

# FIRST AID POLICY

ST MARY'S LEWISHAM CE PRIMARY SCHOOL

## Our Vision

To be a learning community that promotes the unique gifts, wellbeing and potential of every person. Our work is founded on the life and teaching of Jesus Christ, building on His message of equality, peace and justice, guided by His words 'As I have loved you, so you must love one another' (John 13:34).

## Policy Statement

The Governors, & Headteacher of St Mary's Lewisham CE Primary School accept their responsibility under the Health & Safety at Work Act 1974, First Aid at work Regulations 1981, the Management of Health & Safety at work Regulations 1999 and the Riddor 2013. We acknowledge the importance of providing First Aid for employees, children and visitors within the school.

The Governors are committed to the authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 1995.

The provision of First Aid within the school will be in accordance with the DFE's guidance on First Aid in school.

## Aims:

The Aim of this Policy is to set out guidelines for all Staff in school in the administering of First Aid, and to determine whether or not the child is in need of 'First-Aid' or merely 'Pastoral Care'. Having such clarity will help us to ensure we are providing the best possible provision for safeguarding our pupils.

Signed 

**(Headteacher)**

Date: February 2022

Signed 

**(Chairperson of the Governing Body)**

Date: February 2022

## Statement of First Aid organisation.

The school's arrangements for carrying out the policy include nine key principles.

- To place a duty on the Governing body to approve implement and review the policy.
- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.

- To records all occasions when first aid is administered to employees, pupils and visitors.
- To provide equipment and materials to carry out first aid treatment.
- To make arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.
- Undertake a risk assessment of the first aid requirements of the school.

### **Information on First Aid arrangements**

All employees at the school will be made aware of the following:

- The arrangements for recording and reporting accidents.
- The arrangements for First Aid.
- Those employees with qualifications in first Aid.
- The location of First Aid cabinets and kits.

Signs are displayed throughout the school providing the following information:

- names of employees with first aid qualifications.
- Location of first aid boxes.

All members of staff will be made aware of the school's first aid policy.

### **Recording of First Aid and Accidents**

A record of all first aid treatments given by first aiders and appointed persons MUST include:

1. the date, time and place of incident;
2. the name (and class) of the injured or ill person
3. details of the injury/illness and what first aid was given
4. what happened to the person immediately afterwards (for example went home, went back to class, went to hospital)
5. name and signature of the first aider or person dealing with the incident

The above information MUST be recorded in the 'FIRST AID' book which is kept in the Office.

Teachers will be informed of any accident that occurs during the school day by the Appointed person.  
(See Appendix 6)

### **Early Years**

Early Years have a separate book from the rest of the school. This is kept in the reception classroom on top of the first aid cupboard.

*The information in the record book can help the school identify accident trends, possible areas for improvement in the control of health and safety risks, be used for reference in future first-aid needs assessments or be helpful for insurance and investigative purposes.*

### **Pupil accidents involving their head/face**

The Governing body recognise that accidents involving the pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time.

- A telephone call is made informing parents/carers/carers that their child has had a bump to the head or facial injury. (See Appendix 6)
- A first aid slip is also sent home. (See Appendix 6)

### **First Aid Room**

The First Aid Room at St Mary's is situated: Within the Library in the main building.

*Education (School Premises) Regulations 1996 require every school to have a suitable room that can be used for medical or dental treatment when required, and for the care of pupils during school hours. The area, which must contain a washbasin and be reasonably near to a WC, need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed. Schools should consider using this room for first aid. However, first-aid facilities may need to be made available quickly.*

This room will be used every day during break time – 10:30-10:45 and every day during lunch time – 12-1:30pm for the sole purpose of First Aid.

All Teaching Assistants are trained in emergency first aid. (See Appendix 6)

Staff training on First Aid (4 hour course) will be undertaken every three years and all support staff will be invited to attend when necessary.

Staff training on Paediatric First Aid Courses will be taken every 3 years. (See Appendix 6).

Epi-pen training will be given to all staff by the School Nurse on an annual basis. The next whole school staff First Aid Training will be organized before April 2016. All staff training is recorded on the MIS system.

Useful telephone numbers – (Appendix 1)

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

### **Contents of First Aid Cabinets**

*The minimum provision:*

- a leaflet giving general advice on first aid
- 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 un medicated wound dressings
- two large (approximately 18cm x 18cm) sterile individually wrapped un medicated wound dressings
- one pair of disposable gloves.

*Equivalent or additional items are acceptable.*

All First Aid Boxes to be kept fully stocked. (See Appendix 6)

## **Transport to hospital**

- The head teacher will determine what is a reasonable and sensible action to take in each case.
- Where hospital treatment is required but it is not an emergency, then the Head of School will contact the parents/carers for them to take over responsibility for the child.
- If the parents/carers cannot be contacted then the Head of School may decide to transport the pupil to hospital. Where the Head of School makes arrangements for transporting a child then the following points will be observed:
  - No individual member of staff should be alone with a pupil in a vehicle.
  - The second member of staff will be present to provide supervision for the injured pupil.

If it is deemed necessary to call the emergency services, the Head of School, Executive Head or Assistant Head must authorise this and the Appointed Person will make the call.

## **Calling an Ambulance**

Always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of a significant head injury
- In the event of a period of unconsciousness
- Whenever there is a possibility of a fracture or where this is suspected  
(See Appendix 2)

It is the responsibility of the office staff call the ambulance and to print a context sheet BEFORE the Paramedics arrive. This must be given to them on arrival so they have all the necessary details of the child.

The office must also call the parents/carers to inform them of the incident and keep them up to date on what is happening.

Where hospital treatment is required but it is not an emergency, parents/carers will be contacted and they will take over the responsibility of their child. In the event that the parents/carers cannot be contacted, a member of staff will accompany the child to hospital and remain with them until the parents/carers can be contacted

## **Accident Reporting**

The Governing body will implement the LA's procedures for reporting:

- all accidents to employees
- all incidents of violence and aggression.

The Governing body is aware of its statutory duty under RIDDOR in respect of reporting the following to the Health and Safety executive as it applies to employees.

- An accident that involves an employee being incapacitated from work for more than three consecutive days.
- An accident which requires admittance to hospital for in excess of 24 hours.
- Death of an employee.
- Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine.

For non-employees and pupils an accident will only be reported under RIDDOR:

- where it is related to work being carried out by an employee or contractor and the accident results in death or major injury, or;
- It is an accident in school which requires immediate emergency treatment at hospital

For each instance where the Head of School considers an accident to a visitor or pupil is reportable under RIDDOR the advice of the authority will be sought.

Where a pupil has an accident it will be reported to the LA.

All accidents to non-employees (e.g.) visitors which result in injury, will be reported to the authority.

Please see the School Office for a copy of the RIDDOR Form. (See Appendix 6)

## **Medication**

Under certain circumstances the first aid officer will administer medication to ensure equality of opportunity for all pupils to attend school. Clear written instructions must be provided by the parents/carers which may be cross referenced with the GP or school nurse practitioner.

Wherever possible, the first aid staff requests that medication for short term illnesses (completion of a course antibiotics when the child is well enough to return to school) should be administered before the beginning and after the end of the school day.

## **Storage of medicines and drugs**

Medicines are stored safely in a locked cabinet out of the reach of pupils. For each individual child the medicines is kept in the container supplied, which must be clearly labelled with the name of the child and instructions for use. Some medicines (e.g. liquid antibiotics and insulin) are placed in a sealed airtight container and clearly marked 'medicines' these are stored in the refrigerator in the First Aid room.

Asthma inhalers are readily available to pupils as some pupils will require their medicines in an emergency situation. If a child takes their inhaler at school this should be documented and the parents informed. Blue inhalers – Ventolin (Salbutamol) are available from the first aid room in school, in an emergency in accordance with the Guidance on the use of emergency salbutamol inhalers in schools produced by the Department of Health.. See Appendix 3

## **Administering medicines**

A standard procedure must be followed which includes:

- refer to written instruction received by school
- check prescribed dose
- check expiry date
- check prescribed frequency of medication
- measure out prescribed dose and check the child's name
- complete and sign record when child has taken or has been given medicine
- if there is uncertainty, do not give the medicine but check with the child's parents/carers/carers or doctor
- Approved medication will only be administered on receipt of a written request from the parent/carer (Appendix 3)

- Parents/carers can attend school and administer medication at break / lunch times subject to completion of a proforma

A log is kept in the Medical Room of every time medication is administered. This log shows: Date; Child's name; Class; Time given and Dosage given. (See Appendix 6)

## **Epilepsy**

Parents/carers are encouraged to discuss all aspects of their child's health and well-being with the school.

The nature, frequency and severity of a seizure will vary greatly between individuals.

The symptoms of most children with epilepsy are well controlled by modern medication. Many pupils with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing lights or flickering lights, video games and computer graphics and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs.

Nothing must be done to alter the course of a seizure once it has begun. The pupil should not be restrained and there should be no attempt to put anything into the mouth. **A fully qualified First Aider who will know how to deal with the patient should be summoned at once,**

Pupils with epilepsy should not necessarily be excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science

laboratories. **Concerns about any potential risks are discussed with pupils and their parents/carers. If the first aider feels it necessary she/he will seek additional advice from the GP, Paediatrician or school nurse/doctor.**

## **Diabetes**

This is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels.

Children with diabetes may have daily insulin injections, to control their blood glucose level. Most children can do their own injection and may simply need supervision if very young and a suitable private place to carry it out.

**A quiet area in the First Aid room will be made available for this.**

Pupils with diabetes need to eat regularly. This may include eating snacks during class-time or prior to exercise.

**Facilities will be available for pupils to take an additional snack during the day in the First Aid room (this will be reflected in their individual medical plan).**

If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemia episode (a hypo) during which his or her blood sugar level falls to too low a level. If a child has a hypo, it is important that a fast acting sugar, such as glucose tablets, a sugary drink or a chocolate bar, is given to eat.

**It is important that the Qualified First Aider is called immediately.**

## **Anaphylaxis**

This is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the pupils concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

## **Allergic reactions**

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- A metallic taste or itching in the mouth
- Swelling of the face, throat, tongue and lips
- Difficulty in swallowing
- Flushed complexion
- Abdominal cramps
- A rise in heart rate
- Collapse or unconsciousness
- Wheezing or difficulty in breathing

## **Medication and control**

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline called an epi-pen. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional.

Due to the need for an immediate response to the reaction an epi pen is stored in each classroom as appropriate and also in the First Aid room.

Each administration of an epi-pen should be documented – (Appendix 4)

## **Unusual administrations**

In some cases children require unusual administrations of medicine, for example, injections. Such cases need to be considered individually in consultation with the school nurse practitioner.

Allergies are required to be reported to the school upon joining and must be mentioned on the contact form. The school works with parents/carers/carers to draft a medical plan which is reviewed annually or more frequently if changes occur. Please see (Appendix 5) which contains an example letter and plan.

If a child is unwell the parents/carers/carers will be contacted and asked to collect their child. (See Appendix 6)

## **P.E**

All class Teaching Assistants are First Aid trained and therefore are responsible for taking the 'green bag' (first aid kit) and any asthma pumps to every PE lesson. They must remain present throughout the session and deal with any first aid that may arise. All incidents MUST be recorded in the FIRST AID book which is kept in the office and a letter MUST be filled in to be sent home. Any major injuries or bumps to the head will also need a phone call home. (See Appendix 6)

### **Off site activities**

All class Teaching Assistants are First Aid trained and therefore are responsible for taking the 'green bag' (first aid kit) plus a sick bucket/bags on every trip. They will also need to collect any asthma pumps or medication required for the trip. They are responsible for recording any accident/incidents in the FIRST AID book on return. **A Paediatric trained person must accompany children in EYFS on every trip.**

**February 2021 – to be reviewed annually**

