

# The Orchard Infant School

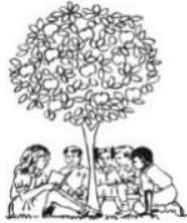
## First Aid Policy



### Policy Summary

This policy sets out our school approach to the training, administration and recording of First Aid and related incidents.

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**The Orchard Vision:** *Inspiring Success*

**Values:** *Determination, Courage, Respect and Kindness*

## **The Orchard First Aid Policy**

### **2024**

#### **Aim**

- To ensure the safety and wellbeing of all children at The Orchard School.
- To ensure correct recording and reporting procedures are followed.

#### **Appointed First Aiders**

- Katie Carter
- Tiya Patel
- Sophie Balloch

These members of staff have the responsibility of taking charge when someone is injured or ill

- looking after first aid equipment – re-stocking
- ensuring inhalers, auto injectors up to date
- ensuring ambulance is called when needed
- managing healthcare plans and ensuring these are displayed
- ensuring the defibrillator pads and batteries are up to date and kept in good working order

#### **Paediatric First Aiders**

- Jackie Hicks
- Tiya Patel
- Maxine Alexander
- Louisa Long

**All Staff** receive Emergency Aid Training every three years.

They are trained in managing:

- CPR
- choking
- blood loss
- asthma
- anaphylaxis and use of EpiPen's (or the equivalent)
- seizures
- head injuries

## **Equipment**

- mini first aid kits are kept in year group area
- the main first aid supply is in the school office
- an emergency kit 'grab bag' is kept in the school office

## **Other relevant Policies**

Please refer to the following plans and policies:-

- Individual Care plans (including health professional guidance) for children with complex needs
- Infection Control Policy
- Health and Safety Policy
- Supporting children with medical conditions and administration of medicines.
- Off-Site Educational Visits
- Care plans are written with parents/carers and health professionals. These are reviewed at least annually

## **Off-site activities**

Risk assessments are written/reviewed before any off-site activities so that staff are prepared for potential injuries or emergencies. A travel first aid kit, spare clothes and a bucket are taken. (Please see Educational Visits policy)

## **Hygiene/Infection Control**

Single use disposable gloves, disposable masks and aprons are available for all staff. Yellow bins are available for any waste containing bodily fluids and for dressings. Please refer to Infection Control Policy.

## **Reporting of Accidents and Injuries**

- Records must be kept of any reportable injury, disease or dangerous occurrence. Records must include date, time and place of event, personal details of those involved and description of the nature of the event or disease
- The Local Authority requires accidents other than minor bumps and bruises to be reported at 'OSHENS' <https://surreycc.oshens.com> e.g fractures, significant head injuries, serious cuts, dislocations
- The HSE requires the following accidents or injuries to be reported to them:
  - Accidents resulting in death or major injury (without delay)
  - Accidents which prevent the injured person from doing their work for more than 3 days

## **Statutory accident record**

As an employer we keep readily accessible accident records for a minimum of 3 years. **School central record**

We keep a record of any first aid treatment given by first aiders including date, time and place of incident, name and class of the injured/ill person, details of injury and which first aid was given, what happened immediately afterwards (went home/went back to class), name and signature of the first aider/person dealing with the incident.

## **Informing parents**

Parents will be informed of minor bumps and grazes through the accident slip sent home in the bookbag.

For any injury more serious than this the school will call a parent.

In an emergency an ambulance will be called first and subsequently the parent. (Please see our 'Quick guide to First aid and emergency' – see Appendix)

Minor incidents requiring first aid to be managed by Staff in playground/classroom where applicable.

Major incidents requiring first aid will be managed in the first aid bay in the office. The room will be well ventilated and if contact with bodily fluids is required gloves, apron and face mask/visor should be worn.

First Aid will be provided by Staff in the playground duty at play times and SMSA First Aider at lunchtimes for minor injuries.

**Resuscitation Advice:**

- If an adult or child is unresponsive and not breathing normally, call 999 or 112 for emergency help and start CPR immediately.
- Request defibrillator.
- Use a hands only approach to life support- using compressions but no rescue breaths. Place a tea towel over the patient's nose and mouth if there is possible contact with blood of other bodily fluids.
- Start chest compressions
- If needed use defibrillator which in the office under the guidance of Office **First Aider**.

**In the event of blood or body-fluid spillage:**

- Keep people away from the area.
- Use a spill-kit if available
- Use gloves
- If no spill-kit is available, place paper towels/blue roll onto the spill.
- Double bag
- Dispose of using yellow bin in first aid area in office

Reviewed: March 2024

Next Review: March 2025

## **Appendix - Quick guide to first aid and emergency aid at the Orchard school**

For all emergencies – send a red card with a child to the office if you are on your own with the class. If there is a 2<sup>nd</sup> member of staff ask them to contact the office.

Also refer to First Aid Policy and Infection Control Policy

Use gloves and apron and disposable face mask if any bodily fluids.

For CPR use a hands/compression only approach

### **Bumps to the head:**

1. Do not send child to the office on their own. Take them to the office.
2. Apply cold compress.
3. Ask the child how it happened. If unclear, ask any other witnesses.
4. Write an accident slip using the book in the play shed or the office-when, where and how it happened, treatment.
5. Give the child a bumped head sticker.
6. Put the accident slip in the child's book bag or hand to the relevant member of staff to do this.
7. Tell the child's class teacher yourself, (do not leave this for the child to do as they may forget).
8. Teacher and Teaching Assistant: Observe the child's behaviour-for any of the following symptoms:--nausea – quietness – dizziness – headache - vomiting-vision problems-unbalanced-change in behaviour.

If any symptoms –immediately inform the office and ensure the child is taken to the office by another adult or a child is sent to the office for a member of the office to come to collect the child.

9. Office will assess child and call ambulance if concussion suspected.
10. Office will then call a parent.

If a child displays symptoms (8.) immediately - take immediate action

If a child is knocked unconscious follow emergency aid procedures.

### **Never send a child with a bump to their head to the office on their own**

#### **What to keep in a first aid kit:**

- Plasters
- Steri-strips
- Gloves
- Sterile wound dressing
- Hypo allergenic adhesive tape
- Gauze swabs
- Triangular bandage

## **Seizures**

- Ensure child /adult cannot injure self by moving dangerous objects away.
- Use a coat or hand to cushion if appropriate to stop head from banging on a hard surface.
- Remove other children /witnesses other than essential personnel to ensure privacy.
- DO NOT put anything including your fist in the person's mouth.
- Time the seizure. Note down what happens.
- If first brain seizure – call an ambulance.
- If longer than 5 minutes – call an ambulance.
- If multiple short seizures – call an ambulance.
- After the seizure –check for normal breathing, open airway and start C.P.R if needed or place in recovery position.

## **Asthma**

One inhaler should be kept in the classroom and one in the main office. The School Assistant checks the expiry dates each term and contacts parent for replacements if needed.

## **Burns**

1. Use cold running water for 20minutes on burned area.
2. Cover the cooled burn with a dressing, cling film is ideal.

## **Anaphylaxis**

One autoinjector should be kept in the classroom and one in the main office. The school assistant checks the expiry date.

## **Nose bleeds**

- Sit child down, head tipped forward.
- Pinch soft part of the nose constantly for 10minutes. WEAR GLOVES! WEAR MASK, WEAR APRON!
- Tell child to breathe through the mouth.
- If bleeding is severe or persists for more than 30 minutes take child to hospital.

## **Antibiotics**

These are only administered by the office staff if there is a signed consent and the antibiotic is prescribed four times daily.

If antibiotics are prescribed three times per day parents must administer it at home.

## **Non prescribed medicines**

NO non prescribed medicines are to be administered.

## **Choking**

Ask –“Are you choking? Cough” Lean the child forwards but protect.

If coughing does not work

- Shout for help
- 5 sharp back blows between shoulder blades with heel of your hand.

If back blows do not work

- Abdominal thrusts - up to 5 times

If this does not work call for ambulance

- Repeat back blows if this does not work
- Repeat abdominal thrusts

### **Blood loss**

- Sit and lay child down.
- Examine and identify point of bleeding
- Look for foreign objects – DO NOT remove an embedded object.
- Apply pressure to point of bleeding using sterile dressing if possible.
- If a dressing gets saturated apply another dressing on top do not remove.

### **CPR**

**WE HAVE a DEFIBRILLATOR IN THE OFFICE FOYER: REQUEST IT**

#### **How to resuscitate a child**

**Below is the full detailed cardiopulmonary resuscitation (CPR) sequence for infants (babies under 1 year old) and children.**

In a life-threatening emergency, dial 999.

If your child is coughing or wheezy, call NHS 111

#### **Child and baby CPR steps**

##### **1. Ensure the area is safe**

- Check for hazards, such as electrical equipment or traffic.

##### **2. Check your child's responsiveness**

- Gently stimulate your child and ask loudly: "Are you all right?"

##### **3a. If your child responds by answering or moving**

- Leave them in the position they were found in (provided they're not in danger).
- Check their condition and get help if needed.
- Reassess the situation regularly.

##### **3b. If your child does not respond**

- Shout for help.
- Carefully turn the child on their back.

*If the child is under 1 year old:*

- Ensure the head is in a neutral position, with the head and neck in line.

- At the same time, with your fingertips under the point of your child's chin, lift the chin. Do not push on the soft tissues under the chin as this may block the airway.

*If the child is over 1 year old:*

- Open your child's airway by tilting the head and lifting the chin.
- To do this, place your hand on their forehead and gently tilt their head back.
- At the same time, with your fingertips under the point of your child's chin, lift the chin. Do not push on the soft tissues under the chin as this may block the airway.

If you think there may have been an injury to the neck, tilt the head carefully, a small amount at a time, until the airway is open. Opening the airway takes priority over a possible neck injury, however.

#### 4. Check their breathing

Keeping the airway open, look, listen and feel for normal breathing by putting your face close to your child's face and looking along their chest.

- Look for chest movements.
- Listen at the child's nose and mouth for breathing sounds.
- Feel for air movement on your cheek.

Look, listen and feel for no more than 10 seconds before deciding that they're not breathing. Gasping breaths should not be considered to be normal breathing.

#### 5a. If your child is breathing normally

- Turn them on their side.
- Check for continued breathing.
- Send or go for help – do not leave your child unless absolutely necessary.

#### 5b. If your child is not breathing or is breathing infrequently and irregularly

- Carefully remove any obvious obstruction in the mouth.
- **Give 5 initial rescue breaths (mouth-to-mouth resuscitation)** – see below.
- While doing this, note any gag or cough response – this is a sign of life.

*Rescue breaths for a baby under 1 year*

- Ensure the head is in a neutral position and lift the chin.
- Take a breath, then cover your baby's mouth and nose with your mouth, making sure it's sealed. If you cannot cover both the mouth and nose at the same time, just seal 1 with your mouth. If you choose the nose, close the lips to stop air escaping.
- Blow a breath steadily into the baby's mouth and nose over 1 second. It should be sufficient to make the chest visibly rise.
- Keeping their head tilted and chin lifted, take your mouth away and watch for the chest to fall as air comes out.
- Take another breath and repeat this sequence 4 more times.



## *Rescue breaths for a child over 1 year*

- Tilt the head and lift the chin.
- Close the soft part of their nose using the index finger and thumb of the hand that's on their forehead.
- Open their mouth a little, but keep the chin pointing upwards.
- Take a breath, then place your lips around their mouth, making sure it's sealed.
- Blow a breath steadily into their mouth over about 1 second, watching for the chest to rise.
- Keeping their head tilted and chin lifted, take your mouth away and watch for the chest to fall as air comes out.
- Take another breath and repeat this sequence 4 more times. Check that your child's chest rises and falls in the same way as if they were breathing normal

### 5c. Obstructed airway

If you have difficulty achieving effective breathing in your child, the airway may be obstructed.

- Open the child's mouth and remove any visible obstruction. Do not poke your fingers or any object blindly into the mouth.
- Ensure there's adequate head tilt and chin lift, but the neck is not overextended.
- Make up to 5 attempts to achieve effective breaths (enough to make the chest visibly rise). If this is still unsuccessful, move on to chest compressions combined with rescue breaths.

### 6. Assess the circulation (signs of life)

Look for signs of life. These include any movement, coughing, or normal breathing – not abnormal gasps or infrequent, irregular breaths.

#### *Signs of life present*

If there are definite signs of life:

- Continue rescue breathing until your child begins to breathe normally for themselves.
- Turn the child on their side into the [recovery position](#) and send for help.
- Continue to check for normal breathing and provide further rescue breaths if necessary.

#### *No signs of life present*

If there are no signs of life:

- Start chest compressions immediately.
- Combine chest compressions with rescue breaths, providing 2 breaths after every 30 compressions.

## 7. Chest compressions: general guidance

- To avoid compressing the stomach, find the point where the lowest ribs join in the middle, and then 1 finger's width above that. Compress the breastbone.
- Push down 4cm (for a baby or infant) or 5cm (a child), which is approximately one-third of the chest diameter.
- Release the pressure, then rapidly repeat at a rate of about 100-120 compressions a minute.
- After **30 compressions**, tilt the head, lift the chin, and give **2 effective breaths**.
- Continue compressions and breaths in a ratio of 2 breaths for every 30 compressions.

Although the rate of compressions will be 100-120 a minute, the actual number delivered will be fewer because of the pauses to give breaths.

The best method for compression varies slightly between infants and children.

### *Chest compression in babies less than 1 year*

- Do the compressions on the breastbone with the tips 2 fingers, not the whole hand or with 2 hands.
- The quality (depth) of chest compressions is very important. If the depth of 4cm cannot be achieved with the tips of 2 fingers, use the heel of 1 hand – see advice for children, below.

### *Chest compression in children over 1 year*

- Place the heel of 1 hand over the lower third of the breastbone, as described above.
- Lift the fingers to ensure pressure is not applied over the ribs.
- Position yourself vertically above the chest and, with your arm straight, compress the breastbone so you push it down 5cm, which is approximately one-third of the chest diameter. The quality (depth) of chest compressions is very important.
- In larger children or if you're small, this may be done more easily by using both hands with the fingers interlocked, avoiding pressure on the ribs.

If nobody responded to your shout for help at the beginning and you're alone, continue resuscitation for about 1 minute before trying to get help – for example, by dialling 999 on a mobile phone.

## 8. Continue resuscitation until

- Your child shows signs of life – normal breathing, coughing, movement of arms or legs.
- Further qualified help arrives.
- You become exhausted.

### **Adult CPR**

If someone is unconscious and not breathing normally, call 999 and start CPR straight away.

When you call for an ambulance, telephone systems now exist that can give basic life-saving instructions, including advice about CPR.

## CPR on adults

If you have been trained in CPR, including rescue breaths, and feel confident using your skills, you should give chest compressions with rescue breaths.

If you're not completely confident or if the patient could have Covid 19 attempt hands-only CPR instead.

## Hands-only CPR

To carry out a chest compression:

1. Place the heel of your hand on the breastbone at the centre of the person's chest. Place your other hand on top of your first hand and interlock your fingers.
2. Position yourself with your shoulders above your hands.
3. Using your body weight (not just your arms), press straight down by 5 to 6cm (2 to 2.5 inches) on their chest.
4. Keeping your hands on their chest, release the compression and allow the chest to return to its original position.
5. Repeat these compressions at a rate of 100 to 120 times a minute until an ambulance arrives or you become exhausted.

## CPR with rescue breaths

1. Place the heel of your hand on the centre of the person's chest, then place the other hand on top and press down by 5 to 6cm (2 to 2.5 inches) at a steady rate of 100 to 120 compressions a minute.
2. After every 30 chest compressions, give 2 rescue breaths.
3. Tilt the casualty's head gently and lift the chin up with 2 fingers. Pinch the person's nose. Seal your mouth over their mouth, and blow steadily and firmly into their mouth for about 1 second. Check that their chest rises. Give 2 rescue breaths.
4. Continue with cycles of 30 chest compressions and 2 rescue breaths until they begin to recover or emergency help arrives.

Information:

## Coronavirus (COVID-19) advice

If there's a chance the person who's unwell has infectious disease, place a cloth or towel over their mouth and nose and do hands-only CPR until an ambulance arrives.

For more information, see:

[Health protection in children and young people settings, including education](#)