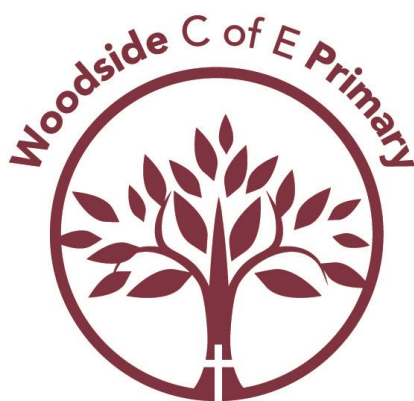


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WOODSIDE C.E.(VC) PRIMARY SCHOOL

First Aid Policy

Date Ratified:	July 2023
Date Due for Review:	July 2026
Signed Head Teacher:	
Signed Chair of LAB (where appropriate):	

1. First Aid Information

The school is committed to providing sufficient provision for first aid to deal with injuries that arise at work or as a consequence of school activities.

To achieve this objective, the school will:

- appoint and train a suitable number of first aid personnel
- display first aid notices with details of first aid provision
- provide and maintain suitable and sufficient first aid facilities including first aid boxes
- provide any additional first aid training that may be required to deal with specific first aid hazards

2. First Aiders

A First Aider is a person who has a valid certificate in either first aid at work or emergency first aid at work training.

The First Aiders are: (Pediatric First)	<ul style="list-style-type: none">• Heidi King• Sharon Day
First Aid at Work	<ul style="list-style-type: none">• Heidi King
First Aid Bags can be found at:	<ul style="list-style-type: none">• Office• Classrooms•
Allergy Response Kit	<ul style="list-style-type: none">• Kept with pupil
Defibrillator	<ul style="list-style-type: none">• Office
Accident Book	All incidents recorded on Evolve
The person responsible for RIDDOR notifications is:	Natasha Johnson-Headteacher

First aid provision will be available at all times whilst people are present on school premises including out of hours' activities. The assessment of need will be reviewed at least annually.

3. First Aid Bags

- All inhalers will be stored in the class first aid bag in a zip wallet with the original medicine form and a log form to show when the child is given the inhaler.
- All inhalers must have a prescription label visible. If it does not, the parent should be asked to get one as soon as possible and a label with the child's name should be put on to the inhaler.
- The class first aid bag should be taken out onto the playground at playtime and lunchtime as well as after school activities.
- Epi-pens are stored in the bum bags and kept on the first aid hook in each classroom and these need to go out at break/lunchtimes too or if the class is working elsewhere within the school.
- First aid bags, clearly marked, will be provided in readily accessible locations and be made known to all staff and pupils.
- First aid bags will contain a sufficient quantity of suitable first aid materials and nothing else.
- First aid does not include the administration of medicines and thus first aid boxes should NOT contain drugs of any kind including aspirin, paracetamol, antiseptic creams etc.
- All first aid kits will be checked regularly and maintained by a designated member of staff; items should not be used after expiry date shown on packaging. Extra stock will be kept in the school office.
- Suitable protective clothing and equipment such as disposable gloves (e.g., vinyl or powder free, low protein latex CE marked) and aprons will be provided near the first aid materials.
- Additional travel first aid kits will be provided for offsite visits.
- During all off-site visits, it is the responsibility of the person in charge of the visit to ensure that first aid equipment is taken.
- Any children in KS2 (Y3-6) will take responsibility for their own inhalers on trips.
- When children are younger than this, it is the responsibility of their group leader.
- If a child requires emergency medication (e.g., epi-pens/antihistamines) these must also be taken with the class when they leave site.
- Blunt-ended stainless-steel scissors (minimum length 12.7 cm) will be kept where there is a possibility that clothing might have to be cut away. These should be kept along with items of protective clothing and equipment.
- Small quantities of contaminated waste (soiled or used first aid dressings) can be safely disposed of via the usual refuse collection arrangements. Waste to be double bagged in plastic and sealed by knotting.

4. First Aid Records

The school ensures that the following records are available:

- Certification of training for all first aiders and refresher periods.
- Any specialised instruction received by first-aiders or staff (e.g., Epi-pens).
- First aid cases treated (see accident / incident reporting).
- For minor injuries, information is entered on Evolve.
- For more serious injuries or if an ambulance has to be called information is recorded in the logbook that is kept in the main office.
- This is a legal document and needs to be kept until the child entered on Evolve reaches the age of 25 years old.
- Every entry needs to be accurate, e.g., the spelling of child's name, Class, name of person who has administered First aid.
- Accidents involving staff should be recorded on Evolve.
- Details of injury should be recorded as accurately as possible, e.g., details of what finger cut, grazed, bruised etc.
- Any medical intervention must be recorded accurately.

5. Guidelines on responding to injuries

Minor injuries

The following injuries are considered minor and capable of being dealt with by a first aider in school:

- grazes, small scratches, bumps, minor bruising, minor scalding or burns resulting in slight redness to the skin.
- Injuries requiring medical attention.
- deep cut
- long cuts. Long cuts are considered to be approximately 1 inch when on the hand or foot and 2 inches when elsewhere on the body.
- the cut is jagged.
- the injury involved a pet, especially a cat.
- the injury involved a wild animal.
- the injury is due to a bite, either human or animal
- the wound has debris stuck in it after cleansing.
- the wound is bleeding heavily.
- the wound will not stop bleeding after applying direct pressure for 10 minutes.
- the injury is a puncture wound.

Head injuries

Injuries to the head need to be treated with particular care. Any evidence of following symptoms may indicate serious injury and an ambulance must be called.

- unconsciousness, or lack of full consciousness (i.e., difficulty keeping eyes open)
- confusion • strange or unusual behaviour – such as sudden aggression
- any problems with memory
- persistent Headache
- disorientation, double vision, slurred speech or other malfunction of the senses
- nausea and vomiting
- unequal pupil size
- pale yellow fluid or watery blood coming from ears or nose.
- bleeding from scalp that cannot quickly be stopped.
- loss of balance
- loss of feeling in any part of body
- general weakness
- seizure or fit

Hospital Admission

Where a pupil is required to attend hospital using an ambulance it is not necessary to accompany a pupil the hospital. If parents are unable to attend hospital promptly, a member of staff should go to the hospital. In the exceptional circumstance of parental permission being required, the Senior Teacher can act in loco parentis.

- If a child is taken directly to hospital, they will be accompanied by a member of staff who will stay with the pupil until discharged or until a handover can be made to a parent or guardian.
- The member of staff at the hospital must update the senior teacher on the condition of the injured pupil as and when information is made available.
- The parent/guardian of a pupil attending hospital must be advised at the earliest opportunity.
- For the injured pupil and their parents will be provided as determined by the individual circumstances of the incidents.

Blood and Body Spillages

It is important that spillages of blood, faeces, vomit or other body fluids are dealt with immediately as they pose a risk of transmission of infection and disease, e.g., Blood borne viruses and diarrhoeal and vomiting illnesses, such as norovirus.

- A spillage kit is available in school to deal with blood and body fluid spillages.
- The kit is located: Caretaker Cupboard in the hall.
- The person responsible for checking and replenishing the kit regularly is the First Aid Co-ordinator (HK).
- Body fluid spillages should be dealt with as soon as possible with ventilation of the area. Anyone not involved with the cleaning of the spillage should be kept away from the area and protective clothing should be worn when dealing with the spillage such as gloves and aprons.

Spillage Procedure

Cordon off the area where the spillage has occurred.

- Cuts and abrasions on any areas of the skin should be covered with a waterproof dressing.
- Use personal protective equipment and clothing to protect body and clothes.
- disposable gloves and apron must be worn.
- protective clothing should be worn when dealing with the spillage such as gloves and aprons.

Hard surfaces e.g., floor tiles, impervious tabletops

Small spills or splashes of blood: Clean with neutral detergent and hot water.

Large spills:

- Remove spillage as much as possible using absorbent paper towels.
- Flush these down toilet or dispose of carefully in waste bag.
- Cover remaining with paper towels soaked in diluted bleach solution (1:10 dilution with cold water)
- Leave for up to 30 minutes, and then clear away.

Alternatively, large spills may be covered with granules from the spillage kit for two minutes. Spillage and granules should be carefully removed with paper towels and disposed carefully into a waste bag. Clean area with neutral detergent and hot water

Soft surfaces and fabrics e.g., carpets and chairs

- Remove the spillage as far as possible using absorbent paper towels.
- Then clean with a fresh solution of neutral detergent and water.
- Carpets and upholstery can then be cleaned using cleaner of choice.
- Steam cleaning may be considered.
- Contaminated gloves, aprons, paper towels, etc. should be carefully disposed of into a leak proof plastic bag, securely tied and placed immediately into the normal external school waste container.
- Large quantities of contaminated waste should be disposed of in consultation with the local waste authority.
- Wash hands after procedure.
- As with other all hazardous substances used in school, bleach and disinfectants should be stored, handled and used in accordance with COSHH (Control of Substances Hazardous to Health, 2002) Regulations and the manufacturer's instructions. Product data sheets and safe use instructions should be accessible, along with risk assessments and details of actions required in the event of accidental ingestion, inhalation or contact with skin or eyes.
- All chemicals must be stored in their original containers, in a cool, dry, well-ventilated place that is lockable and inaccessible to children, visitors and the public.
- Appropriate protective clothing (e.g., gloves and aprons) should be worn when handling bleach and other chemical disinfectants. Contact with skin, eyes and mouth should be avoided.
- Proper administration of first aid by a trained first aider should be seen as paramount in safeguarding children. The procedures outlined below give advice and consistency to our administration of first aid and should be read as a minimum level of administration. If in doubt, ask for further advice, or arrange for (9) 911/999 to be called. An adult should stay with the patient during this time.

Spare Supplies

If any supplies are taken, staff must inform HK. This ensures that new supplies are ordered on time.

Administration of plasters

Each year a medical information sheet is issued to children, and new starters. Any allergies are requested on that sheet. Allergies to plasters are recorded.

Children who do not have recorded allergy to plasters can have a plaster applied if required. It is good practice to ask the child first.

Ice Packs

If an ice pack is used on a swelling, then the child injured needs constant supervision.

- Ice packs are stored in the fridge located in the office. These are sent out at break and lunch in a cool bag to minimise children coming in and out of school during these times.

Children with injuries

If a child is in school with an injury, e.g., broken arm, a member of SLT will complete a risk.

assessment with the child and parent/carer to ensure that adjustments are made to keep the child safe. This risk assessment will be shared with all staff who have contact with the child.

First Aid administered to staff and visitors.

Should an adult require first aid, in the case of a minor injury, this can be self-administered.

- In the case of a more serious injury, advice should be sought from a trained first aider who can administer the first aid.
- A decision will then be made by the Headteacher, or in the case of their absence, by an Assistant Headteacher, in conjunction with the staff member and the first aider as to their fitness to continue to work. This may lead to a temporary covering of their duties to allow them time to recover, or to their releasing from duties for a period of time.
- In all cases, a record of the injury and how it was sustained will be made and any actions required under Health and Safety at work 1974 will be carried out.
- Advice will be taken from BDMAT as to whether a RIDDOR notification would need to be made.
- In the case of a serious medical emergency, a trained first aider would administer any treatment that is within their training and the emergency services would be called (as in procedure outlined above)

The Kitchen

The kitchen has a first aid folder where they are able to log any minor injuries that occur during working hours e.g., burns. If they have a serious injury that may result in medical attention needed or time off work, they must inform the school office immediately and appropriate action will be taken via their employers – Sodexo.

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Sending a child home

Always follow school procedures when sending a child home and check with the Headteacher or a senior member of the leadership team (in the Headteacher's absence) in the first instance.

Monitoring

This policy will be reviewed by the SLT annually and reviews shared with the Local Academy Board.

Training

HK will book training required in line with policy and legislation Related policies.

- Child Protection and Safeguarding
- Health and safety
- BDMAT supporting pupils with medical conditions
- BDMAT Policy for children with health needs who cannot attend school