St. Helen's College

First Aid and Welfare Policy

This is a whole-school policy which includes the Early Years Foundation Stage

1. Introduction

The welfare of the children at St. Helen's College is a primary responsibility. This document describes the principles and procedures to be followed in order to minimise the chances of injury, illness or harm, and to maximise the physical and mental well-being of all members of the school community.

This document should be read in conjunction with the school Asthma, Anaphylaxis, Health & Safety Policies and Safeguarding and Child Protection Policies.

2. First Aiders

The school has conducted a first aid needs assessment to ensure that first aid provision is adequate and appropriate. Staff training provision, qualification requirements and the provision of first aid equipment are determined by the outcomes of the risk assessment.

The school arranges first aid training regularly and courses are open to all members of staff. A list of currently qualified first aiders is held on Google Drive and displayed in prominent places around the school.

Training for first aiders will be provided at the appropriate intervals, at least every three years.

At all times, at least one qualified first aider will be on the school premises when children are present. For the EYFS, this person will be a qualified paediatric first aider. In addition, for EYFS children at least one person on school outings will be a paediatric first aider and paediatric First Aiders will be present until 6 p.m. when the last child leaves the premises.

3. Illness/Injury at School

If a child is observed to be ill or injured, or reports feeling ill, the member of staff concerned should, in the case of minor injuries, administer appropriate treatment such as cleaning a superficial wound and applying a plaster or advising the child to

take a trip to the toilet or a drink of water. If the member of staff is unsure, or in the case of a child reporting (or immediately obvious) more persistent or more serious illness/injury:

- if the illness/injury is not apparent, question, examine and/or observe the child to ascertain what further action is needed;
- take the child, or send the child accompanied by another responsible child, to the Welfare Officer/Assistant, and inform the Welfare Officer/Assistant of the problem;
- await or request follow-up information from the Welfare Officer/Assistant.

Upon receipt of a child who is thought to be ill or injured, the Welfare Officer/Assistant should:

- reassure, question, examine and observe the child, and take the child's temperature;
- take appropriate action, based upon symptoms, training and experience;
- inform parents if their child has an injury to their head.

Depending on the nature of the problem, this action might include

- spending a little time with the child and applying 'TLC', then returning the child to class;
- cleaning a wound and applying a dressing;
- encouraging the child to eat, drink or visit the toilet;
- observing the child for some time, perhaps with the child lying on the sick bed;
- phoning the child's parents and requesting early collection;
- administering Calpol (only with parental consent and to be recorded on Medical Tracker);
- administering prescribed medicine, if this has been provided with written instructions;
- phoning the parents and recommending an immediate visit to the GP or hospital;
- in extreme cases, taking the child to the GP or hospital, if the parent is unavailable, or telephoning for an ambulance.
- **NB if the illness or injury is judged to be serious, and urgent or specialist treatment is needed, an ambulance must be called.**

If a child is taken to hospital

- every continued effort should be made by the office staff to contact the parents;
- two members of staff should accompany the child to the hospital (one if an ambulance is used). One may return once the child has been delivered; the other must stay with the child until the parent arrives.
- seatbelts should be worn by all occupants of the car which is used;
- an 'Ambulance' report from Medical Tracker and other medical records and medicines should be taken.

In all cases of child illness or injury, the Welfare Officer/Assistant or other treating adult should

- in cases of imagined or mild illness, report back to the member of staff who referred the child, and to the child's form teacher;
- in addition, in cases of genuine illness or injury, prepare and provide a record of treatment which should be sent home with the child;

- if parents are asked to collect a child from school earlier than their usual collection time, inform the form teacher, Head Teacher and DSLs of this and
- enter the details on Medical Tracker.

The school follows PHE advice on exclusion from school for set times for certain illnesses. This is detailed in the PHE exclusion table here.

4. First Aid

Please read this section in conjunction with section 3 - Illness/Injury at School.

If a child suffers any kind of head injury, a suspected fracture or significant bleeding, or if the member of staff in attendance has any concerns whatsoever about the injured child, then a qualified first-aider must be called. Where possible, the child should not be moved.

The first aider must provide immediate assistance to the injured child, and should call upon extra help as necessary. Appropriate first aid should be administered, according to the judgement and training of the first aider. If possible, the injured child should be shielded from the gaze of other children; it may be appropriate to remove other children from the scene.

Emergency first aid boxes are kept in the medical room, refectory and hall (Lower School) and school office, lunch assistants' summer house, science laboratory, Windsor kitchen, school hall, maintenance workshop and Kindergarten kitchen. In addition, each classroom is equipped with a mini-kit for the treatment of cuts and grazes.

If an accident results in a minor injury, such as a cut or graze, then the supervising adult may take appropriate action, such as cleaning a superficial wound and applying a plaster.

First aid materials for minor injuries are kept in the medical room (Lower School) and lunch assistants' hut and medical room (Upper School), as well as in all classrooms and Kindergarten kitchen.

First aid boxes, and supplies of materials for dealing with minor injuries, should be checked and topped up regularly by the Welfare Officer/Assistants.

Immediately following treatment, the member of staff involved should record the incident and associated treatment on Medical Tracker or (for SMSAs/break duty staff) in one of the treatment books, held at Upper and Lower School. Medical Tracker should be used to send notifications to parents and relevant staff promptly about injuries/illness and actions taken.

5. RIDDOR and Other Reporting Requirements

Under the RIDDOR (reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) legislation, some accidents which occur in school or during educational activities elsewhere must be reported to the Health and Safety Executive. A HSE guidance document for schools on this subject is available here.

All serious accidents and near misses (whether to pupils, staff or visitors) must be reported to the Head, who will take the decision whether or not to refer to the HSE.

The school will notify the local Child Protection Safeguarding Board of any serious accident or injury to or death of any child while in the care of the school and will act on any advice given.

If the welfare staff have reason to believe that any child is suffering from a notifiable disease identified as such in the Public Health (Infectious Diseases) Regulations 1988, they must inform the Head who will inform Ofsted and Public Health England.

The school will act on any advice given by Public Health England and inform Ofsted of any action taken.

6. First Aid Hygiene

Persons administering first aid must, wherever practicable:

- wear protective gloves and, if necessary, an apron and/or eye protection;
- avoid contact with the patient's bodily fluids (see Appendix 1);
- place soiled dressings directly into the yellow clinical waste bins located in Upper School and Lower School medical rooms and Kindergarten toilets;
- clean any soiled areas immediately after treating the patient, before removing protective clothing and
- wash hands immediately after treating the patient.

7. Storage and Administration of Medicines (See separate Medicines Policy document)

This section should be read in conjunction with sections 1 (Asthma) and 2 (Anaphylaxis).

Prescribed medicines should be brought to school only if absolutely necessary.

Medicines must be given to the Welfare Officer/Assistant at the start of the day, or to a member of staff at Ducklings, who must ensure that medicines are stored securely. Medicines must never be stored in classrooms, teachers' cupboards or school bags.

Written instructions for administration, along with a spoon or syringe if appropriate, must be provided by the child's parent, including the child's name, medication and instructions.

If medicine has been accepted by a member of staff, then it is that person's responsibility to ensure that the correct dose is administered at the right time. No other person should administer medicine. Administration must be recorded on Medical Tracker. Where medicine is administered to a child, parents must be informed the same day or as soon as reasonably practical via Medical Tracker. At the end of the day, the member of staff should return the medicine to the child's form teacher for sending home.

8. Local Off-Site Visits, Day Trips and Residential Visits (See also Educational Visits Policy)

The Welfare Officer/Assistant is responsible for preparing first aid supplies, inhalers and auto-injectors for local off-site visits, day trips and residential visits.

At least one accompanying member of staff should have been trained in first aid (to appointed person level). Under EYFS requirements, at least one adult accompanying any party of EYFS children must have a paediatric level 3 first aid certificate. It is essential that at least one accompanying member of staff is trained in asthma awareness and the use of the auto-injector. This training is provided by the school.

One member of staff must be designated as responsible for pupil welfare. This person:

- is responsible for first aid
- must carry a fully stocked first aid bag
- must carry inhalers and auto-injectors for the children on the visit (this task should be delegated to other staff in cases where the party splits, or is accommodated in more than one building)
- administer any medicines according to the written instructions provided by the parents, and keep a written record of medicines administered.
- if any treatment has been administered during an off-site trip, check that an entry on Medical Tracker has been properly completed and an email notification sent home promptly to parents via Medical Tracker.

9. Care in the Playground

Most accidents and injuries occur in the playground. Vigilant, proactive, caring supervision will reduce the frequency and degree of these undesirable events.

Children in the playground must be supervised at all times. The number of adults supervising will depend on the number of children present, but the normal minimum is two adults. However, a teacher of a class from Year 1 upwards may take the class to the playground and supervise alone provided 'back-up' is available from the office or other source in the event of a problem.

Playground supervision is an active, not a passive, activity. Supervisors (teachers, class assistants, SMSAs or Funtasia staff) should watch what is going on, intervene as necessary, and not allow individuals to distract them unnecessarily.

Supervisors should station themselves in different areas of the playground and should not chat.

Because of the risk of injury, supervisors must not take hot drinks to the playground.

Should the need arise, supervisors should summon the duty teacher, or qualified first aider, for assistance or advice. In Lower School the staff room is close by so any teacher could assist.

Supervisors should ensure that:
- children play in such a way that they will cause no harm or offence to themselves or others. Swearing, fighting, screaming and wild running are not allowed.
- children use the adventure playgrounds, according to rota, only when directly supervised by a member of staff
- playground toys which are provided are used properly, as designed, and are put away correctly after use
- when the bell is rung, children stop playing and listen for instructions
- the playground is free of litter at the end of each session
- these rules apply to all playground activity, including Funtasia, Holiday Club and Summer School.

Supervisors should be alert for signs of distress in individual children. If children are clearly unhappy or worried, action should be taken. Depending on the circumstances, this might involve having a friendly word, engaging the child in some activity, asking others to let the child play with them, or sending the child for medical attention. Any concerns about individuals or groups of children should be passed on to the form teacher, Designated Safeguarding Lead or Head.

Supervisors should maintain a good grip on the behaviour of children in the playground. Children who misbehave should be withdrawn for a period, or sent to a teacher to be disciplined. Supervisors should inform form teachers of misbehaviour.

Playground Pals try to sort out minor problems but if they become aware of a welfare concern they should speak to the supervisors.

10. Hygiene, Personal Cleanliness & Food Handling at School

Form teachers and lunch supervisors should ensure that the children know and follow the essential rules of personal hygiene, e.g.
- use the toilet periodically, during breaks;
- flush the toilet after use, wash hands using soap, dry hands;
- wash and/or sanitise hands regularly throughout the day, including on arrival at school, before eating and after play times;
- when eating, use appropriate cutlery e.g. spoon for yoghurt, cup for drinks;
- dispose of waste and rubbish correctly;
- cover mouth and nose when coughing or sneezing, preferable with a tissue, and dispose of soiled tissues appropriately.

As appropriate, staff might wish to remind individuals or groups about
- daily showering/bathing, and the use of deodorant;
- cleaning teeth;
- washing hair;
- trimming nails and
- changing clothes.

Girls who begin menstruation will need sensitive support and advice from their form teacher and/or the Welfare Officer/Assistant. Male form teachers should ensure that a female teacher shares this responsibility. Form teachers should liaise with the girls' parents, and should be aware of pertinent religious/cultural issues or practices. The teacher or Welfare Officer/Assistant should ensure that the girl:
- has a friendly adult to turn to, at any time, if she is worried;
- knows what is going on biologically and
- knows how to use and dispose of sanitary materials.

If head lice, other infestations or infections (athlete's foot, verrucas, ringworm etc.) are reported or observed, appropriate action must be taken, and advice given. In all cases, the matter should be referred to the Welfare Officer/Assistant who will provide guidance according to Local Authority or school guidelines.

Staff should 'clean up as they go' - coffee cups should be washed and spillages wiped up straight away and not left.

The Office/Welfare Assistant should ensure that the kitchen bin is emptied, surfaces are disinfected and appliances cleaned according to an agreed schedule.

11. Premises - Hygiene & Cleanliness

It is the responsibility of the Head to liaise with the School Business Manager, delegated to the cleaning contractor, to ensure that the school is properly cleaned every day. Hygiene issues must be prioritised when planning the cleaning schedule, and suitable materials used. Special attention must be given to
- toilets and urinals;
- wash basins and soap dispensers;
- desk surfaces and
- bins.

Staff who become aware of problems in this area should speak to the School Business Manager.

Staff should have access to cleaning materials, and should note the following:
- rooms should be swept as necessary, especially after art/craft activities, and after lunch;
- tables should be wiped, using a safe anti-bacterial agent, before and after lunch;
- spillages should be dealt with immediately and

- if a child is sick or has an accident, the Welfare Officer/Assistant should be called. The teacher and Welfare Officer/Assistant should, between them, ensure that the child is cleaned up and cared for, and that any soiled areas are cleaned and disinfected.

Each classroom should be equipped with:
- a dustpan and brush;
- tissues.

Harmful materials (e.g. cleaning agents) must be kept in locked cupboards away from children.

12. Automated External Defibrillators (AEDs)

The school has two AEDs in place – located in the school halls in Lower and Upper School.

AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the AED at the time of use. It should therefore be sufficient for the school to provide a short general awareness briefing session to all staff in order to meet statutory obligations. The Resuscitation Council (UK) states that untrained bystanders should not be discouraged from using an AED in an emergency. Nevertheless, individuals who have received training will naturally feel more confident in doing so should the need arise.

Both the School Welfare Officer and Assistant have been trained by St. John Ambulance and attend annual refreshers.

It is the responsibility of the School Welfare Officer/Assistant at both sites to check on a monthly basis that the AED is working and record that the check has taken place. Records of checks are held by the Welfare staff in the Welfare rooms at the Lower and Upper School sites.

Pads, safety razors, protective gloves and pocket masks need to be replaced after every incident. Batteries have a life of 5 years and pads have an expiry date that usually lasts 2 years. It is the responsibility of the School Welfare Officer to ensure replacements are purchased.

Standard AEDs are suitable for use on people of all ages, except babies aged less than 12 months. For children aged 1-8, it is recommended that AEDs be used with paediatric pads. However, adult pads may be used if paediatric pads are not available.

13. Control of Substances hazardous to Health (COSHH)

The School Business Manager should ensure that:
- data sheets are requested when potentially hazardous materials are being ordered;

- data sheets are filed in the offices at both the Lower and Upper School;
- data sheets are copied to relevant staff e.g. science coordinator and
- the cleaning contractor provides data sheets for all cleaning agents that he supplies to the premises.

14. Provision of Medical Services

Currently, with the exception of treatment for accidents and allergies, the administration of medicines, and special vaccination campaigns (e.g. Nasal flu vaccinations), no medical services are provided at the school.

15. Asthma (See separate Asthma Policy document)

Asthma is a physical condition, not an emotional illness. It affects at least one in every ten children. An attack is caused by a sudden narrowing of the air passages, making it difficult to breathe. These passages are almost continuously inflamed, red, or sore. Asthma can be avoided by avoiding known irritants and by inhaling specific drugs. Medication can be self-administered by the child concerned.

An asthma attack might be triggered by house dust mites, grass pollen, furry or feathery animals, certain foods, exposure to cold, damp air, fumes such as glue, paint or tobacco, exercise and prolonged laughter.

Staff should:
- welcome all children with asthma;
- encourage and help children with asthma to participate fully in all aspects of school life;
- recognise that asthma is a serious condition affecting many school children;
- be acquainted with the list of children who are asthmatic ;
- recognise that immediate access to inhalers is vital;
- do all that is possible to ensure that the school environment is favourable to children with asthma;
- ensure that other children understand asthma so that they can provide support and stigma is avoided and
- have a clear understanding of what to do in the event of a child having an asthma attack.

Asthma training is provided annually for all staff.

16. Anaphylaxis (See separate Anaphylaxis Policy document)

Anaphylaxis is a severe allergic reaction of rapid onset with circulatory collapse and hypotension (low blood pressure) and is life threatening.

Almost any food can cause anaphylaxis but the foods most commonly responsible are nuts, fish, shellfish, cow's milk and eggs. Anaphylaxis may also be caused by medication, latex, bee and wasp stings.

If a pupil appears to demonstrate symptoms, call emergency services immediately and request a paramedic stating that the patient has 'apparent anaphylactic reaction.' If the child has a Health Care Plan (HCP), prescribed medication should be administered strictly in accordance with the HCP. If the child has no HCP, no medication should be administered and emergency services should be informed that there is no HCP in place or medication on site.

Symptoms:
- sensation of burning, irritation or itching in the lips, mouth or throat
- generalised itchiness, sneezing and fainting
- swelling to lips mouth and throat
- restricted airways – difficulty breathing, coughing, wheezy, choking, noisy breathing
- loss of consciousness and suffocation

Parents should
- train the child to avoid contact with any food items other than those provided by the parents
- train the child to report immediately the onset of symptoms of anaphylactic shock
- ensure that auto-injectors are provided and are replaced before the use-by dates expire
- meet and brief each new form teacher at the start of the academic year
- Provide an up to date care plan

Staff should
- undertake initial training in anaphylaxis awareness and the use of the auto-injector (training is provided in school)
- undertake refresher training annually
- ensure that auto-injectors / medications are taken to the sports field and on outings
- be acquainted with the list of children who are prone to anaphylactic shock
- remind children who are on the register, whenever appropriate, about the restrictions which they must observe
- take prompt action if there is any suspicion of a reaction taking place.

For each child on the anaphylaxis register, a care plan and auto-injectors are kept in the medical room, staff room and child's classroom (Lower School), the medical room and child's classroom (Upper School) and Kindergarten kitchen.

17. Diabetes (See separate Diabetes Policy document)

Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. This happens because:

- the insulin does not work properly; or
- the pancreas does not make any or enough insulin;
- sometimes it can be a combination of both.

Type 1 diabetes

Type 1 diabetes develops if the body is unable to produce any insulin. Children with this form of diabetes need to replace their missing insulin so will need to take insulin (usually by injection or pump therapy) for the rest of their lives.

Type 2 diabetes

Type 2 diabetes develops when the body can still make some insulin but not enough, or when the insulin that is produced does not work properly. Most pupils with Type 2 diabetes will be prescribed a tablet called metformin. This is taken either with the last mouthful of a meal or immediately afterwards. It does not usually cause hypoglycemia.

Signs and symptoms

If diabetes goes untreated, the body starts breaking down its stores of fat and protein to try to release more glucose but this glucose still cannot be turned into energy and the unused glucose passes into the urine. This is why children with untreated diabetes often pass large amounts of urine, are extremely thirsty, may feel tired, and lose weight.

Children with diabetes can sometimes have short-term complications as a result of their condition. These complications include hypoglycaemia, hyperglycaemia and ketoacidosis.

Staff should

- welcome all children with diabetes;
- encourage and help children with diabetes to participate fully in all aspects of school life;
- recognise that diabetes is a serious condition;
- be acquainted with the list of children who are diabetic and recognise that immediate access to blood monitoring equipment and medication is vital;
- have a clear understanding of what to do in the event of a child being hypoglycaemic or hyperglycaemic.

18. Further Information

Further information and advice concerning asthma, anaphylaxis, diabetes and other medical issues will be found in the medical rooms. Staff should not hesitate to refer to the Welfare Officer or Assistant if they have any questions on medical or welfare matters.

Person Responsible	AG
Date	September 2024
Review Frequency	2 years
Next review	September 2026

Appendix 1 - Management of Body Fluid Spillages

Spillages can occur anywhere and it is vital that any spillage is attended to in a safe and timely manner. If the spillage cannot be dealt with immediately, the area affected must be cordoned off and not left unattended whilst assistance is obtained. For the management of spillages to be undertaken safely, pathogens in the spillage must first be destroyed by a disinfectant.

Definition of bodily fluid (but not limited to):

- Urine or faeces
- Blood
- Vomit or Bile
- Mucus (nasal, phlegm, cough droplets)
- Saliva

Roles and Responsibilities:

Health & Safety Officer - responsible for ensuring that all personnel involved in a body fluid spill clean-up are given appropriate training and personal protective equipment (PPE) and that it is worn during the clean-up, disinfection and disposal procedure.

Staff – responsible for wearing appropriate PPE and following procedures for body fluid spill clean-up, disinfection and disposal.

Training:

Each member of Welfare staff will be taken through the procedure by the H&S Officer as part of their induction. Regular refresher training will be carried out annually to remind staff of the correct procedure. This will be recorded.

Follow the below best practice procedure in the event of body fluid spillages:

When a body fluid spillage occurs:

- If not trained to deal with the spillage, contact a member of Welfare staff.
- Restrict access to the area using a barrier, wet floor or NO ENTRY signage
- Staff member who deals with the spillage to wear protective PPE (at a minimum include disposable waterproof gloves, disposable plastic apron, eye/face protection)
- Ensure cuts and lesions are covered with a waterproof dressing

Bodily fluids with no visible blood

- Disposable paper towels

Small blood and visibly blood stained body fluid spillages on hard surfaces (surface area smaller than a 2p coin)

- Remove spillage using a Clinell Universal Wipe

Larger spill of body fluids such as a small pool of blood that has a risk of splashing

- STAPRO Sanitaire

Products (NOTE: Ensure that products are in date before use)

- Clinell Universal Wipes (small spillage containing blood)
- STAPRO Sanitaire (clean-up powder) - vomit and body fluids
- Disposable paper towels and Antibacterial spray to disinfect area after clean up

Is the spillage on soft furnishings?

NO	YES
Use the appropriate product to soak up and contain the spill following the manufacturers' guidelines for use. After the body fluid material is collected and placed into a yellow clinical waste bag, pour disinfectant on the area of spill and leave on for 10-30 minutes before wiping up with paper towels which along with disposable gloves should also be placed in a clinical waste bag. Clinical waste bag/s should be disposed of in yellow clinical waste bin in the Welfare room. Wash hands thoroughly with soap and water immediately after removal of gloves and other PPE. Disinfect all reusable equipment Ensure that all products used are replenished after use	Take out of use and advise the Business Manager for the item/s to be deep cleaned by cleaning contractor. If furnishing is heavily contaminated you may need to discard it.

Accidental contamination

- Upon accidental skin contaminations wash the area with copious amounts of soap and water.
- Report all accidental exposures to your H&S Officer.

Contacts

H&S Officer – Extn. 315 External number 01895 206956

Lower School Welfare – Extn. 203

Upper School Welfare – Extn. 302