




Bledington Primary School

First Aid Policy

Date of Ratification by FGB:	Updated	Signed:
03.-06.2019	03.06.20	CO-HEADTEACHERS
08.07.21	17.06.21	
14.07.22	03.07.22	
23.03.23	17.02.23	
18.01.24	01.01.24	
29.01.24	03.12.24	
28.01.26	16.01.26	

This policy should be read in conjunction with our Safeguarding & Child Protection, SEND, Medicines, Asthma, Accessibility, Intimate Care, Behaviour and H&S policies.

All our policies can be found on our website:

<https://www.bledington.gloucs.sch.uk/policies/>

Safeguarding Statement

At Bledington Primary School we respect and value all children and are committed to providing a caring, friendly and safe environment for all our pupils so they can learn, in a relaxed and secure atmosphere. We believe every pupil should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at Bledington Primary School. We recognise our responsibility to safeguard all who access school and promote the welfare of all our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying

First Aid protocol : All incidents MUST be recorded in the ACCIDENT BOOK as soon as is possible and parents informed.

Heads

We have a separate head bump book. **ALL** bumps no matter how minor they may seem **MUST** go in the book. You will need to record who, what, why, where and most importantly **WHEN**. This is because a minor bump could result in problems later. Parents must be informed using a “Bumped head note” which can be found in the Red Accident file in the office, or in the Pink Accident File in the POD. If there are any concerns, an appropriate adult should be telephoned immediately. Telephoning after school is fine for minor bumps.

Driving

Under **NO circumstances** do we drive an injured child to hospital/doctors. A parent may drive, but that is their decision not ours. This is for a couple of reasons, the most important being if the child deteriorates en-route, we may not have a geographical position for the ambulance. Once we leave school, with or without parent’s permission we do not have parental responsibility, and therefore no liability insurance. There would also need to be two adults in the vehicle. Finally, our cars are not insured as ambulances (with or without business insurance!) Harsh as it may seem, a sick child is covered at school **BUT NOT** in the car on the way to hospital.

Blood

Any blood borne diseases are active for 3 months in dried blood. If we get blood on us, the clothes must be washed at 60c. We must also disinfect any surfaces where the blood was.

First Aid Kit / Blood injuries

We must only use water for cleaning our hands and or around the wound site, i.e if blood has run down a leg etc. When we clean wounds, we need to use tap water. The wound then needs patting dry, not wiping. All open wounds, no matter how minor, need covering. A waterproof plaster first then if necessary a fabric plaster for small wounds. Larger dressings, for larger wounds. You must check first that the pupil is not allergic to plasters.

Medication Inhalers

There is no reason why we need anything other than blue inhalers in school. The other coloured ones are various forms of preventative medication, if they need to be in school, a doctor's note must be provided. Inhalers should be in the same room as the child- their PE bag is a good place to keep it. All adults in the class should know where to find inhalers easily. A spare inhaler should be within easy access of the playground. **This is the only medication that can be shared.** If the child needs an inhaler it must be brought to them, they must not have to go and fetch it. They can have as many puffs as they need. If it does not have any effect within 2 mins or it's the first attack, then phone 999. Don't lie the child down. Inhaler dates need checking and also ensure that it is Ventolin or Salbutamol and has not been swapped for a different medication.

Epi-pens

These need to be with child at all times and again within easy reach of playground. Ideally need to know what the child is allergic to. **Absolutely DO NOT share this medication under any circumstances.** There is no mistaking an anaphylactic attack, it needs treating and followed up with a 999 call, the epi-pen is only 'buying time' until the ambulance arrives. If child is

asthmatic as well (quite likely) the anaphylaxis needs treating first, as the airways will be starting to close, and an inhaler will not be as effective.

Poison

The danger must be removed, get help and evidence immediately. The medical team will need to know exactly what the poison was and when it was taken. Poisons can be ingested, injected, inhaled, instilled or absorbed. Rule of thumb for treatment; non-corrosive, nil by mouth. Corrosive, milk/water (swill and spit method).

Epilepsy

Make sure they are safe; let them sleep, unless it's the first attack. Make sure they are breathing when episode finishes, loosen any clothing etc. Do not put fingers in mouth, they may bite. Put in recovery position.

Diabetes

If in doubt as to the cause of a child behaving differently, regardless of whether they have been diagnosed with diabetes, give them something sweet ie. Honey, jam, OJ. If this is clearly 'perking them up' then follow up with a sandwich (or similar). It is far easier and less dangerous to reduce a high sugar level than to raise someone who has dropped too low.

CPR

If you need to commence CPR, a baby counts as 0-12 mths, child 12mths-puberty, adult puberty +.

If you are alone Babies, children and anyone pulled from water; 5 rescue breaths then 30 compressions:2 breaths, this would continue on that cycle for one minute before you get help.

An adult needing CPR you must call for help first. If you have someone with you, establish what has happened, send person with full details to call 999, make sure they know to come back!

Nosebleeds

Sit child forward, hold whole of the soft part of the child's nose (they should do this themselves) Do not stick anything up nose! Do this for 10 mins see if it has stopped, if not repeat. This can be repeated 3 times, ie for 30 mins. If it still has not stopped it counts as a serious bleed and child needs hospital. Regardless of seriousness, parents need informing as they may be trying to establish a pattern, so details of when attack occurred and if known why, would be useful.

Choking

If a child is choking, try and get them to cough, if that doesn't work, support them carefully across the chest, then between the shoulder blades administer up to 5 back blows, followed by 5 abdominal thrusts, this pattern can be repeated until patient stops choking or collapses. Do not put fingers or anything else in their mouth. Be prepared to commence CPR as detailed above. Do not worry about object going into lungs, the most important thing is to get them breathing. If you have had to do abdo thrusts the patient must go to hospital. On a baby you would need to do 5 back blows followed by 5 compressions. Do not do thrusts. Back blows should be administered using 'reasonable' force.

Finally..... If in any doubt seek further help, eg doctors, hospital or NHS Direct

<p>999</p> <p><i>Emergency</i></p>	<p>111</p> <p><i>national non-emergency medical number</i></p>
<p>112</p> <p><i>Emergency number. 112 will work on any mobile phone anywhere in the world.</i></p>	<p>101</p> <p><i>non-emergency number for the police</i></p>

End