FIRST AID POLICY

1. **Purpose**

- To preserve life
- To limit worsening of the condition
- To promote recovery
- To provide first aid as necessary from trained adults
- To promote health and safety awareness in children and adults, in order to prevent first aid being necessary
- To encourage every child and adult to begin to take responsibility for their health needs

First Aid Provision

- The Head Teacher, in their absence the Deputy Head , is responsible for ensuring that there is an adequate number of qualified First Aiders.
- Portable First Aid kits are taken on educational visits and are available from the medical room.
- The School Secretary , (Trained First Aider) will ensure the maintenance of the contents of the first aid boxes and other supplies.
- All staff will be trained in any aspects of First Aid deemed necessary e.g. asthma, epilepsy, the use of an epipen.
- All staff will ensure that they have read the school's First Aid Policy.

First Aid Boxes

First Aid Boxes are located in:

- The disabled toilet
- Classrooms

First Aid Boxes should contain at least: plasters or micropore, scissors, triangular bandage, wound dressing/bandage and gloves. No medicine/tablets are to be kept in the first aid boxes.

Procedures

In school:

- In the event of injury or medical emergency, contact an appointed First Aider(s).
- Any pupil complaining of illness or who has been injured is sent to the School Office for the qualified First Aider(s) to inspect and, where appropriate, treat. Constant supervision will be provided (this designated facility has access to a wash basin and

adjacent toilet facilities). Parents should be contacted as soon as possible so that the child can be collected and taken home if this is necessary.

- Parents are contacted if there are any doubts over the health or welfare of a pupil.
- **If the situation is life threatening then an ambulance should be called at the earliest opportunity without waiting for the appointed person to arrive on the scene.**
- No member of staff or volunteer helper should administer first aid unless he or she has received proper training.

For their own protection and the protection of the patient, staff who administer first aid should take the following precautions:

- When dealing with any bodily fluid, disposable gloves **MUST** be worn.
- All serious accidents should be reported to Head Teacher
- In the event of a serious incident an ambulance is called and a nominated member of staff will accompany the pupil to hospital. This will differ only if parents are able to come to school prior to the pupil being hospitalized.
- If staff are concerned about the welfare of a pupil they should contact the Headteacher immediately. If a serious injury has been sustained, the pupil should not be moved.

Out of School:

- The school Mobile telephone will be taken on trips out of school. (Due to poor signalling in Norfolk the teacher leading the visit may also use their telephone as a point of contact)
- Teachers to check that pupils who have asthma take their inhalers.
- A first aid kit must be taken on every Educational Visits. If two coaches are used a kit must be on each vehicle.
- The Headteacher as Educational Visits Coordinator (EVC) has responsibility for ensuring staff have adhered to the school's 'Educational Visits Procedures' when organising a visit First Aid provision..
- A Risk Assessment will be undertaken to minimise the prevention of injury during Educational Visits.

  Particular attention needs to be paid to:
  - Outdoor Educational Visits
  - Hazardous Activities
  - Class Visit

Action at an Emergency (To be undertaken by trained First Aider)

- Assess the situation: Are there dangers to the First Aider or the casualty? Make the area safe, look at injury: Is there likely to be a neck injury?
- Assess the casualty for responsiveness: Does the casualty respond.

IF THERE IS NO RESPONSE:

- Open airway by placing one hand on the forehead and gently tilt the head back. Remove any obvious obstructions from the mouth and lift the chin.
- Check for breathing. If the casualty is breathing assess for life threatening injuries and then place in the recovery position.
- If the casualty is not breathing send a helper to call an ambulance and commence CPR.
- Assess for signs of circulation. Look for breathing, coughing or movement. If present, continue rescue breathing and check signs for circulation every minute. If breathing is absent begin Cardio Pulmonary Resuscitation (CPR).

Incident Reporting

- All incidents, injuries, head injuries, ailments and treatment are reported on green forms and sent to the office
- Parents are informed of all injuries requiring first aid through these green forms. They receive the original and a copy is taken and kept in school.
- First Aiders contact parents by phone if they have concerns about the injury. (The Headteacher MUST be aware of any contact in regard to injuries sustained at school.)
- Staff should complete the accident book if they sustain an injury at work. An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed. The member of staff or other supervising adult concerned should seek medical advice without delay.
- Where required the class teacher will be informed should it be relevant that staff should speak to the parent/carer concerned. When this is not possible a slip should be completed and sent home.

All serious injuries should be reported to the Headteacher or Senior Teacher and should be recorded on line.

Serious Injuries - Calling the emergency services

In the case of major accidents, it is the decision of the Headteacher/Senior Teacher if the emergency services are to be called.

If a member of staff is asked to call the emergency services, they must be prepared to offer the following information:

1. State what has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location of the school Blenheim Park Community Primary School

When calling the emergency services the member of staff will follow the instructions given by the emergency services. They should use a none corded telephone in order that they can move to the nearest entrance they wish the emergency services to enter the school by.

If the casualty is a child, their parents should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately.
All contact numbers for children and staff are clearly located in the school office.

Covid-19
Appendix 1 covers updated guidance in line with Covid requirements.

Administration of Medicines
See separate policy

Policy written by: J Davenport

Date approved by Governing Body: 25/09/2020

Signed: J Cook Chair of Governors

Signed: J K Davenport Headteacher

Review Date: Autumn Term 2021

APPENDIX 1 - COVID-19 First Aid requirements – for Headteachers and first aiders
This document supplements the existing first aid arrangements for your school, where the school follow NCC arrangements these will be outlined in the following:
▪ First Aid Compliance Code
▪ First aid needs assessment and guidance form

Specific considerations relating to management of first aid is covered in COVID-19 Guidance for all education settings. The below guidance relates only to carrying out the practice of first aid.
Responsibilities
Headteachers must ensure that:
▪ The requirements relating to the management of first aid outlined in COVID-19 guidance for educational settings have been implemented
▪ The additional equipment that is specified in this guidance is provided
▪ An adequate supply of PPE is available for first aider familiarisation and practice (for circumstances where they are not otherwise familiar with wearing PPE)
▪ First aiders take time to practice the use of PPE prior to needing to use it
▪ First aiders do not fall into a clinically vulnerable group (unless a specific assessment has been carried out)
▪ This guidance is discussed with first aiders and they understand these new requirements.

First Aiders must ensure that:
▪ They familiarise themselves with this information and follow these requirements where it is possible to do so.
▪ They undertake first aid duties applying the principles of social distancing and infection control as much as is possible
▪ Where close contact is required they follow the requirements for wearing Personal Protective Equipment, specifically paying attention to the sequence for PPE removal in order to avoid self-contamination (follow the instructional video which can be found in this guidance)
▪ Ensure that the equipment is ready for use as part of their response arrangements.

Safe working arrangements for providing first aid
Avoid close contact in the first instance, consider minor injuries where you may be able to instruct a person about what to do or pass them the items that they need and stand at a distance if this is age appropriate to do.
If you work in a setting where a person may have COVID-19 wherever possible, ask the person to move to a location away from others. If there is no physically separate room or **COVID-19 First Aid requirements – for Headteachers and first aiders**

the casualty is not able to move to another room ask all other persons not required to assist in first aid provision to leave the vicinity.

Where a close contact response is needed (for symptomatic and non-symptomatic people)

The following equipment is required:

- Disposable gloves and plastic apron
- Fluid repellent surgical mask
- Disposable eye protection (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)
- Resus face shield
- Hand sanitiser
- Two bin bags
- Disinfectant wipes (to clean down first aid box).

Location of PPE

PPE should be kept with First Aid kits so that it is readily available when needed quickly. It can be kept in a labelled box or bag.

Putting on PPE

First aiders must follow the COVID-19 Personal Protective Equipment Guidance -19 and ensure that they familiarise themselves with the instructions for putting on and removing PPE in readiness for responding to a first aid event.

Cardiopulmonary resuscitation

If you need to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment and adopt appropriate precautions to reduce the risk of virus transmission. It is acknowledged that you may not have had the opportunity to put on PPE.

In **adults**, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen). The following steps are recommended:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth (unless you are wearing a fluid resistant mask). If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
- If there is a perceived risk of infection, first aiders should place a cloth/towel over the victims mouth and nose (unless the first aider is wearing a face mask) and attempt

compression only CPR and early defibrillation until the ambulance arrives. Put hands together in the middle of the chest and push hard and fast.

- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

Cardiac arrest in **children** is more likely to be caused by a respiratory problem (asphyxial arrest), therefore chest compressions alone are unlikely to be effective. If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available. We do recognise that some first aiders will still choose to administer rescue breaths or instinctively respond in this way. This is a personal choice.

Remove and dispose of PPE

Remove PPE when close contact is no longer required by following the sequence for removal that is detailed in PPE guidance, it is critical that you do this in order to avoid self-contamination (do not walk through the premises wearing PPE). You can use hand washing facilities after you have followed the PPE removal sequence or if not ion close proximity to where you remove the PPE use hand sanitizer.

Follow the information in PPE guidance G646o to double bag used items, any dressings or waste generated from delivering first aid can also be disposed of in the waste bag. Waste arrangements should follow your specific settings guidance (see section detailing associated guidance at the end of this document)

Cleaning

If you provided first aid to a symptomatic person, all surfaces that the person has come into contact with after they developed symptoms should be cleaned following the cleaning requirements which are outlined in the specific guidance document for the setting that you work in (associated guidance section).

Please note: additional cleaning is not required in areas where a symptomatic person has passed through and spent minimal time (such as corridors) but which are not visibly contaminated with body fluids can be cleaned as normal.

Clothing

- You do not need to change your clothing, unless your clothing has become contaminated or soiled as a result of close contact
- You should change your clothing when you get home (after close contact, wearing PPE) and wash your clothes:

- separately from other household linen
- in a load not more than half the machine capacity
- at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

First aider actions

▪ If you have been in close contact with a person and/or have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days.

▪ Wipe down the first aid box after use using a disinfectant wipe.

▪ Replace used PPE so that it is available for the next first aid event

▪ Follow your normal arrangements for recording first aid and checking stock