

Killen Primary School



First Aid Policy

January 2023

Signature: C Goan, Principal

Signature: L. Sproule, Chair, Board of Governors

Next Review date: January 2026

To create a happy, secure and stimulating learning environment in which all members of the school community can grow in confidence and develop to their full potential.

First Aid Policy.

Policy Statement.

The Governors and Principal of Killen Primary School accept their responsibility under the Health and Safety (First Aid) regulations (Northern Ireland) 1982 and acknowledge the importance of providing First Aid for employees, children and visitors within the school.

The staff of Killen Primary School recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 (RIDDOR) and agree to abide by the Education Authority Procedure for reporting accidents.

This policy outlines Killen Primary School's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and have the procedures in place that meet that responsibility.

Rationale.

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school and when on educational trips and visits.

Introduction.

'First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill' (The Joint First Aid Manual 8th Edition). Staff administering First Aid should seek to assess the situation, protect themselves and the casualty from further danger, deal with any life threatening condition and where necessary obtain medical assistance or refer the casualty to hospital as quickly as possible.

Statement of First Aid organisation.

The school's arrangements for providing First Aid will:

- Place a duty on the Governing body to approve, implement and review the First Aid policy
- Place individual duties on all employees
- To report, record and where appropriate investigate all accidents
- Record all occasions when first aid is administered to employees, pupils and visitors (The First-aid Incident Reporting book/forms are kept in Mrs Goan's office)
- Provide equipment and materials to carry out first aid treatment
- Make arrangements to provide training to employees, maintain a record of that training and review training requirements
- Establish a procedure for managing accidents in school which require First Aid treatment
- Provide information to employees on the arrangements for First Aid
- Determine the number and level of trained staff and also any additional requirements (e.g. specialised training for children with particular medical needs)
- Notify parent/guardian that first aid treatment was given to the child

The School has a separate policy for the administration of medicines/drugs and critical incidents

Arrangements for First Aid.

Materials, equipment and facilities.

The School will provide materials, equipment and facilities to provide First Aid. The staff room is the location of our first aid boxes – these are mobile kits which are also taken on school trips.

Basic hygiene procedures must be followed by staff. Single use disposable gloves must be worn when treatment involves blood or other bodily fluids. Face masks must also be worn by staff members administering first aid. Care should be taken when disposing of dressings or equipment.

The contents of the kits will be checked on a regular basis by Mrs Grace Sproule, first aider, Mrs Wendy McNally, the designated first aider and Mrs Charlene Goan, Principal. Staff training on First Aid will be undertaken every three years and staff will be invited to attend when necessary.

Off-site activities.

Before undertaking any off site activities, the level of first aid provision will be assessed by the Principal and at least one first aid kit will be taken on all off site activities, along with individual pupil's medication such as inhalers, Epipens etc. All teachers will check medical information of their class or the pupils going off site.

A person who has been trained in first aid will accompany all off site visits.

Roles and Responsibilities

The main duties of a first aider in school are:

- To complete an approved and certified First Aid course as required
- To give immediate help to casualties with common injuries
- When necessary ensure that an ambulance or other professional medical help is called
- Ensure first aid boxes are re-stocked as required

Information on First Aid arrangements.

The Principal will inform all employees at the school of the following:

- The arrangements for recording and reporting accidents
- The arrangements for First Aid
- Those employees with qualifications in First Aid
- The location of First Aid kits

In addition, the Principal will ensure that signs are displayed providing the following information:

- Names of employees with first aid qualifications.
- Location of first aid boxes

All members of staff will be made aware of the school's First Aid Policy. No member of staff should attempt to give First Aid unless they have been trained.

Accident Reporting.

- All minor accidents or injuries that have required first aid treatment to be administered should be recorded in the incident reporting book (stored in Mrs Goan's office) (Appendix1)
- An accident injury report form is completed for major injuries, which is then forwarded to EA. (Appendix 4)
- A copy of forms are retained by school
- The accident report form, should where possible, be completed immediately after treatment being administered or at the earliest possible convenient time thereafter.
- The child's teacher should be informed of all accidents/injuries
- Accidents to employees must also be recorded
- All accidents to non-employees, e.g. visitors, which result in injury will be reported to the Education Authority

Pupil accidents involving their 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.

Parents/carers will be informed of all knocks or bumps to a pupil's head regardless of whether emergency treatment is required. This should be done as soon as treatment has been given, by telephone. If this hasn't been possible then a note must be sent home – incident reporting slip has a section which includes indicating whether the child has a head injury and advice. There are copies of EA Head Injury letter in each classroom, to be sent home if required. (Appendices 2/3)

Transport to hospital or home.

- The principal will determine what is a reasonable and sensible action to take in each case.
- Where the injury is an emergency an ambulance will be called following which the parent will be called.
- Where hospital treatment is required but it is not an emergency, then the principal will contact the parents for them to take over responsibility for the child
- If the parents cannot be contacted, then the principal may decide to transport the pupil to hospital

Where the principal makes arrangements for transporting a child then the following points will be observed:

- No individual member of staff should be alone with a pupil in a vehicle
- The second member of staff will be present to provide supervision for the injured pupil

Illness

Any sick or ill children will be seen in the first instance by their class teacher. If felt necessary, a first aider can be contacted. If it is felt necessary to send home a child, the parent/carers will be contacted to make arrangements for collection.




Children who have vomiting and/or diarrhoea should not return to school for at least 48 hours after the last episode. (PHA guidelines)

Educational Visits

- Before undertaking an educational visit or class trip teachers should complete a risk assessment of their destination.
- Adequate first aid equipment must be brought and carried
- These kits should be checked well before the date of visit to ensure they are adequately stocked
- Staff should make a list of all children who require medication
- Children who require inhalers or epi pens should bring their medication inhaler with their name on it. Depending on age and parental consent it will be kept by a member of staff within the group or by the child themselves.
- A list of contact numbers for all children on the trip should be printed and brought by the teacher in charge
- Any children likely to be travel sick should be seated near the front of the bus and a bowl and wipes/tissues should be provided
- Follow the schools normal first aid procedures as outlined previously in this policy

Emergency First Aiders:

- Mrs K. Catterson
- Mrs A. Doherty
- Mrs C. Elliott
- Mrs V. Galbraith
- Mrs J. McCann
- Mrs W. McNally (designated first aider)
- Mrs G. Sproule
- Mrs L. Buchanan
- Mrs L. Darragh

Date	Time	Childs Name	Year Group	Location of incident
<input type="checkbox"/> Your child was involved in an accident	<input type="checkbox"/> Your child was ill	<input type="checkbox"/> Your child was involved in an incident with another child	Name of parent/carer contacted (if applicable)	
Details of Treatment and Additional Comments For information on Exclusion Periods for Infectious Illnesses and Further Head Injury Advice See Reverse			IF YOUR CHILD WAS SENT HOME WITH VOMITING/DIARRHOEA THEY SHOULD NOT RETURN TO SCHOOL FOR AT LEAST 48 HOURS. HEAD INJURY ADVICE Observe your child carefully & should your child suffer any drowsiness, vomiting, visual disturbance, severe headache or complain of feeling generally unwell following this injury, please seek medical advice.	
Staff Signature: _____ VP/Principal's Signature: _____			Mark the area of the body which had the injury Front  Back 	
 Killen Primary School Tel: 02881 671198			INCIDENT / ILLNESS REPORT SLIP REPORT SLIP No. 000050	



Head Injury Letter

Dear Parent/ Guardian

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

Description of how head injury occurred

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

CONCUSSION LEAFLET PROVIDED BY DEPARTMENT OF EDUCATION

RECOGNISE AND REMOVE

CONCUSSION

Concussion can be fatal, so everyone needs to know the signs.

IF IN DOUBT, SIT IT OUT

Published by the Department of Education and the Department of Culture, Arts and Leisure

www.doe.gov.uk

www.cla.gov.uk

Benjamin Robinson was only 14 years old when he died from second impact syndrome as a result of sustaining a double concussion during a school rugby match in Northern Ireland.

Ben sustained his first concussion at the start of the second half but played on for another 25 minutes and was involved in two further heavy collisions.



If the signs and symptoms of concussion had been recognised earlier, Benjamin would have been removed from play.

3. Memory function
 Take an overview of these questions to help suggest a concussion.

- "What were we we are at today?"
- "Which half is it now?"
- "Who scored for in this game?"
- "What team did you play for in that game?"
- "Did your team win the last game?"

Any athlete with a suspected concussion should be **IMMEDIATELY REMOVED FROM PLAY** and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS
 If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Persistent vomiting
- Increasing confusion or irritability
- Repeated vomiting
- Severe or persistent headache
- Seizure or convulsion
- Worsening or ongoing/returning in areas of 195

Remember:

- In all cases, the club provides of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player other than required for safety support unless advised to do so.
- Do not remove helmet if present unless trained to do so.

First Aid Course, Concussion Statement on Concussion in Sport, 10 Sports Med 47 (6), 2013
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Department of Education
 www.doe.gov.uk

Department of Culture, Arts and Leisure
 www.cla.gov.uk

WHAT IS CONCUSSION?

Concussion is a brain injury which is usually caused by hitting your head or a fall. It can happen at any time, anywhere, for example during sports, in the school playground, or even at home.

Concussion must always be taken seriously. It is really important to be able to recognise the signs and know how to respond.

SPOT THE SIGNS

If you or someone else has been hit on the head, you need to look out for signs like these:

- A headache
- Feeling dizzy or confused
- Feeling drowsy or sleepy
- Feeling sick
- Feeling irritable or "in a fog"
- Having difficulty remembering things
- Any other change in normal behaviour.

Concussion does not always involve losing consciousness; you must take any of these symptoms very seriously. For more details, see the 'Pocket Concussion Recognition Tool'.

Stay aware and stay safe

- The signs and symptoms of concussion usually start at the time of injury, but it is not uncommon for symptoms to be delayed for up to 48 hours.
- Hitting your head a second time when you have concussion can be extremely serious.
- Knowing what to do if you think someone might have concussion can prevent serious injury, and it may even save a life.

KNOW WHAT TO DO AND WATCH OUT FOR EACH OTHER

If you have hit your head or you think someone else might have suffered a concussion:

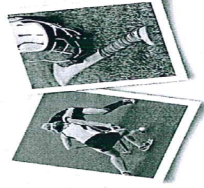
- Stop playing or whatever you are doing.
- Report it to a teacher, parent, coach, referee or umpire immediately.
- Be honest about how you're feeling or what you've seen.

If someone has been knocked out or seems to be getting worse, someone must phone an ambulance to get them help quickly.

See the Pocket Concussion Recognition Tool™ for more guidance.

Remember that your health and your life are more important than any sport or game:

- If you hit your head before a match, you must let your sports coach know.
- If you are playing or training and hit your head, don't return to the game until a doctor has assessed you.
- If you are told to stop away from sport or training for a period of time, make sure you follow the instructions.



The toolkit was developed with the support of Dr Michael Walsh, Chief Medical Officer for Northern Ireland.

Pocket Concussion Recognition Tool™

To help identify concussion in children, youth and adults



RECOGNISE & REMOVE

Concussion should be suspected if one or more of the following table clues, signs, symptoms or other memory practices are present.

1. Visible clues of suspected concussion

Any one or more of the following clues can indicate a possible concussion.

- Loss of consciousness or responsiveness
- Lingering in drowsiness or groggy
- Unable to get up
- Unsteady on feet / balance problems or falling over / reorientation
- Grogginess / dizziness of head
- Slurred speech
- Slow, blank or vacant look
- Confused the name of places or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs or symptoms may suggest a concussion:

- Loss of consciousness
- Severe or constant dizziness
- Balance problems
- Nausea or vomiting
- Disorientation
- More emotional
- Irritability
- Sleepiness
- Fatigue or low energy
- Nervous or anxious
- "Too fast" / "too slow" / "too tight"
- Difficulty remembering
- Difficulty concentrating
- Headache
- Double vision
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Irritability
- Amnesia
- Feeling like "in a fog"
- Neck pain
- Sensitivity to noise
- Difficulty concentrating

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ACCIDENT INJURY REPORT FORM

For Office use only	
Reportable under RIDDOR?	YES / NO
Date Reported	
Ref. No.	
Initials	

This form must be completed by the Principal or Person in Charge of the school or other establishment in respect of each and every incident whether injury is apparent or not and forwarded to the Education Authority Health and Safety Section, 1 Hospital Road, Omagh, BT79 0AW. All correspondence and enquires regarding the matter should be referred to this Section – Tel: 028 8241 1366 or email: david.orr@eani.org.uk

IT IS ESSENTIAL THAT ALL RELEVANT QUESTIONS ARE FULLY ANSWERED

PART 1: NAME AND ADDRESS OF SCHOOL OR OTHER ESTABLISHMENT							
PART 2: PERSONAL DETAILS OF INJURED PERSON							
Name of Person:							
DoB:				Occupation:			
Address:							
State Whether Employee, Pupil or Visitor:				Postcode:			
Staff No: (Employees Only)				Date of Appointment: (Employees Only)			
Injured Persons Normal Working Hours:				National Insurance No:			
Date of first day of absence:		From: am/pm		To: am/pm		Actual Hours worked on day of accident	
Date of first day of absence:		From: am/pm		To: am/pm		Date of return (If Known):	
PART 3: ACCIDENT DETAILS							
Date of accident:				Time of accident: am/pm			
Was it reported:				If yes, date and to whom:			
Name & address of establishment where the accident occurred if different to above:							
Where did the accident occur: (Exact location, e.g. Classroom, Gym, Kitchen, Playing Fields, Corridor)							
How did it happen? (continue on a separate sheet if necessary)							
Is there CCTV Footage available? (if so, please retain a copy on DVD)							

PART 4: INJURIES			
Nature and severity of injuries: (If injury to limb or eye indicate Right or Left)			
Was the Injured Person hospitalised:	Yes/No	Duration in Hospital:	
Outpatient:	Yes/No	Hospital:	
Doctor:	Yes/No	Doctor's Name:	
First Aid:	Yes/No	First Aider's Name	
PART 5: WITNESSES			
Who saw it happen: (Name & Addresses of all persons in position to give any information – State Capacity eg Pupil, Employee, Visitor)			
Witness 1:		Capacity:	
Name:			
Address:			
Telephone No:		Home:	Mobile:
Exact location at time of accident:			
Witness 2:		Capacity:	
Name:			
Address:			
Telephone No:		Home:	Mobile:
Exact location at time of accident:			
PLEASE ATTACH WITNESS STATEMENT IF APPROPRIATE			
PART 6: ADDITIONAL INFORMATION			
Did the accident result from the use of machinery or equipment? If yes, please give details:			
Is injury as a result of the use of materials, if yes, please state brand of product, name & address of supplier & manufacturer?			
Was accident due to a slip, trip or fall, if yes, state type of floor or other surface and condition?			
Weather Conditions (if relevant):			
Footwear Worn (if relevant):			
Was the injured party wearing Personal Protective Equipment?			
Any other information you consider relevant: (continue on separate sheet if necessary)			
Name of person completing report:		Occupation:	
Signature of Principal or Person in Charge:		Date:	