

**EVERGREEN PRIMARY**

**SCHOOL**

**FIRST AID**

**POLICY**

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| **Executive Head** | **Rena Begum** |
| **Proprietor** | **Rena Begum** |
| **Implementation date** | **September 2019** |
| **Review date** | **September 2020** |

**First Aid and Medication Policy**

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| **Date** | **Review Date** | **Lead in School** |
| 25th March 2020 | March  2021 | Head Teacher |

This policy applies all pupils in the school, including in the EYFS

Created                       Executive Headteacher

Date for revision          25/04/2020

Annual review              Summer Term

Executive Headteacher: Rena Begum

**Statement of Commitment**

Evergreen Primary School is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors. We confirm our adherence to the following standards at all times:

* To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.
* To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
* To have a minimum of 4 trained First Aiders on site at any one time, including a person with a paediatric first aid qualification whenever EYFS pupils are present. Such people will be able to responsibly deliver or organise emergency treatment.
* To ensure that a trained first aider accompanies every off-site visit and activity. In visits involving EYFS pupils, such a person will have a current paediatric first aid qualification.
* To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995).
* To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
* To record and make arrangements for pupils and staff with specific medical conditions.
* To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
* To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
* To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
* To communicate clearly in writing to parents or guardians if a child has sustained a bump to the head at school, however minor, and to communicate in writing in relation to every instance of accident or first aid or the administration of medicine for pupils in EYFS.

**Details of First Aid Practitioners at Evergreen Primary School**

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| **Appointed Person:** | **Qualification** | **Training Renewal Date** |
| **Abeita Busuri** | **Emergency First Aid in the Work Place** | **29/03/2020** |
| **Trained First Aiders:** | **3** |  |
| Abeita Busuri  Rena Begum  Diyya | **Paediatric First Aid** | **29/03/2021** |

**Practical Arrangements at Evergreen Primary School**

**Location of First Aid Facilities**

* The sick room is located within the Early years area on the ground floor for first aid treatment and for pupils or staff to rest/recover if feeling unwell. This includes; a bed first aid supplies, a water supply and sink, an adjacent bathroom and hygiene supplies such as gloves and paper towels.
* A portable first aid kit must be obtained from the office for school visits.

**Responsibilities of the Trained First Aiders**

* Provide appropriate care for pupils or staff who are ill or sustain and injury
* Record all accidents in the accident book (to be found in the sick room). They are then passed to the school secretary who will make a copy for individual pupil files.
* In the event of any injury to the head, however minor, ensure that a note from the office is sent home to parents/guardians and a copy placed in the pupil’s file.
* In the event of any accident or administration of first aid involving a pupil in EYFS, ensure that a note from the office is sent home to parents/guardians and a copy placed in the pupil’s file.
* Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.
* Inform the appointed person of all incidents where first aid has been administered.

**Responsibilities of the Appointed Person**

* Ensure that all staff and pupils are familiar with the school’s first aid and medical procedures.
* Ensure that all staff are familiar with measure to provide appropriate care for pupils with particular medical needs (eg. Diabetic needs, Epi-pens, inhalers).
* Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
* Monitor and re-stock supplies and ensure that first aid kits are replenished.
* Ensure that the school has an adequate number of appropriately trained First Aiders.
* Co-ordinate First Aiders and arrange for training to be renewed as necessary.
* Maintain adequate facilities.
* Ensure that correct provision is made for pupils with special medical requirements both in school and on off-site visits.
* On a monthly basis, review First Aid records to identify any trends or patterns and report to the Health and Safety committee
* Fulfil the school’s commitment to report to RIDDOR, as described below
* Liaise with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
* Contact emergency medical services as required.
* Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies

**What to do in the case of an accident, injury or illness**

A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider (see above). The school office should be contacted if the location of a trained first aider is uncertain. Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed.  The pupil or member of staff should not be left unattended.  The first aider will organise an injured pupil’s transfer to the sick room if possible and appropriate and to hospital in the case of an emergency.  Parents should be informed as necessary by telephone by the first aider or school secretary.  This will be followed up in writing and a record kept at school.  A written record of all accidents and injuries is maintained in the accident book.

**Contacting parents**

Parents should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury including:

* Head injury (a head injury advice sheet should be given to any pupil who sustains a head injury) Available from the appointed person
* Suspected sprain or fracture
* Following a fall from height
* Dental injury
* Anaphylaxis & following the administration of an Epi-pen
* Epileptic seizure
* Severe hypoglycaemia for pupils, staff or visitors with diabetes
* Severe asthma attack
* Difficulty breathing
* Bleeding injury (uncontrolled)
* Loss of consciousness
* If the pupil is generally unwell

If non-emergency transportation is required, an authorised taxi service will be used if parents are delayed. A member of staff will accompany the pupil until a parent arrives. Parents can be informed of smaller incidents at the end of the school day by the form teacher. In EYFS, ALL incidents must be communicated to the parents in writing and a copy placed in the child’s file.  A parent should sign the school copy agreeing that they have been notified.

**Contacting the Emergency Services**

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives.  All cases of a pupil becoming unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

**Accident reporting**

The accident book must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors.  The accident book will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirements).

**Pupils who are unwell in school**

Any pupil who is unwell cannot be left to rest unsupervised in the sick room. If a pupil becomes unwell, a parent should be contacted as soon as possible by the appointed person, the school secretary or the head teacher.

Anyone not well enough to be in school should be collected as soon as possible by a parent. Staff should ensure that a pupil who goes home ill remembers to sign out at the school office.

**First Aid equipment and materials**

The appointed person is responsible for stocking and checking the first aid kits. Staff are asked to notify the appointed person when supplies have been used in order that they can be restocked.  The first aid boxes contain:

* A first aid guidance card
* At least 20 adhesive hypo allergenic plasters (including blue plasters for home economics)
* 4 triangular bandages (slings)
* Safety pins
* Cleaning wipes
* Adhesive tape
* 2 sterile eye pads
* 6 medium sized unmedicated dressings
* 2 large sized unmedicated dressings
* Disposable gloves
* 1 resuscitator
* Yellow clinical waste bag

**First aid for school trips**

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (paediatric certificate for trips involving EYFS pupils) and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance. A First Aid kit for school trips must be collected from the main office (Registrar).  This must be returned to the main office (Registrar) for replenishing on return.  Any accidents/injuries must be reported to the appointed person and to parents and documented in the accident book in accordance with this policy.  RIDDOR guidelines for reporting accidents must be adhered to.  For any major accident or injury the appropriate health & safety procedure must be followed.

**Pupils using crutches or having limited mobility**

Parents must inform the school of the nature of injury and the anticipated duration of immobility. The form tutor will arrange for a ‘class partner’ to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil’s needs.  Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school.  Parents must inform the school of any particular difficulties.

**Emergency care plans and treatment boxes**

The appointed person ensures that staff are made aware of any pupil with an emergency care plan. These care plans are displayed in the staff room. A copy is also kept in the sick room.  Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the appointed person and parents.  Emergency treatment boxes must always be taken if the pupil is out of school. The boxes are kept in the sick room.

**Pupils with medical conditions**

A list is available in the staff room and the sick room of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip. Please return emergency boxes on completion of the trip.  If staff become aware of any condition not on these lists please inform the appointed person.

**Dealing with body fluids**

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed.

* When dealing with any body fluids wear disposable gloves.
* Wash hands thoroughly with soap and warm water after the incident.
* Keep any abrasions covered with a plaster.
* Spills of the following body fluids must be cleaned up immediately.

Bodily fluids include:

* Blood, Faeces, Nasal and eye discharges, Saliva, Vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available in all 1st aid boxes) then placed in the waste bin in the sick room. Avoid getting any body fluids in your eyes, nose, mouth or on any open sores.  If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

**Infectious diseases**

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines below to reduce the transmission of

infectious diseases to other pupils and staff.

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| **ILLNESS** | **PERIOD OF EXCLUSION** | **COMMENTS** |
| Chickenpox | 5 days from onset of rash | Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox.  Any children being treated for cancer or on high doses of steroids should also seek medical advice. |
| German Measles | For 5 days from onset of rash | Pregnant women should inform their midwife about contact |
| Impetigo | Until lesions are crusted or healed | Antibiotic treatment by mouth may speed healing |
| Measles | 5 days from onset of rash | Any children being treated for cancer or on high doses of steroids must seek medical advice |
| Scabies | Until treatment has been commenced | Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts |
| Scarlet Fever | 5 days after commencing  antibiotics | Antibiotic treatment recommended |
| Slapped Cheek Syndrome | None | Pregnant women up to 20 weeks must inform their midwife about contact |
| Diarrhoea and vomiting | 48 hours from last episode of diarrhoea or vomiting | Exclusion from swimming may be needed |
| Hepatitis A | Exclusion may be necessary | Consult the Health Protection Agency |
| Meningococcal  meningitis | Until recovered | Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts. |
| Viral Meningitis | Until fully recovered | Milder illness |
| Threadworms | None | Treatment is recommended for the pupil and family members |
| Mumps | 5 days from onset of swollen glands |  |
| Head Lice | None once treated | Treatment is recommended for the pupil and close contacts if live lice are found |
| Conjunctivitis | None | Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better |
| Influenza | Until fully recovered |  |
| Cold sores | None | Avoid contact with the sores |
| Warts, verrucae | None | Verrucae should be covered in swimming pools, gymnasiums and changing rooms |
| Glandular fever | None |  |
| Tonsillitis | None |  |

**Linked Policies**

* Annually the effectiveness of this policy will be reviewed, or when the need arises, and the necessary recommendations for improvement will be made to the Proprietor .

**Monitoring the Effectiveness of the Policy**

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| Health & Safety | Educational Visits | Administration of Medicines | Asthma |

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| **Executive Head Teacher:** | Rena Begum | **Date:** | 01/09/2019 |
| **Proprietor:** | Rena Begum | **Date:** | 01/09/2019 |

**Equality Impact Assessment**

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| **Policy Title** | | | **The aim(s) of this policy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Existing policy (ü)** | | | | | | | | | | | | | **New/Proposed Policy (ü)** | | | | | | | | | | | | | | | | | | **Updated Policy (ü)** | | | | | | | | | |
| **Health & Safety** | | | To share the school’s first aid policyt and clarify the responsibilities and arrangements for first aid within school | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **ü** | | | | | | | | | |
| **This policy affects or is likely to affect the following members of the school community (ü)** | | | | | | | **Pupils** | | | | | | | | | **School Personnel** | | | | | | | | | | | **Parents/carers** | | | | | | | | | | | | **Proprietor** | | | | | | **School Volunteers** | | | | | | | | | | | | | **School Visitors** | | | | | | | | | | | **Wider School Community** | | | | | | | | | | | | | |
| **ü** | | | | | | | | | **ü** | | | | | | | | | | | **ü** | | | | | | | | | | | | **ü** | | | | | | **ü** | | | | | | | | | | | | | **ü** | | | | | | | | | | | **ü** | | | | | | | | | | | | | |
| **Question** | | | **Equality Groups** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Conclusion** | | | | | | | |
| **Does or could this policy have a negative impact on any of the following?** | | | **Age** | | | | | | | | **Disability** | | | | | | | | **Gender** | | | | | | | | | | **Gender identity** | | | | | | | **Pregnancy or maternity** | | | | | | | | | | | | **Race** | | | | | | | **Religion or belief** | | | | | | | | | **Sexual orientation** | | | | | | | | | | | **Undertake a full EIA if the answer is ‘yes’ or ‘not sure’** | | | | | | | |
| **Y** | | **N** | | | | **NS** | | | **Y** | | **N** | | | **NS** | | | | **Y** | | **N** | | **NS** | | | | | **Y** | | **N** | | **NS** | | | **Y** | | | **N** | | | **NS** | | | **Y** | | | | **N** | | | **NS** | | | **Y** | | | | **N** | | **NS** | | | | **Y** | | **N** | | | | **NS** | | | | **Yes** | | | **No** | | | | | | |
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| **Does or could this policy help promote equality for any of the following?** | | | **Age** | | | | | | | | **Disability** | | | | | | | | **Gender** | | | | | | | | | | **Gender identity** | | | | | | | **Pregnancy or maternity** | | | | | | | | | | | | **Race** | | | | | | | **Religion or belief** | | | | | | | | | **Sexual orientation** | | | | | | | | | | | **Undertake a full EIA if the answer is ‘no’ or ‘not sure’** | | | | | | | |
| **Y** | | **N** | | | | **NS** | | | **Y** | | **N** | | | **NS** | | | | **Y** | | **N** | | **NS** | | | | | **Y** | | **N** | | **NS** | | | **Y** | | | **N** | | | **NS** | | | **Y** | | | | **N** | | | **NS** | | | **Y** | | | | **N** | | **NS** | | | | **Y** | | **N** | | | | **NS** | | | | **Yes** | | | **No** | | | | | | |
| **ü** | |  | | | |  | | | **ü** | |  | | |  | | | | **ü** | |  | |  | | | | | **ü** | |  | |  | | | **ü** | | |  | | |  | | | **ü** | | | |  | | |  | | | **ü** | | | |  | |  | | | | **ü** | |  | | | |  | | | | **ü** | | |  | | | | | | |
| **Does data collected from the equality groups have a positive impact on this policy?** | | | **Age** | | | | | | | | **Disability** | | | | | | | | **Gender** | | | | | | | | | | **Gender identity** | | | | | | | **Pregnancy or maternity** | | | | | | | | | | | | **Race** | | | | | | | **Religion or belief** | | | | | | | | | **Sexual orientation** | | | | | | | | | | | **Undertake a full EIA if the answer is ‘no’ or ‘not sure’** | | | | | | | |
| **Y** | | **N** | | | | **NS** | | | **Y** | | **N** | | | **NS** | | | | **Y** | | **N** | | **NS** | | | | | **Y** | | **N** | | **NS** | | | **Y** | | | **N** | | | **NS** | | | **Y** | | | | **N** | | | **NS** | | | **Y** | | | | **N** | | **NS** | | | | **Y** | | **N** | | | | **NS** | | | | **Yes** | | | **No** | | | | | | |
| **ü** | |  | | | |  | | | **ü** | |  | | |  | | | | **ü** | |  | |  | | | | | **ü** | |  | |  | | | **ü** | | |  | | |  | | | **ü** | | | |  | | |  | | | **ü** | | | |  | |  | | | | **ü** | |  | | | |  | | | | **ü** | | |  | | | | | | |
| **Conclusion** | | **We have come to the conclusion that after undertaking an initial equality impact assessment that a full assessment is not required.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preliminary EIA completed by** | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | **Preliminary EIA approved by** | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rena Begum** | | | | | | | | | | | | | | | | | | | | | | **01/09/2019** | | | | | **Nadeem   Rehman** | | | | | | | | | | | | | | | | | | | | | | | | **01/09/2019** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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