



## **Supportive, Cooperative, Adventurous**

# **First Aid Policy**

### **Equality and Diversity**

Campfire Education Trust is committed to promoting equality of opportunity for all staff and job applicants. The Trust aims to create a supportive and inclusive working environment in which all individuals are able to make best use of their skills, free from discrimination or harassment, and in which all decisions are based on merit. We do not discriminate against staff based on age; race; sex; disability; sexual orientation; gender reassignment; marriage and civil partnership; pregnancy and maternity; religion, faith or belief (Equality Act 2010 protected characteristics). The principles of non-discrimination and equality of opportunity also apply to the way in which staff and Governors treat visitors, volunteers, contractors and former staff members.

### **Data Protection**

Campfire Education Trust will process personal data of staff (which may be held on paper, electronically, or otherwise). Campfire Education Trust recognises the need to treat it in an appropriate and lawful manner, in accordance with the Data Protection Act 2018 (DPA).

<b>Ratified</b>	<b>Version</b>	<b>Date</b>
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<b>LGB</b>		
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## Introduction

Because of our concern for the wellbeing of others who are involved in our trust community, Campfire Education Trust (CET) is committed to the provision of adequate first aid for all students, staff and, where reasonably possible, for visitors as well. Our aim is to provide professional and appropriate first aid and to secure 'secondary' aid when necessary, as quickly as possible. We seek always to treat a casualty, relatives and others involved in an incident with care, compassion and courtesy.

## General Policies

CET will ensure that:

1. a sufficient number of staff (so that a qualified first aider is on site for the duration of each school day) are adequately qualified in first aid and therefore able to provide treatment in a professional manner.
2. 'duty first aiders', with the lead responsibility for provision of first aid, are identified.
3. first aiders regularly review their first aid skills, including refresher training courses.
4. first aid information is readily available and that all users of each school know how to call for help.
5. first aid kits for minor injuries are available for use throughout each school by all staff and that they are regularly maintained.
6. first aid 'accident books' are readily available and that recorded incident forms are kept on file.

## First Aid Procedures

1. Once informed of an incident the duty first aider will go to the casualty(ies) without delay and provide emergency care.
2. Secondary aid will then be sought if necessary.
3. If secondary aid is sought a parent/carer (or other appropriate adult) will be informed immediately.
4. If an appropriate adult cannot accompany a casualty to hospital a member of staff will accompany them if this is deemed appropriate.
5. All appropriate precautions will be taken by the support staff when cleaning up after an incident involving blood, vomit, etc. Ensure gloves are worn and use detergents to disinfect the area.
6. The first aider who handles an incident (together with witnesses) will record what happened in an 'accident book', which can be found in the medical room. Maintaining records of accidents is a statutory obligation.
7. Where there is a head injury a letter indicating what happened and what symptoms parents/carers should watch for will be sent home. Head bumps will be recorded in the first aid book as with all other accidents, and were deemed necessary a text is sent to parents. If necessary, then a call is made to parents informing them of the head bump injury and for them to collect their child.
8. An ambulance will be called in the event that we feel doubt about our ability to treat an injury.

In the event of a pupil feeling unwell during a lesson, they should be sent to the Headteacher or school administrator. The student may be permitted to rest in the designated area. Where this occurs, the parent/carer will be notified.

## **Contacting emergency services**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child, their age, and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

**Template K: parent consent form – use of emergency salbutamol inhaler**

..... (insert school name)

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (*delete as appropriate*).

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: .....Date: .....

Name (print).....

Child's name: .....

Class: .....

Parent's address and contact details:

.....

.....

.....

Telephone: .....

E-mail: .....

**Template L: letter to inform parents of emergency salbutamol inhaler use**

Child's name: .....

Class: ..... Date: .....

Dear.....,

This letter is to formally notify you that.....has had problems with their breathing today.

This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs. Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Headteacher

**Template M: parent consent form – use of emergency Auto Adrenaline Injector (AAI)**

..... (insert school name)

**Child showing symptoms of anaphylaxis**

1. I can confirm that my child has been prescribed an AAI / has not been prescribed an AAI but has a medical plan confirming they are at risk of anaphylaxis (*delete as appropriate*). Such a plan is available from the British Society for Allergy and Clinical Immunology (BSACI)

2. My child has 2 working, in-date AAI's, which they will bring with them to school every day. (As recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA))

4. In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or is unusable, I consent for my child to given the emergency AAI held by the school for such emergencies.

Signed: .....Date: .....

Name (print).....

Child's name: .....

Class: .....

Parent's address and contact details:

.....

.....

.....

Telephone: .....

E-mail: .....

**Template N: letter to inform parents of emergency AAI use**

Child's name: .....

Class: ..... Date: .....

Dear.....,

This letter is to formally notify you that.....has been given the schools emergency AAI today.

Their reaction took place in the (*Delete as appropriate*) PE lesson/ playground/ dining room/ other (please name area).....  
at (time) .....

They did not have their own AAI with them, so a member of staff (state who) ..... administered the emergency AAI. They were given (number) ..... injections of AAI.

Their own AAI was not working, so a member of staff (state who) ..... administered the emergency AAI. They were given (number) ..... injections of AAI.

Paramedics advised staff to administer the emergency AAI, so a member of staff (state who) .....gave them the emergency AAI. They were given (number)..... injections of AAI.

The paramedics were called at (time).....

Yours sincerely,

**Template O: witnessing a seizure (use this table to help record your observations)**

Before the Seizure					
<b>Location</b>	Classroom	Playground	Sports Hall	Dining Area	Other
<b>Precipitating Factors</b>	None	Anxious	Stressed	Tired	Other
<b>Preceding symptoms/feelings</b>	Irritable	Impulsive	Nauseous	Strange Sensations	Other
<b>Position at onset</b>	Sitting	Standing	Lying	Other	
During the Seizure					
<b>Time at onset</b>					
<b>Did the child fall?</b>	Yes/No	Forwards/Backwards	Description		
<b>Breathing</b>	Rapid	Shallow	Deep	Laboured	
<b>Colour</b>	Note any changes in skin tone, particularly around the mouth and extremities				
<b>Movements</b>	Describe any movement of:				
	Head				
	Arms				
	Legs				
	Eyes	Deviated to the left?	Deviated to the Right?	Pupils dilated?	Comment
<b>Level of awareness/responsiveness</b>	Fully aware	Reduced awareness	Responsive to voice	Responsive to touch	No responses
<b>Any injury?</b>	Tongue	Limbs	Head	Other	
<b>Incontinence</b>	Urinary: Yes/No		Faecal: Yes/No		
<b>Time at end of seizure</b>	Duration of Seizure				



Action Taken

After the seizure (briefly describe each of the following)

Level of alertness:

Immediately following seizure:

5 minutes after seizure:

Maintenance of alertness

Confusion

Muscle weakness

Duration of event

Total recovery time

Treatment given      Medication:    Dose:                      Time given:      Response:

Parents informed

Signed

Print Name

Date

Time

## Template P: how to recognise an asthma attack

# HOW TO RECOGNISE AN ASTHMA ATTACK

### The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

## CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

## Template Q: what to do in the event of an asthma attack

# WHAT TO DO IN THE EVENT OF ASTHMA ATTACK

- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs,
  - CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

## Template R: Recognition and management of an allergic reaction/anaphylaxis

Recognition and management of an allergic reaction/anaphylaxis 1

# Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

### Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### ACTION:




- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



### Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

<b>AIRWAY:</b>	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
<b>BREATHING:</b>	Difficult or noisy breathing Wheeze or persistent cough
<b>CONSCIOUSNESS:</b>	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

### IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:  
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector\* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

### After giving Adrenaline:

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.