



# Kingsway Primary Academy

## First Aid Policy

Ratified: December 2024

Next Review Date: December 2025

## Policy Responsibilities and Review

Policy type:	School
Guidance:	This policy complies with Halton LA guidance
Related policies:	Health and Safety and Wellbeing Policy
Review frequency:	Annually
Committee responsible:	Local Governing Committee
Chair signature:	Matt Jones
Changes in latest version:	

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The Governors and Head teachers of Kingsway Primary Academy School accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and Visitors within the school.

We are committed to the authority's procedure for reporting accidents and recognise our statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 1995.

## Statement of First Aid organisation

The school's arrangements for carrying out the policy include nine key principles.

- Places a duty on the Governing body to approve, implement and review the policy.
  - Place individual duties on all employees.
  - To report, record and where appropriate investigate all accidents.
  - Records all occasions when first aid is administered to employees, pupils and visitors.
  - Provide equipment and materials to carry out first aid treatment.
  - Make arrangements to provide training to employees, maintain a record of that training and review annually.
  - Establish a procedure for managing accidents in school which require First Aid treatment.
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- Provide information to employees on the arrangements for First Aid.
  - Undertake a risk assessment of the first aid requirements of the school

## Arrangement for First Aid

Materials, equipment and facilities

The school will provide materials, equipment and facilities as set out in DfE

'Guidance on 'First Aid for schools'.

The Appointed Person: Currently the Appointed person is Gaynor Jackson. She will regularly check that materials and equipment are available. She will ensure that new materials are ordered when supplies are running low.

First Aid Boxes are located in the Office kitchen area, Ks1 corridor, KS2 corridor and dining hall.

These need to be stored where they are visible and easy to access. The school has wall mounted First Aid stations installed. It is the appointed person's responsibility to ensure that these are regularly checked and that the stations are fully stocked.

School has trip first aid bum-bag. It is the responsibility of the adults of that class to notify the appointed person if stocks in the trip bag are running low.

If First Aid boxes need replenishing the Appointed Person should be immediately notified and extra supplies should be requested.

## Playground

It is every supervising adult's responsibility to provide FA in case of a minor accident using the portable lunchtime first aid boxes used by MDA's. Should an adult not have FA training, they then can request help/ second opinion from a qualified First Aider. In case of a major accident or a head injury a qualified First Aider should be asked to assist in giving First Aid.

## Cuts

The nearest emergency first aider deals with small cuts. All open cuts should be covered after they have been treated with a cleansing wipe. A fully trained first aider must attend the patient to give advice. All cuts should be recorded in the accident file and an accident form should be given to the parents/carers. ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES.

## Head injuries

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and Guardians **must** be informed by telephone by the first aider who has responded to the injury. The adults in the child's class room should be informed and keep a close eye on the child. All bumped head accidents should be recorded in the accident file. Children with a bumped head should be given a head injury letter and an accident form to take home.

## First Aid and Medicine files

These files are held in the medical room. The contents of these files are collected at the end of the academic year, by the appointed person, and kept together for a period of 3 years as required by law. For Major accidents/ incidents a further form must be completed within 24 hours of the accident/ incident. (Any accident that results in the individual being taken to hospital is considered a Major accident/ incident.). These forms are obtainable from the office and once completed a copy of it must be kept on file. They also need to be signed by the Headteacher.

### **Administering medicine in school:**

At the beginning of each academic year, any medical conditions are shared with staff and a list of these children and their conditions is kept in the Teachers' files/ Inclusion folder/ First Aid-Medicine Record files and on file in the office. Children with Medical conditions have to have a care plan provided by the school nurse, signed by parents/ guardians. These need to be checked and reviewed regularly. Medications kept in the school for children with medical needs, are stored in the staffroom floor white cabinet, clearly marked with the green cross, right next to the window. Each child's medication is in a clearly labelled container with their care plan.

### **All medicines in school are administered following the agreement of a care plan. Children with Asthma:**

In order for children's Asthma pumps to be kept in school parents must complete it on the medical form. Parents need to be directed to the office to inform them of any changes. The office then will inform class room staff about the child's needs regarding the asthma pump and its usage. It is the parents/carers responsibility to provide the school with up-to date Asthma Pumps for their children. Adults in the classroom are to check the expiry date on the pumps regularly and inform parents, should the pumps expire or run out. Asthma pumps should be carried by the person who it has been prescribed for, and clearly labelled with the child's name. Asthma sufferers should not share inhalers.

Only Blue (reliever) Asthma Pumps should be kept in schools. Generic emergency salbutamol asthma inhalers: In accordance with Human Medicines Regulations, amendment No2, 2014, the school is in possession of 'generic asthma inhalers', to use in an emergency. These inhalers can be used for pupils who are on the school's Asthma register. The inhalers can be used if pupils' prescribed inhaler is not available (for example, if it is broken or empty). The emergency inhalers are stored in the First Aid cabinet in the office kitchen. The inhalers are clearly labelled.

In case of an emergency an adult needs to be sent to get the asthma pump while a First Aider remains with the child. Once the pump has been administered, (older children can administer it for themselves under supervision) the First Aider needs to record the time and dose of salbutamol (how many puffs have been administered). This needs to be recorded on administering medicine form. (Kept in the First Aid folders in the classroom.)

For further information on administering medicine see next section, also see Pupils with Medical conditions in School policy. Adults may also use the inhalers in an emergency and should follow the above instructions on recording the use of the inhalers. When the

emergency inhalers have been used, please notify the persons responsible for First Aid and Medicine.

## Other Medicines Short term prescriptions;

Medications such as the short term use of antibiotics or painkillers can be administered only if the parent /guardian fill out the 'Parental consent form for administering medicine' form. Parents can obtain the form from the office on the first day of requesting the medicine to be administered at school. The office is to pass the forms and medication to the person responsible for Medicine at school, currently Gaynor Jackson, who will inform adults in the named child's class room regarding the administration of the medicine in question. The copy of the Administering Medicine at Schools Form must be kept with the medicine and filled in, as required. Once course of medication has been completed the bottle/cream etc goes home, along with a photocopy of the medical form. The original copy goes in the child's buff file, in the office.

Medication may be administered in school if it is required to be taken four (4) times a day. Classroom staff should encourage parents to administer all other medicine at home. All medication administered at school must be prescription medicine, prescribed by a doctor and obtained from the pharmacy, clearly labelled with the child's name and address. The only exception to this is calpol. As stated below. Medications that need to be kept in the fridge can be stored in the staffroom medicine fridge.

All parents are asked to sign a permission slip to administer calpol to their child in the first instance of them feeling poorly in school. This letter is kept on file and when a child is feeling poorly a phone call home is made to confirm we can give them calpol.

## **Calling the Emergency services.**

In case of a major accident, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision. The Headteacher or Deputy Headteacher should be informed if such a decision has been made even if the accident happened on a school trip or on school journey. If the casualty is a child, their parents/ guardians should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are available from the school office.

## Head lice

Staff do not touch children and examine them for headline. If we suspect a child or children have headline we will have to inform parents/carers. Children can only be sent home for

treatment if live lice are seen. A standard letter should be sent home with all the children in that class where the suspected headline incidence is. If we have concerns over headline the school nurse can be called in, who is able to examine children and also give advice and guidance to parents/carers on how best to treat headline.

## Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox etc., we will look at the child's arms or legs. Chest and back will only be looked at if we are further concerned. We should call a First Aider and two adults should be present. The child should always be asked if it was ok to look.



## FIRST AID POLICY COVID APPENDIX

### COVID-19: guidance for first responders

Updated 18 May 2020

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#### Latest updates to this page

18 May: updated to include a loss of, or change in, normal sense of taste or smell (anosmia) as a symptom (section 2 and section 7.6).

#### 1. Who this guidance is for

This guidance is for **first responders** as defined by the Civil Contingencies Act (2004), and others who may have close contact with individuals with potential coronavirus infection (COVID-19).

In the current situation of sustained community transmission of COVID-19 in the UK, social distancing, the strict application of safe working practices (section 5) and, where social distancing cannot be maintained, the use of PPE (section 7.1), are recommended to reduce the risk of transmission of COVID-19.

#### 2. COVID-19

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. The most important symptoms of coronavirus (COVID-19) are recent onset of a new continuous cough, a high temperature, or a loss of, or change in, normal sense of taste or smell (anosmia). In some people, the illness may progress to severe pneumonia causing shortness of breath and breathing difficulties.

Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

COVID-19 is a new disease caused by a recently discovered virus, first identified in China. Transmission of COVID-19 is now widespread in many countries, including the UK.

### **3. How COVID-19 is spread**

From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Respiratory secretions (droplets) containing the virus are likely to be the most important means of transmission; these are produced when an infected person coughs or sneezes.

There are 2 common routes people could become infected:

1. Secretions can be directly transferred into the mouths or noses of people who are nearby (within 2 metres) or possibly could be inhaled into the lungs.
2. It is possible that someone may become infected by touching a person, a surface or object that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as shaking hands or touching door knobs then touching own face).

### **4. Who may be suspected of having COVID-19**

As there is currently sustained community transmission of COVID-19 throughout the UK, there is an increased likelihood of any individual in the community having the infection.

This guidance is for all situations where close contact (defined as being within 2 metres of an individual) is required during first responder duties.

### **5. Safe working systems**

Where possible, all contact with members of the public should be carried out while maintaining social distancing measures – a distance of at least 2 metres (6 feet). Where this is not possible, the principles for the Hierarchy of Risk should be applied, using measures such as physical barriers and alternative working practices and, as a final measure, the use of personal protective equipment (PPE) based on risk assessment (section 7.1), where other safe working systems alone may not be feasible or may be insufficient to mitigate the risk of transmission of COVID-19.

## **6. Hygiene measures**

The best way to protect yourself and others is through rigorous cleaning, personal hygiene and regular hand hygiene. An increased frequency of cleaning and disinfection of all surfaces and equipment, using standard household cleaning and disinfection products, is recommended.

After contact with any member of the public, clean your hands thoroughly with soap and water or alcohol hand sanitiser at the earliest opportunity. This advice is applicable to all situations, regardless of whether there was close contact or the minimum 2 metre social distancing was maintained.

Avoid touching your mouth, eyes and nose.

There are no additional precautions to be taken in relation to cleaning your clothing or uniform other than what is usual practice.

## **7. What to do if you are required to come into close contact with someone as part of your first responder duties**

### **7.1 Personal protective equipment (PPE)**

Where it is not possible to maintain a 2 metre or more distance away from an individual, disposable gloves and a disposable plastic apron are recommended. Disposable gloves should be worn if physical contact is likely to be made with potentially contaminated areas or items.

The use of a fluid repellent surgical face mask is recommended and additional use of disposable eye protection (such as face visor or goggles) should be risk assessed when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.

When using a fluid repellent surgical face mask, you should mould the metal strap of the mask over the bridge of the nose and make sure the mask fits snugly under the chin, around or across any facial hair if present.

Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE. In all circumstances where some form of PPE is used, the safe removal of the PPE is a critical consideration to avoid self-contamination. Guidance on putting on and taking off PPE is available. Use and dispose of all PPE according to the instructions and training provided by your employer or organisation.

## **7.2 Cardiopulmonary resuscitation**

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (in the Police this would be a "dynamic risk assessment") and adopt appropriate precautions for infection control.

In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen).

Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxial arrest), therefore chest compressions alone are unlikely to be effective.

If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.

Should you have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days. Should you develop such symptoms you should follow the advice on what to do on the [NHS website](#).

## **7.3 Providing assistance to unwell individuals**

If you need to provide assistance to an individual who is symptomatic and may have COVID-19, wherever possible, place the person in a place away from others. If there is no physically separate room, ask others who are not involved in providing assistance to stay at least 2 metres away from the individual. If barriers or screens are available, these may be used.

## **7.4 Cleaning the area where assistance was provided**

Cleaning will depend on where assistance was provided. It should follow the advice for cleaning in non-healthcare settings. Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned in the usual way. However, all surfaces that a symptomatic individual has come into contact with must be cleaned and disinfected.

## **7.5 If there has been a blood or body-fluid spill**

Keep people away from the area. Use a spill-kit if available, using the PPE in the kit or PPE provided by your employer/organisation and following the instructions provided with the spill-kit. If no spill-kit is available, place paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.

### **7.6 Contacts of the person you have assisted**

Advise anyone who had close contact with the individual that if they go on to develop symptoms of COVID-19 (a new continuous cough, fever or a loss of, or change in, normal sense of taste or smell), they should follow the advice on what to do on the [NHS website](#).

### **8. What to do if you become unwell**

If you have already been given specific advice from your employer about who to call if you become unwell, follow that advice.

If you develop symptoms of COVID-19, however mild, you will need to stay at home for at least 7 days. Refer to the advice on the [NHS website](#) and the [Stay at home guidance](#).

### **9. Handling the deceased**

If a person has died at home and COVID-19 is suspected, [PPE as set out in section 7.1](#) should be worn when handling the deceased or articles in the home. Avoid touching your face or mouth with your gloved hands.

Clean your hands thoroughly with soap and water and/or use alcohol based hand sanitiser before putting on and after taking off PPE. Placing a cloth or mask over the mouth of the deceased when moving them can help to prevent release of droplets.

See further detailed [guidance for care of the deceased](#).

### **10. Additional advice for police officers, police staff and police volunteers**

Police officers, staff and volunteers should not be performing clinical assessments of any individual who may be showing symptoms of COVID-19. If you are concerned that someone you are managing needs medical assistance, call NHS 111 (or 999 if it is a medical emergency).

Where appropriate, in an operational setting, you should conduct a risk assessment (in the Police this would be a “dynamic risk assessment” using the National Decision Making (NDM) Model) and adopt appropriate precautions for infection control.

In the majority of policing activities, it is unlikely that officers will require any additional PPE for normal activities. For situations where close contact (a distance of less than 2 metres) with a person is unavoidable to fulfil the required duty – for example when entering a household, carrying out an essential interview or arrest and restraint – the [use of PPE as detailed in section 7.1](#) is recommended. The appropriate PPE for a specific situation will need to be assessed on a case by case basis.

## **11. Associated legislation**

Please note that this guidance is of a general nature. Employers should consider the specific conditions of each individual place of work and comply with all applicable legislation, including the Health and Safety at Work etc. Act 1974.