

FIRST AID POLICY AND PROCEDURES

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# MAYESPARK PRIMARY SCHOOL

### FIRST AID POLICY AND PROCEDURE

**Introduction**

Mayespark Primary School is committed to ensuring that appropriate first aid arrangements are in place for our children, staff and any visitors to our premises. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the School in regards to all staff, pupils, and visitors in accordance with the Health and Safety (First Aid) Regulations 1981, approved code of practice and guidance.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff and pupils in accordance with the Health and Safety at Work etc. Act 1974.

**Aims of this policy**

* To ensure that the School has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury; no matter how major or minor.
* To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident, or injury.
* To ensure that medicines are only administered at the School when there is a care plan in place (apart from asthma inhalers). Calpol will only be administered on residential visits when a signed permission form has been received from the parents/carers.
* To ensure that all medicines are appropriately stored.
* To promote effective infection control. (See Appendix 1)

**Responsibilities**

* The Admin & Welfare Officer is responsible for ensuring the school has sufficient first aid supplies and suitably stocked first aid bags. All stock and contents to be checked termly.
* The School will carry out a First Aid Needs risk assessment annually and ensure there are sufficient First Aiders (qualified by training) to be responsible for first aid.
* The school will maintain a record of staff who have undertaken first aid training and certification will be reviewed regularly to ensure that it is current.
* The school will ensure notices are clearly visible throughout the School showing the names of all first aid trained staff.
* There will be at least one paediatric first aid trained member of staff in school always (during the school day and extended school day)
* Staff who take pupils off site are responsible for ensuring they have appropriate first aid staff in accordance with the risk assessment.
* The School will have a procedure for managing accidents, including immediate liaison with emergency services, medical staff and parents.
* The school will ensure that every incident that requires first aid is recorded on the CPOMs online system together with any treatment given. Records are analysed for patterns monthly and any necessary remedial action put in place.

**First Aid Supplies and First Aid Travel Kits**

First aid supplies can be found in the following locations

* The School Office – Ground floor G1
* The cupboard outside the school office G1
* Six travel bags located in the cupboard outside the school office
* Midday medical bay – between Year 2 classes

## **First Aiders**

The main duties of First Aiders are to give immediate first aid to pupils, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary.

* First Aid training to be undertaken every three years. It is the responsibility of the School Business Leader to arrange training and ensure certificates are up to date.

**First Aid Procedure**

All injuries are normally treated by a first aider who holds a current relevant qualification.

* Assessment of the injury and appropriate action taken.
* All injuries that are treated must be recorded on the ‘orange form’ on the online CPOMs system.
* Gloves should be worn when dealing with accidents involving spillage of bodily fluids. (Appendix 1 Body Spillage Policy).
* Parents must be informed when a pupil has sustained a head injury and the pupil must be sent home with a Head Injury Letter. Whether the pupil stays at school will depend on severity of the head injury and the decision for that will be made by the Welfare Officer.

**Medical Emergencies**

This is when an injury/illness requires immediate medical help or further assessment by a doctor.

* When a pupil requires hospital treatment but it is **not** an emergency. The parents will be contacted and asked to take their child to hospital.
* When an ambulance is called other people also need to be contacted:
* Ideally the person who is at the scene of the accident should contact 999 so clear
* accurate information can be given. See Ambulance Information Sheet (Appendix 2).
* Parents to be alerted.
* Senior management to be alerted.
* Caretaker/School Office to be alerted.
* The accidents/incidences warranting emergency care are situations such as:
* Head injuries where there is a loss of or suspected loss of consciousness.
* Sudden collapse.
* Major wounds needing medical attention.
* Suspected fractures.
* Spinal injuries.
* Use of an EpiPen, Jext or Emerade pen.
* Major Asthma, Diabetic, Seizure event.
* The above list is not exhaustive.
* In the event of the emergency services being contacted the below must be considered:
* Parents must be contacted to ascertain when they can join their child and their wishes regarding treatment should they be delayed.
* Legally pupils must be sixteen to be given medical treatment without medical consent.
* The Head Teacher may agree to emergency medical treatment if the parent/carers cannot be contacted.
* **A member of staff must accompany and stay with the pupil until the parent/carer arrives.**
* Contact details must be taken to the hospital.
* Once at the hospital, and the pupil is registered it is then the hospital responsibility for further medical contact with the parents.

**Reporting of Incidents and Accidents**

Accidents/incidents for the following events should be reported to London Borough of Redbridge Health & Safety team using the Assure Portal for Schools:

* When a pupil has a significant injury that requires further medical/dental intervention.
* When a pupil has been injured by an item of equipment, machinery or substances.
* When a pupil has been injured by the design or condition of the premises.
* When an accident occurs doing a school activity when off site.
* When a visiting pupil sustains an injury at the school.
* When a behavioural incident has happened and another pupil has been injured.

**Reporting to RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995)**

**Refer to:**

* H.S.E. Incident Reporting In Schools – RIDDOR guidance. For guidance and how to report see on line at [www.hse.gov.uk/riddor/report/htm](http://www.hse.gov.uk/riddor/report/htm)
* General guidance is that any pupil who goes directly from School to hospital and receives medical treatment for an injury is reportable under RIDDOR. The report of the accident needs to be submitted to London Borough of Redbridge using the Assure Portal for Schools.
* Head Teacher needs to be aware that the accident is being reported.
* Copies of this documentation will be retained in the Accident Reporting file found in the Health & Safety file on the SBL’s computer.
* Parents should also be aware that the accident/incident is being reported as their child’s details and home address must be given.

**Minor Injuries**

Often pupils will have bumps and minor injuries in the school environment. The key points to consider in the management of these injuries are:

* To give the pupil plenty of reassurance.
* To clean and get a cut covered as quickly as possible.
* To enter details on to the ‘orange form’ online CPOM system and complete a body map record for class teachers to give to parents, or call to contact parents to explain what has been done.

**Storage of medication**

The School will not administer any medication without a care plan in place. (The exception being asthma pumps and Calpol on residential visits). Medicines are always securely stored in accordance with individual product instructions, save where individual pupils have been given responsibility for keeping such equipment with them e.g. asthma pumps. All medicines shall be stored in the original container in which they were dispensed, together with the prescriber’s instructions for administration and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine. All medicines will be returned to the parent when no longer required to arrange for safe disposal. Medication is stored primarily in the green medical boxes in the classroom – any spare medication is stored in the filing cabinet in the medicine cupboard outside the office. Any medication that is to be administered temporarily is also stored in the medicine cupboard.

**Conclusion**

Parents are asked to complete an application form when a child is admitted to the school, which includes emergency numbers and details of allergies and chronic conditions. From this information, a meeting will be arranged to implement a medical care plan should it be necessary.

Staff do not act in loco parentis as this has no basis in law. Staff always aim to act and respond to accidents and illness based on what is reasonable under the circumstances and will always act in good faith while having the best interest of the child in mind.

**References**

Health & Safety Policy

Guidance on infection control in schools and other childcare settings – Public Health Agency

Reporting to RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995

Health and Safety at Work etc. Act 1974

Health and Safety (First Aid) Regulations 1981

Appendix 1

**Body Spillage Procedures**

**Introduction**

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. To minimise the risk of transmission of infection, both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

**Staff Contact**

* Caretakers to be contacted initially to see if they are available to clean up the area.
* The initial clean-up of the situation should be carried out by the person who is at the scene of the incident and follow the ‘Initial Clean Up Procedure’.
* In the event of a member of the caretaking staff not being available then there is a disposable clean up kit available in the cupboard outside the school office.

**Initial Clean Up Procedure**

* Get some disposable gloves and apron from the nearest First Aid kit.
* Place absorbent towels over the affected area and allow the spill to absorb. Place more towels over the affected area and then contact the Caretakers for further help.
* Any article of clothing that has been contaminated with the spill should be wiped clean and then put in a plastic bag and tied up for the parents to take home.
* The area then needs to be cordoned off until cleaned.
* If a Caretaker is not immediately available, then a disposable cleaning kit will need to be used. The equipment is in a yellow case in the cupboard outside the school office. Use the absorbent powder and scoop to clean up the spillage, place all soiled towels, scoop and gloves into the yellow bio hazard bag and tie up. Place the bag in the waste collection bin in the Hygiene Room. Use the disinfectant spray in the kit on the affected area.
* If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.

**Procedure for Blood and Other Body Fluid Spillage**

* Gloves to be worn at all times.
* Any soiled wipes, tissues, plasters, dressings etc. must ideally be disposed of in the clinical waste bin (Yellow) located in the cupboard outside the school office. If not available, then the glove being used needs to be taken off inside out so that the soiled item is contained within and placed in a bin which is regularly emptied.
* When dealing with a spillage, absorbent paper hand towels need to be placed on the affected area so absorbing the spill.
* When using the disposable spillage kit, the instructions for use should be followed.
* The area must be cleaned with disinfectant following the manufacturer’s instructions.
* A ‘Wet Floor Hazard’ sign then needs to be put by the affected area.
* The area should then be ventilated well and left to dry.
* All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturer’s instructions.
* Wash hands.
* All yellow bags to be disposed of in clinical waste bins as the school could potentially be fined if not adhered to.

**Management of Accidental Exposure to Blood**

Accidental exposure to blood and other body fluids can occur by:

* Percutaneous injury e.g. from needles, significant bites that break the skin.
* Exposure to broken skin e.g. abrasions and grazes.
* Exposure to mucous membranes, including the eyes and mouth.

**Action to Take**

* If broken skin encourage bleeding of the wound by applying pressure – do not suck.
* Wash thoroughly under running water.
* Dry and apply a waterproof dressing.
* If blood and body fluids splash into your mouth – do not swallow.
* Rinse mouth out several times.
* Report the incident to the Admin & Welfare Officer and Senior Management.
* If necessary, take further advice from NHS Direct.
* An accident form will need to be completed and it may need to be report to RIDDOR.

**References**

This document is to be used in conjunction with:

* Health & Safety Policy
* First Aid Policy
* Guidance on infection control in schools and other childcare settings – HSC Public Health Agency

**Appendix 2**

**AMBULANCE INFORMATION**

**Dial 999, or 112 (mobile phones) ask for an ambulance and be ready with the following information:**

1. Telephone number:

**020 8599 2263**

1. Give your location as follows:

**Mayespark Primary School**

**Goodmayes Lane**

**Goodmayes, Essex**

1. State that the postcode is:

**IG3 9PX**

1. Give the exact location in school where the incident has occurred

**Ambulance to come to (…state location) and a member of staff should be there to meet them**

1. Give your name
2. Give name of pupil and a brief description of the pupil’s symptoms.

**If ANAPHYLATIC SHOCK state this immediately, as this will be given priority**

1. Give any medical history and known medications that you know this pupil may take

**Refer to Medical Alerts on Integris**

1. **If you are unsure of how to manage the casualty you can keep the Ambulance Operator on the telephone and get them to talk you through what you should be doing.**

**Or you can ring them back at anytime**

**REMEMBER TO SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT INFORMATION IF ASKED**

**POINTS TO REMEMBER**

* Get help
* If called for an ambulance, then inform:

**Reception and give CLEAR details of where the ambulance is coming to**

**Member of staff to meet the ambulance crew**

**Senior Management Team**

* The above will then decide who informs the parents
* Any witnesses to the accident need to stay, be reassured and available to

Give details to the ambulance crew or to the member of staff managing the incident

* An Accident Form must be filled in and informing RIDDOR must be

considered

Appendix 3



Appendix 4

**FIRST AID PROCEDURES AT PLAYTIME**

1. Children should first go to an adult in the playground and report their injury rather than go straight to the office.
2. Some injuries may not need medical attention. The child might need reassurance that they are ok and are happy to go off and play.
3. Minor injuries (cuts, scrapes)

If the adult in the playground feels medical attention is needed to clean up a wound then the following actions should take place:

When an LSA first aider is in the playground (and is able to leave their 1:1 child with the duty teacher) they can pop into the medical room to clean up the wound.

Injury must be recorded on an ‘orange form’ to be sent to the office and then home to parent.

If a first aider is not in the playground (or not available) then a child should go to the office with a sensible via the year 2 door. Younger or upset children may need to be accompanied by an adult.

1. Serious incident (head bump, unable to walk, potential broken bone, blood pouring from a wound, seizure, fainted)

In the event of a serious incident an adult in the playground must call the office via the two-way radio in the medical room and ask for assistance to come to them in the playground. Parents should be informed as soon as possible and the injury recorded on CPOMs once the child’s needs have been addressed.

Appendix 5

**FIRST AID PROCEDURES AT LUNCHTIME**

If a child injures themselves at lunchtime the plan would be:

1. Children in KS2 playground should first go to the MDA wearing the first aid bumbag and report their injury rather than go straight to the office. Children in KS1 and Yr R should go to the first aid area at KS1 playground entrance.
2. Some injuries may not need medical attention. The child might need reassurance that they are ok and are happy to go off and play.
3. KS2 Minor injuries (cuts, scrapes)
4. The MDA First Aider in the playground will be able to attend to minor medical needs in order to clean and cover up a wound. This should be carried out in the playground or if needed the child should be taken to medical room. MDA first aider to record the injury on an orange form. At 1pm a named MDA will ensure all KS2 injuries are logged onto CPOMs and orange forms are taken to the school office. Orange forms to be handed to the Admin staff at the end of lunchtime. Admin staff to ask the letter monitors to deliver the orange forms to the class teachers so they can inform parents of the injury.
5. Serious injuries (head bump, unable to walk, potential broken bone, blood pouring from a wound, seizure, fainted)
6. In the event of a serious injury the MDA first aider in the back playground must call the office via the two-way radio and ask for assistance to come to the playground. Parents should be informed as soon as possible and the injury recorded on CPOMs once the child’s needs have been addressed.

**ORANGE FORM Injury report to Parents and Carers**

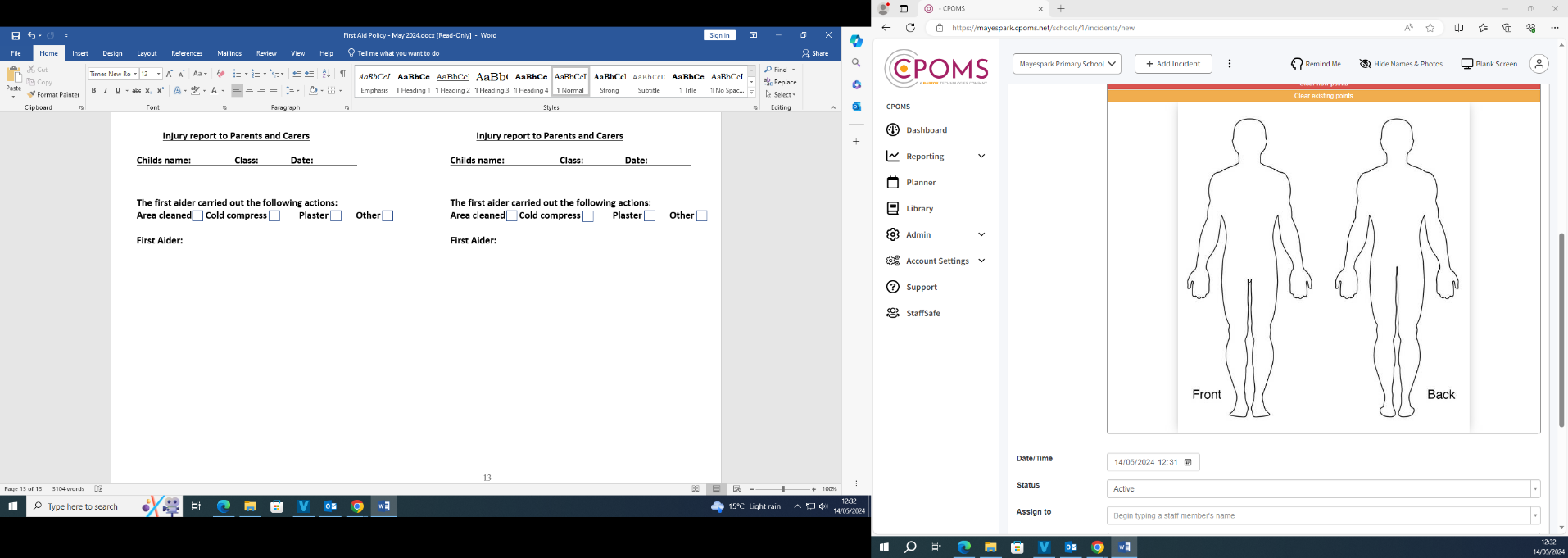
**Childs name: Class: Date:**

The first aider carried out the following actions:

Area cleaned Cold compress Plaster Other

Details:

Tick if the following is relevant

Your child received a head bump today, as detailed above, we would advise you to watch for any of the following signs:

* Partial or complete loss of consciousness, even if only for a very short time;
* Shallow breathing;
* Pupils of the eyes becoming unequal in size, becoming dilated or not reacting to light;
* Shock, the face becoming pale, the skin clammy and cold and pulse rapid or weak;
* Nausea and vomiting;
* Loss of memory

If any of the above symptoms should occur then please seek urgent medical advice.

First Aider: .