



WENSLEY FOLD CE PRIMARY ACADEMY

FIRST AID POLICY

MISSION STATEMENT

The school values and recognises the uniqueness of each individual child and acknowledge their fundamental right to be educated to their full potential in a safe, secure and caring environment. The school, which has a Christian heritage, will, in partnership with parents and the extended community, aim to make each day count for all.

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 government'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 and Medication

The school currently has 24 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;
- 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.

Defibrillator

The school also has a defibrillator in school and 5 members of staff are trained to use this if necessary.

First Aid & Accident book

- A minor accident log is located in the school office and is accessible to first aiders and senior staff and is completed if the injury needs first aid, even if minor first aid eg. a wipe, cold compress or plaster.
- All injuries must be recorded in the accident log on the same day.
- KS1 staff maintain their own records for their own children which are shown to and signed by the parents at the end of the day.
- KS2 classes have minor injury slips which should be given to a child to take home.
- All accident books are reviewed half termly by a member of the first aid team to identify any potential or actual hazards.

Our accident logs only keep a record of any first-aid treatment given by first aiders. 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.
- What happened to the person immediately afterwards (for example, whether they went home, went back to class, or went to hospital).

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 School Business Manager, who will store them for reference in future.

Requirement to Notify Parents and the Data Protection Act

Staff will **ONLY** contact parents by telephone if they have concerns about an injury **BUT ALWAYS** in the case of a visible head injury. Support staff should contact a senior member of staff before ringing home.

Staff must be aware of the Data Protection Act and not allow parents to view personal information other than that relating to their child and must not allow parents to take photographs other than of their own child. It is not standard practice to give parents copies of the school's accident record. However, if a parent requests a copy of the accident form then this will need to be authorised by a member of the senior leadership team.

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 consult with a senior member of staff as to whether there is a requirement to call an ambulance.

First Aider/Senior Staff 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

Cuts & Grazes, Wasp Stings

- All minor cuts/grazes can be treated with a cleansing wipe/or wet paper towel and covered if necessary.
- More severe cuts are treated in the same way, but a fully trained first aider must attend the patient to give advice.
- Minor cuts or grazes should be recorded in the accident file.
- Severe cuts requiring stitches, parents should be called to take them to a medical centre and recorded in the accident file.
- A wasp sting should be removed if possible and cold compress (wet tissue, paper towel) applied.

ANYONE TREATING AN OPEN CUT SHOULD USE MEDICAL GLOVES.

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.

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/Guardians must be contacted by telephone if the child has a visible or grazed bump to the head. All head bumps must be recorded in 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.

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 as 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 these 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.

Sprains, Strains or Bruises

Ice Packs

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

Guidance on the use of ice packs: Ideally an ice pack should be applied within 5 -10 minutes of the injury occurring. The pack should be applied to the injured area for 20 - 30 minutes. 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 packs

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 known infection(s)

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 111 for medical help. While waiting for help to arrive, don't move the injured person unless they're in immediate danger and keep checking 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.

Body Spillages/HIV

All body spillages should be cleaned ideally by a First Aider within 15 minutes.

- Ideally protective gloves should be used when treating a pupil who is bleeding.
- Designated protective gloves are stored in the cleaning cupboard.
- All body fluid spillages (Vomit, Urine, Excrement and Blood) must be cleaned immediately. This is vital if the spread of infection is to be reduced. Gloves should be worn when in contact with blood or body fluid is likely.
- Spillage compound should be dispersed over vomit and left to absorb for 10/15 minutes, then swept up and disposed of in a plastic bag in the BLUE external bins. Spillage compound, a designated dust pan and brush and mop and bucket available for body spillages is kept in cleaning cupboard near the downstairs staff toilets. Wash the affected area with warm water and detergent and then place the used mop head in the washing machine (Infant Kitchen).
- Excrement should be cleaned up and disposed of in a plastic bag in the nappy bins stored in the Disabled Toilet.
- Urine should be mopped up with the designated mop and warm water and detergent.
- Blooded items should be placed in the yellow clinical waste bags (located in the cleaning cupboard) and disposed of in the sanitary bin in the female staff toilets.
- Inform the site supervisor who can then arrange for the area affected to be sanitized.

Medical Emergencies

All members of staff who have contact with children who have medical conditions will be informed about the best course of action if a child becomes seriously ill and needs emergency treatment.

The child and the parents will be informed about the school's arrangements and there will be details in the plan if appropriate.

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.

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.

Asthma

We have many children at Wensley Fold CE Primary Academy with Asthma. All pumps are labelled and kept in their child’s classrooms. 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 emergency kits which are clearly labelled for use in school, on trips and in the event of an evacuation.

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 controlled medicine cabinet (staff room).

Four members of staff have Anaphylaxis and Epi Pen training. These include 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.

Training

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

**Approved by the Governing Body November 2019
Reviewed November 2020**

Signed.....Chair of Governors