

# Lancasterian Primary School



## First Aid Policy

Version No.	Date	Approved by	Review Frequency	Review Date
3	October 2020	Governing Body	Annual	October 2021

### **1.0 Policy Statement**

Lancasterian Primary school is committed to providing emergency first aid cover to deal with accidents, which occur to children, employees and visitors.

### **2.0 Introduction**

The Governors and Head teacher of Lancasterian Primary School accept their responsibility under the Health and Safety (First Aid) Regulations 1981 and acknowledge the importance of providing First Aid for children, employees and visitors within the school.

The Governors are committed to the authority's procedure for reporting accidents and recognise their statutory duty to comply with The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

The provision of First Aid within the school will be in accordance with the Authority's guidance on First Aid in schools.

There is a duty:

- The senior leadership team to approve, implement and review the policy
- On all employees to be aware of the shared responsibility
- To report, record and where appropriate investigate all accidents
- To record all occasions when first aid is administered to employees, pupils and visitors
- Provide equipment and materials to carry out first aid treatment
- Make arrangements to provide training to employees, maintain a record of that training and review annually
- Establish a procedure for managing accidents in school which require First Aid
- Provide information to employees on the arrangements for First Aid

To achieve this, the school will:

- Have a minimum of one suitably stocked first aid kit in each key classroom
- Provide at least one appointed person to take charge of first aid arrangements.
- Provide information to employees, children and parents on the arrangements for first aid
- Have a procedure for managing accidents
- Review the arrangements for first aid annually

### **3.0 Roles and Responsibilities**

#### **3.1 The Headteacher**

The Headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times

- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specific incidents to HSE when necessary

### **3.2 Appointed person(s) and first aiders**

The school first aiders are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate appropriate treatment
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Filing in an accident report on the same day, or as soon as is reasonably practicable, after an accident (in the Accident Report Books)
- Keeping their contact details up to date
- Designated staff to send pupils home to recover, when necessary
- Designated staff to ensure there is an adequate supply of medical materials in first aid kits, and replenish the contents of these kits

### **3.3. Staff**

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Informing the Headteacher of any specific health conditions or first aid needs

## **4.0 First aid Procedures**

### **4.1 In-school procedures**

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- If emergency services are called, office staff or relevant staff will contact parents/carers immediately
- The first aider/relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

### **4.2 Off-site procedures**

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone(s)
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parent's contact details

Risk assessments will be authorised by the Business Manager prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory frameworks for the Early Years Foundation Stage.

## **5.0 Categories of Incidents and Procedures**

Any child complaining of illness or who has been injured is sent to the Medical Room for the qualified first aider(s) to inspect and, where appropriate, treat. Should a child be too ill to stay at school, parents/carers should be contacted as soon as possible so that the child can be collected and taken home.

All accidents are recorded in the Accident Report Book by the first aider and a copy of the accident/incident/illness report slip (recording details of the incident/actions taken) is sent home.

### **5.1 Minor accidents and injuries**

There is a first aid kit in each classroom for minor needs. If necessary, a person other than the teacher will take the child to the Medical Room.

#### **Minor cuts, grazes and bruises**

Cuts are cleaned with sterile wipes and bandages are applied if deemed appropriate. For grazes, a sterile wipe is used to wipe the wound. With minor bruising, a cold compress is applied and area elevated.

PROTECTIVE GLOVES MUST BE WORN WHEN TREATING OPEN CUTS, BLOODED ITEMS SHOULD BE DISPOSED OF IN THE SWABS AND DRESSINGS YELLOW BIN LOCATED IN THE MEDICAL ROOM

### **5.2 More serious accidents and injuries**

#### **Head injuries**

Any bump to the head is treated as serious. Bumped heads should be treated with a cold compress. Children will receive a sticker, a copy of the accident/incident/illness report slip (recording details of the incident/actions taken) and a head text will be sent so that the injury is known to parents/carers for monitoring purposes. All bumps to the head should be recorded in the Accident Report Book.

Parents should be called if the child has a serious cut, bump or signs of concussion. Signs of concussion, including vomiting or drowsiness, persistent headache, blurred or double vision. Bleeding or yellow fluid from the nose and/or ear, need referral to hospital immediately.

### **5.3 Very serious injuries**

In the event of a very serious injury, an ambulance is called and parents/carers are immediately contacted. Examples of very serious injuries are: severe bleeding, unconsciousness, burns/scald, asthma attack, anaphylactic shock, seizures and convulsions for more than 5 minutes, concussion and embedded objects (a splinter is only removed if the end is out of the skin).

UNDER NO CIRCUMSTANCES SHOULD A MEMBER OF STAFF ATTEMPT TO MOVE A CHILD WHO IS POSSIBLY SERIOUSLY HURT.

## **6.0 Accident Reporting**

Accident Report books are kept in the Medical Room. Accidents must be written up in the accident book by the first aider dealing with the incident. All accidents will be recorded and reported according to the Authority's guidelines, and will include:-

- The date, time and place of the incident
- The name (and class) of the injured person
- Details of injury and what first aid treatment was given
- What happened to the person immediately afterwards

- Name and signature of the person or first aider dealing with the incident

A relevant member of staff will decide whether parents/carers should be contacted and the child sent home. The child will be supervised by a member of staff while they are waiting.

### **RIDDOR**

We will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation.

Under RIDDOR, the responsible person must report the following work-related accidents, including those caused by physical violence, if an employee is injured, wherever they are working

- Accidents which result in death or a specified injury must be reported without delay (see 'Reportable specified injuries');
- Accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

### **Reportable accidents include**

- fractures, other than to fingers, thumbs and toes;
- Amputations;
- Any injury likely to lead to permanent loss of sight
- or reduction in sight;
- Any crush injury to the head or torso causing
- damage to the brain or internal organs;
- Serious burns (including scalding), which:
  - cover more than 10% of the body; or
  - cause significant damage to the eyes, respiratory
- system or other vital organs;
- Any scalping requiring hospital treatment;
- Any loss of consciousness caused by head injury
- or asphyxia;
- Any other injury arising from working in an enclosed space which: – leads to hypothermia or heat-induced illness; or – requires resuscitation or admittance to hospital for more than 24 hours.

For full guidance refer to HSE information sheet on accident Incident reporting in schools (accidents, diseases and dangerous occurrences) <http://www.hse.gov.uk/pubns/edis1.pdf>

### **7.0 First Aid Training**

The school will keep a register of all trained first aiders, what training they have received and when this is valid (see Appendix i). Staff are encouraged to renew their first aid training when it is no longer valid. There are 21 qualified first aiders in school which more than meets the requirements of the HSC First Aid at Work Approved Code of Practice and Guidance.

### **8.0 First Aid Equipment**

First aid kits and boxes are marked with a white cross on a green background. This conforms to the Safety Signs and Safety Signals Regulations. A typical first aid kit in our school will include the following: plasters, dressings, sterile wipes, disposable gloves, triangular bandages, instant ice pack and other first aid essentials. No medication is kept in first aid kits (See appendix ii). First aid kits are stored in the School

Office, in the first Aid cabinets in each classroom and in first aid units in Nursery and Reception. Portable First Aid kits are taken on educational visits

**APPENDIX i:**

**Appointed person(s) and/or trained first aiders**

**Appointed person(s) for first aid:**

- Veronica Montes
- Tina Beach

**List of trained first aiders:**

<b>NAME</b>	<b>TYPE OF TRAINING</b>	<b>RENEWAL DATE</b>
Veronica Montes	Paediatric first aider/ First Aid at Work	22.05.20-24.01.23
Tina Beach	First Aid at Work	13.12.20
Tina Granger	Paediatric First aider	16.10.21
Monika Sulecka	Paediatric First Aid	04.01.21
Mel Favell	Paediatric First Aid	04.01.21
Pauline Stoute	Paediatric First Aid	04.01.21
Sam Judge	1 Day Emergency First Aid at Work	13.12.20
Yasoda Abdin	Paediatric First Aid	04.01.21
Sarka Mohamed	Paediatric First Aid	04.01.21
Latifa Charki	Paediatric First Aid	04.01.21
Rosemary Solly	Paediatric First Aid	21.12.21
Caroline Ginger	Paediatric First Aid	21.12.21
Carol Logan	Paediatric First Aid	21.12.21
Julia Gruber	Paediatric First Aid	21.12.21
John Bowden	Paediatric First Aid	21.12.21
Martina Essabith	Paediatric First Aid	21.12.21
Margaret Smith	Paediatric First Aid	21.12.21
Marcia Smith	Paediatric First Aid	21.12.21
Marsh Melian-Edges	Paediatric First Aid	21.12.21
Tulin Kemal	Paediatric First Aid	21.12.21
Yvonne Gordan	Paediatric First Aid	21.12.21

## APPENDIX ii:

### Medicines at school

In general, there are three main sets of circumstances where school staff may be required to support pupils with medical needs or conditions. These are:

- a) Cases where pupils recovering from a short-term illness are well enough to return to school, but are receiving a course of **prescribed medication** such as antibiotics;
- b) Cases of **chronic illness** or long-term complaints, such as asthma, diabetes, or epilepsy, which may require an individual health care plan;
- c) Children with a **specific special medical need** who require an individual or emergency health care plan.

#### **Safe administration of medicines at school**

- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.
- Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist.
- Only prescribed medicines (including eye drops) in the original container labelled with the child's name and dosage will be accepted in school and recorded on a record of medication form.
- Medicines that require medical expertise or intimate contact, will not be accepted in school.
- Parents may come to the school office to administer medicines if necessary
- All medicines must be brought to the school office by an adult. Medicines must NEVER be brought to school in a child's possession.
- Some children may self-administer medication, e.g. insulin, under agreed supervision if this has been directed by the parents/carers when filing in the medicine form
- Non-prescription medication e.g. pain and fever relief may only be administered when there is a health reason to do so. A child under 16 should never be given medicines containing aspirin unless it has been prescribed for that child by a doctor.
- If a child refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed
- Parents are responsible for the safe return of expired medicines to a pharmacy or hospital

#### **Allergies**

There are several children in school with various allergies. All have individual care plans which are available in the Medical Room (green files). All relevant staff receive auto-injector training annually. There is a register with all children with medical needs displayed in the kitchen, classrooms and communal rooms. Adrenaline pens are stored in the first aid cabinets in the classrooms.

#### **Asthma Inhalers**

All children suffering from asthma have an individual health care plan kept in the Medical Room (green files). Asthma inhalers are kept in the tall cupboard in the Medical Room. The baskets containing inhalers are clearly labelled in year groups. Inhalers are labelled with children's names and date of birth.

## **COVID-19: Annex and First Aid Procedure**

For the duration of the COVID-19 pandemic this annex document will be in place as an amendment to the School's First Aid Policy and Appendices. The information in this annex is under constant review and kept updated to reflect any changes to national or local guidance.

COVID-19 is the infectious disease (virus) caused by the most recently discovered coronavirus.

To minimise the spread of coronavirus the school promotes:

- Cleaning hands more often than usual- wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered
- Ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach. Every classroom has a bin with a lid.
- Cleaning frequently touched surfaces often using products, such as antibacterial wipes, detergents, bleach and hand steamers
- Minimising contact and mixing by altering, as much as possible, the environment (such as class bubble systems and classroom layout) and timetable (such as staggered break times and lunch times)
- Regularly cleaning light switches, computer screens and mice, door knobs, lift buttons, bannisters, taps, loo flushes etc.
- Children having their own pens, pencils, books etc. Avoid sharing any equipment wherever possible.
- Good ventilation in classrooms

### **The COVID-19 First aid Procedure:**

During the Coronavirus pandemic:

#### **1. First aiders**

- Assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone.
- Make sure you wash your hands or use an alcohol gel, before and after treating a casualty
- Wear gloves or cover hands when dealing with open wounds
- Dispose of all waste safely
- Do not touch a wound with your bare hand
- Cover cuts and grazes on your hands with waterproof dressing
- Do not touch any part of a dressing that will come in contact with a wound.

#### **2. Administering and handling medication**

When children need to have access to emergency medication, i.e. asthma inhalers, auto-injectors the following has been put in place:

- All asthma inhalers are kept in the pupil's classrooms (First aid box) clearly marked with their name. If a member of staff handles these items gloves must be used and then disposed of after use.
- Auto-injectors are kept within a safe place in the pupil's classrooms (First aid box). If a member of staff handles these items gloves must be used and then disposed of after use.
- Teachers and/or TA's must take out class asthma inhalers and auto-injectors with them at break time, lunch time and during PE lessons. They should then be returned to the classroom.

- Infrared thermometers are kept in Year 5 Yousafzai, Year 1 Sterling class and Reception Williams class.

**Location of Emergency Asthma Kits: medical Room and office**

**Location of Emergency Spare Adrenaline Auto-Injectors: medical Room**

**What happens if someone becomes unwell at school?**

Any child or staff member experiencing any of the following:

- a new, continuous cough; or
- a high temperature (a temperature of 37.9C or more is usually considered a high temperature – see <https://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/how-do-i-take-someones-temperature/>); or
- loss of, or change in, their normal sense of taste or smell (anosmia);

must remain at home or be sent home immediately, told to get tested, and start a 10 day self-isolation.

If a child is awaiting collection, a member of staff should take the child having Coronavirus symptoms to the room above the medical room labelled Suspected Coronavirus Isolation Room (with the window safely open for ventilation). The member of staff dealing with the child must use emergency PPE (goggles, face masks, gloves and aprons), which can be found in a labelled box in each classroom and the medical room; the child should stay in that room with the supervising adult standing in the doorway until a parent/carer arrives to collect her/him (using the bathroom next door if necessary).

Information on how to put on and take off PPE is found at [https://www.youtube.com/watch?reload=9&v=-GncQ\\_ed-9w&feature=youtu.be](https://www.youtube.com/watch?reload=9&v=-GncQ_ed-9w&feature=youtu.be). Any used PPE should be placed in a double sealed bag and put in a secure and suitable place marked for storage for at least 72 hours before putting it in with normal waste; Sam/John will assist with this. The PPE can also be disposed of once the suspected case, with which the PPE has been used, has been confirmed negative. There is no need to use infectious waste bags.

**Please note:**

- household members, including siblings from the school, should start isolating for 14 days from when the symptomatic person first had symptoms - this is because it can take 14 days for symptoms of the virus to appear (they must follow '[stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)');
- if the child does have a test and it is negative, the child and household can stop self-isolation and the child can return to school as soon as they feel well and no longer have Coronavirus symptoms;
- if a child does not get tested, we still expect them to self-isolate for 10 days from the onset of their symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or anosmia can last for several weeks once the infection has gone. The 10 day period starts from the day when they first became ill. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal;
- the child's bubble can continue going to school during this time and should only be sent home if there is a positive test result.



## What happens if there is a confirmed case of coronavirus in a setting?

If a child or staff member has a confirmed positive Coronavirus test outcome:

- they should follow the [‘stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection’](#) and must continue to self-isolate for at least 10 days from the onset of their symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or anosmia can last for several weeks once the infection has gone. The 10 day period starts from the day when they first became ill. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal;
- other members of their household should continue self-isolating for the full 14 days - this is because it can take 14 days for symptoms of the virus to appear;
- if someone has tested positive whilst not experiencing symptoms but develops symptoms during the isolation period, they should restart the 10-day isolation period from the day they develop symptoms.

Their bubble (pupils and teachers, TAs and nursery nurses who have been consistently working in that bubble) needs to immediately start self-isolation for 14 days.

‘Close contacts’ of the child or staff member also need to start self-isolation for 14 days. A close contact is someone who:

- has had face-to-face contact with an infected individual for any length of time within 1 metre, including being coughed on, a face to face conversation, or unprotected skin-to-skin contact;
- has had extended close contact within 2 metres for more than 15 minutes with an infected individual;
- has travelled in a vehicle with them;
- lives in the same household.

### Please note:

- a test should only be booked by staff/children in the bubble and ‘close contacts’ if they get symptoms too;
  - households where children in bubbles are being sent home to self-isolate do not need to start 14 day self-isolation unless that child/staff member starts getting symptomatic of COVID;
  - children and staff members can return to school after 14 days if no symptoms have appeared.
2. In addition to the above steps, SLT must take swift action when becoming aware that someone who has attended has tested positive for coronavirus and:
- notify Public Health England’s London Coronavirus Response Cell (LCRC) to log the incident on 0300 303 0450 or [LCRC@phe.gov.uk](mailto:LCRC@phe.gov.uk);
  - contact the local Health Protection Team (HPT)
  - Further guidance is available on [testing and tracing for coronavirus \(COVID-19\)](#).

