

**First Aid Policy**

**January 2021**

# First Aid Policy Statement

Article 19: to ensure that all children are protected from all forms of violence, abuse, neglect and mistreatment.

Please see Covid-19 Risk Assessment Guidelines for specific reference to additional procedures.

# Rationale

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school.

# Purpose

This policy:

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines.
2. Clearly defines the responsibilities for the staff and governors.
3. Enables staff to see where their responsibilities end.
4. Ensures the safe use and storage of medicines in the school.
5. Ensures the safe administration of medicines in the school.
6. Ensures good first aid cover is available in the school and on visits.
7. Ensures the health and safety of all staff, pupils and visitors.
8. Provides a framework for responding to an incident and recording and reporting the outcomes.

# Guidelines

New staff to the school have access to this policy when they are appointed. This policy is regularly reviewed and updated. This policy has safety as its priority. Safety for the children and adults receiving first aid or medicines and safety for the adults who administer first aid.

The administration and organisation of first aid and medicines provision is taken very seriously. The policy is reviewed annually. The school also discusses its first aid procedures with the school nurse and Governors. Adjustments are made immediately if necessary.

# The Local Authority and governing board

The Local Authorityhas ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school’s governing body.

The governing body delegates operational matters and day-to-day tasks to the headteacher and staff members.

# The governing body

The governing body has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

# The headteacher

The headteacher is responsible for the implementation of this policy, including:

* Ensuring that an appropriate number of trained first aid personnel are present in the school at all times.
* Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
* Ensuring all staff are aware of first aid procedures.
* Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
* Undertaking, or ensuring that managers undertake risk assessments, as appropriate, and that appropriate measures are put in place.
* Ensuring that adequate space is available for catering to the medical needs of pupils.
* Reporting specified incidents to the HSE when necessary (via the LA’s H&S Team).

# Staff

School staff are responsible for:

* Ensuring they follow first aid procedures.
* Ensuring they know who the first aiders in school are.
* Completing accident reports for all incidents they attend to.
* Informing the headteacher or their manager of any specific health conditions or first aid needs

**First Aid in school**

## Training

All support staff are offered emergency first aid training. All support staff and Midday assistants are trained every three years. Mrs Leech & Mrs Hankin, are fully trained first aiders. Fully first aiders attend retraining courses as required.

Twelve members of staff are trained in emergency first aid and are trained in the use of a defibrillator.

All the Senior Leadership Team hold Paediatric First Aid Certificates. All staff have done basic Paediatric First Aid

SLT / First aid staff are responsible for:

* Taking charge when someone is injured or becomes ill.
* Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits.
* Ensuring that an ambulance or other professional medical help is summoned when appropriate.

First aiders are trained and qualified to carry out the role and are responsible for:

* Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment.
* Sending pupils home to recover, where necessary.
* Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
* Keeping their contact details up to date.

1. A member of support staff is always on duty during any break.
2. Children with an injury should be sent to the medical area by an adult.
3. If the child is in need of support the adult should ensure other adults know they are assisting a child to the medical area. (Send a child to tell other staff.)
4. All cuts should be cleaned using wet towels (white) or a moist wipe. A plaster should only be used if necessary.
5. Children should always be asked if they wear plasters **before** one is applied. If in doubt **do not** use one.
6. Anyone treating an open cut should use protective gloves. All blood waste must be disposed of in the yellow bin, located in the medical area.

## Bumped heads / face

* Any bump to the head, face or neck should be treated as a potentially serious injury.
* Cold compress should be applied or if necessary an ice pack.
* A member of SLT should always be informed if there is a head, face or neck injury.
* Parents and carers should be informed by phone and invited to collect their child if there is any concern.
* For less serious injuries the class teacher should be informed and keep a close eye on the progress of the child.
* A bumped head letter must be sent home with any head, neck or face injury. Where possible the teacher should hand the letter to the parents / carers.

## Guidance for Managing Head Injuries in Children

A minor head injury is a frequent occurrence in the school playground and on the sports field. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children do suffer from a severe injury to the brain. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. How much damage is done depends on the force and speed of the blow. **Any injury involving the head that occurs during sporting activities requires the child to cease play immediately.**

All children who suffer a head injury at school should initially be seen by a First Aider for assessment and to plan ongoing care. After any head injury, even when none of the worrying signs are present, it is important that the child’s parents / carers are informed about the head injury and given written information about how to monitor their child using the school **Bumped Head Letter**.

Staff should consider whether referral to a medical practitioner is required using the information in this document. This guidance is to help staff to treat head injuries when they happen and recognise signs which mean that a child requires further medical assessment or hospital treatment following a head injury.

* An ambulance should be called for any child who is unconscious or has trouble keeping their eyes open.
* If a child is known to, or suspected to, have lost consciousness, arrangements should be made for them to attend a hospital, either with a parent/carer if possible or taken by a member of staff if parent/carer is unavailable.

**First Aid Procedures**

## In-school procedures

In the event of an accident resulting in injury:

* The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment.
* The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
* The first aider will also decide whether the injured person should be moved or placed in a recovery position.
* If the first aider judges that a pupil is too unwell to remain in school, parents/carers will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents/carers.
* If emergency services are called, the SLT or a relevant member of staff will contact parents immediately.
* The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

## Off-site procedures

Risk assessments will be completed by the relevant individualprior to any educational visit that necessitates taking pupils off school premises.

## First aid equipment

A typical first aid kit in our school will include the following:

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| * A leaflet with general first aid advice
* Regular and large bandages
* Eye pad bandages
* Triangular bandages
* Adhesive tape
* Disposable gloves
* Moist wipes
* Plasters of assorted sizes

 No medication is kept in first aid kits.  First aid kits are stored in:  | * Scissors & shears
* Cold compresses
* Burns gel dressings
* Eye wash
* Finger dressing
* Foil blanket
* Mouth to mouth resuscitation device
 |
| * Upper School Lower Corridor
* Lower school lower corridor
 |  |

## Infection Prevention

Wirral Infection Prevention Team offer the following guidance:

* When changing a child please make sure you use disposable aprons and gloves and that everything is disposed of correctly.
* After changing a child please ensure you wash your hands with warm water and soap as the gloves may not fully protect you from infection.
* Children are to wash their hands with liquid soap and warm water before eating / after sand or water play / after outdoor play.
* Staff should frequently wash hands with liquid soap and warm water - alcohol gels will not kill the germs that cause infections such as cryptosporidium.
* Alcohol gels will be provided in key areas of the school with children encouraged to use them prior to eating meals/snacks.
* If young children have been off school sick with a stomach upset (vomiting / diarrhoea), then they must be symptom free for 48 hours before they come back to school.
* If children who do not usually soil (more F2 age and older) do so, please make sure clothes are not rinsed in school; they should be immediately double bagged and sent home with the child. If this ‘accident’ is out of character for a child, phone parents/carers to pick the child up if there are any worries over an upset tummy.

## Recording of all accidents

 A record of any injury treated must be kept in the First Aid Book

For major accidents, i.e. if the child subsequently seeks further medical attention, and for all accidents to adults, a M13 Accident Report form must be completed, **within 24 hours** of the accident. These forms are located in the school office and Business Manager’s Office. These forms need to be signed by the Mrs Billinge H&S Lead; a copy will be uploaded to the child or staff member’s personal record on the Management Information System (SIMS) and a copy sent to the LA’s Health and Safety Team who will ensure the HSE are informed of any reportable accidents (RIDDOR).

## Calling the emergency services

In the case of major accidents, it is the decision of the fully trained first aider or a member of SLT if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must,

* State what has happened
* The child’s name
* The age of the child
* Whether the casualty is breathing and / or unconscious
* The location of the school

In the event of the emergency services being called, a member of the Admin Team or another member of staff, should wait by the car park to direct the emergency vehicle into the school.

If the casualty is a child, their parents should be contacted immediately and give 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 clearly located in the school office.

If the parents or next of kin cannot be contacted a senior member of staff should accompany the child or adult to the hospital and remain with them until a member of the family arrive. (Contact details and any relevant medical history should be taken with the senior member of staff.)

## Medicines in School

 See Management of Medicines Policy