



PERMANENT EDUCATION
THINKING FOR OURSELVES - FOR LIFE.

Approved by: Rebecca Gough and Paula Moses **Date:** August 2021

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The aim of this policy is to set out guidelines for all staff in Permanent Education in the administering of First Aid to children, employees or visitors.

This policy shall be shared with all employees during their induction to ensure they are familiar with the company's first aid procedures.

What is first aid?

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

First aid and medication

At least one member of staff with current first aid training is on the premises at any one time. The first aid qualification includes first aid training for infants and young children. Permanent Education currently has 2 emergency first aiders with valid certificates.

Our First Aid Kits:

- Comply with the Health and Safety (First Aid) Regulations 1981 and British Standard – BS 8599-1:2011;
- Include assorted plasters, disposable sterile triangular bandages, eye pads, medium-sized dressings, large-sized dressings, sterile cleansing wipes, nitrile powder-free gloves, first aid in an emergency booklet, safety pins, resuscitator, Tuff-Kut scissors, Burnshield dressing or cling film, finger dressings, conforming bandages, disposable heat retaining blanket, microporous tape and disposable tweezers. These are regularly checked.
- Staff are responsible for maintaining the kits in their individual possession. The First Aid station hosts one of five first aid kits which is regularly checked and restocked by the first aid team. These are re-stocked as necessary;
- Are easily accessible to adults; and
- Are kept out of the reach of children.

Accident books:

- Are kept safely but accessible to first aiders.
- Where appropriate, serious incidents must be uploaded onto the electronic incident reporting system for the local authority within 24 hours.
- All staff and volunteers know where they are kept and how to complete them.
- The accident book is reviewed half termly by a member of the first aid team to identify any potential or actual hazards.

Our accident books keep a record of any first-aid treatment given by first aiders and other members of staff. These accident books MUST be written in pen, completed on the same day of the incident, and include:

- The date, time and place of the incident.
- The name of the injured or ill person.
- Details of the injury or illness and first-aid given.
- What happened to the person immediately afterwards (for example, whether they went home, went back to activity, or went to hospital).

The information in the accident books can:

- Help Permanent Education identify accident trends and possible areas for improvement in the control of health and safety risks;
- Be used for reference in future first-aid need assessments;
- Be helpful for insurance and investigative purposes.

- All completed accident books should be given to a Director, who will store them for reference in future.
- Parents must be informed of any accidents, injuries sustained and/or first aid treatment given to their child whilst in school. The first-aider who treated the injury will be the person who contacts the parent to inform them of what happened and recommended next steps.
- Staff must be aware of the Data Protection Act and not allow parents to view personal information other than that relating to their child and must not allow parents to take photographs other than of their own child. It is not standard practice to give parents copies of the company's accident record. However, if a parent requests a copy of the accident form then this will need to be authorised by a Director.

Administration of Medicines

This applies to all pupils:

- Medicines will be safely stored in a locked box. A written record will be kept by the senior member of staff on site and stored in the medical file. This will include date, time, dosage and name of the member of staff who administers the medicine. One member of the staff team will take responsibility for this task to ensure that no pupil forgets to take their medication.
- Any parent can request that their child is given prescription medicine whilst participating in activity days. Permanent Education will only accept medicine that has been prescribed by a GP or hospital doctor.
- If medicines (including asthma pumps) are to be administered in school the parents must complete and sign an agreement form which must be handed into a member of the office team before any medication can be administered.
- It is preferable that pupils take medicine at home, before or after the activity day.
- No pupil will be given medicine without the parental consent unless there is a clear and dire emergency and ambulance / emergency personnel are in attendance.
- Prescribed medicines must be in date, prescribed by a NHS doctor and provided in the original container with dosage instructions.
- Permanent Education will not be held responsible for any side-effects due to the correct administration of prescribed drugs
- If the administration of prescribed medication requires medical knowledge, individual training will be provided for the relevant member of staff by a health care professional.
- Arrangements for children who are competent to manage their own medicine throughout the day.
- A child who has been prescribed a medicine may be responsible enough to carry and administer drugs or medical testing equipment e.g. blood sugar testing kit. Permanent Education will consult with parents and relevant school staff about the advisability of an individual child or young person taking responsibility for their own treatment. The decision in cases of dispute will rest with the Director who has a duty to ensure the safety of all children and young people.

Medical Emergencies at Permanent Education Activities

All members of staff who have contact with pupils who have medical conditions will be informed about the best course of action if a child becomes seriously ill and needs emergency treatment.

The child and the parents will be informed about permanent Education's arrangements and there will be details in the plan if appropriate.

Permanent Education will call an ambulance before contacting parents if a child becomes seriously ill – this applies to all children and not only those with health care plans. Permanent Education will arrange for a competent member of staff to travel to hospital in an ambulance and act in loco parentis until the parents arrive. The member of staff in loco parentis will have the right to sanction emergency procedures as advised by medical staff in the ambulance or at the hospital.

Sickness

Our policy for the exclusion of ill or infectious children is discussed with parents. This includes procedures for contacting parents – or other authorised adults – if a child becomes ill while taking part in Activities.

- We do not provide care for children, who are unwell, e.g. have a temperature, or sickness and diarrhea, or who have an infectious disease.
- Children with head lice are not excluded, but must be treated to remedy the condition.
- Parents are notified if there is a case of head lice during Activity days.
- HIV (Human Immunodeficiency Virus) may affect children or families attending the school. Staff may or may not be informed about it.
- Children or families are not excluded because of HIV status.

- Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times by the Health and Safety Coordinator and the Emergency First Aiders.

Treatment of injuries

Following an accident, the First Aider is to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The First Aider should call an ambulance on the following occasions:

- In the event of a significant injury or head injury
- If bleeding cannot be controlled
- In the event of a period of unconsciousness
- Whenever a fracture or break is suspected
- Whenever the first aider is unsure of the severity of the injuries

Treatment of head injuries to children

Children often fall and bang themselves, and thankfully most bangs to the head are harmless events and can be dealt with by the supervising adult by applying a cold compress (wet tissue or cloth) for the child's own comfort. Parents/Carers must be contacted if the child has a visible or grazed bump to the head. All head bumps must be recorded into the accident book and a letter sent home informing parents of possible symptoms to look out for. It is the responsibility of the first aider dealing with the head bump to contact the parent and also inform the class teacher. Head bump letters will be texted to parents electronically so the school can be sure the parent receives the information. The bottom section of the letter must also be completed and retained by the school.

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. Emergency First Aiders should be sought if the child:

- becomes unconscious;
- is vomiting or shows signs of drowsiness;
- has a persistent headache;
- complains of blurred or double vision;
- is bleeding from the nose or ear; and/or
- has pale yellow fluid from the nose or ear.

If any of the above symptoms occurs in a child who has had a bang to the head, urgent medical attention is needed. Parents should be contacted and the emergency services too.

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.
- First Aid training states that clothing should only be removed if absolutely necessary. Where clothing needs to be removed which could cause a safeguarding issue then two members of staff should be present. Only one needs to be first aid trained. However, if waiting for a second member of staff puts a child's life in danger then the first aider should not withhold treatment.

Disposing of blood

Blooded items should be placed in the yellow clinical waste bags and disposed of in the sanitary bin in the female staff toilets.

Splinters

Splinters can be removed if they are small and you can see the angle it went in but not if they are embedded or in a joint. They must be extracted in the same direction they went in. Sterile single-use tweezers are stored in the main first aid box located in the First Aid Station.

Ice Packs

Instant ice packs are single-use only and for the treatment of sprains, strains and bruises and must be kept out of children's reach. These are stored in the main First Aid Station.

Guidance on the use of ice packs: Ideally an ice pack should be applied within 5 -10 minutes of the injury occurring. The pack must be wrapped in a cloth to prevent cold burns and applied to the injured area for 20 - 30 minutes and repeated every 2 to 3 hours for the next 24 – 48 hours. Emergency first aiders must check the colour of the skin after 5 minutes of applying the pack. If the skin is bright red or pink, remove the pack. With injuries older than 48 hours, a heat source can be applied to bring more blood to the injured area to stimulate the healing process.

Precautions when using ice and heat:

DO NOT USE ICE OR HEAT

- If the casualty is diabetic
- Over areas of skin that are in poor condition
- Over areas of skin with poor sensation to heat or cold
- Areas with known poor circulation
- In the presence of visible or known infection(s)

Asthma

We have many children with Asthma. All pumps must be labelled and kept in the locked medicine box. In the event of an attack, the inhaler must be taken to the child.

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All inhalers should accompany children when they are off their school grounds e.g visiting Permanent Education's Permaculture Site. Children on the asthma register who have parental consent for the use of the emergency inhaler are clearly indicated. An emergency inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty).

In the event of an asthma attack follow the T.I.M.E advice

ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK

Epi-Pens

All Epi-Pens are labelled and kept in the locked medication box. All staff have Anaphylaxis and Epi Pen training.

Anyone can administer an Epi-Pen 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.

Training

A central record of all training related to first aid is held by the Designated Safeguarding Lead and reviewed annually to ensure that certificates are renewed within timescales.

Attached to this policy is advice on head injuries and the latest edition of the first aid training handbook – both useful as a reference source.