



## MIDDLETON PARISH CHURCH SCHOOL

### FIRST AID PROCEDURE

*'Excellence, Truth & Grace'*

#### **Aim**

The intent of this policy is to set out guidelines for all staff in school in the administering of First Aid to children, employees or visitors. This policy shall 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 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. The school currently has ??? emergency first aiders with valid certificates. Posters displaying the names and locations of first aiders are on display around the school.

#### **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, eyepads, 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**

The school office has a book for accidents that happen to adults. All serious accidents must be recorded in the office book, on the same day, and then handed to the School Office Managers to be uploaded onto IRIS (the electronic incident reporting system for the local authority) within 24 hours.

First Aiders staff 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.

Accident books and medical tracker are reviewed half termly by the lead first aider to identify any potential or actual hazards.

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

- 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

The 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.

All completed accident books should be given to the School Business Manager, who will store them for reference in future.

### **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,

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**

Our policy for the exclusion of ill or infectious children is discussed with parents when their child begins at Middleton Parish Church School.

This includes procedures for contacting parents – or other authorised adults – if a child becomes ill while in the school.

We do not provide care for children who are unwell, e.g. have a temperature, or sickness and diarrhea, 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.

Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times by the Health and Safety Coordinator and the Emergency First Aiders.

### **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 was found (even if this is in the toilets or playground) so long as it is safe to do so and the emergency 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 will be sent. All children who had 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 operated 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. <b>Emergency First Aid will be sought if the child:</b> <ul style="list-style-type: none"> <li>• becomes unconscious;</li> <li>• is vomiting or shows signs of drowsiness;</li> <li>• has a persistent headache;</li> <li>• complains of blurred or double vision;</li> <li>• is bleeding from the nose or ear; and/or</li> <li>• has pale yellow fluid from the nose or ear.</li> </ul>

## **Disposing of blood**

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

## **Splinters**

Splinters can be removed if they are small and you can see the angle it went in but not if they are embedded or in a joint. They must be extracted in the same direction they went in. 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 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. One of these are kept in the school office and the other stored on the first aid station and one 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 and may instruct school staff to administer the emergency inhaler and 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 cardio-respiratory 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. Should a member of staff, who has not had the training have to do this be the only member of staff available, they should administer the Epi-Pen.

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 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, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's has 2 spare AAI which are held 1. in the first aid station and 1.in 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 a '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, as they can authorise its use if appropriate

### **Child Records**

Medical Tracker is used at Middleton Parish Church School to ensure compliance with the following guidance:

*Recording medication use DfE: "record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom"*

*Recording first aid incidents DfE: "Schools should keep a record of any first aid treatment given by first aiders and appointed persons"*

*Medication consent forms DfE: "no child under 16 should be given prescription or non-prescription medicines without their parent's written consent"*

*Tracking medication expiry dates NHS: "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 DfE: "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 DfE: "Parents should be informed if their child has been unwell at school."*

*Creating care plans DfE: "Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions"*

*Reporting DfE: "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 by the Office Manager and reviewed annually to ensure that certificates are renewed within timescales. Training certificates can be found in the school office. .