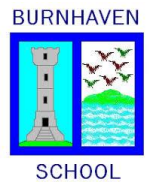




# Burnhaven School

## First Aid Policy



### 1. Rationale

The purpose of first aid is to give immediate assistance to someone injured or taken ill until the arrival of qualified medical assistance if necessary.

### 2. Aims

- To ensure that appropriate first aid arrangements are in place for our children, staff and visitors to our school.
- To ensure employees are sufficiently trained for our needs
- To ensure an adequate supply of first equipment is available and maintained.

### 3. First Aid Trained Personnel

First aid training can be obtained in a range of ways: Emergency First Aid at Work (EFAW) 6 hour certificated training booked through ALDO, First Aid for Pupil Support Assistants (Face to Face)- booked through ALDO and arranged in school for 2 hours or First Aid Knowledge refresher on ALDO. Contact: Susan.wood@aberdeenshire.gov.uk

It is recommended for a school of our size that two members of staff are EFAW trained. This certification lasts for 3 years. At Burnhaven, not all staff are available all day, every day so some teachers and administrative staff are also trained with their consent.

Full Certificated Personnel: Mrs Hart (To be updated) and Ms Forbes  
PSA short course: Miss Mo, Mrs Robertson, Miss Bailey, Miss O'Brien, Mrs Bruce  
Refresher: Mrs Buchan

The Head Teacher or appointed depute should review the school's first-aid needs at least once a year to ensure the provision is adequate and standards are being met.

### 4. Responsibilities

In any given situation the first aider should:

- Assess the situation and, if necessary make the area safe for those around.
- Prioritise casualties
- Give the first aid
- Ask for help if necessary – this includes the emergency services if required.

When giving first aid consider:

- Infection control – avoid cross contamination.
- Gloves should be in first aid kit and worn if necessary. PPE is a last resort however.
- Wash hands thoroughly before and after giving first aid.
- Place all soiled dressings in a yellow plastic bag and seal it or use school sanitary bins.

Never do anything without casualty consent – they have the right to refuse treatment (if they are unconscious however they can neither refuse nor allow so you should just treat them.)

- Introduce yourself if you don't know the casualty
- Explain what is happening, what you are doing or about to do.
- Ensure casualty understands and agrees

## 5. Record Keeping

If you carry out first aid treatment on a person you must record it. Aberdeenshire Council have a form specifically to do this. When recording your actions, stick to the facts and keep it simple e.g if someone fell over a box that is what you record...not why the box was there or why the person was walking in that direction.

At Burnhaven, the record form is kept near the first aid equipment. However, there are also jotters in each classroom for any on the spot first aid given during class time. If a first aid form is completed to send home to parents, this is also a record so you have no need to complete the form as well.

Record should include:

Full name and address, casualty's occupation, date entry was made, date and time of incident, place and circumstances of incident, details of injury and treatment given, signature of the person making the entry.

## 6. Equipment

There is no legislation that states what must be in a first aid kit. However, British Standards (BS 8599) now determines what should be available in work-place kits. A first aid kit must be suitable for what you may have to use it for.

At Burnhaven School there is a first aid kits in each classroom, and a small kit for taking down the playground for outdoor learning. There are two larger bags to go outside at playtimes and for school trips.

The basic minimal contents that kits should contain:	They may also have:
<ul style="list-style-type: none"><li>- Disposable gloves</li><li>- 20 adhesive dressings</li><li>- 6M, 2L and 2XL sterile dressings</li><li>- 2 Sterile eye pads</li><li>- 6 triangular dressings</li><li>- 6 safety pins</li></ul>	<ul style="list-style-type: none"><li>Burn relief dressing</li><li>Mouth to mouth resuscitation device</li><li>Finger dressing</li><li>Moist cleansing wipes</li><li>Universal shears small 6"</li></ul>

Kits should be checked monthly and restocked as necessary. This should also be recorded.

## 7. Specific treatments

- Minor injuries
  - In case of minor scratches, wash with a sterile wipe. If the scratch or graze is deep or clearly has mud in it, it may be appropriate to wash under running water.
  - Cover the wound with a non fluffy dressing
  - Apply an ice pack if there is bruising
  - Only small splinters which can be easily removed should be attempt. Try to remove it with a pair of tweezers. Squeeze the wound to encourage a little bleeding and add a plaster. **If in any doubt, or if the splinter is deeply embedded, call home for a parent to do it or for them to seek medical attention.**
- Choking

Coughing, distress and difficulty speaking might suggest a partially blocked airway. The inability to speak or breathe or cough would suggest a complete obstruction.

- Ask the casualty if they are choking
- Encourage coughing
- Check mouth and remove any obvious obstruction

- If still choking – give 5 back slaps with the heel of your hand between the shoulder blades, stop after each blow to check. Lean the casualty forward so the object will come out rather than further down.
- 5 abdominal thrusts, check mouth after each. Not suitable for babies under one, pregnant ladies or people who are obese.
- If airway is still blocked after three cycles of back blows and abdominal thrusts – send for help by calling 999.

- Bleeding

- For small cuts, wash with water or sterile wipe.
- Apply direct pressure over the wound or next to the embedded object, use a sterile or bulky pad and press firmly. Apply a bandage to keep the dressing in place.
- Position the casualty for shock
- Elevate the wound above the heart unless it is not possible e.g a break.
- Apply the dressing – always cover a wound with a dressing to prevent infection. Dressings also aid clotting by applying pressure on the wound. Use prepacked sterile dressings if possible. If non available, any clean, non-fluffy material can be used.

- Burns

- Superficial burns may occasion to the outermost layer of the skin. They appear red, tender and slightly swollen and usually heal well if first aid is prompt. Sunburn is most common or minor domestic incidents.
- Immediately cool the burn by placing under cool running water for 10 minutes.
  - Cover with a dressing which does not touch the wound. Burns may be covered with cling film but if you use this the first 2 layers of the cling film are discarded to prevent infection and the burn is covered loosely with the cling film and held in place with a non fluffy dressing.
  - Seek medical advice or hospital treatment if the casualty is child, if burns include hands, face, feet or genital area, if burns extend round limbs or if burns are more than 5% of the body surface.

- Shock

- Shock is a life threatening condition which occurs when the body is not getting enough blood flow. It can be caused by severe bleeding, reduced activity of the heart, severe trauma, loss of fluids through diarrhoea, vomiting and heat exhaustion or severe burns.
- Signs and symptoms: Altered conscious state, weakness and dizziness, pale or bluish, cool moist skin, rapid breathing, gasping for air, restless or irritability, excessive thirst, rapid weak pulse, nausea and/or vomiting.
  - Treatment – Treat the cause if possible, lay casualty down, raise and support legs, loosen tight clothing, dial 999/112, keep them warm, monitor and record vital signs. Be prepared to resuscitate if necessary.
  - Don't allow the casualty to eat or drink, smoke or move unnecessarily.

- Seizures

Seizures can have many causes, not just epilepsy: Stroke, lack of oxygen to the brain, epilepsy, head injuries and high temperature in children. For general first aid we need to know about Tonic-Clonic Seizures. The tonic phase – person may call out, fall to the ground and arch their back. This usually lasts 30 seconds. The clonic phase - their arms and legs will begin twitching, eyes may roll, teeth clench and drooling, noisy breathing, loss of bladder or bowel control They will lose consciousness. The seizure normally lasts a few minutes but can last longer.

- Make the area safe
- Gently protect the head
- Time the seizure
- Loosen tight clothing around the neck
- Stay calm and stay with them.

- Recovery phase – the seizure stops, the casualty may sleep or be confused and agitated. They should come around within a few minutes.
- Afterwards – check airway and breathing, place casualty in recovery position, maintain the casualty's dignity, monitor the casualty.
- Call parents
- Call 999 if the seizure has not stopped after three minutes, if there is another seizure without recovery in between, if you know it is the person's first seizure, if the person is injured or has breathing difficulties, if behaviour afterwards is unsafe or if they do not regain conscious after 10 minutes

## **8. The Unconscious Casualty**

In the event of finding a child or adult unconscious:

- First assess the situation to keep yourself safe. Do not move the casualty unless it is more unsafe to leave them where they are.
- Check they are breathing, opening their airways by tilting their head.
- If not breathing, call 999 and begin CPR. 30 compressions to the chest and two breaths into the mouth.
- If breathing, put in recovery position and monitor for reading.

## **9. Head Injury Guidelines**

**For all head injuries at school, however small, parents should be informed to make the decision whether children should stay at school and a first aid form should go home.**

- **Concussion** Signs and symptoms – Bruising at the site of impact, brief or partial loss of consciousness, dizziness, temporary loss of memory, mild headache. Concussion Treatment – apply a cold compress, monitor and record vital signs. Even if the casualty seems to be fully recovered, monitor for subsequent deterioration. If symptoms increase such as remaining unconscious, having a fit, struggling to stay awake, vomiting or bleeding from ears, seek immediate medical attention.
- **Compression** – bleeding may occur within the skull, may follow a head injury or stroke and may appear immediately or a few hours afterwards. It is life threatening. Signs and Symptoms – history or a recent head injury, deteriorating level of response, intense headache, noisy breathing, slow bounding pulse, unequal pupil size, weakness down one side of body, high temperature, flushed, drowsiness, change in personality. Treatment – Dial 999 – if conscious keep comfortable and reassure, monitor vital signs, if unconscious open airway and be prepared to resuscitate.
- **Skull Fracture** – Signs and Symptoms – wound or bruise on head, depression or soft area, signs of compression, clear fluid or blood from nose or ear, blood in white of the eye, distortion of head/face, deteriorating level of response. Assume they also have a spinal injury and treat for this as well. Treatment – Dial 999, control bleeding and monitor vital signs. If conscious, help to lie down but do not turn the head. If there's a discharge, cover but don't plug.

## **10. Provision of emergency medicines for diagnosed conditions**

Should we have children requiring emergency medicines such as allergies, epilepsy or diabetes, these children will have their photo by the first aid station with action which should be taken.

- Medication will be easily accessible to all staff.
- Training will be arranged at the beginning of each school session for all staff.
- Individual risk assessments will be created.

## **11. Calling the emergency services**

If the decision is taken to call the emergency services, select one person to do that and they should remain on the line. Call 999. Don't be afraid to check someone has made the call. They will need the following information: Location (do not use local names), incident – share what has happened, other services if needed, number of casualties, extent of injuries (Just what you see).

## **12. Consultation and involvement**

- Guidance for this policy was taken from Aberdeenshire's document "First Aid Assessment for Schools." Found on Aberdeenshire Council Employee Sharepoint.
- The regulations which govern the provision of first aid in the work place are *The Health and Safety First Aid Regulations 1981*
- ALDO First aid refresher course

## **13. Agreement and Review**

Agreed Summer 2022. Reviewed annually.

