














FIRST AID PROCEDURES

Below is an operational summary of procedures. These have been created by the first aid team with SLT & are underpinned by the first aid policy.

Action to be taken

Illness /Injury	Action to be taken	First Aider?
Bumped Head and/or other head injury (above neck)	<ul style="list-style-type: none"> ● First aider to attend. ● Treatment where necessary (including calling 999 if appropriate) ● Phone home to inform parents. ● Sticker (N - Y6). ● Log on medical tracker. 	
Suspected broken bones/ serious injury	<ul style="list-style-type: none"> ● First aider to attend. ● Dial 999 and phone home to inform parents. ● Do not move child but make comfortable. ● Recovery position and stay with the child. 	
Fits/ Loss of consciousness	<ul style="list-style-type: none"> ● First aider to attend. ● Dial 999 and phone home to inform parents. 	
Diabetes	<ul style="list-style-type: none"> ● DIABETES TRAINED ONLY ● To be logged in the child's book 	
Epileptic episode or absence	<ul style="list-style-type: none"> ● First aider to attend. ● Area cleared of children and any objects. ● Once seizure is over place in recovery position. ● Dial 999 and parent immediately. ● DO NOT LEAVE CHILD UNATTENDED 	
Incidents related to care plans	<ul style="list-style-type: none"> ● First aider to attend. ● Follow care plan. ● Phone home to inform parents immediately 	
Nose bleeds	<ul style="list-style-type: none"> ● If lasts more than 30 minutes dial 999 and phone home to inform parents ● Log on medical tracker 	
Cuts and grazes	<ul style="list-style-type: none"> ● First aider to attend only if treatment is needed. ● Log on medical tracker. ● Treatment where necessary/appropriate. ● If hospital treatment necessary, phone home to inform parents. 	
Bites	<ul style="list-style-type: none"> ● Treatment where necessary. ● First aider called if skin is pierced or signs or reaction including red marks ● Phone home to inform parents immediately. ● Log on Medical Tracker. 	
Vomiting	<ul style="list-style-type: none"> ● Please use equipment in each area ● Ensure child is cool, can sit down and has access to water. ● Phone home for collection (48 hours to keep at home) ● Report to a first aider to be logged 	
Bacterial Virus <small>Chickenpox, Hand foot and mouth, Conjunctivitis (etc)</small>	<ul style="list-style-type: none"> ● Drink fluid and call parents to send home. ● Log on Medical Tracker. ● To follow the guidance on how many days they need off 	
Toothache, headache, stomach ache	<ul style="list-style-type: none"> ● Ensure child has access to water and is cool. ● Home should only be contacted immediately if necessary or if known prior condition. ● <u>However, if in doubt – PHONE</u> ● First aider is NOT used 	
Existing injuries	<ul style="list-style-type: none"> ● Phone parents to inform them it needs treating & if appropriate ask permission to do so 	

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| | | <ul style="list-style-type: none">• Alternatively, they may need to be asked to collect & take to health professionals | |
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Treatment given by a first aider will be based on symptoms present at the time of injury/incident.



Additional information

Lead First Aider: Dwight Hart

Calling for an ambulance

In the event of someone being injured, if it is considered serious and that an ambulance is required, you must ring for ambulance using the procedure laid out below.

- Keep the casualty warm, comfortable and above all as still as possible
- First aid staff at scene to call ambulance using any phone (including Topaz)
- Contact Dial 999 ask for ambulance service, give brief details of type of casualty and ask for the ambulance to attend the main entrance on Tollgate Road
- Vehicular access onto the site can be arranged through Dove Approach Gate (key from SLt and/or premises staff)
- Another member of staff to be sent to the office to inform them of this and where is this located in the school
- Office staff to inform SLT & to contact the family
- Office to meet the ambulance at the main vehicle gate and escort the ambulance crew to the location of the incident.
- Child specific protocols are in place for Anaphylaxis. Copies of this protocol are kept with child's medication where the child is located. Copies are in the medical room in the pink folder
- Should an ambulance need to be called for one of these children with a protocol, very specific information on the protocol is to hand.

4 Questions to ask when a person presents to first aid

1. What is the problem?

This helps you to identify the priority area.

2. How and where did it happen?

Context can impact on the decisions to be made (include specific location on site)

3. Was anyone else involved?

Allows follow up to take place (this should be referred to Learning Mentors if it is alleged another child was involved)

4. Are you hurt anywhere else?

Ensure that other injuries or factors are not missed.

Communication

- If a parent needs to be contacted, the office should be informed by AN ADULT - on no occasion should a child be sent with a verbal message.
- Any child-on-child issues need to be sent to chill and chat with a note (DH) before any contact is made home.
- Any first aid treated or given needs must be recorded on medical tracker.
- LMs to support the office daily that all calls to parents have been made.
- In case of minor head injury, the office/LM should contact parents to inform. IF IN DOUBT – ALWAYS PHONE HOME
- In the case of an ambulance being needed ideally the adult witness/first aider responding to the situation needs to make the call (or at least be available during it) in order to be able to answer any queries raised about the individual's medical condition.
- Where hospital treatment is necessary **the Head must be informed** (in their absence the next senior member of staff should be notified). If no parent is available all information pertinent to that child must be taken by the accompanying member of staff

Lunchtimes

- In case of minor injury child taken to first aid room (Topaz Room)
- In case of major injury first aider to be brought straight to child

Recording of first aid administered

- Must be logged on Medical Tracker.
- If 'other' injury is ticked, it must be stated what the injury is.

- All first aid needs to be initialled by the person who administered the first aid.
- Please be specific about the location of injuries (both where they occurred and where on the individual)
- **Please note in the case of an accident (rather than illness) in addition to the above an accident form must also be completed (see main office)**

Disposal of bandages/gloves/wipes /sharps etc.

- **Ensure you always wear gloves/mask for any injury/ sickness which involves bodily fluids.**
- Disposal of these and any other bandages, wipes etc. must be in the appropriate yellow bins.
- These are located in the medical room (x2), others available in year 5 cupboard if needed for other locations

Care Plans

- All first aiders need to have read them and signed to show this.
- Care plans are on medical tracker.
- All staff should ensure they are familiar with care plans within the school.
- The Inclusion Leader will be responsible for ensuring these are up to date.

First Aid on Trips

- The school will endeavour to send a first aider on trips although due to staffing constraints this may not always be possible.
- Teachers need to ensure that pupils attending the trip are taken the correct medication with them (pumps etc)
- First aid kit to be given by a first aider and relevant equipment from the Reception and return it again at the end of the trip.
- If travelling by more than 1 vehicle at a time, additional kits must be taken to ensure there is one with each vehicle.

Restocking first aid boxes

- It is the responsibility of the first aiders in each area to check the stock levels in their box every half term and replenish them from the central store in the Learning Mentors' office.
- Learning Mentor (Mr Hart) will check this central stock every term to refill if needed (including ice packs)
- A standard contents & equipment list for this has been established by the first aiders in the school in line with legal requirements.
- Medical expire date to be checked by HG/CD

Defibrillators

- There are currently 3 defibrillators on site: 1 by main office, 1 in the first aid room & 1 in front of Little Ellies

Training & Induction Arrangements

- Any new First Aider needs to be trained on how to use Medical Tracker and must be provided with a log on
- Buddy system for the first week to be put into place or until the individual feels more confident.

Communicable diseases

In the case of potentially communicable diseases the DFE & PHA latest advice will be followed using the links below

- [What infections are, how they are transmitted and those at higher risk of infection - GOV.UK](#)
- [Managing specific infectious diseases: A to Z - GOV.UK](#)
- [Managing outbreaks and incidents - GOV.UK](#)
- [Preventing and controlling infections - GOV.UK](#)
- [Children and young people settings: tools and resources - GOV.UK](#)
- [Specific settings and populations: additional health protection considerations - GOV.UK](#)
- [Guidance on infection control in schools and other childcare settings](#)

Posters with key information are also displayed in the medical room

How to Record on Medical Tracker

How to log on

- Google > Medical Tracker
<https://www.medicaltracker.co.uk/>

Sign in with your school email and password.

How to complete a record

- Incident > injury/illness (depending on symptoms) > fill in the fields (ensure the name of the child is correct). Please note under the 'note' section on Medical Tracker you can summarise the incident this will be only seen by staff this will not be sent to parents. In this box, please put your initials and any detail you feel relevant.
- Please be specific about where on site any injuries occurred as this allows us to analyse if there are specific H&S risks that need to be addressed (for example football pitch, climbing equipment etc)

Categories to use

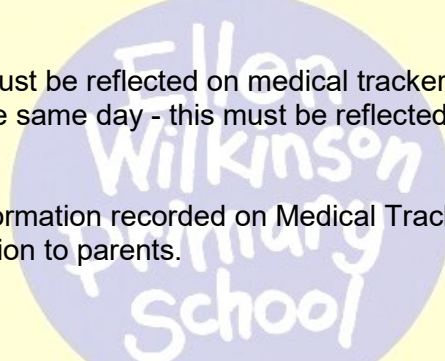
- **Accidental occurrence** - only used if the child states it was an 'accident' or if there was no other child involved.
- **Slip/Trip, Fall same level** - Use when a child falls over
- **Physical occurrence** - To be used when peer on peer (deliberate physical contact) This will need to be discussed with the parent before sending the email through.
- **Medication use** - this should be used to log all medication including asthma pumps, epi pens and other medication (please do not log in other categories)

If a child is sent home

- At the time of incident -this must be reflected on medical tracker by the first aider
- If they get sent home later the same day - this must be reflected on medical tracker by the office

Notes

Please ensure all information recorded on Medical Tracker is as correct as possible so that we can relay correct information to parents.



RISK ASSESSMENT – FIRST AID

Location: Ellen Wilkinson Primary School	Latest Amendments by: Sue Ferguson, Simon Sutton, First Aiders (HG & DH)	Last Review Date: 29/02/24
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***Risk rating created by rating likelihood and severity out of 5 and then multiplying if no measures were taken.
Revised risk rating is the same process once control measures are put into place.***

ACTIVITY/ Aspect	RISKS	AFFECTING	RISK RATING = (L x S)	CONTROL MEASURES	REVISED RISK RATING
Inadequate Emergency Response	Serious injury	All site users	15 (L3 S5)	<ul style="list-style-type: none"> ● School is situated in Newham , 0.6 miles from Newham General Hospital - estimated driving time 7 minutes ● London Ambulance Target Times: Category one: these will need to be responded to in an average time of seven minutes. Category two: these will need to be responded to in an average time of 18 minutes. Category three: these will be responded to at least nine out of 10 times within 120 minutes. ● Follow emergency services advice 	15 (L3 S5)
Inadequate provision of first aid	Serious injury	All site users	15 (L3 S5)	<ul style="list-style-type: none"> ● The numbers of first aiders within the school establishment are monitored to ensure adequate provision is retained during the normal working hours of 07:30-1800 hours. This includes Breakfast and After ● School Clubs. ● Line Managers are responsible for ensuring staff working outside these hours have adequate provision. ● Line Managers are responsible for assessing whether the current arrangements within the school are adequate for their staff and the areas of work for which they are responsible and, if not, take action to fulfil any gaps in local arrangements e.g. arrange specialist first aider training. ● A number of staff have First Aid training. First Aid lists displayed in all areas, offices, staff rooms & medical rooms ● Copy also on Google drive ● Regular specialist training for administration of Auto-Adrenaline Injector for Anaphylaxis. Up to date lists displayed in the office, staff room and medical room. A copy is also with first aid, breakfast club and afterschool club. 	5 (L1 S5)
Inadequate first aid treatment	Serious injury	All site users	15 (L3 S5)	<ul style="list-style-type: none"> ● All first aiders included on the list for the school have successfully completed a 2 day requalification course (or three days for newly trained First Aiders) to ensure certificates and knowledge are kept up-to-date. 	5 (L1 S5)
Unaware of how to summon first aid provision or an ambulance	Serious injury	All site users	15 (L3 S5)	<ul style="list-style-type: none"> ● H&S induction including first aid for all new starters which includes information below ● Line Managers are responsible for ensuring any new staff remain aware of first aid arrangements ● Adequate information must also be provided to contractors and visitors including in written H&S information provided. ● Finance & Facilities Manager is responsible for a list of first aiders to be issued at least annually & to liaise with appropriate staff to ensure prominently displayed in each work area (see above) Office, staff room and medical room. ● Employees' Responsibilities: In the event of someone being injured, if it is considered serious and that an ambulance is required, you must ring for ambulance using the procedure laid out below. <ul style="list-style-type: none"> ○ Keep the casualty warm, comfortable and above all as still as possible ○ First aid staff at scene to call ambulance using any phone (including Topaz) 	5 (L1 S5)

				<ul style="list-style-type: none"> ○ Contact Dial 999 ask for ambulance service, give brief details of type of casualty and ask for the ambulance to attend the main entrance on Tollgate Road ○ Vehicular access onto the site can be arranged through Dove Approach Gate (key from SLt and/or premises staff) ○ Another member of staff to be sent to the office to inform them of this and where is this located in the school ○ Office staff to inform SLT & to contact the family ○ Office to meet the ambulance at the main vehicle gate and escort the ambulance crew to the location of the incident. ○ Child specific protocols are in place for Anaphylaxis. Copies of this protocol are kept with the child's medication where the child is located. Copies are in the medical room in the pink folder ○ Should an ambulance need to be called for one of these children with a protocol, very specific information on the protocol is to hand. 	
Insufficient first aid supplies	Serious injury	All site users	12 (L3 S4)	<ul style="list-style-type: none"> ● Learning Mentor is responsible for providing first aiders with an appropriately stocked kit to enable them to undertake their role. Reviewed termly. Ordered through Premises Manager ● The supplies must be suitable to deal with the type of injuries likely to be received within that area. (The H&S web site provides advice and guidance on this subject.) ● First aid supplies are kept in each area and in the medical room ● Travel first aid kits are kept in the main office for use on visits ● First Aiders are responsible for keeping check on the stock levels and expiry dates on supplies within the kits and they use & for requesting any replenishment via the designated staff ● First aid kits are to be stocked with the contents of a protection kit as standard (see school approved list) & must include access to gloves & aprons to reduce the risk of transfer of contaminated bodily fluids. (See 5.1 & 5.2 of the first aid policy First Aid Policy (2024)) ● Spare asthma pumps & epi pens are kept in locked cupboard in the medical room 	4 (L1 S4)
EPIPEN			9 (L3 S3)	<ul style="list-style-type: none"> ● 	6 (L2 S3)
Administered medicines			6 (L2 S3)	<ul style="list-style-type: none"> ● 	6 (L2 S3)
Defib			6 (L2 S3)	<ul style="list-style-type: none"> ● 	6 (L2 S3)

FREQUENCY OF MONITORING <i>(please highlight)</i>			
3 Months	6 Months	1 Year	Other <i>(please state)</i>

ASSESSMENT REVIEW PERIOD <i>(please highlight)</i>			
< 1 Year	1 Year	2 Years	3 Years

Monitoring Record

Date	Person Monitoring			Comments/action Needed
	Name (printed)	Signature	Role	

