

WOOD FOLD PRIMARY SCHOOL

FIRST AID POLICY

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Policy published (including on the website):	06/09/2021
Next review (date):	June 2022

STATEMENT OF INTENT

Wood Fold Primary School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, pupils and visitors.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors.

This policy aims to:

- Ensure that the school has adequate, safe and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

PRINCIPLES

We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.
- To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
- To have a minimum of 4 trained First Aiders on site at any one time, including a person with a paediatric first aid qualification whenever EYFS pupils are present.
- To ensure that a trained first aider accompanies every off-site visit and activity. In visits involving EYFS pupils, such a person will have a current paediatric first aid qualification.

- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995).
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
- To record and make arrangements for pupils and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly in writing to parents or guardians if a child has sustained any sort of injury, however minor, and to ring immediately with any bump to the head (from the neck upwards)

LEGAL FRAMEWORK

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995
- DfE (2015) ‘Supporting pupils at school with medical conditions’
- DfE (2000) ‘Guidance on first aid for schools’
- DfE (2019) ‘Automated external defibrillators (AEDs)’
- DfE (2017) ‘Statutory framework for the early years foundation stage’

LOCATION OF FIRST AID FACILITIES

- Each year group has a central first aid box stored in a clearly labelled cupboard.
- Each classroom teaching assistant has a first aid bum bag which is taken onto the playground for minor injuries to be addresses

ROLES AND RESPONSIBILITIES

The governing board is responsible for:

- The overarching development and implementation of this policy and all corresponding procedures.
- Ensuring that the relevant risk assessments, and assessments of the first aid needs of the school specifically, have been conducted.
- Ensuring that there is a sufficient number of appointed first aiders within the school based upon these assessments.
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents’ evenings.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that appropriate and sufficient first aid training is provided for staff, and ensuring that processes are in place to validate that staff who have undertaken

training have sufficient understanding, confidence and expertise in carrying out first aid duties.

- Ensuring that adequate equipment and facilities are provided for the school site.
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for pupils and others complies with the relevant legislation and guidance.
- Ensuring that an ‘appointed person’ is selected from amongst staff to take the lead in first aid arrangements and procedures for the school.

The headteacher is responsible for:

- The development and implementation of this policy and its related procedures.
- Ensuring that all staff and parents are made aware of the school’s policy and arrangements regarding first aid.
- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.
- Ensuring that all pupils and staff are aware of the identities of the school first aiders and how to contact them if necessary.

Staff are responsible for:

- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Endeavouring at all times to secure the welfare of the pupils at school.
- Making pupils aware of the procedures to follow in the event of illness, accident or injury.

First aid staff are responsible for:

- Completing and renewing training as dictated by the governing board.
- Ensuring that they are comfortable and confident in administering first aid.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Provide appropriate care for pupils or staff who are ill or sustain an injury
- Record all accidents in the accident book (to be found in the year group cupboard).
- Record all injuries, however minor, on a ‘bump slip’ (see Appendix 1) which states the date, time, injury/ incident, what first aid has been administered and signature of the first aider. This is sent home with the child.
- In the event of any injury to the head (from the neck upwards) however minor, ensure that the parents/guardians are contacted immediately, and asked to come and look at the child and decide on whether they want the child to leave school and seek further attention.
- Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.

WHAT TO DO IN THE CASE OF AN ACCIDENT, INJURY OR ILLNESS

A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider (see below). The school office should be contacted if the location of a trained first aider is uncertain using the walkie- talkie.

Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed. The pupil or member of staff should not be left unattended.

The first aider will organise an injured pupil's transfer to an appropriate place and to hospital in the case of an emergency.

Parents should be informed **as necessary** by telephone by the first aider or school secretary. Parents will also receive a bump note which will be sent home with the child. Record of the accident or injury will also be logged on the log sheet (Appendix 2) in the year group first aid file.

Appropriate after care will be provided for anyone who has been involved in an accident or injury whilst at school. The first aider who dealt with the child and the class teacher will provide check-ins with the child throughout the remainder of the school day to ensure they are feeling well. Should they show signs of being unwell the parents/ guardians will be phoned for collection.

AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS)

The school has procured an AED through the NHS Supply Chain, which is located in the school entrance.

Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device. A general awareness briefing session, to promote the use of AEDs, will be provided to staff on an annual basis, and training every 3 years. Use of the AED will be promoted to pupils during PSHE lessons.

CONTACTING PARENTS

Parents should be informed by telephone as soon as possible after an emergency, with any bump to the head (neck upwards) or following a **serious/significant** injury including:

- Head injury (**a head injury advice sheet should be given to any pupil who sustains a head injury**) (See Appendix 3)
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury (uncontrolled)
- Loss of consciousness
- If the pupil is generally unwell

If non-emergency transportation is required, an insured member of staff drive should parents be delayed. A member of staff will accompany the pupil until a parent arrives. Parents can be informed of incidents at the end of the school day by the class teacher and any minor incidents by the 'bump note'. In EYFS, **ALL** incidents must be communicated to the parents either via phone call or discussion as appropriate.

CONTACTING THE EMERGENCY SERVICES

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a pupil becoming unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

ACCIDENT REPORTING

The accident book must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors. The accident book will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirements).

PUPILS WHO ARE UNWELL IN SCHOOL

Any pupil who is unwell cannot be left to rest unsupervised in the sick room. If a pupil becomes unwell, a parent should be contacted as soon as possible by the class teacher, the school secretary or the teaching assistant.

Anyone not well enough to be in school should be collected as soon as possible by a parent. Staff should ensure that a pupil who goes home ill remembers to sign out at the school office.

FIRST AID FOR SCHOOL TRIPS

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (paediatric certificate for trips involving EYFS pupils) and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance.

A First Aid kit for school trips must be taken by both class teachers and all group leaders. This must be returned to the specific first aid cupboard for replenishing on return. Any accidents/injuries must be reported to the Headteacher and to parents and documented in the accident book in accordance with this policy. A 'bump note' will also be provided for parents. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed.

PUPILS USING CRUTCHES OR HAVING LIMITED MOBILITY

Parents must inform the school of the nature of injury and the anticipated duration of immobility. The class teacher will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed with the relevant staff to enable teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school. Parents must inform the school of any particular difficulties. A thorough risk assessment will be completed and shared with parents and relevant staff before entering school.

EMERGENCY CARE PLANS AND TREATMENT BOXES

Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the headteacher, class teacher and parents. These care plans are displayed in the staff room. Emergency treatment boxes must always be taken if the pupil is out of school. The boxes are kept in the first aid cupboard for their year group- they are clearly labelled with a picture of the child's face.

PUPILS WITH MEDICAL CONDITIONS

A list is available in the staff room, office and the kitchen of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip.

DEALING WITH BODILY FLUIDS

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed.

- When dealing with any body fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately.

Bodily fluids include:

- Blood, faeces, nasal and eye discharges, saliva, vomit

Disposable paper towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available in all 1st aid boxes) then placed in the waste bin in the sick room. Avoid getting any body fluids in your eyes, nose, mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

INFECTIOUS DISEASES

If a child is suspected of having an infectious disease advice should be sought from the office manager who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other pupils and staff.

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
COVID 19	10 days from symptoms, 14 days if in contact with someone either close friends /families or NHS track and trace	Symptoms: temperature 37.and above Persistent coughing, loss off taste and smell.
Chickenpox	5 days from onset of rash	Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact

Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing
Measles	5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed
Hepatitis A	Exclusion may be necessary	Consult the Health Protection Agency
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatment is recommended for the pupil and family members
Mumps	5 days from onset of swollen glands	
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better
Influenza	Until fully recovered	

Cold sores	None	Avoid contact with the sores
Warts, verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Glandular fever	None	
Tonsillitis	None	

FIRST AID PRACTITIONERS AT WOOD FOLD PRIMARY SCHOOL

First Aiders and courses attended area listed below:

EMERGENCY FIRST AID AT WORK (expiry date: 6 January 2022)

Paula Pierce	Karen McManus	Alison Powell
Mandy Bagshaw	Jordan Blyth	Helen Cannell
Eileen Patel	Nicola Bullen	Julie Morris
Louise Clegg	Lisa Dawber	Rachael Oldfield
Sue Dempster	Rachael Grimshaw	Craig Speakman
Kathryn Prest	Emma Holden	

FIRST AID AT WORK COURSE (expiry date: 24 May 2021)

Alison Powell	Craig Speakman
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PAEDIATRIC TRAINING (expiry date: 21 November 2020)

Craig Speakman	Charlotte Warren
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PAEDIATRIC FIRST AID (expiry date: 18 July 2022)

Deborah Farrington	Alice Hodgkiss	Pat Wallace
Pam Williams	Janine Thompson	Victoria Cockton
Julie Grady	Alison Powell	Julie Morris

FIRST AID ESSENTIALS (EduCare Online course attended in April/May 2020)

Karen Ainscough	Gina Bell	Sarah Burland	Lawrence Carr
Sharon Dickinson	Deborah Farrington	Sarah Grady	Emily Grimes
Katherine Harris	Alice Hodgkiss	Michael Hughes	Bethany Hunter
Gemma Johns	Gaye Kelly	Leanne Michael	Kate Morris
Emma Prescott	Alex Thompson	Lucy Wallace	Melissa Wilcock

Appendix 1

WOOD FOLD PRIMARY SCHOOL Telephone: 01257 400271										Accident / Incident / Illness Report Slip			
Date:			Time:			Pupil's Name:							
Details of accident/illness/incident:													
Details of treatment and any additional comments:													
											CHECK- INs		IMPORTANT Please consult your doctor or local hospital if your child suffers any drowsiness, vomiting, impaired vision or excessive pain after returning home.
											<u>Time</u>	<u>Who?</u>	
Bump / Bruise	Vomiting / Nausea	Headache / High Temperature	Head Injury	Cut / Graze	Nosebleed	Asthma	Sprain/Twist	Parent / Carer Contacted	Well enough to remain in school after First Aid	Collected from school	Authorised Signature:		

Appendix 2

WOOD FOLD PRIMARY SCHOOL

ACCIDENT / INJURY RECORD SHEET – Y4 – 2020/21

KEY TO TREATMENT: IP = Ice-Pack, W = Water/Washed, P = Plaster, Q = Quiet Spell

<u>DATE</u>	<u>TIME</u>	<u>CHILD & CLASS</u>	<u>DESCRIBE INJURY</u>	<u>CAUSE OF INJURY</u>	<u>1ST AID ADMINISTERED / KEY TO TREATMENT</u>	<u>BY WHOM</u>	<u>PARENT INFORMED BY:</u>		<u>SIGNATURE BY TEACHER INFORMED</u>	<u>CHECK-INS completed?</u>
							LETTER	PHONE		

Appendix 3

Head Injury Advice Sheet

Advice for parents and carers of children



How is your child?



RED

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears
- Does not wake for feeds or cries constantly and cannot be soothed

You need urgent help

Go to the nearest Hospital Emergency (A&E) Department or phone 999



AMBER

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today

Please ring your GP surgery or call NHS 111 - dial 111



GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.

Self Care

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

Head Injury Advice Sheet

Advice for parents and carers of children



Concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Advice about going back to nursery / school

- Don't allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

For further information:

Rugby: goo.gl/1fsBXz



Football: goo.gl/zAgbMx



For further support and advice about head injuries, contact:



- Visit the [Brain Injury Trust website](https://www.braininjurytrust.org.uk).



www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

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