

# Cavendish Community Primary School

## FIRST AID POLICY



September 2022

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## **First Aid Policy**

At Cavendish Community Primary School, we recognise our duty of care towards all adults who work, help or visit in school, and our responsibility 'in loco parentis' to all pupils. Adults and children in our care need good quality first aid provision. The clear and agreed systems set out in this policy ensure that all children are given the same care and understanding in our school when they are in need of help. It is important that both children and adults receive first aid- & it is the responsibility of adults to ensure that they as well as children receive appropriate advice.

### **First Aiders in school:**

Every permanent member of staff in Nursery is Paediatric First Aid trained & this training is regularly updated. In every phase there are at least three members of staff who are also fully Paediatric First Aid trained and we are committed as a school to ensuring this training is regularly updated in order to maintain these ratios. Furthermore, in the office there is another Paediatric trained First Aider & two members of staff trained in First Aid at Work. In the before & after school club there are a further two members of staff that are fully trained in Paediatric First Aid provision and at least one who is trained for First Aid at Work. At lunchtime, there are additional members of staff fully trained in Paediatric First Aid training-as well as the key members of staff already mentioned who are available for advice.

The school has a regular programme of basic first aid training to ensure all staff are aware of the basics and know when to refer for further advice. First aid forms part of the induction process of all staff & volunteers and this policy is shared with all staff and the wider community via the website.

Any injury to a child or adult working in school which causes concern must be referred to a trained first aider. (see Appendix A for up to date list of trained First Aiders)

### **First Aid Supplies**

Each classroom has a First Aid Bag for easy access. Extra supplies are kept in the office and it is the responsibility of the teacher to ensure that this bag is replenished. These First Aid Bags should also be used when classes are on trips, including any walks off site and visits to the swimming baths and should be easily accessible at playtimes or during PE lessons. Teachers should also ensure any medicines required for a trip are stored appropriately and with regard to Health Care Plans or Prescribed Medication Forms (this includes inhalers, Epi-pens etc.)

Sanitary towels are available if needed in the Rhodes building and in the office.

### **Minor Injuries**

Class Teachers, Teaching Assistants and Lunchtime Organisers (LOs) all have a 'duty of care' to children similar to those of a parent. Small cuts, bruises and stings can be dealt with by the nearest adult. Children should be asked, before cleaning and applying a plaster, if they are allergic to the dressing. If an adult is concerned about the injury this should be referred to a First Aider. Minor Injury Wristband given, contact parent if more significant injury.

### **First Aid Emergency:**

In the case of a First Aid emergency at playtime, the adult on duty should send the child to the office accompanied by another child, unless the injury is significant and an adult is needed to support the child to the office. If the child can not be moved a child/or adult should come to the office to ask for support on the playground; they should bring the 'Red Cross' emergency card. Reception & Nursery have trained first aiders in their settings & will use the office less at playtimes but follow the same processes as the rest of the school.

During Lunchtime our designated LO First Aiders deal with initial triage or basic First Aid. They are located in the downstairs hall in the Cavendish building and on the learning street in the Rhodes building. LO First Aiders may need a second opinion if unsure of the nature of an incident/or best cause of action. Children should be sent in from the playground to see the First Aider (with a Red Cross card) by an adult.

If a First Aider is required during class time for an emergency, children should be accompanied to the office by a child/or an additional adult, whilst Class Teachers continue with the rest of the class. If a child can not be moved, again a child/adult should request support from the office. In extreme situations the rest of the class may be asked to leave in order to provide a safe environment for the injured party, areas of the school may be blocked off in order to ensure the safety of the injured party & others.

Adults who have accidents in school should risk assess when they need advice from a first aider and ensure they seek advice where needed.

### **Medical Lists**

Medical lists are updated half termly to take into account any changes and any new children that have started with any known illness or medical requirement. They are available on the staff drive under dietary requirements and medical conditions. As children's needs change or new children join the school, any medical needs will be made known to the relevant staff. It's the responsibility of the phase leader to ensure supply staff are made aware of medical needs in the classes they are required to cover.

### **More Serious Medical Condition**

If a child has been diagnosed with a more serious illness and requires daily medical care, a health care plan would be submitted by the GP or relevant medical practitioner. A meeting will be held with SENDCO and other relevant First Aiders, to discuss action plan. Regular meetings with the child's parent or carer to take place, to ensure the child's wellbeing.

### **Accident Book**

All accidents or injuries must be recorded in an Accident Book-including accidents or injuries for adults.

For minor injuries there is a class accident book-which is the class teacher's responsibility to maintain. Children should also receive a wristband to inform parents. For accidents of a more serious nature, they are to be recorded by the First Aider by

filling out a green 'Accident Report Form', kept in the school office. Parents are informed.

RIDDOR forms should be counter-signed by the headteacher and sent to Local Authority for accidents at work.

### **Medicines in School**

Teachers are not obliged to administer oral medicine. Oral medicines will be kept in the school office, except in Nursery & Reception where there are refrigerator facilities.

**Parent/carers must fill in a 'Prescribed Medication Form' to request for the school to administer medication.** A record of medication also needs to be filled out on the back of the form. Medicines are stored appropriately as per the recommendations from parents under medical guidance (see Medicines Policy for further details).

### **Defibrillator**

A Defibrillator is situated in the main entrance hall for easy access. Instructions on use will be displayed on the monitor. All Paediatric First Aiders have been trained in how to use it. In addition, all staff are aware that in an emergency anyone can use it by following the robotic voice instructions.

### **MDI (Metered-Dose Inhaler)**

All children with a long term medical condition should have a Health Care Plan. Health Care Plans are maintained by the SENDCOS/Attendance & Welfare lead. For children with asthma inhalers are stored in the office & these are supervised & monitored by the office administrator (including checking expiration dates). Children present at the office when they need to use an inhaler. Each use is recorded & monitored. There is an Emergency Inhaler situated in the office, this will be used only in an emergency & parents would be informed. The inhalers for the class will be taken on all school trips and outdoor events (all walks & swimming visits) & must be signed in & out of the office. The PE lead also has an additional emergency inhaler for off-site sporting events.

### **Epi Pens**

An initial meeting with child's parent/carer will be carried out with a SENDCO and a Health Care Plan is completed & shared with appropriate staff & the office. Appropriate staff are trained annually by the school nurse about recognising the signs of serious allergic reactions and in the administration of Epi-Pens. It is the SENDCOs' responsibility to ensure that this training takes place each year. A list of children who have Epi-Pens is kept in the office along with the medicine itself. In the case of a less serious allergic reaction, a first aider should examine the child and follow any care plan instructions. Parents/carers should be informed of any allergic reaction, and the context of the reaction must be recorded in the accident book.

### **First Aid Waste**

There is a 'sharps bin' in the school office-PHS empty this on a monthly basis. Blood-stained tissues are also placed in sharps bin. Vomit tissues etc are disposed in black lidded bin & disposed of by site staff. Follow Safe Procedures for spillages and bodily fluids.

**Appendix A for up to date list of trained First Aiders (trained by Tiger-Lily First Aid Training)**

Sue Erdemir  
Heather Hanley  
Asma Hussain  
Karolina Muszalska  
Rachael Myers  
Gill Day  
Sarah Smith  
Emma Doogan  
Debbie Roberts  
Mike Tate  
Rachel Marsden  
Sally Broughton  
Sarah Hookes  
Michelle Stewart  
Mazalinah Flitcroft  
Lauren Worth  
Terri Cloake  
Laurence Moule  
Corinne Leader  
Faiza Zia  
Stacey Reynolds

## **Appendix B Common Medical Problems in School- Guidance from Tiger-Lilly First Aid Training for First Aid Trained Staff**

**NOSE BLEED:** Sit child down bending forwards over sink, child to apply pressure to soft part of nose for 10 minutes. If bleeding persists for more than 30 minutes, child should be escorted to the office, parents should be contacted, reassured and advised to collect to seek further medical treatment. The bleed will be logged in class medical book. Contact parent if nose bleeds are becoming regular, so they can seek medical advice.

**EYE INJURY:** In most cases splash with clean water, & encourage child NOT to rub eye area. Send child to office if discomfort persists or additional advice from a First Aider is required. Minor Injury Wristband given, contact parent if more significant injury.

**CHILD FEELING SICK:** Provide child with sick bowl & monitor. Do not leave unaccompanied. Offer small sips of water. If child is sick contact parent for immediate pick up. Child not to return to school for 48 hours since last sickness. The site team will clean up.

**Abdominal Pain:** Make child comfortable, advise going to the toilet. Monitor and observe- contact parent if pain continues and seems severe.

**Choking:** First Aider to ask child to cough, bend slightly forwards, give a back slap between shoulder blades with increasing force in order to dislodge the item. If 5 back slaps have been given and the item has not been dislodged, perform 5 abdominal thrusts. Repeat 5 back slaps, 5 abdominal thrusts until item is dislodged. Phone 999 if item has not been dislodged after 1 round of 5 backs slaps/5 and continue until medical assistance arrives (ensure there are witnesses in case of any abuse allegations). Do not put over knee, do not bend, keep body straight.

**Sprains:** Check by a First Aider-rest and apply cold compress (compresses can be obtained from fridge in school office). Children should not be moved unnecessarily & monitored. If injury does not improve seek further advice inform parents & advise further medical advice.

**Cuts:** DO NOT REMOVE ANY FOREIGN BODIES refer to First Aider, dressing given if required. If cut is severe, inform parents immediately to give choice of taking child for treatment.

**Bump on the head:** Apply cold compress. Wristband given for every bump or bang and school office texts parents for minor bumps/bangs, & telephones parent for more concerning bumps/.bangs. Class teachers need to inform office of head bumps so parents can be informed.

**SEVERE HEAD INJURY:** maybe delayed reaction, contact parent at once and if necessary phone for ambulance.

**Shock:** monitor casualty, aim to improve blood supply, keep warm, give reassurance, keep lying down, raise legs, check pulse and response. Designated person to observe and monitor casualty.