



Bromley Hills Primary School First Aid Policy

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Policy & Guidelines for Administering First Aid in School

<u>Aims:</u>

The Aim of this Policy is to set out guidelines for all Staff in school in the administering of First Aid, and to determine whether or not the child is in need of 'First-Aid' or merely 'Pastoral Care'. Having such clarity will help us to ensure we are providing the best possible provision for safeguarding our pupils.

Classification & Staffing:

At Bromley Hills the main duties of the designated First Aider are to:

- Provide immediate support for children and adults with common injuries or illnesses and people with more serious injuries or conditions.
- Support the emergency services in the event of a more serious illness or injury requiring the emergency services.

Bromley Hills Primary School has designated members of Staff who have responsibility for administering First-Aid in school and operate on a rota basis.

Infection Control

- Staff members at the School will be trained on how to avoid and limit the possibility of infections by following basic hygiene procedures.
- Staff must wear disposable gloves every time they administer first aid and these must be disposed of after every use.
- Staff must wash their hands after every First Aid intervention.
- Medical waste must be disposed of in the clearly labelled Medical Waste Bins which will be disposed in accordance with current legislation.

Recording and Reporting Incidents

- Bromley Hills complies with the reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) which states that some accidents must be reported to the HSE.
- Staff will keep detailed and thorough records of injuries, incidents and First Aid which has been administered. Staff members must record the date, time and place in the event of an accident. A brief description of the incident must be recorded and any action which has been taken.



FIRST-AID:

In the event of **major injury**, a designated member of First-Aid staff should be sent for immediately. An informed assessment will be carried out and the appropriate treatment given.

Should the injury require medical assistance (i.e. Parent called into school/hospital visit/ambulance), a member of the office staff should be contacted immediately to seek urgent authorisation from the Head/Deputy Head Teacher – if Head/Deputy absent office to consult next senior member of staff - (injury type permitting) and the relevant action taken.

PASTORAL CARE:

Incidents requiring 'Pastoral Care' should be treated as follows:

- **DURING LESSON TIME**: Should an incident occur during morning session, the class teacher should use their professional judgement when assessing the need for pastoral care, ensuring the child's well-being. If they deem it necessary, the child will be accompanied to the office, who will administer first aid where necessary and consult with senior staff.
- **BREAK AND LUNCHTIMES:** There is a rota of Staff carrying out First Aid duty to care for pupils during morning break and lunchtime.

The above guidelines for determining 'First-Aid' or 'Pastoral Care' should be followed during these times.

In the event of minor injury, once treated, the class teacher must be informed so that they can liaise with Parents/Out-of-school club/Carer at the end of the school day.

Should the child be feeling unwell or have been sick in school, the office will notify the class teacher.

A member of First Aid staff **MUST BE CONSULTED** in the event that a child (or member of staff) should sustain **a major injury** or injury of the following nature:

- Cuts or bumps to the head or serious knock
- Cuts or grazes
- Suspect sprain or break
- Burns (including skipping rope burns)
- Stings: i.e. bees/wasps/insects (due to the possibility of allergic reaction)

In addition, First Aid staff **MUST BE CONSULTED** to treat pupils who are known to have a specific illness i.e. diabetics/pupils known to have allergic reactions/pupils with epipens in school - irrespective of the type of illness or injury sustained. **On NO ACCOUNT must these pupils be left/sent to self-administer their own treatment.** Pupils with specific needs have a personal care plan to ensure their safety. This should always be consulted. Classification for incidents such as these is **`FIRST AID'**



First Aid staff keep their training up to date and renew their training every three years.

Consultation from the designated member of First-Aid staff **should not be sought** in the event of **minor incidents or vomiting** which may be treated with Pastoral care.

Examples of these are:

- Pupils who feel ill (headaches etc)
- Minor marks to the body (bruises) etc
- Soiled shoes/soiled clothing/mud on clothes etc
- Vomiting (to be sent to the office immediately so that child can be sent home)

Classification for incidents such as these is **'PASTORAL CARE'** and will be dealt with on an individual basis at the discretion of class teachers.

CONTACTING PARENTS/CARERS:

First Aiders are trained and will therefore use their professional judgement as to the nature and severity of the injury. In the case of major injuries/illness, following authorisation from a senior member of staff, a phone call will be made in order to contact parents/carers. In the case of head bumps, a text is sent to parents/carers to inform them as well as an information slip at the end of the day. Where there are any other minor injuries, such as scrapes or grazes, the class teacher will pass on the information at the end of the day.

EPIPENS:

If there are pupils in school requiring 'Epipens' then the **administering of epipens must be** carried out by the nearest member of staff in the event of an emergency and/or when anaphylactic shock is apparent irrespective of whether Piriton has been administered first. In these circumstances, the school shall ensure that staff are trained in the use of epipens and/or symptoms of anaphylactic shock.

PUPILS WITH SPECIFIC NEED:

Details of Pupils with specific need i.e. diabetic/severe allergies/epipens etc may be found at the front of each register and in the staff room. Please take time to familiarise yourself with the pupils concerned and their individual potential need.

INCIDENT REPORTING:

All incidents requiring first-aid (whether minor or major) must be recorded in the school First-Aid book. These are situated in the First Aid rooms.



TREATMENT

School has a supply of minor first aid equipment. These are found in the First Aid rooms. The administering of items such as antiseptic creams etc are not permitted in case of allergic reaction. Cuts and grazes should be treated with antiseptic wipes and Elastoplast applied where appropriate. There are sick bags in the First Aid rooms for children who feel sick.

Automated External Defibrillators (AEDs)

Following guidance from the DfE (October 2015) Bromley Hills have purchased an AED, which is located on the wall in the corridor just outside the headteacher's office.

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

The AED will analyse the individual's heart rhythm and apply a shock to restart it, or advise that CPR should be continued. Voice and/or visual prompts will guide the rescuer through the entire process from when the device is first switched on or opened. These include positioning and attaching the pads, when to start or restart CPR and whether or not a shock is advised.

The Chain of Survival

In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival.

There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

1. *Early recognition and call for help.* Dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED.

2. **Early CPR – to create an artificial circulation**. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression-only CPR.

3. *Early defibrillation – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body.* Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.

4. *Early post-resuscitation care* – to stabilise the patient.

Although training is not required to use this device, but best practice dictates that staff should be trained in the use of the defibrillator.