

# Hillcrest Early Years Academy



## First Aid

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## **Rationale**

Children and adults in our care need high quality first aid provision. Clear and agreed systems should ensure that we provide a happy, caring well-ordered environment, in which children feel safe, secure, valued and respected. This care should extend to emergency first aid provision and the administration of medication.

This policy also works alongside COVID-19 policies and procedures.

## **Purpose**

This policy;

- Gives clear structures and guidelines to all staff regarding all areas of first aid and medication
- Clearly defines the responsibilities and the staff
- Enables staff to see where their responsibilities end
- Ensures the safe use and storage of medication in the school
- Ensures the safe administration of medication in the school
- Ensures good first aid cover is available in the school and on visits

## **Guidelines**

New staff to the school are made aware of this policy when they are appointed. This policy is regularly reviewed and updated. This policy has safety as its priority. Safety for the children and adults receiving first aid or medication and safety for the adults who administer first aid or medication.

## **Conclusion**

The administration and organisation of first aid and medication provision is taken very seriously at Hillcrest Early Years Academy. There are annual procedures that check on the safety and systems that are in place in this policy.

## **First aid in school**

### **Training**

Staff are appropriately trained to reflect the staff ratios and any additional needs of pupils. See published lists of current First Aid trained staff in the staff room and office. All staff are trained in full paediatric and emergency first aid at work.

### **First aid kits**

The First Aid cupboard is located in the main office. A portable first aid kit will be taken on any visits outside the school. The following first aid items are available in school.

- Plasters
- Sterile eye pads
- Triangular bandages

- Safety pins
- Medium plain wound dressings
- Large plain wound dressings
- Disposable gloves
- Individual moist wound wipes
- Conforming bandages
- Rustless blunt end scissors

If running water is not available i.e. on a visit a sterile (sealed bottle) of at least 1 litre of water must be taken with the first aid kit for eye irrigation or wound cleaning.

## Visits

A trained first aider will be present on school visits. A travelling first aid kit will be taken on all visits together with the inhaler of any child with asthma going on the trip (there will be a Care Plan in place for any medication taken on a visit). As part of the risk assessment carried out for the visit, the staff member responsible will identify any children with medical conditions going on the visit.

## Guidelines for staff dealing with first aid incidents in school

The information below is intended as guidance only. Most of the first aid given in school is of a minor nature. If there is a serious incident call 999 (*see calling emergency services*) then contact a first aider.

**Disposable gloves must be worn for all First Aid.**

### Cuts

**Staff must wear disposable gloves** before treating any cut to protect the adult and child from infection. (Infections such as Hepatitis can be passed through cuts and through the nail bed). Cuts should be cleaned with water and gauze or can be washed under a tap. All open cuts should be covered with a plaster. Consent can be given from parents for staff to put plasters on children now when necessary. Children should always be asked if they can wear plasters BEFORE one is applied and allergy list checked with the Academy office. Children who are allergic to plasters will be given an alternative dressing.

All blood waste should be double wrapped in the yellow waste bags and disposed of in the grey bin, located in the cabin, this is then disposed in the correct Yellow hazard external bin.

### Burns

Cool the affected area preferably with cold water. Continue to cool for about 10 minutes. Remove any jewellery in case of swelling. Cover affected area with a sterile burns dressing or cling film or any clean non adherent material to prevent infection. The parent/carer should be contacted if it is a severe burn and ask them to obtain medical advice.

### Bumped heads

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with a cold compress or an ice pack. For minor bumps, parents/carers must be

informed by a text and the child will have a head bump note. The child's teacher should be informed. If it is more than a minor bump, the parent/carer will be contacted via phonecall. The parent/carer will be given the opportunity to come to school to have a look at the injury and take the child home or for medical attention.

### **Bites and Stings**

Bites and stings should be treated with a cold compress. If the bite or sting is severe contact the parent/carer for the child to be taken home or the parent/carer can bring a suitable cream into school to treat the bite or sting – a medicine form must be completed prior to school administering any cream.

### **Nose Bleeds**

Staff should sit the child down leaning forward, using a piece of gauze pinch the soft part of the nose between finger and thumb. If the bleed does not stop after 15 minutes repeat again for another two cycles, if the bleeding hasn't stopped contact a parent/carer and seek medical help. The parent/carer will be informed if a child has a nosebleed.

### **Sand/foreign body in eye**

Splash eyes with water or pour water over eyes. Contact parent/carer if this does not clear the irritation. Foreign bodies can cause serious and permanent damage to the eye. Advise parent/carer to get medical treatment.

### **Splinters**

A splinter should not be removed by any staff member. If a splinter is causing distress contact the parent/carer to come to school to remove the splinter themselves or to seek medical advice.

### **Choking**

Call for a first aider. Lean child forward and give five slaps between shoulder blades. If this does not work a first aider can administer abdominal thrusts. If this does not work call for an ambulance and then contact parent/carer. If abdominal thrusts are administered medical attention should be sought.

### **Breaks and sprains**

Do not move the injured part. Reassure the child/adult. Call for a first aider. Call an ambulance if required or a parent/carer and ask them to seek medical attention.

## **Reporting injuries**

If a child visits first aid they should be given a note to take home so that the parent/carer is informed and the office will also send a text. The incident will be logged on a first aid log.

## **Calling the emergency services**

In the case of major accidents, it is the decision of the trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must,

- State what has happened
- The child's name
- The age of the child
- Whether the casualty is breathing and/or unconscious
- The location of the school

In the event of the emergency services being called, a member of the Admin staff OR another member of staff, should wait by the school gate and guide the emergency vehicle into the school.

If the casualty is a child, their parents should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are clearly located in the school office.

## Dealing with an asthma attack

If a child or adult has difficulty breathing with long wheezy breathing out phases they may be having an asthma attack. Remain calm and reassure the casualty. Let the casualty sit down in the most comfortable position for them (usually leaning forward supported). Do not lie casualty down. Assist casualty to take their own medication (usually a blue inhaler).

If it is a severe attack i.e.

- If the medication does not have any effect within 5 minutes
- If the casualty is unable to talk
- If the casualty is exhausted
- If the lips are turning blue

Inform a first aider so that they can be taken to hospital or an ambulance called.

## Inhalers

Children can use their inhalers at any time; inhalers are kept in their original box and kept in the classroom cupboards. If the class is doing PE on the field the kit is taken out with them. If the inhaler is needed very frequently the parent/carer will be informed. It is the responsibility of parents/ carers to check that the inhaler is replaced when required. All uses of inhalers should be recorded.

School staff, check the use, date and condition of pupils inhalers on a monthly basis and this is recorded. Parents are informed if their child's inhaler is needing to be replaced.

### **OTHER ASTHMA SUFFERERS CANNOT SHARE INHALERS.**

In the event of a child having an asthma attack, who has no inhaler, the parents must be sought quickly by phone to give permission for the administration of someone else's inhaler. If parents cannot be located, then the emergency services will be contacted and they may give permission for the sharing of the inhaler.

## **Epipens and anaphylaxis shock training**

Some children require Epipens to treat the symptoms of anaphylaxis. Epipens are kept in the child's classroom and in the first aid cupboard in the main office. Staff receive regular training on the use of epipens.

If a child goes into anaphylaxis shock for the first time, emergency services should be called immediately, and emergency first aid given as soon as possible.

A meeting should be held with a senior member of staff and the parents of the child to ensure a care plan is put in place.

## **Vomiting and diarrhoea**

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed, depending on how severe the vomiting or diarrhoea has been. Before cleaning up after a child has had vomiting or diarrhoea staff should first put on gloves. Granules are available and these can be applied where necessary. Cleaning cloths and antibacterial spray are also available. Children should be changed into clean clothes if possible or parents contacted to bring clean clothes to change children into before taking them home. Any waste/cleaning materials should be double wrapped and disposed of.

## **Headaches**

Headaches may be a sign of a more serious complaint. They may have been caused by a head injury or they may be a sign of an infection. If a child complains of a headache the parent should be contacted.

## **Chicken pox and other diseases, rashes**

If a child is suspected of having chicken pox etc, staff are permitted to look at their arms or legs. To look at a child's back or chest would only be done if the staff member was concerned about infection to other children. In this case another adult would be present, and it would only be done if the child was willing. If a rash is present the parent will be informed and asked to take the child home and to seek medical advice. Children may be required to be absent from school for a prescribed period of time. The Headteacher or school office will advise timescales in accordance with the advice of the local health authority & the spotty book located in the office.

## **Defibrillator**

The Academy has a defibrillator located next to the fire panel in the main entrance hall of the Academy. The defibrillator is available should anyone need it during the working days and times of the Academy. All staff who have completed first aid training also are trained in the use of the defibrillator as part of the main training.

The Defibrillator is not on a register for general public to use in an emergency and the location would not be quoted in a 999 call.