



FIRST AID POLICY

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Staff: Headteacher

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a member of



Learning Partners
academy trust

INTRODUCTION

First Aid is the immediate assistance or treatment given to someone injured or suddenly taken ill before the arrival of an ambulance, doctor or other appropriately qualified person. The person offering this help to a casualty is required to act calmly with confidence, and above all must be willing to offer assistance whenever the need arises.

Aims

This document is to inform all staff, governors, parents and visitors of the procedures and practice related to first aid, so people will clearly understand their roles and responsibilities.

1. To identify the first-aiders of the schools and clarify their roles and responsibilities.
2. To identify the systems for treating illnesses and accidents.

Practice

1. The minimum provision that a school must have in line with Health and Safety Advice is:

- Minimum Provision (to be available at all times)

Primary School - One Appointed Person

Early Years at least one Paediatric Trained Appointed Person

Our school first aiders, their locations and the details of their qualifications are listed in Appendix 1

2. First Aid Cupboards:

These are monitored, weekly, by the office. There is no mandatory list of items that should be included in a first aid kit. However, it is strongly recommended that schools maintain at least one first aid kit which contains a minimum of:

- Individually wrapped sterile adhesive dressings (assorted sizes)
 - Two sterile eye pads
 - Four individually wrapped triangular bandages (preferably sterile)
 - Six medium sized (approximately 12cm x 12 cm) individually wrapped sterile unmedicated wound dressings
 - Two large (approximately 18cm x 18 cm) individually wrapped sterile unmedicated wound dressings
 - One pair of disposable gloves
- Travelling First Aid Kits These must accompany any external visit and is the responsibility of the teacher in charge of the visit to prepare and unpack. Where no specific risk is identified, it is recommended that a travelling first aid kit should contain, as a minimum:
- At lunchtime, the adult in charge will administer first aid. If accidents occur during lesson time.
 - If accidents occur during lesson time, the Teaching Assistant will carry out treatment. If a Teaching Assistant is unavailable, or unqualified, the office team will carry out treatment. First aid cupboard is located in the KS2 entrance and the office.

3. Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the classteacher and shared with the headteacher prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, and a paediatric first aider for EYFS trips, as required by the statutory framework for the Early Years Foundation Stage.

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages

- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses

4. Monitoring Injuries

If a child is injured with the following, a log must be made;

- A cut, a head bump, or any injury that raises concern.
- A record is made on the accident form identifying the injury, location, treatment and person administering the treatment. In the case of a head injury, parents must be informed immediately, to decide if further treatment is required.
- Always double check with another first aider or SLT if unsure of treatment.
- Make a decision whether parents should be informed.

5. If a child requires hospital treatment then the Headteacher and parents must be informed. If the emergency services are contacted the following information must be to hand:

- Name and age of the child
- Nature of the injury
- Care given so far
- Any allergy information
- Location of the school – full postal address.

This list is contained in Appendix 2 and kept in First Aid Kits. If the school have been unable to contact the parents then a member of staff will accompany the child to the hospital and wait until the parent arrives. An accident report must be filled out and the County Council and if appropriate the Health and Safety Executive (HSE) informed of any major accident using the Surrey County Council Oshens Accident and Incident Online Reporting system.

Treatment Guidelines

- Ensure the area that you are undertaking the treatment in is free from danger and clean.
- Apply first aid and treat accordingly
- Make a record of the treatment on the appropriate form and ensure the classteacher is aware of the injury and treatment
- Inform the parent in case of head injury or emergency service requirement (as above)
- If the injury is under clothing or in an intimate part of the body i.e. genital area, then two adults must be present to undertake and supervise the treatment.
- In this case move the child to a quieter part of the school so their dignity and privacy can be maintained.
- No dressings must be applied to genital areas, except to stem bleeding or prevent harm from an obstruction.

*Reporting an injury/accident/fatality The Headteacher or delegated staff member must report all significant injuries, via the online Oshens reporting system of Surrey County Council. Complete all the sections within 24 hours of the incident. The incident report will trigger an online review by the Headteacher. All reviews must be completed within a week of the report being put on to the system (or sooner if reportable under RIDDOR). From this a HSE report may be generated and will need to be submitted. It is a legal requirement that certain injuries and dangerous occurrences are reported to the HSE within strict time limits. Details are available on www.hse.gov.uk/riddor/

What is reportable? As an employer, a person who is self-employed, or someone in control of work premises, you have legal duties under RIDDOR that require you to report and record some work-related accidents by the quickest means possible.

Reportable deaths and major injuries:

- Deaths - If there is an accident connected with work and your employee, or self-employed person working on the premises, or a member of the public is killed you must notify the enforcing authority without delay. You can either telephone the ICC on 0845 300 99 23 or complete the appropriate online form (F2508) [1].
- Major injuries - If there is an accident connected with work and your employee, or self-employed person working on the premises sustains a major injury, or a member of the public suffers an injury and is taken to hospital from the site of the accident, you must notify the enforcing authority without delay by telephoning the ICC or completing the appropriate online form (F2508) [2].

Reportable major injuries are:

- fracture, other than to fingers, thumbs and toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury: leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

Reportable over-three-day injuries:

If there is an accident connected with work (including an act of physical violence) and your employee, or a self-employed person working on your premises, suffers an over-three-day injury you must report it to the enforcing authority within ten days. An over-3-day injury is one which is not "major" but results in the injured person being away from work OR unable to do their full range of their normal duties for more than three days. You can notify the enforcing authority by telephoning the Incident Contact Centre on 0845 300 99 23 or completing the appropriate online form (F2508) [3].

Reportable dangerous occurrences (near misses):

If something happens which does not result in a reportable injury, but which clearly could have done, then it may be a dangerous occurrence which must be reported immediately. Just call the Incident Contact Centre on 0845 300 99 23 or complete the appropriate online form [6].

Reportable dangerous occurrences are:

- collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- explosion, collapse or bursting of any closed vessel or associated pipework;
- failure of any freight container in any of its load-bearing parts;
- plant or equipment coming into contact with overhead power lines;
- electrical short circuit or overload causing fire or explosion;
- any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion;
- accidental release of a biological agent likely to cause severe human illness;
- failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period;
- malfunction of breathing apparatus while in use or during testing immediately before use;
- failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent;

- collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall;
- unintended collision of a train with any vehicle;
- dangerous occurrence at a well (other than a water well);
- dangerous occurrence at a pipeline;
- failure of any load-bearing fairground equipment, or derailment or unintended collision of cars or trains;
- a road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released;
- a dangerous substance being conveyed by road is involved in a fire or released;

Call the Incident Contact Centre on 0845 300 99 23, or complete the appropriate online form (F2508G2) 6. Class Medical Boxes Each class contains an Emergency Grab Bag in which children's emergency medication and any Health Care Plans are kept. Staff and children must know the location. All contents must be taken on trips. The contents of the bags must be sent home at the end of each academic year. Parents are responsible for ensuring medication is in date.

6. To avoid any liability, staff do not give out medication. Any exceptional situations must be discussed and authorised by the Headteacher.

7. First Aider Safety

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves, disposable face masks and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

8. Risk Assessment

Annual risk assessment will be carried out to assess potential hazards and recommendations made. Current risk assessments are kept in the office. Re-occurring locations of accidents must be assessed for health and safety risk, to consider preventative action. Near misses must be recorded so preventative action can be taken.

SEND

Children's special educational/medical needs are always taken into consideration throughout school activities. Any special circumstances/restrictions would be clearly explained to the staff so appropriate action can be taken in a first aid situation.

EQUAL OPPORTUNITIES

All children receive medical attention in an emergency there is no discrimination for age, race, culture, gender, ability, religion or social background.

Appendix 2

Details to be Given to the Emergency Services in Case of Child Needing Hospital Attention

1. Name of child
2. Date of Birth
3. Nature of the injury
4. Care given so far
5. Any allergy information
6. Location of the school Postcode: GU1 4DT Address: Stoke Rd, Guildford.
7. Involvement of Social Worker or Children's Services

Appendix 3

Definitions of First Aider

These are members of staff who have volunteered for the role, are trained in procedures and have passed an assessment.

Certified First Aider

A First Aider is someone who has completed a training course approved by the health and Safety Executive (HSE) and has been identified by the employer as a provider of first aid. At school, the main duties of a first aider are to: Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school; Where necessary, ensure that an ambulance or other professional medical help is called. Certified First Aiders must renew their certificates every 3 years by attending a refresher course.

Appointed Person

An appointed person is someone who has undertaken an emergency or Appointed Person's First Aid Course. An appointed person is someone who:

- Takes charge when someone is injured or becomes ill;
- Looks after the first-aid equipment e.g. restocking the first-aid container;
- Ensures that an ambulance or other professional medical help is summoned when appropriate.

Appointed persons are not first aiders. They should not give first aid treatment for which they have not been trained. However, it is good practice to ensure that appointed persons have emergency first aid training/ refresher training as appropriate. These courses do not require HSE approval. They normally last four hours and cover the following topics:

- What to do in an emergency
 - Cardiopulmonary resuscitation
 - First aid for the unconscious casualty
 - First aid for the wounded or bleeding
- Emergency first aid training should help an appointed person cope with an emergency and improve their competence and confidence.

Appendix 4

Action Card 11: School Protocol for Treating Head Bumps

It's normal to have symptoms such as a slight headache, or feeling sick or dazed, for up to 2 weeks

SCHOOL PROTOCOL

- **Check head for any bumps or grazes, please note that any swelling may not appear for a few hours**
- **Apply an ice pack or cold compress if required to the bump, DO NOT USE AN ICE PACK IF THERE IS ANY BLEEDING**
- **Information sent to parent or carer via Studybugs in full, including the exact location of the incident (do not just put 'playground').**
- **Information supplied by the member of staff that witnessed the incident**
- **Head bump sticker to be given to the child with the date of the accident written on**
- **ANY DOUBT seek a second opinion from a member of the SLT**
- **A phone call can be made home to discuss with parents if further treatment is required**
- **Always inform the class teacher of the incident**

DO	DON'T
<ul style="list-style-type: none">✓ hold an ice pack to the injury regularly for short periods in the first few days to bring down any swelling✓ rest and avoid stress – the child does not need to stay awake if they are tired✓ make sure an adult stays with the child for at least the first 24 hours – call 111 for advice if there's nobody who can stay with you✓ take <u>paracetamol</u> or <u>ibuprofen</u> to relieve pain or a headache – do not use aspirin as it could cause the injury to bleed	<ul style="list-style-type: none">✗ do not go back to school until you're feeling better✗ children should avoid physical activities (contact sports: football, rugby) and rough play for a few days

Call an ambulance after a head injury if a child has:

- been knocked out but have now woken up
- been vomiting since the injury
- a headache that does not go away with painkillers
- a change in behaviour, like being more irritable
- problems with memory
- a blood clotting disorder (like haemophilia) or take blood-thinners (like warfarin)
- had brain surgery in the past

Symptoms usually start within 24 hours, but may not appear for up to 3 weeks

Dial 999 immediately if a child has:

- **been knocked out and has not woken up**
- **difficulty staying awake or keeping their eyes open**
- **a fit (seizure)**
- **problems with their vision**
- **clear fluid coming from their ears or nose**
- **bleeding from their ears or bruising behind their ears**
- **numbness or weakness in any part of their body**
- **problems with walking, balance, understanding, speaking or writing**