



# FIRST AID POLICY

## Ratification

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SIGNED:  
SIGNED:

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Fiona Pearson, Chair of Governors  
Mrs Pavan Chandhoke, Principal

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## **Context and Purpose**

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

The Governors are committed to the Local Authority's procedure for reporting accidents and recognize their statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 1995.

## **Objectives of the Policy**

The specific objective of the Policy is:

- To set out guidelines for all staff in school in the administering of First Aid to children, employees or visitors.

## **Roles and Responsibilities**

<b>Principal:</b>	To ensure the policy is implemented and staff are given time for training
<b>First Aid Lead:</b>	To ensure the policy is being implemented and training is up to date
<b>Governing Body:</b>	To support the implementation of the policy and to give advice and guidance where relevant

## **Key Elements of the First Aid Policy**

### **First Aid Trained Staff**

At least one member of staff with current first aid training is on the premises at any one time. The first aid qualification includes first aid training for infants and young children.

All staff will receive basic first aid training within their first year of employment. The school currently has members of staff who are Full Paediatric First Aid qualified and First Aid at Work qualified members of staff with valid certificates.

There are also staff members who are qualified to administer Emergency Paediatric First Aid. Posters displaying the names and locations of first aiders are on display around the school.

### **First Aid Kits:**

- Comply with the Health and Safety (First Aid) Regulations 1981 and British Standard – BS 8599-1 (2019)
- Include assorted plasters, disposable sterile triangular bandages, eye pads, medium-sized dressings, large-sized dressings, sterile cleansing wipes, latex-free gloves, first aid in an emergency booklet, safety pins, resuscitation shields, scissors, Burnshield dressing or cling film, finger dressings, conforming bandages, disposable heat retaining blanket, microporous tape and disposable tweezers.
- Is regularly checked. Class teachers and support staff are responsible for maintaining their classroom kits. Breaktime supervisors are responsible for the maintenance of the first aid kit in the dinner hall. There are also first aid kits in each kitchen area. The First Aid room has spare supplies to restock these kits and is checked regularly.
- Are re-stocked as necessary;
- Are easily accessible to adults; and are kept out of the reach of children.

### **First Aid Folder:**

- The First Aid Folder is kept safely, but accessible to first aiders in the First Aid room.
- For accidents that happen at playtimes and lunchtimes, a first aid form must be completed and at the end of the break/lunchtime session, copies for parents will be sent to the classrooms and teaching staff notified of any accident that has occurred. A copy will be kept in the First Aid Folder and a summary of the incident recorded on the 'Record of First Aid Given' summary sheet in the First Aid Folder. For any pupil who has bumped their head the office will be notified immediately by the first aider, and the parent/carers are contacted straight away by office staff to inform them of the head injury.
- All serious accidents for staff, visitors, or pupils must be recorded on a Spencer Academies Trust Accident/Incident reporting form, and then handed to the Principal or office team to be uploaded onto TAM (the electronic incident reporting system for the Spencer Academies Trust). All reporting will be uploaded onto TAM by the office team within 5 days. In addition, more serious accidents breaks/fractures/head injury must be reported to the Spencer Academies Trust estates management team - M Lucas ([mlucas@satrust.com](mailto:mlucas@satrust.com)) or K Burbage ([kburbage@satrust.com](mailto:kburbage@satrust.com)) as soon as possible.
- All staff and volunteers know where the First Aid Folder is kept and how to complete it.
- 'Near misses' are reported to and checked by the site manager, and also recorded on TAM to inform the Spencer Academies Trust estates management team.
- The First Aid Folder keeps a record of any first-aid treatment given by first aiders and other members of staff. These MUST be written in pen, completed on the same day of the incident, and include:
  - The date, time and place of the incident.
  - The name of the injured or ill person.
  - Details of the injury or illness and first-aid given.
  - What happened to the person immediately afterwards (for example, whether they went home, went back to class, or went to hospital).

The information in the First Aid Folder can:

- Help the school identify accident trends and possible areas for improvement in the control of health and safety risks;
- Be used for reference in future first-aid need assessments;
- Be helpful for insurance and investigative purposes.
- On a half-termly basis, the administration staff will remove the records from the First Aid Folder and store them for reference in future.

### **Ofsted requirement to notify parents and the Data Protection Act**

Parents/carers must be informed of any accidents, injuries sustained and/or first aid treatment given to their child whilst in school. The first-aider who treated the injury will be the person who completes the first aid form. For head and face injuries or more serious accidents a phone call will also be made to parents/carers by the office staff so that they are made aware.

Staff must be aware of the data protection act and must not allow parents to have access to information or take photographs other than of their own child.

### **Administration of Medicines at Rosecliffe Spencer Academy**

This applies to all pupils, including those who do not have an individual health care plan.

Medicines will be safely stored in the medicine cabinet in the First Aid room. A written record of doses administered will be kept by the office staff and stored in the red medical file in the office. This will include date, time, dosage and names of the two members of staff who administer the medicine.

Inhalers and written records relating to their use are kept in the classroom of each child who has an inhaler in school. The class teacher is responsible for recording each use of the inhaler and ensuring that inhaler use is witnessed by two members of staff.

- Any parent can request that their child is given prescription medicine in school.
- If medicines (including asthma pumps/inhalers) are to be administered in school the parents must complete and sign an agreement form which must be handed in to a member of the office team before any medication can be administered.
- It is preferable that pupils take medicine at home, before or after the school day. Parents are encouraged to ask their GPs for medical prescriptions that fit around the school day.
- No pupil will be given medicine without the parental consent unless there is a clear and dire emergency and ambulance / emergency personnel are in attendance.
- Prescribed medicines must be in date, prescribed by an NHS doctor and provided in the original container with dosage instructions.
- Parents must regularly renew the school supply of medicines and be responsible for visiting the GP to collect repeat prescriptions.
- At the end of the school year in July the school will return all medicines and inhalers in store to the parents.
- The school will not be held responsible for any side-effects due to the correct administration of prescribed drugs

- If the administration of prescribed medication requires medical knowledge, individual training will be provided for the relevant member of staff by a health care professional.

### **Arrangements for children who are competent to manage their own medicine in School**

A child who has been prescribed a medicine may be responsible enough to carry and administer drugs or medical testing equipment e.g. blood sugar testing kit. The school will consult with parents and relevant school staff about the advisability of an individual child or young person taking responsibility for their own treatment. The decision in cases of dispute will rest with the Principal who has a duty to ensure the safety of all children and young people.

A record of long-term children’s medications and inhalers are kept in the red medical folder in the staff room. A duplicate copy of all medications and inhalers for the children is also kept in the school office.

### **Medical Emergencies at Rosecliffe Spencer Academy**

All members of staff who have contact with pupils who have medical conditions will be informed about the best course of action if a child becomes seriously ill and needs emergency treatment.

The child and the parents will be informed about the school’s arrangements and there will be details in the plan if appropriate.

The school will call an ambulance before contacting parents if a child becomes seriously ill – this applies to all children and not only those with health care plans. The school will arrange for a competent member of staff to travel to hospital in an ambulance and act in loco parentis until the parents arrive. The member of staff in loco parentis will have the right to sanction emergency procedures as advised by medical staff in the ambulance or at the hospital.

For information the nearest hospital to Rosecliffe Spencer Academy is:

<p>Queen’s Medical Centre Address: Derby Rd, Lenton, Nottingham NG7 2UH Phone: 0115 924 9924</p>	<p>Hours: Open 24 hours Emergency department: Open 24 hours</p>
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### **Sickness**

The policy for the exclusion of ill or infectious children is discussed with parents. This includes procedures for contacting parents – or other authorised adults – if a child becomes ill while in the school.

- We do not provide care for children, who are unwell, e.g. have a temperature, or sickness and diarrhoea, or who have an infectious disease.
- Children with head lice are not excluded, but must be treated to remedy the condition.
- Parents are notified if there is a case of head lice in the school.

- HIV (Human Immunodeficiency Virus) may affect children or families attending the school. Staff may or may not be informed about it.
- Children or families are not excluded because of HIV status.
- Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times by the Health and Safety Coordinator and the Emergency First Aiders.

### **Treatment of injuries**

Following an accident, the First Aider is to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The First Aider should call an ambulance on the following occasions:

- In the event of a significant injury or head injury
- If bleeding cannot be controlled
- In the event of a period of unconsciousness
- Whenever a fracture or break is suspected
- Whenever the first aider is unsure of the severity of the injuries

### **Treatment of head and face injuries to children**

Children often fall and bang themselves, and thankfully most bangs to the head are harmless events and can be dealt with by the supervising adult by applying a cold compress (wet tissue, cloth or cold pack) for the child's own comfort.

**Parents/Carers will be contacted by the office for all bumps to the head and face.** All head bumps must be recorded in the First Aid Folder and a first aid form completed for parents/carers. A 'head bump' letter will also be sent home informing parents of possible symptoms to look out for. It is the responsibility of the first aider dealing with the head bump to record the incident in the First Aid Folder, complete the first aid form and inform the class teacher and school office. The completed first aid form must also be photocopied and a copy kept in the First Aid Folder.

First Aiders should be sought if the child:

- becomes unconscious;
- is vomiting or shows signs of drowsiness;
- has a persistent headache;
- complains of blurred or double vision;
- is bleeding from the nose or ear; and/or has pale yellow fluid from the nose or ear.

If any of the above symptoms occurs in a child who has had a bang to the head or face, **urgent medical attention is needed.** Parents should be contacted and the emergency services too.

In the event of an accident in which the child cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so and the first aider must be called immediately to assess

the situation.

### **Treatment of suspected breaks/fractures**

The seven things to look for are:

1. Swelling
2. Difficulty moving
3. Movement in an unnatural direction
4. A limb that looks shorter, twisted or bent
5. A grating noise or feeling
6. Loss of strength
7. Shock

- If it is an open fracture, cover the wound with a sterile dressing and secure it with a bandage. Apply pressure around the wound to control any bleeding. Support the injured body part to stop it from moving. This should ease any pain and prevent any further damage.
- Once you've done this, call 999 or 112 for medical help. While waiting for help to arrive, don't move the injured person unless they're in immediate danger.
- Keep checking the casualty for signs of shock.

First Aid training states that clothing should only be removed if absolutely necessary. Where clothing needs to be removed which could cause a safeguarding issue then two members of staff should be present. Only one needs to be first aid trained. However, if waiting for a second member of staff puts a child's life in danger then the first aider should not withhold treatment.

### **Disposing of blood**

Blooded items should be placed in a yellow clinical waste bags to be disposed of by the site team.

### **Splinters**

Splinters can be removed if they are small and you can see the angle it went in, but not if they are embedded or in a joint. They must be extracted in the same direction they went in. Sterile single-use tweezers are stored in the main first aid box located in the First Aid room.

### **Ice Packs**

Instant ice packs are single-use only and for the treatment of sprains, strains and bruises and must be kept out of children's reach. These are stored in the First Aid room. There will also be a stock of reusable ice packs in the freezer compartment of fridge in the staffroom, school office and reception classroom.

Guidance on the use of instant ice packs: Ideally an ice pack should be applied within 5 -10 minutes of the injury occurring. The pack must be wrapped in a cloth to prevent cold burns and applied to the injured area for 20 - 30 minutes and repeated every 2 to 3 hours for the next 24 – 48 hours. First aiders must check the colour of the skin after 5 minutes of applying the pack. If the skin is bright red or pink, remove the pack.

With injuries older than 48 hours, a heat source can be applied to bring more blood to the injured area to stimulate the healing process.

## Precautions when using ice and heat

### DO NOT USE ICE OR HEAT:

- If the casualty is diabetic
- Over areas of skin that are in poor condition
- Over areas of skin with poor sensation to heat or cold
- Areas with known poor circulation
- In the presence of visible or known infection(s)

## Asthma

All inhalers are kept in the classroom with the relevant child. A copy of the medical form relating to the specific inhaler and the child is also kept in the classroom with a record of any doses administered. Any doses administered must be witnessed by two members of staff.

All inhalers should accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc. Children on the asthma register who have parental consent for the use of the emergency inhaler are clearly indicated. An emergency inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty). There is a school emergency inhaler which is kept in the medical cabinet in the First Aid room. Please refer to the Asthma Policy, available on the school website, for further information.

**In the event of an asthma attack** follow the advice from

<https://www.asthma.org.uk/advice/child/asthma-attacks/>

## If a child under 12 has an asthma attack

- 1 Help them sit up straight and keep calm.**
- 2 Help them take one puff of their reliever inhaler** (usually blue) every 30-60 seconds up to 10 puffs.
- 3 Call 999 for an ambulance if:**
  - they don't feel better after 10 puffs
  - their symptoms get worse - e.g. cough, breathlessness, wheeze, tight chest or 'tummy/chest ache'
  - you're worried at any time.
- 4 Repeat step 2** if the ambulance takes longer than 15 minutes.



[www.asthma.org.uk](http://www.asthma.org.uk)



The school will work with parents and pupils to complete an asthma plan which will be reviewed annually or as needed. This plan and support for parents and schools is available from <https://www.asthma.org.uk/advice/child/life/school>

**Information for Parents re managing asthma in school from [asthma.org.uk](http://asthma.org.uk)**

**Individual Healthcare Plan**

Some children with medical conditions like asthma have an Individual Healthcare Plan (IHP).

This sets out key points about your child's asthma, like their symptoms, medications and what to do in an emergency, so the school knows how to support them.

Not all children with asthma need an IHP, but it's a good idea to have one if the child's asthma symptoms often get worse which could lead to an emergency situation like an asthma attack.

The Principal has overall responsibility for IHPs, and is the person to contact if you think your child needs an IHP.

### **Parents: Manage your child's medicines at school or nursery**

Your child may need to use their medicines at school or nursery, especially their reliever inhaler (usually blue).

- Make sure your child's inhaler is in date, and kept in the original box with the prescription label attached and instructions included.
- Make sure your child knows where their inhaler is kept – it shouldn't be locked away.
- Show the teacher or keyworker your child's reliever inhaler and explain how to use it.
- Explain that if your child has a spacer, they must always use it as it helps make their inhaler more effective.
- If your child needs to take any extra medicines during school or nursery hours, make sure you've given written consent.
- If your child's school keeps spare emergency reliever inhalers, find out where they're kept. Your child may need to use one if they can't use their own inhaler for any reason.
- Ask how often the school checks inhalers to make sure they're still in date.

### **Plan for asthma attacks**

Your child's teacher or keyworker, and other key staff, need to know the signs that your child may be having an asthma attack, and when to call 999.

Your child's written asthma action plan should list asthma attack symptoms and step-by-step instructions on what to do.

Make sure staff understand that your child mustn't be left alone without an adult present until they're feeling better.

### **ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK**

#### **Epi-Pens**

Epi-Pens are kept with the relevant child in their classroom. A copy of the medical form relating to the Epi-Pen and the child is also kept in the classroom.

Rosecliffe has an emergency Epi-Pen which is kept in the medical cabinet in the First Aid room.

All first aiders will have Anaphylaxis and Epi Pen training.

Anyone can administer an Epi-Pen in an emergency if the adult/child is unable to do

it themselves. Should a member of staff, who has not had the training have to do this, then the emergency services must be informed at the same time as the EpiPen is administered.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis if their own device is not available or not working (e.g. because it is broken, or out- of-date).

The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

### **Training**

A central record of all training related to first aid is held by the Designated Safeguarding Lead and office manager and reviewed regularly to ensure that certificates are renewed within timescales.

A copy of this policy is kept in the medical file in the staff room and also the red medical folder in the academy office.

### **Review & Monitoring**

<b><u>This policy will be reviewed:</u></b>	<u>Annually</u>
<b><u>By:</u></b>	<u>Pavan Chandhoke</u>
<b><u>Last Reviewed:</u></b>	<u>July 2021</u>
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