St Thomas More Primary School

First Aid & Accident Reporting Policy

Statement of Intent

Where the Governing Body is the employer it has responsibility for Health & Safety matters within school, with management and staff also having responsibilities. The Governing Body policy is developed in accordance with a risk assessment of the school, which covers pupil and staff ratio to qualified First Aiders, and the provision of appropriate training.

Insurance arrangements are in place with the St Hilda's Catholic Academy Trust to provide full cover for potential claims arising from actions of staff acting within the scope of their employment.

This policy will be reviewed annually as an integral part of the School Development Plan.

First Aid Qualification

All members of staff who administer First Aid must have a certificate showing they have the First Aid At Work qualification in accordance with the Health and Safety (First Aid) regulations 1981, or a Paediatric First Aid certificate, which must be renewed every 3 years.

Current Holders and dates of issue are as follows:

Mrs Mary Brown	(HSE First Aid at Work)
Mrs Jennifer Stewart	(HSE First Aid at Work)
Mrs Angela Bennett	(HSE First Aid at Work)
Mrs Anette Goodrum	(Paediatric First Aid)
Mrs Tracy Appleby	(Paediatric First Aid)
Miss Leanne Cornell	(Paediatric First Aid)

Epilepsy

Each child who is identified as suffering from Epilepsy will have an Individual Health Plan in the staff room. This Health Plan identifies the level of support required for the child and the treatment/medication the child is receiving for his/her condition. If a child has a seizure in school:

- Only move if in danger of injury.
- Place in recovery position to maintain airway.
- Cushion head.
- Do not restrict movement.
- Let seizure run its course and talk gently to the child, reassuring him/her that they are ok.
- **Dial 999** for paramedic ambulance if seizure is longer than 5 minutes, or the child is having repeated seizures, or has no previous history of seizures.
- Contact the parent to take the child home to sleep.

Administration of medicines

Only essential medicines will be administered during the school day. These will be only those prescribed by a doctor. Parents must submit a written permission slip before any medicine is administered. Medicines to be given during the school day must be in their original container. Controlled drugs can also be administered, subject to all other conditions as described in the Policy.

Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

Named staff members will give medicines. Before administering any medicine, staff must check that the medicine belongs to the child, must check that the dosage they are giving is correct, and that written permission has been given. Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed. All doses administered will be recorded in the Administration of Medicines file (located in the school reception office).

All medicines will be stored safely. Medicines needing refrigeration will be stored in the staffroom fridge and/or the fridge in EYFS.

Some medicines (inhalers, etc) will be kept in the child's classroom and carried with the children, for ease of access during outside activities. All medicines must be clearly labelled.

Controlled drugs or prescribed medicines will be kept in the locked cabinet in the main office. Access to these medicines is restricted to the named persons. Epi-pens are kept in locked cupboards in relevant children's teaching areas. In the case of Epi-Pens all staff have access to the key which is clearly labelled and accessible.

Staff will record any doses of medicines given in the Medicine file. Records of children self-administrating asthma inhalers will be recorded in individual classes.

Inhalers are kept in the child's classroom. Children have access to these inhalers at all times, though must inform a member of staff that they are taking a dose. All inhalers are marked with the child's name. All children with an inhaler must take them on educational visits, however short in duration

Asthma

Each child in school who suffers from asthma should have at least one inhaler in school which can be administered by themselves or with assistance. Younger children should also have a spacer for ease of administration. If a child has an asthma attack in school:

- Sit the child down, leaning slightly forward.
- Allow the child to take his/her own inhaler, **do not** give someone else's unless instructed to do so by a professional.
- The child should be monitored for improvement every minute after using his/her inhaler.
- **Dial 999** if this is the child's first attack, the child has no inhaler or the inhaler has run out, the inhaler does not bring relief in 5 minutes or you are unsure of the severity of the attack.
- Telephone the child's parents.

Head Injuries

Head injuries are common in children but are rarely serious. Bleeding tends to be profuse and in most cases looks much worse than it actually is. Bumps tend to be large and discoloured, causing undue concern. As long as the child is conscious and there is no deep cut or damage to the head such as a broken bone, then there is usually no damage to the brain. Observation is usually all that is required after a child has received a bump to the

head. An accident's history should lead you to suspect a head injury, especially after a fall. If a child sustains a head injury:

- Stop any bleeding by applying gentle pressure with a clean dressing.
- Examine cuts closely, if a cut seems very deep or very long then it may require a trip to A&E.
- If the child is willing, place a cold compress (ice pack) where the bump is developing.
- Observe the child for changes in behaviour, including irritability and/or tiredness.
- **Dial 999** if the child was unconscious for **any** length of time, the child is vomiting frequently, neck pain is associated with he head injury or if the child's condition is giving cause for concern.
- In all cases of head injuries in school the parents must be notified. In the case of a minor bump, the parents will receive a letter informing them that their child has had a bump to the head and what symptoms to look out for. For more severe bumps, a phone call home will be made and it will be the parent's discretion whether they wish the child to stay in school and be monitored or whether they wish to have the child collected from school.

Nosebleeds

Nosebleeds are a common problem in children and causes can include: nose picking, blunt trauma, fractures, foreign bodies, falls, dry environments, some medicines, and viral infections. If a child has a nosebleed:

- Sit the child down, leaning forward – not leaning back.
- Instruct the child to pinch their nose just below the nasal bone (cold, wet cotton wool is good for this) and hold a tissue/cotton wool under the nose with the other hand. Continue this for 10 minutes and then re-assess.
- If bleeding continues, repeat the procedure for another 10 minutes. Re-assess and repeat once more if necessary.
- If the bleeding stops, advise rest eg. no PE or playing outside for at least 2 hours.
- If bleeding does not stop, call the parents and ask them to take the child to A&E as they may need further treatment.
- Foreign bodies should **not** be removed unless they are obviously easy to deal with, otherwise the child needs to be taken to A&E for treatment.
- If a fracture of the nose is suspected, the child needs to be taken to A&E.
- **Dial 999** if the nosebleed is associated with a head trauma, the bleeding hasn't stopped and is particularly heavy, the child's condition is giving cause for concern or if the child is very young.

Eye Injuries

Eye injuries are not usually dangerous and many occur as a result of minor knocks and penetrations or incidents involving dust, grit or sand. These are easily recognised by a child rubbing the eye, which will be come inflamed, red and watery.

- Examine the injury and assess whether it requires hospital treatment.
- Rinse the eye with sterile water or clean tap water (if no sterile water is available) to remove loose foreign matter such as grit or sand.
- If you suspect that there is an object stuck in the eye, call the parents and ask them to take the child to A&E for treatment - do **not** attempt to remove objects impaled or stuck in the eye.
- Do **not** touch the eye with your finger or any other object.

Mouth & Jaw Injuries

Injuries to the face, especially around the mouth and jaw can cause airway problems and should be carefully monitored. It is very common for children to suffer dental damage when an injury affects the mouth or jaw area and so inspection of the inside of the mouth is important is nothing is to be missed.

- Ensure at all times that there is no problem with the child's airway or breathing.
- Bleeding can be controlled with gentle pressure using a sterile dressing pad.
- Teeth can often be replaced by a dentist, so preserve the tooth in a glass of milk if possible as soon as you can, trying not to touch the tooth with your fingers. Call the parents and ask them to take the child and the tooth straight to a dentist.
- Stitches are no longer put in injuries such as biting through a lip, they are generally cleaned up and left to heal on their own.
- Be aware of possible head injuries.
- **Dial 999** if bleeding is severe or a fracture is suspected, the child is showing signs of a head injury, neck pain is associated with the injury or if there is cause for concern.

Arm & Leg Injuries

It is not always possible to tell if a child has fractured a bone as there may not be bruising, swelling or distortion – use the mechanism for injury as a guide to assessing the possibility of a fracture – If in doubt treat as a fracture.

- Fractures should be left absolutely still. With an open fracture control any bleeding and remove any constrictions from the area around the fracture site.
- Ensure there is circulation to the affected limb.
- Carefully immobilise and then contact the parents for them to take the child to A&E.
- Strained muscles (overstretched muscle or tendon) should be kept still, elevated where possible and a cold compress applied to them.
- Sprains are much more painful than strains and there will be swelling and discoloration of the limb at the joint. Always suspect a fracture and treat accordingly.
- With soft tissue injuries, control any bleeding and reduce the swelling around bruises where necessary.
- Children with sprains, strains, dislocations, soft tissue injuries and stable fractures should be taken to A&E by the parents and do not require an emergency ambulance.
- **Dial 999** if the fracture involves a major bone, upper arm fractures, dislocations, if there is impaired circulation or there is significant bleeding.

Bites and Stings

Stings are very common in children, especially during outdoor play.

- Bees leave a stinger in the wound. The stinger should be carefully removed using a fingernail or flat object to flick it out of the skin, be very careful not to squeeze the venom sac when you do this.
- Wasp stings tend to me more painful. There is no stinger to remove but treat in the same way as a bee sting.
- For both types of sting, clean the site with an anti-bacterial wipe. Apply a cold compress (cold, wet cotton wool is good for this).
- Bites (from cats, dogs and small animals) must always be cleaned thoroughly once the bleeding has been controlled. Dog bites must be reported to the authorities.

- **Dial 999** if the child appears to be having a severe allergic reaction to the sting (anaphylaxis).

Choking

If a child in school appears to be choking:

- Encourage the child to cough the object out.

If coughing fails and where there is a COMPLETE obstruction:

- Stand the child upright and give up to 5 back slaps.
- If back slaps fail, carry out up to 5 abdominal thrusts (First Aiders Only) by sharply pulling up and in, as shown during your training.
- Repeat back slaps until object is dislodged or help arrives.
- **Dial 999** if you are unsure of what to do, the first cycle of back slaps and thrusts fails to work, or if the child is very young, vulnerable and is becoming distressed.

Sick or Ill Child

If a child is complaining of feeling unwell, assess the situation (e.g. the child's history) and use your judgement to decide whether a parent needs to be contacted to take the child home. If you are unsure ask another First Aider for a second opinion.

If you suspect a child is suffering from a contagious condition such as impetigo, chicken pox, conjunctivitis the parent should be informed immediately and advised to take the child to a doctor for diagnosis.

If a child has vomited or has diarrhoea then the parents should be contacted to take the child home.

If a child is complaining of toothache, advise them that you will ring his/her parents and suggest they make them an appointment with a dentist. The child can usually be persuaded to stay in school and there is no need for them to be taken home, unless the pain is severe and the child is distressed.

In the main office, contained in the file "Medication Administered" is a document entitled "Guidance on Infection Control in Schools and other Child Care Settings" which is a guide to preventing the spread of infections. The document gives a list of common childhood infections and illnesses and outlines the recommended period of time a child should be kept away from school.

School Trips

Before undertaking any off-site activities, the member of staff responsible for the trip will submit a risk-assessment on Evolve, the nominated Group Leader will need to assess what level of first-aid provision is required. The HSE recommend that, where there is no special risk identified a minimum stock of first aid items for travelling should be taken. It is also advisable to take a bucket in case a child vomits. The travelling first aid kit should contain (at least):

- A leaflet giving advice on basic first aid.
- Six individually wrapped sterile adhesive dressings.
- One large sterile unmedicated would dressing.
- Two triangular bandages.

- Two safety pins.
- Individually wrapped moist cleaning wipes.
- One pair of disposable gloves.

Reporting Accidents and Record Keeping

The Accident Book is located in the first filing cabinet in the Main Office.

All significant injuries must be entered in the Accident Book, especially where a child needs to be taken to Hospital by the parents for treatment. There is guidance on how to complete the forms in the front of the book. In accordance with the Data Protection Act 1998 to ensure confidentiality of personal data, completed forms must be removed from the book and stored securely in an alternative place. Our completed forms are kept in a locked security cabinet in the Main Office.

Minor Accidents

Any person who has an accident however minor must report the accident on the same day to their immediate supervisor/line manager and record the accident on the ACC4 accident recording form.

The completed ACC4 must then be copied. One copy to be filed and retained on the premises and one copy to be submitted to the Health and Safety Team within seven days of the accident occurring. All parts of the ACC4 must be completed in as much detail as possible. The supervisors are required to sign the ACC4 when completed

Fatal and Major Accidents

Any accident arising out of or in connection with any work activity, causing death or major injury must be reported as soon as possible by the quickest possible means to the Corporate Health and Safety Manager and followed up by submitting the ACC4 (part 1 & 2) form to the Health and Safety Manager within seven days

Plus seven day injuries - *This replaces the over three day injury criteria*

As of 6 April 2012, the over-three-day reporting requirement for people injured at work changed to more than seven days. Now we only have to report injuries to the HSE that lead to an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of an occupational accident or injury (not counting the day of the accident but including weekends and rest days). The report must be made within 15 days of the accident.

Where an employee is unable to carry out his/her work for more then 7 consecutive days, following a work related accident, a designated person will be required to report the accident to the Health and Safety Manager immediately following the seventh day the injured person is absent from work. In counting the 7-day period, the day of the accident is not counted, but the next 7 days even if they would not have been working days e.g. the weekend are counted. A copy of the ACC4 (part 1 & 2) form shall be submitted to the Health and Safety Team within seven days of the accident occurring.

Where a person continues to work but cannot carry out their normal duties because of injury caused by a work related accident.

Where an employee sustains injury from a work related accident, they do not loose any time from work, but are unable to carry out the same duties as before the accident, then the following is required**:**
A designated person will report the accident to the Health and Safety Manager as soon as it is known that the injured person is unable to carry out their normal duties. An ACC4 (parts 1 & 2) shall be completed and a copy sent to the Health and Safety Manager within seven days

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE:

Reportable Major Injuries:

- Fractures other than to fingers, thumbs or toes.
- Amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (temporary or permanent).
- Chemical or hot metal burn to the eye or any penetrating injury to the eye.
- Injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- Any other injury leading to hypothermia, heat-induced illness or unconsciousness, or requiring resuscitation, or requiring admittance to hospital for more than 24 hours.
- Unconsciousness cause by asphyxia or exposure to a harmful substance or biological agent.
- Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin.
- Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- Any injuries to people not at work as a result of an accident ‘arising out of or in connection with work’ where they are taken to hospital from the scene of the accident.

Reporting must be done within 10 days both to RIDDOR and the LA. Details of how to record and report such incidences are in the Accident Book.

Reviewed: September 2018
Next Review: September 2019