



Merridale Primary School

First Aid and Accidents Policy

2022-2025

Policy reviewed by Governors: January 2022

Date for next review: January 2025

First Aid is emergency care given to an injured person (in order to minimize injury and future disability) before professional medical care is available. Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of pupils in the same way that parents might be expected to act towards their children. In general, consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

All staff should be made aware of the First Aid and Accidents Policy.

It is our policy to provide a healthy and safe environment for staff, pupils and visitors to the school and do everything possible to make sure injuries do not occur on the premises.

- It is our intention to ensure that there is always a nominated, qualified first aider at the school. First Aiders must have attended a recognised First Aid Course approved by the Health and Safety Executive (HSE) and attend an annual refresher course as well as a re-accreditation course at least every 3 years. They will be reliable, have good communication skills, an ability to cope with stress and able to absorb new knowledge. As an aim, we plan for everyone on the staff to have completed some basic first aid training.
- At least one member of staff in the Early Years Foundation Stage will have completed a paediatric first aid course and will attend a refresher course every three years.
- At least one member of lunchtime supervision staff will have completed a paediatric first aid/basic first aid course and will attend a refresher course every three years.
- The HSE states that First Aid does not include the administration of medicines (see Medicines in school policy), although there is no legal bar to doing so. Those who dispense it should have a reasonable understanding of what is involved. Members of staff can use Epipens and asthma inhalers if trained to do so. Annual refresher training will be given to staff by the school nurse.
- A First Aid box is provided and is accessible across the school. It is maintained by a nominated person.

- All accidents that occur on the school premises involving staff, pupils or visitors must be recorded in the accident book. The accident books are held in the main school office.
- In the case of all accidents to pupils, parents are informed and advised to seek medical advice. This should be recorded in the medical book. Likewise, any injured adult should be informed to see their doctor and this recommendation also recorded.
- If a pupil becomes ill, we will take every step possible to contact parents, but if this is not possible, we will take responsible measures to care for that pupil. We will expect parents to co-operate with us by not permitting children to attend school if they have any infectious or contagious illness.
- Travel first aid kits are present on all trips. Small, basic first aid kits are available in all classrooms.
- Whilst we are keen to promote sensible practice with regard to the sun, staff cannot apply sun cream. Children and parents/carers are regularly reminded to take appropriate action with regards to the weather e.g. shoulders covered, sun hats and sun cream applied before school (as well as at lunchtime, where children are able to apply it themselves).
- Children with anaphylaxis – staff should check medical forms for written information about allergies and their severity. Such pupils should be identified to all staff and have access to their Epipen. Epipens are stored in the school office.
- A verruca sock should be worn if a child has a verruca and is going swimming.
- A special form is produced for residential trips and they have their own procedures.
- Children are asked to remove earrings and watched/bangles for PE or to cover with plasters (or a sweat band) provided by the parents.
- Asthma - Staff should check the child's Asthma Card for written instructions from parents regarding the treatment of children in their class. Information regarding a child's access to its inhaler should also be written on the Asthma Card. Children are encouraged to carry their own asthma inhalers and these may be stored in their classrooms. An emergency inhaler and spacer is kept in the school office. Asthma cards are reviewed and updated annually. It is the responsibility of parents and carers to ensure that asthma inhalers are available in school and not past their expiry date.
- Pupils with any other medical conditions will have a Care Plan detailing any specific needs or considerations for the care of the child in relation to any medical conditions (e.g. nut allergies, diabetes).
- A named member of staff is responsible for checking and maintaining asthma cards and care plans/records.
- Any individual (staff or child) who has vomited should not attend school for a period of 48 hours after the last episode.

Risks

A risk assessment of First Aid needs is necessary to ensure adequate provision is available.

This should include:

- ☐ The identification of pupils with specific conditions e.g. asthma, allergies
- ☐ The identification of specific hazards in school.

- ☐ When to call for further help
- ☐ The documentation of necessary treatment given

Procedure to be followed in the event of an accident

- If a pupil or a member of staff has an accident, they will receive first aid from a member of staff or a first aider.
- Gloves will be worn when dealing with blood or any other bodily fluids.
- The wound will be cleaned with sterile cloths or a cold compress applied
- If hospital attention is needed then a member of staff will make that decision and will take the necessary action to get that person to hospital.
- If an accident has happened to a pupil, the parents will be informed immediately by a member of staff. If an accident has happened to a member of staff, a named contact will be informed immediately by a member of staff if the member of staff is unable to do this themselves.
- The accident will be recorded in the accident book. It will state the time it happened, how it happened, first aid given and any recommendations arising. Where medical attention has been advised or received this should also be recorded in the Medical Book.
- What happened to the pupil/adult immediately afterwards should be recorded in the appropriate book e.g. went home, resumed normal duties, went back to class, went to hospital.

Minimum content of First Aid box

- Leaflet/booklet giving general advice on first aid.
- 20 individually wrapped sterile adhesive dressings (assorted sizes).
- 2 sterile eye pads.
- 4 individually wrapped triangular bandages (preferably sterile).
- 6 medium sized (approximately 12cm x 12cm), individually wrapped sterile, un-medicated wound dressings.
- 2 large (approximately 18cm x 18cm) individually wrapped sterile, un-medicated wound dressing (as above)
- 6 pairs of disposable gloves.

Contents should be checked regularly and extra stocks kept in school.

**ITEMS SHOULD BE DISCARDED SAFELY AND ANY ITEM
CONTAMINATED WITH BLOOD DISPOSED OF IN A SEALED PLASTIC
BAG**

Head Injury Procedure

Children frequently sustain minor head injuries. This advice gives details of what symptoms and signs should be looked for in children who have. If after a head injury a child remains unconscious or fits, an ambulance should be called immediately and the parents contacted. If a child suffers from any of the following symptoms medical advice must be sought and, if advised, the child

should be taken to see either their GP or to A&E by the parents or by school staff.

- * . Loss of consciousness
- * . Vomiting
- * . Sleepiness
- * . Fits or abnormal limb movements
- * . Persistent dizziness or difficulty walking
- * . Unusual behaviour or confused speech

Children may appear well immediately after sustaining a head injury but show signs of complications later in the day. School staff must remain vigilant and take the appropriate action if the child develops a problem. If a child sustains a head injury whilst at school, the following information should be recorded from any witness.

- Was the child behaving in an unusual way before the injury?
- What happened to cause the injury?
- If they fell, how far did they fall?
- What did they hit their head against?
- Did the child lose consciousness? If so, for how long?
- How did they appear afterwards?
- Did they vomit afterwards?
- Was the child observed to have any other problem after the injury?

Regardless of whether the school seek medical advice about the child, this information should be given to parents afterwards, where possible. It may be becomes unwell after school and the information will be helpful to parents if they need to see a doctor.

In addition, parents will be notified by phone following any minor head injury to their child and invited in to inspect the injury. Each head injury will also be recorded in the accident book and a slip advising of the injury sent home with the child. A child who has sustained a head injury will also receive a green “I bumped my head today” paper wrist band to ensure all staff working with that child (and parents/carers) are made aware of the incident. These will be completed by the person dealing initially with the accident.

If an accident occurs during break or lunchtime, the duty staff must ensure that the class teacher is made aware of the injury.

AED: Automated External Defibrillator

Merridale Primary School has an AED for emergency use. This is located in the staff room.

General information in AEDs:

Sudden cardiac arrest (SCA) is a leading cause of premature death, but with immediate treatment many lives can be saved. SCA occurs because the electrical rhythm that controls the heart is replaced by a chaotic disorganised electrical rhythm called ventricular fibrillation (VF). The quicker VF can be treated by defibrillation the greater the chance of successful resuscitation. Seconds count, and the ambulance service is unlikely to arrive quickly enough to resuscitate most victims.

Many SCA victims can be saved if persons nearby recognise what has happened, summon the ambulance service with the minimum of delay, perform basic cardiopulmonary resuscitation (particularly chest compressions) and use an AED to provide a high energy electric shock to restore the heart's normal rhythm. Each of these stages is a link in a chain of events that provide the best chance of success, but the critical factor is the speed with which the shock is given.

AEDs are easy to use, compact, portable and very effective. They are designed to be used by lay persons; the machines guide the operator through the process by verbal instructions and visual prompts. They are safe and will not allow a shock to be given unless the heart's rhythm requires it. They are designed to be stored for long periods without use and require very little routine maintenance. Several models are available from the manufacturers or through medical equipment companies.

AEDs have been installed in many busy public places, workplaces, or other areas where the public have access. The intention is to use the machines to restart the heart as soon as possible. This strategy of placing AEDs in locations where they are used by lay persons near the arrest is known as public access defibrillation (PAD). Training to use an AED is an extension of the first aid skills possessed by first aid personnel and appointed persons. ***AEDs have been used successfully by untrained persons, and lack of training should not be a deterrent to their use.***

In the United Kingdom, there are very few legal barriers to PAD. A rescuer who has acted appropriately to help a victim of SCA should not be sued regardless of the outcome.

AEDs should be placed or stored where they are most likely to be needed; they must be accessible with the minimum of delay. All persons working at the site need to be aware of their purpose and location, and the steps to be taken should someone collapse. This will include calling the ambulance service and activating the organisation's emergency response plan to get the AED and those best trained to use it.

Please see the "Guide to Automated External Defibrillators (AEDs)" for further information (kept next to the AED in the school staff room).

The AED will be regularly checked by trained First Aiders to ensure it is working correctly.

Merridale First Aid Trained Staff

*Jean Robinson QA Level 3 Award (QCF) Paediatric First Aid
*Alice Matthews QA Level 3 Award (QCF)

Paediatric First Aid
*Bev Corbett QA Level 3 Award (QCF) Paediatric First Aid
*Linda Robinson QA Level 3 Award (QCF) Paediatric First Aid
*Bal Khela Paediatric First Aid
*Michelle Marandola Paediatric First Aid
*Jas Dusanj Basic First Aid

*Staff Trained in the use of AED (Automated external defibrillator)

First Aiders will receive AED update training when they attend First Aid training with "Safe Aid Services"