



## **Westgate Primary School First Aid Policy**

### **Rationale**

Children and adults at Westgate need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend to emergency first aid provision, the administration of medicines, dealing with chronic conditions such as asthma or diabetes, support for pupils with disabilities or life-threatening conditions as well as our response to minor ailments and to situations where the child is in discomfort or distress.

### **Purpose**

This policy:

1. Gives clear structures and guidelines to all staff regarding all areas of first aid and medicines;
2. Clearly defines the responsibilities and the staff;
3. Enables staff to see where their responsibilities end;
4. Ensures the safe use and storage of medicines in the school;
5. Ensures the safe administration of medicines in the school;
6. Ensures good first aid cover is available in the school and on visits.

### **First Aid Policy Guidelines**

#### **Child unwell**

When a child says they feel unwell, staff should monitor this for a short time. If they do not improve, they should be sent to a member of the Leadership Team who will consider whether or not they should be sent home. No calls should be made without the senior teacher's agreement. The head teacher should always be informed and a member of staff briefed to contact the parents. The child should be accompanied, with their belongings, to wait in or near the office until collected. At lunchtimes, the child should be supervised by lunchtime or office staff in the key stage two building and another child or adult sent to collect their belongings from the class. If parents are unable to respond promptly, children should be given something to occupy themselves eg a reading book, while being supervised. If a parent reports that a child is unable to do PE or to go out to play due to an injury, the child should either remain supervised in the classroom or spectate at the side of the lesson and participate as much as possible, for example by refereeing or evaluating performance and providing feedback. The same process should be followed if a child is being sent home following an injury. In the case of a head bump, the child should always wait under the close supervision of an adult.

#### **Medicines in School**

Please see Managing Medication and Medical Conditions Policy.

## Training

All school staff are trained in First Aid through an approved training provider and this training is renewed every three years. ~~At the time of writing this policy, full refresher training is due to take place in May 2022.~~ Full refresher training for all staff last took place in May 2022.

In addition, designated First Aiders receive more in-depth First Aid training and regular refresher training as set out in the qualification requirements.

A record of all staff First Aid training is maintained on SIMS.net Personnel Manager by the school senior administrator.

## First Aid Kits

A basic first aid kit is taken onto the playground by Midday and Teaching Assistants so that accident can be quickly attended to in the playground wherever possible; injuries requiring greater attention are dealt with, usually in the Nurture Room. First Aid kits are stored adjacent to the Nurture Room on the designated shelving at the back of the School Hall. All classes have an emergency first aid kit that the teacher should keep in a convenient place and update as necessary. First Aid supplies are also kept in Foundation Stage and adjacent to the KS1 cloakroom area. A first aid kit should ALWAYS be taken on activities off site.

A typical First Aid Kit at Westgate should contain:

- a leaflet giving general guidance on first aid (for example, individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- two sterile eye pads;
- two large sterile individually wrapped un-medicated wound dressings;
- six medium-sized sterile individually wrapped un-medicated wound dressings;
- at least three pairs of disposable gloves;
- yellow bio-hazard type plastic bags for disposing of bulky amounts of blooded waste;
- sterile dressing tape;
- sterile water pods and spray for irrigating eyes and wounds.

The following items are additionally available in the First Aid storage area:

- non-latex disposable gloves for wear by any personnel handling blood, vomit, excreta, etc;
- disposable drying materials;
- individually wrapped triangular bandages, preferably sterile;
- safety pins;
- cling film for burns and scalds;
- thermometers;
- yellow bio-hazard type plastic bags for disposing of bulky amounts of blooded waste;
- replacement supplies to replenish First Aid Kits.
- Barrier masks for mouth to mouth resuscitation

The designated first aider regularly (roughly weekly) checks the contents of centrally-held first aid boxes and other first aid supplies and arranges to re-stock supplies as appropriate via the school administrator. Classroom first aid kits should be checked regularly by classroom staff and any refills needed should be reported to the first aider/ school office.

## Injuries

The nearest trained adult should deal with minor grazes and injuries on the spot. Open or deeper cuts should be treated in a separate space indoors and covered after they have been cleaned with water and dried with a non-adhesive wipe. Staff should be aware of any children who are allergic to plasters, and these children will be given an alternative dressing. All treatment should be recorded in the first aid log. Anyone treating an open cut should use rubber gloves. All blood waste is disposed of in one of the specialist yellow waste bags provided for this purpose and then sealed.

There are also other injuries for which a 'second opinion' should be sought– perhaps a cut which is more than just superficial or if a child is complaining about undue pain. The receiving adult must make a judgement based on common sense and experience but they should always err on the side of caution and **refer to a senior member of staff** who will then decide whether to inform the parent/carer.

1. Always ask the child how it happened and check they do not have any other injuries- even if they do not mention them themselves.
2. Refer to a senior member of staff.
3. The person who initially received the child must complete the log and appropriate form in the case of a head bump.
4. If parents are contacted, staff will describe the child's conditions and symptoms without giving advice. If a member of the office staff needs to make the call, please make sure they are sufficiently well briefed to answer the parents / carer's questions.
5. The same guidance should be followed if the incident takes place in the playground, classroom or dining room.
6. However, if it is judged that a child obviously needs further investigation, or the parent is unable to come, call an ambulance, or make immediate other transport arrangements to the Minor Injuries Unit at Wharfedale Hospital. Make sure the parent knows and has consented.
7. Make sure the contact details are taken with the child to the hospital if not accompanied by their parent.
8. In the case of any injury deemed to be more than an ordinary bump or scrape, a CF50 form must be completed by the person who first dealt with it and handed to the head teacher, before being sent to the local authority (see also below).

## Bumped heads

Any bump to the head, no matter how minor it may appear, should be treated seriously. Bumped heads should **not** be treated with an ice pack; a wet paper towel may be applied if needed. Parents and carers must be informed by telephone where possible and a standard letter (see appendix) sent home in every instance. The child's teacher should be informed and keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in the first aid record and referred to a member of the SLT. Symptoms to look out for include: dizziness, tingling, nausea, vomiting and confusion.

## Record Keeping

A First Aid file is kept with First Aid supplies on the designated shelving in the School Hall, KS1 cloakroom and in the Foundation Stage. It contains:

- A copy of this policy
- A copy of the Managing Medications and Medical Conditions Policy
- A list of children who have a plaster allergy
- Copies of standard letters (see appendices 1a & 1b)

In addition, all accidents and instances of First Aid administration are recorded in the Accident Book, in date order (see appendix 2). There is one for each Key Stage, kept with the First Aid Supplies and one for each year group kept in classrooms. Completed Accident Book records are archived by the named First Aider. All staff are responsible for ensuring that forms are correctly and fully completed.

For major accidents, including those which have required treatment at Minor Injuries, a CF50 form must be completed within 24 hours of the accident. This needs to be signed by the Headteacher, a copy taken and placed in the child's file, a copy to the parent and the original copy forwarded to Local Authority. Where an injury has occurred as the result of an assault, a CF50a must be completed instead and processed in the same way. Copies of both these forms are available in the staffroom and the First Aid file (see appendix 3).

## **Anaphylaxis**

There are a small number of children in our school who suffer from severe allergies to food. They will be made known to all staff and a healthcare plan compiled, in conjunction with the family and healthcare professionals. This plan will be reviewed annually and training will also be carried out by the school nurse, arranged by the head teacher or school administrator in September for all staff. Clear instructions are contained in the boxes which are held in the school kitchen or the relevant classrooms.

## **Calling the emergency services**

In the case of major accidents, it is the decision of the most senior member of the Leadership team on site if the emergency services are to be called. Staff are expected to support and assist them in their decision.

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

1. Dial 999
2. State what has happened
3. The child's name
4. The age of the child
5. Whether the casualty is breathing and/ or unconscious
6. The location of the school

In the event of the emergency services being called, the caretaker or a member of the admin staff should wait at the top of Scarborough Road. If the casualty is a child, their parents should be contacted immediately and given all the information required. The contact details should be sent with the accompanying adults. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children are held in SIMS.net and staff members' details in SIMS.net and in individual Personnel files in the Headteacher's office.

## **Use of Defibrillator**

School has a defibrillator located on the wall in the corridor between the school office and hall. Staff have received training on how to use this as part of their First Aid training. As soon as it is required, 999 must be called.

The battery and pads must be checked according to the agreed schedule.

**Any questions regarding this policy should be raised with a member of the Leadership team. It will be reviewed annually.**

**Signed:**

**(Chair of Governing Body/ committee)**

**Signed:**

**(Head Teacher)**

**Date: 30/03/2023**

**See Also:**

- Managing Medications & Medical Conditions Policy
- Educational Visits Policy
- Intimate Care Policy

## Appendix 1a Bumped Head Letter- staying in school



Scarborough Road, Otley, West Yorkshire LS21 3JS

Tel: 01943 462349

Headteacher: Ms H.R. Carpenter ● email: info@westgateprimary.co.uk

Date:

Dear Parents,

\_\_\_\_\_ (child's name)

had a bump on the head today, which was treated at the time by a member of staff, with no ill-effects shown afterwards at school. However, if you have any concerns or if your child starts to complain about feeling unwell, it is always advisable to check with your doctor.

### Signs and symptoms of concussion

Signs of a concussion usually appear within a few minutes or hours of a head injury.

But occasionally they may not be obvious for a few days, so it's important to look out for any problems in the days following a head injury.

### Symptoms include:

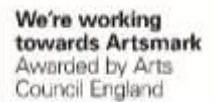
- a headache that doesn't go away or isn't relieved with painkillers
- dizziness
- feeling sick or vomiting
- feeling stunned, dazed or confused
- memory loss – you may not remember what happened before or after the injury
- clumsiness or trouble with balance
- unusual behaviour – you may become irritated easily or have sudden mood swings
- changes in your vision – such as blurred vision, double vision or "seeing stars"
- being knocked out or struggling to stay awake

Concussion can be harder to spot in babies and young children. One of the main things to look for is a change in their normal behaviour after a head injury, such as crying a lot, a change in their feeding or sleeping habits, or a loss of interest in people or objects.

Yours sincerely

Helen Carpenter  
Head Teacher

## Appendix 1b Bumped Head Letter- Sent Home



Scarborough Road, Otley, West Yorkshire LS21 3JS  
Tel: 01943 462349

Headteacher: Ms H.R. Carpenter ● email: [info@westgateprimary.co.uk](mailto:info@westgateprimary.co.uk)

Date:

Dear Parents,

\_\_\_\_\_ (child's name)

had a bump on the head at school today, and is obviously in some discomfort, so I thought it best that he/ she be sent home. If you have any concerns or if your child starts to complain about feeling unwell, it is always advisable to check with your doctor.

### Signs and symptoms of concussion

Signs of a concussion usually appear within a few minutes or hours of a head injury.

But occasionally they may not be obvious for a few days, so it's important to look out for any problems in the days following a head injury.

### Symptoms include:

- a headache that doesn't go away or isn't relieved with painkillers
- dizziness
- feeling sick or vomiting
- feeling stunned, dazed or confused
- memory loss – you may not remember what happened before or after the injury
- clumsiness or trouble with balance
- unusual behaviour – you may become irritated easily or have sudden mood swings
- changes in your vision – such as blurred vision, double vision or "seeing stars"
- being knocked out or struggling to stay awake

Concussion can be harder to spot in babies and young children. One of the main things to look for is a change in their normal behaviour after a head injury, such as crying a lot, a change in their feeding or sleeping habits, or a loss of interest in people or objects.

Yours sincerely

Helen Carpenter  
Head Teacher

**Appendix 2  
First Aid Record**

<b>Day:</b>	<b>Date:</b> /     /	<b>Time:</b>
<b>Full Name:</b>		<b>Year Group:</b>
<b>Location of Accident:</b>		
<b>Cause of Accident:</b>		
<b>Details of Injury:</b>		
<b>Treatment given:</b>		
<b>Also seen by (if applicable)</b>		
<b>Bumped Head Letter sent home?</b>		<b>Yes/ No</b>
<b>In case of significant injury: CF50 / CF50A completed?</b>		<b>Yes/ No/ Not applicable</b>
<b>Signature:</b>	<b>Name:</b>	