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## ***First Aid Policy***

### Learning Through Faith

**Learning** develops independent thinking children  
**Through** exciting challenges expecting success with  
**Faith** at the centre of all we do.

#### **PURPOSE**

First Aid is an important aspect when creating a safe environment where children are secure and able to feel confident.

St Clare's Primary School is responsible for providing adequate first aid facilities and sufficient trained staff. Staff and trained first aid personnel are required to provide first aid to pupils, staff, parents and visitors.

What is First aid?

First aid is precisely that-initial treatment and assistance only. If more than simple First aid is required, expert medical help must be sought.

The aims of first aid are as follows:

- To preserve life
- To prevent worsening of the condition
- Promote recovery

#### **PERSONNEL**

The Governors are responsible for the health and safety of their pupils, employees and anyone else on the premises. This includes the Heads and teachers, non-teaching staff, pupils and visitors (including contractors).

They must ensure that a risk assessment of the school is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place. They should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ.

**The Head** is responsible for putting the policy into practice and for developing detailed procedures.

He/she should ensure that the policy and information on the School's arrangements for first aid are made available to parents.

- ❖ **All staff have access to relevant training (Emergency First Aid in Schools)**
- ❖ **A first aider is available on school premises during the school day (8.45-3.45)**
- ❖ **If the above is not possible then a named person assumes the role. This is particularly relevant for after school activities (personal liability insurance should be held by the club/group and the adult supervising needs to be suitably qualified in first aid).**

**Teachers and other staff** are expected to do all they can to secure the welfare of the pupils. It is recommended that all teachers should have at least a simple knowledge of basic first aid, so that they will be able to recognise a situation where medical advice and expert attention is necessary. It is also desirable that at least one person in every school should have received some basic training in first aid procedures. As noted earlier, the First Aid Regulations are only concerned with employees, who constitute a small part of the total number of persons in a school. Nevertheless, schools are relatively low risk premises as compared with industry in general, and this must be considered in deciding what level of first aid cover is necessary.

**The Appointed Person** need not be a First Aider, but should have undertaken emergency first aid training. There should be one person appointed from each key stage, who also covers the foundation stage.

He/she will:

- Take charge when someone is injured or becomes ill
- Look after the first aid equipment e.g. restocking the first aid boxes, cupboard.
- Ensure that an ambulance or other professional medical help is summoned when appropriate.

**The First Aider** must have completed and keep updated a training course approved by the HSE. This is a voluntary post.

He/she will:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.

In selecting first-aiders Heads should consider the person's:

- Reliability and communication skills
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergency procedures
- Normal duties. A first aider must be able to leave to go immediately to an emergency,

### Legal Liability

For a case of negligence to be upheld it must be proven that:

- ❖ Staff owed a duty of care
- ❖ Staff failed to an extent that was reasonable
- ❖ The plaintiff suffered injury as a result

If the accused can prove that they acted reasonably and in accordance with the general and accepted practice, then a charge of negligence would not be upheld. (All staff will be given the opportunity to undertake emergency first aid in schools to fulfil this role).

## **PROCEDURES**

### Risk assessment

Reviews are required to be carried out at least annually, and when circumstances alter, by a competent Health and Safety person and linked governors. Recommendations on measures needed to prevent or control identified risks are forwarded to the Head.

### Accommodation

A medical room is provided at the front of the school near the entrance in the main hallway. This is to deliver medical treatment and for the care of children during school hours. This is a dedicated area, which contains up to date medical supplies, a wash basin and has close access to a lavatory.

## **IMPLEMENTATION**

1. The school will ensure that a minimum of two members of staff are qualified to Level 2 First Aid.
2. Regular in-house training in emergency first aid / asthma and allergy treatment will be undertaken by all staff, including use of the EpiPen.
3. First Aid in the school is coordinated by appointed staff members employed to support staff and pupils.
4. The Deputy Head Teacher will be responsible for ensuring that first aid cabinets and kits are maintained and fully stocked.
5. The Head Teacher has overall responsibility for Health and Safety.
6. Class teachers will have access to an emergency first aid kit, which is safely stored from the children.
7. Playground duty Teaching Assistants, midday supervisory assistants will carry basic emergency first aid materials with them at all times.
8. The first aid room will be monitored whilst occupied.
9. An *Injury Report Form* will be completed when any first aid is administered and **a note will be sent home to inform parents of treatment received**. If a child has a knock/ cut to or on the head, then parents will be telephoned. Parents will be contacted, if any injury needs an immediate doctor's attention.
10. Parents will provide the school with full medical details of the pupils, including telephone numbers of at least two emergency contact numbers.

11. Pupil medical records and details will be updated as required, but particularly at the beginning of each Academic year.

12. In the case of severe injury, illness or medical condition, an ambulance will be called and parents contacted immediately. When parents are not contactable, all emergency contact numbers will be called until direct contact is made.

13. Information regarding pupils who suffer serious medical conditions will be updated annually and passed on to staff. (See Supporting Pupils at School with Medical Conditions Policy)

14 All first-aid packs must be clearly marked as First Aid and with a white cross on a green background (class emergency packs do not have the white cross but are green and clearly marked as First Aid).

- Each school bus/ coach must carry a first-aid kit.
- First aid kits must accompany teachers off-site.
- First aid kits should be kept near to hand washing facilities.

### Minor injuries

By far the majority of injuries involving first aid in schools are of a minor nature.

Hands should be washed if possible both before and after dressing wounds. If the wound is dirty, it should be lightly rinsed with running water and dried with a sterile wipe. If the surrounding skin is dirty, water should be used to clean it where practicable. A sterile hypoallergenic adhesive dressing of appropriate size should then be applied, with care taken to avoid touching the part which will come into contact with the wound. **ANTISEPTICS SHOULD NOT BE APPLIED TO ANY INJURIES.** Their use in first aid is not recommended, and hence they are not permitted in first aid boxes.

If bleeding persists, a wound dressing should be applied, with gentle but direct pressure on the wound. A further dressing should be placed over the top if necessary.

Grazes should be treated in the same way. Where foreign bodies (e.g. grit) which cannot be removed by washing are embedded in the wound, or where bleeding is extensive because wounds are deep, **expert medical help** should be sought and parents contacted.

Bruises and sprains are best treated with ice packs or cold water to reduce swelling. Serious sprains are almost indistinguishable from fractures, and should always be referred to hospital. No attempt should be made to bind sprains or suspected fractures with crepe bandages or similar, as this is a specialist treatment requiring some medical expertise.

Head injuries and eye injuries always give concern, and should be referred to hospital in all but the most trivial cases.

The principles of minor injury first aid are simple:

Water to cleanse wounds if necessary;

Sterile dressing to be applied with clean hands (or gloves);

Where there is any doubt, refer the injured person to hospital (when necessary).

Any injury which cannot be effectively treated with the simple equipment in the first aid box should be referred to hospital for medical attention.

## Major Injuries

Injuries resulting in deep lacerations to the skin can result in major blood loss. The first priority in such cases must be to control bleeding by direct pressure with a suitable dressing, and by raising the injured part if possible.

If no sterile dressing is available, an improvised dressing can be made from any suitable clean material, or even the bare hands (washed beforehand with soap and water) can be used in emergency (BUT NOT PAPER TOWELS). Prompt action whilst awaiting medical assistance can save life in serious cases of blood loss.

As noted earlier, injuries to the head or eyes, all obvious or suspected fractures, severe sprains, and any wounds which result in prolonged bleeding should be referred to hospital. All such injuries can have serious complications if not attended to by experienced medical professionals.

A number of such injuries are 'specified major injuries' under accident reporting legislation, and may have to be reported by telephone immediately.

The priorities are important in cases of serious injury, and if these are followed, one cannot easily go wrong in treatment. If there is any doubt about any treatment, it is better not to give it, but to wait until the experts arrive. The exceptions are in the cases of the control of serious bleeding and resuscitation, where almost any common sense action taken will not easily be wrong. In cases of serious injury it is better to try and fail than not to try at all. Where life is not at stake, such as in relatively minor injuries, it is better to do little than to do the wrong thing.

## Body Spillages

Body spillages include blood, excreta, urine, vomit. Removal of these can be undertaken by an employed person in the area/classroom.

Put on protective gear provided-gloves and apron.

Sprinkle "Emergency Spillage Compound" over the spillage (stored on shelf in caretakers cupboard KS2 corridor).

Use the dustpan and brush to collect compound.

Leave for 10 minutes.

Mop up with RED BUCKET (in caretakers cupboard KS1)

Wash area with detergent solution.

Dispose of waste according to no. 12 (clinical waste bags - yellow in medical cupboard)

If spillage on playground area, use diluted detergent solution to wash away.

*In the event of a child suffering from sickness/diarrhoea they **do not need first aid** assistance but will need office staff to **contact parents** for collection. It is not appropriate that children are left to wear or remain in their own bodily fluids as this would be deemed as neglect. Appropriate care should be taken of these pupils.*

## Hygiene

Hands should always be washed before and after administering First Aid. Use disposable plastic gloves for any cuts/wounds. Water is used to clean wounds. Antiseptics and creams are not to be used.

### **Sharps Procedure**

Procedures for the safe disposal of discarded needles and syringes are as follows:

- Use gloves
- Do not try to recap the needle
- Place the disposal container on the ground next to the syringe.
- Pick up the syringe with an implement such as tongs as far from the needle end as possible.
- Place the syringe needlepoint down in the disposal container.
- Remove gloves and wash hands.

### **Hygiene/Infection control**

Basic hygiene procedures must be followed by staff.

Single-use disposable gloves/ aprons must be worn when treatment involves blood or other body fluids.

Care should be taken when disposing of dressings or equipment and they must be placed in the bin with the yellow bin liner.

### **First Aid Kits**

Each First Aid Box should contain sufficient quantities of the following items AND NOTHING ELSE:

- One card giving general first aid guidance (available from suppliers of equipment);
- Individually wrapped sterile unmedicated adhesive dressings of assorted sizes;
- Sterile eye pads with attachments;
- Individually wrapped triangular bandages;
- Individually wrapped moist sterile wipes;
- Sterile water for cleaning wounds or washing away blood;
- Medium sized (approximately 12cm x 12 cm) sterile unmedicated wound dressings (individually wrapped);
- Large sized (approximately 18cm x 18 cm) sterile unmedicated wound dressings (individually wrapped);
- Disposable gloves & plastic aprons.

### **Travelling First Aid Kits**

The contents of travelling first aid kits (such as those carried in motor vehicles or taken on field trips) should be appropriate to the circumstances in which they will be used. They should contain items from the above list:

- Guidance card giving general advice;
- Individually wrapped adhesive dressings;

A large (approximately 18cm x 18 cm) unmedicated wound dressing (individually wrapped and sterile);

Triangular bandages; Two safety pins;

Individually wrapped moist cleansing wipes (when water not available);

Disposable gloves & plastic apron.

Ice packs available and kept in freezer compartment of the fridge in the staff room for bumped heads, sprains etc.

## **Nut Allergy**

There are several children in school with a serious allergy to nuts. All have care plans which are available in the school office/ first aid room. Children identified as needing an Epipen, have it stored in labelled containers, with their photographs on, in the first aid room. All staff receive Epipen training annually and are made aware of which children may need an Epipen.

Parents are requested at regular intervals via the weekly school newsletter, to be aware of the contents and consequences of sending food into school that contains nut or nut products. All children have symptoms of a different nature, details of which can be found in their individual care plan, supplied by the school nurse/ child's doctor.

In the event of a child suffering an allergic reaction, a first aider should be sent for immediately but Epipen trained staff dealing with this child should take immediate action if though necessary.

## **ADMINISTERING MEDICATIONS TO PUPILS:**

### **PURPOSE:**

St Clare's Primary School has a professional obligation and legal duty of care to ensure the wellbeing of pupils. The school is responsible for ensuring that procedures are in place for the safe administering of medication to pupils. Each child will be assisted and monitored, where appropriate, to take their medication.

"Staff must not give prescription medicines or undertake health care procedures without appropriate training (a first aid certificate does not constitute appropriate training)."- DfE Guidance April 2014.

### **IMPLEMENTATION:**

1. Each child who has an ongoing medical condition or illness that requires medication, is to have an individual health care plan/ note as provided by the child's doctor or parent.

The note/ plan will include:

- Specific written treatment needed by the pupil when at school or on residential trip or excursion.
- Contact telephone numbers for emergency

2. Prescription medicines will be kept in a safe locked cabinet outside the staffroom accessible only to staff.
3. Children are not permitted to carry prescription medicines unless they are for asthma/allergy purposes.
4. Parents will ensure the school knows all relevant details regarding their child's health, including any changes to the dosage of medication to be received by pupils.
5. All medication to be administered, must be only administered by the appointed persons in school and class teachers. The medication should be in a container that gives the name of the pupil, the dose and the time it is given. The name of the medication should be clearly marked on the container. All instructions regarding the directions must be in writing (notes are kept in the office, they are also sent home at the beginning of the school year). Parents must complete a form giving permission for school staff to administer the medication and clear instructions.
6. The appointed persons will be responsible for administering medication to the pupils and documenting action.
7. Staff will be trained in the administration of the Epipen for children who suffer anaphylactic reactions and in Asthma training and using an inhaler.

### **Non Prescriptive Medicines**

The school or setting will administer non prescribed medicine to a child e.g. cough medicine, calpol it must be sent to the appointed persons and the parents must complete the appropriate form detailing when it is to be given and dosage.

Children should not store these medicines in the classroom or administer it themselves.

### **Monitoring**

Accident records can be used to help the Head Teacher and Health and Safety competent person/School Nurses identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes. The Head should establish a regular review and analysis of accident records.

### **EVALUATION**

1. Records will be kept of pupils attending for first aid treatment (Injury Report Form)
2. An evaluation of the First Aid Policy shall be undertaken as deemed necessary by the Staff and Governors. This evaluation will take the form of consultation with parents, teachers and pupils.