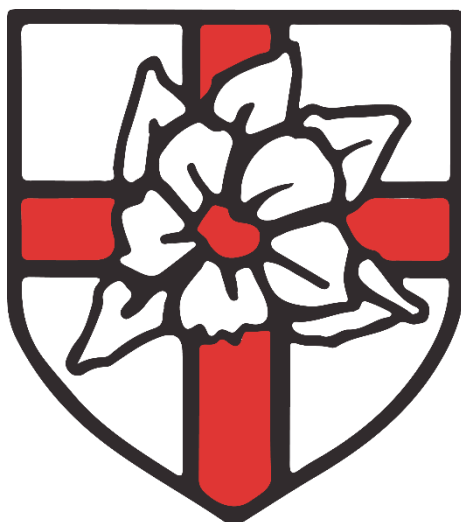


# Summerfield School



*The Best You Can Be – Everyone, Every Day*

## FIRST AID POLICY

Approved: May 2022

Review: May 2023

## 1. INTRODUCTION

The **First Aid procedure** at Summerfield School is in operation to ensure that every child, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major. It is emphasised that staff who are first aid trained are **qualified First Aiders** and **not** trained doctors or nurses.

In the event of an accident or illness, all members of the school community should be aware of the support available and the procedures available to activate this.

## 2. PURPOSE

- To provide effective, safe First Aid cover for pupils, staff and visitors.
- To ensure that all staff and pupils are aware of the system in place.

**NB The term FIRST AIDER refers to those members of the school community who are in possession of a valid 'Emergency First Aid in School'.**

**In addition, one of the KS1 staff, one Early Years and Foundation Stage (EYFS) staff member, plus 1 member of the KS2 team and the Welfare Assistant and Play Leader hold paediatric first aid certificates.**

*An up to date list* of all First Aiders is published in the Staff Handbook

Epipen training takes place annually for all support staff as required.

## 3. MINOR INJURIES

Minor injuries e.g. a grazed knee is treated there and then by the adult on duty with wipes / plasters if needed. These are recorded in Home-School Link Books and reported to the class teacher as required. Many accidents sustained by pupils are minor. In these cases, it is reasonable to instruct older children to also inform their parents on arriving home. Staff should, however, pay due regard to the age, capabilities and language of pupils and parents when considering how to communicate accident information to parents and ensure that adequate notification is made by telephone or letter as appropriate.

## 4. MORE SERIOUS INJURIES

More serious injuries, e.g. deep cut, nosebleed or bump to the head are sent to the Welfare Assistant in the first aid room. Ice packs are kept in the freezer department of the fridge and **must not** leave the medical room for any reason. If a child requires an ice pack, then this must be done in the medical room only. If you are unable to stay with the child, then you must ask for the Welfare Assistant or Office Staff to sit with the child. Children must not be sat in class with an ice pack or on the playground and then returning them themselves to the Medical Room. Ice Packs should be covered with the blue covers located in the cupboard and should be applied to an acute injury for only 10 minutes. Any longer and this could result in tissue damage to the skin by frostbite or lack of blood flow.

In these cases, the accident book is filled out and the duplicated form is completed with details of treatment and how the incident happened. The white copy is given to the child to be shown to their

teacher and then taken home for parents. When a child has bumped their head/facial injury, they are given a wristband to wear so that all adults are aware. The carbon yellow copy is left in the accident book. A phone call to parents is also required.

## 5. VERY SERIOUS INJURIES

If a child appears to have sustained a very serious injury i.e. they are unconscious, bleeding profusely have an obvious broken limb or anaphylaxis - The lesson/breaktime should be stopped and the Welfare Assistant/Paediatric First Aider/office staff should be informed.

Children should not be moved or left by themselves. The child should be kept still and reassured. Any serious bleeding should be contained with handheld pressure, preferably the child's own hand or if not, latex gloves should be used.

**A member of SLT should be informed of any serious injury so that they can make a decision whether an ambulance is needed (on advice of a First Aider).** In the case of a child losing consciousness, even momentarily, office staff should phone for an ambulance immediately.

If the SLT member (**on the advice of the First Aider**) decides that the injury requires an ambulance, the office should **make every effort to contact the parents, but treatment must not be delayed by waiting for their arrival.** If they are unobtainable then a member of staff should accompany the child in the ambulance. A photocopy of the child's contact and medical details, details of the incident, approximate time of the child's last meal and any medicines the child usually has e.g. inhalers, should be taken with the child.

Accidents involving suspected or broken bones, or cuts involving hospital treatment, a Milton Keynes Council accident form must be completed online (which should be given to the Head who will forward it to the MKC Health & Safety Officer. The blue copy is filed separately from the original accident book.)

## 6. PORTABLE EQUIPMENT

The school has portable first aid kits located in the First Aid Room and both wings of the school and travel first aid kits which are also stored in the First Aid Room.

All kits are checked monthly by the Welfare Assistant and a record of checks maintained.

Disposable latex gloves are stored in the First Aid Room. They should always be used in the case of bleeding. When taking children off the premises, a travelling first aid kit should be requested from the Welfare Assistant (please give 24 hours' notice). Inhalers should be taken from the class room these are all located in the marked cupboards. Each teacher should be aware of the children who have inhalers. These are checked by the Welfare Assistant and parents contacted when they have expired.

## 7. WASTE

Medical waste should be placed in the medical bin by the sink in the First Aid Room. This is emptied weekly by off-site contractors for safe disposal.

## **8. CHILDREN'S MEDICAL NEEDS**

A list of medical concerns (with photos) is kept in the First Aid Room, Staff Room and School Office. The Headteacher, Deputy Headteacher and class teacher for each child have copies. Full details of each child's treatment and their Care Plan where applicable are contained in the Care Plans folder in the school office. This also gives details of emergency contacts for parents.

Each teacher and Key Stage Leader is given information about medical needs of children in their class/phase-group at the beginning of the school year.

## **9. TEACHERS**

Under normal circumstances, teachers should not need to administer any routine First Aid themselves. Where a Learning Support Assistant is present, they may deal with the incident. Otherwise, children should be sent to the Welfare Assistant or office staff.

## **10. ILL CHILDREN**

If a child is too unwell to remain in class, they are sent to the Welfare Assistant. The Welfare Assistant decides whether parents should be contacted to take the child home.

If parents cannot be contacted, the Welfare Assistant/office staff will look after the child in the First Aid Room.

## **11. VOMIT**

If a child is sick, specially purchased powder should be applied to the area. This powder is stored in a locker in the Site Manager's Resources Cupboard. The residue should be cleared up and disposed of by whoever is dealing with the incident. All staff have been trained in the hygienic removal of vomit.

## **12. MEDICINES**

We administer antibiotics (if they are prescribed to be taken 4 times a day.) We do administer Piriton for severe hay fever (only when prescribed by the GP). In exceptional circumstances e.g. where a child had broken an arm, we will administer Calpol or Nurofen. Medication in original packaging only should be accepted by Medical Assistant. i.e. Medication that has been decanted should not be administered.

Medication (as appropriate) should be kept in a fridge or high cupboard in the First Aid Room and administered by the Welfare Assistant. No child should be left in this room alone (there is a telephone in here and it is adjacent to the Deputy Headteacher's office. School staff must not administer medicine or treatment of an intimate or infectious nature. Parents must complete a medicine form from the Office, giving precise instructions. A record is kept when the medicine is given.

In special circumstances, e.g. diabetic children may carry their own medicine with them, or have it safely stored in their classroom.

### **13. ASTHMA**

There are a number of children in school who suffer from asthma. Inhalers are kept in the child's classroom. It is important that staff ensure that children have their inhalers when they go on the field or off-site e.g. swimming, school trips. Staff will have asthma specific training as part of the first aid training. A severe asthmatic will have a care plan in place known to all relevant staff.

The Welfare Assistant maintains a register of children in each class who use inhalers.

**The school has an Emergency Inhaler and follows Department of Health guidance (September 2014) on its use.**

#### **Stages of an asthma attack:**

**Mild wheezing or tight chest** – allow the child to take their blue reliever inhaler. Let them rest for 10 -15 minutes. If the symptoms disappear, they can carry on with their lesson or play.

**Further treatment** – If the symptoms have improved but not completely disappeared, give another dose of the inhaler and call the parents. Give the reliever inhaler every 5 – 10 minutes until symptoms disappear or parents arrive and take over.

#### **\*SIGNS A CHILD IS HAVING A SEVERE ASTHMA ATTACK:**

- Their reliever inhaler (usually blue) isn't helping, and/or
- They can't talk or walk easily and/or
- They're breathing hard and fast and/or
- They're coughing or wheezing a lot and/or
- They may also complain of a tummy ache.

#### **\*ACTIONS TO TAKE (\*Taken from Asthma UK Website)**

1. Help them to sit up straight and stay calm
2. Help them take a puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs
3. Call 999 for an ambulance if:
  - their symptoms get worse while they're using their inhaler
  - they don't feel better after 10 puffs
  - You're worried at any time, even if they haven't yet taken 10 puffs.
  - While you wait for the ambulance, reassure the child. Repeat step 2 if the ambulance takes longer than 15 minutes.

#### **14. THE GOVERNING BODY will:**

- Ensure adequate First Aid cover is being provided
- Monitor implementation of this policy
- Ensure all new staff are made aware of First Aid procedures in school.

#### **15. OFFICE/WELFARE STAFF will:**

- Ensure that they always obtain the history relating to a pupil not feeling well, particularly in the cases of headaches, to ensure that no injury has caused the pupil to feel unwell.
- The first aider (Office staff) will call parent to advise that the child has had a head injury

- Have a file of up to date medical consent forms for every pupil in each year group and ensure that these are readily available for staff responsible for school trips/outings

**16. A member of the SLT to be informed in the first instance if a child is injured in school and needs to be sent home or to the hospital. Advise Headteacher in first instance, if not available then cascade to Deputy Headteacher or Key Leaders.**