

RUSHEY GREEN PRIMARY SCHOOL



FIRST AID POLICY

Approved by:

Ruth Pott-Negrine

Date: May 2020

Signed:

Approved

Last reviewed on:

February 2017

**Next review due
by:**

September 2021

Statement of First Aid organisation

This policy complies with all applicable legislation, including the Health and Safety at Work etc. Act 1974. These procedures should be read in conjunction with the Health & Safety Policy and Administration and Storage of Medicines Policy, Child Protection and Intimate Care policies which will be reviewed annually.

The school's arrangements for carrying out the policy include nine key principles:

- Places a duty on the Governing body to approve, implement and review the policy.
- Places individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- Record all occasions when first aid is administered to employees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.
- Undertake a risk assessment of the first aid requirements of the school.

1. Accident and Incident Reporting

In schools minor accidents occur. Even minor accidents need to be recorded, but not necessarily reported to the borough or Health & Safety Executive.

1.1. Recording Procedure

All accidents should be brought to the attention of a First Aider and recorded on the First Aid Record sheets (See appendix 1) in the First Aid Room. It is the responsibility of the First Aider treating the child to complete the record in full. Particular care should be taken to determine the cause of the accident to avoid a recurrence of the same injury e.g. slippery floor, broken glass. For very minor injuries that occur during lunchtimes, it is sufficient for the Midday Meals supervisors (if they have received first aid training) to treat and record the injury.

Any very minor injuries to staff or visitors should be recorded in the Accident Record book (Appendix 5) held in the school office. Any injuries considered to be more serious will need to be reported on a CS2 form (Appendix 4) or RIDDOR report online.

1.2 Reporting Procedure

All head injuries will be notified to parents by phone, or if contact cannot be made by phone, a head injury slip will be sent down to class at the end of the day (Appendix 2). If the child returns to class a note (Appendix 3) will be given to the child to inform the teacher of their injury.

Any accident or incident (including near misses, which could have resulted in serious injury even if no-one is injured, should be reported to the local authority using a CS2 form (these are held in the office - see Appendix 4), and must also be reported to a member of the management team (Head, Deputy Head, or Assistant Heads), who will investigate and make recommendations to prevent re-occurrence. Some incidents (see Appendix 6) will also need to be reported to the borough on a form CS2 and/or to the HSE using a Form F2508 or online. This can be done in the school office. Full details relating to Accident/Incident Reporting are available in the Health & Safety Manual in the school office.

2. First Aid Procedures

It is our aim for all staff to be first aid trained and there are trained first aiders on site at all times. The name and photographs of all first aiders are displayed in the medical room.

2.1 Materials, equipment and facilities

The school will provide materials, equipment and facilities as set out in the DfE 'Guidance on 'First Aid for schools'. Currently **Chris Alliband** is the appointed person. They regularly check that materials and equipment are available. She will ensure that new materials are ordered when supplies are running low. Each class in

Nursery and Reception, have their own First Aid Box. These need to be stored where they are visible and easy to access. The school has a First Aid station. It is the appointed person's responsibility to ensure that these are regularly checked and that the stations are fully stocked.

Each class has their own trip first aid bum-bag. It is the responsibility of the adults of that class to notify the appointed person if stocks in the trip bag are running low.

It is every supervising adult's responsibility to provide first aid in the case of a minor accident. Should an adult not have first aid training, they then can request help/ second opinion from a qualified First Aider. In case of a major accident or a head injury a qualified First Aider should be asked to assist in giving First Aid.

3. Roles and Responsibilities of First Aiders

As a first aider, in addition to having the ability to assess risks and follow the correct course of treatment, we expect all first aiders to:

1. Be aware of the risks to yourself and others
2. Keep yourself safe
3. Give early treatment
4. Keep yourself informed and updated
5. Remember your own needs

4. Coronavirus

In order to ensure the safety of all staff and children, we adopt the principles outlined in the government's guidance Covid-19- Guidance for First Responders.

4.1 Social Distancing Measures

Where possible, all contact between members of the school community should be carried out while maintaining social distancing measures – a distance of at least 2 metres (6 feet). Where this is not possible, the principles for the Hierarchy of Risk should be applied, using measures such as physical barriers and, the use of personal protective equipment (PPE) based on risk assessment.

The best possible hygiene measures must be employed. This is the best way to protect yourself and others. This must be achieved through rigorous cleaning, personal hygiene and regular hand hygiene. All surfaces and equipment must be cleaned and disinfected frequently, using (standard approved cleaning and disinfection products).

After contact with any members of the community, hands should be washed and cleaned thoroughly with soap and water or alcohol hand sanitiser at the earliest opportunity. This advice is applicable to all situations, regardless of whether there was close contact or the minimum 2 metre social distancing was maintained. Following contact with others, all persons should avoid touching their mouth, eyes and nose. There is no need for additional precautions to be taken in relation to cleaning clothing other than what is usual practice.

4.2 Providing assistance to unwell individuals

If you need to provide assistance to an individual who is symptomatic and may have COVID-19, wherever possible, place the person in a place away from others. If there is no physically separate room, ask others who are not involved in providing assistance to stay at least 2 metres away from the individual. If barriers or screens are available, these may be used

4.3 Personal protective equipment (PPE)

Where it is not possible to maintain a 2 metre or more distance away from an individual, disposable gloves and a disposable plastic apron are recommended. Disposable gloves should be worn if physical contact is likely to be made.

Where appropriate, the use of a fluid repellent surgical face mask is recommended and additional use of disposable eye protection (such as face visor or goggles) should be risk assessed when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.

When using a fluid repellent surgical face mask, you should mould the metal strap of the mask over the bridge of the nose and make sure the mask fits snugly under the chin, around or across any facial hair if present. Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE. In all circumstances where some form of PPE is used, the safe removal of the PPE is a critical consideration to avoid self-contamination. Guidance on putting on and taking off PPE is available from the NHS website. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878677/HE_11606_Putting_on_PPE_062_revised_8_April.pdf Use and dispose all PPE according to the instructions and training provided by your employer or organisation.

4.4 Contacts of the person you have assisted

Advise anyone who had close contact with the individual that if they go on to develop symptoms of COVID-19 (a new continuous cough, fever or a loss of, or change in, normal sense of taste or smell), they should follow the advice on what to do on the NHS website. <https://www.nhs.uk/conditions/coronavirus-covid-19/>

4.5 What to do if you become unwell

If you have already been given specific advice from your employer about who to call if you become unwell, follow that advice.

If you develop symptoms of COVID-19, however mild, you will need to stay at home for at least 7 days. Refer to the advice on the NHS website and the Stay at home guidance.

5. Procedures for First aid incidents.

Any child who sustains a minor injury or who feels unwell should be sent accompanied by another child or a member of staff to First Aid. If this is not possible or where it might cause the child further injury and distress, the member of the first aid team must attend to the child wherever they are. The exception to this is lunchtime play, when Midday Meals staff are able to carry out first aid in the playground for any very minor injuries e.g. very small graze. Extremely minor injuries treated in the playground by qualified Midday Meals staff should be recorded in their notebook as they occur.

All head injuries, however minor they appear to be, must be sent to First Aid (See Head Injuries – Additional Information) below. All injuries/treatments should be recorded in the First Aid book by the person administering first aid.

5.1 Head Injuries – Additional information

Any child who sustains a blow to the head (this includes injuries to the neck, eyes, mouth or nose), no matter how minor it appears to be, must not be moved and must be seen by a first aider or assessed by an appropriate member of staff at the site where the injury occurred. Parents/Carers should always be contacted in the case of a head injury. (See Accident/Incident Reporting).

The person administering the first aid is responsible for recording the incident and reporting the matter to the parents. If parents cannot be contacted, a message or text can be left on their phone and a head injury slip must be given to the class teacher and where possible this must be handed to parents at the end of the day (Appendix 2).

Any child who has sustained a head injury but who is deemed fit to return to class/play will be returned with a note and wearing a sticker stating they have sustained a head injury (Appendix 3). Should the child later complain of feeling unwell, they should immediately be accompanied back to first aid to be cared for.

5.2 Medical Emergencies

In case of a major accident, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision. The Headteacher or Deputy Headteacher should be informed if such a decision has been made even if the accident happened on a school trip or on school journey.

If the casualty is a child, their parents/ guardians should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are available from the school office.

If the child requires emergency treatment from a dentist, hospital or other source, a member of the school team will accompany the child there and the parents will be asked to meet the staff member and the child. It is the first aider's responsibility to ensure that details of the incident are given to the staff member accompanying the child and that the emergency contact details for the parents have also been collected. In non-emergency situations, the parents should be asked to take the child to receive treatment there.

5.3 Cardiopulmonary resuscitation

If you are required to perform cardiopulmonary resuscitation you should conduct a risk and adopt appropriate precautions for infection control.

In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen).

Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxial arrest), therefore chest compressions alone are unlikely to be effective.

If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available. The decision on whether or not to give mouth to mouth ventilation is solely the decision of the first aider and advice given by a medical professional, not to perform mouth to mouth must always be adhered to.

Should you have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days. Should you develop such symptoms you should follow the advice on what to do on the NHS website.

6. Cleaning the area following the administration of First Aid

Cleaning will depend on where assistance was provided. It should follow the advice for cleaning in non-healthcare settings. Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned in the usual way. However, all surfaces that a symptomatic individual has come into contact with must be cleaned and disinfected.

6.1 If there has been a blood or body-fluid spill

Keep people away from the area. Whilst wearing PPE, lace paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.

7. Recording of Incidents

All incidents where first aid is administered should be recorded. The record should include the nature of the incident, the location of the injury recorded on a body map, any details on how the injury was caused, the treatment given, who reported the injury and the name of the person giving first aid. Once the child is well enough to return to class and resume their day, the time that they were sent back to class and the fact that a copy of the record was given should also be recorded. The copy of the record should be given to the child or class teacher and a text sent to the parent to say that they have received first aid and a slip has been sent home. If the child has a head injury, please see the guidance given in that section of the policy.

8. Continuity and Quality of Care

From the moment a child is brought to the attention of a First Aider and that person begins to assess and treat the child, the First Aider is responsible for the child until they are signed off the first aid record and able to resume their daily activities, or until the child is collected by the parent/carer or taken to hospital in the care of an ambulance.

If the First Aider has to briefly leave the child in the care of another First Aider, a complete and thorough handover of diagnosis, treatment given and whether contact with parents has been made, must take place. If

the First Aider has to leave the school site, the first aider leaving the pupil must complete the first aid record sheet and sign it, stating handed over to ... time The person taking over must sign the sheet and continue to add any necessary information until the child is collected or is returned to class.

While a child is being assessed and/or receiving first aid treatment, no other intervention shall take place until the First Aider has assessed and treated the child.

The first aid room is a treatment room requiring a calm and purposeful atmosphere so that First Aiders can deal with pupils sensitively. Too many adults can cause stress, confusion and interfere with the assessment and diagnosis of any injuries. Any investigations by staff into an accident should only take place once treatment is well underway or completed.

9. TREATMENT OF SPECIFIC CONDITIONS **(See Administration and Storage of Medicines Policy)**

9.1. Epi-pens/Ana-Pen

The procedure for children who require Epi-pens/Ana-Pens in school is as follows:

Each child has their own medication with their own measured dose in it; it must not be used for another child unless advised by a medical practitioner in the case of an emergency. The Epi-pens/Ana-pens will be stored in the cabinet in the First Aid Room and in the class medical bags where appropriate. Each child has their own plastic box/bag containing their Epi-pens/Ana-pens and Care Plan/instructions. First Aiders and Teachers have had training on how to administer this medication. A First Aider should be called to such incidents immediately. Parents and ambulance should be called a.s.a.p. These children **must always** go to hospital A&E after using the Epi-pen/Ana-pen.

9.2 Inhalers

The procedure for children who require inhalers in school is as follows:

Children who use their inhaler regularly can keep their inhalers on them in a bum bag. Spare inhalers are kept in the First Aid Room. When a child requires their medication, they should be accompanied to First Aid by another child or member of staff. If they are having difficulty breathing – send two children to the office urgently to ask a first aider to bring the child's inhaler to them wherever they are.

9.3 Checking Medication Dates

Regular checks by the lead first aiders are made of the expiry dates of medication held in school. It is the responsibility of parents to ensure medication is kept up to date. However, upon checking, if we find medication needs to be renewed the parent/carer will be contacted to arrange a replacement. On the last day of school in the Summer Term, all medication is sent home via the parent, or disposed of if not collected.

10. Medical Care Plans

When a child is known to have an existing medical condition, a medical care plan is written. This plan should clearly state clearly the medical condition, the name of the doctor or professional involved and whether or not medication has been prescribed. Where a child is prescribed medication, the dosage and how it is to be administered, the expiry date of the medication and permission from the parents for staff to supervise self-administration or to administer the medication must also be included in the care plan.

Medical care plans are updated by the SENCO and the school's welfare team. They are fully reviewed every academic year through a face to face meeting with parents and the school nurse, where appropriate. They are updated through telephone consultation half termly or when advised by the parent that changes have been made to the child's treatment. At the care plan meeting, the school will receive the medication. They will record the name of the medicine on the care plan; check the storage instructions and the expiry date. They will check the medicine label for the child's name and date of issue. They will also check that the medicine is sealed on receipt and labelled.

12 First Aid Boxes

First Aid boxes are kept in:

- First Aid Room
- Classrooms

11. Disposal of Clinical Waste

All waste of this nature will be disposed of in a clearly marked bin (in the First Aid Room) containing a clinical waste bag. The bin will be removed by a clinical waste company every half term or sooner if required.

13- First Aid Trained Staff

All Teaching Assistants and Midday Meal Supervisors are First Aid trained as well as the Out of School Hours Lead, Mr Davis and some administration officers

14. Visits of school site

The procedure for school outings is as follows:

At least one member of staff holding an Emergency First Aid certificate will go with children on school visits. It is the Class Teacher's responsibility to organise inhalers, first aid kit and a list of contact numbers for all the children on the outing. A school employee will always carry a mobile phone. Children requiring Epi-pens/Ana-pens etc, will be accompanied by a member of staff trained in their administration.

15. First Aid outside of school hours

There is always a trained first aider on site. Outside of school hours, any qualified member of staff can be asked to administer first aid.

Reviewed by Lisa Bogle – May 2020