



First Aid Policy

2023-2026

This policy is reviewed every three years and was agreed by the Governing Body of Chellaston Junior School in Autumn 2023 **and will be reviewed again in Autumn 2026**

First Aid Policy

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 report to East Midlands Education Trust accidents which require hospital treatment or involve staff – see appendix 1.
- 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

Both schools have areas which are 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 First Aider/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.

Both schools have an **AED Defibrillator which is located outside the main school office.**

In the absence of the First Aider/Welfare Assistant the Head teacher or Deputy Head Teachers 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 which require treatment are recorded on Scholarpack and an Accident Form is sent to parents via the child's book bag.

Parents are informed by email or phonecall of any head or other injury which may be more serious or could need more investigation. The First Aider/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.

Where an incident requires further treatment through medical provision (hospital or minor injuries unit), the EMET report form should be completed and RIDDOR report if applicable.

INCIDENTS INVOLVING ADULTS

Incidents involving staff, parents and visitors should be recorded on an EMET 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.
- All incidents involving staff accidents should be reported to EMET using the Accident Reporting Form.
- 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.
- Fatal and major injuries (as defined in RIDDOR) should be reported immediately to the Incident Contact Centre **0845 3009923**.

SHARING OF INFORMATION

At the start of the academic year, the Office Team/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 – this should be shared to the Welfare Assistant at the junior school and the Learning Mentor at the infant school.

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 a First Aider/Welfare Assistant and an ice pack may be administered. Details of the incident are recorded on the child's Scholarpack record and a 'Head Bump' email is completed. The First Aider/Welfare Assistant will notify the class teacher as soon as possible and the 'Head Bump' email will be sent as soon as possible.

All head injuries should be monitored closely by the class teacher and any concerns should be referred immediately to the First Aider/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 on the child's Scholarpack record, detailing date, time, injury, treatment and signature of the attending member of staff.

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 First Aider/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 First Aider/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 First Aider/Welfare Assistant 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

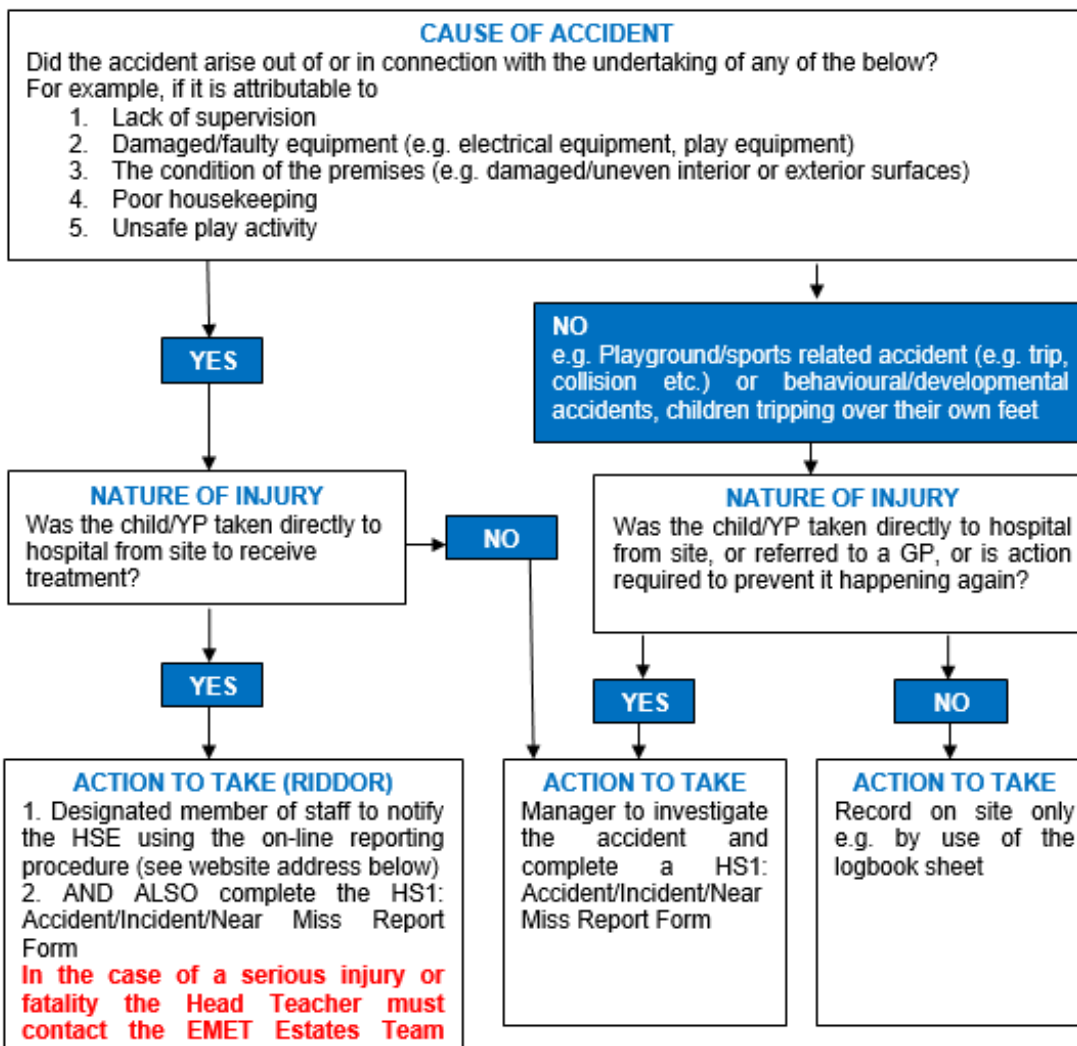
Please also refer to the EMET's Medical Needs (Administration of Medication) Policy

HEALTH AND SAFETY

Child/Young Person Accident Reporting Flowchart



ACCIDENT TO CHILD/YOUNG PERSON (YP)



Report to the HSE (under RIDDOR regulations):

Website: <http://www.hse.gov.uk/riddor/report.htm>

Send a copy of the RIDDOR report & HS1: Accident/Incident Report Form to the EMET Estates Team (estates@emet.uk.com)

Chris Punter (EMET Estates Director)	07469 509982
Harry Segrove (EMET Estates Business Partner)	07881 621554
Peter Griffiths (EMET Estates Business Partner)	07796 463012

