



ASHGATE PRIMARY SCHOOL

Administration of First Aid

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Supporting Documents:

- Administration of Medicines Policy

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Aims:

The aim of this policy is to set out guidelines for all staff in school in the administering of First Aid to children, employees or visitors

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.

What is first aid?

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.

First aid and medication

Employers are required to ensure that sufficient numbers of staff are First Aid at Work Trained and available to support colleagues and individuals subject to requiring first aid. At Ashgate Primary School the minimum ratio is 1:10 first aid at work staff with at least first aid at work qualification.

In addition, the school is required to have qualified paediatric first aiders available for children under the age of 5. The school sets the standard to exceed this figure and have at least 5 staff members qualified at paediatric level at any one time.

Our First Aid Kits:

- Comply with the Health and Safety (First Aid) Regulations 2024 and British Standard – BS 8599-1:2011;
- Include assorted plasters, disposable sterile triangular bandages, eye pads, medium-sized dressings, large-sized dressings, sterile cleansing wipes, nitrile powder-free gloves, first aid in an emergency booklet, safety pins, resusci aide, Tuff-Kut scissors, Burnshield dressing or cling film, finger dressings, conforming bandages, disposable heat retaining blanket, microporous tape and disposable tweezers.
- Are regularly checked by the nominated staff member (Mrs Miller)
- The school hosts 2 first aid stations- one adjacent to the reception area and one in the EYFS dept.
- School uses an electronic system called Medical Tracker to log all injuries.

The information from the system 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.

Tender Loving Care Slips

On occasions, children may visit first aid stations but present no injury for treatment. As there is no injury or treatment this does not need logging on Medical Tracker. However, Tender Loving Care (TLC) slips are often provided to inform the parent that the child had presented at first aid but no treatment was needed. This reduces the risk of confusion caused when children inform a parent that they had an 'accident' but no email notification has been sent from school.

NOTE: TLC slips are not appropriate for a child stating that they have had a head injury, even if no injury is present.

Ofsted requirement to notify parents and the Data Protection Act GDPR

Parents must be informed of any accidents, injuries sustained and/or first aid treatment given to their child whilst in school. In most cases, this is fulfilled by completing accident slips in the accident books, however in some cases parents may be informed of an injury directly if it is felt that further care is needed. Such calls are made to ensure the best wishes of parents are considered and plan for future steps.

Staff must be aware of the Data Protection Act and not allow parents to view personal information other than that relating to their child and must not allow parents to take photographs other than of their own child. It is not standard practice to give parents copies of the school's accident record. However, if a parent requests a copy of the accident record then this will need to be authorised by a member of the senior leadership team.

Administration of Medicines

The school has a separate 'administration of medicines' policy. However, it is recorded here that under the remit of 'first aid' medicines are not to be given.

Medical Emergencies at Ashgate Primary School

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 medical 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.

Sickness

Our policy for the exclusion of ill or infectious children is acted on in line with Guidance on infection control in schools and other childcare settings.

- We do not provide care for children, who are unwell, e.g. have a temperature, or sickness and diarrhea, or who have an infectious disease.
- Children with head lice are not excluded, but must be treated immediately to remedy the condition and return to school once treatment has been given.
- Parents are notified if there is a pattern or surge 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 by the LSA's/Office Staff.

Treatment of injuries

Following an accident, the First Aider on duty 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 trauma to the head
- If bleeding cannot be controlled
- In the event of a period of unconsciousness
- Whenever a fracture or break is suspected of a major limb
- Whenever the first aider is unsure of the severity of the injuries

Treatment of head 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 or cloth) for the child's own comfort. Parents/Carers must be contacted if the child has a bump to the head. All head bumps must be recorded on Medical tracker and an email 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 contact the parent and also inform the class teacher. Head bump letters will be emailed to parents electronically so the school can be sure the parent receives the information.

Under no circumstances, should ICE PACKS be applied to head bumps. It will reduce swelling but it can actually do more harm if there is a hairline fracture this could result in the child needing additional emergency hospital treatment. Cold packs are used in school, this should be passed to the child to hold on the injury.

Emergency 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, **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 emergency first aider must be called immediately to assess the situation.

Treatment of suspected breaks/fractures

The seven things to look for are:

Swelling

1. Difficulty moving
2. Movement in an unnatural direction
3. A limb that looks shorter, twisted or bent
4. A grating noise or feeling
5. Loss of strength
6. 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 the yellow clinical waste bags.

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. Tweezers are stored in the main first aid box located in the school office.

Instant Cold Packs

Instant cold 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 taken on school trips and are kept in the first aid bags.

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

We have many children at Ashgate Primary with Asthma. All pumps are labelled and kept in the classrooms. In the event of an attack, the inhaler must be given to the child. 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). These are kept in the first aid area behind the school office.

In the event of an asthma attack follow the T.I.M.E advice from Whittington Health:

Think about the symptoms (coughing, wheezing, breathlessness), Intervene with a blue reliever inhaler and spacer, and Make sure to call 999 if there is no improvement or you are unsure. Emergency – call 999 if there is no improvement or if you are worried, and also call a parent/guardian.

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



Epi-Pens

All Epi-Pens are labelled and kept in the school office. Staff have received 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 Epi-Pen 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 but their own device is not available or not working (e.g. because it is broken, or out-of-date).

Training

A central record of all training related to first aid is held by the School Business Manager and reviewed annually to ensure that certificates are renewed within timescales.

