

Carniny Primary School



Policy for First Aid

Purpose

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

Medical Information

- Medical information about children in Carniny Primary School is gathered through the data collection sheets, which are issued before each child starts school. As well as this, information is provided by the parent or carer throughout each child's Primary years as medical conditions become apparent. (P1 - P7)
- All important medical information is provided for the class teachers and kept in the pupil's file in the office. Records about those children with particular medical conditions are kept in school and each teacher has a copy of this in their classroom.
- Details of all children requiring a care plan (eg for Epi- pen) are displayed in the school staffroom.
- All Medical forms for children requiring medication throughout the school day is filed in the office.
- All teachers have a copy of all children's contact details.

Children with Care Plans

These plans will be drawn up in consultation with parents and relevant Health Professionals. They will include the following:-

- Details of the child's condition.
- Special requirements i.e. dietary needs, pre-activity precautions.
- Any side effects of the medicines?
- What constitutes an emergency?
- What action to take in an emergency.
- Who to contact in an emergency.
- The role staff can play.

First Aid Provision

- The Manual for School Principals and Governors guides First Aid Provision (See Appendix 1)
- The Head Teacher is responsible for ensuring there is an adequate number of qualified First Aiders.
- The First Aiders in conjunction with office staff will ensure the maintenance of the contents of the first aid boxes and other supplies.
- Portable First Aid kits are taken on educational visits and are available from the school office.
- All staff will be trained in any aspects of First Aid deemed necessary e.g. asthma, epilepsy, the use of an epi-pen.
- All staff will ensure that they have read the School's First Aid Policy.

First Aid Boxes

- First Aid Boxes are located in the School Office and Disabled Toilet
- Names of First Aiders are displayed throughout the School.
- No medicine/tablets are to be kept in the first aid boxes.

Procedures

In school:

- In the event of a serious injury or medical emergency, if possible contact the appointed First Aider(s) or other Teacher.
- Any pupil complaining of illness or who has been injured is sent to the members of teaching staff who are qualified First Aider(s) to inspect and, where appropriate, treat. If necessary, Parents should be contacted as soon as possible so that the child can be collected and taken home.
- 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.

- The school recommends that, unless it cannot possibly be avoided, no member of staff should administer First aid without a witness (preferably another member of staff or pupil).
- No member of staff or Assistant should administer first aid unless he or she has received proper training, except in the case of minor cuts and grazes, which can be dealt with by members of staff.
- Minor accidents (cuts, bumps, bruises) are a frequent occurrence and will be treated as follows:-
 - A Cold Pack will be applied to bruises and bumps (*but not to any head injuries*).
 - Cuts will be cleaned with non alcoholic wipes/running water. Plasters will be applied if unavoidable.
 - Vinegar/ice packs will be applied to insect stings
- For their own protection and the protection of the patient, staff who administer first aid should take the following precautions. Hands should be washed before and after administering first aid. Disposable gloves should be worn.
- All serious accidents should be reported to the Principal or First Aider who should call an ambulance and the child's parents ASAP (numbers located in office and with child's teacher.)
- In the event of a serious incident when an ambulance is called, 2 members of staff should accompany the pupil to hospital (one in ambulance and the other in a car).
- Parents are asked to go immediately to the hospital.
- On occasions (e.g. Sport) it may be necessary to transport a pupil to hospital without using an ambulance. This should be on a voluntary basis. In such cases staff should ensure they have specific cover from their insurance company. It is advisable that two members of staff accompany the child in the teacher's car.
- If staff are concerned about the welfare of a pupil they should contact the Principal or First aider immediately. If an injury has been sustained, the pupil should not be moved.
- Flowcharts for showing procedures for dealing with Non Head and Head injuries are detailed in Appendix 3 and 4

Out of School:

- Whenever possible take a MOBILE TELEPHONE on trips out of school.

- All medication stored in school should be brought on all school trips
- If the trip is via Minibus or Coach, teachers must take a First aid kit.
- During Educational Visits the Principal has responsibility for ensuring staff have adhered to the school's Educational Visits Procedures.
- A Risk Assessment will need to be carried out as part of an educational trip by the year group teachers involved.

Head Injuries

All head injuries have the potential to be life threatening and qualified medical assistance should be sought in all instances where a **major** head injury is suspected. Types of major head injuries include concussion, cerebral compression and skull fracture

Treatment

- Control any bleeding
- Contact the emergency services
- Place the casualty in a comfortable position preferably on a flat surface with the head and shoulders raised
- Monitor the casualty and be prepared to carry out basic life support.

Ice packs should not be used on head injuries.

Head Injury Report form should be completed and sent home to parents.

See Appendix 2 for Procedure for dealing with Suspected Concussion (Appendix 2) and Flowchart for dealing with Head Injuries (Appendix 4).

Treatment of Bleeding

The following instructions should be taken when dealing a pupil who is bleeding:

- Wear disposable gloves
- Sit or lay casualty down on a firm stable base
- Examine the wound
- Do not attempt to remove any embedded foreign objects
- Apply direct pressure onto the wound to try and stem the bleeding
- Dress the wound with a sterile dressing
- If blood seeps from the first dressing then apply a second dressing directly over the top of the first one
- If blood seeps through the second dressing then remove both dressings and start again
- Support the wounded part and be prepared to treat the casualty for shock

- Do not allow the casualty to smoke or to consume any food or drink
- Call for ambulance and monitor the casualty.

Swimming Pool Lessons

- Swimming instruction is provided by qualified swimming instructors. We use Seven Towers Swimming Pool for swimming lessons, and we ensure that pupils adhere to the swimming pool rules.

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

- Assess the situation: Are there **dangers** to the First Aider or the casualty? **GET HELP!** 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 give 2 rescue breaths making 5 attempts at least.
- Assess for signs of circulation. Look for breathing, coughing or movement. Continue rescue breathing and check signs for circulation every minute. If breathing is absent the First Aider should begin Cardio Pulmonary Resuscitation (CPR) at a rate of 30:2
- Continue with CPR until the ambulance arrives

Incident Reporting

- If a child has an injury in the playground and requires to go inside for First Aid a **Green Card must** be completed by staff member on duty indicating injury. Staff members should be encouraged to clean minor scratches and avoiding the need for children to enter the school. For more serious incidents the member of staff dealing with the injury must hand over the child to a trained first aider.
- All incidents are recorded by supervising/duty staff in the accident record folder which is kept in the office and disabled toilet.
- When an accident results in the injured party being required to go home early, stay off school, attend out patients, be detained in hospital or otherwise require

medical help the **Accident Report Form (AR1)** should **also** be completed, signed by Principal and forwarded to EA. A copy is retained in school.

- *Parents are contacted by telephone of all major head injuries where concussion is suspected and all other minor bumps or grazes to head are communicated to parents by written report.*
- Parents are contacted by phone if there any concerns about a child's injury.
- If members of staff sustain an injury at work, this should be reported to the Principal and details recorded in the Accident Record.
- 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.

Asthma, Diabetes and Epi-pen

- Parents of asthmatic children are asked to ensure that their child is equipped with a labelled inhaler. We also request that school is provided with a spare inhaler. Inhalers are stored in the medical cupboard in the staffroom. A Register of children with Asthma is kept in the staffroom.
- Parents of children with diabetes must supply the sugar drink or equivalent and each child should bring this during P.E. lessons, outdoor events and educational visits. In the case of Foundation Stage, teachers will assist.
- Parents are asked to provide the school with two Epi - pens for the Classroom in an emergency. Epi pens are stored in the child's medical container in the staff room. An Epi Pen register is kept in the staffroom.
- Any sharp items used (e.g. needles for diabetic injections) shall be placed in a sealed sharps box located in the office.
- Any class in which there is a child/children with allergies, a note will be sent to all class parents requesting them not to send in food / items containing the said allergen/s.

Administration of Medicines

- Before any necessary medications are administered, written permission from parents must be given.
- Parents are encouraged to administer other medications (ie antibiotic) outside school hours. If this can't be avoided the school will administer the appropriate

medication providing a Medication Form is completed. Medication Forms can be downloaded from the school website or obtained from the school office. Medications will be stored in the office or in the medicine cupboard in the staff room.

Body Spillages

- No person must treat a pupil who is bleeding, without protective gloves.
- Protective gloves are stored in all First Aid boxes.
- The Caretaker or Domestic Assistant will clean such spillages.
- All body fluid spillages (Vomit, diarrhoea and Blood) must be cleaned immediately. This is vital if the spread of infection is to be reduced. Gloves **must** be worn when contact with blood or body fluid is likely.
- Spillages should be placed in a sealed black plastic bag and put in the external dustbins for domestic waste disposal.

Head Lice

- If there is an outbreak of Head lice parents are encouraged through the school Newsletter to be vigilant in checking their own children for head lice and treating appropriately.
- If live lice are noticed in a pupil's hair the parents are contacted by telephone and asked to collect him/her from class.

Basic Guidance

- If in doubt then check with the trained First aider.
- Minor injuries to be treated by the Class teacher/Supervising Staff. (Cuts, scratches etc)
- All other injuries to be treated/overseen by a qualified First aider.
- All head injuries **where concussion is suspected** to be reported to the Principal or First aider ASAP and parent/guardian contacted.
- Parent/guardian to be informed of all **major** injuries.
- School kitchen to be informed of all allergies.

Intimate Care

Providing First Aid can become a form of Intimate Care. It may be necessary to have another member of staff present if for example items of clothing need to be removed.

Qualified First Aid Staff

The following staff have been trained by EMS Group in Emergency First Aid at Work:

Mr I Somerville
Mr R Ross
Mrs R McClean
Mrs R Fletcher

The following staff have been trained by St John Ambulance in Emergency Aid in School:

Mr Ross
Mrs J Craig
Mrs J McMullan

Other staff have received First Aid training through the Heartstart Programme:

Mr G Fisher
Miss J McCartney
Miss K McCartney

Links to Other Policies

Health and Safety Policy, Medication Policy, Intimate Care Policy, Pastoral Care Policy, Child Protection Policy

First Aid Manual for Principals and Governors

Introduction

The Health and Safety (First-Aid) Regulations (NI) 1982 require that adequate and appropriate equipment, facilities and personnel are provided to enable first-aid to be given to employees who are injured or become ill at work. Although these Regulations apply to the provision of first-aid for employees, schools should consider carefully the likely risks to pupils and visitors and make allowance for them when drawing up policies and deciding on the numbers of first-aid personnel.

What is first-aid at work?

People at work can suffer injuries or fall ill. It doesn't matter whether the injury or the illness is caused by the work they do or not. What is important is that they receive immediate attention and that an ambulance is called in serious cases. First-aid at work covers the arrangements you must make to ensure that this happens. It can save lives and prevent minor injuries becoming major ones.

The minimum first-aid provision

1. A suitable stocked first-aid box.
2. An appointed person to take charge of first-aid arrangements.
3. Provision of information to employees on first-aid arrangements.

What is an appointed person?

An appointed person is someone who:

- takes charge when someone is injured or becomes ill, including calling an ambulance if required; and
- looks after the first-aid equipment, e.g. restocking the first-aid box.

To fulfil their role appointed persons do not need first-aid training, though emergency first-aid courses are available. Appointed persons are not first-aiders and should not attempt to give first-aid for which they have not been trained.

Remember an appointed person should be available at all times that people are on school premises, and also off the premises whilst on school trips. This may mean appointing more than one, (see "*Educational Visits-Policy Practice and Procedure*").

What is a first-aider?

A first-aider is someone who has undergone a HSENI approved training course in either first-aid at work or emergency first-aid at work and holds a valid certificate of competence. Both certificates are valid for a period of three years and it is a requirement that a two-day refresher course must be successfully completed for the first-aid at work course and a one day refresher for the emergency first-aid at work course within the three year period. If not the full first-aid course must be retaken.

A first-aider can undertake the duties of an appointed person. A non-teaching trained first-aider is entitled to an additional payment for undertaking first-aid duties. Information on current rates can be obtained from the EA's salaries and wages section. Following an assessment you may decide that one or more first-aiders are required.

Points to consider?

- What size is the school and is it on a split site? Additional provision may be required if there is more than one building.
- The location of school in relation to emergency services? The time that it may take the emergency services to arrive must be considered.
- Consider any specific risks, for example, hazardous substances, dangerous tools and machinery. Adequate provision should be in place for practical departments such as science, technology, home economics and physical education.
- Specific needs. Are there members of staff or pupils with special health needs or disabilities? What age range does the school cater for?
- Accident statistics. Accident statistics can indicate the most common injuries, times, locations, and activities at a particular site.
- School trips. If a first-aider accompanies pupils off site, will there be adequate first-aid provision in the school?
- Out of school hours activities. There should be adequate provision for sports activities, clubs, etc.

If the risks are significant, you may need to have one or more first-aiders.

How many first-aiders or appointed persons do I need?

The regulations do not specify the exact number of first-aid personnel required. Governing bodies and principals should make a decision based on their own circumstances and a suitable and sufficient risk assessment. **The following table is issued as a guide.** For further advice please contact the Education Authority's (EA) health and safety section.

Number of pupils

Number of first-aiders

Establishment

Nursery/primary schools

0-100 pupils

1 first-aider and one relief (to provide cover in the case of absence) thereafter 1 additional person for every 200 pupils

Procedure for Dealing with Suspected Concussion/Head Injuries/

A. Suspected Concussion

Concussion should be suspected if one or more of the following visible cues, signs, symptoms or errors in memory questions are present:

1. Visible Clues of Suspected Concussion

Any one or more of the following visible clues can indicate a possible concussion

Loss of consciousness or responsiveness
Lying motionless on ground/slow to get up
Unsteady on feet/Balance problems
Grabbing/clutching of head
Dazed, blank or vacant look
Confused/Not aware of events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs and symptoms may suggest a concussion:

-Loss of Consciousness	-Headache
-Seizure of convulsion	-Dizziness
-Balance problems	-Confusion
-Nausea or vomiting	-Feeling slowed down
-Drowsiness	-Pressure in head
-More emotional	-Blurred vision
-Irritability	-Sensitivity to light
-Sadness	-Amnesia
-Fatigue or low energy	-Feeling like "in a fog"
-Nervous or anxious	-Neck Pain
-"Don't feel right"	-Sensitivity to noise
-Difficulty remembering	-Difficulty concentrating

3. Memory Function

Failure to answer any of these questions or other relevant questions correctly may suggest a concussion

Where are we today?
Did your team win the last game?
Who were you playing with?

Any child with suspected concussion should be sent home and assessed medically before returning to normal routines.

Red Flags

If any of the following are reported then the child should be safely and immediately removed from the playing field/playground. Parents will be contacted to bring the child to hospital or school will phone for an ambulance.

- Child complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Remember:

- In all cases the basic principles of First Aid (Danger, response, airway, breathing, circulation) should be followed
- Do not attempt to move the player/child (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so

B. Other Minor Head Injuries

Other minor incidents involving the head will be assessed and appropriate action taken.

Flow Chart Detailing Procedure for Dealing with Non Head Injury

Member of staff assesses severity of incident ▼		
Minor (Scratches, cut) ▼	Serious (Sprain, deep cuts, pain and swelling to joints) ▼	
Is Treatment Required? ▼		Bring incident to attention of First Aider ▼
Yes ▼	No ▼	Place child in comfortable position ▼
CA or Supervisor treats appropriately ▼	Comfort Casualty ▼	Carry out First Aid (Control bleeding, clean wounds, ice packs, support for sore arm) ▼
		Contact parent/emergency services Call all parent contact numbers provided ▼
Monitor Casualty ▼	Monitor casualty ▼	Monitor casualty and be prepared to carry out basic life support until collected by parent/ambulance - Defibrillator available in school if required. ▼
Complete Green Accident Report documentation (Not issued to parents)		Complete Green Accident Report documentation and issue copy to parents Form AR1 should be completed if child needs to go home or seek medical help.
Inform casualty's teacher		Inform casualty's teacher

Please note:

- Issue casualty with green card if sent into school without an adult
- Teachers ensure Accident Report documentation is completed (by Teacher, CA or Supervisor).

Flowchart Detailing Procedure for Dealing with a Head Injury (face and head)

Member of staff assesses severity of incident ▼		
Minor (Scratches, no visible bumps) ▼		Serious (Significant bumps, bruising, paleness, shock, including possible concussion) ▼
Is Treatment/First Aid Required (Cuts)? ▼		Bring incident to attention of First Aider ▼
		Ascertain if casualty displays any of the visible clues, signs, symptoms or errors in memory questions that may indicate concussion: Symptoms (Headache, Nausea, Disturbed Vision) Behavioural (Depression, irritability, moodiness) Ears (Ringing or hearing impairment) Cognitive (Lapses of memory, concentration of focus)
Yes ▼	No ▼	Place casualty in comfortable position ▼
CA or Supervisor Treats as appropriate ▼	Comfort Child	Contact parent/Emergency Services Call all parent contact numbers provided ▼
		Carry out First Aid (Control bleeding, clean wounds)
Monitor Casualty ▼		Monitor casualty and be prepared to carry out basic life support until collected by parent/ambulance. Defibrillator available in school if required. ▼
Complete Green Accident Report documentation and send copy to parents. ▼	Complete Green Accident Report documentation and send copy to parents.	Complete Red Accident Report documentation and send copy to parents. Form AR1 should be completed if child needs to go home or seek medical help.
Inform casualty's teacher	Inform casualty's teacher	Inform casualty's teacher

Please note:

- Issue casualty with green card if sent into school without adult
- Teachers ensure Accident Report documentation is completed (by Teacher, CA or Supervisor).

