

# Shipbourne School



## First Aid Policy

September 2023

Appointed Person for Work Place First Aid: Brenda Leafe, Kim Parsons and Lisa Penfold

Appointed Person for Paediatric First Aid: Lisa Penfold and Kim Parsons

Appointed Person for sickness, parental communication and emergency services: Cherry Headon

### 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.

### First aid and medication

At least one member of staff with current first aid training is on the premises at any one time when pupils are present. The first aid qualification includes first aid training for infants and young children. Where possible, first aid should be administered by a First Aider, but if for any reason this cannot happen in good time then the adult in attendance can do this, but should seek advice from or report the treatment given to a First Aider as soon as possible. **For this reason, the majority of additional staff staff have undertaken Emergency paediatric First Aid training.** Anything beyond a minor every day injury or illness should be dealt with by a fully trained paediatric First Aider or the Work Place First Aider if it involves an adult.

All staff are trained in first aid to a minimum of a one day emergency paediatric first aid. The school currently has two fully trained paediatric first aiders, two work place first aiders and 5 additional emergency paediatric first aiders, all with valid certificates. Posters displaying the names of first

aiders are on display around the school. Expiry dates of all training are kept by the Head of School and retraining is organised accordingly, as part of the First Aid Risk Assessment which is completed annually.

### **Our First Aid Kits:**

- Comply with the Health and Safety (First Aid) Regulations 1981 and British Standard – BS 8599-1:2019
- Are located in the main corridor, in the kitchen, in the emergency grab bag located in the school hall, and in each classroom;
- 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, safety scissors, Burnshield dressing or cling film, finger dressings, conforming bandages, disposable heat retaining blanket, microporous tape and disposable tweezers.
- Are regularly checked. Mrs Brenda Leafe as Appointed Persons for First Aid is responsible for maintaining all first aid kits.
- Are re-stocked as necessary;
- Are easily accessible to adults and clearly labelled.

### **Treatment of injuries**

Following an accident, a First Aider is to take charge of the first aid administration/emergency treatment commensurate with their training. Fully trained paediatric or work place (for adults) First Aiders should deal with anything beyond a minor every day injury. 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 Appointed Person, or First Aider if she is not available, 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 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 Appointed Person or class teacher to inform parents.

Ice packs may be used for head injuries.

An ambulance and parents should be called by the Appointed Person or First Aider 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.

In the event of an accident in which the injured person 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 a paediatric 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, ensure the Appointed Person calls 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 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 main corridor.

### **Ice Packs**

Ice packs are for the treatment of sprains, strains and bruises and are stored in the first aid box in the main corridor, in travel first aid kits and in the freezer compartment of the staff fridge.

### **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 where necessary). 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 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 known infection(s)

### **Accident books:**

- **All records should be made by the First Aider, or supervising adult, administering the First Aid as soon as possible but always within 24 hours;**
- Minor (everyday) injuries to pupils are recorded in the accident book kept in the medical cupboard in the staffroom;
- Significant accidents or incidents occurring to pupils and all accident or incidents occurring to staff will be recorded on [KCC's online HS157](#) form by the Head of School – paper copies should be completed as soon as possible and made available to the Head of School within 24 hours of the incident;
- Investigation where required will be made by the Head of School and reported using online form HS160;
- Where required, the Head of School will inform the HSE of reportable incidents using online form F2508 or F2508a;
- All accident books and report forms are reviewed half termly by the two Appointed Persons and Head of School to identify any potential or actual hazards.

Our accident book keeps a record of any first-aid treatment given by First Aiders (or other supervising adult). 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 Head of School, who will store them securely 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 Appointed Person or class teacher will be the person who contacts the parent to inform them of what happened and recommended next steps.

Staff must be aware of the General Data Protection Regulation 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.

### **Administration of Medicines**

This applies to all pupils, including those who do not have an individual health care plan. Also see our [Supporting pupils with medical conditions policy](#)

Medicines will be safely stored in the school office or medical cupboard in the staff room. A written record will be kept by the school administrator who is the Appointed Person for sick children and has responsibility for administering all medication. This will include date, time, dosage and name of the member of staff administering it. Asthma inhalers and epipens can be administered by any member of staff at point of need. A written record will be made in individual health care folders kept alongside this medication. All staff will be regularly trained in administering epipens.

- Any parent can request that their child is given prescription medicine in school. Shipbourne School will only accept medicine that has been prescribed by a GP or hospital doctor.
- If medicines (including asthma pumps) are to be administered in school the parents must complete and sign an agreement form which must be handed into the school administrator before any medication can be administered.
- It is preferable that pupils take medicine at home, before or after the school day. Parents are encouraged to ask their GPs for medical prescriptions that fit around the school day.
- No pupil will be given medicine without the parental consent unless there is a clear and dire emergency and ambulance / emergency personnel are in attendance.
- Prescribed medicines must be in date, prescribed by a NHS doctor and provided in the original container with dosage instructions.
- Parents must regularly renew the school supply of medicines and be responsible for visiting the GP to collect repeat prescriptions.
- At the end of the school year in July the school will return all medicines in store to the parents.
- The school will not be held responsible for any side-effects due to the correct administration of prescribed drugs
- If the administration of prescribed medication requires medical knowledge, individual training will be provided for the relevant member of staff by a health care professional.

### **Arrangements for children who are competent to manage their own medicine in school**

A child who has been prescribed a medicine may be responsible enough to carry and administer drugs or medical testing equipment e.g. blood sugar testing kit or asthma inhaler. The school will consult with parents and relevant school staff about the advisability of an individual child or young person taking responsibility for their own treatment. The decision in cases of dispute will rest with the Head of School who has a duty to ensure the safety of all children and young people.

### **Medical Emergencies**

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.

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

The Appointed Person, or First Aider if not available, 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**

Government guidelines for infectious diseases are adhered to and regularly communicated to parents. We do not provide care for children, who are unwell, e.g. have a temperature, or sickness and diarrhoea, or who have another 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.
- Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times by the Head of School, First Aiders or an Appointed Person.

### **Asthma**

We have many children at Shipbourne School with Asthma. All pumps are labelled and kept in the staffroom medical cupboard. 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 by first name and photo on staff notices. An emergency inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty).

**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 staff room medical cupboard. Training for staff will be delivered regularly by the School Nurse or First Aid trainer. This will be checked annually by the Head of School as part of the First Aid Risk Assessment.

Anyone can administer an Epi-Pen in an emergency if the adult/child is unable to do it themselves. In the event that an epipen is administered then an ambulance must be called by the Appointed Person or First Aider if she is not available.

### **Sharps**

A sharps bin is available in the staff room and will be used to safely store any needles from diabetes glucose testing or administration of insulin. This bin will be emptied periodically by an approved contractor.

### **Defibrillator**

A defibrillator is available in the Head of School's office. All staff who are first aid trained have been trained in its use and all staff receive update training by video during INSET training at the start of each school year.

### **Training**

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

### **Monitoring and review**

This policy will be monitored by the Head of School, Appointed Persons and governing board.

The policy will be reviewed every year, or earlier in the light of any changed circumstances, either in our school or in the curriculum.

### **First Aid Procedures Infection Control**

As part of your daily duties, you may be required to administer first aid to pupils, staff, parents or visitors. Where possible, only fully trained paediatric or workplace first aiders should perform first aid.

#### **Keep yourself safe**

In line with government advice, make sure you wash your hands or use an alcohol gel before and after treating a casualty.

The Resuscitation Council (UK) provides some useful advice of how to keep yourself safe when providing CPR. [You can read their full advice on their website here.](#)

#### **Giving General First Aid**

- At a safe distance, encourage the injured party to help themselves where possible, offering guidance on what to do. e.g can you put pressure on your wound by holding it firmly with your hand? This will help to maintain social distancing.
- Where possible, give comfort to a child from a safe distance.
- If it is not possible to maintain a distance, the risk of doing nothing should be balanced with the likely low risk of COVID-19 contamination. Seek advice from SLT if unsure what steps to take.

#### **Government Advice**

#### **What to do if you are required to come into close contact with someone as part of your first responder duties**

##### **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 with potentially contaminated areas or items.
- 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.](#) Use and dispose of all PPE according to the instructions and training provided by your employer or organisation.

#### **Cardiopulmonary resuscitation**

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a dynamic on scene risk assessment 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.

*Additional advice from resus.org.uk*

### **Paediatric advice**

*We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.*

*For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur. Therefore, if there is any doubt about what to do, this statement should be used.*

*It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.*

If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.

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](#).

### **Providing assistance to unwell individuals**

If you need to provide assistance to an individual who is symptomatic and may have COVID-19 (that is any individual with a new, continuous cough and/or high temperature), 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.

### **Cleaning the area where assistance was provided**

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.

### **If there has been a blood or body-fluid spill**

Keep people away from the area. Use a spill-kit if available, using the PPE in the kit or PPE provided by your employer/organisation and following the instructions provided with the spill-kit. If no spill-kit is available, place paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.



## **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.