



# **First Aid Policy**

## **2020-2023**

This policy is reviewed every three years and was agreed by the Governing Body of Chellaston Junior School in Spring 2020 **and will be reviewed again in Spring 2023**

Signed: \_\_\_\_\_ Chair of Governors

Date: \_\_\_\_\_

### ***Non-Statutory Policy***

## First Aid Policy

### Aims and Vision

# Chellaston Junior School



“Together we are **stepping to success**. Together we are **working to achieve our best**.”



**Our aim** In striving to become an outstanding school, at CJS we will help ALL pupils to be:

- **Successful Learners** who enjoy learning, make excellent progress and achieve very high standards across the curriculum
- **Confident Individuals** who are able to lead happy, safe, healthy and fulfilling lives
- **Responsible Citizens** who make a positive contribution to British and the global society



### POLICY STATEMENT

Chellaston Junior School will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for pupils, staff, parents and visitors and will make sure that procedures are in place to meet that responsibility.

Parents and staff have a responsibility to keep the Head teacher informed and up to date on issues of medicine, medical needs and emergency contact details. It is with the school and home working in partnership that we will ensure the health and safety of everyone in our care.

This policy **must** be read in conjunction with the **CJS Medical Needs Policy (Including Administration of Medication)**

### AIMS & OBJECTIVES

- To ensure that first aid provision is available at all times while people are on the school premises, and also off the premises whilst on educational school visits.
- To appoint the appropriate number of suitably trained people as First Aiders to meet the needs of the school and to maintain a record of that training and review annually.
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate resources and facilities.
- To provide awareness of Health and Safety issues within the school and on educational visits, to prevent, where possible, potential dangers or accidents.
- To inform staff and parents of the School's First Aid arrangements.

- To report, record and where appropriate investigate all accidents.
- To keep accident records and to report to the HSE as required under the RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

## **FIRST AID PROVISION**

First aid is precisely that - initial treatment and assistance only. If more than simple First Aid is required, expert medical help must be sought.

The aims of first aid are as follows:

- To preserve life
- To prevent worsening of the condition
- Promote recovery

The school has a Medical Room which is designated as the First Aid Room for treatment, sickness and the administration of First Aid which is equipped with First Aid kits and medical sundries. A separate First aid kit is available in the school kitchen. Portable first aid kits are made up for each educational visit by the Welfare Assistant and a portable first aid kit for sports use is kept with the P.E. Subject Leader. It is the responsibility of the school's Welfare Assistant to check the contents every term and re-stock as necessary.

The school has an **AED Defibrillator which is located in the School Office.**

In the absence of the Welfare Assistant, the Head teacher or School Administration Manager will take charge of the First Aid arrangements and nominate a designated qualified First Aider. All staff will ensure that they have read the School's First Aid Policy, which is available on the school's learning platform.

## **FIRST AID TRAINING**

The Head teacher is responsible for ensuring that there is an adequate number of qualified staff trained to the First Aid at Work standard by a recognised training provider. Other staff with regular pupil contact will receive Paediatric First Aid training. All staff will be trained in the use and administration of Epipens, where appropriate.

The Head teacher has a responsibility to ensure that a First Aider is available on the school premises during the day.

A list of qualified First Aiders will be displayed in all teaching areas and updated on an annual basis.

School staff are only required to act in loco parentis and are therefore expected to react like any responsible parent.

## INCIDENT REPORTING

### INCIDENTS INVOLVING PUPILS

All incidents/injuries/head injuries/ailments and treatment are recorded in an Accident Book which is kept in the Medical Room.

Parents are informed by letter of any head or other minor injury. The Welfare Assistant will contact the parents if she has any concerns about the injury or if it is considered that we need to send a child home through illness.

The Accident Book should be completed by the person administering First Aid and will be countersigned by the class teacher and Head teacher. Accident records are kept until the child concerned is 21 years of age.

### INCIDENTS INVOLVING ADULTS

Incidents involving staff, parents and visitors should be recorded on an Incident Report Form. The Welfare Assistant should be informed and the Head teacher (for parents and visitors) and Team Leaders (for staff) notified within 24 hours or sooner if advice needs to be sought. Accident records are kept for a minimum of 4 years for staff.

- It is the responsibility of the member of staff to keep their Team Leader/Head teacher informed of any follow up treatment or issues arising from the incident/accident.
- Although it is the responsibility of the member of staff to report the incident/accident, colleagues have a duty of care to report an incident to their Team Leader/Head teacher if they are aware that the incident has not been reported and recorded.
- The member of staff is responsible for ensuring that they seek appropriate medical advice and ascertain their fitness for work. This should be discussed with their Team Leader/Head teacher.
- If the nature of the accident involves contacting RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, the Welfare Assistant will inform the Head teacher and will contact the HSA. This should be done via the HSE's on-line system [www.hse.gov.uk/riddor/report.htm](http://www.hse.gov.uk/riddor/report.htm).
- Fatal and major injuries (as defined in RIDDOR) should be reported immediately to the Incident Contact Centre **0845 300923**.

### SHARING OF INFORMATION

At the start of the academic year, the Welfare Assistant will provide all staff with a list of pupils who are known to have ailments, conditions and treatments (that have been supplied by parents regarding their children). This is confidential medical information and to be kept in the confines of the school. Individual care plans for children with complex medical needs, for example severe allergies that require an Epipen, diabetic children etc are also made available to all staff. The medical list will be reviewed and, if necessary, updated at the beginning of each half term.

All staff have a responsibility to share medical information which is brought to their attention during the year. There is an opportunity to do this at the weekly Bulletin meeting.

## HEAD INJURIES

Accidents involving a pupil's head can be problematic because the injury may not be evident (e.g. internal) and the effects only become noticeable after a period of time.

All pupils with minor bumps to the head are assessed by the Welfare Assistant and an ice pack may be administered. Details of the incident are recorded in the Accident Book and a 'Head Bump' letter is completed. The Welfare Assistant will notify the class teacher as soon as possible and the 'Head Bump' letter (see Appendix A) will be given to the pupil by their class teacher to take home at the end of the school day.

All head injuries should be monitored closely by the class teacher and any concerns should be referred immediately to the Welfare Assistant. If there is any doubt about the safety of a child, parents will be contacted immediately.

Any serious head injury should always be referred for hospital treatment (please follow the section for Emergency Arrangements).

## OTHER ACCIDENTS/ILLNESSES

All incidents involving treatment will be recorded in the Accident Book detailing name of pupil, date, time, injury, treatment and signature of the attending member of staff – **An Accident Reporting Slip will be completed and sent home (with a copy kept in school) – see Appendix A.**

### 1. Minor injuries

By far the majority of injuries involving first aid in schools are of a minor nature, and most require simple dressing only. The initial bleeding of minor cuts will soon stop of its own accord, and an adhesive dressing is likely all that is required.

Hands should be washed if possible both before and after dressing wounds. If the wound is dirty, it should be lightly rinsed with running water and dried with a paper towel or tissue. If the surrounding skin is dirty, water should be used to clean it where practicable. A sterile adhesive dressing of appropriate size should then be applied, with care taken to avoid touching the part which will come into contact with the wound. **ANTISEPTICS SHOULD NOT BE APPLIED TO ANY INJURIES.** Their use in first aid is not recommended, and hence they are not permitted in first aid boxes.

If bleeding persists, a wound dressing should be applied, with gentle but direct pressure on the wound. A further dressing should be placed over the top if necessary.

Grazes should be treated in the same way. Where foreign bodies (e.g. grit) which cannot be removed by washing are embedded in the wound, or where bleeding is extensive because wounds are deep, expert medical help should be sought.

Bruises and sprains are best treated with ice packs or cold water to reduce swelling. Serious sprains are almost indistinguishable from fractures and should always be referred to hospital. No attempt should be made to bind sprains or suspected fractures with crepe bandages or similar, as this is a specialist treatment requiring some medical expertise.

Eye injuries always give concern and should be referred to hospital in all but the most trivial cases.

The principles of minor injury first aid are simple:

- Water to cleanse wounds if necessary

- Sterile dressing to be applied with clean hands (or gloves). Patient advised not to leave the dressing on overnight.
- Where there is **any doubt**, refer the injured person to hospital

Any injury which cannot be effectively treated with the simple equipment in the first aid box should be referred to hospital for medical attention.

- Where a child presents as unwell, they are assessed by the Welfare Assistant and the pupil's parent(s) are contacted to come and take the pupil home.
- Where a pupil is physically sick, the parent(s) are contacted as a matter of course and asked to collect their child. If parents are unable to be contacted the pupil will remain in the Medical Room. The child's parents are advised to keep the child for 48 hours after the last bout of sickness.
- Where a pupil presents with a rash, this is assessed by the Welfare Assistant and if deemed necessary parents will be contacted to take the pupil home.

## 2. Major Injuries

- Injuries resulting in deep lacerations to the skin can result in major blood loss. The first priority in such cases must be to control bleeding by direct pressure with a suitable dressing, and by raising the injured part if possible.
- If no sterile dressing is available, an improvised dressing can be made from any suitable clean material, or even the bare hands (washed beforehand with soap and water) can be used in emergency. Prompt action whilst awaiting medical assistance can save life in serious cases of blood loss.
- As noted earlier, injuries to the head or eyes, all obvious or suspected fractures, severe sprains, and any wounds which result in prolonged bleeding should be referred to hospital. All such injuries can have serious complications if not attended to by experienced medical professionals.
- A number of such injuries are 'specified major injuries' under accident reporting legislation and may have to be reported by telephone immediately.
- The priorities are important in cases of serious injury, and if these are followed, one cannot easily go wrong in treatment. If there is any doubt about any treatment, it is better not to give it, but to wait until the experts arrive. The exceptions are in the cases of the control of serious bleeding and resuscitation, where almost any common-sense action taken will not easily be wrong. In cases of serious injury, it is better to try and fail than not to try at all. Where life is not at stake, such as in relatively minor injuries, it is better to do little than to do the wrong thing.
- Where a suspected broken bone or dislocation has occurred, the Medical Room must be contacted immediately and the Welfare Assistant will attend to the pupil(s). Parents are then contacted. In extreme cases it may be necessary to call for the assistance of an ambulance.

## 3. Hygiene

Hands should always be washed before and after administering First Aid. Use disposable plastic gloves for any cuts/wounds. Water is used to clean wounds.

Antiseptics and creams are not to be used.

Single-use disposable gloves must be worn when treatment involves blood or other body fluids.

Any soiled dressings, paper towels, gloves and any other contaminated with bodily fluids must be disposed of as clinical waste in the appropriate waste bag in the Medical Room.

#### 4. Protective Gear

Protective gear to be available includes:

- Plastic, disposable gloves
- Plastic aprons
- Ice packs for bumps to the head

### **EMERGENCY ARRANGEMENTS**

Where the injury is an emergency, an ambulance will be called following which the parents will be contacted.

Where hospital treatment is required but it is not an emergency, then the Welfare Assistant will contact the parents for them to take over the responsibility of the child.

In the event that the parents cannot be contacted, two members of staff will accompany the child to hospital and remain with them until the parents can be contacted.

In the Welfare Assistant's absence a member of the office staff will always call an ambulance on the following occasions:-

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness

### **Equality Statement**

At Chellaston Junior School, we actively seek to encourage equity and equality through our teaching. As such, we seek to advance the equality of opportunity between people who share any of the following characteristic:

- gender;
- ethnicity;
- disability;
- religion or belief;
- sexual orientation;
- gender reassignment;
- pregnancy or maternity.

The use of stereotypes under any of the above headings will always be challenged.

***Please also refer to the school's Medical Needs (Administration of Medication) Policy***

## Appendix A - Chellaston Junior School Accident/Illness Report Slip

Date: \_\_\_\_\_ Time: \_\_\_\_\_

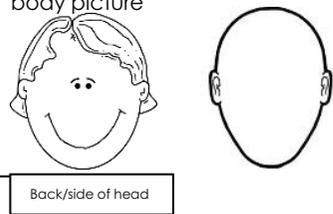
Child's Name: \_\_\_\_\_

Where was the child when the accident happened?  
\_\_\_\_\_

Nature of accident/illness:

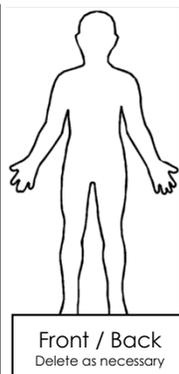
Nature of Accident/Illness	Please tick	Action	Please tick
Bump/bruise		Parent contacted	
Vomiting/nausea		Unable to contact	
Nosebleed		To stay in school	
Headache/high temp		To be collected	
Head injury			
Cut/graze			
Other:			

Please **mark with an x** on the appropriate picture the location of the injury – i.e. head or full body picture



Signed (First Aider):  
\_\_\_\_\_

Brief details:



### Important:

Should your child suffer any drowsiness, vomiting, impaired vision or excessive pain after returning home please consult your doctor or local hospital.

## Chellaston Junior School Accident/Illness Report Slip

Date: \_\_\_\_\_ Time: \_\_\_\_\_

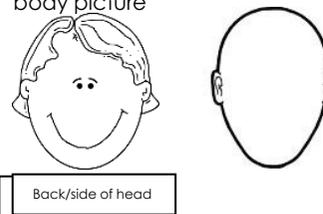
Child's Name: \_\_\_\_\_

Where was the child when the accident happened?  
\_\_\_\_\_

Nature of accident/illness:

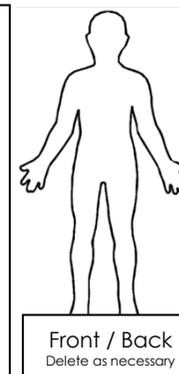
Nature of Accident/Illness	Please tick	Action	Please tick
Bump/bruise		Parent contacted	
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Head injury			
Cut/graze			
Other:			

Please **mark with an x** on the appropriate picture the location of the injury – i.e. head or full body picture



Signed (First Aider):  
\_\_\_\_\_

Brief details:



### Important:

Should your child suffer any drowsiness, vomiting, impaired vision or excessive pain after returning home please consult your doctor or local hospital.