



FIRST AID

Policy

Ref: E02

Document Control	
Title	First Aid Policy 2023-2024
Date	01.03.2023
Supersedes	First Aid Policy 2022-2023
Related Policies / Guidance	
Review	Annually
Author	Andrew Richardson-Rafey
Date of Authorship	September 2020
Date Adopted by LGB	TBC (on or before 31.03.23)

Policy Review Dates		
Date	Changes made	By whom
March 2022	Change to Procedures (reporting of first aid stock replenishment needs)	ARR
February 2023	Changes to First Aid Personnel & areas with First Aid kits. Document Control added	LR / ARR

GENERAL STATEMENT

It is our policy to ensure that appropriate first aid arrangements are in place for our children, staff and any visitors to our premises. This includes providing sufficiently trained employees for our needs and maintaining an adequate supply of first aid equipment.

It also involves providing enough information to staff to enable first aid assistance to be sought during normal school hours.

This policy should be read in conjunction with Supporting Pupils at School with Medical Conditions policy.

THE LEGAL POSITION

Our duty to provide first aid at work is governed by the Health and Safety (First Aid) Regulations 1981. These require us to carry out a risk assessment in order to determine what first aid facilities and personnel are necessary to meet the needs of our school.

Grange School will ensure there are sufficient paediatric first aid trained personnel to comply with the statutory framework for the early years foundation stage (Published March 2017). Minimum requirements are for one Paediatric trained personnel in an early years class, who must also accompany on school outings.

We are also required to review this assessment periodically to ensure that current provision is adequate. In order to comply with these Regulations, our assessment has considered a number of factors, including the following:

- Size of school
- Type of school
- Building layout
- Past history of accidents
- Needs of travelling and/or lone worker

APPOINTED PEOPLE

Currently the Appointed Person is a full time TA4 (First Aid trained) who will regularly check that materials and equipment are available and will order new materials when supplies are running low.

RESPONSIBILITIES OF FIRST AID PERSONNEL

In order to carry out their duties effectively, first aid personnel have the following duties and responsibilities. First-aiders are responsible for:

- Responding promptly to all requests for assistance
- Summoning further help if necessary
- Looking after the casualty until recovery has taken place or further medical assistance has arrived
- Reporting details of any treatment provided to parents and recording on IRIS Adapt.

PROCEDURES

The following are general first-aid related procedures to be followed by all staff:

- If you are aware that anyone on the school premise has been taken ill, or has had an accident, call another member of staff for assistance.
- Assess the patient's condition and if it has been assessed the casualty needs further medical attention call 999 or 112 for advice.
- If there is a head injury staff should contact the child's parents to advise them. All head injuries should be monitored and if there is cause concern parents should be contacted and advised further medical advice be sought. If the parents cannot be reached the school will make the decision.
- All accidents/injuries should be recorded on IRIS by the staff witnessing the incident/accident. If head injury, phone call will be made to parent/carer
- If you need to access a first aid kit for personal use, do not remove it from its designated place.
- Any loss or damage to first aid equipment must be reported to school reception.
- Reporting to the Headteacher or Deputy Head, if a pupil or staff member needs to be sent home following an accident or injury and any pupil or staff member who may need further medical attention. In Headteacher's absence the Deputy Head will be informed.
- All staff on visits out of school are required to carry a first aid kit with them at all times. They are responsible for ensuring they have a fully stocked first aid kit, see Appendix 4, prior to the trip. Appendix 4 gives details of procedure to follow in an emergency.
- Procedures to follow for infectious diseases can be found in Appendix 1.

- Procedures to follow for bites and puncture wounds can be found in Appendix 2.
- Procedures to follow for concerns about HIV and Aids, management of blood spills can be found in Appendix 3.

DEALING WITH VISITORS

It is our policy to offer first aid assistance to visitors on our premises. Should a visitor feel unwell or have an accident, then the employee supervising their visit should call for a first aider. If the visitor has had an accident, the employee supervising their visit is responsible for ensuring that an entry is made on IRIS Adapt

CHILDREN WITH MEDICAL NEEDS

A list of children who have epipens, inhalers or who have other medical needs is available upon request

STAFF TRAINING

All staff undertaking first aid duties will be given full training in accordance with current legal requirements.

INFORMATION FOR EMPLOYEES

We acknowledge that first aid arrangements will only operate efficiently where they are understood, both by employees and others who may be working on our premises. These include part-time and temporary staff. For this reason, information on how to summon first aid is provided for all new staff.

Information on the current first-aiders will be held on the Q: Drive and displayed at key points around the school building

First Aid boxes can be found in the following areas:

- School office
- SLT office
- Food Tech room
- PE Office (PPA Room)
- School minibuses
- Staff Room
- Brewhog
- Stuarts office (Academy Building)
- Class 23SM (Academy Building)

APPENDIX 1

Infectious Disease

For advice on illness and infectious diseases please refer to the latest edition of the Guidance on infection control in schools and other childcare settings, which gives information and guidance for schools in Manchester. See link below for more information

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

At Grange School we advocate a proactive, preventative approach to illness, medical issues and infectious diseases.

The Lead for Behaviour, Safety and Welfare will usually have any relevant medical data if parents or the NHS have supplied it. Those pupils requiring specialised care will have a current signed and dated Individual Health Care Plan. Class staff have access to these documents on a confidential basis and must be aware of the details pertaining to each pupil.

- Should a pupil become unwell or have a raised temperature or show signs of infection through vomiting, diarrhoea, a member of staff should stay with that pupil, to ensure safety and monitor condition. Parents should be contacted to arrange collection. Lead for Behaviour, Safety and Welfare to be informed and advice sought at earliest opportunity.
- Should a pupil be ill with diarrhea and/or vomiting they should remain off school for 48 hours.
- If signs and symptoms occur in a pupil with a known medical problem (i.e. epilepsy, pupil presents with a seizure) then knowledge of that pupil's Individual Health Care Plan is imperative, as individualised instructions are contained within these documents. SLT first aid must be called immediately to any perceived medical emergency.
- If a pupil has sustained an injury during an accident careful assessment is required by trained first aiders.
- If injury is serious, life threatening or pupil has problems with airway, breathing, loss of consciousness etc. First Aid to be administered and SLT first aid alerted, ambulance called, parents to be informed as soon as possible.

- If an injury is suspected, e.g. fractured wrist, and the pupil is calm and stable, it may be pertinent to telephone parent/guardian first to organise transport to Accident and Emergency as such an experience may be traumatic to the pupil without parents with them.
- Risk assessment needs to be carried out at the time, as each scenario can be different and individual.
- Minor injuries that have been assessed as such and are border line can be treated with First Aid, Risk Assessment and in consultation with parents.
- Accident reporting always completed as soon as possible in accordance with HSE Policy and R.I.D.D.O.R.

Further considerations

- Children unwell with infectious diseases should not in general attend schools, although mild snuffles and colds need not necessarily prevent a child attending.
- If a child demonstrates signs of illness through raised, or severely lowered temperature, vomiting or diarrhoea during care, parents must be contacted and the child taken home if necessary. Parents should be always easily contactable.
- Parents should notify the school if their child has an infectious disease.
- The school should notify parents if a significant risk to other children exists.
- A child with infectious disease should be excluded from school until fully recovered and if it is one of the diseases listed in the table. ?? in the latest Guidance on infection control in schools and other childcare settings for Manchester see link:

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

Guidance on infection control in schools and other childcare settings until the required period has passed.

- Check that parents know your rules and accept that they will have to have to take time off, or make other arrangements for the child's care, if their child is ill.
- Be aware of children and staff who are more susceptible due to infection due to underlying diseases, treatment or pregnancy.
- Ensure that toilet and hand washing facilities are kept clean and supplied with hot and cold water, soap and towels.
- If in doubt seek further advice.

- The Guidance on infection control in schools and other childcare settings is available in school. This book is published by Public Health and gives definitive advice on treatment prevention when to exclude an illness.
- As in all medical issues document events incidences, all actions taken and any outcomes. Parents to be notified at the appropriate opportunity

APPENDIX 2

Guidance on the response to Bites and Puncture Wounds

Aims

- To reassure the individual
- Assess the type of wound
- To minimise the risk of infection, both to the casualty and to yourself
- To obtain any further medical aid
- Document event and complete accident form

Implementation

- Put on disposable gloves. Irrigate wound preferably under running tap of warm water for 10 minutes (if possible) or improvise if this is not possible. This reduces the risk of infection.
- Pat dry using clean nursing wipes. Ideally cover with a dressing.
- Recorded on Behavior Watch in all cases, Lead for Welfare and first aid to be informed and to be asked to check the bite as soon as is practically possible.
- Please INFORM PARENTS by phone call.
- If the casualty has a bite, scratch, or puncture injury that may have introduced someone else's blood to the area of broken skin (or any splashes of blood to the eye) ALWAYS Seek appropriate medical advice as swiftly as possible. At Grange School our advice from Manchester Public Health Doctors would be to visit A&E at the Manchester Royal Infirmary. For a wound that has significant bleeding or has caused swelling or risk of tissue damage, A&E should be the department to visit the same day as the injury. (It is important to deal with the issue on the same day as there is only a small window of opportunity to effectively deal with potentially serious infection risks such as HIV and HEPATITIS B etc). Antibiotics may also be prescribed at the examining doctor's discretion. Staff must still attend even if their hepatitis B status is currently up to date.
- The pupil who inflicted the bite must also attend A&E if blood was shared during the bite. The biter has a similar risk to the victim and therefore must be

advised to seek the same assessment. PARENTS MUST BE INFORMED by a telephone call as they will need to make any necessary arrangements.

- CAUTION always check immunisation status regards TETANUS and HEPATITIS B

Medical advice to be sought if:

- The casualty has never been immunised
- There is any uncertainty about injection status
- It has been more than five years since the last injection

NB if the skin is not broken treat as a minor injury unless the bite is severe and there is pain and/or swelling, tingling or ongoing numbness; in this instance it is advisable to see your GP or A&E

APPENDIX 3

HIV and AIDS: Management of Blood Spills

The Acquired Immunodeficiency Syndrome (AIDS) is caused by infection with the Human Immunodeficiency Virus (HIV). HIV is mostly spread by sexual contact with an infected person, by sharing an infected needle or by receiving blood from an infected person. The latter is extremely unlikely to occur now in this country as all blood is carefully screened. If a pregnant woman is infected she may pass the infection to her unborn child.

There is no risk to other children or staff from an HIV infected child attending a school provided standard good hygiene practices are in place.

Management of Cuts/Abrasions and Spills of Blood

There is a very small risk of infection with certain blood-borne viruses (Hepatitis B and C, HIV) to staff and children when bleeding occurs during an accident or sport.

There is a very small risk of infection with certain blood-borne viruses (Hepatitis B and C, HIV) to staff and children when bleeding occurs during an accident or sport.

If certain precautions are taken the risk is minimised:

- Wear single use well fitting disposable latex gloves whenever in contact with blood (washing grazes, dressing wounds, cleaning up blood after an accident) and wear a disposable plastic apron if possible.
- Carefully cleanse the wound under running water or using a fresh sachet of normal saline from a first aid kit. Avoid splashing. Dab carefully dry.
- Children and adults should have all exposed cuts and grazes covered with waterproof plasters.
- Cover any blood spillage on hard surfaces with paper towels, then (if the surface allows) gently apply a 1% hypochlorite solution (e.g. Milton – follow instructions on the bottle), avoiding splashing. Allow to stand for 10 minutes then clean the area with warm water and detergent.
- If the surface would be damaged by hypochlorite (e.g. soft furnishings) wash with detergent and water.

- At sports events, the sponge or cloth used to mop blood from one child must never be returned to a bucket of water or used on another child.
- If someone suffers a bite, scratch or puncture injury that may have introduced someone else's blood or a splash of blood to the eye, area of broken skin or mouth. Rinse well with water and seek medical advice urgently.
- IRIS Adapt to be completed.

APPENDIX 4

Procedure to follow in an Emergency during off-site

1. Make sure everyone is safe(risk assess situation, each instance will be unique)
check the casualty/casualties
2. Is the situation life threatening?
NO
 - Administer first aid as appropriate
 - Phone the school
YES
 - Call 999 and request appropriate emergency services
 - Give your location and school mobile number
 - Give your name
 - Give name of child and brief description of child's symptoms, follow the advice given

Administer first aid

Contact school