

Eridge House

First Aid, Medication and Accident Policy

Parents and members of staff at Eridge House need to know what procedures will be followed when administering prescribed and non-prescribed medication. They also need to be aware of the procedures in place in the event of an accident.

First Aid

First Aiders – names are known to all members of staff

Location of First Aid Boxes – these are located in

- ♦ The First Aid room
- ♦ the downstairs cloakroom (new building)
- ♦ the upstairs cloakroom (new building)
- ♦ *N.B. extra plasters, wipes and gloves are kept in the small equipment shed in the playground and the downstairs cloakroom (old building)*

Maintenance of First Aid Boxes – This is the responsibility of the principle First Aider who will check the boxes each week

Person responsible for summoning an ambulance – the First Aider or most senior person present on site has this responsibility

Person to inform pupils' parents – this is the responsibility of the Administrator, class teacher or First Aider

a) Accidents involving blood

Accidents involving blood, e.g. cuts, nose bleeds etc, carry the danger of Hepatitis B, HIV (Aids) etc.

If possible, get the child themselves put pressure on the nose or cut to stop the bleeding.

If blood has been spilt on any work surface then carry out the following procedure, or if appropriate ask the person involved to do this.

- 1) Avoid getting blood on yourself, or on other people.
- 2) Put on disposable gloves.
- 3) Use disposable paper towels, tissues etc. mop up spillage.
- 4) Wipe surface with antibacterial spray or, in the case of large areas of blood spillage, cover with 'Emergency Spillage Compound'.
(Sachets/tubs of compound are kept in each cloakroom and in the First Aid room)
- 5) Put all contaminated material into a plastic bag and then into the swing bin in the cloakroom or First Aid room, tie up the bag, then put it in the outdoor 'wheelie' bin.

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Designated areas should have the following materials;-

Antibacterial sprays, paper towels, disposable gloves, 'Emergency Spillage Compound', plastic bags, swing bin.

A record must be made of all incidents.

(b) Infectious Diseases

Any suspected infectious disease should be reported to the Head teacher who will telephone a parent to come and collect the child. Advice can be sought from the Community Physician (Tel: 020 7272 3070 or 020 7272 5830). **Please also see our Policy for Sick Children.**

Medication

- Parents are usually expected to administer any prescribed medication. If this is not possible or a more frequent dose is required, medication must be stored in the original container and clearly labelled with the child's name, dosage and any instructions and kept in a locked draw in the Administrator's Office or in the kitchen fridge (if it needs to be kept cool)
- Parents provide us with **prior** consent to administer medication. Any medication administered by staff is recorded on a Medication Form. This includes the child's name, time of medication, date, by whom and includes the signature of the person administering the dose and another member of staff as witness. This will also include the parent/carer's signature
- In the case of administration of life saving medication, such as insulin/adrenalin injections or the use of nebulisers, the position will be clarified by reference to the school's insurance company. If specialist knowledge is required, then the school will seek training from a qualified health professional
- First aid equipment is kept clean and replenished and replaced if necessary
- Sterile items are kept sealed in their packages until needed and replaced once they have reached their 'use by' date. 'Use by' dates will be checked by the principle First Aider each term.
- All staff will have access to First Aid training and there is always at least one qualified First Aider on the premises

(c) Minor Head injuries

A knock, bump or blow to the head is a common type of injury. Each year over one million people visit hospital with a head injury, with approximately 135,000 being admitted because of the severity of their injury.

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However, for most people a head injury is usually quite minor. A minor head injury or bump or knock to the head should not result in any permanent damage, and symptoms are usually mild and short-lasting.

As long as someone remains conscious and there is no deep cut or damage to the head (such as broken bone), then there will usually be no damage to the brain. Such a minor injury does not normally require any specific treatment, except rest and close observation.

Children often have minor head injuries

Children are particularly prone to having minor head injuries as they have high energy levels and little sense of danger. However, if a child's symptoms worsen after a knock, or blow, to the head, medical assistance should be sought straight away.

This is due to the fact that, in some cases, the symptoms of a more severe injury can take time to develop. It is therefore very important that a child is observed closely following a bump or knock to the head, to check for changes in their symptoms or behaviour.

Staff need to be alert to changes in a child's condition following a minor head injury:

Signs and symptoms

Concussion:

- A period of unconsciousness.
- Casualty may be dazed and confused as he/she regains full consciousness.
- Casualty may vomit.
- Casualty may not remember the incident or anything that happened immediately before it.

If there is a skull fracture,

There may be:

- Bleeding from the scalp.
- Blood or blood-stained fluid coming from inside the ear or nose.
- Discoloration (bruising) around the eyelids or the white part of the eye.
- Possible open fracture: this is particularly dangerous.

If complications develop:

- The pupils of the eyes may be enlarged or of different sizes.
- The pulse rate may be unusually slow.

The child's parent / carer will be contacted immediately if a child develops the above symptoms after a head injury, and will be asked to take the child to hospital or Doctor's. An ambulance will be called for the child if a skull fracture is suspected, complications develop as listed above or the child's condition deteriorates.

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If a child appears fine and well after a minor head injury at school, an 'Eridge House Accident Information Sheet' will be given to the parent / carer at pick up time to alert them to any possible problems and symptoms that could arise, should the injury be worse than it originally appeared. (See attached). An accident form will also be completed for the parent / carer to sign. If the child is collected by someone other than their parent / carer i.e. babysitter or is going home with a friend on a 'playdate' etc the school will phone the parent / carer to inform them of the accident and alert them to any possible problems and symptoms that could arise.

At Eridge House, our principal First Aider is **Sandy Wheeler**.

The other First Aiders are: (having completed a 12 hour paediatric first aid course within the last 3 years)

- **Jo Tasker**

And appointed First Aiders are: (having completed the a one-day first aid course within the last 3 years)

- **Johanna Ainsworth**
- **Aneta Laskowska**
- **Jamie McDowall**
- **Lauren Working**

In case of an Accident

- Accidents do happen. In most cases, first aid is sufficient, but occasionally, children may require urgent attention from a doctor, dentist or at a hospital.
- All parents provide us with **prior** consent to emergency treatment, which means that, if the need should arise, we can act quickly and in the best interests of the child.
- All accidents, however minor, are recorded in the Accident Books, a copy of which is kept in each classroom and which parents are asked to sign
- The accident books will be reviewed each term by the Health & Safety Officer to identify any trends or recurring causes of injury

Please also see our:-

Policy for Accident Reporting and Recording
Eridge House Accident Information Sheet

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ERIDGE HOUSE ACCIDENT INFORMATION SHEET

Date:

Dear

This is to inform you that your child, suffered a bang on the head today at school. Everything appears to be fine, but this information sheet is designed to inform you of some of the possible problems and symptoms that could arise, should the injury be worse than it originally appeared.

Please seek medical advice should your child develop any of the following symptoms:

- Increased severe headache
- Repeated vomiting
- Reduced level of consciousness/difficulty in waking
- Confusion