

# First Aid Policy

## Great Ponton CE Primary School



Approved by:

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Date: 27/02/2023

Last reviewed on:

February 2023

Next review due by:

February 2025

## **Aims:**

The aim of this policy is to set out guidelines for all staff in school in the administering of First Aid to children, fellow colleagues or visitors.

This policy shall be shared with all employees during their induction to ensure they are familiar with the school's first aid procedures.

The Governors are committed to the Local Authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 2013.

## **What is first aid?**

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

## **First aid and medication**

At least one member of staff with current first aid training is on the premises at any one time. The first aid qualification includes first aid training for infants and young children (Paediatric First Aid).

## **Our First Aid Kits:**

- Comply with the Health and Safety (First Aid) Regulations 1981 and British Standard BS 8599-1:2011;
- Include assorted plasters, disposable sterile triangular bandages, eye pads, medium-sized dressings, large-sized dressings, sterile cleansing wipes, nitrile powder-free gloves, first aid in an emergency booklet, safety pins, scissors, Burn shield dressing or cling film, finger dressings, conforming bandages, disposable heat retaining blanket, microporous tape and disposable tweezers.
- Are regularly checked. Class teachers and support staff are responsible for maintaining the kits in their individual rooms. Midday meals supervisors are responsible for the resourcing of their lunch time first aid kit.
- Are kept out of the reach of children.

## **Accident books:**

There is one central accident book held on school premises. All staff know where they are kept and how to complete them copies of all incidents are kept centrally. All accident books are reviewed half termly by either the Headteacher to identify any potential or actual hazards.

Our accident books keep a record of any first-aid treatment given by first aiders and other members of staff. These accident books **MUST** be written in pen, completed on the same day of the incident, and include:

- The date, time and place of the incident.
- The name of the injured or ill person.
- Details of the injury or illness and first-aid given.

The information in the accident books can :

- Help the school identify accident trends and possible areas for improvement in the control of health and safety risks;
- Be used for reference in future first-aid need assessments;
- Be helpful for insurance and investigative purposes.

All completed accident books should be given to the administrator, who will store them for reference in future.

## Ofsted requirement to notify parents and the Data Protection Act

Parents must be informed of any accidents, injuries sustained and/or first aid treatment given to their child whilst in school. On most occasions **The first-aider who treated the injury will be the person who contacts the parent** to inform them of what happened, this will usually be written notification providing a copy of the first aid form. If it is suspected further medical intervention may be required to treat or observe the injury or the incident involves an accident to the head, eyes or teeth then a phone call as soon as possible will be made directly to the child's parent/guardian.

Staff must be aware of the Data Protection Act and not allow parents to view personal information other than that relating to their child and must not allow parents to take photographs other than of their own child.

## Administration of Medicines at Great Ponton

Please refer to the schools Administration of Medication Policy.

## Medical Emergencies at Great Ponton

All members of staff who have contact with pupils who have medical conditions will be informed about the best course of action to take if a child becomes seriously ill and needs emergency treatment.

The child and the parents will be informed about the school's arrangements and there will be details in the health care plan if appropriate.

The school will call an ambulance before contacting parents if a child becomes seriously ill – this applies to all children and not only those with health care plans.

The school will arrange for a competent member of staff to travel to hospital in an ambulance and act in loco parentis until the parents arrive. The member of staff acting in loco parentis will have the right to sanction emergency procedures as advised by medical staff in the ambulance or at the hospital to preserve the health of the pupil.

## Sickness

Our policy for the exclusion of ill or infectious children is also covered in part in our school attendance policy and adheres to national advice from the NHS and DfE with regard to isolation periods. There may be instances where children become unwell during the school day, in these instances they will be cared for by an appropriate member of staff and parents/guardians will be contacted immediately to collect their child.

- Children who are unwell, e.g. have a temperature, or sickness and diarrhea, or who have an infectious disease will be sent home from school and are to remain home in line with guidance.
- Children with head lice are not excluded to attend school, but must be treated at home to remedy the condition. All class families are notified if there is a case of head lice in the school.

- HIV (Human Immunodeficiency Virus) may affect children or families attending the school. Staff may or may not be informed about it.
- Children or families are not excluded because of HIV status.
- Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times.
- Events of Sickness and Diarrhea in school you will be contact to collect your child as soon as possible. Your child will be isolated until collection. All cases of Sickness and Diarrhea **must stay off school for 48 hours from the last episode**. School reserve the right to send home any child suspected to of suffered from these symptoms who has not isolated for the 48 hour period.

## Treatment of injuries

Following an accident, A trained First Aider is to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance or Parents/guardians.

The First Aider should call an ambulance on the following occasions:

- In the event of a significant injury or head injury
- If bleeding cannot be controlled
- In the event of a period of unconsciousness
- Whenever a fracture or break is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Any complaints of pains in the chest area
- Concerns regarding shock symptoms
- Any other emergency situation

If significant wait times are observed for emergency service intervention, and it is safe to do so, staff will accompany the injured party to the nearest accident and emergency department to ensure prompt medical attention is sought.

## Treatment of head injuries to children

Children often fall and bang themselves, and thankfully most bangs to the head are harmless events and can be dealt with by the supervising adult by applying a cold compress (wet tissue or cloth) for the child's own comfort. Parents/Carers must be contacted if the child has a visible or grazed bump to the head. All head bumps must be recorded into the accident book. It is the responsibility of the first aider dealing with the head bump to contact the parents and to also inform the class teacher. Head bump notification will always be completed with a phone call to parents/guardians. A copy of the first aid note will be kept in school.

**Under no circumstances, should ICE PACKS be applied to head injuries.** It will reduce swelling but it can actually do more harm if there is a hairline fracture this could result in the child needing additional emergency hospital treatment.

Emergency First Aiders with a view to call 999 should be sought if the child:

- becomes unconscious;
- is vomiting or shows signs of drowsiness;
- has a persistent headache;
- complains of blurred or double vision;
- is bleeding from the nose or ear; and/or
- has pale yellow fluid from the nose or ear.

If any of the above symptoms occur in a child who has had a bang to the head, **urgent medical attention is needed**. Parents should be contacted as soon as the emergency services have been called.

In the event of an accident in which the child cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so and the emergency first aider must be called immediately to assess the situation with view to call 999.

## **Treatment of suspected breaks/fractures**

The seven things to look for are:

1. Swelling
2. Difficulty moving
3. Movement in an unnatural direction
4. A limb that looks shorter, twisted or bent
5. A grating noise or feeling
6. Loss of strength
7. Shock

- If it is an open fracture, cover the wound with a sterile dressing and secure it with a bandage. Apply pressure around the wound to control any bleeding.
- Support the injured body part to stop it from moving. This should ease any pain and prevent any further damage.
- Once you've done this, call 999 or 111 for medical help. While waiting for help to arrive, do not move the injured person unless they're in immediate danger.

Keep checking the casualty for signs of shock.

First Aid training states that clothing should only be removed if absolutely necessary. Where clothing needs to be removed which could cause a safeguarding issue then two members of staff should be present. Only one needs to be first aid trained. However, if waiting for a second member of staff puts a child's life in danger then the first aider should not withhold treatment.

## **Disposing of blood**

Blooded items should be placed in a waste bag and disposed of in the sanitary bin in the female staff toilets.

## **Splinters**

Splinters can be removed if they are small and you can see the angle it went in but not if they are embedded or in a joint. They must be extracted in the same direction they went in.

## **Guidance on the use of ice packs:**

Ideally an ice pack should be applied within 5 -10 minutes of the injury occurring. The pack must be wrapped in a cloth to prevent cold burns and applied to the injured area for 20 – 30 minutes and repeated every 2 to 3 hours for the next 24 – 48 hours. First aiders must check the colour of the skin after 5 minutes of applying the pack. If the skin is bright red or pink, remove the pack. Ice packs are located in the freezer in the kitchen area alongside ice pack covers which are kept in the first aid cupboard.

With injuries older than 48 hours, a heat source can be applied to bring more blood to the injured area to stimulate the healing process.

## **Precautions when using ice and heat**

### **DO NOT USE ICE OR HEAT**

- If the casualty is diabetic
- Over areas of skin that are in poor condition
- Over areas of skin with poor sensation to heat or cold
- Over areas with known poor circulation
- In the presence of visible or known infection(s)

## **Asthma**

All prescribed inhalers are labelled and kept accessible in the class of the child requiring it. In the event of an attack, the inhaler must be taken to the child. All inhalers should accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc.. An emergency inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty) or if advised by emergency services. Please refer to the Administration of Medication Policy, available on the school website, for further information.

**ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK WHO WILL LIASE WITH PARENTS/GUARDIANS AND MEDICAL SERVICES.**

## **AAI (Auto Adrenaline Injector)/Epi-Pens**

In the event a pupil in school is diagnosed with a severe allergy requiring use of an AAI (Auto Adrenaline Injector pens) or Epi-Pens, school will source a spare to hold within school.

These are labelled and kept in the emergency first aid cabinet.

Anyone can administer an Epi-Pen in an emergency if the adult/child is unable to do it themselves. Should a member of staff, who has not had the training, have to do this, then the emergency services must be informed at the same time as the Epi-Pen is administered.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

It is the parents duty to inform school of known allergies and to inform school if an AAI is required.

## **Training**

A central record of all training related to first aid is held by the Administrator on INTEGRIS and reviewed annually to ensure that certificates are renewed within timescales. First Aid certification is valid for 3 years from date of qualification.