



مدرسة المتحدة الدولية
United School International
The Pearl Island جزيرة اللؤلؤة
an Orbital Education School

First Aid Policy

This is a whole school policy which includes the EYFS.

Reviewed by: Executive Principal September 2024

Next review due: September 2025

Introduction

This first aid policy is based on the UK Department for Education and Skills “*Guidance for First Aid in Schools*”. Although not subject to UK Health and Safety Law at United School International, Doha we will endeavour to maintain at least the minimum of requirements of this legislation. This policy should be read in conjunction with the school’s Health and Safety Policy.

Responsibility

- According to the UK Department of Education and Employment website (DfEE) on “*Guidance on First Aid for Schools*”, *the Employer is responsible for the Health and Safety of the Employees and “anyone else on the school premises”.*
- There must be a presence of at least one qualified person on each site when children are present.
- Early Years (EYFS) must have at least one Early Years First Aider present.

The timely and competent administration of First Aid is delegated by United School International, which in turn delegates responsibility to the School Nurse. The Head of Operations in his/her role as Chair of the Health and Safety committee, determines the number of First Aiders, Appointed Persons and the level of training they should receive.

(See guidance on first Aid for Schools DfEE for definition ;) “an appointed person is someone who takes charge when someone is injured or taken ill”.

Appointed Personnel are ONLY to administer First Aid once they have been trained for and feel confident to do so.

The number of First Aiders is reviewed annually by the School Nurse and the Health and Safety Committee or more frequently when required, for example following an accident or emergency.

When determining the appropriate number of First Aiders, the Health and Safety Committee will take into account:

- The number of staff (and students) present at any one time;
- The distribution of staff;
- The number and locations of first-aid boxes;
- Whether there are inexperienced members of staff; the number of staff and students with disabilities or specific health problems;
- The size, nature (split sites/levels) and location of the school premises to which members of staff have access in the course of their employment;
- Whether there are travelling, remote or lone staff;
- Arrangements for off-site activities;
- Arrangements for out of school hour activities such as parent evenings;
- Parts of the school premises with different levels of risks;
- The types of activity undertaken;
- The proximity of professional medical and emergency services;

- Any unusual or specific hazards (for example, working with hazardous substances, dangerous tools or machinery)
- Accident statistics. These indicate the most common types of injuries, times and locations. It is a useful tool as it highlights areas to concentrate on and tailor first aid provision to.

When selecting staff members to be a First Aider, the Health and Safety Committee will take into account their reliability, communication skills, ability to cope with stressful situations and the ability to leave work that they are doing at the time.

Guidance on the minimum legal requirement for First Aiders, the recruitment, selection and training of First Aiders, the responsibility and accountability of First Aiders, the need for a first aid room and the contents of first aid boxes can be found in the Health and Safety (First Aid) Regulations 1981 and The Department for Education and Skills "Guidance for First Aid in Schools"

The Nurse, in conjunction with the Health and Safety committee, is responsible for ensuring that sufficient numbers of staff have up-to-date First Aid training. If staff have joined the School with a valid first aid certificate, these details should be supplied to the Nurse for inclusion in the register.

Reporting Accidents and Record Keeping

All members of the school community 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 the First Aider and/or witness should do it on their behalf.

The school nurse keeps a record of all the students visiting the nurse's office during the day.

Accident reports must contain:

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

The School Nurse, Executive Principal, DSL and Heads of School should be informed about any incident if it is at all serious or particularly sensitive – for example when a student has had to go to hospital or if one student has caused deliberate damage to another or where negligence might be suggested.

If, as the result of an accident, an employee is taken to hospital, is unable to work or subsequently becomes absent from work, they must inform either the line manager or United School International should be notified immediately

All staff are expected to use their best endeavours in the event of a first aid emergency. The school nurse should report all serious accidents to the Executive Principal.

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 the nearest first aid box**
3. **How to contact the School Medical Room**

It is the responsibility of the staff to inform the Nurse to restock the first aid boxes and any other first aid equipment.

First Aiders are responsible for:

- Taking charge when someone is injured or becomes ill;
- Ensuring that an ambulance or other professional medical help is summoned if appropriate;
- Giving immediate help to casualties with common injuries or illnesses and those arising from specific hazards at School;
- Where necessary, ensuring that an ambulance or other professional medical help is called.

First Aiders must complete a training course approved by the HSE. Refresher training is required every two to three years.

If, as the result of an accident, an employee is taken to hospital, is unable to work or subsequently becomes absent from work, they must inform either the line manager or Head of Section and School Secretary should be notified immediately.

The Health and Safety Officer / School Nurse should report all serious accidents to the Executive Principal.

Full details on Accident Reporting are given in the Dealing with Accidents Policy.

References

- Education Regulations (Independent School Standards England) 2010 (SI 2010/1997) Regulations 3(14)
- DfEE Guidance on First Aid for Schools
- Health and Safety (First Aid) Regulations 1981

Contacting Parents

The school nurse and / or the school office will contact parents directly by telephone in the event of an emergency or the need for parents to collect their child from school. The nurse will email/ phone parents to inform them of any accidents not considered trivial or serious and register these in her log.

Appendix: 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, hives, 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 of these symptoms at the same time.

Medication and Control

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline injection, cortisone, etc. The adrenaline injections most commonly prescribed are administered by an EpiPen, a device which looks like a fountain pen, and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Medication for an individual student must be kept in a safe location which is readily accessible. If a student has an Epi-Pen it is particularly important that this is easily accessible throughout the schoolday. Medication must be clearly marked with the student's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

It is important that key staff in the School are aware of the student's condition and of where the student's medication is kept, as it is likely to be needed urgently.

It is not possible to overdose using an Epi-Pen as it only contains a single dose. In cases of doubt, it is better to give a student experiencing an allergic reaction an injection rather than hold back. All students who have anaphylaxis will require an individual health care plan. The health care plan should indicate whether in some circumstances the student should be allowed to carry medication on his/her person around the School.

Following discussion with the student and his/her parents, 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 classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow students should also be advised not to share food or drink with a student who is likely to experience an anaphylactic reaction.

Managing Students with Anaphylaxis

- Staff should be aware of those students under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff should ensure that all students who have an epi-pen prescribed to them take their medication on trips/matches at all times.
- Staff should ensure that they have some knowledge of what to do if a student has an anaphylactic reaction. (Staff to seek advice from Nurse.)
- If a student feels unwell, the Nurse should be contacted for advice.
- A student should always be accompanied to the Medical Room if sent by a member of staff.

Away Trips

- Staff should ensure that all students who carry inhalers and/or epi-pens going on away trips and excursions carry their medication with them (only if age appropriate).
- Staff members trained in the administration of medication must be identified and meet with the Nurse before a trip.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the student's condition and of any relevant emergency procedures.

Issues which may affect learning

Students with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a student will not come into contact with an allergen during the school day, but schools should bear in mind the potential risk to such students in the following circumstances and seek to minimize risk whenever possible.

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 student has an anaphylactic reaction

- Ensure that an ambulance has been called.
- Stay calm and reassure the student.
- Encourage the student to administer their own medication if able or administered by member of staff.
- Summon assistance immediately from the School Nurse.
- Contact parents

Appendix: Asthma

What is Asthma?

Students 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, housedust 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 student may become distressed and anxious and in very severe attacks the student's skin and lips may turn blue.

Medication and Control

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 students with asthma will take charge of and use their inhaler from an early age and it is good practice to allow students to carry their inhalers with them at all times, particularly during PE lessons. If a student is too young or immature 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 student's name (nurse's office), if a child does not have an inhaler the school will provide a spare.

Students with asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents to provide the School 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 student's name and stored in a cabinet in the Nurse's Office. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

Where students are unable to use an inhaler by themselves or where a student requires additional medication, e.g., a nebuliser, a health care plan must be completed. Inhalers of these children will be kept in the nurse's office clearly marked with the child's name

Note that it is difficult to "overdose" on the use of an inhaler. If a student tries out another student's inhaler there are unlikely to be serious side effects, although clearly students should never take medication which has not been prescribed for their own personal use.

- Make sure that any medicines and /or inhalers are used promptly
- Help the student to breathe by encouraging the student to breathe slowly and deeply and relax,
- Help the student 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.

Appendix: Managing students with Diabetes

- Staff should be aware of those students under their supervision who have diabetes.
- Games staff should ensure that students with diabetes have a glucose snack/drink (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. (Staff to seek advice from the School Nurse for training)
- If a student feels unwell, the Nurse should be contacted for advice.
- A student should always be accompanied to the Medical Room if sent by a member of staff.

Off-site Excursions

- 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 and meet with the Nurse before the trip.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the student's condition and of any relevant emergency procedures.

Issues which may affect learning

Students with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a student with diabetes in maintaining an adequate blood glucose level:

- Encourage the student to eat or drink some extra sugary food before the 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 student to eat some more food and take extra fluid. These additional snacks should not affect normal dietary intake.

What to do in an emergency if a student 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
 - Disorientation
 - Shaking
 - Lack of concentration
- i. Get someone to stay with the student - call for Nurse/first aider (if they are hypo, do not send them out of class on their own), their blood sugar may drop further, and they may collapse.
- ii. Give fast acting sugar immediately (the student should have this), e.g.
- Sport drinks
 - Fruit juice
 - Sugary drink, e.g., Coke, Fanta
 - Glucose tablets
 - Honey or jam

Recovery usually takes ten to fifteen minutes.

- iii. Upon recovery give the student some starchy food, e.g., couple of biscuits, a sandwich.
- iv. Inform Nurse/parents of the hypoglycaemic episode.
- v. In some instances, it may be appropriate for the student to be taken home from school.

NB. In the unlikely event of a student losing consciousness, contact the Nurse and call an ambulance on 999, if necessary.

A hyperglycaemic episode (high blood sugar)

Hyperglycaemic episodes occur when the blood glucose level is too high. Students may display the following symptoms:

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

Care of students in a hyperglycaemic episode

- Do not restrict fluid intake or access to the toilet
- Contact the School Medical Room and/or parents if concerned.

In both episodes, staff and Nurse should liaise about contacting parents/guardians.

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

Following discussion with the student and his/her parents' individual decisions should be made as to whether to provide basic information on a student's condition to his/her peer group so that they are aware of their classmate's needs.