



FIRST AID POLICY AND PROCEDURES

Approved by: SMT

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To be reviewed by: SMT

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Accessibility: Available on the school website and paper copy on request

Scope: Ashbridge Independent School and Nursery, Ashbridge-on-Ribble Nursery, Ashbridge Nursery at Maxy Farm, The Fledglings Nursery

Documentation linked to this policy includes Staff and Child Medical Needs Records and Medication, Sickness and Accident Procedures, and information on First Aid in the Health and Safety Policy. The appendices relating to this policy are available on request.

We believe that first aid is an important skill whereby performing simple procedures and following certain guidelines when required, it may be possible to save lives. By acting in a timely and competent manner, giving basic treatment we are acting responsibly until professional medical help has arrived and is available. We ensure that our premises, policies and procedures minimise risk to children and adults, however accidents and incidents do occur for which we need to be prepared.

We ensure that all those who work with children take a recognised First Aid Course (in most cases paediatric First Aid) which is updated every 3 years. In addition, we regularly hold training courses for our team and records are kept. (See training record and list of qualified First Aiders, appendix 1)

1 Responsibility

The Headteacher (Lindle Lane, Ashbridge on Ribble) or Nursery Manager (Maxy Farm, Fledglings) has overall responsibility for the First Aid Policy, Guidance and Procedures in both the EYFS and school department and for ensuring that a qualified First Aider is:

- On the premises at all times when children are present
- Accompanies all off-site visits involving children

Members of the Senior Management Team have, within their job description, responsibility as appointed persons in charge of first aid (See Health & Safety Policy). Records of training are kept within the main and individual staff training records and personnel files.

2 Reporting and Recording Accidents.

We record all accidents, however minor, include treatment given and inform parents/carers on the same day. See Accident Reporting Procedure (children & staff)

Any serious incident or accident which results in additional medical involvement is recorded on a separate form and reported to relevant authorities or RIDDOR where necessary. (See serious incident form). OFSTED are also informed of any serious injury, accident, illness or death that occurs at the setting, as well as any case of food poisoning affecting two or more children, in line with their reporting procedures.

Accident statistics in school and nursery are analysed on an ongoing basis to identify trends or patterns in the nature of accidents.

3 Risk Assessments

A risk assessment for first aid is in place and regularly reviewed. See risk assessment records

4 Qualified First Aiders

The following members of senior staff are trained in First Aid. For a full list of First Aid trained staff, please see Appendix 1.

Lindle Lane:

- Karen Mehta, Headteacher
- Hilary Sharples, Director of Quality
- Grace Cole, Director of Operations
- Charlotte Bingham Brindle, Director of Compliance
- Ruth Thompson, Operations Manager
- Chelsea Mounsey, Curriculum Manager
- Emma Murray, Curriculum Manager
- Andrea Pratt, Front of House Manager

- Arthur Wood, Deputy Headteacher (Juniors) – Forest First Aid Trained
- Ashbridge at Maxy Farm:
 - Dr Alice Turner, Director of Quality of Care
 - Julie Fazackerley, Head of Nursery
 - Laura Wood, Head of Nursery
- Ashbridge-on-Ribble:
 - Nazma Ahmed, Director of HR and Nursery Operations
 - Emma Newlove, Nursery Manager
 - Alex Goch-Saraczyn, Manager
- The Fledglings:
 - Charlotte Twist, Nursery Manager
 - Arianna Visani, Deputy Manager

Most team members hold a paediatric First Aid certificate, with some holding training in First Aid for adults, epipens and asthma training, and specific First Aid training for Forest School and Sport activities. Team members are also trained to meet the specific needs of children in their care when required.

First Aid Procedures

We aim to offer practical and sensible arrangements at the point of need.

In most cases of minor accidents all qualified staff may attend to a child by following the basic accident procedure. Key staff are all made aware of children with particular medical needs and the procedure associated.

Details of where First Aid boxes are kept can be found in Appendix 2. Staff medication is kept in personal lockers with the exception of inhalers and other emergency medication which may be kept in classrooms, inaccessible to children, if required. First Aid provision is available at playtimes, kits are taken on Forest sessions and on all off-site visits, including sports fixtures. There is a special First Aid kit for Forest Sessions and a Sports First Aid kit. Team members are made aware of where they can collect the relevant First Aid kit. A member of the nursery management team is responsible for monitoring and replenishing First Aid box supplies.

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.
- 4) The first aider will:
 - assess the situation
 - administer first aid in line with current training and / or call for assistance or the emergency services.
 - Complete the required records, e.g. accident form/bump to the head letter. Head bump letters are signed by a member of the NMT or SMT.
 - Inform member parents and family, either at the end of the day for minor accidents, or immediately if additional medical assistance is required
 - Inform a member of SMT for serious accidents

Emergency procedure

Managers are permitted to use their mobile phones to contact an ambulance if it will make it easier for information to be relayed to the emergency services. An ambulance should always be called if a person has any of these symptoms, applicable to both children and adults on the premises:

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

In addition to this, specific guidance for ringing an ambulance for babies and younger children includes:

- High, pitched, weak or continuous cry
- Bulging fontanel
- High temperature with very cold feet and hands
- Spotty, purple-red rash anywhere on the body
- Green coloured vomiting
- Unusually drowsy or hard to wake up

Ambulances may need to be called for other reasons not listed, particularly in the case of people with specific medical needs.

First aiders and appointed person should:

- Assess the situation and stay calm.
- Minimise any danger to themselves and others; e.g. make sure someone takes charge of other children at the scene.
- Treat and/or send for help. Notify emergency services and parents etc as appropriate.

When contacting the emergency services, the appointed person should:

- Give their name and the telephone number calling from.
- Tell the contact the location of the accident and the age of child/adult involved and any other relevant information about the person.
- Explain what has happened: (this helps the paramedics to act swiftly when they arrive).
- Explain what you have done so far to treat the casualty and any special circumstance medication or conditions the 'patient' may have eg allergies, haemophilia.

When emergency services arrive/or take to hospital the first aider should:

- Ensure relevant records are available (medical and parent/emergency contact) along with any associated medication.
 - Complete the required paperwork, e.g. accident form, bump to head and incident report form.
 - Inform SMT who will inform the parents / family.

Bodily fluids

In the event of blood or other bodily fluids being present first aiders must wear gloves and aprons provided. Any spillages of bodily fluids should be wiped up with disposable towels and flushed down the toilet or put in a sealed bag and disposed of immediately in bins in adult only areas. Floors and other affected surfaces should be disinfected with relevant cleaning materials as detailed in the COSHH guidance, including using the correct coloured cloths. Any clothes belonging to the child should be rinsed in hot water and placed in a disposable bag to take home or washed

in the laundry. Any school or nursery items should be rinsed in hot water and taken to the laundry. Any material used e.g. bandages or gauze etc. should be disposed of in a sealed bag and put in a bin in a designated adult only area. Cuts or abrasions should be covered by a plaster or bandage as appropriate and anyone who has come into contact with the bodily fluids must wash their hands thoroughly afterwards.

Specific Guidelines for Children and Team Members with Medical Conditions

Lists of children and team members with specific medical conditions is maintained and held by Senior Managers, who share relevant information with practitioners and teachers. Also see policies and procedures on Medical Needs and Medication which detail procedures for administering medicine for children, and the staff handbook which contains information relating to team members.

Asthma – Teachers and other members of the team are aware of the children in their care that have asthma and if/when they need their inhaler. Team members who have asthma inform their line manager upon starting work with the company and are responsible for ensuring their line manager knows of changes to their condition. Inhalers are kept in classrooms in a secure place if necessary and are taken on all outings both on and off site. In the event of someone having an asthma attack, a member of the team must stay with the person at all times including when taking an inhaler. An ambulance must be called if the person: turns blue, collapses, is going blue or has a blue/white tinge around the lips, or if the member of the team caring for them is concerned at all.

Epilepsy – Teachers, practitioners and other members of the team are aware of any children in their care that suffer with epilepsy and follow usual first aid procedures. Team members who have a form of epilepsy inform their line manager upon starting work with the company and are responsible for ensuring their line manager knows of changes to their condition. An ambulance must be called if someone fits for longer than is usual for them.

Diabetes – Teachers, practitioners and other members of the team are aware of any children in their care with diabetes and are made aware of the required medication. Team members who have diabetes inform their line manager upon starting work with the company and are responsible for ensuring their line manager knows of changes to their condition. Children who are old enough can self-administer insulin and medication can be kept in classrooms in a designated secure place if necessary. Blood sugar levels are checked in secure areas outside of classrooms unless in an emergency. In the event of a person suffering from hypoglycaemia or hyperglycaemia a member of the team should stay with them at all times, administer medicine as required and remain with the child until their blood sugars have returned to normal levels. An ambulance must be called if at any point a person becomes unconscious.

Anaphylaxis – Teachers, practitioners and other members of the team are aware of any children in their care that have a severe allergy and monitor them to ensure they do not come into contact with the allergen. Team members who have a severe allergy inform their line manager upon starting work with the company and are responsible for avoiding the allergen and ensuring their line manager knows of changes to their condition. If someone requires an epipen it can be kept in their classroom in a designated secure place. In the case of a severe reaction resulting in anaphylactic shock, the epipen should be administered by a trained member of the team wherever possible and an ambulance must be called. Adults may administer their own epipens if they are able. A member of the team should stay with the person at all times until an ambulance arrives.

Specific Guidelines for Sports Fixtures and Events with Other Schools

When sports fixtures are being held on an Ashbridge site, the sports First Aid kit must be easily accessible at all times. Staff from other schools are responsible for their own children but members of the Ashbridge team should work together with them to treat injured children if necessary. In the event of an ambulance being required, a member of the Ashbridge team should help liaise with them emergency services in order to use their knowledge of the site to direct them.