**PILGRIM PRIMARY ACADEMY**

**First Aid Policy**

**September 2024-25**

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| **Date of Policy Review:** | **Reviewer:** | **Date Shared with**  **Staff:** | **Date of Next Review:** |
| September 2024 | D Gale | September 2024 | September 2025 |

**Aims**:

The aim of this policy is to set out guidelines for all staff in school in the administering of First Aid to children, employees or visitors.

This policy shall be shared with all employees during their induction to ensure they are familiar with the school’s first aid procedures.

The Governors are committed to the Reach South Academy Trust procedure for reporting accidents and recognize their statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 1995.

*This policy should be read in conjunction with the Reach South Academy trust policy; Supporting Pupils with Medical Conditions*

**What is first aid?**

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

**First aid and medication**

The school currently has 16 first aiders with valid certificates. Posters displaying the names and locations of first aiders are on display around the school. The first aid qualification includes first aid training for infants and young children.

**Resources to support first aid administration:**

* Comply with the Health and Safety (First Aid) Regulations 1981 and British Standard – BS 8599-1:2011
* Include assorted plasters, disposable sterile triangular bandages, eye pads, medium-sized dressings, large-sized dressings, sterile cleansing wipes, nitrile powder-free gloves, first aid in an emergency booklet, burn shield dressing, conforming bandages, disposable heat retaining blanket and micro porous tape.
* Are regularly checked by lead First Aider.

**Accident books**:

* The infant and junior playgrounds have separate books for accidents that happen at playtimes and lunchtimes.
* All staff know where they are kept and how to complete them. These are kept safely but are accessible to first aiders.
* All accident books are reviewed half termly by a member of the first aid team to identify any potential or actual hazards.

Our accident books keep a record of any first-aid treatment given by first aiders and other members of staff. These accident books MUST be written in pen, completed on the same day of the incident, and include:

* The date, time and place of the incident.
* The name of the injured or ill person.
* Details of the injury or illness and first-aid given.
* What happened to the person immediately afterwards (for example, whether they went home, went back to class, or went to hospital).

All completed accident books are securely stored by the Lead First Aider for reference in future.

**Administration of Medicines at Pilgrim Primary**

This applies to all pupils, including those who do not have an individual health care plan.

Medicines will be safely stored in the School Office. Two adults are always in the presence of administering any medicines. A written record of the details of administration will be kept by the Office Staff and stored in the medical file in the office. This will include:

* Date
* Time
* Dosage
* Name of the member of staff who administers the medicine
* Any parent can request that their child is given prescription medicine in school. Pilgrim Primary Academy will only accept medicine that has been prescribed by a GP or hospital doctor.
* If medicines (including asthma pumps) are to be administered in school the parents must complete and sign an agreement form which must be handed into a member of the office team before any medication can be administered.
* It is preferable that pupils take medicine at home, before or after the school day. Parents are encouraged to ask their GPs for medical prescriptions that fit around the school day.
* No pupil will be given medicine without parental consent unless there is a clear and dire emergency and ambulance / emergency personnel are in attendance or have been consulted for advice.
* Prescribed medicines must be in date, prescribed by an NHS doctor and provided in the original container, labelled with dosage instructions.
* Parents must regularly renew the school supply of medicines and be responsible for visiting the GP to collect repeat prescriptions.
* At the end of the school year in July the school will return all medicines in store to the parents.
* The school will not be held responsible for any side-effects due to the correct administration of prescribed drugs
* If the administration of prescribed medication requires medical knowledge, individual training will be provided for the relevant member of staff by a health care professional.

**Medical Emergencies at Pilgrim Primary**

All members of staff who have contact with pupils who have medical conditions will be informed about the best course of action if a child becomes seriously ill and needs emergency treatment.

The child and the parents will be informed about the school’s arrangements and there will be details in the plan if appropriate.

The school will call an ambulance before contacting parents if a child becomes seriously ill – this applies to all children and not only those with health care plans. The school will arrange for a competent member of staff to travel to hospital in an ambulance and act in loco parentis until the parents arrive. The member of staff in loco parentis will have the right to sanction emergency procedures as advised by medical staff in the ambulance or at the hospital.

**Sickness**

Our policy for the exclusion of ill or infectious children is discussed with parents. This includes procedures for contacting parents – or other authorised adults – if a child becomes ill while in the school.

* We do not provide care for children, who are unwell, e.g. have a temperature, or sickness and diarrhoea, or who have an infectious disease.
* Children with head lice are not excluded, but must be treated to remedy the condition.
* Parents are notified if there is a case of head lice in the school.
* HIV (Human Immunodeficiency Virus) may affect children or families attending the school. Staff may or may not be informed about it.
* Children or families are not excluded because of HIV status.
* Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times by the Health and Safety Coordinator and the Emergency First Aiders.

**Treatment of injuries**

Following an accident, the First Aider is to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether they need to get assistance from a Lead First Aider.

The Lead First Aider will consult with a member of the Senior Leadership Team if they judge that a parent and /or an ambulance should be called:

* In the event of a significant injury or head injury
* If bleeding cannot be controlled
* In the event of a period of unconsciousness
* Whenever a fracture or break is suspected
* Whenever the first aider is unsure of the severity of the injuries

**Treatment of head injuries to children**

Children often fall and bang themselves, and thankfully most bangs to the head are harmless events and can be dealt with by the supervising adult by applying a cold compress for the child’s own comfort. Parents/Carers must be contacted if the child has a visible or grazed bump to the head. All head bumps must be recorded into the accident book and a letter sent home informing parents of possible symptoms to look out for. It is the responsibility of the first aider dealing with the head bump to liaise with a Senior Leader and ensure that parents are contacted and also inform the class teacher. Head bump letters will be given to parents/ carers directly so the school can be sure the parent receives the information.

Simple head bumps will be treated with ice packs but if a more serious injury is suspected ICE PACKS WILL NOT BE APPLIED. It will reduce swelling but it can actually do more harm if there is a hairline fracture this could result in the child needing additional emergency hospital treatment.

An Emergency First Aiders second opinion will always be sought for a more serious injury.

If any of these symptoms occurs in a child who has had a bang to the head, urgent medical attention is needed.

* becomes unconscious;
* is vomiting or shows signs of drowsiness;
* has a persistent headache;
* complains of blurred or double vision;
* is bleeding from the nose or ear; and/or
* has pale yellow fluid from the nose or ear.

Parents should be contacted and the emergency services too.

In the event of an accident in which the child cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so and the emergency first aider must be called immediately to assess the situation.

**Disposing of blood**

Blooded items should be placed in the yellow clinical waste bags and put in the yellow waste bin in the KS1 disabled toilets or the sanitary bin in the female staff toilets.

**Splinters**

Splinters can be removed by the child with adult assistance.

**Ice Packs**

Instant ice packs are single-use only and for the treatment of sprains, strains and bruises and must be kept out of children's reach. These are stored in the First Aid cupboard.

Guidance on the use of ice packs: Ideally an ice pack should be applied within 5 -10 minutes of the injury occurring. Emergency first aiders must check the colour of the skin after 5 minutes of applying the pack. If the skin is bright red or pink, remove the pack.

**Asthma**

All pumps are labelled and kept in the relevant class. In the event of an attack, the inhaler must be taken to the child.

All inhalers should accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc. Children on the asthma register who have parental consent for the use of the emergency inhaler are clearly indicated. An emergency inhaler can be used if the child’s prescribed inhaler is not available (for example, because it is broken, or empty). There is one emergency inhaler kit which is clearly labelled for use in school, on trips in the first aid cupboard and in the event of an evacuation Please refer to the Asthma Policy, available on the school website, for further information.

ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK

**Epi-Pens**

All Epi-Pens are labelled and kept in the relevant class in storage that complies with Epi-Pen training guidance.

All first aiders have Anaphylaxis and Epi-Pen training. These include senior leaders, first aiders and the staff working with children who currently have an Epi-pen.

Anyone can administer an Epi-Pen in an emergency if the adult/child is unable to do it themselves. Emergency services must be called at the same time as the Epi-Pen is administered.

**Training**

A central record of all training related to first aid is held by the Designated Safeguarding Lead and reviewed annually to ensure that certificates are renewed within timescales.