



First Aid Policy

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1. Introduction

First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill. The first aid principles are to; preserve life, prevent worsening and promote recovery. At Wyre Forest School, we are committed to ensuring a high quality first aid provision to deal with emergency illnesses, accidents and injuries of staff, pupils, and visitors. Clear and agreed procedures ensure that all persons receive an equal standard of care within our school.

All staff are made aware of this policy and are required to read it thoroughly to ensure they know who to contact in the event of an illness, accident, or injury. The policy will be reviewed annually, and any alterations made to this policy will be communicated to all staff.

All staff will ensure this policy is followed in relation to the administration of first aid. Staff are expected to follow health and safety procedures and take sufficient care for their own and others' safety to minimise risks of illnesses, accidents, and injuries.

The aims of this policy are:

- To ensure an effective first aid provision for adequate care of all staff, pupils, and visitors no matter how minor or major the illness or injury.
- To ensure the health and safety of staff, pupils, and visitors.
- To make all staff aware of procedures when first aid treatment is required.
- To make all staff aware of the locations of all first aid kits available in school and the location for the defibrillator on the school's premises.
- To provide a main first aid kit with correct equipment and materials to carry out first aid treatment.
- To ensure all staff are aware of the procedures for administering medication at school.
- To ensure all medications are stored appropriately.
- To accurately report and record all accidents and incidents, and first aid administered.

2. Legislation

Health and safety legislation places an obligation on employers for the health and safety of anyone on the premises. For schools, this includes responsibility for the headteacher, teaching staff, non-teaching staff, volunteers, pupils, and visitors. At WFS, we pride ourselves on providing a first aid service that meets the requirements specified in the *Health and Safety (First Aid) Regulations 1981 (latest edition of Regulations 2018)*. This legislation gives the standards required for first aid in the workplace and emphasises that all first aid injuries must be treated and reported.

At all times we adhere to the following, *Guidance on infection control in schools and other childcare settings* from the Public Health Agency (March 2017).

3. Roles and Responsibilities

All staff receive the following training each year, from the school nurse:

- **Medication Awareness Training**
- **Asthma, Epilepsy and Anaphylaxis**

Class teams and Russell House staff are responsible for responses to minor first aid needs, e.g., scrape on the knee. The first aid lead provides each class with resources to support this.

Class team to record minor injuries on ScholarPack Ancillary and inform parents.

In an emergency situation the class team or nearest member of staff will call an ambulance.


All other first aid should be referred to the first aider on call through contacting the first aid office or main office who will radio the first aider.

All first aiders in school are trained in First Aid at Work. The Office Manager is responsible for ensuring this training is renewed every three years and kept in-date.

School first aiders:

- Jane Bennett (Lead)
- Jo Campbell
- Lotte Tvede
- Sarah Garbutt
- Laura Hope
- Richard Liggitt
- Emma Downes
- Lorna Harrington
- Sarn Meddows
- Ann-Marie Meredith
- Rose-Marie Hopkins
- Jo Knight
- Abi Raybould

Russell House first aiders:

- Abby Baker
 - Carla Mole
 - Sarah Kirk
 - Jemma Mole
 - Abby Davies
- 

First aiders are responsible for:

- Acting as first responders to any incidents; they will assess an ill or injured person and provide immediate and appropriate first aid treatment.
- Requesting the defibrillator, where they have been trained, and performing CPR during major illnesses and injuries, where necessary.
- Defibrillator trained staff are: Jane Bennet, Richard Liggitt, Jo Campbell, Emma Downes and Jo Knight; Abby Baker, Carla Mole, Sarah Kirk, Jemma Mole, Abby Davies (Russell House). All staff completing 3-day first aid training are defibrillator trained.
- Liaising with the school nurse where necessary.
- Ensuring medical help is summoned when appropriate, e.g., ambulance.
- Liaising with the Headteacher/SLT regarding sending pupils home to recover following first aid treatment, where necessary.
- Informing the pupil's parents of illness or injury as soon as possible. Emergency contact details are found on ScholarPack.
- Recording first aid treatment on the same day, as soon as reasonably practicable, on either Medgate or ScholarPack Ancillary, with a telephone call home, if this has not been done by the class team.
- Ensuring parents/carers are informed of head bumps, minor or major, via a telephone call as soon as reasonably possible. Parents/carers must be provided information in writing regarding guidance on symptoms that may arise from a head bump and action to take if symptoms develop.
- Ensuring first aid training is kept up to date by liaising with the Office Manager.

In addition to first aider responsibilities, the **First Aid Lead** is also responsible for:

- Ensuring there is an adequate supply of medical materials in the first aid kit and replenishing the contents of the kits in line with the guidance given in the LA's Handbook of Safety Information.
- Monitoring stock and ordering first aid supplies.
- Ensuring the defibrillator is regularly checked, in-date and in working order.
- Ensuring head bump letters are up-to-date and available to all staff for pupil/parents/carers, when required.

4. First Aid Equipment

To provide adequate first aid care, our **first aid kit is** suitably stocked and regularly replenished in line with LA guidance. The kit is stored in the first aid room.

The minimum provision of first aid materials in a first aid kit includes:

- a. A leaflet containing first aid advice.
- b. Disposable gloves.
- c. Regular and large bandages.
- d. Eye pad bandages.
- e. Triangular bandages.
- f. Eye wash fluid.
- g. Adhesive tape.
- h. Antiseptic wipes.

- i. Plasters (assorted sizes).

Cold compresses are also available from the fridges in the first aid room and the early years kitchens.

Defibrillator location – in the main office.

Medication cabinet and refrigerator location – locked cupboard and fridge in the first aid room. Where permission is given by the school nurse staff will lock pupils' medication in the classrooms.

Russell House has 2 x First Aid boxes in house. Location – staff office and kitchen. (Cold compresses available in fridge in kitchenette). **Medication cabinet and controlled drug cabinet** – located in staff office.

5. Emergency Procedure in the Event of a Serious Illness or Injury

In the event of a medical emergency, staff will call 999 for the emergency services before implementing this policy. Staff will liaise clearly with emergency services upon arrival to the school site to ensure the medical needs of the person are met. Class team or office staff are responsible for contacting the pupil's parent/carer as soon as possible.

When an illness, accident or injury occurs, the teacher or staff member in charge will assess the situation and determine the appropriate course of action, including referring directly to a care plan, where required, calling for a first aider and SLT and/or immediately calling an ambulance.

If a first aider is called, they will assess the situation and administer first aid treatment. In the event where a first aider does not feel they can deal with the presenting condition adequately by the administration of first aid, then they should arrange for the ill or injured person to access professional medical treatment as soon as possible.

The first aider will indicate if a moderate to serious injury has been sustained. The following actions will occur:

- Administration of first aid treatment to all those injured. This will help the injured persons to stay alive and feel comfortable until emergency services can be called.
- Ensure no further injuries can be caused from the accident, e.g., making the environment safe or moving the injured persons to a safer environment if they are fit to be moved.
- Ensure any persons who may have witnessed the accident are seen to as they may be worried or traumatised. Parents/carers of pupils who have witnessed an accident must be informed for parental support.
- The incident must be reported to a member of the Headteacher and the victim's parent/carer must be contacted.

Russell House first aider to inform Head of Care or Deputy Head of Care. Parents to also be contacted and child collected by them to return home if necessary and/or requested.

6. Safeguarding

If any concerns are raised that have safeguarding implications, e.g., unexplained bruises, marks or scars, while a pupil is being treated for first aid, the First Aider must log a safeguarding concern on CPOMs as soon as practically possible, where the Designated Safeguarding Lead will take appropriate action.

7. Medication

*** TO BE READ IN CONJUNCTION WITH SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY ***

Consent

When a child is admitted to the school, their parent/carer will be asked to complete and sign a medical consent form. This includes emergency contact numbers, any allergies, chronic conditions, and consent for emergency first aid administration for their child. These details can be found on ScholarPack on the pupil's profile. Long-term medication that is required to be dispensed during school time is administered by trained staff.

When a child is ill and requires short-term medication during school hours, parents/carers must complete and sign a consent form for this specific medication before it can be administered by trained staff within school. Medication will only be given in school if the requirement is for four times a day.

If a pupil refuses medication, under no circumstances is the pupil forced to do so. Parents will be informed of the situation and an alternative solution will be mutually agreed between parent and staff member.

Storage of Medication

Medication is securely stored in accordance with individual product instructions, e.g., locked cabinet, locked refrigerator.

All medication must arrive at school and be stored in the original container in which they were dispensed. The container must include prescriber's instructions for administration, properly labelled including the patient's name, date of the prescription and the expiry date of the medication.

Medication should only be handled by adults, e.g., parent or transport escort to hand medication to a staff member and vice versa. Medication must never be carried by a pupil or put in their school bag, except for inhalers.

Any medication required for use in Russell House will be locked away until it can be collected by the Russell House team and the same when returning this to school.

Medication will be returned to parent/carer for disposal when it is no longer required or at the end of term.

All medication that staff bring in for personal use will be locked away in a cupboard or locker.

Russell House

- All care staff trained in 'Safe Handling of Medication'.
- All medications to be collected from school every Monday morning.
- All medications to be stored correctly, contained in original packaging clearly stating prescribed medication label (including name, DOB, dosage, administration instruction, expiry date and patient information leaflet).
- All pupils to have an individual medical administration record in line with Worcestershire County Council Medication Guidance Standards.
- All medication to be checked and signed in and out the house.
- All medication to be checked twice daily during handover.
- All inhalers and rescue medication to be kept in the office.
- All parents to sign medical consent forms on admission to Russell House.

8. Emergency Situations

First aiders are trained to recognise and respond to the emergency needs of children with chronic medical conditions, including asthma, epilepsy, severe allergic reactions, and diabetes. A care plan is put in place with support from the School Nurse to ensure trained staff can respond to the emergency in an appropriate way.

Asthma –

Pupils with asthma have immediate access to their reliever inhalers whilst in school. Inhalers are stored in the pupil's classroom for quick and easy access. There are two emergency inhalers; one in the first aid room and one in the office.

Epilepsy –

Pupils who have epilepsy may have medication such as Buccolam Midazolam for severe epileptic seizures. The medication is stored securely in a locked cabinet near to the child. If necessary, first aiders and trained staff will follow the pupil's care plan to administer medication and will follow the pupil's emergency procedure.

Allergic Reactions –

First aiders and specifically trained professionals are able to identify signs and symptoms of a severe allergic reaction. Pupils and adults in school who have allergies may have been prescribed an EpiPen for emergencies which first aiders and trained

staff are able to administer. EpiPens are named, dated, and stored in a locked cupboard in the pupil's classroom for quick access.

Bites and Blood Borne Contamination Incidents –

A blood borne contamination incident involves **any** exposure to blood or body fluid from:

- A bite injury.
- Splashing into the eyes or mouth.
- Contamination of broken skin.
- Needle sticks.

The first aider will assess the situation and carry out the necessary first aid including:

- If the skin is broken encourage bleeding and cleanse wound thoroughly by running water over the bite.
- For human bite wounds that puncture the skin advise discussion with GP or Minor Injury Unit for possible antibiotics because of the possibility of bacterial infection.
- If the needle stick injury is caused by dirty needles found on the ground etc. advise immediate visit to GP and/or Minor Injuries Unit.

If a pupil is bitten or bites another child/adult then the recommended NHS Bites letter will be sent home (Appendix 1).

Strangulation –

Both the lead first aider and relevant member staff have been ligature trained to respond appropriately.

Head Bumps –

Parents will be informed by telephone of a head bump and a Head Bump Letter will also be sent home.

9. Record-keeping and Reporting

At Wyre Forest school, all incidents, accidents, and injuries (minor and major) are reported as soon as it is practicably possible, preferably on the same day.

All minor accidents or injuries of pupils should be recorded on Scholar Pack Ancillary by the class team. All major or more serious accidents or injuries of pupils or staff members should be recorded on Medgate by the first aider. As much detail as possible should be supplied.

All serious accidents, incidents and injuries must be reported to the Headteacher.

Parents/carers should be informed of the accident or injury as soon as necessary by the class team or Russell House staff.

Any serious injuries at school that require professional medical treatment should be logged on Medgate via RIDDOR (Reportable Injuries, Diseases or Dangerous Occurrences) and will be investigated by the Headteacher.

Records of accidents and injuries are retained by the school in line with the WFS Data Retention Policy.

10. Educational Visits (Day Visits)

Before undertaking off-site events, the teacher leading the trip will assess the venue by undertaking a sufficient risk assessment of the event involving pupils, school staff, and volunteers attending. This will be reviewed by the EVC Lead and Assistant Headteacher before the trip takes place. The risk assessment minimises risks of accidents and injuries during the trip as dangers have been identified.

A fully equipped first aid kit must be taken on all off-site visits. Emergency medication such as inhalers, EpiPens, and Buccolam Midazolam must be taken and securely stored on a staff member.

A pupil may require prescribed medication during a day trip or residential, therefore, this medication must be stored in a small, lockable container always kept securely on a staff member. The medication must remain in the original prescribed packaging with patient's name, administration instructions, dosage, and expiry date. Medication will be transcribed by our School Nurse before departure for the trip.

Where an overnight stay(s) are part of the educational visits, medication recording sheets are used and all medication is witnessed and signed against by staff.

More information regarding the school's education visits can be found on the WFS Educational Visits Policy.

Appendix 1 – NHS Bites Information and Guidance Leaflet

Bites – child has been bitten by another child.



Worcestershire 

BITES

An incident has occurred today where your child has unfortunately sustained a bite injury. The Infection Prevention and Control Team has developed the following information sheet for your advice and guidance in this situation, as it is potentially possible for infections to be transmitted from one person to another through a bite, the actions taken should reflect the nature of the injury received:

- The skin was not pierced during the injury.**
Immediate first aid was administered including washing the affected area thoroughly with soap and water, applying a cold compress and soothing the child. No further action should be required but observe the area for 2-3 days.
- The skin was pierced during the injury.** Immediate first aid was administered including gently encouraging the wound to bleed, washing the affected area thoroughly with soap and water, applying a cold compress and soothing the child.
- Your child should be taken to your local Minor Injuries Unit or Accident & Emergency Department for further advice/treatment which may be necessary e.g. antibiotics.**

You are more than welcome to discuss the above fully with the School Nurse if you have any further questions or concerns.



Bites – child has bitten another child or member of staff.

BITES

An unfortunate incident has occurred today where your child has bitten another child or member of staff. The Infection Prevention and Control Team has developed the following information sheet for your advice and guidance. When a bite injury has occurred it is potentially possible for infections to be transmitted from one person to another and actions taken should reflect the nature of the injury received:

- The skin of the other child/member of staff was not broken during the incident and no further action should be required to be taken by you or your child.**
- The skin of the other child/member of staff was pierced during the injury and therefore it is potentially possible for some infections to be transferred via the blood from one person to another.**
- It is advised that you contact your GP/Minor Injuries Unit/ Accident and Emergency Department for further advice as to whether follow up action or treatment is required.**

You are more than welcome to discuss the above fully with the School Nurse if you have any further questions or concerns.

