

First Aid Policy

Twyford is a School:

- Where we promote an enduring love of learning.
- Where each child is respected as an individual.
- Where we engender a clear appreciation of the traditional ethical and spiritual precepts of our Christian foundation.
- Where children feel safe and unconditionally valued.
- Where excellence is identified and where each child may extend themselves.
- Where staff are our most cherished resource.
- Where pupils engage with technology as a means of extending systematic enquiry.
- Where there is a partnership between staff, pupils, parents and governors.

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Abbreviations, Acronyms and Definitions

Abbreviation / Acronym	Definition
EYFS	Early Years Foundation Setting

This Policy is for the whole School, Early Years Foundation Stage and Boarding House.

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1. Overview

First aid can save lives and prevent minor injuries becoming major ones. Under Health and Safety legislation employers must ensure that there is adequate and appropriate equipment and facilities for providing first aid. At least one qualified person is to be on the School site when children are present. At least one person qualified in Paediatric First Aid will be on the School premises at all times when EYFS children are present, and one such person will accompany EYFS children on outings.

The first aid provision at Twyford School will be at least that recommended by the Health & Safety Executive.

The School has a sick bay with a nearby washroom called the Beach Hut. This is adjacent to the Matron's Room in Prep, into which a pupil may withdraw and be closely monitored. In Pre-Prep a child if unwell will be moved to the 'burrow', or temporarily be supervised in Reception before being collected by a parent.

In the boarding house we have a Boarding matron with two sick bays, Camomile and Lavender next to Matron's flat. Both have toilet facilities for those who are unwell. Camomile also has a shower.

2. Staff First Aid Training

The School will ensure that Matrons are all suitably trained.

The School will run a training course on 'Emergency First Aid in Schools' every three years to ensure a high percentage of teaching and coaching staff have received training. Most recent training was September 2023. Staff can complete an online Educare 'First Aid Essentials' course prior to the next group staff training. Several staff are trained specifically for Early Years Foundation Stage Paediatric First Aid.

Almost every member of the Twyford School staff is trained with up-to-date qualifications in First Aid, with a high percentage of Pre-Prep staff also qualified as Paediatric First Aiders, and we have one qualified Nurse (RGN). A list of qualified first aiders is updated by Matrons and shared with the Compliance Manager. This spreadsheet and individuals' certificates are stored electronically on the Staff Portal.

The School's programme of training includes regular Inset training to update staff on pupil medical conditions in order that all adults feel confident in dealing with emergency situations, including the administration of emergency first aid. In addition, the Staff portal has links to treatment of asthma, use of Auto Adrenalin Injectors, defibrillators, Epilepsy, seizures and medicine administration.

The School owns four defibrillators. They are located:

- On the outside wall of the sports hall opposite the Astro playing surface.
- On the wall outside Pre-Prep reception
- On the wall outside Orchard Close building.
- Within the Prep building adjacent to the Matrons room.

Most teaching staff have been trained in their use through their first aid course and receive refresher training as appropriate. The defibrillators are checked weekly to ensure all equipment that would be

needed is contained and the battery fully charged. A flashing green light indicates they are fully charged.

3A. Head Injuries / Concussion in Prep School

Further information on the school's management of these types of injuries can be found in our Head Injuries/ Concussion policy.

Return 2 Play

As from January 2024 Twyford School has contracted "Return 2 play" a company that provides medical excellence in the management of suspected and actual concussion.

The service provides 7-day-a-week, unlimited access to a team of highly experienced clinicians who are experts in their field. The doctor-led medical team who are on hand to ensure that every individual receives prompt attention and guidance throughout their recovery journey. They follow the most current protocols and best practices to promote a safe return to sport. Return 2 Plays online injury management system allows schools & clubs to document injuries, automatically communicate to parents and coaches, and track a player's recovery. All appointments are accessed via a webcam clinic system to allow maximum convenience for pupils and parents.

3B. Head Injury Policy Pre Prep

Minor head knocks are common in the Pre-Prep setting and the majority do not need any treatment apart from an ice pack to relieve the focused point of discomfort as they display no other symptoms.

In this instance Parents should be informed via e mail, or a message written in the child's diary and a Head bump wrist band applied in order that staff are aware to monitor in case any symptoms should develop which would then need to be reassessed.

However, there may be instances where the head injury could be an indication of a potential concussion from the symptoms the child expresses or the known mechanism of injury. In this case the following should be considered and actioned.

Parents to be contacted and advise an A&E assessment if the child has a head injury and has:

- been knocked out but have now woken up
- vomited (been sick) since the injury
- a headache that does not go away with painkillers
- a change in behaviour, like being more irritable or losing interest in things around you (especially in children under 5)
- been crying more than usual (especially in babies and young children)
- problems with memory
- been drinking alcohol or taking drugs just before the injury
- a blood clotting disorder (like haemophilia) or they take medicine to thin their blood
- had brain surgery in the past

The child could have concussion. Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks.

Call 999 immediately if the child has hit their head and has:

- been knocked out and has not woken up
- difficulty staying awake or keeping their eyes open
- a fit (seizure)
- fallen from a height more than 1 metre or 5 stairs
- problems with their vision or hearing
- a black eye without direct injury to the eye
- clear fluid coming from their ears or nose
- bleeding from their ears or bruising behind their ears
- numbness or weakness in part of their body
- problems with walking, balance, understanding, speaking or writing
- hit their head at speed.
- a head wound with something inside it or a dent to the head

Also call 999 if you cannot arrange for the child to be taken to A&E safely.

<https://www.nhs.uk/conditions/head-injury-and-concussion/>

4.First Aid Duties

At School, the main duties of a first aider are to:

- Give immediate help to casualties with common injuries or illness and those arising from specific hazards at school
- Where necessary, ensure that an ambulance or other professional medical help is called.

5. Appointed Person

At Twyford School the designated first aiders is the Matrons team all of whom have received the appropriate level of emergency first aid training. A Matron will take charge when someone is injured or taken ill. Matrons look after the first aid equipment. If, for any reason, a matron is not available, Sam Stockall or Damien Digby (IT Department) would fulfil this role.

During School holidays a suitably qualified member of the Support Staff will be identified to take over the role of appointed person. Sam Stockall in IT is the nominated staff member with a FA grab pack in the IT room and will respond to radio messages. He will log all incidences accordingly. In the event Sam Stockall is not on site, basic first aid response will be delivered by other First Aid trained personnel who may call 999 or 112 if required.

6. First Aid Locations and Equipment

The main centre of first aid is the Matron's Room, the Burrow in Pre-Prep and sick bay in Orchard Close Boarding house. However, first aid equipment can be found in the following areas:

- Matron's room
- The Burrow in Pre-Prep
- All classrooms in Pre-Prep
- Forest School/firepit area
- Pre-Prep office
- Cookery Classroom Pre-Prep
- Lower playground Pre -Prep
- School minibuses
- Swimming pool, pool pump room and Sports Centre Foyer
- Grounds Department shed
- Maintenance Workshop
- Science School
- Art School
- Chalk Mounds
- Kitchen
- Design Technology workshops
- Sports equipment sheds

There are also additional kits available from Matrons and the Burrow in Pre Prep to take out for offsite visits.

Sports staff can take a first aid kit from the sports equipment shed to their sports pitches when a school match is taking place.

For off-site visits the School Nurses or Matrons will issue a bag containing the appropriate first aid equipment. If the visit is to an establishment where they are leading the activities, we would expect the provider to implement their own first aid provision, with Twyford staff supporting for welfare and pastoral reasons.

7. Medical Conditions

For detailed information concerning medical needs please refer to the Medical Policy.

Parents will be asked to complete a medical record form for each pupil with information on medical conditions held in Matron's Room. Relevant information relating to specific children with medical conditions such as asthma, allergies, diabetes, and epilepsy etc. is posted on the Staff Portal and displayed in the Staff Room for the teaching and coaching staff. Teachers on trips with pupils with

known conditions are given the appropriate guidance and medicine to cover care of the child whilst out of school.

Children in Years 4-8

Inhalers and Auto Adrenaline Injectors for named children with asthma or allergies are kept in a cupboard in Matron's Room. Matron's Room is locked if the room is unmanned. All staff have access to Matron's Room in an emergency via their identification badges. The inhalers/auto adrenaline injectors/diabetic emergency treatments accompany the named children off site and for all home school matches. Pupils are encouraged to carry inhalers around the school if needed, and they should be with the child for all activities off site.

Children in Pre-Prep and Year 3

In Pre-Prep and year 3 all children carry their own inhalers/auto adrenaline injectors with them in a personalised red bag.

8.Casualty Procedure

If a child or adult falls ill in class or has an accident the Matron on duty is to be informed immediately on extension 2219 or via School Walkie-Talkies – Channel 9. Most staff can assist at the point of need. The Nurse or Matron on duty will attend the casualty and decide if the patient can be moved and, if so, by which method. For ambulatory cases the Nurse or Matron on duty should be informed that an injury has occurred, and that the patient has been dispatched to the Matrons' Room. The patient should be accompanied and reassured.

Following initial care, a decision will be made as to whether: -

- the patient should remain in School,
- be transported to hospital by ambulance,
- be transported to hospital by School staff,
- or (if a pupil) be collected by parents.

The School Nurse or Matron will make the decision as to whether SLT should be informed. Certainly if a child requires a Hospital review then this should be the case.

9. Guidance on When to Call an Ambulance

The following is guidance only and cannot be considered to be comprehensive, however a paramedic should be called particularly:

- if the casualty shows signs of poisoning, drug overdose or evidence of a suicide attempt
- if a casualty is trapped, unconscious, has sudden or severe back pain, chest pain or broken bones
- if there is any sign of a heart attack such as severe chest pain or pain in the patients arm or jaw
- if a casualty has suffered a fall from height
- if the casualty has a serious head injury
- if the casualty has severe bleeding
- if the casualty is having an allergic reaction (anaphylaxis)
- if the individual is having an asthma attack which is continuing despite using an inhaler

- if the patient is having a seizure
- if the casualty is showing signs of a stroke
- if the person has a rash which does not blanch when using the 'tumbler test'
- if the casualty has a suspected neck/back injury immobilise until medical assessment (particularly sustained in a sport such as rugby).

It should be re-emphasised that these examples are only illustrative, if in doubt always get professional help.

In every incidence that an Ambulance is called a radio call must be put out to SLT to request assistance.

10. Guidance on How to Call an Ambulance

Follow the steps below:

From all landlines in the School phone 999. From a mobile phone 112/999.

- They will ask you what service you require. Say 'ambulance'.
- They will ask where you are located. Be as precise as possible, the School postcode is SO21 1NW.
- They will ask you how many casualties. If one, say one. If a child, state 'a child'
- They will ask what is wrong with casualty. Tell them what you are sure of.
- They will ask if other services required

After you hang up you must wait with the casualty until the ambulance arrives . Having radio called SLT they will arrange for the ambulance to be directed. In the event of difficulty reaching SLT the estates department should be informed to arrange this. If a child is transferred to hospital, ensure appropriate School staff or casualty's parent accompanies the casualty. Ensure the ambulance crew are aware of any medication administered and equipped with information concerning any medical flags the child has against their name. Parents, duty staff (for registration) and Headmaster should be informed as soon as possible. An accident form should be completed by the member of staff present at the time of the injury supported by the Matron team.

11. Record Keeping and Communication of Medicine Administration

The School will keep a record of any first aid treatment given, details of treatment will be passed to parents if a pupil is treated, or to the hospital if the casualty needs to attend the Accident and Emergency Department.

Where medicines are administered, staff will record the details – the name of the pupil, reason for the medication, the nature/name of the medication, the dose, the date and the time. These must be recorded immediately in the relevant written or computer record of the person administering the

medication, signing and dating any written record. The administration of any medicines to pupils, including those in the Early Years Foundation Stage, will be reported to parents on the same day, or as soon as is reasonably practicable.

The School will keep a record of accidents and first aid treatment in the relevant written or online computer record of the person on iSams. The School will inform parents, including EYFS parents, on the same day or as soon as possible of any accidents or injuries sustained by the child whilst in the care of the School and of any first aid treatment that has been given.

HSE guidance for employers <http://www.hse.gov.uk/pubns/edis1.pdf> advises when accident reports are to be raised and accidents reported to HSE under RIDDOR. The School will keep a record of any reportable injury, disease or dangerous occurrence and enter the details in the online incident and near miss log and if appropriate report to the Health and Safety Executive under the RIDDOR scheme, <https://notifications.hse.gov.uk/riddorforms/Injury>. The Incident Contact Centre is contactable on 0345 300 9923 for fatal/specified incidents only. Employers must report: deaths; major injuries; over-three-day injuries; accidents causing injury to pupils, members of the public or other people not at work; specified dangerous occurrences, where something happened which did not result in an injury but could have done.

Accident records and incident reports will be kept until the pupil's 25th birthday (the statutory minimum).

12. Pupil Return After Illness

Parents are advised that they have an important role in helping to prevent the spread of illness to other children and the local community. If their child has suffered vomiting and/or diarrhoea they should only return 48 hours after their symptoms disappear. Most cases of vomiting or diarrhoea get better without treatment, but if symptoms persist, parents are advised to consult their GP. Parents are advised that if a child has a raised temperature they should remain off school until their temperature has returned to normal for 24 hours and they are feeling fully well enough to be in school.

13. Guidance on How to Deal with Blood and Body Fluid Spillage

Blood and body fluids may contain viruses or bacteria capable of causing disease. In order to minimise the risk of transmission of infection, both staff and pupils should practise good personal hygiene and be aware of the procedure for dealing with body fluid spillages. Spills should be cleaned up immediately using the following precautions:

Matrons should be consulted to assess who will clean the spillage. Anybody handling the casualty should wear protective clothing and move the casualty to Matron's Room if appropriate.

- The immediate area should be cleared of people using hazard signs as necessary. Spillage kits can be found in Pre-Prep, Matron's Room and on school minibuses
- Appropriate protective garments such as aprons, protective goggles, gloves and overshoes, should be worn. Travel biohazard body spill kits are available for school trips
- Absorbent granules should be spread over spillage to form a gel-like substance. Blood and body fluids should be covered with paper towels to help prevent airborne spread of infection.
- The gel is scooped up and disposed of in yellow biohazard bags using a scoop or allocated

body fluid dustpan and brush provided

- The area should be disinfected with disinfectant and hot water, taking account of the surface where the incident happened. Carpets may need steam cleaning. The area should be thoroughly dried before use.
- Advice from Wessex Public Health England relating to gastroenteritis is as follows: 'Both norovirus and *Clostridium difficile* spores are very hardy and disinfectants such as alcohol have little or no effect. The recommended disinfectant is Hypochlorite at 1000 parts per million. This should already be available within the school/nursery, as it is the disinfectant recommended for use after a spillage of blood or body fluid. Hypochlorite is a bleach solution, which must be made up freshly in order to be effective (examples of chlorine releasing tablets are *Haztabs* and *Sanichlor*). Instructions on how to make the solution to the correct strength can be seen on the packet and some manufacturers provide a mixing container to accurately mix the solution in. An alternative to these chlorine releasing tablets is Milton solution. Manufacturers of the disinfectants should supply COSHH (Control of Substances Hazardous to Health) Data Sheets that specify the requirements for safe use. The School cleaning contractor will do a deep clean of the contaminated area with the required disinfectant.

14. Disposal of Contaminated Products

All body fluids should be treated as 'clinical waste' and disposed of appropriately in a securely sealed yellow bag to be collected by a nominated waste disposal company for incineration. Non-disposable equipment should be washed thoroughly and disinfected using bleach (kept in locked cleaning cupboard). Staff should wash hands thoroughly. For small spillages, anti-viral/anti-bacterial wipes are available from Matron's Room and the Burrow in Pre-Prep. PPE should be worn and waste disposed of in a yellow bag as detailed above.