MOORLANDS SCHOOL

FIRST AID PROCEDURES

2022-2023

First Aid procedures cover the 2 Trust schools on the site, Moorlands School and King's House School.

Chief Executive	**Dr A Cook**
Executive Head	**Miss J Pawaar**
Head of KS3 (MS)	**Mrs N Ashfaq**
Welfare & Administration Co-ordinator (First Aid Appointed Person)	**Mrs N Kauser**
Administration Staff:	**Mrs D Chauhan (Registrar & Office Manager)**
	Mrs S Liaquat (Bursar)

Practical Arrangements and First Aid Procedure for Pupils & Adults (including visitors)

First aid will normally be dealt with by the qualified first aiders. The appointed person will be informed of any action taken.

Please send the child needing attention (accompanied by a friend if required) to either of these or send a child to fetch one of them if the injured pupil cannot go him/herself. Treatment will normally be given in the Medical Room.

Hands must be washed before and after dealing with any cuts or grazes. Use disposable gloves if the wound is bleeding.

Use water or sterile wipes to clean cuts or grazes. No lotions or creams should be used. If necessary, cover the cut with a plaster or other dressing.

Enter the child's/person's name, injury and treatment in the appropriate accident book. Please add your name and the date.

All minor bumps to the head should be recorded and a 'Bumped Head' note sent home with the child.

Any other head injury must be reported to parents immediately and usually by first aid staff, member of office/ administration team or the Headteacher.

If a child is feeling unwell and needs to go home the class teacher should be consulted and the parents contacted.

Children normally stay with their class until collected or wait in the First Aid/Administration office.

Parents must be informed of any accident and/or treatment given during the day, preferably by the person who treated them.

Medical Needs

Many pupils will have short-term medical needs at some time during their school life, involving the need to take medication at school. A minority may have long-term medical

needs which may involve special requirements and/or medication. The Executive Head is prepared to allow the appointed First Aid person or member of school staff to give medicine to children during the school day, although there is no obligation for staff to do so.

Parents must provide a signed letter giving permission for staff to give medicine to their child. This is strictly at Executive Head's discretion.

No child should have any medicines in his/her possession.

Prescription Medicines

If a child is unwell he/she should not be in school. There are, however, times when a child is recovering but still taking prescription medicines or he/she may have long-term medical needs. In these cases it may be possible to give doses of prescription medicines provided that these are brought to the Medical Room each day by a parent or other adult who signs a form to state the dosage, etc and that this concurs with the drug's pharmacy label. The medicines will be kept in a locked cupboard (or stored in a fridge) and should be collected each afternoon. Again, this is at the discretion of the Executive Head.

For pupils with long-term needs (such as asthma) the forms only need to be filled in at the beginning of each academic year.

Asthma inhalers and epi pens must be taken on trips involving those children with these specific needs.

Older children may have inhalers in their school bags if the parent so wishes and should take them out at break times and during PE lessons.

Any staff administering medicine must check:

- pupil's name
- written instructions
- dose
- expiry date

Pupils with Ongoing Medical Conditions (Long Term Medical needs)

- The first aid appointed person will maintain records of medical conditions.

- A list of children with ongoing medical conditions will be completed and updated each term, which will be kept by the class teacher

- Records will be kept in Individual Health Care Plans detailing the following:

  Details of the condition/ special requirements eg dietary/ side effects of medicine/ what would constitute an emergency/ what to do in an emergency and what not to do/ who to contact.

  The Health care plan is reviewed at the beginning of every term or more frequently if necessary. This includes reviewing the medication eg changes to medication or the dosage, any side effects noted etc. Staff will be kept fully informed of all such children.

Managing medicines on trips and outings

1. If children are going on outings, staff accompanying the children must include the class teacher for the child with a risk assessment, or the class TA who should be fully informed about the child's needs and/or medication.

2. Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication, Inside the box is a copy of the medication book entry, with the details as given above.

3. On returning to the setting the class teacher signs the medication record book.

4. If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication.

5. Inside the box is a copy of the medication book entry signed by the parent.

6. As a precaution, children should not eat when travelling in vehicles.

Guidance on dealing with spillage of body fluids

Spillages of blood, vomit, urine and excreta should be cleaned up promptly. The following general actions must be taken by the person dealing with the spill:

- Clear the immediate area of people. Hazard signs and cordoning may be necessary, according to the circumstances.
- Disposable personal protective equipment (PPE), including gloves (latex or nitrile) or equivalent and a disposable plastic apron must be worn.
- Any spilt blood or other body fluids should be cleaned up with disposable absorbent paper towels.
- Ensure the area is cleansed with a suitable antiseptic solution.
- Dressings should be disposed of in the ladies' sani-bin after double bagging.

MEDICAL EMERGENCIES

ASTHMA

Preventer Inhalers – These usually come in brown/orange/cream/maroon and green inhaler delivery devices or in tablet form. These inhalers need to be used regularly morning and evening. They work by reducing the inflamed lining of the airway. This makes the airways less sensitive and less likely to react to the trigger factor thereby reducing the number, frequency and possible the severity of the attacks suffered.

Preventer inhalers do not work during an asthma attack and are rarely needed at school.

Reliever Inhalers

These are usually blue inhaler delivery devices. They work almost immediately and are normally effective for up to 4 hours. However, if a child needs to use their reliever inhaler more often, they should be allowed to do so. In this instance, parents should always be

informed. Reliever inhalers work on the tightness or spasm in the airways that occurs during an asthma attack. They relax this tightness, 'opening up' the airways allowing the child to breathe more easily.

- Reliever inhalers should be used whenever the child is suffering from asthma symptoms (see appendix A).
- They can also be used prior to exercise and must be available during exercise if needed.
- They must be readily accessible to children at all times including break times and lunchtimes.
- Inhalers should not be stored where there is excessive heat or cold.
- Reliever (blue) inhalers must always be taken with the child on all off-school activities eg trips, swimming or sports lessons.
- It is the parents' responsibility to check the date on the medication and wash spacers when necessary.
- The School should ensure all devices are taken home before the summer holidays and replaced in September.
- Inhalers are not addictive neither do they give any pleasurable experience.
- If high doses of the reliever inhaler are taken the worst that will happen is that the child will feel very shaky but this will wear off after a short time.
- If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down.

A child needing to attend hospital

1. The first aid appointed person will decide whether professional assistance is required.

2. In an emergency an ambulance will be called using 999. This will be called by the first aid appointed person and a first aider will remain with the child at all times

3. The parents/carers will be informed Immediately.

4. When a child is taken to hospital they must be accompanied by a senior member of staff if the parents are unavailable or in an emergency.

5. The medical contact form must be taken to the hospital. This is obtained from the Integris database system.

6. The member of staff will remain at the hospital until such time as the parent arrives and then they should return to school.

7. An incident form must be completed for any child requiring hospitalisation, which is kept in their file.

8. Incidents will be reported in accordance with RIDDOR as appropriate.

9. In the event of non-emergency hospital treatment (not requiring an ambulance) the parent will be contacted and requested to take the child to hospital.

The priority will always be the discomfort of the child. If the member of staff feels that the child is in pain and the parent/emergency contact cannot be reached, then the member of

staff will accompany the child to hospital without delay, using either a car or a taxi. The school will continue to try and contact the parent/emergency contact, asking them to meet the member of staff at the hospital.

Qualified First Aiders

NAME	QUALIFICATION	EXPIRY DATE
Jade Pawaar	Early Years Paediatric First Aid	25 May 2025
Emma Mziu	Early Years Paediatric First Aid	25 May 2022
Neeta Davda	Early Years Paediatric First Aid	25 May 2022
Alia Cook	Early Years Paediatric First Aid	June 2024
Jo Wallace	Paediatric First Aid at Work	March 2025
Naila Ashfaq	Paediatric First Aid At Work	March 2025
Mark Golby	Paediatric First Aid At Work	March 2025
Sannia Azam	Paediatric First Aid At Work	March 2025
Maria Goreova	Paediatric First Aid At Work	October 2023
Samantha Watt	Paediatric First Aid At Work	October 2023
Nahida Kauser	3 Day First Aid At Work	Sept 2024
Ashleigh Corr	Paediatric First Aid At Work	January 2023
Victoria Tarsey	Early Years Paediatric First Aid	May 2024
Lee Hawkes	Emergency First Aid at Work	Sept 2024
Dawn Ahmed	Emergency First Aid at Work	Sept 2024
Emma Baxter	Emergency First Aid at Work	Sept 2024
Sofina Sarwar	Emergency First Aid at Work	Oct 2024
Sonia Roberts	Emergency First Aid at Work	Nov 2024

FIRST AID TRAINING AND DEVELOPMENT PLAN

Michelle Edwards	Course booked for Jan 2023	
Zainab Rukhsar	Course booked for Jan 2023	

Appendix A – Taken from NHS guidelines about Asthma

Most children and adults with asthma have times when their breathing becomes more difficult.

Some people with severe asthma may have breathing problems most of the time.
The most common symptoms of asthma are:

- wheezing (a whistling sound when breathing)
- breathlessness
- a tight chest – it may feel like a band is tightening around it
- coughing

Many things can cause these symptoms, but they're more likely to be asthma if they:

- happen often and keep coming back
- are worse at night and early in the morning
- seem to happen in response to an asthma trigger like exercise or an allergy (such as to pollen or animal fur)

See a GP if you think you or your child may have asthma, or you have asthma and are finding it hard to control.

Asthma Attacks

Asthma can sometimes get worse for a short time – this is known as an asthma attack. It can happen suddenly, or gradually over a few days.
Signs of a severe asthma attack include:

- wheezing, coughing and chest tightness becoming severe and constant
- being too breathless to eat, speak or sleep
- breathing faster
- a fast heartbeat
- drowsiness, confusion, exhaustion or dizziness
- blue lips or fingers
- fainting