



# F.1 First Aid Policy

Policy Number	F.1	Review Cycle	Twice yearly or as required	Author	
<b>Lead Governor</b>		<b>Review date(s)</b>	01/02/2020	CEO / Admin	
Signed:	Date:		01/02/2022	CEO / Admin	
Ratification at next Board meeting			01/02/2024		
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## Key points

All staff are expected to use their best endeavours in the event of a first aid emergency.

All staff must know:

1. How to call the emergency services – dial 999 and ask for an ambulance. If there is any doubt that an ambulance is required, call an ambulance straight away.
2. The location of first aid boxes is in the Kitchen, Art Room, and Staff Office.
3. All staff are trained in Paediatric First Aid training and is refreshed every three years.
4. The Health & Safety Administrative person is responsible for ensuring the First Aid box is well equipped. Any member of staff may call an ambulance or other professional medical help if appropriate.

**Mandatory First Aid** - the Educare online training module is undertaken by all staff. First Aiders are responsible for giving immediate help to casualties with common injuries or illnesses and those arising from specific hazards at APTCOO.

**Accident statistics and near misses** - are monitored by central administration and a report is tabled at all Trustees meetings and trends are reviewed to establish the type of injury, personnel cohort, and trends over periods of time.

**Reporting accidents and record keeping** - all members of APTCOO should report any accident or incident, however minor, as soon as possible after it has occurred. When an injured person is unable to complete their own details of the accident, then another member of staff may do it on their behalf.

A complete Accident Report book should be kept of any accident.

### Reports must contain:

1. The date, time, and place of the event.
2. Details of those involved.
3. A brief description of the accident/illness and any first aid treatment given.
4. Details of what happened to the casualty immediately afterwards - for example went to hospital, went home, resumed normal activities, returned to session.

The Senior Manager on duty should be informed about any incident if it is at all serious or particularly sensitive. For example, when a child or young person has had to go to hospital or if one child or young person has caused deliberate damage to another or where negligence might be suggested. Parents/carers must be informed when any learner is injured or requires hospital treatment as the result of an accident. Where an employee is taken to hospital, is unable to work or subsequently becomes absent from work, their line manager/and senior managers must report all serious accidents to the HSE as required by RIDDOR.

If people are seriously injured call 999 immediately; contact the Appointed Person and First Aider.

Make sure you and the injured person are not in danger. Assess the injured person carefully and act on your findings using the basic first aid steps below.

- Keep an eye on the injured person's condition until the emergency services arrive.
- If the person is unconscious with no obvious sign of life, call 999 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.
- Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.
- For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.
- Try to avoid as much movement as possible.

### Contents of first aid boxes on site

General first aid guidance leaflet

10 individually wrapped sterile adhesive dressings/plasters (assorted size)

2 sterile eye pads

4 individually wrapped triangular bandages (preferably sterile)

6 safety pins

3 medium sized (approx. 12x12cm) individually wrapped sterile non-medicated wound dressings and 2 large ones (18x18cm)

1 pair of disposable gloves

Please note that, for instance, eyewash will be necessary in identified areas such as labs or workshops.

Please do not include known allergenic materials, i.e. Elastoplast or any creams or otherwise.

Prescription medication such as inhalers must not be kept in first aid boxes.

Any prescribed medication and health issues should be reported to the college during the induction process.

### Anaphylaxis

#### **What is Anaphylaxis?**

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (e.g. dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (e.g. bees, wasps, hornets). In its most severe form, the condition can be life-threatening. Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in

breathing, collapse, and unconsciousness. No student would necessarily experience all these symptoms at the same time.

### **Medication and control of Anaphylaxis**

It is important that key staff in APTCOO are aware of children's/ young people's condition and of where the children or young person's medication is kept, if it is likely to be needed urgently. The health care plan should indicate whether in some circumstances the student should be allowed to carry medication on his/her person around APTCOO, dependent on the outcome of risk assessment to determine this.

Following discussion with the children or young person and/or parents/carers, individual decisions should be made as to whether to provide basic information on the student's condition to his/her peer group so that they are aware of their peer's needs and of the requirement for urgent action should an allergic reaction occur. Fellow children or young people should also be advised not to share food or drink with a student who is likely to experience an anaphylactic reaction.

### **Managing learners/children with Anaphylaxis**

Staff should be aware of those children and young people under their supervision who have a severe allergy resulting in anaphylaxis. This information is held on the front sheet of a learner's/child's file.

Staff should ensure that all children and young people who have an **EpiPen** prescribed to them, have their medication on them at all times.

Staff should ensure that they have some knowledge of what to do if a child or young person has an anaphylactic reaction. Staff should ensure that all children and young people who are going on away trips carry their medication with them, if the Risk Assessment deems this to be necessary. Staff members trained in the administration of medication must be identified. Staff must give consideration to the safe storage of medication. Staff supervising the trip must be aware of the children and young people's condition and of any relevant emergency procedures.

### **What are the main symptoms?**

- Itching or presence of a rash
- Swelling of the throat
- Difficulty in swallowing
- Difficulty in breathing
- Increased heart rate
- Unconsciousness

### **What to do if a child or young person has an Anaphylactic reaction**

Ensure that a paramedic ambulance has been called.

Stay calm and reassure the student.

Encourage the student to administer their own medication as taught.

## **Asthma**

### **What is Asthma?**

Children and young people with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The children or young person may become distressed and anxious and in very severe attacks the children or young person's skin and lips may turn blue.

### **Medication and control of Asthma**

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances.

Most children or young person with asthma will take charge of and use their inhaler from an early age and it is good practice to allow them to carry their inhalers with them at all times, particularly during physical activity. If a child or young person is too young or has learning difficulties/disabilities to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the child's name. Children or young person with asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents/carers to provide APTCOO with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the children's or young person's name and stored in a locked cabinet in accordance with the APTCOO's Health and Safety Policy. It is the parent's/carer's responsibility to ensure that any medication retained at APTCOO is within its expiry date.

Where children or young people are unable to use an inhaler by themselves or where a child requires additional medication, e.g., a nebuliser, a Health Care Plan must be completed. For children or young people whose asthma is controlled by an inhaler, an information card giving the basic details should be completed and kept with the child or young person's file.

Note that it is difficult to "overdose" on the use of an inhaler. If a child or young person tries out another child or young person's inhaler there are unlikely to be serious side effects, although clearly children should never take medication which has not been prescribed for their own personal use. Following discussion with the child or young person and his/her parents' individual decisions should be made as to whether to provide basic information on the children's condition to his/her peer group so that they are made aware of their session mate's needs.

## **Managing students with asthma**

Staff should be aware of those children under their supervision who have asthma. Staff delivering activities that are physical should ensure that all children and young people with asthma have their salbutamol inhaler prior to commencement of a session.

Staff should ensure that they have some knowledge of what to do if a child has an asthma attack.

Staff should ensure that all children going on away trips carry their medication with them.

Staff members trained in administration of medication must be identified. Staff must ensure the safe storage of medication. Staff supervising the trip must be aware of the children's condition and of any relevant emergency procedures.

Physical activity will benefit children with asthma in the same way as other children. They may need to take precautionary measures and use their inhaler before any physical exertion.

As with all children or young people, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. However, they should not be forced to take part if they feel unwell.

### **What are the main symptoms?**

- Coughing
- Wheezing
- Inability to speak properly
- Difficulty in breathing out

### **What to do if a child or young person has an asthmatic attack**

- Stay calm and reassure the children. Speak calmly and listen to what the child is saying.
- Try not to leave the child alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are use promptly.
- Help the child to breathe by encouraging the child to breathe slowly and deeply and relax.
- Help the child to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the child does not respond to medication or his/her condition deteriorates call an ambulance dialling 999.

## **Diabetes**

### **What is diabetes?**

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount of glucose in the bloodstream is

carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high.

Children with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a child may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a student may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

### **Medication and control of Diabetes**

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All students with diabetes will require an individual health care plan.

In most cases children will have their insulin injections before and after school but some learners/children may require an injection at lunchtime. If a child needs to inject whilst at school, he/she will know how to undertake the procedure without adult supervision.

However, the child may require privacy in which to administer the injection. Some children may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A child with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most children with diabetes will also need to eat snacks between meals and occasionally during session time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a student with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that APTCOO should establish with the child and his/her parent/carer where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.

The issue of close communication between parents and APTCOO is fundamental to the care of learners/children with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents/carers responsibility to ensure that any medication retained at APTCOO is within its expiry date.

### **Managing children or young person with diabetes**

- Staff should be aware of those children or young person under their supervision who have diabetes.
- Staff delivering physical activity should ensure that all children with diabetes have a Lucozade bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.

- Staff should ensure that they have some knowledge of what to do if a student has a hypoglycaemic episode or a hyperglycaemic episode. Training specific to each individual child can be sourced via the professional healthcare teams supporting that child.
- Staff should ensure that all students going on away trips carry their medication with them.
- Staff members trained in the administration of medication must be identified.
- Staff must ensure the safe storage of medication.
- Staff supervising the trip must be aware of the children's condition and of any relevant emergency procedures.
- Encourage the student to eat or drink some extra sugary food before physical activity
- Have glucose tablets or a sugary drink readily available in case the student displays symptoms of hypoglycaemia.
- After the activity is concluded, encourage the children to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

### **What do in an emergency if a child has a hypoglycaemic (low blood sugar) episode**

#### **Common causes:**

- A missed or delayed meal or snack
- Extra exercise
- Too much insulin during unstable periods
- The student is unwell
- The student has experienced an episode of vomiting.

#### **Common symptoms:**

- Hunger
- Drowsiness
- Glazed eyes
- Shaking
- Disorientation
- Lack of concentration

Get someone to stay with the child - call for nursing staff/ambulance (if they are hypo, do not send them out of session on their own, their blood sugar may drop further, and they may collapse).

Give fast acting sugar immediately (the student should have this), e.g., Lucozade, fresh orange juice, sugary drink, e.g. Coke, Fanta, Glucose tablets, honey, or jam  
Recovery usually takes ten to fifteen minutes. Upon recovery give the child some starchy food, e.g., a couple of biscuits or a sandwich.

Inform the child's parents of the hypoglycaemic episode. In some instance it may be appropriate for the child or young person to be taken home from school.

In the unlikely event of a child or young person losing consciousness, call an ambulance dialing 999

### **A hyperglycaemic episode (high blood sugar)**

Hyperglycaemic episodes occur when the blood glucose level is too high. The following symptoms may be displayed:

- Excessive thirst.
- Passing urine frequently
- A change of behaviour
- Vomiting
- Abdominal pain

### **Care of child or young person in a hyperglycaemic episode**

- Do not restrict fluid intake or access to the toilet
- Cleaning up body fluids from floor surfaces
- Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly.
- Put on gloves and a disposable apron. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
- Sprinkle 'sanitaire' absorbing powder liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.
- Remove all visible material from the most soiled areas, using paper towel or single use disposable red cloths.
- Put all used paper towel and cloths into a yellow bag for incineration.
- The remaining visible material should then be vacuumed using a designated vacuum cleaner. The vacuum cleaner bag **must** be changed after use.
- Non- carpeted areas: Sanitize the area using 1:10 bleach solution (instructions follow). Because of the level of contamination, the bleach solution is much stronger than the 1:1000 solution used for regular sanitizing. The bleach must contact the affected area for a minimum of 10 minutes. A red mop and bucket are designated for this use.
- Carpeted areas: The area should be cleaned with detergent 1:10 solution, rather than bleach solution and should contact the affected area for at least ten minutes.

The area should then be shampooed or steam cleaned within 24 hours.

- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water, then rinse with a bleach solution.
- Discard gloves, disposable apron into yellow bag for incineration. Finally wash your hands thoroughly using soap and water.

**A PLACE TO CALL OUR OWN**

**Appendix 1**

**Policy/Procedure for: First Aid**

**RECORD OF CHANGES**

<b>DATE</b>	<b>AUTHOR</b>	<b>PROCEDURE</b>	<b>DETAILS OF CHANGE</b>

