



Evelyn Street Primary Academy

First Aid Policy

Ratified: July 25

Next Review Date: September 26

Policy Responsibilities and Review

Policy type:	School
Guidance:	<p>The Health and Safety at Work Act 1974</p> <p>The Management of Health and Safety at Work Regulations 1999</p> <p>Health and Safety (First Aid) Regulations 1981.</p> <p>The Education (Independent Schools Standards) Regulations 2014</p> <p>Early Years Foundation Stage Statutory Framework 2017</p> <p>Health and Safety Executive (HSE) – Guidelines on Regulation of the Health and Safety (First Aid) Regulations published 2013.</p> <p>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013</p>
Related policies:	<ul style="list-style-type: none"> • Health and Safety Policy • Wellbeing Policy • Asthma Policy
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Chair signature:	Adam Lechmere
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First Aid Policy

KEY FACTS:

- ❖ To ensure that we promote the good health of all the children in our care.
- ❖ First aid can save lives and prevent minor injuries become major ones
- ❖ The school will ensure that there are adequate facilities and appropriate equipment for providing first aid in the workplace, including for visitors, as well as for the age of children.
- ❖ Minimum first aid provision is a suitably stocked first aid container, an appointed person to take charge of first aid arrangements and for information for employees on first-aid arrangements, as well as adequately trained and experienced staff.
- ❖ This minimum provision is supplemented with a first aid needs assessment to identify any additional requirements specific to the school, to record the findings and to introduce measures to manage any risks.
- ❖ First aid provision must be available at all times whilst children are on the school premises and including school visits off site.
- ❖ Our school, staff and others have a duty to safeguard and promote the welfare of children.

General Statement

The definition of First aid is as follows:

- In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until help is obtained; and,
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

This policy provides an overview of the statutory requirements and how these are met in school. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered.

The policy applies to all pupils including those pupils covered by the Statutory Frameworks for the Early Years Foundation Stage (EYFS).

Although there is no requirement to take account of persons who are not employees, the purpose of this policy is to ensure that at the Academy there is appropriate first aid provision for employees, students and visitors always while people are on the Academy premises and whilst on off site visits. This is consistent with the spirit of the regulations, guidance from the Health & Safety Executive (HSE) and with the Academy's obligations to children as being in loco parentis. The policy is designed to ensure that all staff and students are aware that a system is in place, to provide awareness of health and safety issues within the Academy and for off-site learning and to prevent, where possible, potential dangers or accidents.

ROLES AND RESPONSIBILITIES

Responsibility for health & safety rests with the Trust Board and the Principal. The respective roles of each are outlined within the government guidelines First aid in schools, early years and further education (updated February 2022).

TRUST BOARD The Trust Board has responsibility for health and safety matters within the Academy and during off site learning.

HEADTEACHER The Headteacher will be responsible for ensuring that the policy is put into practice and that parents and carers are aware of the Academy's health and safety policy, including arrangements for first aid.

TEACHERS AND SUPPORT STAFF Teachers and support staff are not required to give first aid as part of their conditions of employment. All staff are expected to secure the welfare of students whilst they are in their care. The consequences of taking no action are likely to be more serious than trying to assist in an emergency. All Academy staff should familiarise themselves with the first aid procedures in operation and ensure that they know who the current First Aiders are. Staff should be aware from school records of specific medical details of individual students they teach or mentor.

FIRST AIDERS Staff who volunteer to be first aiders will be given adequate appropriate training. The Headteacher must ensure that there are sufficiently trained staff to meet the statutory requirements and assessed needs, for those on the Academy premises.

A first aider is someone who has successfully completed a three-day training course in first aid at work (FAW) or an emergency first aid course (EFAW) or for schools with children under 8 years, a paediatric first aid course.

Training must be refreshed every three years; refresher courses for the FAW course will usually last two days. Renewal training courses can be completed 10 weeks prior to the certificate expiry date or 4 weeks after the expiry date. If a first aider fails to attend and successfully complete a refresher course within this period, then he/she must complete the full course again. The main duties of a first aider are to:

- give immediate help to casualties with common injuries and those arising from specific hazards on the Academy premises or during off site learning;
- ensure that an ambulance or other medical help is called when necessary.

APPOINTED PERSON An appointed person need not be a first aider, but is a member of staff who will take charge of the situation when someone becomes ill or is injured and immediately summons medical assistance. The appointed person looks after first aid equipment and ensures that an ambulance or other medical help is called when appropriate. It would be appropriate for the appointed person to have received at least basic emergency first aid training (EFAW) to help him/her cope with an emergency situation.

Current Procedure

Our appointed person (Emma Leigh School Business Manager) undertakes and records an annual review of the accident reporting procedure. A first aid needs assessment is carried out to ensure that adequate provision is available given the size of our school, the staff numbers, our specific location and the needs of individuals.

Our first aid needs assessment includes consideration of pupils and staff with specific conditions and major illnesses, such as asthma and epilepsy, takes account of an analysis of the history of accidents in our school, as well as the identification of specific hazards. It also includes careful planning for any trips and visits, including residential and higher risk trips which always include a suitably trained first aider, in keeping with our Educational Visits policy.

Our procedure outlines when to call for help when necessary, such as an ambulance or emergency medical advice from professionals/treatment, and outlines the requirements for documenting necessary treatment once applied. The main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

We ensure that first aid provision is always available, including out of school trips, during PE, and at other times when the school facilities are used.

We keep an online record of all accidents or injuries and first aid treatment via Medical Tracker. We must inform parent(s)/carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, of any first aid treatment via Medical Tracker.

First Aid Records

First aiders will record every case they treat as soon after the incident as is practicable onto the online accident recording system Medical Tracker. Each record will include at least the name of the patient, date, place, time and circumstances of the incident and details of injury suffered and treatment given. It also records what happened to the patient immediately after treatment e.g. returned to class, or went home. The full name and job title of the person completing the report and who administered first aid must also be input; this is a requirement not only of the Trust but of the HSE.

The records are kept centrally by the Business Manager and are readily available. These records will be linked to the statutory accident records and the RIDDOR record for the reporting of injuries and will be kept for three years. Records are kept of first aiders' certification dates, and the dates of additional, specific or refresher training. Some accidents must be reported to the HSE. RIDDOR 2013 will be followed in these cases. See Health & Safety Policy – Accident Recording and Reporting.

Communication with parents/carers

Where a student has been treated, the Academy should report the treatment to the child's parent/carers. Depending upon the nature of the incident this could be by Medical Tracker notification, telephone or letter and may require immediate contact.

Bumps on the head

Injuries to the head need to be treated with particular care. Any evidence of the following symptoms may indicate serious injury and an ambulance must be called.

- unconsciousness, or lack of full consciousness (i.e. difficulty keeping eyes open);
- confusion;
- strange or unusual behaviour – such as sudden aggression;
- any problems with memory;
- persistent headache;
- disorientation, double vision, slurred speech or other malfunction of the senses;
- nausea and vomiting;
- unequal pupil size;
- pale yellow fluid or watery blood coming from ears or nose;
- bleeding from scalp that cannot quickly be stopped;
- loss of balance;
- loss of feeling in any part of body;
- general weakness;
- seizure or fit.

A qualified first aider who has attended the 3-day First Aid at Work course, will know the procedure for dealing with a child who has a bump to the head, and in any serious case the child will be taken to hospital either by an accompanied member of staff or the parent. However, sometimes the effects only become noticeable after a period of time – perhaps several hours.

Staff who have only completed the one-day emergency first aid at work course will not have assisting with head injuries recognised on their certificates. The Academy has a system for monitoring the child and for informing the parent. Any child who has had a head injury, no matter how apparently minor it appears should be given a 'bumped head' note to show each teacher for the remainder of the day. Each teacher whose lesson the child attends should be asked to keep a look out for signs of drowsiness or distress. The student should take the note home to the parent/carer, advising that in case of undue drowsiness, sickness or dizziness they should contact their GP or local hospital A & E department immediately

Protection from diseases carried in bodily fluids

There are a number of infectious diseases that can be transmitted by contact with blood and other bodily fluids. Many such diseases do not necessarily present symptoms in the person who is carrying the bacteria or virus that causes the disease. It is important that responsible hygiene procedures are always followed whenever any first aid is being given. Such procedures will include the use of single-use disposable gloves, plastic aprons, hand washing before and after giving treatment.

Blood and Body Fluid Spillages It is important that spillages of blood, faeces, vomit or other bodily fluids are dealt with immediately as they pose a risk of transmission of infection and disease, e.g. blood borne viruses and diarrhoeal and vomiting illnesses, such as norovirus.

Key Personnel

First aid co-ordinator (appointed person) - responsible for looking after first aid equipment and facilities, as well as calling the emergency services as required	Hazel List
The following staff have completed a recognised training course in FAW	Hazel List, Lauren Dennis, Chris Green
The following staff have completed a recognised training course in First Aid Awareness	<p>Staci Cooper Cameron Farr Lindsey Parker Glenda Tonge Sarah Pimblett Lucy Daniels Chris Green Clare Westwell Kay Tobin Jacqueline Breeze Louise George Alison Connolly Lizzie Hampson</p> <p>Emma Leigh Tracy Shankland Beth Ensall Lauren Dennis Hazel List Lucie Taylor Lauren Burrows Katie Pendlebury Siobhan Powell Callum Porter Lisa Dix-Baker Chantelle Pennington Rebecca Harris</p>
The following staff have completed a recognised training course in Outdoor First Aid Forest School	Callum Porter
The following staff have completed a 2 day Paediatric course in first aid (EYFS requirement)	Glenda Tonge, Siobhan Powell, Lisa Dix Baker, Chris Green, Rebecca Harris, Callum Porter
The following staff have completed a recognised training course in Mental Health First Aid	Staci Cooper Jacqueline Breeze
The following staff have completed a recognised training course in The Administration of Medication	Staci Cooper Lucy Daniels Alison Connolly Emma Leigh Lauren Burrows Beth Goodier Cameron Farr Lauren Dennis Lizzie Hampson Jacqueline Breeze

	<p> Kay Tobin Clare Westwell Wendy Haining Glenda Tonge Hazel List Tracy Shankland Siobhan Powell Katie Pendlebury Lucie Taylor Callum Porter Louise George Chris Green Sarah Pimblett Lisa Dix-Baker Rebecca Harris </p>
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Contents of our First Aid Box

Our minimum provision, (not mandatory) as recommended by HSE is to hold a suitably stocked first aid box, to nominate an appointed person (see table above), as well as the provision for staff of relevant information on first aid arrangements.

In our suitably stocked First Aid box we provide the following, or suitable alternatives:-

- a leaflet giving general guidance on First Aid eg HSE leaflet 'Basic advice on First Aid at work' (INDG347 rev 1).
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye pads;
- four individually wrapped triangular bandages (preferably sterile);
- six safety pins;
- six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
- two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
- one pair of disposable gloves.

We do not keep tablets, creams or medicines in the first aid box.

Our first aid boxes are kept in the following places: [Medical Room](#), [KS1 Hall](#), [KS2 Hall](#), [Dining Hall](#), [Staff room](#), [rear corridor by playground entrance](#), [reception class](#), [nursery](#)

We take great care to prevent the spread of infection in school, particularly in the event of spillages of bodily fluids which we manage effectively by washing off skin with soap and running water, out of eyes with tap water and or an eye wash bottle, wash splashes out of nose with tap water, record details of any contamination, and seek medical advice where appropriate. For further information please see our Prevention and Control of Communicable and Infectious Diseases Procedures.

First aiders take careful precautions to avoid the risk of infection by covering cuts and grazes with a waterproof dressing, wearing suitable powder free vinyl gloves, using suitable eye protection and aprons where splashing may

occur, use devices such as face shields when giving mouth to mouth resuscitation, wash hands after every procedure.

We ensure that any third party lettings or providers, including transport, have adequate first aid provision which complies with our standards. For example, visiting sports clubs or schools.

Early Years

The Statutory Framework for the Early Years Foundation Stage (2017) is mandatory. In accordance with this, we ensure that at least one person with a current paediatric First Aid certificate is on our premises at all times, when pupils are present. All new nursery and pre-school staff within our Early Years will undertake paediatric first aid training. This means that newly qualified staff with a childcare level two and three qualification will have a paediatric first aid certificate before they can be included in the statutory staff: child ratios in the early year's settings. All paediatric first aid certificates will be displayed in the Early Years areas.

No outing from school is undertaken without the presence of at least one person with a paediatric first aid qualification, present on and off site.

We keep a written record of all accidents or injuries and first aid treatment, and we inform parent(s) and/or carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, as well as any first aid treatment. Records are stored confidentially in Medical Tracker (Accident reporting software tool). The recording of an accident is carried out in confidence at all times by the person administering first aid.

We know that we must notify Ofsted of any serious accident, illness or injury to, or death of, any child in our care, and of the action that we have taken. We aim to do so as quickly as possible and always within 14 days of the incident occurring. We are mindful that not to do so, without a reasonable excuse, would be committing an offence.

We must notify our local child protection agency Warrington Safeguarding Children's Board of any serious accident or injury to, or the death of, any child in our care. We always act on their advice, if given to us.

Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist.

Recording Accidents and First aid treatment

We follow the guidelines on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 2013) for the reporting of serious and dangerous accidents and incidents in school. These include work-related and reportable injuries to staff, pupils and visitors as well as certain accidents, diseases and dangerous occurrence arising out of or in connection with work. Where accidents result in the incapacitation of a worker for more than seven days, a RIDDOR report is required, including three days for recording purposes.

All accidents are recorded immediately after the accident, including the presence of any witnesses and details of any injury or damage. Records are stored confidentially in Medical Tracker (Accident reporting software tool). The recording of an accident is carried out in confidence at all times by the person administering first aid.

Any treatment of first aid is recorded by the person who administered first aid. We will record the date, time and place with the name of the class, of the injured or ill person. Details of the injury or what first aid was administered, along with what happened afterwards is always recorded.

The First Aid Co-ordinator is responsible for the maintenance of accurate and appropriate accident records, including the evaluation of accidents, and regular reporting to the H&S committee for monitoring purposes.

We adopt the definition of Ofsted with regard to serious injuries to staff and pupils as follows:-

- broken bones or a fracture
- loss of consciousness
- pain that is not relieved by simple pain killers;
- acute confused state;
- persistent, severe chest pain or breathing difficulties;
- amputation;
- dislocation of any major joint including the shoulder, hip, knee, elbow or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin; and
- medical treatment where there is reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material.

We adopt the definition from Ofsted for minor injuries, of which we always keep a record, as follows:

- sprains, strains and bruising;
- cuts and grazes;
- wound infections;
- minor burns and scalds;
- minor head injuries;
- insect and animal bites;
- minor eye injuries; and
- minor injuries to the back, shoulder and chest.

Recording Incidents and Near misses

We record any near misses which are an event such as occurrences where no one has actually been harmed and no first aid was administered but have the potential to cause injury or ill health. We record any incidents that occur on the premises and these may include a break in, burglary, theft of personal or school's property; intruder having unauthorised access to the premises, fire, flood, gas leak, electrical issues. All incidents are recorded on Medical Tracker.

Hospital Treatment

If a pupil has an accident or becomes ill, and requires immediate hospital treatment, the school is responsible for either:

- calling an ambulance in order of the pupil to receive treatment; or
- taking the pupil to an Accident and Emergency department
- and in either event immediately notifying the pupils parent/carer

When an ambulance has been called, a first aider will stay with the pupil until the parent arrives, or accompany pupil to hospital by ambulance if required.

Where it is decided that pupil should be taken to A&E Department a first aider must either accompany them or remain with them until the parent/carer arrives.

Where a pupil has to be taken to hospital by a member of staff in their own car, the business manager should ensure they have a current driving licence and valid business insurance.

Prescription and Non-prescription Medication

Staff will only administer prescribed medication (from a doctor, dentist, qualified nurse or pharmacist) brought in by the parent/carer, for the pupil named on the medication in line with the stated dose.

Staff may administer non-prescription medication such as Calpol, paracetamol and allergy medication where parents have provided written consent for this to happen. Where medication is administered, parents should be informed.

Medicine containing aspirin or ibuprofen will not be administered to any pupil unless prescribed by a doctor for that particular pupil.

We encourage pupils to manage their own asthma inhalers from a very young age. Asthma medication is always kept in or near children's classrooms until children can use it independently and it must always be taken on school trips/events.

If pupils are to self-medicate in school on a regular basis, then a self medicator's risk assessment form will be carried out.

For pupils that are on Individual Healthcare Plans, parental consent will be sought regarding details of what medication they need in school, who is going to give it to them on a regular/daily basis. Refer to Supporting Pupils with Medical Conditions Policy.

Most antibiotics do not need to be administered during the school day and parents should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours, where possible. If however this is not possible then please refer to Storage of Medicine paragraph.

This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible. Parents/carers are notified when the pupil has been administered medicine.

All school staff who volunteer or who are contracted to administer medication are provided with training. The school keeps a register of staff who have had the relevant training. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

Storage of Medication

Medicines are always securely stored in accordance with individual product instructions, paying particular note to temperature. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate. We will carry out a risk assessment to consider any risks to the health and safety of our school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

If a pupil is prescribed a controlled drug, it will be kept in safe custody in a locked, non-portable container and only named staff will have access. Controlled drugs must be counted in and witnessed if they are not administered by a qualified nurse or practitioner. The medication form must be signed by two people with at least one being the First Aid Coordinator. The records must indicate the amount of remaining medication and logged in a controlled drug recording book.

Parents should collect all medicines belonging to their child at the end of the day. They are responsible for ensuring that any date-expired medication is collected from the school. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays. If parents do not pick up out-of-date medication or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

We will keep medicines securely locked and only named staff will have access, apart from EpiPens, Asthma pumps and diabetes hypo kits which need to be with or near pupils who need them. Three times a year the First Aid Coordinator/School Nurse will check the expiry dates for all medication stored at school. Sharps boxes are used for the disposal of needles. All sharps boxes in the school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent. Collection and disposal of sharps boxes is arranged by the school biannually.

Staff are requested to inform the School Head and/or Business Manager about any prescription and non-prescription medication that they bring on the school premises for personal use. Staff are discouraged from taking any medication into the classroom and requested to leave it in the school staff room locked medicine cabinet or in the medical room locked cabinet if the medication is needed through the day. Staff are permitted to keep medicines in the medical fridge if needed, once agreed with the School Business Manager. Medicines should not be brought into the school if they are not needed. Staff members must inform the Head Teacher/School Business Manager if any medication is lost or goes missing from the school premises.

Defibrillators (AED)

The school has one defibrillator located in the First Aid Room next to the School Office and one on the playground for school and community use. This is registered on the national AED registration site.

The defibrillator is always accessible and staff are aware of the location, and those who staff have been trained to use it. They are designed to be used by someone without specific training and by following the accompanying step by step instructions on it at the time of use. The manufacturer's instructions are circulated to all staff and use promoted should the need arise.

Anaphylaxis

All pupils at risk of Anaphylaxis will have an Allergy Action Plan and a risk assessment in place that describes exactly what to do and who to contact in the event that they have an allergic reaction. The plan will include First Aid procedures for the administering of adrenaline.

Symptoms of anaphylaxis include one or more of the below:

Airway:

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness • Change in voice (hoarse or croaky sounds)

Breathing:

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

Circulation:

- Feeling dizzy or faint
- Collapse
- Babies and young children may suddenly become floppy and pale
- Loss of consciousness (unresponsive)

Action to be taken

- Position is important -lie the person flat with legs raised (or sit them up if having breathing problems)
- Give adrenaline – WITHOUT DELAY – if an AAI is available
- Bring the AAI to the person having anaphylaxis, and not the other way round. Avoid standing or moving someone having anaphylaxis
- Call an ambulance (999) and tell the operator it is anaphylaxis
- Stay with the person until medical help arrives
- If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI
- A person who has a serious allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment

- Sometimes anaphylaxis symptoms can recur after the first episode has been treated. This is called a biphasic reaction.

Under existing UK legislation, a school's "spare" AAI can in principle be used in the event of an emergency to save the life of someone who develops anaphylaxis unexpectedly, even when parental/guardian consent has not been obtained, for example in a child presenting for the first time with anaphylaxis due to an unrecognised allergy. Note, however, that this provision should be reserved for exceptional circumstances only, that could not have been foreseen.

The school has 4 emergency pens available in school. A monitoring system is in place to check expiry dates on a regular basis.

All staff have annual Anaphylaxis and Managing Allergies in Educational Settings training.

Monitoring and Evaluation

Our school's senior leadership team monitors the quality of our first aid provision, including training for staff, accident reporting on a termly basis. Our policy will be reviewed annually, accordingly. Compliance will be reported formally to the school's termly H&S Committee.

Reports are provided to our Safeguarding committee which includes an overview of first aid treatment to children including the identification of any recurring patterns or risks, lessons learned with the management actions to be taken accordingly including the provision of adequate training for staff.

APPENDIX 1 Staff are expected to...

Every member of staff of the School is expected to:

1. Ensure that all pupils receive first aid when injured at the earliest opportunity.
2. Seek first aid treatment for themselves when required and ensure that anyone else, if unable to seek help for themselves, receives suitable attention as soon as possible.
3. Make correct and authorised use of first aid facilities.
4. Report any use of first aid facilities to the School Office and complete an entry on Medical Tracker.
5. Record accurately any case of injury or accident including 'near misses', on Medical Tracker our reporting tool. An accident report form (HSA Form 1) must also be completed and the Health and Safety Officer informed in the event of an accident that meets RIDDOR requirements.
6. Ensure that a First Aid kit is taken on an off-site activity.

First Aid requisitions are available:

- In the Medical room adjacent to the School Office.
- In the Kitchen.
- In the Nursery Area.
- School halls
- On school journeys.
- During P.E. lessons on the Games field.
- Forest School Staff.
- Reception Classrooms.

The appointed First Aiders are Hazel List, Lauren Dennis and Chris Green but a list of other members of staff with valid First Aid qualifications is posted on the front of all first aid boxes.

Appendix 2 First Aid Procedures for staff

In the first instance children requiring minor first aid should be sent to one of the appointed first aiders at the School Office.

Medical Emergency

When an accident happens, the child should be taken to the medical room adjacent to the School Office unless the injury is such that further movement would make the condition worse. The School Secretary will inform one of the trained first aiders or contact an ambulance, GP or hospital as appropriate. She will also contact a parent of the casualty as a matter of urgency. Parents are also to be informed of any head injury by phone and by Medical Tracker. Any first aid administered (however minor) must be noted on Medical Tracker and any serious accident or 'near miss' reported to the Health and Safety Officer and recorded on Medical Tracker.

When to call an Ambulance

In a life threatening emergency ALWAYS call 999 if someone is seriously ill or injured, and their life is at risk. Certain symptoms are so alarming that the need for emergency area, or even an ambulance is obvious.

Examples of medical emergencies include :

- Difficulty breathing
- Chest or upper abdominal pain
- Unconsciousness
- Sudden dizziness, weaknesses or change in vision
- Change in mental status (unusual behaviour, confusion, difficulty arousing)
- Severe burns or scalds
- Sudden severe pain anywhere in the body
- Bleeding that won't stop
- Severe loss of blood
- Choaking
- Severe allergic reactions
- Drowning

When should you call an ambulance

- Is the patient's condition life threatening?
- Could the condition worsen and become life threatening?
- Could moving the patient cause further injury?
- Does the patient need the skills and equipment of paramedics or emergency technicians?

Medical Information

All medical information of which the school has been informed is logged on the schools MIS system (Arbor). A summary of this information is circulated to all teachers at the beginning of each academic year.

Photographs of pupils with serious and life-threatening complaints and allergies are displayed in the Staff Room and in individual classrooms.

Teachers are expected to make themselves aware of any problems that pupils they teach may have. A full list is given to all staff at the beginning of the autumn term.

How to deal with blood and body fluid spillages

- Spillages should be dealt with as soon as possible.
- Ventilate area if possible.
- Keep anyone not involved with dealing the spillage away from the area.
- Wear appropriate protective apparel when dealing with a spillage (gloves, apron)
- Use (NaDCC) granules to cover spillage.
- Soak up as much spillage using paper towels.
- Remove towels and debris and treat as clinical waste.
- Wash area with hot water and detergent.
- Dry area.
- Dispose of paper towels and protective clothing.
- Wash hands.
- Use “Human Waste” stickers on bin bags to alert staff and dispose of in the bin store

Head Injury/Bump Procedures

Head Injuries can be potentially life threatening and do not always show clear visual signs of injury.

In the course of any day there will be instances of children colliding or falling, we have a duty of care to ensure we deal with these appropriately. As bumps on the head can potentially be very serious but also have no further consequences we need to ensure that we fully understand the circumstance surrounding the incident and witnesses sought to corroborate what a child tells us.

All head injuries will be seen and assessed by a qualified First aider, to ensure they are competent to suitably assess the situation and take the relevant course of action they deem appropriate. If the member of staff has a child present themselves to them with a head injury or sees the accident and has no accredited first aid training, then they must escort the child to the School Office for assessment and treatment by a qualified first aider.

Every child should know that he or she must report immediately any accident to the nearest member of staff whether at supervised play or an unsupervised situation e.g. corridor or toilets. Dizziness, sickness, drowsiness, impaired vision, general feeling of illness and confusion will all be checked for and monitored by a qualified first aider in the First Aid room, for a minimum of 20 minutes, ice packs will be given where appropriate. Where a bad bump has occurred, the child should re-visit the School Office/First Aid 1 hour later to ensure the injury hasn't worsened or they are presenting signs of complications.

In the case of all head bumps parent should be told in a phone call and it should be suggested that a visit to the doctor may be advisable. If the child is unwell from their bump at school, then professional medical advice should be sought, parents informed and if necessary a senior member of staff will accompany the child to hospital until the arrival of a parent. First aiders should always ask for a second opinion from another qualified first aider if they are unsure.

Morning and lunch break times

At playtimes an Infant pupil (R, Y1, Y2) with an assessed head injury that requires further treatment should be accompanied by a teacher or teaching assistant to the School Office/First Aid room so that we obtain a full and concise account of what has happened. This is particularly important for the younger year groups who are sometimes unable to express themselves clearly or are too shy.

Junior pupils (Y3-6) with an assessed head injury that requires further treatment will be sent in to the School Office/First Aid either accompanied where possible with a teacher or teaching assistant or with 2 other children who can confirm the incident.

Pupils presenting with a head injury will not be left unattended by staff until they are confident that serious injury has not be sustained.

For a serious accident, the supervising member of staff will leave the child where they are and send for additional help from the School Office to attend the child where they sustained the accident to make sure they are not moved.

Recording of Head Injuries

All incidents should be recorded as normal on Medical Tracker. The School will always inform parents via a telephone message and bumped head slip.

Reporting procedure to Parents

The School will always inform parents of a bumped head via a telephone message. Parents should be spoken to directly. They will be invited to inspect injury and whether the child should be collected. If this is not possible, a message should be left on all mobile and home phones and contact tried again later. A log will be kept in the School Office to ensure repeat phone calls are made when no parent has been spoken to in person.

The School will always inform parents of a bumped head via telephone call and Medical Tracker.

The First Aider should complete Medical Tracker providing details of the accident and the treatment received this must be communicated to the child's responsible adult.

Communication to inform Teachers

Class teachers will be made aware if any of their pupils has suffered a head injury during the school day and alert the school office if any signs or complications present themselves later in the day.