



St Joseph's and St Gregory's Primary School

First Aid Policy

**This Policy is: Agreed by Governors
Date: January 2022**

First Aid procedure at St Joseph's and St Gregory's is in operation to ensure that every child, member of staff and visitors will be well looked after in the event of an accident. It is emphasised that the team consists of qualified First Aiders and not trained doctors or nurses. A qualified First Aider has completed an approved HSE qualification which is renewed every three years.

In the event of an accident all members of the school community should be aware of the support available and the procedures available to activate this.

The school's TA's & Office Admin team will include a qualified First Aider and will always be responsible for:

- maintenance of first aid supplies and upkeep of first aid boxes

- to take charge of an emergency situation, administer first aid if required and call/ send for someone to call 999 if needed (If a child has to be taken to hospital and a parent or carer has not been contacted, or is unable to arrive straight away, then a member of staff will accompany the child and remain with them until a parent or carer arrives.)

- keep accurate records of accidents and report where necessary

- inform class teacher, year group leader, headteacher and playleader about any new children entering the school with a specific medical need

- to keep up to date records of pupils with specific medical needs and to distribute to staff where needed

- liaise with the school nurse and assist when required

- arrange a meeting with all staff, at the beginning of each school year, to cover EpiPen training with the school nurse

Accidents will be dealt with at the office and all children seen will be recorded on the school management system. Staff will complete the date and time of the incident, the child's name and class, the nature of the injury and action taken. If a parent or carer is telephoned then the time of the call must be recorded. If a message was left this must also be recorded. If a parent or carer cannot collect the child immediately, then an expected time of arrival must be obtained.

The School Office is staffed from 8.30 am to 3.30 pm, Information exchanged in any handover should include:

- any children waiting to be collected

- any child requiring medicine

- any child in school wearing plaster cast or sling

- any child that has returned more than once to the medical room

- any new pupil with a serious medical condition or child with a new care plan

First Aid

If a child is injured or becomes unwell at school they will be assessed by a member of staff. It is important that children are **not** moved if it is obvious that they cannot get up from the floor, playground or sports hall. A First Aider should be called immediately.

If a child has received a minor injury, cut or bruise, they should be dealt with in situ by a member of staff.

Cuts and grazes should be cleaned with an antiseptic wipe and a plaster applied if required. If a parent has informed the school that their child is allergic to plasters, their name will be displayed in the school office and special plasters provided. A parent or carer should be telephoned if a child has received a more serious graze or if there is a lot of dirt embedded in the wound. This is in order to assess whether an adult can come and either clean the wound with an antiseptic for example, or whether the child should be taken home to have the area cleaned thoroughly.

Splinters from wood, glass & metal (except bamboo) can be removed with tweezers after carefully cleaning the area with warm water & soap. The child should be instructed to tell a parent at home time if the splinter was unable to be removed. Parents should be informed about insect stings.

If a child sustains an injury to a tooth the parent or carer must be contacted immediately. They should be encouraged to try to obtain an emergency visit with their dentist, even if there is no obvious damage to the tooth. A chip to the tooth, however small, can lead to infection and more serious damage. If a tooth becomes seriously damaged the remnants should be placed in a sealed bag of milk (available from the kitchen staff).

If a child receives a serious eye injury the parent or carer must be called immediately. Foreign bodies should not be removed and **both** eyes should be covered in order to protect them. Please note: - dust, dirt or eyelashes can often cause irritation and the child should not rub at their eye. With the help of a mirror the child can often wipe their eye and carry on their day as normal.

If a child has received a sprain or strain a cold compress should be applied to the affected area and assessed after a few minutes. If the area is swollen or the child is unable to walk they should remain seated and assessed again. A parent or carer should only be called if the child is unable to continue their normal school day or if limping or swelling persists or worsens.

If for any reason a fracture or serious injury is suspected then an icepack should be applied, wrapped in paper towels, and a First Aider called to assess the situation. If a child receives a bump to the head they should always be sent directly to the office for examination/assessment. A cold compress should be applied immediately and the child assessed for any secondary signs and symptoms. The child should be given a head bump card to take home and should be told to return to the school office only if they complain of another symptom or their condition worsens e.g. increasing pain, nausea, sleepiness etc...

Children should be reassured that they may have a headache around the site of the initial bump, which may last a few hours.

For a more serious bump to the head, or if the child is in shock, vomits or collapses then a First Aider should be called.

If a child receives an injury to the face, i.e. an injury to an eye, lip or a bad graze or bump, then a parent or carer should be called. This should only be a courtesy call in order to inform an adult of the injury, in case there may be swelling or bruising before the end of the school day. The adult should be assured that you have explained to the child to return to the office if they are at all worried or their symptoms change. Should the adult wish to collect or review their child, and take them home, the child should be signed out of Inventory at the school office.

If a child is unwell or had sickness / diarrhoea in the last 24 hours they should not be in school. (Note: HPA advises exclusion from school after D&V for 48h).

Should a child become unwell during the school day they should be assessed initially by the teacher and if necessary should be sent to the office.

A full history should be taken from the child, to include:

- what they have or have not had to eat and drink over the last couple of hours
- if they had told a parent/carer they were feeling unwell
- if they had been sick or had diarrhoea over the last 24 hours
- if they had been given any medicine within the last 24 hours
- if they had ever experienced the signs and symptoms before and if so, did they require a doctor or hospital visit

Each child should be assessed individually and only if it is felt necessary, their temperature should be taken.

In the event that a child presents with a temperature of 38°C or above, they should be assessed initially and reviewed after 10 minutes of sitting quietly in outside the office. A parent or carer should **not** be called unless it is obvious that the child is showing other signs and symptoms of being unwell, or their temperature remains at 38°C or above. Other signs & symptoms may include: dry mouth, pale skin, beads of sweat, cold or clammy skin or feeling faint. Should a child complain of a mild tummy ache they should be encouraged to have a drink of water, take a visit to the toilet, or if near to lunch time – to have something to eat and drink.

They should only be encouraged to return to the medical room for re-assessment, if their condition or symptoms deteriorate.

Contacting parents/carers during the lunch period

In an emergency situation when an ambulance has been called, a parent/carer should **always** be contacted as soon as possible.

Otherwise, during the lunch period, parents/carers should only be contacted to collect their child if the child;

- has an injury that may require hospital treatment/examination
- has been physically sick

If a child presents as unwell, it may be necessary to take and record their temperature. If the child's temperature is 38°C* or above parents/carers should be contacted.

However, parents/carers **should not** be contacted during the lunch hour if a child is complaining of feeling **generally unwell**, but this information should be handed over to the office admin team for further observation/assessment

**It is important to note that during the lunch period there are a variety of reasons as to why a child may present as having a raised temperature and as such this should be used as a guide, unless of course the child's temperature is excessive.*

Medicines in School

It may be necessary for children with a chronic illness to take prescribed medicines during school hours. Medicine can be administered in school if prescribed 4 or more times a day, or if it is required before food at lunchtime. All medicine has to be prescribed by a doctor and supplied to the school office in its original packaging with a prescriptive label from the pharmacy. Over the counter medicines will not be given in school except liquid paracetamol.

A parent or carer must sign a consent form in order that a member of staff can administer the medicine when it is required. Each time medicine is given it must be recorded on the school system, with the date, time and dose. It must be stressed to the parent that it is the child's responsibility to come to the medical room when it is time for their medicine. A fridge is provided for the storage of medicines if required.

Asthma

Should an asthmatic child present to the school office with difficulty breathing and they do not have an asthma reliever in school, they should sit down in a comfortable position and be encouraged to take some long, slow, deep breaths. It is imperative that a member of staff takes charge of the situation and tries to calm the child. It is not prohibited to allow another inhaler to be used and if the child's condition deteriorates an ambulance must be called. If a member of the family is local and can bring in a pump, they should be called straight away.

Pupil Data

The office admin team will ensure that Pupil Data folders are kept up to date with medical information pertinent to each child. Children who have a care plan will have their photograph displayed in the school office. A copy of this photo and the condition will be kept in the Playleader folders, class pupil data folders for agency staff and trips.

Trips & Visits

Any relevant medicines and a first aid bag will be provided by the office admin team for all trips off site. The teacher must ensure that asthma pumps are taken from the classroom and the pupil data folder is taken in case of an emergency.

Disposal of Waste & Body Fluid

All used paper towels, plasters, dressings etc should be placed in a bag lined bin. Gloves should be used for more serious injuries and hands should be washed after seeing to each child. Gloves should be disposed of in a bag lined bin. If a child has vomited then this must be double bagged and placed in a bin. Should there be bodily fluids in the classroom then these should be cleaned by either the Site Supervisor and the Cleaning Supervisor informed after school. Carpets should be cleaned immediately with a special product available in the school office, for body fluids. Blood on hard surfaces such as the floor or doors, should be cleaned with a cleaning product specifically for that use only.

HPA advice on cleaning up after vomiting: "When cleaning up vomit or faeces, you should wear a disposable apron and gloves. Paper towels should be used initially. The area should then be cleaned using detergent, warm water and a disposable cloth before being disinfected with freshly made hypochlorite solution/ bleach or Milton at the recommended concentration. Disposal of the protective clothing, paper towels and cloths should follow immediately and be disposed of as 'clinical waste'. Hand washing following cleaning is essential. In the home similar cleaning practices are also recommended. Enhanced cleaning of the school and home environment is also recommended, with particular attention to toilet facilities. These should be cleaned with detergent, warm water and disinfected with bleach as directed. Particular attention should be made to flush handles, sink taps, door handles and light switches. Mop heads and buckets should be stored dry, non- disposable mop heads should be disinfected and disposable mop heads changed daily. Cleaning cloths should also be disposable. In school and nursery settings, carpeted areas should be steam cleaned following each episode of contamination. Vacuuming carpets and buffing floors is not recommended as it can re-circulate the virus.

Needles and sharps must be disposed of in the specific sharps bin in the medical room.

If an EpiPen has been used this must not be disposed of but sent with the child in the ambulance to the hospital.

If it is necessary to perform CPR then a one way mask or other infection control barrier should be used. These will always be available in the first aid boxes and the medical room. However CPR should not be delayed whilst a device is found.