

# First Aid Policy

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Little Thurrock Primary School  
MAY 2020



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## **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 Local Board of Governors and the Trust Board 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. The first aid qualification includes first aid training for infants and young children. The school currently has 23 emergency and Paediatric trained first aiders with valid certificates. We also have four Paediatric trained level 3 first aiders. Posters displaying the names and locations of first aiders are on display around the school.

## **FIRST AID KITS:**

- Comply with the Health and Safety (First Aid) Regulations 1981 and British Standard – BS 8599-1:2011;
- Include contain 60 x Assorted Washproof Plasters, 2 x Burn Dressing (100 x 100mm), 1 x Clothing Cutters, 2 x Conforming Bandage (75mm x4m), 6 x Dressing (120 x 120mm), 2 x Dressing (180 x 180mm),3 x Eye Pad Dressings, 3 x Finger Dressing, 2 x Foil Blanket, 9 x Gloves (pair), 1 x Guidance Leaflet, 1 x Microporous Tape (250mm x 5m), 1 x Resuscitation Face Shield, 12 x Safety Pins, 30 x Sterile Wipes, 1 x Tamper seal Label, 3 x Triangular Bandages
  - Are regularly checked.

Class teachers and support staff are responsible for maintaining the kits in their individual rooms. Senior midday meals supervisors are responsible for the resourcing of their lunch time bags. The school office hosts one of five main first aid kits which is regularly checked and restocked by the first aid team on rotation. A second in nursery and a third in the Reception early Years provision both of which are maintained by the named first aider in each room. The remaining two are located in the PE hall and medical room. These are checked and restocked at the end of every half term by Lorraine Robinson.

The medical room kit also contains additional first aid resources

- These are re-stocked as necessary.
- Are easily accessible to adults.
- Are kept out of the reach of children.

## **REPORTING AND RECORDING ACCIDENTS**

- All accidents will be recorded on the school's electronic accident reporting system immediately or as soon as is practicable.
- All serious accidents must be recorded on the school's electronic accident reporting system, on the same day, and then recorded onto the EVERY system (the electronic incident reporting system for the local authority) within 24 hours.
- The nursery and Reception (Early Years) provision staff maintain their own records for their own children electronically and hard copies. An accident record sheet should be provided to and signed by the parents at the end of the day. A copy of the letter should be stored securely to protect against GDPR breaches of confidentiality.
- All staff and volunteers know where they are kept and how to complete them.
- All accident records are reviewed half termly by a member of the senior leadership team to identify any potential or actual hazards.

Our accident records contain information of the first-aid treatment given by first aiders and other members of staff. **These accident records MUST be**, 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 treatment provided
- 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 records 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 records should be stored securely and safely in case they are needed for reference in the future.

## **OFSTED REQUIREMENTS 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 first-aider who treated the injury will be the person who contacts the parent to inform them of what happened and recommended next steps. Staff must be aware of GDPR 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 under the Freedom of Information Act then they must do so in writing. The release of information will need to be authorised by a member of the senior leadership team and all other information redacted.

## **SUPPORT FOR STAFF**

All staff should be aware of the policy and guidelines for providing First Aid for children. There should be regular opportunities for them to raise any issues and share concerns. Staff will be offered training where appropriate.

## **ADMINISTRATION OF MEDICINES AT LITTLE THURROCK PRIMARY SCHOOL**

This applies to all pupils, including those who do not have an individual health care plan. Medicines will be safely stored in the School Office and Medical Room. A written record will be kept by the Office Staff and stored in the medical file in the office. This will include date, time, dosage and name of the member of staff who administers the medicine. One member of the Office Team and First Aid Team will take responsibility for this task on a daily rota basis to ensure that no pupil forgets to take their medication.

- Any parent can request that their child is given prescription medicine in school. Little Thurrock Primary 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 a member of the office team before any medication can be administered.
- It is preferable that pupils take medicine at home, before or after the school day. (Parents will be 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 MANGAGE 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. 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 Teacher who has a duty to ensure the safety of all children and young people.

## **MEDICAL EMERGENCIES AT LITTLE THURROCK PRIMARY SCHOOL**

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 school will call an ambulance before contacting parents if a child becomes seriously ill – this applies to all children and not only those with health care plans. The school will arrange for a competent member of staff to travel to hospital in an ambulance and act in loco parentis until the parents arrive. The member of staff in loco parentis will have the right to sanction emergency procedures as advised by medical staff in the ambulance or at the hospital.

## **SICKNESS**

Our policy for the exclusion of ill or infectious children is discussed with parents. This includes procedures for contacting parents – or other authorised adults – if a child becomes ill while in the school.

- We do not provide care for children, who have become unwell outside of the school day, e.g. have a temperature, or sickness and diarrhea, or who have an infectious disease.
- Children with head lice but must be treated to remedy the condition as soon as is practically possible.

- Parents are notified if there is a case of head lice in their child's class or year group.
- Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times by the Health and Safety Coordinator – Gavin Ashdown or the Emergency First Aiders.

## **TREATMENT OF INJURIES**

If a child reports an injury to an adult who has received First Aid training or following an accident, that First Aider **must** take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance. The First Aider 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

## **PUPIL ACCIDENTS INVOLVING THEIR HEAD**

The Local Governing board recognises that accidents involving a pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time. Children often fall and bang themselves, and thankfully most bangs to the head are harmless events and can be dealt with by the supervising adult by applying a cold compress (wet tissue or cloth) for the child's own comfort. Parents/Carers must be contacted if the child has a visible or grazed bump to the head. All head bumps must be recorded in the electronic accident reporting system and a letter sent home informing parents of possible symptoms to look out for. It is the responsibility of the first aider dealing with the head bump to contact the parent and also inform the class teacher. Head bump letters will be texted to parents electronically so the school can be sure the parent receives the information. The bottom section of the letter must also be completed and retained by the school. Under no circumstances, should ICE PACKS be applied to head bumps. It will reduce swelling but it can actually do more harm if there is a hairline fracture this could result in the child needing additional emergency hospital treatment.

We use the National Health Service guidance referring to symptoms of a serious bump to the head as being;

- unconsciousness,
- a glazed look or confusion,

- difficulty in speaking or staying awake,
- problems with senses or vision,
- repeated vomiting,
- blood or clear/pale yellow fluid coming from the nose or ears,
- memory loss,
- sudden swelling or bruising around both the eyes and behind the ears,
- difficulty with walking/coordination
- It could also be “an injury caused by a forceful blow to the head at speed such as being hit by a car or falling 1 metre or more. It could also be caused if an injury wasn’t accidental.” This guidance is taken from the NHS website: [www.nhs.uk/conditions/severe-headinjury/](http://www.nhs.uk/conditions/severe-headinjury/)

**If any of the above symptoms occurs in a child who has had a bang to the head, urgent medical attention is needed. Parents should be contacted and the emergency services too. In the event of an accident in which the child cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so and the emergency first aider must be called immediately to assess the situation.**

## **TREATMENT OF SUSPECTED BREAKS/FRACTURES**

The seven things to look for are:

1. Swelling
2. Difficulty moving
3. Movement in an unnatural direction
4. A limb that looks shorter, twisted or bent
5. A grating noise or feeling
6. Loss of strength
7. Shock
  - If it is an open fracture, cover the wound with a sterile dressing and secure it with a bandage. Apply pressure around the wound to control any bleeding.
  - Support the injured body part to stop it from moving. This should ease any pain and prevent any further damage.
  - Once you’ve done this, call 999 or 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 HAZARDOUS MATERIALS**

All items should be placed in a yellow clinical waste bag and disposed of in the Hazardous waste bin situated in the Medical Room.

## **ICE PACKS**

Instant ice packs are single-use only and for the treatment of sprains, strains and bruises and must be kept out of children's reach. These are stored in the main office cupboard. Guidance on the use of ice packs: Ideally an ice pack should be applied within 5 -10 minutes of the injury occurring. The pack 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. Emergency first aiders must check the colour of the skin after 5 minutes of applying the pack. If the skin is bright red or pink, remove the pack. With injuries older than 48 hours, a heat source can be applied to bring more blood to the injured area to stimulate the healing process.

### **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 know infection(s) Asthma

## **ASTHMA**

We have many children at Little Thurrock Primary School with Asthma. All pumps are labelled and kept in the school office except for nursery children and Reception children who store theirs in their building. In the event of an attack, the inhaler must be taken to the child. All inhalers should accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc. Children on the asthma register who have parental consent for the use of the emergency inhaler are clearly indicated. An emergency inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty). There are five emergency kits which are clearly labelled for use in school, on trips and in the event of an evacuation. Four of these are kept in the school office and the other stored in the medical room. **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 school office except for nursery and Reception children who store theirs in their areas. Nine members of staff have Anaphylaxis and Epi Pen training. These include senior leaders, first aiders and the staff working with children who currently have an epi-pen. Anyone can administer an Epi-Pen in an emergency if the adult/child is unable to do it themselves. Should a member of staff, who has not had the training have to do this, then the emergency services must be informed at the same time as the Epi-Pen is administered. From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

## **TRAINING**

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

## **SAFEGUARDING**

At Little Thurrock Primary School we have no anticipation that the First Aid care of a child either should raise any safeguarding issues as all staff are checked through the Disclosure and Barring Service. In addition, all staff will have received Safeguarding Training from Thurrock safeguarding Coordinator for Schools. Therefore, it will be normal practice for only one adult to be involved in attending to a child's First Aid needs. The person attending to a child will always be a member of the school staff.

At all times staff will be encouraged to remain highly vigilant for any signs or symptoms of improper practice, as they do for all activities within school. If any marks or injuries are noticed on a child during changing these will be reported immediately to the Designated Child Protection Officers Mr. Andrew Hook, Miss. Nicola Townshend or Miss. Mary Dunn following Little Thurrock Primary School procedures as outlined in the Safeguarding and Child Protection Policy and Thurrock Safeguarding children procedures.

Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding through PSHE.

This document was approved and adopted by the governing body of Little Thurrock Primary School

Date: May 2020

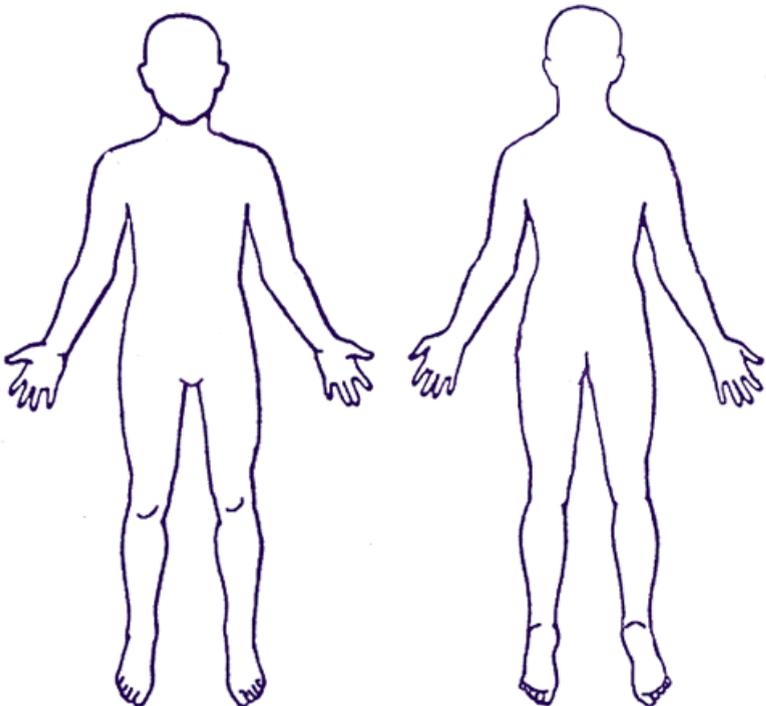
Name of the Chair of the Local Governing board: \_\_\_\_\_

Signature of the Chair of the Local Governing board: \_\_\_\_\_

## Accident record sheet

This form should be used to inform your risk assessment and behaviour management policy  
 For confidentiality only name one child on each accident log. This log can also be used for staff accident.

Full name of child			
Child's date of birth			
Date of accident		Time of accident	
Exact location of accident			
Name of person who dealt with accident			
Signature of person who dealt with accident			
Description of accident			
Description of care given			
Name of person who gave care			

<p><i>Was someone injured?</i></p>	<p><i>yes</i> <input type="checkbox"/>    <i>no</i> <input type="checkbox"/></p>		
<p><i>If yes, show where injury is</i></p>			
<p><i>Description of injury</i></p>			
<p><i>Signature of witness</i></p>		<p><i>Date</i></p>	
<p><i>Signature of parent or carer</i></p>		<p><i>Date</i></p>	