

First Aid Policy



Rationale

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school.

Purpose

This policy;

1. Gives clear structures and guidelines to all staff regarding all areas of first aid;
2. Clearly defines the responsibilities of the staff;
3. Enables staff to see where their responsibilities end;
4. Ensures good first aid cover is available in the school and on visits.

Guidelines

New staff to the school are made aware of this policy when they are appointed. This policy is regularly reviewed and updated. This policy has safety as its priority for the children and adults receiving first aid and safety for the adults who administer first aid.

Conclusion

The administration and organisation of first aid provision is taken very seriously at Hallaton Primary School. There are annual procedures that check on the safety and systems that are in place in this policy. The school takes part in the Health and Safety checks by Leicestershire County Council.

First Aid Policy Guidelines

Training

All staff are offered emergency first aid training then undertake a rolling program of retraining.

First aid kits

Midday Assistants are issued with a small first aid bag for each playground and carry this with them at lunchtime. First aid kits are stored outside and in the Rectory, EYFS Class. Cold packs are in the Y3 room, Rectory and Staff room. A larger kit is stored in the school office. An emergency first aid kit is available for use during out of school visits.

Accident file

The accident book is located in the photocopier room and should be completed for every incident where first aid is administered. Old accident books are stored in the school office. For major accidents, an HS1 and RIDDOR form must be completed online as soon as possible after the accident. These are available on the school portal. Staff will need to complete this form with the Business manager.

Calling the emergency services

In the case of major accidents, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision. A red notice in the office gives details of the information required in the call.

If a member of staff is asked to call the emergency services, they must ensure they say it is a paediatric emergency.

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

Cuts

All open cuts should be covered after they have been treated with a medi wipe. Children should always be asked if they can wear plasters BEFORE one is applied. Children who are allergic to plasters will be given an alternative dressing. Minor cuts should be recorded in the accident file and parents informed. ANYONE TREATING AN OPEN CUT WHICH IS BLEEDING PROFUSELY SHOULD WEAR GLOVES. All blood waste should be placed in a bag and disposed of in the outside bin.

Bumped heads

Any bump to the head, no matter how minor should be treated as potentially serious. All bumped heads should be treated with an ice pack and the child should be given an orange band to wear indicating they have bumped their head. The child's teacher should be informed and keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in the accident book with the white slip being sent home for parents.

Defibrillator

We have a defibrillator located outside the main entrance by the office. This can be used by anyone including the general public. When opening the defibrillator clear instructions are given to follow and any equipment needed e.g. scissors/gloves are provided in the attached bag.

Asthma and other medical problems

At the beginning of each academic year, any medical problems are shared with staff and a list of these children and their conditions is kept in the main office.

Inhalers

Children have their inhalers in school at all times. Key Stage 2 children are expected to take their inhalers with them whenever they do rigorous activity. Key stage 1 children will keep their inhalers with their class teacher for safety. Other asthma sufferers cannot share inhalers.

In the event of a child having an asthma attack, who has no inhaler, the parents must be sought quickly by phone to give permission for the administration of someone else's inhaler. If parents cannot be located, then the emergency services will be contacted and they would give permission for the sharing of the inhaler.

Vomiting and diarrhoea

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox etc, we will look at their arms or legs. To look at a child's back or chest would only be done if we were concerned about infection to other children. In this case another adult would be present and we would ask the child if he / she was alright.

Headlice

Staff do not touch children and examine them for headlice. If we suspect a child has headlice we will inform parents and ask them to examine their child. When we are informed of a case of headlice in school, we will put a note on the weekly newsletter advising parents.

This policy was adopted on January 2022

By: Headteacher - Mrs D Riley
 Chair of Governors – Mrs A Rutherford

To be reviewed: January 2022