This policy is linked to and derived from the overarching curriculum policy. This policy has been reviewed by the SLT to ensure it does not undermine British Values of Democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs

PARK SCHOOL

FIRST AID POLICY

ACADEMIC YEAR 2024 - 2025

Date First Issued: October 2015
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FIRST AID AND ACCIDENT REPORTING PROCEDURES

It is the policy of Park School that there should be adequate and appropriate equipment, facilities and trained personnel to provide first aid within the school. First aid provision is available at all times while people are on the school premises, and also off the premises whilst on school visits. The school provides suitably stocked first aid containers, in the office and in the medical room.

Before undertaking any off-site activities first aid provision is considered and first aid kits are kept in the school cars. All first aid containers are marked with a white cross on a green background. The arrangements for first aid for sports, outdoor pursuits and field trips are the responsibility of the Party Leader. A First Aid Box is available and should be taken on all visits. Emergency contact numbers, and consent for medical treatment are obtained for all students.

School First Aiders
Appointed persons have emergency first aid training. The Headteacher carries the responsibility for informing the school community of the first aid arrangements. Details of who first aid personnel are, and where they are to be found are displayed prominently. Staff and students are made aware of this information.

Staff take precautions to avoid infections and follow basic hygiene procedures. They have access to single-use disposable gloves and hand washing facilities, and take great care when dealing with blood or body fluids and disposing of dressings or equipment.

Park School has a procedure which records all accidents, and provides for the reporting of fatal or serious accidents, injuries etc. to the Health and Safety Executive and Acorn Care and Education. All accidents are to be reported to the Health and Safety Representative as soon as possible.

First aid arrangements are the subject of regular and systematic checks.

Reporting
The school records accidents and any first aid treatment given on-site and retains these records for inspection. Near Misses" must also be reported using the info-exchange system and completed for any accident or injury occurring at school or on a school trip. This includes any accident involving staff or visitors. The form must be submitted on the day of the incident and will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirements)

By law any of the following accidents or injuries to students, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive by phone, fax, email or letter.
Major injuries from schedule 1 of the regulations:

- Any fracture, other than to the fingers, thumbs or toes.
- Any amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (whether temporary or permanent)

- A chemical or hot metal burn to the eye or any penetrating injury to the eye.
- Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours
- Any other injury lasting over 3 days
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.

Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:

- Acute illness requiring medical treatment; or loss of consciousness
- Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- Death
- A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

A report as to what remedial measures are to be taken (if any) to prevent a further occurrence of the accident will be made by the Health and Safety Representative to the Head teacher within a reasonable period. All members of staff are responsible for making themselves aware of any potential hazard.

All accidents and first aid treatment for students are recorded on Sleuth. Recording should include the time, date, location and individuals involved in the accident, as well as any witnesses. Parents/carers are informed of significant incidents on the same day by telephone.

Contact will be made with the student's parent/carer to inform them of the situation and whether the student has been taken to hospital. Every endeavour will be made to get the parent/carer to the same hospital as the student.

When to Call 999

Any accident that is beyond First Aid assistance, including serious head injuries, excessive bleeding, unconsciousness or any other life-threatening situation, must be treated as an emergency and a call for ambulance assistance must be made. Action must be taken as soon as possible as haste is of the essence. The Head teacher must be informed and an incident recorded in RIDDOR.

Emergency Procedure for Major Incidents

In the event of such an emergency or if an 'at risk' student falls ill then the member of staff at the incident must:

1. Call 999
2. Summon a First Aider and get the relevant medication
3. Emergency treatment should be delivered.
    - If phoning 999 the following information must be given:
    - School Telephone Number: 01608 644621

- School Address: Park School, Southcombe, Chipping Norton, Oxon OX7 5QH
- Give your name
- Name of casualty and symptoms/any known medical condition
- Inform Ambulance control of the best entrance e.g. Main School Entrance,
- Person reporting the need of ambulance should stay on the telephone until informed by the operator they can hang up.
- If an ambulance is called the Reception and Head Teacher should be informed and an adult should go to the notified entrance to give directions to the ambulance crew.
- The First Aider or responsible adult must accompany the casualty to hospital.
- If the emergency services are called the parent/carer of the casualty will be telephoned by the School Admin Officer or Head Teacher as soon as is practicable.

Park School protocol for dealing with body fluid spillages

1. General statement
The aim of this policy is to decrease the exposure risk to blood-borne and body fluid pathogens. Adherence to this policy is the responsibility of all staff that may come into contact with spillages of blood and other body fluids. All staff should be aware of their personal responsibilities in preventing the spread of infection.

2. Legal position
The school has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:

- Blood
- Respiratory and oral secretions
- Vomit
- Faeces
- Urine
- Wound drainage

3. Prevention and preparation in case of spillage
Workplace to provide a suitable assessment of the health risks associated with exposure to spillages of body fluids

- Staff to be aware of policy and risks associated with exposure to body fluids
- Provision of appropriate first-aid facilities and staff
- Materials for dealing with spillages to be readily available i.e. ‘spillage kits these are kept in the cleaner’s cupboard, staff room and medical room.
- Regularly evaluate the procedure and update as necessary

Disinfection aims to reduce the number of micro-organisms to a safe level. All blood spills should be treated as a source of infection and dealt with according to strict hygienic principles.

4. Management
If any type of body fluid has been spilled onto a surface the following precautions should be made:

- Notify appropriate staff i.e. cleaners, to secure the environment by placing warning signs.

- All staff dealing with a biohazard spill to wear protection i.e.

- Disposable gloves
- Disposable plastic apron
- Eye and mouth protection with goggles and mask, if splash or spray anticipated

- Access ‘spillage kit’ in order to clean up spillage promptly. This pack contains: absorbent granules, disinfectant, scoop and scraper, disposable gloves, bags.
- Sprinkle granules over the spillage, completely covering it. This will solidify a liquid in 2 minutes. Don’t stand over the solution as it can be a respiratory irritant.
- Using the scoop and scraper provided, remove the now solidified residue and place in a bio hazard bag, along with scoop and scraper. Dispose of in accordance with waste management regulations.
- Clean area and equipment thoroughly using hot water and detergent, and disposable cloths.
- Hand hygiene should be performed following management of spillage.

N.B. If a spill contains glass or sharps, these should be picked up with carefully into a sharps bin.

APPENDIX 1– BUMP TO HEAD, HEAD INJURY AND CONCUSSION POLICY

School staff need to be able to assess signs and symptoms, know how to recognise an emergency and how and when to summon assistance. The duty of care that school staff have also extends to acting as any prudent parent would in the event of illness or injury.
This policy will be used by staff assessing and treating all head injuries in school on and off site. It will be used to determine the course of action to take depending on the circumstances and symptoms displayed.
See Appendix 1 for a flow chart diagram on how head injuries are assessed, treated and communicated within school.

Bump to head
A bump to the head is common in children. If a child is asymptomatic i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, confusion, nausea or vomiting and the child appears well, then the incident will be treated as a 'bump' rather than a 'head injury'.

Bump to head protocol:

- Child to be assessed by a First aider using the Head Injury Checklist (Appendix 2)
- If sending a student to the medical room, ensure they have another person with them who can inform the First Aider that they have had a head bump
- First Aider to observe for a minimum of 15 minutes. If student begins to display head injury symptoms the First Aider will undertake for further assessment; if no change during observation, then student can return to normal lessons

Office to email all staff:
Head Bump Alert – Name of student
Please be aware that this student has suffered a bump to the head today. They have been monitored and assessed to be fit to remain in school. Please be alert to any changes in their condition and notify the Welfare Assistant asap if you have any concerns.
Office staff to record the episode on IT System.

Minor Head Injury
A minor head injury often just causes lumps or bruises on the exterior of the head.
Other symptoms Include:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

Minor Head Injury Protocol
Child to be assessed by a first aider using the Head Injury Checklist (Appendix 2)
If staff send a student to the medical room ensure they have another person with them who can inform the First Aider that they have had a head bump. Plan of action:

- Contact parent to notify of head injury and communicate plan of action
- Rest
- Observation – Complete observation checklist and repeat every 15 minutes until the child feels better or is collected by a parent/carer

- If the student's symptoms subside, they may return to class.

Parent informed by School Office requesting they read an attached head injury advice letter (Appendix 3) which will be sent home with the student.
Head Injury advice sheet (Appendix 3) to be given to student.
Office to email all staff:
Head Bump Alert – Name of student
Please be aware that this student has suffered a bump to the head today. They have been monitored and assessed to be fit to remain in school. Please be alert to any changes in their condition and notify the Welfare assistant asap if you have any concerns.
First Aider and office staff to record the episode on IT system by office including how the injury occurred
If, at any point, the student's condition deteriorates and shows any of the symptoms of a severe head injury, follow the protocol in the severe head injury section.

Severe Head Injury
A severe head injury will usually be indicated by one or more of the following symptoms:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems including blurred or double vision
- Difficulty in understanding what people are saying/disoriented
- Confusion (Rule out signs of confusion by asking them the date, where they are, what tutor group they are in)
- Balance problems - Loss of power in arms/legs/feet Pins & needles
- Amnesia Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears
- Vomiting repeatedly
- Neck pain

These are signs of a severe head injury – follow the Severe head injury protocol.
Also, if the student has either of these conditions, follow the severe head injury protocol:

- If the student has had brain surgery in the past
- If the student has a blood clotting disorder

Severe Head Injury Protocol
If unconscious, you should suspect a neck injury and do not move the student.
CALL 999 FOR AMBULANCE
Notify parent asap (call all telephone numbers and leave a message). Repeat every hour.
If the ambulance service assesses the student over the phone and determine that no ambulance is required, student is to be sent home.
Parent informed by School Office requesting they read an attached head injury advice sheet (Appendix 3) which will be sent home with the student/
Head Injury advice sheet (appendix 3) to be given to student.
Medical room staff to record the episode on IT systems.

On return to school, school staff (Tutor) to liaise with parent using the Graduated return to play form (Appendix 4) to determine the nature of PE activities to be allowed. For all severe head injuries, not limited to rugby injuries school staff to liaise with PE team. It is ultimately the parent's responsibility to sign-off the child's return to PE/sports activities.

Concussion (Post-Concussion Syndrome)
Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common but least serious type of brain injury and can occur up to 3 days after the initial injury.
The cumulative effects of having more than one concussion can be permanently damaging. Concussion must be taken extremely seriously to safeguard the long-term welfare of the person.
Symptoms include:

- Headache
- Dizziness
- Feeling in a fog
- May or may not have lost consciousness
- Vacant expression
- Vomiting
- Unsteady on legs
- Slow reactions Inappropriate or abnormal emotions – irritability/nervous/
- Confused/disorientated
- Loss of memory of events leading up to and after the concussion

If you notice any of these symptoms in a student who has previously sustained a head injury they may be suffering from post-concussion syndrome and should be referred to the First Aider immediately.
If any of the above symptoms occur the student must be seen by a medical professional in A&E, minor injuries or the GP surgery. If a parent is not able to collect the child, call 999.
Guidance to be followed from Rugby Football Union on Return to Play after Concussion (Appendix 4) (For all severe head injuries, not limited to rugby injuries). This gives clear guidance on students returning to academic studies and sport following a concussion.
First Aider and/or appropriate school staff to liaise with parent to determine the nature of PE activities to be allowed and First Aider or Tutor to liaise with PE team. It is ultimately the parent's responsibility to sign-off the child's return to PE/sports activities. PE team to notify First Aider/Tutor if they are made aware of a student sustaining a sport-related head injury out of school hours.

<u>Appendix 2</u> - initial flow chart to determine level of response to head injury

Child or staff member reports head injury to school office

First Aider assesses child's injury

First Aider checks Head Injury and Concussion Policy and decides the level of severity of the injury based on the Head Injury Policy and follows recommendations for the appropriate level of injury.

(If required school phones 111 to ask for advice and support from NHS).

Parent/carer informed by school office of Head Injury and advised on the Head Injury protocol for the level of severity – this may involve parent/carer picking up their child from school.

If head injury is a Severe Head Injury an ambulance will be called via 999 and parents will be informed of this as soon as possible.

If Head Injury requires the student to return home, the student will be given a copy of Appendix 3 and 4 to take home to parent/carer

Appendix 3 - Head injury checklist for first aiders
Minor head injury symptoms - assess the child for signs of the following:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

These are signs of a minor head injury – follow the Minor head injury protocol.
If no symptoms – follow Bump to Head protocol

Severe Head Injury symptoms - assess the child for signs of the following:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems including blurred or double vision
- Difficulty in understanding what people are saying/disoriented
- Confusion (Rule out signs of confusion by asking them the date, where they are, what tutor group they are in)
- Balance problems or loss of power in arms/legs/feet Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears
- Vomiting repeatedly
- Neck pain

These are signs of a severe head injury – follow the Severe head injury protocol
If the student has either of the following, treat the injury with the Severe Head Injury Protocol and call 999 immediately:

- If the student has had brain surgery in the past
- If the student has a blood clotting disorder

Appendix 4

ADVICE TO PARENTS AND CARERS CONCERNING CHILDREN WITH HEAD INJURIES

Your child has sustained a head injury and following thorough assessment we are satisfied that the injury does not appear to be serious.
Please refer to NHS Head Injury Advice Sheet:
https://what0-18.nhs.uk/professionals/gp-primary-care-staff/safety-nettingdocuments-parents/head-injury
If you are concerned, please CONTACT YOUR DOCTOR, NHS 111 OR CONTACT THE ACCIDENT AND EMERGENCY DEPARTMENT

In addition:

- Do expect the child to feel 'off colour'. Do not force them to eat, but make sure they have enough to drink.
- Do expect the child to be more tired than usual. Allow them to sleep if they want to. Check on them every 2 hours in the first 24 hours. Do not be confused between normal sleep and unconsciousness – someone who is unconscious cannot be woken up – you need to be satisfied they are reacting normally to you.
- Do expect the child to have a slight headache
- Do keep the child quiet and resting as much as possible. Keep them away from school, discourage active games, watching TV and reading until the symptoms subside.

These symptoms should improve steadily and the child should be back to normal within a few days.
Even after a minor injury, complications may occur, but they are rare.
If the symptoms worsen, or if you notice the following signs:

- Difficulty in waking from sleep
- Appears confused or not understanding what is said to them
- Vomiting
- Complaining of severe headache, or trouble with their eyesight
- Become irritable
- Has any kind of attack which you think is a fit

Then you are advised to: CONTACT YOUR DOCTOR, NHS 111 OR CONTACT THE ACCIDENT AND EMERGENCY DEPARTMENT WITHOUT DELAY

Appendix 5 - GRADUATED RETURN TO ACTIVITIES
Ref: Englandrugby.com – Concussion management guidelines

Step	Time at Stage	Rehabilitation	Exercise Allowed	Objectives	Sign Off date
1	14 Days	Rest	Complete Physical and cognitive rest without symptoms	Recovery	
2	48 hours later	Light aerobic exercise	Walking, swimming, static bike. No resistance training	Increase heart rate and access recovery	
3	48 hours later	Sports Specific Exercise	Running drills. No head impact activities	Add movement and assess recovery.	
4	48 hours later	Non contact training drills	More complex drills – EG passing drills. May start resistance training	Add exercise and co-ordination and cognitive load. Assess recovery.	
5	48 hours later	Full contact practice	Normal training session	Restore confidence and assess functional skills by coaching staff	
6	23rd Day	Return to play	Player rehabilitation	Return to safe play	

APPENDIX 6– HEALTH PROTECTION AGENCY GUIDELINES FOR INFECTIOUS DISEASES

Illness	Period of exclusion	Comments
Chicken pox	5 days from onset of rash	
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing

Measles	5 days from onset of rash	
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts.
Slapped cheek Syndrome	None	
Diarrhoea and vomiting	48 hours from the last episode of diarrhoea or vomiting	
Hepatitis A	Exclusion may be necessary	Consult the Health Protection Agency
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	
Threadworms	none	Treatment is recommended for the student and family members
Mumps	5 days from onset of swollen glands	
Head Lice	None once treated	Treatment is recommended for the student and close contacts if live lice are found, “Head Lice Letter” to be sent home
Conjunctivitis		Children do not usually need to stay off school with conjunctivitis.
Influenza	Until fully recovered	
Cold Sore	None	Avoid contact with sores
Warts, verrucae	none	Verrucae should be covered in situations where shoes and sock are removed
Tonsillitis		
COVID-19	7 days from onset of symptoms	If confirmed, all close contacts to self-isolate for at 14 days.

This policy will be reviewed annually