



Baildon Church of England Primary School

First Aid Policy

Policy Creation: November 2020
Policy Review Date: November 2021

'The Lord says for I know the plans I have for you... plans to give you hope and a future.'

Vision Statement

In our school, we celebrate being part of God's family where all respect themselves, others and the world around them. Our vision is to develop a safe, caring community of inspired, resilient life-long learners with a spirit of curiosity, enabling them to flourish in an ever-changing world.

Rationale

The welfare of the children in our care is paramount. The Governors of Baildon Church of England Primary 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.

Name	Type of Certificate
Mr Holmes	At Work
Mr Holmes	Mental Health
Mr O'Brien	At Work
Miss Hallam	At Work
Miss Jones	Paediatric
Mrs Dunne	Paediatric
Mrs McCaul	Paediatric
Miss Hargreaves	Paediatric
Miss Patterson	Paediatric
Mrs Perry	Paediatric
Miss Lafferty	Paediatric
Mrs Cooper	Paediatric
Mrs Carr	Paediatric
Mrs Woodwiss	Paediatric
Miss Marlborough	Paediatric
Mrs Peacock	Paediatric
Mrs Hibbert	Paediatric
Mrs Demurtas	Paediatric
Mrs Morgan	Paediatric
Mr Holliday	Paediatric
Mr Gomersall	Paediatric
Mr Van Der Gucht	Paediatric

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 Key Stage One
- Entrance to Lower Key Stage Two
- Entrance to Upper Key Stage Two
- Reception Classroom
- Nursery Classroom

Procedures

Disposable latex-free gloves are to be worn when dealing with all incidents. Wounds should be cleaned with water and/or antiseptic wipes and wounds should be dressed with an appropriate in-date, sterile dressing- 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 and a first aid slip will be given to a child's parent/carer. Clinical waste should be disposed of in yellow plastic bags and then placed in the clinical waste bin in the first aid room.

Minor injuries

First aiders will avoid close contact in the first instance. They should consider whether they may be able to instruct a child about what to do, or pass them items that they need in order to treat minor injuries. First aiders should stand at a distance if this is age-appropriate. 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 e.g. 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. Minor injuries will be treated in the child's classroom, but more serious injuries will be treated in the first aid room.

COVID 19

If a person has suspected COVID-19, wherever possible, they should be accompanied to the Science room by a first aider avoiding other people. If the individual is not able to move to another room, ask all other people not required to assist in first aid provision to leave the vicinity.

Where a close contact response is needed (for symptomatic people), the following equipment is required:

- Disposable gloves
- Plastic apron
- Fluid repellent surgical mask
- Disposable eye protection (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)
- Resuscitation face shield
- Hand sanitiser
- Yellow bags to dispose of hazardous waste
- Disinfectant wipes (for cleaning first aid box)

Public Health England have confirmed that Personal Protective Equipment (PPE) is not required for first aid for non-symptomatic people.

PPE – to support previous guidance

Storing PPE - PPE should be kept in a labelled box or bag with First Aid kits in each bubble so that it is readily available and can be accessed quickly.

Using PPE – A qualified first aider should support a child with suspected symptoms and it is vital that all first aiders read the national guidance (COVID-19 Personal Protective Equipment Guidance) and take the time to familiarise themselves with the instructions for donning and doffing PPE (https://youtu.be/-GncQ_ed-9w). First aiders should also watch this video, and read the guidance note prepared by our Public Health Team (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf), in readiness for responding to a first aid event.

Removal of PPE - PPE should be removed when close contact is no longer required by following the sequence for removal included within the guidance note. It is critical that first aiders do this in order to avoid self-contamination. First aiders should not walk through the premises whilst wearing this. First aiders should use hand washing facilities after you have followed the PPE removal sequence, or hand sanitiser, where hand washing facilities are not in close proximity.

Cleaning – After first aiders have provided first aid to a symptomatic person, all surfaces that the person has come into contact with after they developed symptoms should be cleaned following the cleaning requirements which are outlined in the specific guidance document for the school. Additional cleaning is not required in areas where a symptomatic person has passed through and spent minimal time (e.g. corridors). If these are not visibly contaminated, they can be cleaned using the school's usual procedures.

Clothing – First aiders do not need to change their clothing, unless their clothing has become contaminated or soiled as a result of close contact but should change your clothing on arrival at home (after close contact or wearing PPE). Clothes should be washed separately from other household linen, in a load not more than half the machine capacity - at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

Head teacher Responsibilities

The Head teacher should ensure that:

- The requirements relating to the management of first aid outlined in COVID19 Guidance for all education settings have been implemented.
- The additional equipment that is specified within the 'Safer Working Arrangements' section is provided.
- An adequate supply of PPE is available to enable first aiders to familiarise themselves with the equipment, or practice using it as required (for circumstances where they are not otherwise familiar with wearing PPE).
- First aiders should take time donning and doffing PPE prior to needing to use it.
- First aiders do not fall into a clinically vulnerable group (unless a specific assessment has been carried out).
- First aiders should understand the requirements included within it.

First Aider Responsibilities

First Aiders should ensure that:

- They familiarise themselves with the guidance and follow these requirements where it is possible to do so.
- They undertake first aid duties applying the principles of social distancing and infection control as much as is possible.
- Where close contact is required, they follow the requirements for wearing PPE, specifically paying attention to the sequence for PPE removal in order to avoid self-contamination.
- Ensure that the equipment is ready for use as part of their response arrangements.

Cardiopulmonary resuscitation (CPR)

- If first aiders need to perform cardiopulmonary resuscitation (CPR), they should use a resuscitation face shield or a Pocket Mask to reduce the risk of virus transmission.
- The following steps are recommended:
- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth (unless you are wearing a fluid resistant mask). If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If the individual is suspected to have COVID-19, make the operator aware when you dial 999.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- After CPR, first aiders should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

First Aider Actions

- If you have been in close contact with a person and/or have given mouth-to-mouth ventilation, there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days.
- Wipe down the first aid box after use using a disinfectant wipe.
- Replace used PPE, so that it is available for the next first aid event.
- Follow your normal arrangements for recording first aid and checking stock.

Head injuries

If a child experiences a knock, bump or blow to the head, a first aider will sit them down, comfort them and make sure that they rest. 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 an accident slip. In addition, a sticker is placed on the child's jumper to show that they have had a head injury.

When any child has bumped their head, their parent/ carer will be contacted by text message and a link to the following information on the school website:

Your child has bumped their head at school today. Most head injuries are not serious. Usually, children do not need to go to hospital. However, a very small proportion of

children may suffer from concussion. Symptoms usually start within 24 hours, so please observe them closely during this time.

Please take your child to A and E if they have:

- a change in behaviour, like being more irritable
- a headache that does not go away with painkillers
- problems with their memory
- been sick

Please call 999 if your child has hit their head in school and has:

- a fit or seizure
- clear fluid coming from their ears or nose
- bleeding from their ears or bruising behind their ears
- problems with their vision
- problems with walking, balance, understanding, speaking or writing
- numbness or weakness in part of their body

If a child experiences any of the following symptoms, their parents will be contacted and encouraged to take to A and E:

- been knocked out and have now woken up
- been vomiting since the injury
- a change in behaviour, like being irritable
- problems with memory
- a blood clotting disorder (like haemophilia) or take blood-thinners (like warfarin)
- had brain surgery in the past

If a child experiences any of the following symptoms, a member of the office staff will call 999 immediately:

- been knocked out and have not woken up
- difficulty staying awake or keeping their eyes open
- a fit (seizure)
- problems with their vision
- clear fluid coming from their ears or nose
- bleeding from their ears or bruising behind their ears
- numbness or weakness in part of their body
- problems with walking, balance, understanding, speaking or writing

Meanwhile, parents/carers of the child will be contacted. A member of staff from school will accompany a child in an ambulance if their parent/carer cannot get to school to accompany their child.

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 e.g. 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 there is any 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 two members of staff will transport 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.

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 should 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 Primary School recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.

Baildon Church of England Primary 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
- 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. Inhalers will be stored in the medical boxes in each shared area out of reach of the children.

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 a plastic wallet separate to other children's medication in a 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:

- 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 for Inclusion 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. Epipens will be stored in plastic wallets in each bubbles' PPE box separate from other children's medication out of reach of the children.

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 with a resus face mask, 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.

Clinical waste should be disposed of in yellow plastic bags and then placed in the clinical waste bin in the first aid room.

- 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, e.g. 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.

Review

- Regular monitoring and reviewing of the types of first aid issued will take place to establish any patterns/areas of the building that may be a concern.
- To be reviewed in November 2021.



Headteacher:

Governor Approval:

G. Kinsley

Date: November 2020