

**First Aid Policy**

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| **Version:** | 1 |
| **Authorised by:** | **S. Morrison CEO (Chief Executive Officer)** |
| **For use in:** | All Elmtree Learning Partnership sites |
| **Date:** | 1st September 2024 |
| **Date of next review:** | 1st September 2025 |

# Aim

The aim of this policy is to set out guidelines for all staff in centre 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 centre’s first aid procedures.

We are committed to the Local Authority’s procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of injuries, diseases, and dangerous occurrences regulations 1995.

# What is first aid?

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

# First aid and medication

All members of staff have current first aid training. The first aid qualification includes first aid training for infants and young children.

There are three members of staff who have first aid training.

# Our First Aid Kits:

* 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, safety pins, Tuff-Kut scissors, burn shield dressing or cling film, finger dressings, conforming bandages, disposable heat retaining blanket, microporous tape, and disposable tweezers.
* Are regularly checked. All staff are responsible for maintaining the kits in their individual rooms. The Centre Manager’s office hosts one of two main first aid kits which is regularly checked and restocked by the first aid team on rotation. A second in the main learning room and a third in the cloakroom, both of which are maintained by the named first aider. These are checked and restocked at the end of every half term by
* Are re-stocked, as necessary.
* Are easily accessible to adults.
* Are kept out of the reach of children.

# Accident books:

* Since we have a small centre site, there is 1 accident book on the premises for children and an accident book for staff. This is kept safely but accessible to first aiders.
* All staff and volunteers know where it is kept and how to complete it.
* 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 learning sessions, or went to hospital).

The information in the accident books can:

* Help the school identify accident trends and areas for improvement in the control of health and safety risks.
* Be used for reference in future first-aid need assessments; Be helpful for insurance and investigative purposes.

All completed accident books should be given to the Centre Manager, who will store them for reference in future.

# Ofsted requirement to notify parents and the Data Protection Act

Parents must be informed of any accidents, injuries sustained and/or first aid treatment given to their child whilst in the centre. The first aider who treated the injury will be the person who contacts the parent to inform them of what happened and recommended next steps.

Staff must be aware of the Data Protection Act and not allow parents to view personal information other than that relating to their child and must not allow parents to take photographs other than of their own child. It is not standard practice to give parents copies of the centre’s accident record. However, if a parent requests a copy of the accident form, then this will need to be authorised by the Centre Manager.

# Administration of Medicines

See the Administration of Medicines Policy

# Medical Emergencies at Elmtree Learning Partnership

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 centre’s arrangements and there will be details in the plan if appropriate.

The centre will call an ambulance before contacting parents if a child becomes seriously ill – this applies to **all** children and not only those with E.H.C. P’s. The centre will arrange for a competent member of staff to travel to hospital in an ambulance and act in loco parentis until the parents arrive. This member of staff 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 centre.

* 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 centre.
* 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 always carried out by the Health and Safety Coordinator and the Emergency First Aiders.
* Covid – If a child shows any symptoms, parents must follow the flow chart to ascertain if a Covid test is needed. Children should NOT come to school if showing symptoms.
* Covid - Children have their temperature checked before gaining access to the centre. If temperature is over 37°c, SLT (Senior Leadership Team) will advise that the student is taken back home.

# 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 there is a requirement to call an ambulance.

The First Aider should call an ambulance on the following occasions:

* 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 (wet tissue or cloth) 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 contact the parent and inform the Centre Manager. Messages will be texted to parents electronically so the centre can be sure the parent receives the information. A copy of the accident form must also be retained by the centre.

Emergency First Aiders should be sought if the child:

* 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.

If any of the above symptoms occurs in a child who has had a bang to the head, **urgent medical attention is needed**. 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 play area) so long as it is safe to do so and the emergency first aider must be called immediately to assess the situation.

Treatment of suspected breaks/fractures the seven things to look for are:

* 1. Swelling
  2. Difficulty moving
  3. Movement in an unnatural direction
  4. A limb that looks shorter, twisted, or bent
  5. A grating noise or feeling
  6. Loss of strength
  7. Shock
* If it is an open fracture, cover the wound with a sterile dressing and secure it with a bandage. Apply pressure around the wound to control any bleeding.
* Support the injured body part to stop it from moving. This should ease any pain and prevent any further damage.
* Once you have done this, call 999 or 112 for medical help. While waiting for help to arrive, do not move the injured person unless they are in immediate danger.

Keep checking the casualty for signs of shock.

First Aid training states that clothing should only be removed if **necessary.** Where clothing needs to be removed which could cause a safeguarding issue, then two members of staff should be present. Only one needs to be first aid trained. However, if waiting for a second member of staff puts a child’s life in danger then the first aider should not withhold treatment.

# Disposing of blood

Blooded items should be placed in the yellow clinical waste bags and disposed of in the sanitary bin in the female staff toilets.

# Splinters

Splinters can be removed if they are small, and you can see the angle it went in but not if they are embedded or in a joint. They must be extracted in the same direction they went in. Sterile single-use tweezers are stored in the main first aid box located in the Centre Manager’s office.

# 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 Centre Manager’s office cupboard.

**Guidance on the use of ice packs:** Ideally an ice pack should be applied within 5 -10 minutes of the injury occurring. The pack must be wrapped in a cloth to prevent cold burns and applied to the injured area for 20 - 30 minutes and repeated every 2 to 3 hours for the next 24 – 48 hours. 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.

With injuries older than 48 hours, a heat source can be applied to bring more blood to the injured area to stimulate the healing process.

# Precautions when using ice and heat

**DO NOT USE ICE OR HEAT**

* If the casualty is diabetic
* Over areas of skin that are in poor condition
* Over areas of skin with poor sensation to heat or cold Areas with known poor circulation
* In the presence of visible or know infection(s)

# Asthma

If there are children at Elmtree Learning Partnership with Asthma, all pumps are kept upon the child’s person and a spare inhaler may be kept in the Centre Manager’s office.

All inhalers should accompany children when they are off the centre grounds e.g., on a trip, swimming, visiting another centre, etc. Children on the asthma register who have parental consent for the use of an 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).

**In the event of an asthma attack you should: Sit upright (do not lie down) and try to take slow, steady breaths. Try to remain calm, as panicking will make things worse. Take 1 puff of your reliever inhaler (usually blue) every 30 to 60 seconds, up to a maximum of 10 puffs**

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 Centre Manager’s office.

One member of staff has Anaphylaxis and Epi Pen training. Anyone can administer an Epi-Pen in an emergency if the adult/child is unable to do it themselves. Should a member of staff, who has not had the training have to do this, then the emergency services must be informed 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.