



Mill Lane Community Primary School & The Windmill Community Nursery

Growing, Thriving, Flying

First Aid Policy

This policy applies to Mill Lane Community Primary School and the attached Windmill Community Nursery as well as the extended services provision provided by Mill Lane.

Statement of Intent

This school is conscious of its obligations under the Health and Safety (First Aid) Regulations, 1981 and guidance from the Department for Education and Skills, the Education Service Advisory Committee and the Local Education Authority to provide adequate and appropriate first aid facilities and personnel for members of staff, pupils and visitors. As a result, this Statement has been drawn up to give details of the first aid arrangements, which have been made in the school.

Principles and Practice of First Aid

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.

First Aid is the skilled application of accepted principles of treatment on the occurrence of any injury or sudden illness, using facilities or materials available at the time. It is the approved method of treating a casualty until placed, if necessary, in the care of a doctor or removed to hospital. First Aid treatment is given to a casualty to preserve life, to prevent the condition worsening and to promote recovery.

The school has a separate policy for the administration of medicines

Purpose

This policy:

- gives clear structures and guidelines to all staff regarding all areas of first aid
- clearly defines the responsibilities of all staff
- enables staff to see where their responsibilities end
- ensures good first aid cover is available in the school and on visits

Guidelines

New staff are given a copy of this policy when they are appointed. As part of the induction process new staff are given details of the first aiders in school, are trained in accident reporting and shown where first aid supplies are stored. This policy is annually reviewed and updated. This policy is written with reference to the Oxfordshire First Aid Procedure.

Conclusion

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

First Aid Policy Guidelines

Roles and Responsibilities

The main duties of a first aider in school are:

- to complete a training course approved by the Health and Safety Executive, as required;
- to give immediate help to casualties with common injuries and those arising from specific hazards at school;
- when necessary, ensure that an ambulance or other professional medical help is called.

Appointed Persons

The headteacher is the appointed person within the school to take charge when someone is injured or becomes ill and call the emergency services if required. In the absence of the headteacher the senior teachers will carry out this role.

Trained and Qualified First Aiders

Trained and qualified First Aiders are those members of staff who have attended a course of training on First Aid (i.e. First Aid at Work or a refresher course) and have a valid certificate issued by an organisation approved by the Health and Safety Executive under the Health and Safety (First Aid) regulations 1981. The First Aid certificate is valid for three years and has to be updated by means of a refresher course.

The duties of the trained and qualified first aiders are:

- to assess the situation where there is an injured or ill person;
- to give immediate appropriate treatment bearing in mind that a casualty may have more than one injury and that some casualties will require more urgent attention. Two First Aiders will usually assess any injury that requires treatment;
- to arrange without delay, for the casualty to be transported to a doctor, hospital or home, according to the seriousness of the condition. An ambulance should be called for any serious injury or if a child loses consciousness for any reason. The First Aiders responsibility ends when the casualty is handed to the care of the doctor, nurse or other appropriate person;
- completing the Accident Report folder.

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:

- state what has happened;
- the child's name;
- the age of the child;
- whether the casualty is breathing and/or unconscious.

In the event of the emergency services being called, a member of the Admin staff OR another member of staff, should wait by the school gate and guide the emergency vehicle.

If the casualty is a child, their parents should be contacted immediately and give all the information required. If the casualty is an adult, their next of kin should be called immediately.

Where a child or young person requires a serious level of care, including hospital:

- phone for an ambulance (111 or 999);
- the parents/carers would be informed immediately;
- if the parent/carer is not available, the nominated emergency contact for the child should be informed;
- where necessary a member of staff will accompany the child or young person until such time as a parent/carer arrives;

- the staff member should provide any vital information about the injury/illness and the child's medical background to pass on to the nurse/doctor.

First Aid Facilities

The Bursar's office is the school's designated medical room.

The school has travelling first-aid containers used for off-site visits. These are kept in the photocopy room and contain supplies recommended by the HSE. Inventories are kept of all first-aid supplies including expiry dates. Full lists can be found in each first aid container.

School Visits

The First Aid requirements and procedures for calling for help or skilled assistance in the event of an accident or other emergency will be laid down when school visits are being planned. Travelling First Aid kits will be provided for all school visits and are available from the meter cupboard. First Aid provision must be available at all times while people are on school premises and also off the premises whilst on school visits. Any trip involving a child who carries an Epi-pen must be accompanied by a member of staff trained in administering an Epi-pen.

Recording and Reporting Procedures

Reporting all first-aid incidents should be recorded in the first-aid record. Wherever possible staff should speak to the parent/carer concerned. When this is not possible a slip should be completed and sent home. Where a child has a serious injury or injury to the head, the staff member should inform the headteacher or senior teacher who will decide whether parents should be contacted immediately. All serious injuries should be reported to the headteacher or senior teacher and should be recorded online. This is completed in the school office.

All contact numbers for children and staff are clearly located in the school office.

Reviewed: September 2020

Next Review: September 2021

Governor Sub-committee responsible for this policy: The Behaviour and Well-being Committee

Covid-19 Annex

Context from 1st June

Schools are being asked to reopen in a phased response. There are multiple pieces of government guidance that recognise that younger children struggle to socially distance however they also recognise the need for schools to reopen in a manner that reduces transmission and considers the health and safety implications for all. As a response we are making the following additions to our first aid policy.

Addition to practical arrangements at point of need

All bubbles have access to basic first aid equipment within their bubble to reduce the movement of pupils and staff around school. Details of first aid and medications administered will be recorded in an Accident Book which the head teacher will overview. Each class will have their own accident book. We have a specific medical room to be used as per risk assessment. Please see guidance in appendix 1 and 2 in relation to administering of first aid and resuscitation guidance.

Staff who have a risk assessment that indicates moderate risk (or staff who have underlying health conditions that are low risk but feel anxious regarding administering first aid) will have been informed that they should not act as a designated first aider despite holding a first aid qualification. All bubbles have more than 1 designated first aider.

Changes to specific arrangements (asthma, epilepsy and diabetes)

Inhalers, epi-pens and any other child specific treatments will now be kept by the teacher of the class bubble. All staff will be provided with updated information about individual children's care plans where necessary.

Additions to hygiene procedures

PPE is easily available within each bubble and can be worn by staff members if they are concerned about being in close contact with a child who is displaying symptoms of COVID-19 or when dealing with first aid emergencies. SLT are first responders when isolating a symptomatic pupil. Correct donning and doffing procedures are to be followed see appendix 3.

Disposal of PPE and any other items that have body fluid on them must be double bagged before disposal.

Appendix 1: Additional guidance for staff

The School's usual use of PPE (gloves/aprons/hand sanitiser/sick bowls/medical bins) should continue to be used as good practice when dealing with first aid administration. Goggles/visors /masks are only for use when isolating a symptomatic pupil. PPE is easily available. Correct donning and doffing procedures are to be followed.

Disposal of PPE and any other items that have body fluid on them must be double bagged before disposal in the designated medical bins. When administering basic first aid, aim not to be face to face with the child. For example: ask them to sit on a chair with their leg out to the side whilst the graze is cleaned. You could ask the pupil to look at something specific in order to ensure that they have turned their head. We would also direct you to <https://www.sja.org.uk/get-advice/first-aid-advice/covid-19-advice-for-first-aiders/>

Appendix 2: Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings

This statement is for anyone who is performing CPR/defibrillation in an out-of-hospital setting. Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is best against the inevitability that a person in cardiac arrest will die if no assistance is given. The first things to do are shout for help and dial 999.

First responders should consult the latest advice on the NHS website:

<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>

Resuscitation Council UK guidelines 2015 state, “If you are untrained or unable to do rescue breaths, give chest compression only CPR – continuous compressions at a rate of at least 100-120 min” Because of the heightened awareness of the possibility that the victim may have COVID-19, the Resuscitation Council UK offers this advice:

1. 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. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
2. Make sure an ambulance is on its way. If COVID-19 is suspected tell them when you call 999
3. If there is a perceived risk of infection, rescuers should place a cloth/towel over the victims’ mouth and nose 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.
4. Early use of a defibrillator significantly increases the person’s chances of survival and does not increase the risk of infection
5. If the rescuer has access to any form of PPE this should be worn
6. After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water, alcohol based gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

Paediatric Advice

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one. Making ventilation crucial to the child’s chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure they child gets the treatment they need in the critical situation. For out of hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur. Therefore, if there is any doubt about what to do, the guidance in the Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community setting should be used. It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant however, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.