

First Aid Policy

Holly Trees Primary



Autumn 2016

Rationale

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that we provide a happy, caring well-ordered environment, in which children feel safe, secure, valued and respected. This care should extend to emergency first aid provision and the administration of medication.

Purpose

This policy;

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medication
2. Clearly defines the responsibilities and the staff
3. Enables staff to see where their responsibilities end
4. Ensures the safe use and storage of medication in the school
5. Ensures the safe administration of medication in the school
6. Ensures good first aid cover is available in the school and on visits

Guidelines

New staff to the school are made aware of this policy when they are appointed. This policy is regularly reviewed and updated. This policy has safety as its priority. Safety for the children and adults receiving first aid or medication and safety for the adults who administer first aid or medication.

Conclusion

The administration and organisation of first aid and medication provision is taken very seriously at Holly Trees Primary School. There are annual procedures that check on the safety and systems that are in place in this policy. The school takes part in the Health and Safety checks by Essex County Council – these happen in the autumn term each year. The school also discusses its first aid and medications procedures with the school nurse each year. Adjustments are made immediately if necessary.

First Aid Policy Guidelines

First aid in school

Training

Staff are appropriately trained to reflect the staff ratios and any additional needs for pupils.

See published lists of current First Aid trained staff in the staff room and office.

First aid kits

The First Aid cupboards are located in the School Business Managers office.

A portable first aid kit will be taken on any visits outside the school. A basic first aid kit is taken out onto the field/playground at lunchtime. The following first aid items are available in school.

- Plasters
- Sterile eye pads
- Triangular bandages
- Safety pins
- Medium plain wound dressings
- Large plain wound dressings
- Disposable gloves
- Individual moist wound wipes
- Conforming bandages
- Rustless blunt end scissors

If running water is not available i.e. on a visit a sterile (sealed bottle) of at least 1 litre of water must be taken with the first aid kit for eye irrigation or wound cleaning.

Visits

A trained first aider will be present on school visits. A trained paediatric first aider will be present on all visits by Reception children. A travelling first aid kit will be taken on all visits together with the inhaler of any child with asthma going on the trip, the medication of any child with a care plan going on the trip. As part of the risk assessment carried out for the visit the staff member responsible will identify any children with medical conditions going on the visit.

Guidelines for staff dealing with first aid incidents in school

The information below is intended as guidance only. Most of the first aid given in school is of a minor nature. If there is a serious incident call 999 (*see calling emergency services*) then contact a first aider. Do not put yourself in danger. If you are unsure about how to deal with a first aid incident seek the advice of a trained first aider.

If a child has an injury which you are unable to see without them undressing you should ask another member of staff to attend as a witness.

Disposable gloves must be worn for all First Aid.

Cuts

Staff must wear disposable gloves before treating any cut to protect the adult and child from infection. (Infections such as Hepatitis can be passed through cuts and through the nail bed). Cuts should be cleaned with water and gauze or can be washed under a tap. All open cuts should be covered with a plaster. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing.

For more severe cuts please ask a trained first aider to attend to give advice.

All blood waste should be double wrapped and disposed of in the yellow bin, located in the disabled toilet.

Burns

Cool the affected area preferably with cold water. Continue to cool for about 10 minutes. Remove any jewellery in case of swelling. Cover affected area with a sterile burns dressing or cling film or any clean non adherent material to prevent infection. Contact the parent/carer if it is a severe burn and ask them to obtain medical advice.

Bumped heads

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with a cold compress or an ice pack. Parents/carers must be informed either by a call home or the child will have a head bump wristband to wear home. The child's teacher should be informed. If it is more than a minor bump contact the parent/carer. The parent/carer will be given the opportunity to come to school to have a look at the injury and take the child home or for medical attention.

Bites and Stings

Bites and stings should be treated with a cold compress. If the bite or sting is severe contact the parent/carer for the child to be taken home or the parent/carer can bring a suitable cream into school to treat the bite or sting.

Nose Bleeds

Staff must wear disposable gloves before treating a nose bleed. Sit the child down leaning forward, using a piece of gauze pinch the soft part of the nose between finger and thumb. If the bleed does not stop after 10 minutes repeat again for another two cycles, if the bleeding hasn't stopped contact a parent/carer and seek medical help. If the nose bleeds are frequent contact a parent/carer. If the child has never had a nose bleed before inform the parent/carer.

Sand/foreign body in eye

Splash eyes with water or pour water over eyes. Contact parent/carer if this does not clear the irritation. Foreign bodies can cause serious and permanent damage to the eye. Advise parent/carer to get medical treatment.

Splinters

Surface splinters may be removed if this can be done easily and without distressing the child. The area should be cleaned with soap and water and a plaster applied. If a splinter is causing distress contact the parent/carer to come to school to remove the splinter themselves or to seek medical advice.

Choking

Call for a first aider. Lean child forward and give five slaps between shoulder blades. If this does not work a first aider can administer abdominal thrusts. If this does not work call for an ambulance and then contact parent/carer. If abdominal thrusts are administered medical attention should be sought.

Breaks and sprains

Do not move the injured part. Reassure the child/adult. Call for a first aider. Call an ambulance if required or a parent/carer and ask them to seek medical attention.

Reporting injuries

If a child visits first aid they should be given a note to take home so that the parent/carer is informed.

For major accidents, a further RIDDOR form must be completed within 24 hours of the accident.

Calling the emergency services

In the case of major accidents, it is the decision of the 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.

If a member of staff is asked to call the emergency services, they must,

1. State what has happened, and the child's age.
2. Whether the casualty is breathing and/or unconscious
3. The location of the school

In the event of the emergency services being called, a member of the Admin staff OR another member of staff, should wait by the school gate and guide the emergency vehicle into the school.

If the casualty is a child, their parents 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 clearly located in the school office.

Dealing with an asthma attack

If a child or adult has difficulty breathing with long wheezy breathing out phases they may be having an asthma attack. Remain calm and reassure the casualty. Let the casualty sit down in the most comfortable position for them (usually leaning forward supported). Do not lie casualty down. Assist casualty to take their own medication (usually a blue inhaler).

If it is a severe attack i.e.

- If the medication does not have any effect within 5 minutes
- If the casualty is unable to talk
- If the casualty is exhausted
- If the lips are turning blue

inform a first aider so that they can be taken to hospital or an ambulance called.

Inhalers

Children can use their inhalers at any time; inhalers are kept in their original box and kept in the classroom first aid kits. If the class is doing PE on the field the kit is taken out with them. If the inhaler is needed very frequently the parent/carer will be informed. It is the responsibility of parents/ carers to check that the inhaler is replaced when required.

OTHER ASTHMA SUFFERERS CANNOT SHARE INHALERS.

In the event of a child having an asthma attack, who has no inhaler, the parents must be sought quickly by phone to give permission for the administration of someone else's inhaler. If parents cannot be located, then the emergency services will be contacted and they may give permission for the sharing of the inhaler.

Epipens and anaphylaxis shock training

Some children require epipens to treat the symptoms of anaphylaxis. Epipens are kept in the child's classroom and in the first aid cupboard in the School Business Managers office. Staff receive regular training on the use of epipens.

If a child goes into anaphylaxis shock for the first time emergency services should be called immediately and emergency first aid given as appropriate.

Headlice

Staff do not examine children for headlice. If we suspect a child has headlice we will inform the parent/carer. We do not inform other parents of outbreaks but ask parents/carers to be vigilant at all times.

Vomiting and diarrhoea

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed. Before cleaning up after a child has had vomiting or diarrhoea staff should first put on gloves. Granules are available and these can be applied where necessary. Cleaning cloths and antibacterial spray are also available. Children should be changed into clean clothes if possible or parent's contacted to bring clean clothes to change children into before taking them home. Any waste/cleaning materials should be double wrapped and disposed of.

Headaches

Headaches may be a sign of a more serious complaint. They may have been caused by a head injury or they may be a sign of an infection. If a child complains of a headache the parent should be contacted.

Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox etc, we will look at their arms or legs. To look at a child's back or chest would only be done if we were concerned about infection to other children. In this case another adult would be present and it would only be done if the child was willing. If a rash is present the parent will be informed and asked to take the child home and to seek medical advice. Children may be required to be absent from school for a prescribed period of time. The Headteacher or school office will advise timescales in accordance with the advice of the local health authority.

Next review Autumn 2017