

Cheddon Fitzpaine Church School

First Aid Policy

General Principles

Introduction

First Aid is the immediate assistance given to someone who is ill or injured. As a basic guide all actions should be effective, safe and prompt.

Rationale

This first aid policy takes into account our school context. The village does not have its own surgery and our pupils are registered with different surgeries. The main hospital, Musgrove Park Hospital, is in Taunton and is about a twenty minute car journey away. The school has its own telephone connection (landline) as well as access to mobile telephones.

First Aiders and Training

There are a number of designated First Aiders on the school staff. All have undertaken a formal First Aid course of differing length. The First Aiders are supported in their role by attending update sessions as required to maintain their approved status. We ensure that we follow guidelines with regard to the number of first aiders on the premises and out on school visits etc.

First Aid Kits

Each classroom has a small first aid bag. Staff on duty will take a bag outside with them. A more complete bag and replacement stock is available from the cupboard in the medical room. Stock used should be replaced immediately. A Teaching Assistant has responsibility for regular checking of the First Aid Kits to ensure they have the approved contents in them and sufficient stock of these items.

Incident Reporting

Any injury to a child must be recorded in the purple slips in each bag, with additional copies held in the school office. Injuries of a more serious nature, including all incidents where a child is sent home or to hospital must be reported to the headteacher and/ or first aider.

Staff Accident Book

Reporting accidents at work is a legal requirement. All accidents to staff should be reported through eec live.

Educational Visits

For any educational visit or off-site activity a risk assessment must be completed with a view to first aid provision in the light of the context of the activity, nature of travel, personnel available. A trained First Aider will always accompany the group. Medication can only be administered where it is (a) prescription and (b) where the parent/carer has completed the administering medication form. Medication should be stored securely away from the group. Any first aid administered during the educational visit needs to be recorded using the standard school first aid treatment notification slip. A log needs to be kept and signed off to show where prescription medication has been administered. If at any point members of staff have concerns re a child's health during a visit, they should contact another First Aider/Parent/dial 999 for further advice.

Safeguarding

Staff addressing first aid issues MUST be fully aware of the Safeguarding Procedures and must ensure that these are followed within the context of the situation being addressed, be this minor injury or life threatening condition. Where any first aid / medical care / personal hygiene is required then staff must apply, relevant to the context, safeguarding procedures in that ideally staff should never deal with this alone and should have another colleague present ideally of the same gender as the child/person requiring assistance. A record of any first aid intervention and members of staff present should be made using the accident book situated in the School Office.

Governors

The Governors of the school are responsible for the monitoring and reviewing of the First Aid Policy.

First Aid Policy - Practicalities

In the event of a person having an accident/requiring First Aid:

1. Assess the situation and ensure that there is no risk of further injury or danger to others.
2. Seek help where appropriate by sending another adult or two responsible children to the office or staffroom; ask them to report back to you to confirm that help is secured.
3. When the environment is safe and secure, first aid will be administered as appropriate.
4. Always wear gloves before treating any open or bleeding wound.
5. An injured child should not be left unattended until treatment has been administered or until their parent/carer or emergency services have taken responsibility.
6. If you are alone, with no other means of contacting help, do what you can to administer first aid and then, if the injured person is mobile, take them to a suitable place for further treatment or help. If the injured person is not mobile make them as comfortable as possible and go for help.
7. **If in doubt always seek help from a trained first aider.**
Currently these are First Aid at Work: Nicki Winter, Karen Leighton
Paediatric First Aid: Kate Upton, Alice Sanders, Nicki Winter
8. Assess the nature of the injury – and follow 1 of 3 courses of action; the examples are by no means exhaustive but may help to determine your course of action. Please ensure that Safeguarding procedures are followed at all times.

1. Minor bumps or scrapes - attended by any member of school staff.

- If obviously a minor injury with clear history – treat appropriately at scene using first aid kits available on each playground, or take child inside, to wash injured area with clean water or a sterile wipe. Wash thoroughly but do not attempt to remove embedded dirt or grit. Cover to prevent further dirt from getting in to the wound. Act responsibly as any parent / carer may be expected to do.
- If unsure please contact a First Aider for advice.
- Any open or bleeding wound, however slight, should be treated whilst wearing gloves.
- Do not leave playground unsupervised. Send another pupil for help if required.
- Inform the child's class teacher of the treatment so that they may monitor the child and re-assess the injury if necessary as well as being able to inform the person collecting the child or after school club if they are staying there.
- It will then be the parent/carer's responsibility to re-assess the injury and take any further action, such as cleaning or re-dressing.

2. Moderate injuries:

bleeding cuts, sprains, bruising - attended by School Staff + Trained First Aider:

- If concerned that the injury is anything more than a minor bump or scrape, unsure of history or if there is more than one child involved – treat appropriately at scene and contact first aider (by sending another adult or two responsible children to the office or staffroom; ask them to report back to you to confirm that help is secured)
- The first aider will then assess the situation and advise on next steps: administer appropriate first aid **and** arrange for monitoring as appropriate **or** arrange for the child to be collected by emergency contact.
- At this stage the First Aider will record the incident in the accident book and the child's class teacher will be informed.
- The class teacher should ensure that the person collecting the child (or Stay and Play Club) is informed of the incident as appropriate at the end of the day.
- It will then be the parent/carer's responsibility to re-assess the injury and take any further action, such as cleaning or re-dressing.

3. Serious or multiple person injury /incident:

head injury, eye injury, back injury, possible broken bones/fractures, foreign bodies, shock, profuse bleeding etc - attended by First Aider + Senior Staff

- If the incident is serious, or appears serious, manage the scene and contact First Aider and Senior Member of staff (by sending another adult or two responsible children to the office or staffroom; ask them to report back to you to confirm that help is secured)
- **If necessary please ask for an ambulance to be called immediately.** If in doubt the emergency services will be called first and parents/carers informed immediately afterwards.
- The First Aider and Senior Member of staff will also assess the situation – they may then treat as above or may decide that an ambulance should be called.
- This incident will be recorded using eec live and the event will be reviewed with a risk assessment.

Asthma

- Administration of medicine forms need to be completed and handed to the school stating the dosage, type and potential situations where an inhaler needs administered. Asthma inhalers must be available to any sufferers at all times, including on trips and when out of the classroom. Inhalers must be easily accessible to both pupils and staff, although care must be taken to ensure other pupils cannot use them. After the inhaler has been used, a record on a medication form which should be kept with the inhaler if it is kept in school. See separate asthma guidance for additional information.

Other Medication

Please see the administration of medication policy for full details of our policy on the administration of medicines.

General Considerations

- Staff member on duty to bring First Aid Kit on to playground and to replenish after each break if necessary. (Report any low stock to named TA responsible for First Aid equipment).
- Parents or carers of children with significant medical issues should complete a medical care plan with the school. This should be made available to all staff, especially First Aiders (to be displayed in the Therapy Suite and Staff Room), in agreement with parents/carers.
- Parents/Carers shall be responsible for keeping school informed with regard to medical issues and also to ensure that any medication held at school is sufficient in quantity and that it is still within its use by date.

What to do in an asthma attack

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

What to do

- Keep calm
- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child

If there is no immediate improvement

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

Common signs of an asthma attack are:

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.