



Copnor Primary School – Health and Safety Policy

C2 – Accidents and First Aid

NB: Please also refer to the specific section about first aid in the Schools COVID-19 operational guidance response from Copnor Primary School or Outbreak Management Plan (whichever is currently in operation).

Aim

We are committed to safety and as such we aim to take all reasonable actions to prevent accidents happening and to deal with them immediately when they occur.

Rationale

Through clearly defining roles and good communication we aim to maximise the speed of treatment and after-care.

Roles and Responsibilities

Normally day-to-day decisions are delegated from the Headteacher to the recognised First aiders, but overall responsibility for putting policy into practice remains with the Head.

The school should always aim to have at least one qualified first aider on site, who is qualified to more than just a basic level, when the children are present. There may, however, be short periods when the school has to be covered by those with basic qualifications only.

When the recognised First aiders are in any doubt they should always seek the advice of the Headteacher or of the most senior member of staff available.

Any information on a medical condition affecting a child should be shared with all those adults responsible for the child's welfare. The child's parents/carers and the health professionals (as appropriate) need to provide this information in writing for the school to adequately ensure it is acted upon.

In cases where there is the possibility of an emergency situation arising all staff will be informed of what action to take should that occur through the use of medical plans. These are available in the first aid room, a copy is with the class teacher and there is a copy in the staff room.

In school, there will also be at least one person who is trained in paediatric first aid, in order to support the first aid requirements for under 5 children.

Staff Training

All staff are instructed in the use of this policy as part of their induction procedures and at the same time they are introduced to the recognised First aiders/ informed of the first aiders in their year group/ team.

All recognised First aiders receive a recognised course of training and basic emergency aid training is given to all staff at least every three years.

First Aid Procedure

- The First Aider will decide on what treatment is necessary and who should be contacted.
- The First Aider will always seek extra help if unsure of the treatment, and if necessary call for an ambulance.
- In any case requiring transport to hospital, where the parent/carer is unable to attend or the incident is deemed serious enough, an ambulance will be called. (Staff transport would only be used if an ambulance was unavailable and 2 members of staff would travel with the patient in those circumstances.)
- In any serious case (and certainly those involving hospital) the First Aider will inform the Headteacher as soon as possible after the patient has been treated and is safe.
- The First Aider will inform the parents/carers by telephone of the circumstances, and in the case of any knocks to the head or accidents that may need further monitoring they will also send a letter home, using the "First Aid Report" form.
- If the child returns to class, the First Aider will inform the teacher if they are concerned that the child needs to be monitored, and certainly do so when the child has had their head knocked, or if the child will find it difficult to express their own concerns to the teacher.
- The accident records should be completed.
- Plasters should not be used unless the child's emergency forms have given permission.

- When using ice, it should be covered with a damp cloth to prevent ‘cold burns’.

First aiders’ needs assessment

The first aiders will be asked if there are any factors that should be taken into account as part of the risk assessment and policy creation, for example vulnerable workers with first aid responsibilities.

Staff Protection

Staff will follow PCC guidelines for minimising risk of infection and use gloves where contact with bodily fluids is unavoidable.

Intimate Care

If a child is in need of any form of intimate care such as needing to change their underwear or clean themselves after an accident, or if someone has to examine an injury in an intimate area we will always ensure that:

- two adults are present
- the child cleans themselves as best they can without needing adult help in the first place
- we provide a change of clothing
- we inform the parents/carers of what has happened
- All actions will be documented
- In all cases we will endeavour to put the child at their ease.

First Aid Records

The following records are kept, locked, in the Medical room:

- Medical Information Form
- First Aid Reports

These are update annually and any records no longer needed are either passed to feeder schools or shredded.

During the Coronavirus period, there will be first aid records kept in each classroom that the staff need to complete if they administer any first aid. They will also have information about any medical needs for the children.

If children suffer from Asthma their asthma pumps are kept on the child (in their classroom.) The pumps need to be clearly marked with the child’s name.

If a child has a severe allergy then a photograph is taken of the child after seeking the permission of the parents. It is then shown to the staff at the next weekly diary meeting and displayed in the main staff room and Medical room so that all are aware.

The recognised First aiders are all trained in the use of epi-pens and each year training is given to all new members of staff who are working directly with a child who has an epipen in their use.

First Aid Kits

There will be a first aid kit in every classroom and also in the medical room. The adults in the classroom will administer minor first aid but in the event of a more serious situation, the classroom staff will accompany the child to the medical room where they will meet a member of the office staff who is first aid trained and/or an adult with a paediatric first aid qualification will assess the child.

After delivering any first aid

- Ensure you safely discard disposable items and clean reusable ones thoroughly
- Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible.

Coronavirus (COVID-19) restrictions

The following section is the advice taken from the Health and Safety Executive’s (HSE) website, regarding the coronavirus (COVID-19) restrictions. These are available at:

Guidance for first aiders

Although the UK Government has now removed social distancing in most workplace situations, first aiders should still consider the precautions set out in this guidance to reduce the risk of COVID-19 infection.

Try to assist at a safe distance from the casualty as much as you can. Minimise the time you share a breathing zone.

Although treating the casualty properly should be your first concern, you can tell them to do things for you if they are capable.

Remember the 3P model – preserve life, prevent worsening, promote recovery.

Preserve life: CPR

Call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms.

Ask for help. If a portable defibrillator is available, ask for it.

Before starting CPR, use a cloth or towel to cover the patient's mouth and nose. This should minimise the risk of transmission while still permitting breathing to restart following successful resuscitation.

If available, you should use:

- a fluid-repellent surgical mask
- disposable gloves
- eye protection
- apron or other suitable covering

Only deliver CPR by chest compressions and use a defibrillator (if available) – **don't** do rescue breaths.

Prevent worsening, promote recovery: all other injuries or illnesses

If you suspect a serious illness or injury, call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms.

If you're giving first aid to someone, you should use the recommended equipment listed above if it is available.

You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible.

After delivering any first aid

Make sure you discard disposable items safely and clean reusable ones thoroughly.

Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible.

First aid cover and qualifications during the pandemic

If first aid cover for your business is reduced because of COVID-19 or you can't get the first aid training you need, there are some things you can do to comply with the law.

Operate with reduced first aid cover

If fewer people are coming into your workplace it may still be safe to operate with reduced first aid cover. You could also stop higher-risk activities.

Share first aid cover with another business

You could share first aiders with another business but make sure they have the knowledge, experience and availability to cover the first aid needs of your own business.

Shared first aiders must:

- be aware of the type of injuries or illnesses that you identified in your [first aid needs assessment](#) and have the training and skills to address them
- know enough about your work environment and its first aid facilities
- be able to get to the workplace in good time if needed

Whoever provides the temporary cover must make sure they do not adversely affect their own first aid cover.

Temporary omission of rescue breaths from training during high transmission rates

The Resuscitation Council UK (RCUK) has stated that they are supportive of training providers who may wish to omit practical teaching and assessment of rescue breaths in first aid training while COVID-19 transmission rates are high.

RCUK are leaders in the field of CPR. HSE support their position on this for most First Aid at Work (FAW) and Emergency First Aid at Work (EFAW) training courses.

This is a precautionary measure. Providers who are satisfied that they can safely deliver practical teaching and assessment of rescue breaths may continue to do so.

Rescue breaths should continue to be demonstrated practically and assessed in training courses for Paediatric First Aid training (PFA) or front-line emergency services.

Practical demonstration should also continue if the first aider is - for example - a lifeguard who may be expected to treat someone who is drowning.

If an FAW or EFAW training or requalification course does not include practical teaching of rescue breaths, employers should make sure that that the training includes:

- a practical demonstration by the trainer themselves and/or a video demonstration of rescue breath techniques
- full training in the theory of giving rescue breaths
- assurance from the training provider that the student is competent to give rescue breaths

HSE always strongly recommends that workplace first aiders undertake annual refresher training. If first aid training or requalification during the COVID-19 pandemic has not included practical training and assessment for giving rescue breaths, employers should make sure it's included in the next refresher course.

This guidance will be reviewed as transmission and infection rates improve.

For CPR of children, the HSE refers to advice from the Resuscitation Council (UK), and available at <https://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19> , namely:

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.

For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur.

Therefore, if there is any doubt about what to do, this statement should be used.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

Policy updated: July 2021

Review Date: December 2021 unless there are changes to the advice from the HSE