

BEECH HOUSE SCHOOL

First Aid Policy

Health and Safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises. In schools this includes;

1. Headmaster
2. Teachers
3. Non-Teaching Staff
4. Pupils at Key Stage 1, 2 3 and 4 and EYFS
5. Visitors
6. Contractors

The Head Master is responsible for putting the First Aid into practice and for developing detailed procedures.

Teachers and Non-Teaching Staff are expected to use their best endeavours at all times, particularly in emergencies to secure the welfare of the pupils at the school in the same that their parents might be expected to act towards their children. The consequences of taking no action are likely to be more serious than that of those trying to assist in an emergency.

The duties of the **First Aider** are as follows:

1. There must be at least one First Aider present at each school site when children are present.
2. Each member of staff on a school trip must be a First Aider.
3. Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

When necessary ensure that an ambulance or other professional medical help is called. You should call 999 for an ambulance when it is obvious that you or another person is seriously ill and in need of immediate emergency care eg when:-

- Someone is bleeding heavily
- Someone may have broken bones
- Someone has a deep laceration
- Someone has chest pain
- Someone is having difficulty breathing

Paediatric First Aid Trained / qualified staff allowed to administer first aid are:

Mrs S Ali	Miss S Akram	Mr Bateman	Mr Boardman
Miss Carlile	Mrs Caulcutt	Mrs C Clarke – Wilkinson	
Mrs Collier	Mr D Dawson	Miss M Dwyer	Mrs J Fox
Mrs M Gillett	Miss Z Glasgow	Mrs N Grange	Mr D Howard
Dr M Hudson	Miss C Marcroft	Mrs D Novotny	Miss L Pickles
Mr N Rowlands	Mr K Sartain	Miss V Stork	Miss N Turner
Miss A Wantling	Mrs L Waterfield	Mrs K Waterworth	Miss C Wellington
Mrs S Westwell	Mrs K Whitaker	Mr M Woods	

The duties of the **Appointed Persons** are as follows:

1. Take charge when someone is injured or becomes ill.
2. Look after first aid equipment, e.g. restocking the first aid container.
3. Carry out the following First Aid,
 - a. Cardiopulmonary resuscitation
 - b. First Aid for the unconscious casualty
 - c. First Aid for the wounded or bleeding
 - d. First Aid in an emergency situation (see appendix A)

First Aid Boxes are sited:

184 Manchester Road

- | | | |
|----|--------------------|------------|
| 1. | Main Office | K Whitaker |
| 2. | Science Laboratory | C Drake |
| 3. | Sports Hall | G Bateman |
| 4. | Minibus | M Wood |

182 Manchester Road

- | | | |
|----|------------|-------|
| 1. | Staff Room | S Ali |
|----|------------|-------|

180 Manchester Road

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|----|---------|----------|
| 1. | Room 19 | N Grange |
|----|---------|----------|

Broadfield Stile

- | | | |
|----|----------|--------------|
| 1. | Entrance | M Dwyer |
| 2. | Kitchen | L Waterfield |

Contents of First Aid Boxes

Boxes are to be checked weekly for the following:

- General advice leaflet.
- 20 individually wrapped sterile adhesive dressing (assorted sizes).
- 2 Sterile eye pads.
- 4 individually wrapped triangular bandages.
- 6 safety pins.
- 6 medium sized (12cm x 12cm) individually wrapped sterile un-medicated wound dressings.
- 2 large (18cm x 18cm) sterile individually wrapped wound dressings.
- 1 pair of disposable gloves.

Travelling First Aid Boxes

- General advice leaflet.
- 6 individually wrapped sterile adhesive dressing (assorted sizes).
- 1 large (18cm x 18cm) sterile eye pad.
- 2 individually wrapped triangular bandages.
- 2 safety pins.
- 6 individually wrapped cleansing wipes.
- 1 pair of disposable gloves.

Reporting Accidents

The following accidents must be reported to RIDDOR by the Headmaster:

- Those resulting in death
- Those resulting in major injury
- Accidents which prevent the injured person from doing their normal work for more than three days.

A record must be kept of any First Aid treatment given by first aiders or appointed persons in the accident book. The accident books are kept in the main office at Manchester Road and the School Administrator's office at Broadfield Stile.

This information must include;

- The date, time and place of the incident.
- Name and class of the injured or ill person.
- Details of the injury / illness.
- What First Aid was given.
- What happened to the person immediately afterwards, e.g. went home, resumed normal duties, went back to class, collected by parents, taken to hospital etc.
- Name and signature of the first aider / appointed person dealing with the incident.
- Parents will be made aware of any accident or injury sustained by their child on the same day, or as soon as reasonably practicable, and any first aid treatment given.

Dealing with the Spillage of Body Fluids

Spillages of blood, vomit and body fluids should be cleaned up as soon as possible. Normal first aid procedures should be followed and should include the use of disposable gloves where possible.

If blood is splashed onto the skin, it should be washed off immediately with soap and water. After accidents resulting in bleeding, surfaces with blood on them e.g. tables, should be cleaned with household bleach, freshly diluted 1 in 10. That is, 1 part (cupful) of bleach should be added to 9 parts (cupfuls) of water to make the required (effective) 1 in 10 solution. Paper towels should be treated as infected waste. Disposable gloves should be thrown away as infected waste.

Items that have been soiled with blood or bodily fluids may be flushed down the toilet if disposable or burnt. If this cannot be done on site, the rubbish, including protective disposable gloves should be 'double bagged' in plastic bags and effectively secured.

Appendix A

All treatment to be carried out by a qualified First Aider or Appointed Person.

	RECOGNITION	ACTION	NEVER
BREATHING STOPPED	Unconsciousness, no movement of chest wall, child is silent – no sound of breathing.	Clear the airway (nose and mouth) of obvious obstructions. Open the airway by extending the head. Give mouth to mouth (or to nose) ventilation.	NEVER panic or waste time!
HEART STOPPED	As above plus no carotid pulse felt (found in the neck on either side of the windpipe)	Mouth to mouth ventilation plus chest compression. This should only be attempted by people who have been trained in this technique.	NEVER panic or waste time!
SEVERE BLEEDING	May be obvious site of bleeding. Feeling faint, general weakness, nausea, pallor, especially face, thirsty, increase in pulse rate but weak.	Apply direct pressure on the wound using fingers over a sterile dressing if possible. Press either side if imbedded item is present and build up dressing around it. Lay the child down, raise the injured part (unless you suspect a fracture) and apply a sterile pad and bandage.	NEVER leave the child alone or give drinks. Never apply a tourniquet.
UNCONSCIOUS	The child is lying silent. Does not respond to questions, may not respond to pain.	Check airway and breathing. Try to establish the cause. Loosen tight clothing. If breathing place the child in the recovery position unless fracture of the spine is suspected.	NEVER give drinks or leave the child alone.
BURNS AND SCALDS	Pain, usually with redness and swelling at the injury. Blisters later.	Immerse in cold water for about ten minutes. Any burn greater than the size of the casualties hand should be seen to by a doctor. For larger burns dial 999.	NEVER apply butter or lard, cream, dressings or bandages. Never burst any blisters.

	RECOGNITION	ACTION	NEVER
CHOKING	Caused by obstruction to airway, e.g. food. Difficulty in speaking and breathing. Blueness of the skin. Eventually unconsciousness.	Place the child over your knee, head down and slap between the shoulder blades up to five times. Check in mouth for dislodged item. In adults perform abdominal thrust up to five times.	NEVER panic or waste time!
CONVULSIONS OR FITS	Suddenly falls unconscious, rigid, arched back, breathing may cease, blue lips, congested face, convulsions, frothing at the mouth.	Make sure they do not injure themselves by striking hard objects. Loosen constricting clothing. Cool the child with tepid sponging if temperature is high. Ensure the child sees their doctor.	NEVER leave the child alone or forcibly restrain the child!
FALLS AND FRACTURES	Pain, bruising, bump, swelling, deformity.	If minor fall, tender loving care is best. Elevate bruised part and apply a cold compress. If you suspect a fracture, do not move the injured part unless absolutely necessary. Steady and support.	NEVER move the child.
HEAD INJURIES	Brief or partial loss of consciousness, nausea, dizziness, amnesia, bruising, bleeding. May be no obvious symptoms.	Lay the child down in the recovery position, keep them warm and calm. Get help immediately and move as little as possible. Keep under observation. Remember to tell a parent even if the injury was only slight.	NEVER rule out damage to the brain even if no signs or symptoms.
POISONING (HOUSEHOLD ARTICLES)	May be stomach ache, vomiting, burning of lips, unconsciousness.	Check breathing. Begin resuscitation if breathing stops. Take the child and the cause of the poison to hospital immediately. Give child drink of water or milk if lips burnt and the child is conscious.	NEVER leave the child alone or make the child vomit.

	RECOGNITION	ACTION	NEVER
EYES (FOREIGN BODY)	Visible redness and watering of eye. Pain and itching.	Try to prevent the child from rubbing eye. Natural watering of eye may remove small specks. Irrigate eye with saline. Do not touch the iris.	NEVER ignore an eye injury. If you are worried take the child to the hospital.
EARS	Crying and holding ear. Perhaps foreign object sticking out of the ear.	Earache: Contact a parent and advise that the child see a doctor. Foreign Body: Prevent child from touching ear. Insect may be floated out with tepid water; lodged foreign body needs to be removed in hospital.	NEVER press on the object as you may damage the ear.
NOSE BLEEDS	Bleeding from the nose.	Sit the child down, head tilted forward, and pinch the end of their nostrils for 10 minutes. Try to prevent the child from blowing or picking it after bleeding has stopped.	NEVER lay the child on their back or put their head back.
BITES	Punctured skin or teeth marks at the sight of the injury.	Clean with water. Check with parents that the child is immunised against tetanus if bitten by an animal.	NEVER approach the animal if it is frothing at the mouth.
MINOR CUTS & GRAZES	Blood at the site of the injury.	Clean with water.	NEVER cover.
STINGS	Swelling and redness where the child has been stung. Sting may still be present.	Swelling in the throat, on the tongue or near the eyes can be dangerous. Take to the hospital. Apply cold compress.	NEVER leave the child alone until the swelling disappears.
SPRAINS & STRAINS	Painful swelling and bruising	Apply a cold compress. Support the injury in an elevated position.	NEVER bathe injury in hot water.