



MIDDLETON PARISH CHURCH SCHOOL

FIRST AID POLICY

'Excellence, Truth & Grace'

Aim

The intent of this policy is to set out guidelines for all staff in school for the administration of First Aid to children, employees or visitors. This policy will 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 1995.

What is first aid?

First aid can save lives and prevent minor injuries from 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

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. First Aiders are denoted by the use of a green lanyard.

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; resusci aide; Burnshield dressing or cling film; finger dressings; conforming bandages; disposable heat retaining blanket; microporous tape and disposable tweezers.
- Are re-stocked as necessary;
- Are easily accessible to adults; and
- Are kept out of the reach of children.
- Are regularly checked. Class teachers and support staff are responsible for maintaining the kits in their individual rooms.
- The school office hosts one of five main first aid kits. A second is in EYFS and a third in the first aid station, located outside Year 6. There are also first-aid kits in the kitchen and Before and After School Club. All of which are maintained by the named lead first aider. These kits contain Tuff-Kut scissors.

Recording Accidents/Administration of First Aid

All serious accidents must be uploaded onto IRIS (the electronic incident reporting system for the local authority) within 24 hours.

First Aiders maintain the records for children. This is done via the Medical Tracker app. Parents are notified immediately via email. Children who report an injury or receive first aid will be given a blue or red wrist band to support the communication of information between home and school and to promote monitoring of injuries both in school and at home. Red bands indicate bumps to the head, whilst blue band highlight any other injury.

Noted incidents and Medical tracker are reviewed half-termly by the lead first aider to identify any potential or actual hazards. This information is also shared with the Health & Safety Link governor.

Our record of any first-aid treatment given by first aiders includes:

- 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.
- What happened to the person immediately afterwards (for example, whether they went home, went back to class, or went to hospital).
- Record of contact made with parents/carers

This information 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.

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. This will be done via an email from Medical Tracker with blue/red wrists bands supporting the communication.

Medical Emergencies at Middleton Parish Church School

All members of staff who have contact with pupils who have medical conditions will be informed about the best course of action if a child becomes seriously ill and needs emergency treatment. For all children who may need emergency treatment, a Health Care Plan will be written in conjunction with parents, the lead first aider and relevant health care professionals. If a child becomes seriously ill in school or has a serious accident, school will call an ambulance before then contacting parents – 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 ‘in loco parentis’ will have the right to sanction emergency procedures as advised by medical staff in the ambulance or at the hospital.

Sickness

We do not provide care for children who are unwell, e.g. have a temperature, or sickness and diarrhoea, or who have an infectious disease. Children with head lice are not excluded, but must be treated to remedy the condition; parents 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.

Treatment of injuries

Following an accident, the 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. The First Aider should call an ambulance on the following occasions:

- In the event of a significant 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

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 is found (even if this is in the toilets or playground) so long as it is safe to do so; a first aider must be called immediately to assess the situation.

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. All head bumps must be recorded on Medical Tracker and an email informing parents sent. All children who have had a bump to the head will be given a red wrist band to wear. This will indicate to staff that a child should be monitored and also highlight the injury to parents/carers, prompting emails to be checked. School operate a tiered approach to the response to head injuries:

- **Low risk:** no wound/lump, child is presenting as well and coherent. **Action:** First aid administered if required, medical tracker email sent to parents. Red band worn by child to prompt monitoring by adults in school and at home.
- **Medium risk:** visible wound/lump, child is presenting as well and coherent. **Action:** First aid administered if required. Parent/carer telephoned to inform of injury and discuss. Medical tracker email sent to parents. Red band worn by child to prompt monitoring by adults in school and at home.
- **High risk:** possible wound/lump, child is presenting as incoherent, vomiting, dizzy, headache etc. **Action:** First aid administered, ambulance called if required, family called and advised to seek medical attention. Medical tracker email sent to parents. Red band worn by child to prompt monitoring by adults in school and at home.

Emergency First Aid will 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.

Disposing of blood

Bloodied items should be placed in the individual waste bags found in first aid kits before being placed in the lidded bins.

Splinters

Splinters can be removed if they are small and the angle that the splinter went in can be seen. They must be extracted in the same direction they went in. They should not be removed if they are embedded or in a joint. Sterile, single-use tweezers are stored in the main first aid box located in the office.

Ice Packs

Instant ice packs are single-use only and for the treatment of sprains, strains and bruises and must be kept out of children's reach. These are stored in freezers around school.

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.
- Emergency 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.

Precautions when using ice

DO NOT USE ICE

- 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
- Areas with known poor circulation
- In the presence of visible or know infection(s)

Asthma

We have many children at Middleton Parish Church School with Asthma. Parents are required to complete an Asthma Care Plan before an inhaler can be administered in school. All pumps are provided by parents/carers, labelled and kept in classrooms – the locations of which can be found on the doors of individual classrooms.

During lunchtimes, inhaler bags must be taken to the first aid station and then collected and taken back to classroom at the end of lunch. It is the responsibility of the first aider on duty at lunchtime to take any uncollected baskets back to the relevant classes. In the event of an attack, the inhaler must be taken to the child. Should a child use their inhaler it must be recorded on Medical Tracker.

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). There are three emergency kits which are clearly labelled for use in school, on trips and in the event of an evacuation. These are kept: in the school office; at the first aid station and in 'Before and After School' Club. Should there be a medical emergency regarding a pupil with or without an asthma care plan, emergency services will be contacted. If they instruct school staff to administer the emergency inhaler, this will be actioned.

Allergies

Common allergens that can trigger anaphylaxis are:

- foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)
- insect stings (e.g. bee, wasp)

- medications (e.g. antibiotics, pain relief such as ibuprofen)
- latex (e.g. rubber gloves, balloons, swimming caps)

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are very unlikely to trigger anaphylaxis. The time from allergen exposure to severe life-threatening anaphylaxis and cardiorespiratory arrest varies, depending on the allergen.

Food

While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating.

Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.

Severe reactions to insect stings are often faster, occurring within 10-15 minutes.

Epi-Pens

All Epi-Pens are labelled and kept in classrooms. The location of Epi Pens can be found on individual class doors. All members of staff have Anaphylaxis and Epi Pen training. Anyone can administer an Epi-Pen in an emergency if the adult/child is unable to do it themselves. 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 where 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 and for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school has 2 spare AAIs which are held in: the first aid station and the office. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. If a pupil is having anaphylaxis but does not have the required medical authorisation and parent/guardian consent for an 'emergency' AAI to be used, the school will immediately call 999 and seek advice: we will inform the call handler/emergency medical dispatcher that school has an emergency AAI, so they can authorise its use if appropriate

Child Records

Medical Tracker is used at Middleton Parish Church School to ensure compliance with the following Department for Education & NHS guidance:

- Recording medication use, "record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom"
- Recording first aid incidents, "Schools should keep a record of any first aid treatment given by first aiders and appointed persons"
- Medication consent forms, "no child under 16 should be given prescription or non-prescription medicines without their parent's written consent"
- Tracking medication expiry dates, "Medicines have expiry dates so you know when to use them by. After the expiry date medicines may not be safe and lose some or all of their effectiveness (ability to work)"
- First aid qualifications, "Schools should keep a record of first aiders and certification dates"

- Retention periods Information and Records Management Society, “Records of accidents involving pupils should be kept for a period of 25 years from the pupil's date of birth”
- Feeling Unwell, “Parents should be informed if their child has been unwell at school.”
- Creating care plans, “Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions”
- Reporting, “Accident statistics can indicate the most common injuries, times, locations and activities at a particular site. These can be a useful tool in risk assessment, highlighting areas to concentrate on and tailor first-aid provision to”

Training

A central record of all training related to first aid is held and reviewed annually to ensure that certificates are renewed within timescales. Training certificates can be found in the school office.