



**Baildon Church of England Primary School
and Nursery**

FIRST AID POLICY

Including Epipen and Asthma – Please see separate policy for the Administration of Medicines

Mission Statement

In our school, we celebrate being part of God's family. We inspire our children with a love of learning in a safe, happy environment, which will enable them to flourish and reach their individual potential.

The welfare of the child is paramount. The Governors of Baildon Church of England School identify that it is the responsibility of all adults to safeguard and promote the welfare of pupils. The Education Act 2002 places a duty on schools to safeguard and promote the welfare of pupils at the school by ensuring that risks of harm to welfare are minimised and taking appropriate actions to address concerns about the welfare of a child or children, working to agreed local policies and procedures in full partnership with other local agencies.

The First Aid Policy is to inform staff, governors, parents/carers and visitors about the procedures we follow when administering first aid in our school should be read in conjunction with the Health and Safety and the Safeguarding Policies– where concerns arise regarding safeguarding and/or child protection, these should be recorded in writing, and passed on to the designated lead persons in school

Appointed first aiders:

A list of staff who hold a first aid certificate is displayed around the school.

R Carr
S Cooper
J Cowling
C Dunne
M Holmes
R Lafferty
V Marlborough
K Padgett
L Patterson
R Peacock
K Perry
K Redman
D Wood
G Woodwiss
T Van Der Gucht
K Jones

Location of first aid equipment:

The school will provide materials, equipment and facilities needed to carry out First Aid'. First aid boxes are kept in the following locations:

- Outside Staffroom
- Entrance to KS1
- Entrance to KS2
- Foundation Stage

Procedures

Plastic gloves are to be worn when dealing with all incidents. Bloods/soiled dressing and used gloves should be disposed of in plastic bags which are then to be placed directly in the yellow bin in the hygiene room. Wounds should be cleaned with water and antiseptic wipes and the wound dressed with an appropriate sterile dressing and pressure pad, if needed, to prevent infection. Cotton wool should not be used in cleaning wounds since it is not sterile and could cause infection.

When first aid of any kind has been administered this will be recorded in the accident book.

Minor injuries

In the case of minor injuries, such as cuts and grazes, a first aider will treat the injury as outlined above. When injuries are of more concern, but not of great severity eg. sprains and strains, etc, parents /carers will be contacted, advised of the situation and asked if they would like to collect their child or if they are happy for them to remain in school.

In other cases, e.g. where no injury is visible, the pupil will be kept under observation. If concerns increase, medical attention may be obtained but in all cases a parent/carer will be advised of the incident.

Head injuries

In the case of a head injury, a parent/carer should be informed in every case. The accident should be recorded in the accident book and the parent / carer given a 'Head Injury Form'. In addition, a sticker is placed on the jumper to show that they have had a head injury. Where it is not possible to hand the head injury form directly to a parent/ carer eg. in case of an afterschool club / collection by a child minder, a telephone call will be made to notify them. If injuries are severe, but do not warrant calling an ambulance, or a child deteriorates following a head bump, parents will be called and, if necessary, encouraged to collect their child from school. **(see major accidents / injuries)**

NB In the event of a bump to the head, it is essential that persons be monitored and not left alone or unsupervised as appropriate.

Major accidents/incidents

In all cases when an accident involves a serious injury eg broken bone, or where there is any doubt about the injury, the injured person should not be moved, unless in danger, until assessed by a first aider. The first aider will then decide what action is to be taken but where they are in doubt as to the severity of the injury, they are to obtain immediate medical attention by dialling 999 and asking for an ambulance. Parents/carers should be contacted as soon as possible, but this should not result in a delay obtaining medical attention.

If a child needs hospital treatment in a non-urgent situation, the parent will be contacted to accompany the child to hospital. If the parent/carer cannot be contacted, then a member of staff will drive the child to hospital. The child should be strapped into the back seat, using a booster seat if required, and another member of staff should sit in the back with the child. Every attempt to contact a parent/carer will be made by the school.

For any incident where a child has needed to go to hospital, an RIF1 form will be completed. A copy of the form will be kept in school and one copy sent to Bradford Council.

Accidents to staff and visitors

All accidents to staff and/or visitors should be recorded on the form AB1. Any accident causing an employee to be absent beyond the day of the accident or resulting in an employee or visitor being taken directly to hospital should be recorded on the form RIF1. This should be sent to the Occupational Safety Unit and a copy retained in school. The Occupational Safety Unit should be contacted by telephone (01274 431007) if the accident is of a serious nature, or if absence as a result of the accident reaches 3 full days, or for guidance / advice.

Educational visits and Offsite Activities

Classes leaving the school premises take a First Aid box, and a sick bucket containing essential cleaning aids. Individual medication such as inhalers, epipens will also be taken. It is our agreed policy that a person trained in First Aid accompanies all trips. In addition, all medical health care plans are taken in the travel packs on trips.

Asthma Policy

Baildon Church of England recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.

Baildon Church of England School

- Ensures that pupils with asthma can do and participate fully in all aspects of school life, including PE, visits, schools trips and out of hours activities
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times
- Keeps a record of all pupils with asthma and the medication they take
- Ensures that the whole school environment, including the physical, social, sporting and educational environment is favourable to pupils with asthma
- Ensures that all pupils understand asthma
- Ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in the event of an asthma attack
- Will work in partnership with all interested parties including the governing body, all school staff, school nurses, doctors, asthma nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

It is essential that immediate access to reliever medicines is essential. Staff receive annual asthma training. All inhalers must be labelled with the child's name by the parent/carer and a medical consent form must be completed detailing the prescription and how often it is needed.

Pupils with asthma are encouraged to participate fully in PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to warm up and down before and after the lesson. It is agreed with PE staff that each pupil's inhaler will be labelled and kept in the bag at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be allowed to do so.

Epipen Policy

All members of staff received yearly Epipen training. All teachers are in Loco Parentis and have a legal duty to take appropriate action in an emergency.

The expectation is that the teacher would act as a reasonable parent in the

circumstances, for example by contacting the emergency services and in extreme cases taking resuscitation measures in an emergency. It does not need to be a designated first aider who administers this.

Emergency treatment for a severe attack is relatively straightforward:-

- Send someone to get the adrenaline and to call an ambulance (phone 999) explaining that the problem is possible anaphylaxis. Staff follow medical health care plans if these are in place.
- If the attack is severe enough to CAUSE COLLAPSE or BREATHING BECOMES DIFFICULT administer adrenaline by EpiPen (auto injector).
- Accompany the child to hospital even if he/she has recovered.
- Adrenaline need not be used if the effects are limited to itching, blotchy skin, vomiting or diarrhoea.
- Administer antihistamine if appropriate
- Still need close monitoring and call parents if needed

The Assistant Head teacher ensures the training needs of staff are met.

The Headteacher will ensure that health and safety procedures are followed and that accident reporting procedures are followed.

Defibrillator Policy

The defibrillator is located in the front entrance hall and may be used by any member of staff.

In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival.

There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

1. Early recognition and call for help. Dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED.
2. Early CPR – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression-only CPR.
3. Early defibrillation – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a ‘non-shockable rhythm’. In this case, continuing CPR until the emergency services arrive is paramount.
4. Early post-resuscitation care – to stabilise the patient.
Anyone is capable of delivering stages 1 to 3 at the scene of the incident. However, it is important to emphasise that life-saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first step in the chain of survival

Hygiene Control Guidelines

The following Hygiene Control Guidelines should be followed:

Staff dealing with injuries involving bleeding must wear appropriate protective clothing. Disposable gloves (latex-free) are provided for this purpose and kept in first aid boxes. Soiled gloves and dressings/wipes should be bagged and disposed directly into bins in hygiene bin.

- Minor cuts, open or weeping skin lesions and abrasions should be covered with a suitable dressing.
- **Seek medical advice** in the event of splashes of blood from one person to another

- Splashes of blood on the skin should be washed off immediately with soap and water.
- Splashes of blood into the eyes or mouth should be washed out immediately with copious amounts of water.
- After accidents resulting in bleeding, contaminated surfaces, eg tables, or furniture should be disinfected.
- If staff giving care to infected children have cuts and abrasions, these should be covered with waterproof or other suitable dressings.

Policy Review

This policy will be reviewed every two years.