



FIRST AID POLICY

Aims:

The aim 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 recognize 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. The school currently has 2 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, 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, Tuff-Kut scissors, Burnshield dressing or cling film, finger dressings, conforming bandages, disposable heat retaining blanket, microporous tape and disposable tweezers.
- Are regularly checked. Class teachers and support staff are responsible for maintaining the kits in their individual rooms. Senior midday meals supervisors are responsible for the resourcing of their lunch time bags. The school office hosts one of five main first aid kits which is regularly checked and restocked by the first aid team on rotation. The remaining kits are kept in the classrooms. These are checked and restocked at the end of every half term by the Office Manager. The office kit also contains cling film (for burns), blue plasters (to be worn in the kitchen area) and child-sized gloves.
- Are re-stocked as necessary;
- Are easily accessible to adults; and
- Are kept out of the reach of children.



Accident books:

- There are accident books on the school premises. These are kept safely but accessible to first aiders.
- The accident book are used for playtimes and lunchtimes. Slips will be completed and at the end of the break/lunchtime session the copies for parents will be sent to the classrooms and teaching staff notified of any accident that has occurred. For any pupil who has bumped their head the office will be notified immediately by the first aider and parent will be contacted as soon as possible by office staff to inform of the head injury.
- The school office has its own book for accidents that happen at any other time for staff and visitors to site. All **serious** accidents must be recorded in the office book, on the same day, and then handed to the Principal to be uploaded onto TAMS (the electronic incident reporting system for the local authority) within 24 hours.
- The staff maintain their own accident records book for their own children.
- All staff and volunteers know where they are kept and how to complete them.
- All accident books are reviewed half termly by a member of the first aid team to identify any potential or actual hazards.
- All near misses are recorded and reported via TAM to Spencer Academies Trust estates management team.

Our accident books keep a record of any first-aid treatment given by first aiders and other members of staff. These accident books **MUST** be written in pen, completed on the same day of the incident, and 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.

The information in the accident books 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 Office 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. **The first-aider who treated the injury will usually be the person who contacts the parent** to inform them of what happened and recommended next steps. This will either be through the accident slip from the accident book or via a phone call from the office by either the office staff or the first aider.

Medical Emergencies at Chellaston Fields Spencer Academy

The school will call an ambulance before contacting parents if a child becomes seriously ill – 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.

For information the nearest hospital to Chellaston Fields Spencer Academy is:

Derby Royal Hospital

Uttoxeter Road

01332 340131

Hours: Open 24 hours

Emergency department: Open 24 hours

Sickness

Our policy for the exclusion of ill or infectious children is discussed with parents. 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 injury or 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

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 by applying a cold compress (wet tissue or cloth) for the child's own comfort. Parents/Carers must be contacted if the child has a visible or grazed bump to the head. All head bumps must be recorded into the accident book and a letter sent home informing parents of possible symptoms to look out for. It is the responsibility of the first aider dealing with the head bump to contact the parent and also inform the class teacher. Head bump letters will be texted to parents electronically so the school can be sure the parent receives the information.

Under no circumstances, should ICE PACKS be applied to head bumps. It will reduce swelling but it can actually do more harm if there is a hairline fracture this could result in the child needing additional emergency hospital treatment.

Emergency First Aiders should 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.

If any of the above symptoms occurs in a child who has had a bang to the head, urgent medical attention is needed. Parents should be contacted and the emergency services too.

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 suspected breaks/fractures

The seven things to look for are:



1. Swelling
2. Difficulty moving
3. Movement in an unnatural direction
4. A limb that looks shorter, twisted or bent
5. A grating noise or feeling
6. Loss of strength
7. Shock

- If it is an open fracture, cover the wound with a sterile dressing and secure it with a bandage. Apply pressure around the wound to control any bleeding.
- Support the injured body part to stop it from moving. This should ease any pain and prevent any further damage.
- Once you've done this, call 999 or 112 for medical help. While waiting for help to arrive, don't move the injured person unless they're in immediate danger.

Keep checking the casualty for signs of shock.

First Aid training states that clothing should only be removed if absolutely necessary. Where clothing needs to be removed which could cause a safeguarding issue then two members of staff should be present. Only one needs to be first aid trained. However, if waiting for a second member of staff puts a child's life in danger then the first aider should not withhold treatment.

Disposing of blood

Blooded items should be placed in the yellow clinical waste bags and disposed of in the sanitary bin in the female staff toilets.

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 school office. Nursery have their own stock.

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 the medical room cupboard.

There will also be a stock of reusable ice packs in the freezer compartment of fridge in the staffroom.

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.

With injuries older than 48 hours, a heat source can be applied to bring more blood to the injured area to stimulate the healing process.



Precautions when using ice and heat DO NOT USE ICE OR HEAT

- 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

When children at Chellaston Fields Spencer Academy have a diagnosis of asthma they are requested to ensure all pumps are labelled and kept in the classroom. In the event of an attack, the inhaler must be taken to the child.

All inhalers should accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc. Children on the asthma register who have parental consent for the use of the emergency inhaler are clearly indicated. 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 five emergency kits which are clearly labelled for use in school, on trips and in the event of an evacuation. Four of these are kept in the school office and the other stored on the first floor in the resource room. Please refer to the Asthma Policy, available on the school website, for further information.

In the event of an asthma attack follow the advice from

<https://www.asthma.org.uk/advice/child/asthma-attacks/>

The school will work with parents and pupils to complete an asthma plan which will be reviewed annually or as needed [see administrating medicine policy]. Support for parents and schools is available from <https://www.asthma.org.uk/advice/child/life/school>

Information for Parents re managing asthma in school from asthma.org.uk

Individual Healthcare Plan

Some children with medical conditions like asthma have an Individual Healthcare Plan (IHP).

This sets out key points about your child's asthma, like their symptoms, medications and what to do in an emergency, so the school knows how to support them. Not all children with asthma need an IHP, but it's a good idea to have one if the child's asthma symptoms often get worse which could lead to an emergency situation like an asthma attack.

The Principal has overall responsibility for IHPs, so they're the person to ask if you think your child needs one, see Administration of Medicine Policy.

Parents: Manage your child's medicines at school



Your child may need to use their medicines at school, especially their reliever inhaler (usually blue).

- Make sure your child's inhaler is in date, and kept in the original box with the prescription label attached and instructions included.
- Make sure your child knows where their inhaler is kept – it shouldn't be locked away.
- Show the teacher your child's reliever inhaler and explain how to use it.
- Explain that if your child has a spacer, they must always use it as it helps make their inhaler more effective.
- If your child needs to take any extra medicines during school or nursery hours, make sure you've given written consent.
- If your child's school keeps spare emergency reliever inhalers, find out where they're kept. Your child may need to use one if they can't use their own inhaler for any reason.
- Ask how often the school checks inhalers to make sure they're still in date.

Plan for asthma attacks

Your child's teacher and other key staff, need to know the signs that your child may be having an asthma attack, and when to call 999.

Make sure staff understand that your child mustn't be left alone without an adult present until they're feeling better.

ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK

Epi-Pens

All Epi-Pens are labelled and kept in the classrooms in a locked container.

All members of staff will have Anaphylaxis and Epi Pen training. These include senior leaders, first aiders and the staff working with children who currently have an epi pen.

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, then 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 spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.



Training

A central record of all training related to first aid is held by the Designated Safeguarding Lead and reviewed annually to ensure that certificates are renewed within timescales.



APPENDIX 1

Dear Parent/ Guardian,

I am writing to inform you that your child had an accident today, which involved a blow or contact to the head. Your child has been seen by a 'first aider' in school and, in their opinion, no further treatment ought to be necessary. However, a first aider is not a doctor and you may still wish to get the opinion of a doctor on the injury. In addition, in a few, rare, instances symptoms might occur a number of hours later. These may be a result of delayed concussion or compression.

If your child should display any of the following symptoms, Please take them to see a doctor immediately

- Feeling sick or vomiting
- Dizziness or extreme tiredness
- Blurred vision or dilated pupils
- Severe headaches
- Bleeding from the ears
- Any other unusual symptoms

I would like to remind you that the occurrence of such symptoms is rare and that this letter is intended to inform you of the accident and the action taken by the school.

Yours sincerely

First Aider