



Rosslyn Park Primary and Nursery School First Aid Policy

Introduction

'First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill' (The Joint First Aid Manual 8th Edition). Staff administering First Aid should seek to assess the situation, protect themselves and the casualty from further danger, deal with any life threatening condition and where necessary obtain medical assistance or refer the casualty to hospital as quickly as possible.

Statement of First Aid Provision

The School's arrangements for providing First Aid will:-

- Place a duty on the Headteacher and Board of Governors to approve, implement and review the First Aid policy;
- Place individual duties on all employees;
- Record on all occasions when First Aid is administered to employees, pupils and visitors.
- Provide equipment and materials to provide First Aid treatment;
- Make arrangements to provide First Aid training to employees, maintain records of 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 and review on a regular basis;
- Use the information from the risk assessment of First Aid to determine the number and level of trained staff and also any additional requirements (eg specialised training for children with particular medical needs);
- Notify parent/guardian that first aid treatment was given to the child.

Arrangements for First Aid

During teaching time first aid is administered by one of the trained first aiders in that particular area of school.

During breaktime first aid is administered by the trained first aider on duty.

During lunchtime first aid is administered by trained Midday supervisors.

If needed radios are used to request assistance by another member of staff as appropriate.

All first aid given must be recorded on Medical Tracker and a notification sent to parents.

If a child has a significant first aid incident a parent/guardian should be contacted by a telephone.

The School will provide materials and equipment and facilities to provide first aid. These will be restocked and reordered by the assigned first aiders in each phase.

The location of First Aid Kits in the school

The School will provide materials and equipment and facilities to provide first aid. The location of the First Aid Kits as below:

Location of first aid kits	Staff responsible for replenishing first aid boxes
Foundation 1	C Williams
Foundation 2	C Williams
Castle – Cluster 1 (Shared Area)	M Burrows
Sherwood – Cluster 2 (Shared Area)	M Burrows
Trent – Cluster 3 (Shared Area)	N Hodges
Highfields – Cluster 4 (Shared Area)	J Hopkins
Main Office	J Hopkins
Medical Room	N Hodges/K Earle
Hall	K Earle
EPR room	K Earle

The contents of the kits will be checked on a weekly basis by the assigned first aiders in each phase. Use of first aid materials and deficiencies should be reported to the person responsible for their replenishment.

A standard First Aid Kit will contain the following items

First aid boxes	
A leaflet giving general advice on first aid https://www.hse.gov.uk/pubns/indg347.pdf	
Triangular Bandages	2
Large Plasters	20
Medium Plasters	20
Small Plasters	20
Alcohol Free Wipes	10
Tape 1"	1
Disposable Gloves	6
Cold Packs	2
Bio Hazard Bags	5
Eye Wash	1
Sterile Eye Pads	2
Medium Wound Dressings	6
Large Wound Dressings	2
Sterile Pads, Medium	5
Sterile Pads, Large	2
Safety pins	6

First aid trained staff

The School First Aider(s) **Are listed on Medical Tracker and a list of first aiders in each cluster is kept next to the first aid kit.**

We currently have 34 trained staff in school:

First aid trained staff	
3	First Aid at work (3 days)
10	Paediatric first aiders (2 days)
7	Emergency first aid in schools (1 day)
1	Half a day schools first aid
13	Emergency first aid (2 hours)

First aiders must take refresher training at the required intervals.

Off site activities

Before undertaking any off site activities, the level of first aid provision will be assessed by a member of SDG and at least one first aider and a first aid kit must be taken. If coaches are required for the offsite visit there should be a first aider and first aid kit for each coach.

Information on First Aid Arrangements

The Head Teacher will inform all employees at the school of the following:-

- The arrangements for recording and reporting of accidents;
- The arrangements for First Aid;
- Those employees who are qualified First Aiders;
- The location of the First Aid Kits.

In addition the will ensure that signs are displayed throughout the School providing the following information:-

- The names of employees with First Aid qualifications;
- Their location;
- Location of the First Aid Box

All members of staff will be made aware of the School's First Aid policy. No member of staff should attempt to give First Aid unless they have been trained.

Where the incident is identified as RIDDOR reportable (e.g., serious injury or death), the senior first aider is responsible for ensuring that a RIDDOR report is completed and sent the NCC and the HSE.

Accidents involving bumps to a Pupil's head

The consequence of an injury from an accident involving a bump or blow to a pupil's head is not always evident immediately and the effects may only become noticeable after a period of time.

Where emergency treatment is not required a 'Head Bump' letter will be emailed to the parent/guardian via Medical Tracker. If a child has an injury from the neck up that has or could potentially leave a significant mark or a direct bump a phone call will be made to the parent/guardian and then logged on Medical Tracker.

First aid emergencies

In the event of an incident that requires immediate and experienced assistance, a call on the radio for a first aider will be made. These incidents should be dealt with by the senior first aiders:

Andy Mullahy, Nathan Smith, Chole Tuohy

The senior first aider will make an initial assessment and organise support as required.

A member of SDG must be notified of the incident and will be responsible for subsequent decisions in conjunction with the senior first aider who is dealing with the incident.

If possible, the person should be moved to the medical room. If the person cannot be moved, clear the area they are in leaving the first aider/s, and a member of SDG.

If it is decided a child requires medical attention the parent/guardian should be contacted to take the child. If the parent/guardian or other designated emergency contacts cannot be reached, SDG in conjunction with the senior first aiders will decide if school staff will take the child to hospital.

Where SDG/Senior first aider makes arrangements for transporting a child then the following points will be adhered to:-

- Only staff cars insured to cover such transportation will be used;
- No individual member of staff will be alone with the pupil in a vehicle;
- A second member of staff will be present to provide supervision of the injured pupil.

Should emergency services be required, a joint decision between the first aider dealing with the incident and a member of SDG will be made. If possible, the call should be made using the portable phone in the school office, to ensure the member of staff making the call can easily relay messages and questions between the parties involved. The parent/guardian should also be contacted.

Always call an ambulance in cases of:

- Anaphylactic shock, when the EpiPen has been administered
- Convulsions or epileptic fits (unless individual pupil medical care plans says different)
- Severe asthma attacks where inhaler do not appear to be helping
- Severe loss of blood
- Broken limbs where patient cannot move unaided
- Suspected spinal injuries
- Serious head injuries, involving heavy bleeding and suspected skull damage
- Unconsciousness, where the patient does not regain full awareness within 2-3 minutes
- Suspected heart attacks or strokes

Choking- where emergency (abdominal thrusts under the ribs) procedure has been used (not required in cases relieved by back slaps)

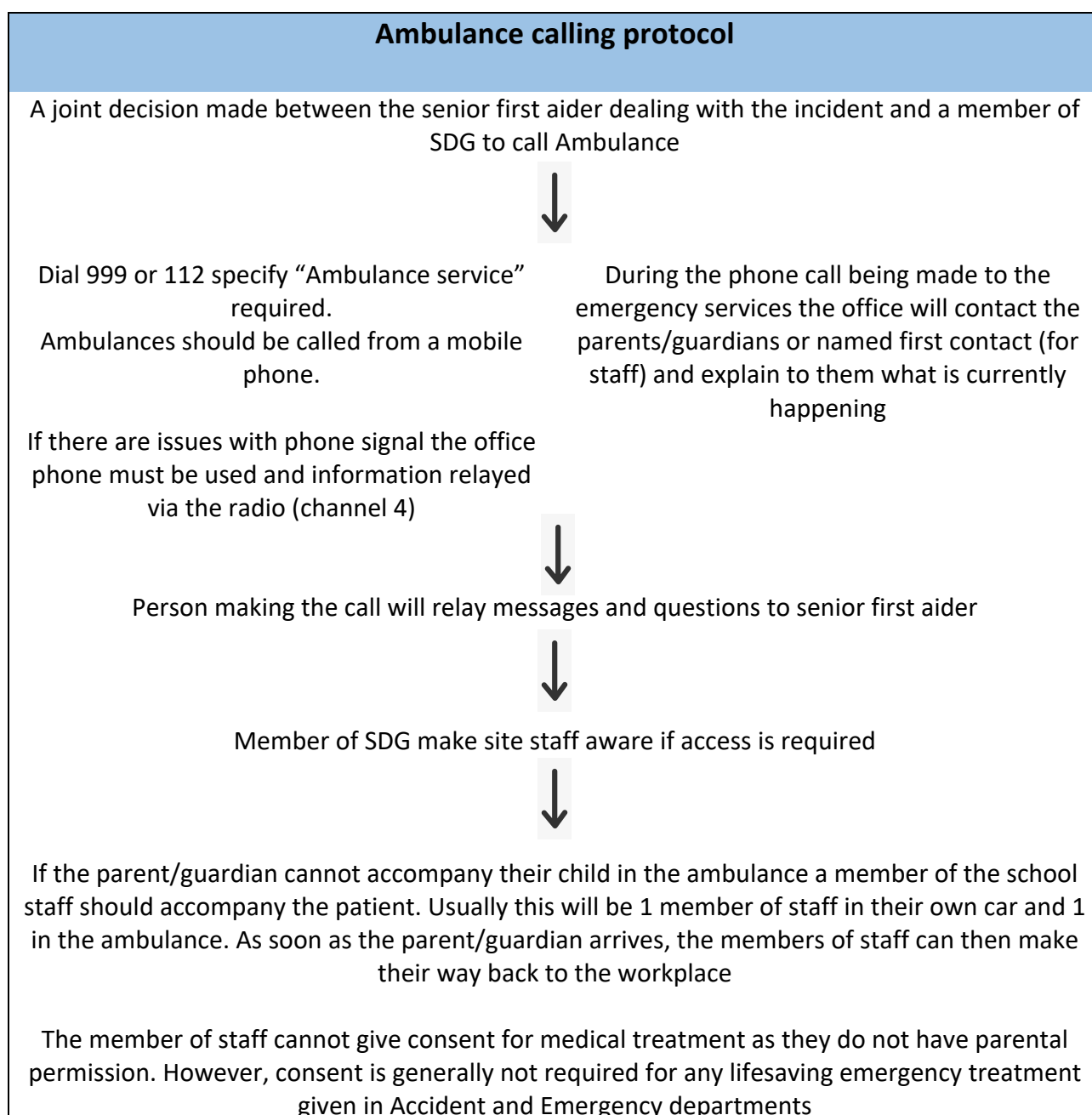
Consider calling an ambulance or calling parent/guardians and seek the opinion of the senior First Aider available in cases of:

- Allergic reactions (to stings, bites, etc.) where Piriton or similar has been administered without easing symptoms

- Large cuts where blood loss has been controlled by steristrips but stitches could be needed. Fractures or suspected fractures where the patient can move but is clearly in great discomfort Unconsciousness where the patient regains awareness very quickly.
- Severe eye injury or chemicals in the eye.
- Severe burns
- Nosebleeds lasting up to or more than 30 minutes

If in any doubt whether or not to call an ambulance, a decision will be taken based on the professional judgement of at least 3 members of staff, these staff will include 2 first aiders and a member of SDG.

Ambulance calling protocol



Ambulance controller will need information including:

- Approx. age and gender of the patient
- Exact location including the postcode NG8 6DD
- What has happened, where and how long ago?
- Does the patient have any conditions which may have caused what has happened?
- Has it happened before?
- Is the patient allergic to anything (penicillin tetanus etc.)?
- Is the patient breathing?
- Is the patient conscious?
- Has the patient been unconscious?

Administration of Medicines

All medication will be administered to pupils in accordance with the DfE document

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

Long term medication

Parents may request the school to administer medication for children who require emergency medication on a long-term basis because of the chronic nature of their illness (for example, asthma, diabetes, epilepsy etc.). In these circumstances, an agreement is reached between the parent, Head Teacher and member of staff involved. Where long-term needs for emergency medication exist, Rosslyn Park Primary School requires specific guidance on the nature of the likely emergency and how to manage. Detailed written instructions should be supplied to the school and the parent/guardians should liaise with the SENDCO in writing a health care plan. Emergency day-time contact numbers should be provided where the parent/guardian can be reached at all times.

Prescribed medication

Parents are responsible for the administration of medicines to their children it is normally possible for doses of medication to be given outside school hours. If your child is on 3 doses a day, the recommendation is to administer immediately before school and after school and again at bedtime. If a child needs a dose of medicines at lunchtime, the parent/guardian should come in to school to administer the medicine.

For Rosslyn Park Primary School to agree to assist with medication, parents should complete the appropriate medical forms obtained at the school office. (Each case will be considered individually depending on the child's medical needs).

The medication should be prescribed by a doctor and brought into school in a suitable container and clearly labelled stating the child's name, the name of the medication, the dosage, and the time of administration. Whenever possible, the medicine should be self-administered under the supervision of an adult. Medicines are kept in a locked First Aid or fridge, in accordance with safety practises. When medication is administered by a member of staff it is logged on Medical Tracker and parents are notified via email.

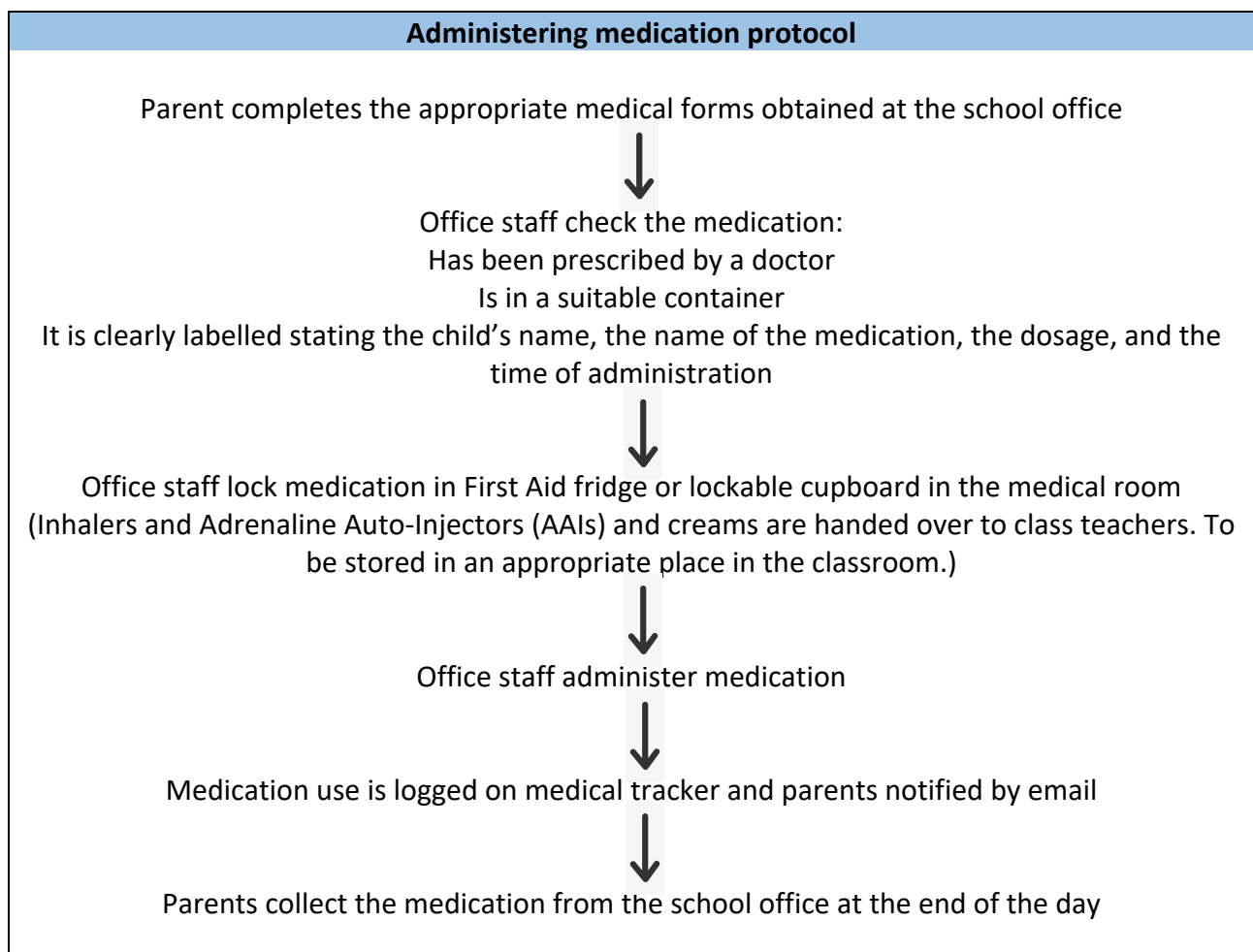
Administration of over the counter medication

Sometimes parents may ask for their child to be given over the counter medication at school e.g. antihistamines, eyedrops. Generally, school staff should not give non-prescribed medication to pupils. This is because they may not know whether the pupil has taken a previous dose or whether the medication may interact with other medication being taken.

For Rosslyn Park Primary School to agree to assist with over the counter medication, a member of SDG must first approve the medication being administered (each case will be considered individually depending on the child's medical needs). If approved the medication must be brought into school in the original packaging and parents should complete the appropriate medical forms obtained at the school office.

Whenever possible, the medicine should be self-administered under the supervision of an adult. Medicines are kept in a locked First Aid or fridge, in accordance with safety practises. When medication is administered by a member of staff it is logged on Medical Tracker and parents are notified via email.

Non-prescribed pain killers (Calpol, Nurofen, etc.), should not be brought into school. If a child requires such medication, parents will be contacted and asked to come into school to administer a dose to the child.



Storage of medication

ALL medication with the exception of inhalers, adrenaline auto-injectors and creams should be locked in the first aid fridge or lockable cupboard in the medical room. The keys for these are held in the main office.

Inhalers

Parents should complete the appropriate medical forms obtained at the school office. The inhaler should be prescribed by a doctor and brought into school in a suitable container and clearly labelled stating the child's name, the name of the medication, the dosage, and the time of administration. Where possible we ask for an inhaler to be left in school during term time. The children should be able to use them independently but will be assisted by school staff whenever required.

Storage of Inhalers

- Inhalers will **NEVER** be locked away. They should be kept in the child's classroom so that that the children and staff can immediately find them
- All children with asthma will have rapid access to their inhalers as soon as they need them
- Where possible we ask for an inhaler to be kept in school during term time
- Devices will always be taken with the child when moving out of the classroom for lessons, trips or activities.

N.B. In the unlikely event of another pupil using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

In an emergency, where a child, who is a known asthmatic, is experiencing significant symptoms and has not got their own blue inhaler with them or it is found to be empty, it is acceptable to use the school's emergency inhaler and spacer. This emergency inhaler is stored in the medical room. When an emergency inhaler has been given by a member of staff it is logged on Medical Tracker and parents are notified via email.

Adrenaline Auto-Injectors (AAIs)

Children and young people diagnosed with allergy to foods or insect stings are frequently prescribed AAI devices, to use in case of anaphylaxis. Detailed written instructions should be supplied to the school and the parent/guardians should liaise with the SENDCO in writing a health care plan. Emergency day-time contact numbers should be provided where the parent/guardian can be reached at all times.

Always call an ambulance in cases anaphylactic shock, when an Adrenaline Auto-Injector (AAIs) has been administered.

Storage of Adrenaline Auto-Injectors (AAIs)

AAI devices should be kept in a central safe place, in a box marked clearly with the pupil's name but **NOT** locked in a cupboard or a place where access is restricted. School will request for an EpiPen to be left in school.

Storage of creams

Over the counter creams can be stored in classrooms/changing rooms for easy access. Prescribed creams should be clearly labelled with the pupil's name and stored in a central safe place out of reach of children.

Treatments

When dealing with blood, plastic gloves and apron must be worn.

Cuts/scratches – Use only prepared medi-wipes. It is policy not to use antiseptic liquids/ointments, as these could delay healing or cause allergic reactions. Plasters may be applied, if necessary, after ascertaining the child is not allergic to these.

Bleeding – As above; if profuse, apply direct pressure and raise the wound before sending for the First Aider.

Head Bumps – Cold compress. Run hands over scalp to find bleeding, swelling or any area that feels soft or indented. Handle head and neck very gently. If any child has an injury from the neck up a phone call will be made to the parent/guardian and a note should be made on the child's individual log with a note explaining if the parents/guardians were contacted or not. If staff are unable to reach the parent/guardian by a phone, then a group call will be sent via the office.

Falling – Children do fall over at school from time to time and they react in different ways. It is advisable to watch the situation carefully and assess it. If the child is unable to get up and is on obvious distress, call a First Aider, who will assess the situation and take appropriate action. If the child is unable to stand unaided, **do not lift them** – this could cause other injuries.

Unconsciousness – Call a First Aider immediately.

Breathing Difficulties – Ask the child to stand or sit quietly. Ask if they use an inhaler. If they do, check if they have it with them and ensure they use it. If the child does not use an inhaler, a First Aider should be summoned.

Epilepsy/Fainting – If a child is falling, try to support him/her or ease the fall, loosen clothing around the head/neck and call a First Aider.

Haemophilia – This condition affects the clotting of the blood and can cause haemophiliacs to bleed more freely than other people do. If a known haemophiliac is having a 'bleed', call an ambulance to take them to hospital.

Diabetes – Diabetics can display either lethargic or more active characteristics than usual. If a diabetic has high or low blood sugar, contact his/her class teacher and/or a First Aider.

Anaphylaxis – The result of severe, generalised, allergic reaction. The child could experience severe difficulties with breathing. If a known anaphylactic has an attack, the named staff should administer the child's adrenaline and call for an ambulance. Common allergies are:

- Food, e.g. eggs, fish, nuts, especially peanuts
- Insect stings
- Immunisations or antibiotics

Safety/HIV Protection

Disposable gloves and a plastic apron should always be worn when treating any accidents/incidents that involve body fluids. Make sure any waste (wipes, pads, paper towels, etc.) is placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened ready to take home.