SAINT JAMES'

Church of England School

Nursery & Pre School

LDST

Liverpool Diocesan Schools Trust

First Aid Policy & Procedure

This policy has been adopted by the governing body of St James' CofE Primary School.
It will be reviewed annually or as required.
If you require more information, please contact the school office.

September 2020

Signed: Mrs J Moore/ Headteacher

Signed: Mr S Rusling / Chair of Governors

Reviewed annually

St James' CofE Primary School

Mission Statement

Through him we learn to live abundant lives, especially treasuring the values of friendship, trust, thankfulness, respect, forgiveness, hope and courage.

Vision Statement

Walking hand in hand with Jesus, fulfilling the potential God has given us.

Luke 1:37 'For with God nothing shall be impossible.'

Mission Aim

At St James' CofE Primary School, the Christian (and indeed, inclusive human) values "friendship, trust, respect, forgiveness, hope and courage" inform our whole life together.

They were chosen in dialogue with the local community which identified them as exceptionally meaningful and valuable. Therefore, as a school community, we are committed to living these out and modelling them every day in each and every activity.

First Aid provision

The designated leads for first aid are Mrs Chapman and Mrs Lambert.

Most other staff have the basic first aid qualification. The certificate is valid for three years after which staff will undertake a refresher course. It will be the responsibility of SLT to identify when this is needed. A list of qualified first aiders is displayed in various locations around school next to the first aid boxes. The designated leads will ensure that there are enough fully equipped first aid boxes for the number of pupils and adults in the school, including participating in school trips.

All EYFS practitioners hold a full Paediatric First Aid certificate (PDA) in line with the Statutory Framework for the EYFS.

School has a Defibrillator which is located in the school hall. Most staff have been trained in the use of a defibrillator, (defibrillator battery checked daily by the school caretaker and training is refreshed annually).

Individual staff will be trained in any aspect of first aid deemed necessary to support a pupil's Individual Care Plan e.g. asthma, epilepsy, the use of an EpiPen.

The designated leads for first fid and a member of the SLT (Mrs Sollars) will meet termly to monitor the frequency of accidents, their location, and age group to see if patterns emerge. They will bring this to the attention of the Headteacher who will plan a course of action to address the matter.

Labelled first aid boxes and a list of trained first aiders are located in:

Nursery – kitchen area

Pre-School – kitchen area

Reception class – kitchen area

Staffroom

Art area

Key Stage 2 corridor

Hawthorne

First aid bags are located in the hygiene room

All first aid boxes contain:

Medium sterile dressing, large sterile dressing, triangular dressing, safety pins, eye pad sterile dressing, sterile adhesive plasters, adhesive tape, nitrile disposable gloves, finger sterile dressing, resuscitation face shield, foil blanket, burn dressing, first aid shears, conforming bandage.

Outdoor first aid duty box contains:

Wound dressings, plasters, scissors, medium bandages and gloves, antiseptic wipes and an accident book. The box is kept in the outdoor classroom.

Trip first aid bags contain:

Wound dressings, plasters, scissors, medium bandages and gloves, antiseptic wipes and an accident book.

First aid bag to be taken on all external school trips. The school mobile must be carried by lead teacher, HLTA or lead practitioner as agreed with the Headteacher.

No medicine/tablets are to be kept in the first aid bags, (please refer to the school's Administration of Medicines policy)

Procedures to follow in the event of an injury or medical emergency:

- Any pupil complaining of illness or injury will be taken to a first aider for assessment or treatment.
- Constant supervision will be provided as appropriate.
- All head injuries must immediately be reported to parents and details of the head injury recorded on the slip in the accident book.
- The pupil will be given a Head Bump Sticker so that staff are aware that the pupil has had a bump to the head.
- In the event of a serious injury, the child must not be moved and one of the designated first aiders called upon. Parents will then be contacted. Contact details can be obtained from the school office. An incident report form must be completed and returned to the school office. Appendix 1
- Staff should always aim to administer first aid with another adult present or in a public area.
- Staff will always maintain the dignity of the child.
- Members of staff or volunteer helpers should not administer first aid without the appropriate training.

In the event of the injury being life threatening an ambulance will be immediately called.

- If a 999 call is made from an EYFS setting, staff must immediately inform the school office, who will pass them the long-distance phone.
- In all other circumstances the call to 999 will be made via the school office; office staff will provide staff at the incident with the long-distance phone.
- A member of staff will accompany the pupil to the hospital if the parent is not able to come to school immediately.

- All serious accidents should be reported to the Headteacher, who will inform the LDST. If the child is in Early Years OFSTED must be contacted by the Headteacher or EYFS Lead following guidance from the Statutory Framework for the EYFS.

For their own protection and the protection of the injured party, staff who administer first aid should always take the following precautions:

- Exposed cuts and abrasions should be cleaned with a sterile wipe.
- Check for 'plaster allergy' before use, only then should a plaster or sterile dressing be applied.
- Wash hands before and after administering first aid.
- Clear disposable gloves must be worn.

If staff are concerned about the welfare of a child, they should immediately seek advice from one of the designated leads for first aid.

In the event of a child presenting with an illness or infection follow DFE guidance: Health and Protection in School and Childcare Facilities Appendix 3

Educational visits

The Headteacher has responsibility for ensuring staff have adhered to the school's 'Educational Visits Policy & Procedures' when organising a visit.

The school's mobile phone must be taken on all school trips.

Teachers/visit leads must check that all children who require medication i.e. inhalers, Epi Pens etc have these in line with the school's Administration of Medicines policy.

Teachers must ensure all group leads have a first aid bag.

Swimming

Swimming instruction is provided by qualified swimming instructors. We use Ashton Leisure Centre swimming baths for swimming lessons, and we ensure that pupils adhere to the swimming pool rules. A qualified first aider is always present at the poolside.

Action at an Emergency

DR ABC (Danger – **R**esponse – **A**irway – **B**reathing – **CPR)**

1. Check for **Danger** - are there dangers to the first aider or the casualty?
2. Check for a **Response** – does the casualty respond?

If there is **no response**:

- check for breathing

If the casualty **is breathing**:

- Head to toe examination then place in the recovery position

Recovery position:

1. Remove spectacles and bulky items from pockets
2. If space permits always turn the casualty onto the left side
3. Bring arm closet to you straight out
4. Bring arm furthest away across casualty's chest and back of hand against their cheek
5. Grasp their far leg and bring it up approx. 45 degrees
6. Keep their hand against the cheek and use their knee as a lever to roll then towards you on their side
7. Tilt their head so airway is clear and angled so if they are sick it will run away from them, so they don't choke
8. Adjust legs etc so they are stable and comfortable
9. Monitor them and consider rolling onto other side approximately every 30 mins

If the casualty is **not breathing**:

- Send a helper to call an ambulance and collect a defibrillator.
- DO NOT wait for a defibrillator, **immediately** begin manual Cardio Pulmonary Resuscitation (**CPR**).

1. 5 breaths
2. 30 compressions
3. 2 breaths
4. 30 compressions

*As soon as a defibrillator arrives move from manual CPR to use of defib.

6. DO NOT stop unless qualified help arrives/exhausted/patient recovers

7. look for breathing, coughing or movement. If present place in the recovery position

Adult not breathing

1. 30 compressions
2. 2 breaths
3. 30 compressions

*As soon as a defibrillator arrives move from manual ||CPR to use of defib.

4. DO NOT stop unless qualified help arrives/exhausted/patient recovers

5. look for breathing, coughing or movement. If present place in the recovery position

Reporting and Injury

All incidents, injuries including head injuries, ailments and their treatments must be reported in an accident book. A copy of the completed from must be sent home with the child. Serious incidents where a child has had to be taken to hospital must also be reported to the LDST using the appropriate Incident Report Form. Appendix 1

*All staff are to ensure accident slips are completed fully.

If a child has an accident to the head, then parents will be contacted immediately and invited to come into school, a record of parental involvement is recorded on the accident slip. For minor head injuries no other form needs to be completed.

Staff injured at work

Staff should complete the accident book which is located the school office.

An injured member of staff should not continue to work if there is any possibility that further medical treatment is needed. The member of staff should seek medical advice without delay.

In the event of a serious injury follow procedures as listed above.

An Incident Report Form to be completed. Appendix 1

Administration of Medicines reference should be made to the school policy "Managing Medical Needs."

Bodily Fluid Spillages

- Protective gloves must be worn when dealing with blood or other bodily fluids. Protective gloves are stored in first aid boxes and must only be used for this purpose. Following use gloves must be carefully discarded into a black bin liner.
- All bodily fluid spillages i.e. vomit, diarrhoea, blood etc. must be cleaned immediately. Staff to use the Biohazard kit for bodily fluid clean up, these are located in the art area. (Sponges and water buckets must never be used for first aid to avoid the risk of HIV/infection contamination). Absorbent granules should be dispersed over the spillage and left to absorb for a few minutes then swept up into paper. A designated dustpan and brush is available for bodily fluid spillages, located in the hygiene room. Wash the affected area with warm water and detergent and dry using a paper cloth. Once spillages have been put into paper, discard into a black bin liner and dispose of into the yellow bin located in the hygiene room.

Appendix 1

PROCEDURE FOR REPORTING AN ACCIDENT

- COMPLETE DATE AND TIME OF ACCIDENT
- COMPLETE PUPILS DETAILS
- COMPLETE WITNESS STATEMENT (IF NO WITNESS ENTER DETAILS GIVEN BY PUPIL)
- FIRST AIDER TO COMPLETE SECTION (INCLUDING DETAILS OF INJURY, TREATMENT, ADVICE GIVEN OR IF ATTENDED HOSPITAL)

DATE…… TIME…….

PUPILS DETAILS

NAME	DATE OF BIRTH	ADDRESS	GENDER

WITNESS STATEMENT

NAME OF WITNESS	DETAILS OF CAUSE OF ACCIDENT/INJURIES/WEATHER CONDITIONS IF APPLICABLE

FIRST AID DETAILS

NAME OF FIRST AIDER	DETAILS OF INJURY AND FIRST AID ADMINISTERED

Appendix 2

Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.

Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

***denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

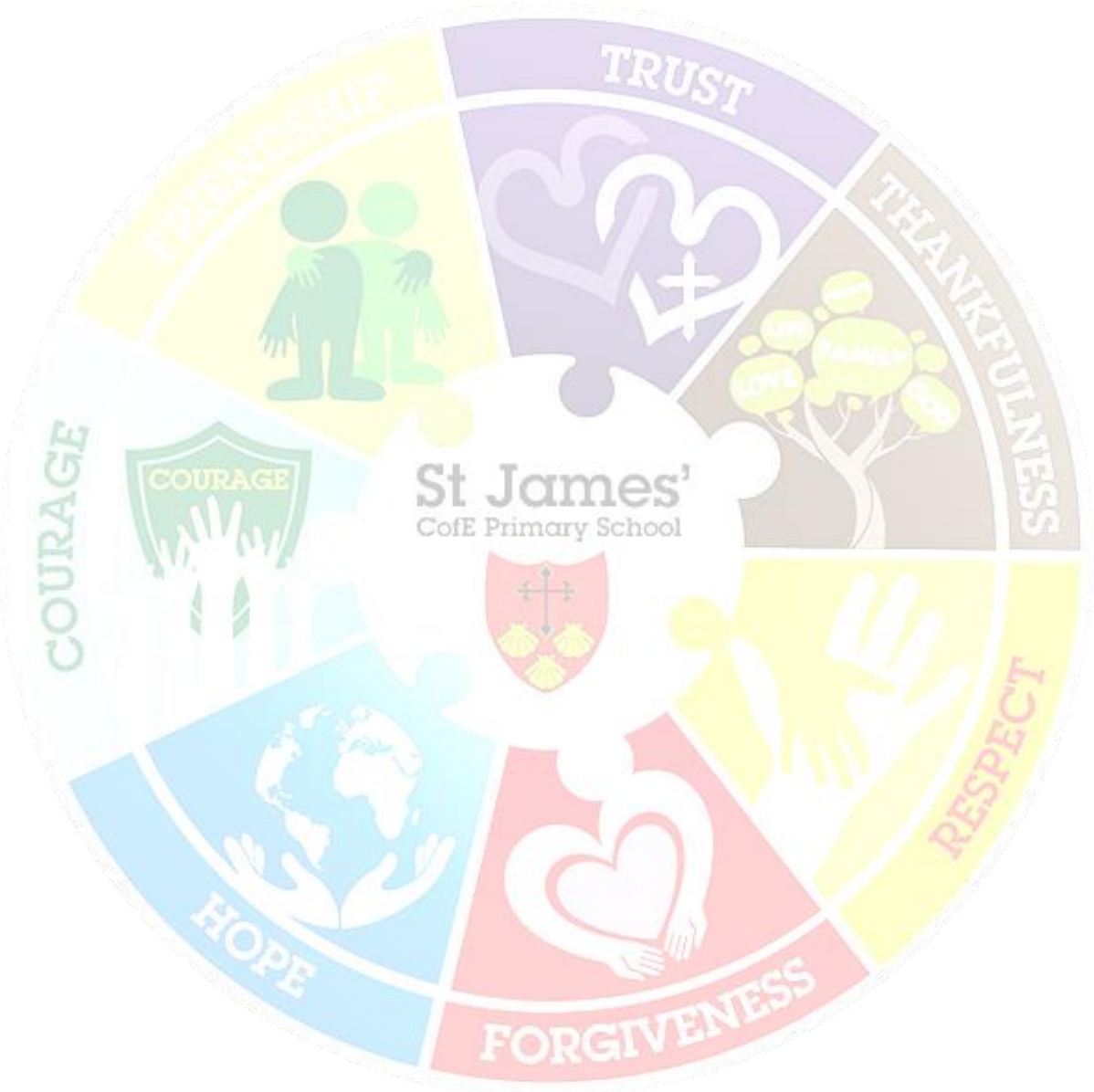
Appendix 3 - check list

Health Protection for schools, nurseries and other childcare facilities

Appendix 3. Diarrhoea and vomiting outbreak – schools, nurseries and other childcare settings action checklist

Date Completed:	
Checklist Completed By (Print Name):	
Name & Tel No of Institution:	
Name of Head Teacher/Manager:	

	Yes	No	Comments:
Deploy 48 hour exclusion rule for ill children and staff			
Liquid soap and paper hand towels available			
Staff to check/encourage/supervise hand washing in children			
Check that deep cleaning, ie twice daily (min) cleaning and follow through with bleach/Milton/ appropriate disinfectant is being carried out, (especially toilets, frequently touched surfaces eg handles and taps and including any special equipment and play areas). Ensure that all staff/contractors involved in cleaning are aware of, and are following, the guidance			
Disposable protective clothing available (ie non-powdered latex/synthetic vinyl gloves & aprons)			
Appropriate waste disposal systems in place for infectious waste			
Advice given on cleaning of vomit (including steam cleaning carpets/furniture or machine hot washing of soft furnishings)			
Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys			
Suspend use of soft toys plus water/sand play and cookery activities during outbreak			
Segregate infected linen (and use dissolvable laundry bags where possible)			
Visitors restricted. Essential visitors informed of outbreak and advised on hand washing			
New children joining institution suspended			
Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers.			
Check if staff work elsewhere (restrict) and that all staff are well (including agency). Exclude if unwell (see above re 48 hour rule)			
HPT informed of any planned events at the institution			
Inform School Nurse and discuss about informing OFSTED, if applicable.			


TRUST
THANKFULNESS
RESPECT
FORGIVENESS
HOPE
COURAGE
FRIENDSHIP
St James'
CofE Primary School