

KNOCKAVOE SCHOOL & RESOURCE CENTRE

First Aid Policy 2020-2021

Ratification

Position	Signed	Date
Principal	Sharon Cassidy	24th March 2021
Chair of Board of Governors	June Neill	24th March 2021

Date of Review:

Definition

First Aid is immediate assistance or treatment given to someone injured or suddenly taken ill before the arrival of an ambulance, doctor, or other appropriate qualified person.

First Aid is important for three reasons

1. Preserve Life
2. Prevent condition worsening
3. Promote Recovery

And we have moral and legal obligations re the wellbeing of our pupils and staff.

Implementation

In Knockavoe School our First Aid Policy is aligned to the guidance in the EA Safety Manual which is based on 'First aid at work - The Health and Safety (First-Aid) Regulations 1981'.

We have 5 Qualified First Aiders i.e. those who have completed a four day approved first aid course and have been awarded a First Aid at Work Certificate:

- 1) Myra Grier – Senior Corridor
- 2) Sonya McGill - Senior Corridor
- 3) Louise Jack – Senior Corridor
- 4) Aisling Doherty Mc Conomy – Primary Corridor
- 5) Lisa Callaghan – Class 4 Resource Building

Under present Covid-19 protocols and in line with the Whole School Risk Assessment, staff can request assistance from a First Aider. The First Aider must fill in the staff tracking form on the door of the classroom when attending to an incident.

Injuries and Accidents

All injuries and accidents should be dealt with, where possible, where the accident took place. In all incidents the welfare and dignity of the of the pupil is paramount.

When an emergency/accident occurs in school staff should seek assistance from the designated First Aider. First Aid Protocol and First Aider Contact details are on display in every classroom and throughout school. (Appendix 1 & 2) After assessment, the First Aider may deem that further medical assistance is required.

When an emergency/accident occurs in an out-of-school situation and in the absence of a First Aider, staff should respond sensibly and calmly phoning for medical assistance, returning immediately to school as is deemed necessary. On reaching school the casualty should be referred to a First Aider and parents should be contacted.

Staff should include first aid arrangements within their Environmental Risk Assessments for all other outings.

Illness

Pupils who show symptoms of illness during the school day will have their temperature checked. Staff should contact a member of the First Aid Team. A First Aider will follow the temperature protocol to take a pupil's temperature (Appendix 3)

A temperature recorded 37.8 °C or above with the iHealth PT3 thermal thermometer will require a second temperature reading. The 2nd reading will be taken with the ear probe for confirmation of fever/infection.

When a child becomes ill during the school day parents/carers will be contacted and asked to pick up their child from school as soon as possible.

Parents are to follow the PHA Guidance on infection control in schools for the recommended period to be kept away from school or nursery. If pupils are ill they should remain at home until symptom free as per PHA Guidance (Appendix 4.)

COVID

Should any class require First Aid assistance due to COVID signs and symptoms then the First Aider must wear full PPE and seek support from staff measured for FFP3 masks.

6 Staff measured for FFP3

Myra Grier

Caroline McDaid

Elaine Sayers

Ashleen Edgar

Roisin McCafferty

Sonya McGill

Recording

School procedures regarding the reporting/recording of any accidents/incidents will be followed and this is especially important in cases where staff have been involved in the administration of First Aid.

All incidents should be recorded in the appropriate way in line with school procedures – on the online recording system see Appendix 5. The Vice Principal/Principal should be contacted when completing the accident form so that the form can be signed off and submitted. A copy of the accident form will be left at the front office and in the case of incident/injury to a child – a copy will be sent home to parents/guardians.

First Aid Boxes Location

Primary Corridor
Secondary Corridor
Dining Hall
Resource Centre – Class 4
School Minibus

First Aid Boxes, fully equipped in accordance with latest guidelines and they are regularly checked by the 5 school first aiders. Any equipment used from the First Aid Kit should be replaced as soon as possible by the First Aider. First Aid Boxes will be checked on an annual basis (last completed **August 2020**).

All appropriate staff in school have been trained in Administration of Rectal Diazepam, Buccal Midazolam, Enteral Feeding, Medications, Choking, Ventilation, Oxygen, Suction, Diabetes, Anaphylaxis Awareness, Epi-Pen, CPR, AED and Epilepsy management. Staff skills are refreshed annually in line with EA guidance and supported by the Children's Community Nursing Team. New staff within appropriate/identified classrooms receive training as soon as possible after taking up duty. Epilepsy, Anaphylaxis, Asthma and Diabetes Awareness training takes place every two years for staff and is led by EA Centralised Training with Health Trust.

Temporary staff will be made aware of these arrangements by Teachers in charge of sub staff – Emma Wallace and Jim Callaghan, in the course of their initial induction.

Reporting to Parents

In the event of incident or injury to a pupil, a parent/guardian must be informed as soon as practicable. Parents are informed in line with the school protocol and using the Knockavoe recording slip. In an event of a serious injury, head injury or any incident requiring emergency medical treatment the pupil's emergency contact numbers will be contacted.

Accidents involving bumps to a head

The consequence of an injury from an accident involving a bump or blow to a pupil's head is not always evident immediately and the effects may only become noticeable after a period of time. In the event of a blow/bump to the head normal protocol for the emergency treatment of head injury will be applied. Parents will be informed using EA's Head Injury Letter in Appendix 6. Please refer to Head Injury and Concussion Guidance in Appendix 7.

Transport to hospital or home

The Principal will determine the appropriate action to be taken in each case. Where the injury requires urgent medical attention, an ambulance will be called, and the pupil's parent or guardian will be notified. Emergency Service Call Form in Appendix 8.

If hospital treatment is required, then the pupil's parent/guardian will be called for them to take over responsibility. If no contact can be made with parent/guardian or other designated emergency contacts then the Principal may decide to transport the pupil to the hospital.

Where the Principal makes arrangements for transporting a child then the following points will be adhered to-

- Only school vehicle to be used for transportation;
- No individual member of staff will be alone with the pupil in a vehicle in line with Safe Guarding guidelines;
- A second member of staff will be present to provide supervision of the injured.

Parents will take over responsibility at the hospital.

Cleaning of blood and body fluid spillages.

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (wearing PPE). Always seek advice from the Building supervisor. Health and Safety Team will support if Building Supervisor off site.

When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

(Guidance on infection control in schools and other childcare settings PHA March 2017)

First Aiders

- The main duties of First Aiders are to give immediate first aid to pupils or staff and to ensure that an ambulance or other professional medical help is called, when necessary.
- First Aiders are to ensure that their first aid certificates are kept up to date through liaison with the Medical Team and EA Centralised Awareness Training.
- To ensure the First Aid Boxes are stocked and maintained.

This policy should be read in conjunction with the 'Administration of Medication Policy' and the 'Whole School Covid19 Risk Assessment'.

Appendix

1. First Aid Protocol
2. First Aid Contact
3. Temperature Protocol
4. PHA Guidance on Infection Control in Schools
5. EA Online Recording
6. EA Head Injury Letter
7. Head Injury and Concussion Guidance
8. Emergency Service Call Form

Appendix 1

First Aid Protocol

In the event of an accident requiring first aid
Please follow this procedure:

Use the **walkie** to call a First Aider
“First Aider to _____ (eg: Hall playground)”

OR

Contact First Aider via the classroom Numbers
(See Page Attached)

Appendix 2**Knockavoe First Aiders****Corridor 1**

Corridor 1 Aisling Doherty-McConomy

Contact class number: **115****Corridor 2**

Corridor 2 Myra Grier

Contact class number: **110**

Corridor 2 Louise Jack

Contact class number: **129**

Corridor 2 Sonya McGill

Contact class number: **126****Class 4 Resource Centre**

Resource Centre Lisa Callaghan

Contact class number: **School Walkie-talkie**



Appendix 3

Temperature Protocol

1.	Pupils will arrive through the designated entrances and proceed to their classroom with a staff member.
2.	Pupils who show symptoms of illness during the school day, as per school protocol, can have their temperature checked. Staff should contact a member of the First Aid Team (See Contact sheet). A First Aider will come to the classroom door to take a pupils temperature.
3.	A temperature which is recorded 37.8 °C or above with the iHealth PT3 thermal thermometer will require a second temperature reading. The 2 nd reading will be taken with the ear probe for confirmation of fever/infection.
4.	If the 2nd temperature with the ear probe is 37.8°C or above then the pupil will be taken to the School designated isolation area.
5.	A member of SMT should be contacted. The pupil will be supervised in the isolation area by a staff member who has been fitted with an FFP3 mask. A member of the class team should be available to support the pupil in isolation following social distancing guidance.
6.	The Class teacher should contact the pupil's parent/carer and collect their <u>child immediately from school</u> . Parents/Carers will be advised to follow the Public Health Agency guidelines attached.
7.	The Class Teacher should make contact with the parent/carer before the end of the school day. Pupils with illness or infection follow the Public Health Agency recommended period to stay away from school.

Appendix 4

Guidance on infection control in schools and other childcare settings



Prevent the spread of infections by ensuring routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency Health Protection Duty Room (Duty Room) on 0300 555 0119 or

visit www.publichealth.hscni.net or www.gov.uk/government/organisations/public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Table with 3 columns: Infection type, Recommended period to be kept away from school, nursery or childcare setting, and Comments. Rows include Rubella and skin infections, Chickenpox, Cold sores, Gonorrhoea, Measles, Pertussis, Rubella, Scabies, Strep throat, Strep, Urinary tract infection, and Diarrhoea and vomiting illness.

Table with 3 columns: Infection type, Recommended period to be kept away from school, nursery or childcare setting, and Comments. Rows include Pertussis, Rubella, and Respiratory infections.

Table with 3 columns: Infection type, Recommended period to be kept away from school, nursery or childcare setting, and Comments. Rows include Other infections, Diphtheria, Pertussis, Measles, Rubella, and Meningitis.

Good hygiene practice: Handwashing is one of the most important ways of controlling the spread of infection... Cleaning and sanitising ready-to-use surfaces... Personal protective equipment (PPE)... Cleaning of the environment... Cleaning of blood and body fluid spillages... Laundry... Strep, Ig media... Strep injuries and bites... Asthma... Animals in school... Pets in school... Pets in school... Pets in school...

Vulnerable children: Some medical conditions make children vulnerable to infections that could easily be serious in most children... Female staff - pregnancy: If a pregnant woman develops a rash or is in direct contact with someone who has a rash... Immunisations: Immunisation status should always be checked at school entry and at the time of any vaccination...

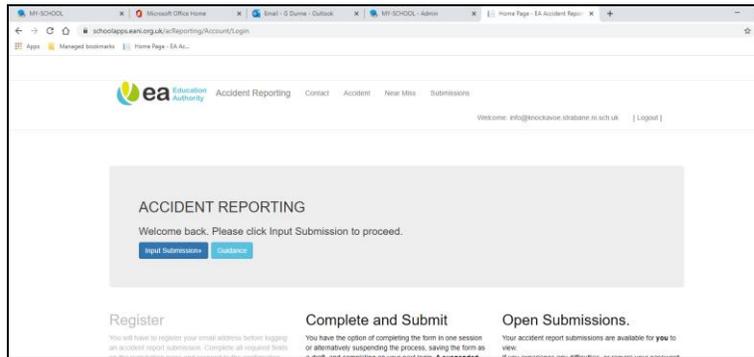
Table with 3 columns: When to immunise, Diseases causing pertussis against, and How to give. Rows include Diphtheria, tetanus, pertussis (whooping cough), polio and Hib; Measles, mumps and rubella; Hib and meningococcal B infection; Hib and meningococcal B infection.



Appendix 5

Completion of on-line Incident Report Form

The form can be accessed at <https://schoolapps.eani.org.uk/acReporting/>
Log in details – available from the School Office



Click on input submissions and begin to enter the details of the incident.
Ensure all relevant information is added and all details are correct.

Any other relevant information section – should contain any records of phone calls to parents/guardians or conversations with staff members.

When completed click on Save as Draft.

Let the Principal/Vice Principal know that the form has been saved. The form will then be read and signed and submitted by the Principal/Vice Principal.

Appendix 6



Head Injury Letter

Dear Parent/ Guardian

Your Child received a bump on their head today whilst attending School.

Description of how head injury occurred

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.....
.....
.....
.....

A School First Aider assessed your child. Although no problems were detected at the time, we request that you observe your child for the next 24 hours for any of the following symptoms:

- Blurred vision
- Drowsiness
- Nausea or vomiting
- Severe headache
- Confusion
- Slurred speech
- Unresponsiveness
- Clumsy, staggering or dizziness
- Bleeding from ears or nose

Contact your GP or the nearest Accident and Emergency Department if you notice any of the above symptoms.

Yours faithfully

Appendix 7

Head injury and concussion

HEAD INJURY

The NHS advises that your child should go to A&E after a head injury if your child has:

- been knocked out but has now woken up
- been vomiting since the injury
- a headache that does not go away with painkillers
- a change in behaviour, like being more irritable
- problems with memory
- a blood clotting disorder (like haemophilia) or takes blood-thinners (like warfarin)
- had brain surgery in the past

Should your child have a head injury in school, we shall ring you immediately and ask you to come to school to collect your child. We would expect that you keep your child at home for the next 24hrs in order to monitor their condition. Should your child's head injury occur at home your child must remain at home to be monitored for 24hrs.

Should the head injury cause symptoms such as those listed below, then we shall immediately ring 999;

- not waking up after being knocked out
- difficulty staying awake or keeping their eyes open
- a fit (seizure)
- problems with their vision
- clear fluid coming from their ears or nose
- bleeding from their ears or bruising behind their ears
- numbness or weakness in part of their body
- problems with walking, balance, understanding, speaking or writing (where these problems did not occur before the incident)
- been involved in a very serious accident, such as a car crash.

Concussion

Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary impairment of brain function. Its development and resolution are typically rapid and spontaneous. A person can sustain a concussion without losing consciousness. Concussion is associated with a graded set of clinical signs and symptoms that resolve sequentially. Concussion can be caused by a direct blow to the head or body and from whiplash type movements of the head and neck.

Immediately following a suspected concussion, in the event of another impact, the brain is susceptible to further significant damage. This can take the form of a second more serious concussion, or even the very rare condition, Second Impact Syndrome. Second Impact Syndrome may occur minutes, hours, days or even weeks after the initial concussion. This second injury may be relatively minor, but it can lead to collapse or death.

Following a suspected concussion or head injury, it is our recommendation that your child be checked by a medical professional, to assess the severity of the injury. Close parental supervision is vital in the first 24 hours and therefore we would ask that for the 24 hours following a head injury – your child remain at home. If your child develops any of the following warning signs during this period, you should seek urgent medical assistance.

Neck pain - Deteriorating conscious state - Increasing confusion or irritability - Severe or increasing headache - Repeated vomiting - Unusual behaviour change - Seizure or convulsion -Double vision - Weakness or tingling / burning in their arms and legs

Until symptoms have ceased, your child should not be allowed to drive, use electronic tablet devices/ phones / computers or other electronic devices, or indeed attend school. Should you feel that your child requires additional support with returning to the demands of school please contact school directly.

Appendix 8

EMERGENCY CALL FORM

TO BE DISPLAYED BY THE OFFICE TELEPHONE

REQUEST FOR AN AMBULANCE

to:

Dial 999, ask for ambulance and be ready with the following information.

1. Your telephone number (insert telephone number here).

2. Give your location as follows: (insert school address and postcode).

3. Give exact location within the school (insert brief description).

4. Give your name.

5. Give brief description of pupil's symptoms.

6. Inform ambulance control of the best entrance and state that the crew will be met and taken to the pupil.

SPEAK CLEARLY AND SLOWLY

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