



# Baildon Church of England Primary School

## First Aid Policy

Policy Creation: October 2023  
Policy Review Date: October 2024

*'Those who hope in the Lord will renew their strength and they will soar on wings like eagles.'*

## Vision Statement

"We celebrate our place within God's loving family, showing respect for ourselves, others and the world around us. We are a safe, supportive community of inspired, resilient life-long learners, with a spirit of curiosity, where every individual is provided with the opportunity to flourish and achieve in our 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 and Paediatric
Mr Holmes	Mental Health
Mr Hiley	Mental Health
Mr O'Brien	At Work and Paediatric
Mr Cotterill	At Work
Miss Melvin	At Work and Paediatric
Mrs McCaul	Paediatric
Miss Hargreaves	Paediatric
Mrs Cooper	Paediatric
Mrs Morgan	Paediatric
Miss Patterson	Paediatric
Mr Shepherd	At Work and Paediatric
Miss Reid	At Work and Paediatric
Mrs Senior	At Work and Paediatric
Mrs Woodwiss	At Work and 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:

- Computing Suite
- Hall
- Year 2 Marquee
- Year 5 Marquee
- Year 6 Marquee
- 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 and signed by the first aider 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 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. 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 may be treated elsewhere.

## **Cardiopulmonary resuscitation (CPR)**

- If first aiders need to perform cardiopulmonary resuscitation (CPR), they should use a resuscitation face shield or a Pocket Mask.
- 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.
- 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.

## **First Aider Actions**

- Wipe down the first aid box after using a disinfectant wipe.
- 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 today 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 by a first aider 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 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.

If a child has to attend the hospital for treatment, the first aider who has administered first aid should fill in an Accident Reporting Form on the same day of the accident.

### **Accidents to staff and visitors**

All accidents to staff and/or visitors should be recorded on an accident reporting form. 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 HSE form. 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 kit 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 close to each teaching space. 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.

**NB In the event of a child having an asthma attack, it is essential that persons be monitored and not left alone or unsupervised as appropriate.**

### **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.

### **Defibrillator Policy**

The defibrillators are located in the Computing Suite and Year 6 marquee 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 September 2024.

Headteacher:

Governor Approval:

Date: October 2023