- infections such as leptospirosis, hepatitis, anthrax, legionellosis, tuberculosis and tetanus
- other conditions such as occupational cancer, certain musculoskeletal disorders and hand-arm vibration syndrome.

Reporting an Incident

Detailed guidance is available at www.hse.gov.uk. The approved forms (see appendices) to be used for making reports under the requirement of the regulations are:

- Form **F2508**, to be used for reporting deaths, injuries and dangerous occurrences
- Form **F2508A**, to be used for reporting cases of disease and attached to the above.

The report form will be completed by the Bursar who shall then, with the endorsement of the Chairman of Governors, forward it to the Health and Safety Executive.

All accidents involving members of staff, contractors on site, etc are to be recorded in the Accident Report Form, located in the School Office or any staff room. It is a requirement under the Social Security Act of 1975, that all minor, major and reportable accidents of staff at work, are recorded irrespective of whether first aid treatment is given or not.

Report of Accident to Children

Relatively serious accidents involving children are to be recorded on the Accident Record Form for Children (Green) located in the Office or staff rooms. Incidents covered by this form are those which require medical attention inside the school or if the child is sent home. These forms are kept in a file in the office and reviewed by the Estates Manager. The Estates Manager will decide if further investigation is required and by whom that investigation shall be carried out.

Parents are informed of any injuries requiring treatment and in Pre-Prep the Accident Record Form is signed by the parent. In Early Years and Pre-Prep wristband are put on children's wrist to warn parents that the child was given a green accident form in school which needs to be

signed off by the parent on collection of their child. The wristband will be put on the child's wrist after they have been treated as a reminder for the end of the day. They are made of paper so can be cut off when the child gets home.

Parents are always advised of incidents concerning head injuries and will be issued with a green form and head bump note.

Report of Major Accident to Children/Non-Employees

All major accidents, reportable diseases and dangerous occurrences, are also to be recorded on the Accident Record Form. The Accident Record Form should be attached to the completed copy of Form F2508 or F2508A, as appropriate, and submitted to the Bursar who will send the information to the governors. Copies of both forms should be retained by the school.

Report of Violent, Abusive or Threatening Behaviour

An employee is required to report any act of violence, abusive or threatening behaviour arising out of or in connection with work and directed towards him/her by any person – including children, students, colleagues, members of the public, etc to the Head, who will decide on the appropriate course of action.

Monitoring and Review

An analysis of the Accident Report Forms will be undertaken at regular intervals by the Estates Manager and considered by both the school management and Board of Governors for further consideration.

2. First Aid Procedures

The Health and Safety (First Aid) Regulations 1981 (SI 1981 No. 917) state “an employer shall provide, or ensure that there is provided, such number of suitable persons as is adequate and appropriate in the circumstances for rendering first aid to his employees if they are injured or become ill at work”.

The school will ensure that these regulations are adhered to. Parents will be contacted if medical assistance is thought necessary. However, should no parent be available, medical assistance will be sought by the school and the child will be accompanied to the doctor / hospital by a member of staff.

The school seeks to ensure that as many staff as possible have received training on a first aid course recognized by the Health and Safety Executive for work places and all staff are offered an on-line Basic First Aid for Appointed Persons course. In addition, the Children Act 2006 places a specific legal requirement relating to first aid through the Early Years Foundation Stage 2007 publication from the DCSF. This publication specifies that “at least one person who has a current paediatric first aid certificate must be on the premises at all times when children are

present. There must be at least one person on outings who has a current paediatric first aid certificate". These requirements apply to all children up to the age of five. Pre-Prep Reception staff are trained as appropriate.

Our EY paediatric first aiders are:

Miss Jenna Bull
Mrs Helen Roddy-Watts
Mrs Laura Langley-King
Mrs Sue Ursell

It is important that all staff are made aware of who the first aiders are in their area, in order that a first aider can respond in the event of an accident.

A First Aider should be summoned immediately in the case of a minor accident. Use the First Aid box located nearest to the accident.

In the event of a serious accident, call 999 and summon an ambulance. In the case of injury to a pupil their parent / guardian (or other appropriate adult) should be contacted too. If the pupil is taken to hospital, he/she should be accompanied by an appropriate adult, or a member of staff if no one else is available.

Administering First Aid

The School office is staffed during term-time from Monday to Friday between 8:30 and 4:30. While the School office staff are normally available to deal with any First Aid required, occasionally other staff may be required to assist with minor injuries, if they have completed a Basic First Aid for Appointed Persons Course.

First Aid Equipment

In addition to the comprehensive facilities found in the School Office, First Aid equipment is also available from:

Kindergarten - Cloakroom

Reception – outside Staff Room

Pre-Prep – Year 2 Cloakroom, Science Lab, First Aid Room

Prep – Staff room

Kitchen

All minibuses

There are widely distributed posters around the school showing the location of First Aid kits. The First Aid kits are checked regularly by the Office staff.

Games staff have their own First Aid Kits to take to matches. First Aid Kits for use on outings are available.

Each First Aid Kit will contain sufficient quantities of suitable First Aid material and nothing else, and will be appropriate to the area it serves e.g. vomit bags which may be added for school trips and outings. Contents of the box will be replenished as soon as possible after use in order to ensure an adequate supply of all materials. Anyone using supplies, therefore, should notify the Office immediately.

3. The Administration of Medicines

The office staff at Berkhamstead School care for all pupils, meeting their medical requirements, as necessary. All staff complete an on-line First Aid Appointed Persons Course.

The Office is staffed during term-time from Monday to Friday between 8:30 and 4:30. Office staff ensure care for the pupil as a whole, maintaining confidentiality, but also keeping parents and the school informed when appropriate.

All parents are requested to complete, before entry, a comprehensive Medical Information Form for their child, detailing past and current medical conditions and allergies.

Medical and health records are kept securely in pupils' files. If pupils are ill during the day, they are taken to the Office.

Procedure for Pupil to be Sent Home.

If the Office or teaching staff believe that the pupil is not well enough to be at school, he/she will:

- ring the parents and arrange for the child to be taken home
- if necessary a bed is available in the First Aid Room which is located in the Pre-Prep building to allow the pupil to rest if it is not possible for him/her to be collected.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Guidelines for the Administration of Medication

School does not hold supplies of any medication. Before the administration of any medicines,

the school should have been given clear and precise instructions from parents on the *Medication Form* and medicine containers should have the dosage and pupil's name clearly marked on them. If in doubt, the parent must be contacted prior to administration. *Medication Forms* can be obtained from the School Office.

The above also applies to the use of asthma inhalers and medication for anaphylaxis (see separate section).

Medicine is delivered to the office by the child's parent and the Medication Form is completed. The medicine for children in Early Years is given directly to their class teacher.

Procedure to be followed when Administering Medication

- Confirm the identity of the pupil by asking him/her to tell you his name
- Check that the medicine to be administered has the correct name of the pupil on it
- Carefully read the instructions on the prescribed medicine and written instructions from the parent
- Administer medicine as instructed
- Sign the Medication Form and state the time and the amount of medicine given.

Always check whether the medicine should be kept at room temperature or in the fridge. It is the responsibility of the pupil to remember to come for his/her medicine at the correct time; however, members of staff will assist in this.

It is the responsibility of the parent to collect the medicine at the end of the school day and, for medicines which are kept at school i.e. inhalers and EpiPens, that these are still within the expiry date.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

Common Medical Conditions

The guidelines on the following pages set out the procedures to be followed in the event of a pupil suffering from Asthma or Anaphylaxis. Further information will be provided on other conditions, if required.

Asthma Policy

Introduction

Berkhampstead School positively welcomes all pupils with asthma. We recognise that asthma is a widespread, serious but controllable condition affecting many pupils at the school. We encourage pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers and pupils. Supply teachers, new staff and trainees are also made aware of the policy.

Aims

The school aims to:

- recognise that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- ensure that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities
- recognise that pupils with asthma need immediate access to reliever inhalers at all times
- keep a record of all pupils with asthma and the medicines they take
- ensure that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- ensure that pupils understand asthma and its triggers
- ensure that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack
- understand that pupils with asthma may experience bullying and has procedures in place to prevent this
- work in partnership with all interested parties including the school's governing body, all school staff, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Asthma Medicine

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler and spacer as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. Parents are asked to name and

label all inhalers. Inhalers and spacers for specific children are kept in the First Aid Room, Early Years and Prep First Aid.

- School staff administer asthma medicines to younger pupils. School staff will let pupils take their own inhalers with spacers when they need to.
- School staff are trained in the correct administration of inhalers and spacers.

Record Keeping

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their Pupil Information form.
- All parents/carers of children with asthma are consequently sent a School Asthma Card to complete. Parents are asked to return them to school. The School Asthma Cards are held with the Emergency Asthma Kits. From this information, the school keeps its asthma register, which is available to all staff. This will include information about the dose, triggers and where the inhaler and spacer are to be stored.
- Parents are required to update the School Asthma Cards annually or at any point that their child's medication or dose changes during the year.
- Medical conditions are recorded on School Manager and teachers informed.
- The school office will contact parents when an inhaler is about to expire and again once it has expired if it is not replaced.

Exercise and activity – PE and Games

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma.
- Pupils with asthma are encouraged to participate fully in all PE lessons.
- Teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson.
- Teachers ensure pupils are thoroughly warmed up and down before and after the lesson to prevent asthma attacks. If a pupil needs to use their inhaler and spacer during a lesson they will be encouraged to do so.
- Pupils with asthma will not be forced to take part in activity if they feel unwell. They will also not be excluded from activities that they wish to take part in if their asthma is well controlled.
- If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and, as soon as they feel better, allow them to return to activity. (Most pupils with asthma should wait at least 5 minutes).
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

- All children requiring an inhaler and spacer must take it to a Games/PE lesson with them. Teachers will check that pupils have them and that they are brought back into school and returned to the office if this is where they are stored.

Asthma Attacks

- All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Staff are appropriately trained to recognise an asthma attack.
- In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its *School Asthma Pack*.
- ***If there are no signs of improvement in a child suffering from an attack an ambulance will be called without delay***

Staff Roles and Responsibilities

All school staff have a responsibility to:

- understand the school asthma policy
- know which pupils they come into contact with have asthma
- know what to do in an asthma attack and follow emergency procedures
- allow pupils with asthma immediate access to their reliever inhaler
- tell parents/carers if their child has had an asthma attack
- tell parents/carers if their child is using more reliever inhaler than they usually would
- ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom
- liaise with parents/carers and special educational needs coordinators or Learning Support & Special Educational Needs Department if a child is falling behind with their work because of their asthma.

Pupil Roles and Responsibilities

Pupils have a responsibility to:

- Treat other pupils with and without asthma equally
- Let any pupil having an asthma attack take their reliever inhaler and spacer and ensure a member of staff is called
- Tell an adult when they are not feeling well
- Treat asthma medicines with respect
- Know how to gain access to their medicine in an emergency
- Know how to take their own asthma medicines

Parents' Roles and Responsibilities

Parents and carers have a responsibility to:

- Tell the school if their child has asthma
- Ensure the school has a complete and up-to-date school asthma card for their child
- Inform the school about any medicines their child requires during school hours
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports and complete the required paperwork
- Tell the school about any changes to their child's medicines by updating the School Asthma Card
- Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma) by updating the School Asthma Card
- Ensure the child's reliever inhaler and spacer is labelled with their child's name
- Keep their child at home if they are not well enough to attend school
- Ensure their child has regular asthma reviews with their doctor or asthma nurse (every 6 to 12 months)
- Ensure their child has a written personal asthma action plan to help them manage their child's condition

Use of Emergency Inhalers

The school holds 12 salbutamol inhalers which are distributed around school for use in an emergency at school or on a trip. These kits are checked on a termly basis by the School Office. These will only be given to children who have written parental permission for them to use the emergency inhaler. They will only be given to children who are already diagnosed with asthma and prescribed an inhaler. They will only be used if the child does not have their own inhaler or it is faulty or empty. (See Guidance on the Use of Emergency Salbutamol Inhalers in Schools, March 2015)

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**

If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Anaphylaxis Protocol and EpiPen Policy

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain substances to which one is sensitive e.g. nuts, latex or wasp stings. The reaction may be mild, disappearing without treatment, or it may become severe and life threatening.

Mild symptoms

- Headache
- Itching
- Feeling unwell.

More severe symptoms

- Red, itching areas on skin (urticaria)
- Weakness
- Dizziness
- Vomiting
- Hoarseness and difficulty breathing
- Rapid, weak pulse and falling blood pressure
- Swelling of the face, neck and lips (angio-oedema)
- Loss of consciousness.

Procedure for Dealing with Mild Anaphylaxis

- Assess the symptoms and observe the pupil
- Take him/her to a quiet area to observe
- Sit / lie in a position that is comfortable to him/her
- He/she should be given some Piriton tablets / syrup depending on his/her age and level of anaphylaxis
- Observe his colour, mental awareness, respirations and pulse
- Note any rash to see if it is becoming worse
- Record all observations to hand to Emergency Staff if required
- Contact parents and inform them of the situation

- The pupil should be observed in the office for as long as the office staff feels he/she is at risk of developing further symptoms. If he/she recovers, the parent should be advised to make an appointment with the GP at the first available opportunity.

Procedure for the Management of Severe Anaphylaxis

- Having assessed the patient, lie him/her down on a flat surface in the recovery position
- Ascertain if he/she has an Epipen / Anapen. If so, follow the procedure for administering the injection
- An Epipen / Anapen is an injection which is pre-loaded with adrenalin (the drug of choice for anaphylaxis). It should be administered in the outer side of the thigh, midway between knee and hip (if necessary, through the clothing). The administration of this medication is safe and, even if it is given through mis-diagnosis, it will do no harm
- Following the emergency treatment, dial 999 for an ambulance (if a second person is present, the call will be made earlier). Ensure that someone is at the gate to direct the ambulance
- Ensure that parents have been notified
- Maintain constant observation of the patient at all times. All observations must be recorded.
- If the pupil has not improved after 5 to 10 minutes, a second Epipen / Anapen can be safely administered
- External cardiac massage and artificial respiration may have to be commenced if total collapse ensues.

Epipen Policy

The school office will, to the best of their ability, ensure that all staff are kept informed of any pupil who may suffer from Anaphylaxis. Updates are given annually or, if needs be, more frequently, on the Medical Information Sheet. Regular education and training will be given to all members of staff regarding the administration of the Epipen. Epipens / Anapens will be kept in staff rooms next to the First Aid boxes. Access to this room is always available. Parents are responsible for ensuring that Epipens / Anapens are kept within their expiry date. If a pupil attends a school trip, two Epipens / Anapens must go with him/her.