Colley Lane Primary Academy

Our Mission

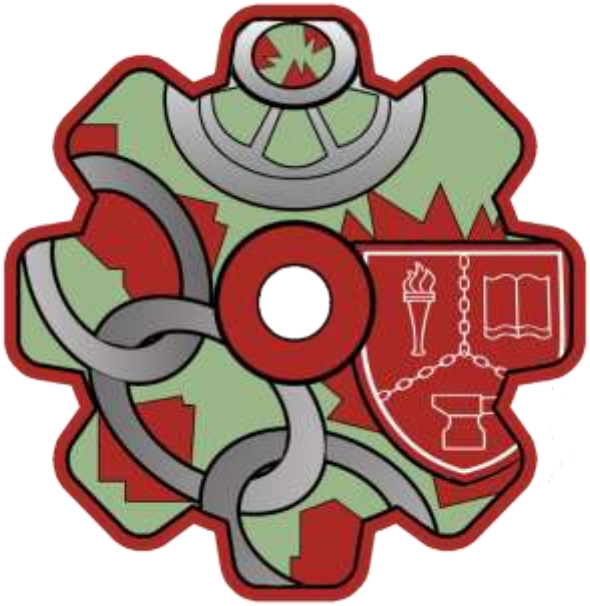
We can all achieve

Happy together

Everyone shows respect

Everyone is valued

Learning is our future



Subject: First Aid Policy

Issue Date: January 2019

Safeguarding Statement

At Colley Lane Primary Academy, we respect and value all children and are committed to providing a caring, friendly and safe environment for all our pupils so they can learn, in a relaxed and secure atmosphere. We believe every pupil should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at Colley Lane Primary Academy. We recognise our responsibility to safeguard all who access school and promote the welfare of all our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying.

At Colley Lane, we are committed to providing emergency first aid cover to deal with accidents which occur to employees, children and all categories of visitors.

Aims

- To maintain an appropriate ratio of qualified staff, at all levels, who undergo regular first aid training
- To secure a sound provision of first aid trained staff for all school based activities both within and outside school
- To ensure the Health and Safety of all pupils and adults throughout the school

Roles of the Staff

- Teachers have a common law responsibility to look after the children in their care.
- Non- teaching staff, act under the direction of the Head teacher/CMT.
- General guidance for parents about school procedures is included in the school brochure.

First Aid Supplies

First aid boxes are maintained at various locations around the school (the art room, the head teacher's office and the family room) clearly marked, and the medical room is accessible to all children when needed.

First Aid Boxes contain the following:

- Selection of plasters
- Disposable gloves
- Triangular Bandage
- Selection of dressings/ bandages
- Tape
- Medical wipes
- Advice card

These items can be used by any person in the absence of a first aider, without aggravating the injury and until further help is summoned.

There are First Aid bum bags and a supply of vomit bowls and clinical waste bags situated in the medical room and 2 First Aid boxes for use on all school trips etc. All teaching areas have a supply of vomit bowls and clinical waste bags as well as some basic first aid supplies.

Procedure for Accidental Injury

If anyone should become ill or suffer injury as a result of an accident the following procedure should be followed: -

- Immediate first aid must be given by the nearest member of staff **AS** far as knowledge permits, and a message sent to the nearest First Aider.
- The casualty must be given all possible reassurance and **ONLY if absolutely necessary** be moved. If at all possible the patient should not be left alone.
- A message must be sent to the Office so that the Head/Assistant head are immediately informed.
- As soon as possible the parents/carers will be informed.
- Pupils must be sent to hospital **immediately** by ambulance in the following cases:

    - Any head injuries and wounds needing stitches
    - All suspected fractures requiring immobilisation
    - Any signs of unconsciousness, even for a few seconds
    - Anaphylactic shock

  N.B. Legally pupils must be sixteen to be given medical treatment without parental consent, however in 'Life or Death' situations treatment is given immediately.

- Where parents request ambulance attendance other than for the conditions above, any costs will be met by the family.
- In cases where an Ambulance is not required the casualty may be transferred to Hospital by car- by designated staff members or by a parent/ carer. (See Child Protection Policy).
- Following the accident, the Accident Report book must be completed and the accident report form completed.

Disposal of hazardous waste (anything contaminated with bodily fluids)

- All blood stained dressings, wipes, tissues etc. must be disposed of in the clinical waste bins positioned in first aid and the disabled toilet near the office.
- Any vomit bowls and tissues, paper towels etc. contaminated with vomit must be bagged in yellow clinical waste bags and brought to first aid to be disposed of in clinical waste bin
- Any other things contaminated with bodily fluids must be bagged and disposed of in clinical waste bags and disposed of in clinical waste bin.
- Spillages must be reported to Mitie for immediate cleaning and disinfecting.
- Any clothes must be placed in a sealed bag and given to whoever collects the child to deal with safely.

Child Reporting Sickness

The school takes its responsibility for the Health, Safety and Welfare of all our children very seriously. It is vital to have consistent procedures for the handling of day to day illness.

- When a child reports feeling unwell to a member of staff, initially your action is determined by how well you know the child.
- Children allowed to sit and rest for about 30 minutes to see if child recovers.
- In cases where the child has a bump to the head, an accident note must be sent home with the child explaining to the parent/carer what happened. If the bump is a severe one then the parents/carers should be notified and a decision made whether the child should go home.
- If a child has a general bump to the face, then a form is filled in and sent home.
- The responsibility for deciding whether a pupil should go home or not, therefore primarily resides with the first aiders. In the interest of Health and Safety the office will inform the class teacher when a child is sent home. The child must stay in class ***and not outside the school office*** until parent/carer collects them.
- In the case of an accident not requiring hospital treatment or immobilisation, the same protocol applies.

- Parents with a child suffering from a short term serious illness are encouraged to contact the Head Teacher to negotiate education requirements.
- We do not encourage children to miss lessons and do not allow unsupervised children to stay indoors during breaks, so before a child is sent back to school after an illness, parents should ensure that the child can cope with the whole school day.
- There is a first aider on duty all through the dinner hours where children can be treated or looked after if they become ill.

Exclusion Conditions

There are regulated exclusion periods for:

- Fevers
- Infection
- Gastro Illnesses
- Skin Infections
- General Infections
- Infestations

Children should remain away for the regulated time stated on the following pages, to prevent epidemics occurring.

Disease	Usual Incubation Period	Period of Communicability	Minimal period of exclusion from school	
			Cases – Subject to Clinical Recovery	Contacts – Family/Close
Rubella (German Measles)	2- 3 Weeks	7 days before to 4 days after onset of rash	Until recovered/4 days from onset rash	None
Measles	7 – 18 Days	Just before start symptoms to 5 days after start of rash	Until recovered/5 days from onset rash	None
Mumps	18 -21 Days	7 days before to 7 days after onset of swelling	7 days from onset of swelling	None
Chickenpox and Herpes zoster (Shingles)	14 – 21 days	1 – 2 days before to 5 days after onset of rash	Until rash dried – generally for 5 days from onset of rash (+see shingles)	None

Scarlet Fever (streptococcal)	1 - 3 days	Whilst organism in nose/throat – usually 48 hours from onset	Scarlet fever – 1 week onset Other – when treated	None
Whopping Cough	7 – 10 days	7 days after exposed to 21 days after onset paroxysmal cough	From 3 weeks after onset of cough and fully recovered.	None
Disease	Usual Incubation Period	Period of Communicability	Minimal period of exclusion from school	
			Cases – Subject to Clinical Recovery	Contacts – Family/Close
Gastroenteritis of unknown cause – include viral	Viral – may 12 – 48 hours	Whilst organism is present in stools	Until clinically well and no diarrhoea for 48 hours	Exclusion not routinely needed for contacts or family members
Dysentery (Shigella)	1 – 7 days	Most infectious when have diarrhoea	Depending on cause, children in nursery classes may be excluded longer. In rare cases exclusion may be extended and stool specimens needed – will be a discretion of the CCDC	If symptoms develop, should also be excluded. Some cases may have stool testes if positive may advised by excluded. Extra precautions with food handlers – should have stool tests
Salmonella – food poisoning	12 – 72 hours			
Campylobacter – food poisoning	1 – 10 days (usual 2-5)	Most infectious when have diarrhoea		
Cryptosporidia infection	3 – 14 days			
Giardia infection	4 – 25 days	Less risk transmission when stools well formed		
E. Coli – verotoxin producing	1 – 14 days (usual 1 – 6 days)	Whilst organism in stools	Until normal stools for 48 hours and may need stool specimens – discretion CCDC	Younger family contact may need to be excluded until case well – at discretion of the CCDC
Other Gastrointestinal Illness and Infective Jaundice				
Hepatitis A	15 – 50 days – usual one month	1 -2 Weeks before onset to 1 week after onset jaundice	Until one week after onset of jaundice	None
Hepatitis B	48 – 180 days – usually 60 – 90 days	Whilst organism in body fluids. Can carry without symptoms.	Until clinically recovered	Not required – CCDC will advise
Typhoid Fever	7 – 21 days	Whilst organism in stools or urine	At discretion of the CCDC	At discretion of the CCDC
Paratyphoid Fever	1 – 10 days			
Skin and Other Specific Site infections				
Impetigo	4 – 10 days	Whilst purulent lesions. Antibiotics rapidly effective. Some carry organism	Once treatment started for 48 hours	None
Hand, foot and mouth disease – coxsackie virus	3 – 5 days	Whilst acute illness. May persist in stools for months.	Until clinically well	None
Firth disease (Slapped cheeks syndrome)	3 – 5 days before appearance of rash	Reduced once rash appears	None	None

Disease	Usual Incubation Period	Period of Communicability	Minimal period of exclusion from school	
			Cases – Subject to Clinical Recovery	Contacts – Family/Close
Herpes simplex (cold sores)	2 – 11 days	Until lesion is dry/not secreting	May not practical – until dried	Children with eczema best avoid contact
Conjunctivitis	Vary – 24 – 72 hours	During active infection	Once inflammation improving and discharge stopped – start treatment	None
Respiratory infections, Bronchitis, parainfluenza	1 – 10 days	Duration of active illness	Until recovered	None
Serious General Infections				
Meningococcal infection – Meningitis	2 – 7 days	Whilst organism in nose and throat	Until full clinical recovery CCDC will advise	No exclusion – may receive antibiotics
Meningitis – viral	Variable	Variable	Until recovery only	None
Diphtheria	2 – 5 days	Whilst organism is throat or nose	At discretion of the CCDC	At discretion of the CCDC
Poliomyelitis	3 – 21 days	Whilst virus in stools	At discretion of the CCDC	At discretion of the CCDC
Tuberculosis	25 – 90 days	Whilst organism is sputum. Non-infectious 2 weeks after start treatment	CCDC and TB Nurses will advise	Contacts of cases of pulmonary TB will be screened. CCDC will advise re school contacts
Infestations and Skin Infections				
Lice of head or body –pediculosos	Eggs hatch in 7 days, mature in 8 days	Whilst lice or nits alive on person or clothes	Until treated effectively	Family need to be examined and may be treated
Scabies	2 – 6 weeks; if re exposure may be only 1 – 4 days	Until eggs and mites destroyed by treatment	For 24 hours after treatment	Family need treating also
Ringworm scalp – tinea	10 – 14 days	Whilst active lesions present – can very infectious	Until started effective treatment – ideally for 2 week after start treatment	None – unless signs infection
Ringworm of the body	4 – 10 days	Whilst lesions present	Until started treatment	None – unless signs infection
Ringworm of feet – Athletes foot	Uncertain	Whilst lesions present	No exclusions – can do barefoot activities – treatment is advised	None

Verrucae plantaris – plantar warts	2 – 4 months – ranges 1 – 20 months	Uncertain – whilst lesions visible	No exclusion from school/activities. May cover with plaster – benefit uncertain	None
Worms – include threadworms	Variable	Until worms treated	Until treated	Family may need treating eg. threadworms

All the above data is kept in the Medical Room.

Head Lice

If any child is found to have head lice, they must be sent home immediately to be treated and then may return after treatment.

Head lice information letters should then be sent out to the appropriate year group. These letters are kept in the Office.

Reporting Accidents

- All non- notifiable accidents to employees must be recorded in the Accident/ Incident form which is available in the PA's office. Entries should be made in the presence of the injured person or their representative, where possible. If any pupil sustains a severe injury following an accident a Pupil Accident Form must be filled in immediately after the event and a copy placed in their personal file.

- All notifiable accidents must be recorded in the same way but the report must also be phoned through to the Education Department within 24 hours of the accident happening. They will then inform the Health and safety Executive.

Notifiable accidents are:

- The death of any person on the school site.
- Any person suffering any of the following:
    - Fracture of the skull, spine or pelvis
    - Fracture of any bone in the arm, wrist or ankle
    - Amputation of a hand, foot, finger, thumb or toe
    - Loss of sight or a chemical burn to an eye

- Injuries including burns requiring immediate medical treatment or electric shock
- Any injury resulting in the person being hospitalised for more than 24 hours

Non-Employees

All accidents to pupils, parents and other members of the public must be recorded using in the accident book.