



FIRST AID POLICY

REVIEWED – 9TH MAY 23
RATIFIED 10TH MAY 23

REGULATIONS

PART 3: Welfare, Health and safety.

TO BE READ IN CONJUNCTION WITH:

Child Protection and Safeguarding Policy, Medical Policy, School visits Policy

First Aid Policy

All classroom staff will receive Paediatric First Aid Training; incorporated into this will be refresher training at regular intervals and an examination to ensure that their skills are maintained.

If a new, or temporary member of staff, is on duty who has yet to receive medication training, they must not be allowed to administer medication. The School Business Manager will monitor and ensure that staff have adequate training.

All members of staff will be reviewed through supervision to demonstrate their continued competency in these procedures. A qualified First Aider must be on duty at all times.

First Aid boxes are provided by the company and must be held at the school and in vehicles used for the transportation of children, they should have a white cross with a green background. The inventory must include the full quantity of each item stipulated in the box. When an item has been used, then it should be replaced as soon as possible.

Recording: The administration of First Aid must be recorded in the First Aid Log, (if there has been an accident) Accident Book, and in the Child's record. If a pupil self-harms a first aid log needs to be completed. If the pupil needs treatment from a medical professional, then the incident needs to be recorded in the accident book.

It is the responsibility of employees to complete the Accident Report Form (and an entry in the accident book) as soon as possible after the incident has occurred. Where the injured person is unable to complete their own details of the accident, those in attendance and/or witness (where relevant) should enter details on the injured person's behalf.

For the purpose of maintaining first aid supplies, the nominated person should keep a record of those supplies that are used for treatment purposes and re-order as soon as possible.

What to do in the case of an accident, injury or illness

A member of staff or child witnessing an accident, injury or illness should immediately contact a named trained first aider. The office should be contacted if the location of a trained first aider is uncertain. Any pupil or member of staff sustaining an injury whilst at school or on offsite activities, should be seen by a first aider who will provide immediate first aid and summon additional help as needed. The pupil or member of staff should not be left unattended. The first aider will organise an injured child's transfer to the alternative therapy (medical) room if possible and appropriate and to hospital in the case of an emergency. Parents/carers should be informed as necessary by telephone by the first aider or school administrator. This will be followed up in writing and a record kept at the school. A written record of all accidents and injuries is maintained in the accident log.

Contacting parents/carers

Parents/carers should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury including:

- Head injury (a head injury advice sheet should be given to any pupil who sustains a head injury)
Available from the appointed person
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing

- Bleeding injury
- Loss of consciousness
- If the pupil is generally unwell

If non-emergency transportation is required, a company vehicle will be used to transport the child, if parents / carers are delayed. A member of staff will accompany the pupil until a parent / carer arrives. Parents / carers can be informed of smaller incidents at the end of the school day by the teacher.

Contacting the Emergency Services

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any child taken to hospital by ambulance must be accompanied by a member of staff until a parent/carer arrives. All cases of a children becoming unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

Accident reporting

The accident book must be completed for any accident or injury occurring at school, at the local sports facilities, or on a trip. This includes any accident involving staff or visitors. The accident book will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirements).

Children who are unwell in school

Any pupil who is unwell cannot be left to rest unsupervised in the medical room. If a pupil becomes unwell, a parent/carer should be contacted as soon as possible by the appointed person, the school business manager or the head of school.

Anyone not well enough to be in school should be collected as soon as possible by a parent/carer. Staff should ensure that a child who goes home ill remembers to sign out at the school office.

First Aid equipment and materials

The appointed person is responsible for stocking and checking the first aid kits. Staff are asked to notify the appointed person when supplies have been used in order that they can be restocked. The first aid boxes contain:

- A first aid guidance card
- At least 20 adhesive hypo allergenic plasters (including blue plasters for home economics)
- 4 triangular bandages (slings)
- Conforming bandage
- 2 Finger Sterile Dressing
- 2 Large Sterile Dressing
- 6 Medium Sterile Dressing
- Hydrogel Burn Dressing
- Safety pins
- Cleaning wipes
- Adhesive tape
- 2 sterile eye pads
- 3 Eye wash
- 6 medium sized unmedicated dressings
- 2 large sized unmedicated dressings
- Disposable gloves
- 1 resuscitator face shield
- Ice Pack
- Scissors

First aid for school trips and visits

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification and undertake a risk assessment to ensure an appropriate level of first aid cover. A First Aid kit for school trips must be collected from the main office. This must be returned to the main office for replenishing on return. Any accidents/injuries must be reported to the appointed person and to parents / carers and documented in the accident book in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed.

Children using crutches or having limited mobility in school

Parents / carers must inform the school of the nature of injury and the anticipated duration of immobility. The teacher will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers and carers to be fully aware of the children's needs. Arrangements will be made for the child to arrive/leave lessons early to allow for a safe transfer around school. Parents / carers must inform the school of any particular difficulties.

Emergency care plans and treatment boxes

The appointed person ensures that staff are made aware of any child with an emergency care plan. These care plans are displayed in the main office. Children with a serious medical condition will have an emergency care plan drawn up and agreed by the appointed person and parents. Emergency treatment boxes must always be taken if the child is out of school. The boxes are kept in the main office.

Children with medical conditions

A list is available in the main office of all children who have a serious allergy or medical condition. This information is useful for planning and for risk assessments prior to a trip. Please return emergency boxes on completion of the trip. If staff become aware of any condition not on these lists please inform the appointed person.

Dealing with body fluids

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed.

- When dealing with any body fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately.

Bodily fluids include:

- Blood, Faeces, Nasal and eye discharges, Saliva, Vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available in COSHH cupboard) then placed in the waste bins in girls / boys toilets. Avoid getting any body fluids in your eyes, nose, mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other children and staff.

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
Chickenpox	5 days from onset of rash	Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any person being treated for cancer or on high doses of steroids should also seek medical advice.
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing
Measles	5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed
Hepatitis A	Exclusion may be necessary	Consult the Health Protection Agency
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatment is recommended for the pupil and family members
Mumps	5 days from onset of swollen glands	
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better
Influenza	Until fully recovered	
Cold sores	None	Avoid contact with the sores
Warts, verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Glandular fever	None	
Tonsillitis	None	

Safe System of Work

The following arrangements should be followed in order to ensure that suitable and sufficient provision of first aid personnel and equipment is available at School:

1. Staff should inform the SLT that their training certification period is nearing (6 months minimum) expiry.

2. The SLT must ensure that appointed persons are familiar with the identity and location of their nearest First Aider and first aid box.
3. Ensure that an appointed person maintains first aid boxes within School and to ensure that the contents have not expired.
4. Ensure that all persons are familiar with requirements of this Policy through information, instruction and training.
5. Ensure that visitors to the school are aware of how to summon first aid assistance.