

Waterloo Primary School



First Aid Policy

First Aid Policy

Introduction

This policy sets out the practices to be followed in First Aid at Waterloo Primary School. We believe in the safeguarding, care and nurturing of our children.

Policy statement

1. First aid on the school premises seeks to maintain the well-being of the patient i.e. all staff, pupils and visitors, until there is:-
 - a) No longer any need for special care by first aider
 - b) Help on hand from medically qualified personnel
2. Each day there is at least one qualified first aider on site.

At present these are:-

Sue McLennon

Heather Rummens

David Mouat

Jayne Williams

Claire McWilliam

Deanna Chesworth

First aiders are responsible for:

- Acting as first responders to any incident; 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 the accident report on the same day, or as soon as is reasonably practicable, after an incident.
3. The school's appointed persons are **Janet Thorpe and Helen Owens**.
 4. They are responsible for:
 - Taking charge when someone is injured or becomes ill.
 - Ensuring there is adequate supply of medical materials in first aid kits, and replenishing the contents of these kits.
 - Ensuring an ambulance or other professional medical help is summoned when appropriate.
 5. The headteacher is responsible for the implementation of this policy, including:-
 - ensuring that sufficient staff are suitably trained and that training is up-to-date.
 - Ensuring that staff are aware of procedures
 - Ensuring appropriate risk assessments are completed and that appropriate measures are put in place.
 - Reporting specified incidents to the HSE when necessary
 6. First aid boxes containing the statutory requirements are located at the following sites:-

School First aid room

7. An emergency telephone number for each child can be found on SIMS and in the school office, so that parents can be speedily informed of accidents involving their child which may need needing parental or professional care. Each child's home telephone number is also on the SIMs program – access can be gained from the School Business Manager.
8. All accidents are recorded on the school accident forms, which are located in the medical room. Parents will receive a slip to inform them of the injury especially if a bumped around the head or face area. Parents should return the acknowledgment part back to the office the next day. These forms are kept in the first aid room.
9. For residential visits, the local Authority advised format for detailed health information and parental consent to necessary hospital treatment is followed. An equipped emergency first aid box is carried by the teacher in charge of all day visits.
10. When taking pupils off the school premises, staff will ensure they always have the following:
 - A mobile phone
 - A portable first aid kit
 - Information about the specific medical needs of pupils
 - Parents contact details

Risk assessment will be completed by the teacher prior to any educational visit.
There will always be at least one first aider on school trips and visits.
11. Access to emergency telephone numbers for parents, ambulance and casualty hospital is always available.
12. Supply teachers are made aware of the school first aid policy when issued with the Visiting Adults information booklet.
13. All relevant staff will be made aware of a child's individual condition.

ARRANGEMENT FOR FIRST AID

Materials, equipment and facilities The school will provide materials, equipment and facilities as set out in DfE 'Guidance on 'First Aid for schools'.

A typical first aid kit should include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves

- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

The Appointed Person: Currently the Appointed person for First Aid stock is Helen Owens

She will regularly check that materials and equipment are available. She will order new materials when supplies are running low. The appointed person is responsible for reporting to the Headteacher concerning the arrangement of adequate First Aid training for staff.

Each reception class should have their own First Aid Box. These need to be stored where they are visible and easy to access.

First Aid bags for class trips out should be stored in the First Aid room. It is the responsibility of the adults of that class to notify the appointed if stock in the trip bags are running low.

Playground: Any accidents/incidents on the playground should be dealt with in the First Aid Room. Any major accident needs to be reported to the appointed person: Janet Thorpe. In case of her absence these should be reported to Helen Owens. If an ambulance is called the Head teacher needs to be notified immediately (or the person in charge, e.g. Deputy Head teacher, Assistant head teacher).

Defibrillators

We have a defibrillator in school located outside the Business Manager's Office– the following staff were trained in their use although the machines are self-explanatory and do the job themselves, whilst speaking people through the operation:

Mrs Rummens
 Mrs Redman
 Mrs Farrell
 Mrs Duckett
 Mrs Palmer
 Miss Sargeant
 Mrs Williams
 Mrs Evison

Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a cleansing wipe.

Any adult can treat severe cuts; however a fully trained first-aider must attend the patient to give advice. Minor cuts should be recorded in the accident file. Severe cuts should be recorded in the accident file and parents informed by phone call. A major incident form needs to be filled out by the person dealing with the injury and given to the parents. Major injuries need to be reported to the appointed person.

ANY ONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES.

Head injuries

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Children should receive an 'I BUMPED MY HEAD' sticker. The adults in the child's class-room should keep a close eye on the child. All bumped head accidents should be recorded in the accident file. Children with a bumped head should be given a head injury letter to take home.

Parents should be called if the child has a head bump or if there are obvious signs of concussion. Children who have a concussion after a head injury will need to be taken to hospital.

Allergic reaction

Nominated staff are trained in recognising the signs of serious allergic reactions and in the administration of Epi-Pens. In case of a less serious allergic reaction a first aider should examine the child and follow care plan instructions. Epi Pen trained staff are:

Mrs R Kelly
Mrs Bailey
Mrs Daly
Miss Jeffreys
Mrs Brodie
Mrs Palmer
Miss Sargeant
Miss Szymkowicz
Mrs McAdam
Mrs Mitchell
Mrs Murray
Mrs Jackson

Record Keeping

First Aid and Medicine files

These files are kept in the Main School Office. The contents of these files are collected at the end of the academic year by the appointed person, and kept together for a period of 3 years as required by law. The school follows the HSE guidance on reportable accidents/incidents for children and visitors.

Reporting to the HSE

The head teacher will keep a record of any accident which results in a reportable injury, disease or dangerous occurrence as defined in the RIDDOR 2013 legislation. The head teacher will report these to the Health and Safety Executive as soon as is reasonable practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or a reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalding requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE

<http://www.hse.gov.uk/riddor/report.htm>

Employees/staff:

The school has a responsibility to provide aid to all staff. In case of an accident/incident staff should seek First Aid from any of the qualified First Aiders. All First Aid treatment to staff should be recorded on an accident form that can be obtained from the office and reported to the appointed person. In case an accident/incident results in the individual being taken to hospital, where they receive treatment and are absent from work for 3 days or more, the appointed person needs to be notified. The appointed person and the Head teacher will review the accident/incident and will decide if it needs to be reported to the HSE.

Notifying parents

The school uses 1 form for parent notification. This can be found in the first aid room and needs to be completed thoroughly. If the last slip is taken it must be dated and the new sheet also needs to be put in place and dated.

ARRANGEMENT FOR MEDICINE IN SCHOOLS

Administering medicine in school (see separate policy Administering Medication in School)

At the beginning of each academic year, any medical conditions are shared with staff and a list of these children and their conditions will be kept in the Main School Office, Staff Room, Teachers' files and First Aid-Medicine Record file.

Children with medical conditions have to have a care plan signed by parents/guardians. These need to be checked and reviewed regularly. Medications kept in the school for children with medical needs, are stored in the school office, in a white cabinet, clearly marked with a green cross. This cabinet remains locked and the key stored in a secure place. Each child's medication is clearly labelled in the original container with their care plan.

Controlled Drugs

Controlled drugs are stored in the cabinet and on dispensing to a child a count is maintained by the member of staff, recorded and signed. Spot checks on these drugs take place periodically.

For further information on pupils with medical conditions in school please see the 'Administering medicine in school policy'.

CIRCUMSTANCES REQUIRING SPECIAL CAUTION

Whilst the administration of all medicines requires caution, there are certain circumstances which require special attention before accepting responsibility for administering medicine when the parents are unable to come to school themselves. These are:

- a. Where the timing and nature of the administering are of vital importance and where serious consequences could result if a dose is not taken;
- b. Where some technical or medical knowledge or expertise is required;
- c. Where intimate contact is necessary.

In such circumstances, the Headteacher will consider the best interests of the child as well as considering carefully what is being asked of the staff concerned. If necessary, advice will be sought from the consultant community paediatrician or school doctor (see appendix 2 for contacts). There should be clear written instructions for the administration of such medication which are agreed by the parents, teachers and advisory medical staff. Parents will be informed whenever a child is given such medication, which is no part of a regular regime.

All medicines in school are administered following the agreement of a care plan, which will be regularly monitored at least annually.

Aspirin and preparations containing aspirin will never be given to pupils, except in very rare situations.

Intimate Care (also see the Intimate Care Policy)

Where a child is soiling their clothes, no member of staff is under obligation to deal with the situation. Where dealing with this issue is written into a job description, then the member of staff should have a hepatitis 'b' injection beforehand. Medical advice should be sought immediately. The preferred method of dealing with this issue is to ask the parents to come into school and create an intimate care plan, which should involve the parent wherever possible changing the young child. If a child has diarrhoea, they should be sent home immediately.

Asthma

It is the parents/carers responsibility to provide the school with up-to-date Asthma pumps for their children. Asthma pumps will be sent home at the end of each term for parents to check the expiry date or if they have run out. Asthma pumps should not be shared.

School maintains a register of children with asthma and teachers are advised of these children. Children are provided with RED bum-bags to carry their Asthma pump in when not in the class room. Only Blue (reliever) Asthma pumps should be kept in school.

Short Term prescriptions

Medications such as the short term use of antibiotics or painkillers can be administered only if the parent /guardian fill out the 'Parental consent form for administering medicine' form on the day the request is made. The form can be obtained from the school office. Parents need to give the completed form to the school office together with the medication. A completed copy of the 'Parental consent form for administering medicine' form must be kept in the First Aid and Medicine file. However, staff should encourage parents to administer medicine at home. Only medication prescribed by a GP, Hospital or Pharmacy and clearly labelled with the child's name, address and required dosage can be administered in school. Non-prescription medication or creams and lotions should not be administered in school. Children must always be aware of where their medicine is kept i.e. school office.

If a child refuses to take a medicine, staff should not force them to do so. Instead should note this in records and inform parents/ carers or follow agreed procedures or the Care Plan. For further reference see the 'Administration of Medicines in school policy'.

Record keeping – Medicine

Staff should record any instances when medicine is administered. This includes if children use their asthma pumps. The records need to include, date and time of medicine administered, its name and the dose given, signed by the person responsible for administering the medicine. Older children may take their own medicine under the supervision of an adult; this need to be recorded and the adult still need to sign the record sheet. Record sheets are in the First Aid and Medicine folder. For further reference see the 'Administration of Medicines in school policy'.

Calling the Emergency services In case of a major accident, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision. The Head teacher or Deputy

Headteacher should be informed if such a decision has been made even if the accident happened on a school trip or on school journey. If the casualty is a child, their parents/ guardians should be contacted immediately and given 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 available from the school office.

Staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Headlice

Staff do not touch children and examine them for headlice. If we suspect a child or children have headlice we will have to inform parents/carers who will be asked to collect their child immediately and treat prior to returning to school. A standard letter should be sent home with all the children in that class where the suspected headlice incidence is. If we have concerns over headlice the school nurse can be called in, who is able to examine children and also give advice and guidance to parents/carers on how best to treat headlice.

Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox, measles etc; we will look at the child's arms or legs. Chest and back will only be looked at if we are further concerned. We should call a First Aider and two adults should be present. The child should always be asked if it was ok to look. For the inspection of other rashes the same procedure should be followed. If we suspect the rash to be contagious (such as scabies, impetigo, conjunctivitis, etc.) we need to inform parents and request that children are treated before returned to school. In most cases once treatment has began it is safe for children to return to school. If more than one child is suspected to have the same disease/rash in one class a letter should be sent home to all parents in that class, to inform them as to allow them to spot problems early and began treatment early, thus avoid the further spread of disease/rash. It is the Headteachers duty to decide if there is an outbreak of infectious disease and whether there is a need to report it to the local HPU (Health Protection Unit).

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and should take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Cups and spoons used to dispense medication must be washed thoroughly by staff member dispensing medication immediately after use.

Policy Review

This policy will be reviewed on an annual basis or more frequently in the event of the issue of updated guidance from the Department of Education or the Local Authority

January 2021

Appendix 1

