

BETHANY SCHOOL FIRST AID POLICY

March 2024

INTRODUCTION

The **First Aid procedure** at Bethany School is in operation to ensure that every pupil, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major. Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of pupils in the same way that parents might be expected to act towards their children. In order to do so all members of the school community should be aware of the First Aid Procedures and understand that the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Our **First Aiders** are those members of the school community who hold a current Paediatric First Aid or First Aid at Work qualifications (refreshed every 3 years). They will be reliable, have good communication skills and an ability to cope with stressful situations. Bethany School recognises that this team are not trained doctors or nurses.

First Aid Cabinets are situated in the Kitchen area of both buildings and the First Aid Room (located in the upper building shared with SEND Room). Each First Aid area contains accident log record sheets and First Aid supplies. Portable First Aids Kits are available for use in the Design and Technology and Science rooms and during P.E Lessons, educational visits and other times the school facilities are used e.g. Parents' meetings.

All staff who are trained in First Aid are clearly identified in the school by signs displayed throughout the building, including on the staff/parent room notice board and on the First Aid Cabinets.

The purpose of the Policy is therefore: To provide effective, safe First Aid cover for pupils, staff and visitors. To ensure that all staff and students are aware of the system in place. To provide awareness of Health & Safety issues within school and on school trips, and to prevent, where possible, potential dangers or accidents.

STATEMENT OF GENERAL POLICY

Bethany School agrees to

- Record all accidents and injuries in the accident log
- Inform parents and guardians of serious injuries or accidents
- Only administer medicine with the parent's permission (see Medicines policy for further details)
- Take a suitably stocked First Aid box on all Educational visits
- Provide First Aid Policy training every three years
- Have at least one staff member fully qualified in Paediatric First Aid present on the premises at all times.

RESPONSIBILITIES

The Governors

The Governors are responsible for providing adequate First Aid Cover as outlined in the Health and Safety (First Aid) regulations 1981. Governors must monitor and respond to all matters relating to the health and safety of persons on school premises by reviewing annual Governors reports. All new staff are made aware of First Aid Procedures in School at induction. Governors are also responsible with ensuring that staff supporting

children with a medical condition should have appropriate knowledge, and where necessary, support as required by “Supporting pupils at school with medical conditions”. Also, in accordance with Supporting pupils the Governors will ensure that they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

Head Teacher

It is the responsibility of the Head Teacher to ensure that good First Aid practice is being carried out within the school and at events organised by the school. The Head Teacher will ensure that this policy is put into practice, including ensuring that appropriate staff members have received First Aid Training, and all staff and parents are aware of First Aid Procedures and have appropriate training and support in relation to Anaphylaxis and Asthma. Particular attention will be paid to any injuries that have caused a pupil to feel unwell. The Head Teacher will ensure that the First Aid Team and class teachers have an up-to-date list of pupils who are known to have conditions such as asthma, anaphylactic reactions, diabetes and epilepsy and ensure that medical consent forms have been completed and filed. The Head Teacher is responsible for regularly reviewing all accidents for the purposes of reporting to Governors and the Health and Safety Executive (where appropriate). Investigation into an accident or trend of accidents may be required to reduce the risks of similar accidents occurring again.

All Staff

All staff, and those parents with responsibility for children in school, should familiarise themselves with the First Aid procedures, First Aid personnel, facilities, and the location of First Aid Boxes. They should be aware of specific medical details of individual pupils when publicised by the Head Teacher. At Bethany School each member of staff is expected to be able to take charge during an incident and summon help when needed. Appropriate emergency First Aid Training e.g. use of EpiPens, and dispensing medications will be undertaken by relevant staff on a regular basis.

Named Person

The contents of First Aid cabinets and kits are to be regularly checked and maintained by a named person. The current named person is **Mrs A Mosaku**. See Appendix 1 for contents.

First Aider

First Aiders will:

- Ensure that their qualification and training always up to date.
- Ensure that First Aid cover is available throughout the working hours of the school week.
- Keep an accurate record of each student attended to, the nature of the injury and any treatment given, in the appropriate Accident/Injury Log sheets and filed in the school office.
- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any significant loss of blood or body fluid is evident and calling for help from other First Aiders or Emergency Services.
- Help fellow First Aiders at an incident and provide support during the aftermath.
- Act as a person who can be relied upon to help when the need arises.
- Insist that **any** casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital; ensure that parents are aware of **all** head injuries promptly.
- Ensure that everything is cleared away and disposed of appropriately. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.
- Ensure that a child who is sent to hospital by ambulance is either:
 - Accompanied in the ambulance at the request of paramedics.
 - Followed to hospital by a member of staff to act in loco parentis if a relative cannot be contacted.
 - Met at hospital by a relative

- Liaison **must** occur with the teacher in charge of cover, to ensure that lessons are covered in the event of an absent teacher.
- The First Aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent.

PROCEDURE FOR ACCIDENTS

At Bethany School we make every effort to minimise the risk of accidents, but we recognise that accidents may still occur.

Any person encountering an accident **which requires First Aid treatment** should follow the general guidelines shown below unless they themselves are a First Aider.

- Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
- Send for help to a First Aider as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.
- Reassure, but never treat a casualty unless staff are in possession of a valid First Aid Certificate or know the correct procedures; such staff can start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.
- Send a pupil who has minor injuries to the medical area if they are able to walk where a First Aider will see them; this student should be accompanied.
- Send a pupil who feels generally 'unwell' to their respective class teacher and not to a First Aider, unless their deterioration seems uncharacteristic and is causing concern.
- Ensure that they have a current medical consent form for every pupil that they take out on a school trip which indicates any specific conditions or medications of which they should be aware.
- Have regard to personal safety.
- **NOT** administer paracetamol or other medications without prior consent from parents.

GENERAL PROCEDURES

- Plastic gloves are to be worn when dealing with incidents involving blood or bodily fluids
- Cuts are cleaned using, where appropriate running water and/ or alcohol wipes and if needed, plasters are available.
- Bloods/soiled dressing and used gloves should be disposed of appropriately
- Minor incidents and accidents should be dealt with, wounds cleaned etc, and the child returned to their appropriate activity when possible and practical.
- An up-to-date list of children with medical conditions, asthma etc. is kept in the medical file in the School Office.
- Any incident that has required First Aid treatment by a qualified First Aider should be recorded in the Incident or Accident Record log and parents informed if necessary. The class teacher should be informed.
- Ice packs are available to be used to reduce the swelling for bumps and suspected strains and sprains or alternatively a cold compress. If ice packs are used, then these are first wrapped in a paper towel to prevent contact with the skin.
- Injured/unwell pupils must never be left alone or sent alone for help.
- The first aid equipment is regularly checked and managed by A Mosaku

CPR AND AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)

First aiders should follow their training in circumstances which require CPR. Bethany school has an Automatic External Defibrillator for use as required in line with guidance below.

https://assets.publishing.service.gov.uk/media/65844c8ced3c34000d3bfd5b/Automated_external_defibrillators_-_guidance_for_schools.pdf

This is stored in the school staff room and is clearly labelled, accessible and unlocked.

First aid training covers the use of AEDs, however, defibrillators are designed to be used by someone without any specific training, by following step-by-step instructions on the defibrillator at the time of use.

All staff members are provided with brief video training at the following links

<https://vimeo.com/557677120/e7524918c5?share=copy>

[How to use a defibrillator | St John Ambulance](#)

Further awareness may also be incorporated into any wider training on CPR and the chain of survival. See appendix 3 for further information about CPR and use of AED.

HEAD INJURIES

Parents of a child who has sustained a head injury should be informed either by letter at the end of the day or by telephone. A head injury must be dealt with by a First Aider who is responsible for making the decision to ring parents. The First Aider who has dealt with the injury should advise other staff of the injury where appropriate e.g. if continued observation is recommended. If a parent has been contacted by telephone, they will be encouraged to collect their child from school and seek further advice either from a doctor or accident and emergency department. Details are recorded in the Accident/Injury log.

ILLNESS AND INFECTION

If a child becomes ill during the school day the condition will be monitored in the classroom. Non-prescribed medicine/common remedies such as paracetamol or antihistamines may be given as appropriate and with parents' permission (see administering medications policy including the recognition and management of an allergic reaction/anaphylaxis). A record of this will be kept and parents informed. Parents will be contacted, and the pupil taken home if the condition worsens. A pupil's return to school will be in accordance with the recommendations given in the document "Health protection in schools and other childcare facilities" From Public Health England (18 September 2017) www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities. See Appendix 2 for "Exclusion table".

HOSPITAL TREATMENT

If a child needs hospital treatment in a non-urgent situation, the parent will be contacted to accompany the child to hospital. If the parent cannot be contacted, then permission must be given by a First Aider to ring for a taxi and a First aider accompany the child in the back of a taxi. A First Aider must always be left in school. Every attempt to contact the parents will be made by the school. Should parents be unable to be contacted the relevant member of staff, usually the Head teacher, or in their absence another First Aider, will act on the parents' behalf, providing they have signed consent forms to this effect. Consent forms will be signed prior to a child's admission to the school and renewed each year.

AMBULANCE EMERGENCY

In an emergency a First Aider must be informed, a person trained in first aid must attend to the casualty and an ambulance called for without delay. The parents/carers will then be contacted. A member of staff must then

accompany the child to hospital and wait for the parents to arrive. A First Aider must always be left in school. Every attempt to contact the parents will be made by the school. Should parents be unable to be contacted the relevant member of staff, usually the Head teacher, or in her absence the other First Aider, will act on the parents behalf, providing parents have signed consent forms to this effect. Consent forms will be signed prior to a child's admission to the school and renewed each year.

HYGIENE CONTROL GUIDELINES

It is advisable to follow the Hygiene Control Guidelines recommended by the DfE in all instances to provide protection against a range of infections to which staff in schools may be exposed. All members of the school community should take care to follow sensible personal hygiene precautions such as hand washing and covering cuts and wounds. Particular care should be taken with protection and cleaning if dealing with accidents involving external bleeding or bodily fluids e.g. wearing gloves and using disinfectant/alcohol wipes.

PRECAUTIONS FOR OFFSITE ACTIVITIES

Staff involved with any off-site activities must take a First Aid box, and a sick bucket containing essential cleaning aids. A person trained in First Aid should accompany the children on the visit. First Aid should also be an essential element of informing the risk assessment for the visit.

It is the responsibility of the staff member in charge to take a First Aid box with them on the visit and they will also carry any medication needed for individual children. Prior to any residential visit taking place medical forms will be completed by the parents/carer of all pupils. This will allow the school to consider what reasonable adjustments may need to be made to enable young people with medical needs to participate fully and safely on visits. Arrangements for taking any necessary medicines will need to be taken into consideration. Staff supervising excursions will always be aware of the medical needs and relevant emergency procedures of pupils in their care. Copies of medical forms for children with specific needs will be taken on the visit. Other information can be obtained by contacting the school. Staff will always carry mobile phones for emergency use. If staff are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, the school will seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant. Prior to a visit medication should be handed to the First Aider by parents/carers. Following the visit, the First Aider will hand back any medication to the child's parents. (Medication should not be handed back to the child).

ADMINISTRATION OF MEDICINES

Please read the Administering Medication Policy alongside this document. Including Recognition and management of an allergic reaction/anaphylaxis

REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES

We will report work-related accidents, diseases, and dangerous occurrences according to the regulations relating to RIDDOR. For further details please see the Bethany School Health and Safety Policy or DfE "Guidance on First Aid for Schools" www.gov.uk/government/publications/first-aid-in-schools.

THE EXECUTION OF THIS POLICY will be monitored by both the FIRST AID TEAM and THE GOVERNING BODY.

Policy Adopted by Governors on: 11/03/2024.

Policy Due for Review on: 2027

Bethany School First Aid Policy
Appendix 1 – Contents of First Aid Boxes and First Aid Room

Contents of school First Aid boxes
(Upper Building – Kitchen; Lower Building - Staff Room)

- Leaflet for First Aid advice - <http://www.hse.gov.uk/pubns/indg347.pdf>
- Accident / Injury Record Sheets
- 20 assorted plasters
- 2 sterile eye pads
- 4 triangular bandages
- 6 safety pins
- 6 Medium wound dressings
- 2 Large wound dressings
- 1 pair of disposable gloves
- 1 packet of Antiseptic Cleansing wipes
- Calpol/ paracetamol – 120mg / 5ml 250mg / 5 ml
- Box of Gloves
- First Aid Manual

Contents of Travel / PE / Science room / D+T First Aid Kits / First Aid Room

- Leaflet for First Aid advice
- 6 assorted plasters
- 2 triangular bandages
- 2 safety pins
- 1 Large wound dressing
- 1 pair of disposable gloves
- 1 packet of Antiseptic Cleansing wipes

First Aid room equipment / supplies

- Washbasin,
- Drinking water,
- Cups
- Accident / Injury Record book
- Bed, Pillow & Blanket
- Yellow clinical bag

Appendix 2: Exclusion Table

Health Protection for schools, nurseries, and other childcare facilities

[Health protection in children and young people settings, including education - GOV.UK](#)

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over	Pregnant staff contacts should consult with their GP or midwife
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT)
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped	If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A For more information see chapter 3
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT For more information see chapter 3
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Head lice	None	
Hepatitis A	Exclude until 7 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 UKHSA HPT for more advice

Infection	Exclusion period	Comments
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA 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 UKHSA HPT for more
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Ringworm	Not usually required	Treatment is needed
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB). Exclusion not required for non-pulmonary or latent TB infection. Always consult your local HPT before disseminating information to staff, parents and carers	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local HPT will organise any contact tracing

Infection	Exclusion period	Comments
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	2 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. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA health protection team of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.

The NHS website has a [useful resource](#) to share with parents.

Appendix 3 The chain of survival

https://assets.publishing.service.gov.uk/media/65844c8ced3c34000d3bfd5b/Automated_external_defibrillators_-_guidance_for_schools.pdf

The chain of survival

In the event of a cardiac arrest, defibrillation can help save lives. To be effective, it should be delivered as part of the chain of survival.



Figure 2: The chain of survival

There are four links to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

1. **Early recognition and call for help** – dial 999 to alert the emergency services. Place your phone on speaker so your hands are free. The emergency services operator can stay on the line and advise on giving CPR and using a defibrillator.
2. **Early CPR** – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform rescue breaths (also known as 'mouth to mouth'), they may still perform compression-only CPR.
3. **Early defibrillation** – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.
4. **Early post-resuscitation care** – to stabilise the patient.

Anyone is capable of delivering stages 1 to 3 at the scene of the incident. It is important to emphasise that life-saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first link in the chain of survival. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4).

The chain as a whole is only as strong as its weakest link. Defibrillation is a vital link in the chain and the sooner it can be administered, the greater the chance of survival.