



Marriott Primary

Achieving Together

FIRST AID POLICY

Reviewed	27th September 2023
Signed (Co-Headteachers)	<i>Ms R Neill</i> <i>Mrs H Tucker</i>
Reviewed (Due September 2024)	
Signed (Headteacher)	

Contents

General Policy Statement.....	3
Liability	3
First Aiders Duty	4
Class First Aid Kit	4
Lunchtime First Aid Kit	4
Trips - First Aid Kit	5
First Aid Kit Located in First Aid Room	5
Emergency Inhalers	5
Defibrillator.....	5
Red and Green Triangles	5
First Aid procedure	5
Minor injury	5
Major injury	6
Head and Facial Injury	6
Other Injuries	9
Medicines	10
Children with specific health problems	12
Children returning to school with broken limbs etc	12
Yellow medical waste bins	12
Links to other policies	12
Appendix A.....	13
Appendix B	14
Appendix C	16
Appendix D.....	29

General Policy Statement

The Health and Safety (First Aid) Regulations 1981 place a duty on employers to provide adequate and appropriate first-aid equipment, facilities and qualified first-aid personal.

At Marriott Primary School we have a First Aid Policy in place to support the provision of appropriate first aid procedures and arrangements for our children, staff and visitors to the premises.

We aim to ensure that our policy is in line with the DfE Guidance on First Aid for Schools – a Good Practice Guide (a copy of which is available in the First Aid Room and in all first aider's safeguarding file).

At Marriott Primary School we review our first-aid needs annually to ensure that our provision is adequate.

A copy of this policy must be kept in all classroom and first aider folders.

Liability

All staff are covered under the LA 'Employers Liability Insurance' and 'Public Liability Insurance' when dealing with an injury. Those not trained in First Aid are also covered, providing any action they have taken can be deemed a reasonable measure according to circumstance and that the action they have taken was the appropriate immediate step (verbal guidance from the LA).

First Aid Trained Staff, Epilepsy Trained Staff, Anaphylaxis Trained staff, Diabetes trained staff are clearly displayed around the school.

First Aiders Duty

A list of qualified first aiders can be found in all rooms throughout the school. A first aider is available at all times and can be reached from the office using a walkie talkie. There is always a first aider available at all morning playtimes and lunchtime in the playground. There is always a first aider in the hall at lunchtime.

If first aid assistance is required to deal with an injury during lesson time, call for the assistance of the individual located nearest to your class or contact the office by radio or phone.

Swimming Lessons, Offsite Trips, Sports Fixtures, Breakfast Club, Walking Bus, After School Care and After School Clubs; a first aid teaching assistant must be present at all times. If a child with epilepsy is present, an epilepsy trained member of staff must be present at all times.

First Aiders should read all care plans that are located in the First Aid Room and must sign to say they have done so. There is also a Medical Needs Folder in the First Aid Room and staffroom with all the children's medical conditions and procedures for administering first aid and long-term medication.

Class First Aid Kit

Each class holds a large First Aid Kit. K Cook is responsible for ensuring years 5&6 kits are restocked each month. J Mead is responsible for years 3&4, A Tully is responsible for Years 1&2 and P Wilkie is responsible for ensuring FS kits.

The First Aid Manager will spot check the first aid kits on a monthly basis.

Each kit contains (according to HSE guidance):

- 20 assorted plasters CHECK IF CHILD IS ALLERGIC TO PLASTERS
- 2 sterile eye pads
- 4 individually wrapped triangular bandages
- 6 safety pins
- 6 medium individually wrapped sterile wound dressings
- 2 large individually wrapped sterile wound dressings
- 3 pairs of disposable gloves
- HSE leaflet giving general advice on first-aid

Additional items include:

- Individually wrapped wipes
- Resuscitation mask (First Aid Room)

Lunchtime First Aid Kit

Each trained first aider has a bum bag, containing basic first aid kit for minor grazes will be taken out for lunchtimes. These are stored in a marked locker in the staff room. A designated first aider will be responsible for ensuring these bum bags are regularly re-stocked. The Lunchtime Manager is responsible for ensuring bum bags kits are checked and restocked monthly. There is also a Medical Needs Folder in the Staffroom with all the children's medical conditions and procedures for administering first aid and long-term medication.

Trips - First Aid Kit

There are 3 First Aid kits for available for out of school excursions. There are 2 for PE trips and 1 for school trips which are stored in the first aid room. The first aider on the trip is responsible for ensuring these first aid kit is stocked before going on the trip and any additional medication is taken. The first aid manager is responsible for ensuring these kits are checked monthly.

First Aid Kit Located in First Aid Room

This includes forehead thermometers, a digital thermometer and sickness bags and sickness bowls.

Emergency Inhalers

The school has 6 emergency inhalers which are stored 1 in grab bag, 3 in lunchtime bum bags, 1 in PE bag and 1 spare in the first aid room

Defibrillator

The school has 2 defibrillators one is stored in the reception area on the wall, the other is located in the new build, currently Year 3 & 4. A list of staff trained to use the defibrillator is displayed around the school.

Red and Green Triangle

Each class has been issued with a red and green triangle with the class name on. Children will be trained to take the triangle to the next classroom to call for assistance, they will use the green one for medical assistance and the red for behavioural purposes. A member of staff will go to the classroom to establish the reason and seek the appropriate help required.

First Aid procedure

There are two procedure booklets, one for trained first aiders and one for non-first aid staff. All staff should read their booklet and follow the procedures in them. (See appendix C and D)

Classroom based first aiders, should make an assessment of the injured child and the following procedure should be adopted

Minor injury (where bleeding/bruising/swelling etc. evident)

- Summon a qualified First-Aider or appointed person
- Use only approved equipment from the First-Aid boxes
- Record in Accident Book

If in any doubt as to the severity of an injury, summon expert help by telephoning 999 and follow directions. (Information about making an emergency call is available from the office however if the child is having a fit, anaphylactic shock, unconscious, suffers a major fall, do not wait to consult, phone an ambulance.)

Major injury

- Summon another qualified First-Aider or appointed person

If in any doubt as to the severity of an injury, summon expert help by telephoning 999 and follow directions. (Information about making an emergency call is available from the office however if the child is having a fit, anaphylactic shock, unconscious, suffers a major fall, do not wait to consult, phone an ambulance.)

- Inform the Headteacher/Deputy Headteacher, School Office and parent/carer that an ambulance has been summoned.

If a parent/carer cannot be contacted a member of staff known to the child must accompany them in the ambulance to the hospital and remain at the hospital until the parent/carer arrives.

For Lunchtime staff

Should a minor accident occur:

- Carry out first aid on the playground.
- Fully complete a first aid slip for every accident treated.
- If a child bumps their head, also complete a bumped headband, attach the slip to a bumped head advice form and ask the office to contact parents.

Should a major accident occur:

- Radio immediately for the Lunchtime Manager or any member of SLT.
- Do not move a child if they are lying on the ground if you suspect they have broken an arm or leg, radio immediately for a member of SLT.

Once the accident has been dealt with:

- Ensure the necessary recording action for the school is completed.
- Ensure a SO2 accident report form (Leicester City Council) is completed as required. SO2 forms are kept on the Health and Safety board in the staffroom. The first two pages of the form should be completed and then passed on to Business Manager for investigation and entry on to the LCC accident reporting system.
- Business Manager to review the incident and ensure that policy and procedure has been followed and rectify if necessary.

Head and Facial Injury

Should a child suffer a bang to the head or face during the school day they should be taken to see one of the First-Aiders. The First-Aider will assess the injury to determine whether the injury requires further specialist medical assistance.

Parents must be contacted by the First aider and provided with details of the accident and their assessment of the injury. There are 4 options to be provided;

1. A courtesy call to say that the child is OK
2. A phone call to ask parent to come in and check on their child
3. A phone call to tell parents the school is concerned and they should collect their child and seek medical attention
4. A phone call to say an ambulance has been called and for them to make their way to the school or hospital

All children who have suffered a knock to the head or face should have a wristband attached to them detailing name of child, date, time, incident and person dealing with incident.

An accident report form should be completed for the child to take home together with a copy of the NHS Head Injury Advice for Parents/Carers below. For children in Foundation and Key Stage One, this should be handed directly to the parent/carer at the end of the day or when the child is collected from school. An example of a completed form and wristband are on the wall in the first aid room

Under no circumstances, should ICE PACKS be applied to head bumps. It will reduce swelling but it can actually do more harm if there is a hairline fracture this could result in the child needing additional emergency hospital treatment.

Following a bump to the head or face, the class teacher/TA will be informed of the incident so that the child may be monitored. See the following NHS information 'Head Injury Advice' below.

Head injury Advice for Parents/Carers



Children have many bangs to the head and it can be difficult to tell if they are serious or not. Most head injuries are not serious and simple result in a bump or bruise, but occasionally head injuries require medical attention.

Please follow the advice below if your child has had a head injury and :

- .Been knocked out at any time
- .Injured their neck or spine
- .Has difficulty understanding what you are saying
- .Been confused or so sleepy that you cannot wake them properly
- .Has weakness in their arms or legs or losing their balance
- .Has had a convulsion or fit
- .Becomes suddenly deaf
- .Has clear fluid dripping out of their ear, nose or both
- .Has blood coming from inside one or both ears
- .Vomited more than once
- .Bled a lot from their head



Phone 999 for an ambulance or go straight to the nearest Accident and Emergency department

- .Fallen from a height greater than the child's own height
- .Fallen more than a metre in height (3Ft)
- .Fallen down stairs (from top to bottom poses more risk than bumping down the stairs)
- .Had a persistent headache since the injury
- .Has a blood clotting disorder
- .Consumed alcohol
- .Been very irritable or no concentration or interest in things
- .If your child is under 1 year old
- .If you are concerned your child has been deliberately harmed



Take your child to Accident and Emergency or seek immediate medical advice

- .Has not been knocked out
- .Is alert and interacts with you
- .No vomiting (or max 1 vomit post injury)
- .Has small bruising or minor cuts to the head
- .Cried immediately but is otherwise normal



Manage at home following the advice overleaf

Monitor your child closely over the next 2-3 days. If your child becomes unwell and shows any symptoms in the red or amber box follow the advice stated.

These things are expected and you shouldn't worry about them

For next couple of hours your infant/child will probably be pale, quieter than normal and irritable

Over next few days your Infant/child may experience the following symptoms:

Mild headaches
Feeling sick (without vomiting)
Irritability/bad tempered
Concentration problems
Tiredness or problems sleeping
Lack of appetite



If these symptoms do not go away in 1-2 weeks contact your G.P.

Do not leave your child alone for the first 48 hours

FOR INFANTS YOU SHOULD

Try to give your baby normal feeds
Make sure you can wake them as normal



For children over 1 years of age you should

Give your child paracetamol/ibuprofen if they are in pain (follow instructions on bottle)
Encourage plenty of rest/avoid stressful situations

Give light things to eat

If area is bruised/swollen apply cold cloth for 20 mins (repeat 4 hourly if required)



Do not let your child join in any vigorous games

Older children should avoid contact sports for 3 weeks

Do not send back to school until completely recovered

Try to avoid medicine that will make your child sleepy (eg Piriton)

Other Injuries

Other minor injuries sustained in school must be recorded on the accident slip in the accident reporting book and sent home with the child to inform the parent/carer of the event and to show that the child has been seen by a first-aider. For children in Foundation and Key Stage One this slip should be handed to parents upon collection/at the end of the day and not put into book bags where it may go unnoticed.

Accident Forms/Accident Book; books will be monitored for compliance by the First Aid Manager on a twice a month.

The First-Aider dealing with the incident will complete an accident report in the school accident report book. This will include the details of the incident and the first aid treatment given. Details of every incident, including minor, must be recorded in the Accident Book. Accident books are held in the Staffroom, First Aid room and all classrooms. More serious injuries will require an SO2 accident report form to be completed and reported to the LA. These forms are held in the staff room.

Medicines - To be read in conjunction with the Administration of Medicines in School Policy

Over the counter medicines (OTC) (non-prescription)

Medicines that are available over the counter (OTC) (i.e. those medicines that do not require a prescription) do not need a GP prescription in order for the school to give it.

Over the counter medicines that may be considered suitable for short term use include paracetamol or ibuprofen suspension for short term (one or two days). These will only be administered by a member of trained staff in school during school hours, following written permission by the parents.

Medication should always be kept in the original dispensed containers and staff should never transfer medicines from original containers.

The medication will be clearly labelled with the child's name and safely stored within the First Aid room or in the child's classroom first aid cabinet depending on if the medication requires refrigeration.

The school will not accept and administer herbal or homeopathic remedies.

Parents will be required to complete an agreement form available from the office.
(Appendix E)

First Aid trained staff will adhere to the following:

- A child under 16 should never be given medicine containing Aspirin, unless prescribed by a doctor.
- Regardless of age, enquiries must always be made as to whether the pupil is taking any other medication, checks must be made to ensure that there are not likely to be adverse health effects from the interaction of the two.
- Dosage must always be in accordance with the instructions specified on the product container and enquiries made as to when any previous dose of pain reliever was taken so that the stated dose is not exceeded.
- A written record of the dates and times of each administration is made on an Administration of Medicines Record.

Frequent requests for pain killers to be given to a child, will be raised with the child's parents and may result in the school declining to give the medication until the parent has taken their child to visit a GP.

All medicines must be clearly labelled with the child's name, dosage, frequency and name of medication being given and in original packaging.

Some medication needs to be stored in a refrigerator in order to preserve its effectiveness – this will be indicated on the label.

Any unused or time expired medication must be handed back to the parents or legal guardians of the child for disposal.

Where children have been prescribed controlled drugs, staff need to be aware that these should be kept in safe in the locked cabinet in the first aid room.

Medicines should be administered by a named individual member of school or setting staff with specific responsibility for the task in order to prevent any errors occurring. Where practicable a witness should be present who should also sign the appropriate box on the form.

For all medicines, a parental consent form must be completed and kept with the medicine (see appendix A 'Administration of medicines in school' form). A first aider in each year group will take responsibility for administering medicine for their year group. Older children are asked to report to the Office at the beginning of lunchtime where a first aider will be called to administer the medication. Younger children will be collected from their classrooms.

Children with specific health problems

Children with specific health problems or those suffering from a condition that requires regular medication (e.g. asthma, epilepsy, allergies, diabetes, severe allergies,) are identified on photo boards or folder in the First Aid Room, the Staff Room, and Kitchen Servery. An electronic list is kept on the school server.

The boards and lists should be updated by the First Aid manager as a new child starts in school. An email will be sent to all members of staff informing them of new children with medical concerns and procedures after the medical information sheet has been completed on admission (See Appendix B)

The school adopts a no nuts and no beans policy.

There is a poster with guidance on infection control in schools for infections including rashes, slap cheek, diarrhoea and vomiting, flu etc. on the board in the First Aid Room.

Medication, where suitable, i.e. epi pens and inhalers should be kept in the first aid cabinet within their classrooms and be immediately accessible if needed by the child. All other medication will be stored in the locked cabinet or fridge in the first aid room. Inhalers and epi pens, where applicable should accompany the child when outside and on any off site activity.

Members of staff trained in the administration of required medication (i.e. Epi-pens, Blood monitoring, emergency epilepsy medication) are covered for liability and should therefore be solely responsible for its correct management.

Children returning to school with broken limbs etc.

If a child returns to school with a broken limb, then a risk assessment must be completed. Please inform the Business Manager or Admin officer immediately. Everyone who works with the child will be asked to sign the risk assessment and will be updated as the injury progresses.

Yellow medical waste bins

A yellow bin for the disposal of medical waste is available in for use in the First Aid Room and the shower room in Foundation Stage.

Guidance notes on emergency First-Aid – First Aid trained staff only

See the School's First Aid Handbook

Links to other policies

- Administration of Medicines Policy
- Asthma Policy
- Intimate Care Policy
- Accessibility Plan
- Off Site Policy

Appendix A

Parental agreement to administer medicines including over the counter medicine (OTC)

(One form to be completed for each medicine)

The school will not give your child medicine unless you complete and sign this form.

Name of child _____

Date of Birth ____/____/____

Class _____

Medical condition or illness _____

Medicine: to be in original container with label as dispensed by the pharmacy

Name/type and strength of medicine _____

(as described on the container)

Please tick to confirm the following:

I was directed to use this medicine for my child by a qualified pharmacist, doctor, nurse or dentist.

I have administered this medicine to my child before with no adverse effects.

This medicine does not contain aspirin.

My child is **not** taking any other medication.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Date commenced ____/____/____

Dosage and method _____

Time to be given _____

Special precautions _____

Are there any side effects that the school should know about?

Self-administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name _____

Daytime telephone no. _____

Relationship to child _____

Appendix B



Marriott Primary School Medical Information Form

Does your child suffer from any of the following - Please tick appropriate box:			Please give details including information on name of any medicines including dosage:
Allergies to any known medication	YES	NO	
Any other allergies, eg material, food, plasters	YES	NO	
Allergy requiring an EpiPen	Yes	NO	
Asthma or bronchitis	YES	NO	
Epilepsy	YES	NO	
Eczema	YES	NO	
Hearing or Visual Impairment	YES	NO	
Dog Allergy	YES	NO	
Diabetes	YES	NO	
Fits, fainting or blackouts	YES	NO	
Severe headaches or migraines	YES	NO	
Heart conditions	YES	NO	
Any other illness or disability	YES	NO	
Does your child receive REGULAR medication or medical treatment	YES	NO	
Travel Sickness	YES	NO	
Is your child receiving medical or surgical treatment of any kind from either their family doctor or hospital?	YES	NO	
Has your child been given specific medical advice to follow in emergencies?	YES	NO	
Marriott Primary School will not give your child medication unless you complete and sign the permission form available from school Office. I understand that it is my responsibility to update the school with any changes to these details			
If it is considered necessary, do you agree to hypo-allergenic sun cream being provided?			<div>YES</div> <div>NO</div>

Is there any additional medical, personal or family information that you think the school should be aware of:

SIGNATURE OF PARENT / GUARDIAN PLEASE SIGN BELOW

Signature

Print Name

Date:

Marriott Primary School



First Aid Guidebook

This Handbook is to be read alongside the following policies:

- Administration of medicines
- First Aid

The information in this handbook is to remind everyone of the school's procedures and to be used alongside the relevant first aid training. Only trained first aiders should administer first aid unless it is an emergency and a first aider should be called immediately.

Classroom based first aiders, should make an assessment of the injured child, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance and to inform a member of SLT.

For Lunchtime staff

Should a minor accident occur:

- Carry out first aid on the playground.
- Fully complete a first aid slip for every accident treated.

- If a child bumps their head, also complete a bumped headband, attach the slip to a bumped head advice form and ask the office to contact parents.

Should a major accident occur:

- Radio immediately for the Lunchtime Manager or any member of SLT.
- Do not move a child if they are lying on the ground if you suspect they have broken an arm or leg, radio immediately for a member of SLT.

Administration of Medicines

If a parent asks that a child have medication in school, then you must send them to the office to fill out the correct form. **No** medicine can be given without it.

Once the form is filled in, file the form in the medicine folder in the first aid room under the child's surname along with a dosage sheet.

You must record each time the medication is given.

All medicines whether prescribed by a GP or over the counter (OTC) can be administered once the appropriate form is completed by a parent/carer.

All medicines must be clearly labelled with the child's name, dosage, frequency and name of medication being given and in original packaging.

Some medication needs to be stored in a refrigerator in order to preserve its effectiveness – this will be indicated on the label.

Any unused or time expired medication must be handed back to the parents or legal guardians of the child for disposal.

Where children have been prescribed controlled drugs, staff need to be aware that these should be kept in safe custody

Medicines should be administered by a named individual member of school or setting staff with specific responsibility for the task in order to prevent any errors occurring. Where practicable a witness should be present who should also sign the appropriate box on the form.

Treatment of head injuries to children

Should a child suffer a bang to the head or face during the school day they should be taken to see one of the First-Aiders. The First-Aider will assess the injury to determine whether the injury requires further specialist medical assistance.

Parents must be contacted by the First aider and provided with details of the accident and their assessment of the injury. There are 4 options to be provided;

1. A courtesy call to say that the child is OK
2. A phone call to ask parent to come in and check on their child
3. A phone call to tell parents the school is concerned and they should collect their child and seek medical attention

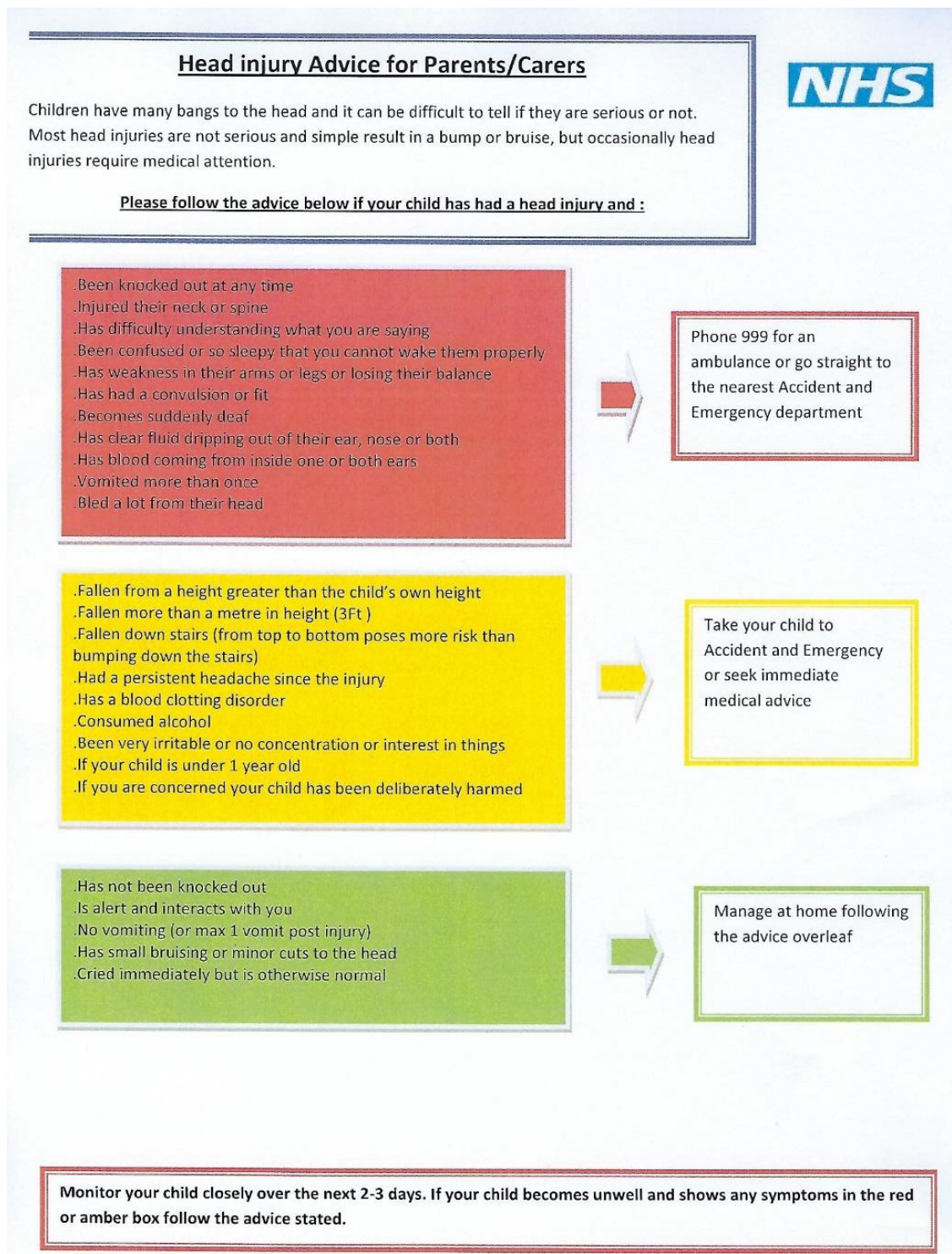
4. A phone call to say an ambulance has been called and for them to make their way to the school or hospital

All children who have suffered a knock to the head or face should have a wristband attached to them detailing name of child, date, time, incident and person dealing with incident.

An accident report form should be completed for the child to take home together with a copy of the NHS Head Injury Advice for Parents/Carers below. For children in Foundation and Key Stage One, this should be handed directly to the parent/carer at the end of the day or when the child is collected from school. An example of a completed form and wristband are on the wall in the first aid room

Under no circumstances, should ICE PACKS be applied to head bumps. It will reduce swelling but it can actually do more harm if there is a hairline fracture this could result in the child needing additional emergency hospital treatment.

Following a bump to the head or face, the class teacher/TA will be informed of the incident so that the child may be monitored. See the following NHS information 'Head Injury Advice' below:



Asthma Attacks

We have many children with Asthma. All pumps are labelled and kept in the child's classroom, there is also a spare inhaler the school office and 3 lunchtime supervisors' bags.

All inhalers should accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc. Children on the asthma register who have parental consent for the use of the emergency inhaler are clearly indicated on the staffroom medical notice board. An emergency inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty).



HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE AND PARENTS IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Is unable to complete sentences

- Doesn't respond to the reliever after five to ten minutes
- Gives you any doubts at all about their condition
- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed
- Stops breathing

Anaphylaxis

All Epi-Pens are labelled and kept in the child's classroom. Anyone can administer an adrenalin auto injector(AAI) in an emergency if the adult/child is unable to do it themselves. Should a member of staff, who has not had the training have to do this, then the emergency services must be informed at the same time as the Epi-Pen is administered.

The school's spare injectors should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. These are stored in the school office.



How to use an adrenalin autoinjector (EpiPen, Jext or Emerade)



1. Hold in your dominant hand



2. Remove the cap with your other hand



3. Swing and jab the tip of the autoinjector into your upper, outer thigh (with or without clothes, but avoiding seams)



4. Hold the injection in place for 10 seconds



5. Massage the injection site for 10 seconds

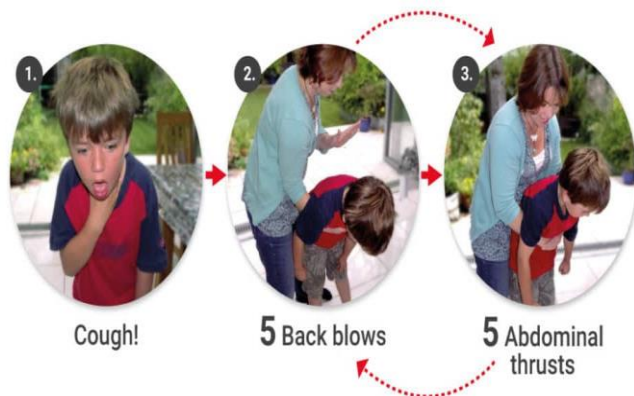


6. Phone for an ambulance

www.firstaidforlife.org.uk

Choking

Choking

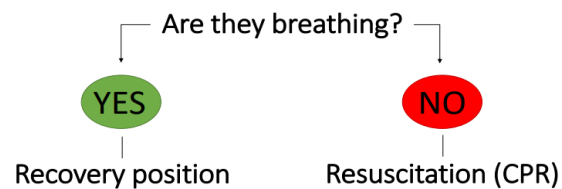


If they lose consciousness and stop breathing, **start CPR**

If you find or anyone becomes unconscious/unresponsive

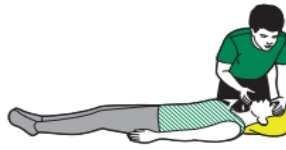
Unconscious

- Unconscious = unresponsive
- Try to make them respond by shouting their name and pinching their ears



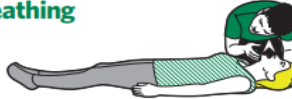
WHAT TO DO IF SOMEONE IS UNRESPONSIVE

1. Open their airway
2. Tilt head



3. Check for normal breathing

- > Look, listen and feel



4. If they're breathing

- > Put them in the recovery position
- > Then call 999/112 for an ambulance



If they're not breathing

- > Call 999/112 for emergency help
- > Start CPR.

WHAT TO DO IF A CHILD HAS STOPPED BREATHING NORMALLY

1. Call 999/112 for emergency help

- > If you're alone, give one minute of CPR before calling on a speaker phone

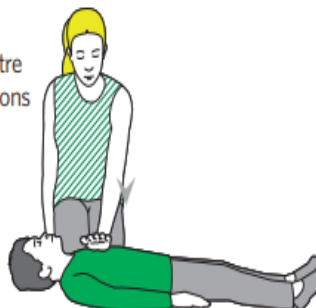
2. Breathe

- > Open the airway
- > Pinch their nose firmly closed
- > Put your lips around their mouth and blow steadily until their chest rises
- > Give five initial rescue breaths



3. Pump

- > Using the heel of one hand in the centre of the chest, give 30 chest compressions at a rate of 100-120 per minute



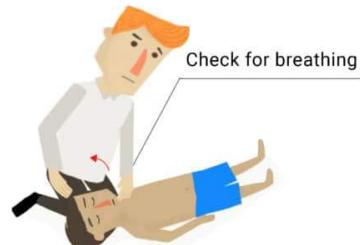
4. Repeat

- > Give two rescue breaths followed by 30 chest compressions
- > Continue CPR until help arrives.

The school has a defibrillator which is stored in the office



Defibrillator (AED)



If breathing - recovery position



www.firstaidforlife.org.uk

HOW TO USE A DEFIBRILLATOR

1. Switch on the defibrillator

- Remove or cut through clothing and wipe away sweat from the chest if necessary

2. Stick on the pads

- Attach the pads to the casualty's chest in the positions indicated on the pads

3. Follow the instructions

- Follow the voice and/or visual prompts given by the machine.



Fractures or Breaks

In the event of an accident in which the child cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so and the emergency first aider must be called immediately to assess the situation.

Treatment of suspected breaks/fractures

The seven things to look for are:

1. Swelling
2. Difficulty moving
3. Movement in an unnatural direction
4. A limb that looks shorter, twisted or bent
5. A grating noise or feeling
6. Loss of strength
7. Shock

If it is an open fracture, cover the wound with a sterile dressing and secure it with a bandage. Apply pressure around the wound to control any bleeding.

Support the injured body part to stop it from moving. This should ease any pain and prevent any further damage.

Once you've done this, call 999 or 112 for medical help. While waiting for help to arrive, don't move the injured person unless they're in immediate danger.

Keep checking the casualty for signs of shock.



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Seizures



Managing seizures

- Don't put anything in their mouth
- Don't restrain them



- Protect their dignity
- If the seizure lasts **more than 5 minutes** phone an ambulance

www.firstaidforlife.org.uk

Please call for an Epilepsy trained member of staff as soon as you can.

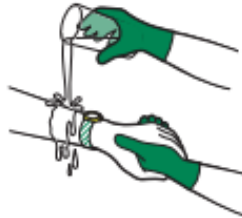
Burns and scalds

Burns first aid kits are situated in the small kitchen and staffroom.

HOW TO TREAT A BURN OR SCALD

1. Move the person away from the heat.

2. Place the burn or scald under cold running water for a minimum of 10 minutes.



3. Remove jewellery and clothing around the area, unless stuck to the burn.



4. Cover the burn loosely, lengthways with kitchen film to prevent infection. Don't burst the blisters.



5. If it is serious call 999.

Marriott Primary School



First Aid Procedures for Non- First Aid Trained Staff

If first aid is needed the following procedures will apply: -

- 1) Contact First Aider / Appointed Person.
- 2) Calm and re-assure the child while waiting.
- 3) Support first aider by explaining the circumstances / situation and providing details e.g. of allergies, medication, condition etc. of the child as soon as they arrive.

The first aider will: - assess the situation - administer first aid in line with current training and / or call for assistance or the emergency services. And they will complete the required records, e.g. accident form/bump to the head letter.

You must Inform parents/carers at the end of the day for minor accidents or a First aider/Office Staff will ring immediately if additional medical assistance is required, they will also inform a member of SLT for serious accidents.

Emergency procedure

An ambulance should always be called if a person has any of these symptoms, applicable to both children and adults on the premises:

(If you witness any of the highlighted symptoms below then please phone the Office or an ambulance yourself. **Do not wait for a First Aider to arrive**)

- Turning blue
- Appears not to be breathing or is struggling to breathe or is having chest pain.
- Severe allergic (anaphylactic) reactions
- Falling unconscious
- Severe bleeding that cannot be stopped
- Fitting for the first time or fitting for longer than usual if known to suffer from seizures
- Severe burns
- Possibility of spinal injury

Asthma – You must be aware of the children in your care that have asthma and if/when they need their inhaler.

If a child needs their inhaler due to cold weather etc. give them their inhaler and record on their sheet – puffs given/time/date/initials. These sheets may be used to inform Drs of frequency of child taking inhaler in school.

In the event of someone having an **asthma attack** in your care, you must stay with the person at all times including when taking an inhaler and call for a first aider.

An ambulance must be called immediately if the person: turns blue, collapses, is going blue or has a blue/white tinge around the lips.

Epilepsy –You must be aware of any children in your care that suffer with epilepsy and follow usual first aid procedures.

You must know the name of at least 1 Epilepsy trained first aider in your key stage.

An ambulance must be called if someone fits for longer than is usual for them.

Diabetes- You must be aware of any children in your care with diabetes and are aware of the signs of hypoglycaemia or hyperglycaemia.

Blood sugar levels must be checked in secure areas outside of classrooms unless in an emergency.

You must know the name of at least 1 Diabetes trained first aider in your key stage.

In the event of a child suffering from hypoglycaemia or hyperglycaemia in your care, you must stay with the child at all times and call for a diabetes trained first aider.

. An ambulance must be called if at any point a person becomes unconscious.

Anaphylaxis – You must be aware of any children in your care that have a severe allergy and know what they are allergic to.

It is important to remember allergens when planning any cooking/food based activities.

You must know the name of at least 1 Epi-pen trained first aider in your key stage.

Epi-pens/Jax must be kept in the child's classroom in the first aid cabinet.

In the case of a severe reaction resulting in anaphylactic shock, the epi-pen should be administered by a trained First Aider wherever possible and an ambulance must be called.

Trips

It is the Teacher's responsibility to make sure that the first aider on the trip has the correct medication with them. Children should also carry their own Inhalers where possible or be given to the member of staff responsible for that child's group.

Anaphylaxis / Diabetes/Epilepsy children should always be in a group with an Anaphylaxis /Diabetes/Epilepsy trained first aider.