

Greenwich House Independent School

Accidents and First Aid Policy and Procedure

At least one member of staff with current Paediatric First Aid will be on the premises or on an outing at any one time. Paediatric First Aid qualifications will be appropriate to caring for infants and young children and approved by the Local Authority (as listed in the Lincolnshire Early Years Training directory).

In addition, Mrs A Brindle, Mrs E Brindle, Mrs M Morley and Mrs V Mitchell hold full and current HSE First Aid at Work certificates covering both adult and paediatric first aid.

Greenwich House Independent School has valid Public and Employer's Liability Insurance cover.

Reference to Greenwich House's other policies including its Food Allergies and Accute Allergic Reactions Policy should be made when reading this policy.

At the time of the review of this policy, additional and alternative procedures and practices are being followed in respect of Coronavirus Covid-19 and this policy should be read in light of and subject to these procedures and practices. These procedures and practices have, where appropriate, been provided to employees, parents and carers and pupils as well as other effected parties.

Accidents and Incidents

In order to deal with accidents and incidents we will ensure that:

- The first aid kit complies with the Health and Safety (First Aid) Regulations 1981.
- The first aid kit is regularly checked by a designated person. The designated persons are Mrs Arran Brindle and Mrs Eloise Brindle.
- The first aid kit is clearly marked and is easily accessible to adults and out of reach of children.
- The first aid kits are located:
 1. in the hallway under the stairs.
 2. in the crèche baby changing area on the window ledge.
 3. on the first floor at the top of the stairs outside the girls toilet.
 4. In the kitchen in a clearly marked cupboard.
- Accident/incident and first aid log slips are on the premises at all times and is easily

accessible – separate logs are maintained for children attending the setting and adults on the premises.

- The accident/incident and first aid log is completed as required with the date, time, details of the accident/incident, first aid treatment administered and signed by staff. In the case of injuries to children, parents and carers will be informed as soon as possible of the accident /incident and asked to sign the log on the day the accident occurred.

possible of the accident /incident and asked to sign the log on the day the accident occurred.

- Staff members are aware of the location of the first aid kit, accident/incident log and the procedure for reporting.

- Parents/carers have signed the appropriate consent forms on their child's registration to the setting.

- Medical advice/assistance is sought (GP or Hospital) where necessary.

Emergency Procedure

1. ASSESS SITUATION- SECURE FROM DANGER REMOVE OTHER PEOPLE

2. ASSESS CASUALTY: IF NECESSARY- CALL ASSISTANCE [DOCTOR OR AMBULANCE]

3. INJURY- PERFORM ANY TREATMENT NECESSARY

4. INFORM PARENTS- EITHER BY RINGING, OR AT THE END OF THE SESSION, ACCORDING TO THE SEVERITY OF THE INCIDENT

CATEGORIES OF INCIDENTS AND PROCEDURES

Any pupil complaining of illness or who has been injured is sent to the School Office for the qualified First Aider(s) to inspect and, where appropriate, treat. Constant supervision will be provided. Should the child be too ill to stay at school, parents should be contacted as soon as possible so that the child can be collected and taken home.

Minor Accidents and Injuries

The adult in charge initially looks after the injured party. If deemed necessary, a person other than the teacher will take the child to be treated, either inside, or the bench in the playground. No medicines are administered but cuts are cleaned with water and bandages are applied if deemed appropriate. The use of disposable plastic gloves is mandatory at all times.

***All accidents are recorded on an Accident Report Slip by the member of staff involved initially, parents are always seen at the end of the day, shown the accident report and asked to sign. These are then stored in a child's personal folder and stored in a secure cabinet. If required the parents will be contacted before the end of the school day by telephone.**

Minor Cuts and Bruises

Method:

In all cases of injury it is understood that there is at least one adult present:

- A first aider should administer first aid if appropriate. If the first aider is not available, any member of staff may clean the wound.
- Class teacher is informed by the first aider.
- Teacher observation is maintained
- Children are advised to show/tell parents (school only)
- See above *

Sprains/Bruises

- A first aider should administer first aid if appropriate. If the first aider is not available, any member of staff may implement the process of rest, ice, compress and elevate
- If in doubt, parent/s are contacted
- Teacher observation is maintained
- See above *

More Serious Accidents and Injuries

If considered safe to do so, the injured party is taken to the First Aid Station. Parents are immediately informed, particularly if there is a suspicion of broken bones/head or eye injuries. The child is kept under close observation until parents arrive, with the emphasis on making the child as comfortable and as settled as possible.

Stings/Bites

- If case is serious/ parent/s are contacted – Stings should be removed only by a qualified first aider.
- Adult supervision to monitor for any signs of allergic reaction to sting. If any signs are shown contact parents and assistance (doctor or ambulance) if necessary.

Faints and Shocks

- If a child/adult faints whilst they are unconscious they must be put into the recovery position by a qualified first aider to ensure airways are protected.
- A first aider should administer first aid if appropriate. If the first aider is not available (and the individual is conscious), any member of staff may implement the process of:

- Lie the casualty down
- Raise the legs above the level of the heart
- Loosen any tight clothing
- Ensure there is fresh air
- Keep crowds away
- Reassure casualty when they recover
- Contact parents – the pupil should go home

Very Serious Injuries

In the event of a very serious injury, parents/guardians are immediately contacted. If the considered opinion of the staff is that immediate professional help is required, an ambulance is called. On rare occasions the staff may agree that taking the child to Accident & Emergency in a private car is a more prudent option particularly in the case of rapid blood loss. This should be on a voluntary basis. In such cases staff should ensure they have specific cover from their insurance company.

Parents are kept informed of developing situations. Very serious injuries are considered to be:

Severe Bleeding

Burns/Scalds

Unconsciousness

The event is subsequently recorded in the Accident Report Book The Accident and First Aid Policy is based on collective teacher input. All staff automatically assist the teacher on break duty and the first-aider in the case of a serious injury.

ANY SERIOUS ACCIDENT WILL BE REPORTED TO THE HEALTH & SAFETY EXECUTIVE (RIDDOR) AND OFSTED.

Signed on behalf of the setting by:

..... Head Teacher

Date: Reviewed May 2021

Reviewed September 2021

GUIDANCE ON BODY FLUID SPILLS

Cleaning blood and body fluid spills

All spillages of blood, faeces, saliva and vomit should be cleaned up immediately, wearing personal protective equipment. Clean spillages using a product which combines detergent and disinfectant, and ensure it is effective against both bacteria and viruses. Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills, and dispose of after use. A spillage kit should be available for blood spills.

1. General

Blood and body fluids from any person may contain viruses or bacteria capable of causing disease.

It is therefore advised that the following precautions are adhered to, when dealing with body fluids:

- body fluid spills should only be dealt with by a properly trained and competent person using suitable equipment and protective clothing, etc;
- first clear the immediate surrounding area of people. Hazard signs may be necessary;
- disposable latex gloves (or equivalent) and a disposable plastic apron must be worn by the person dealing with blood and other body fluid spills;
- chlorine releasing agents are among the most effective general disinfectants in the primary care setting. If correctly used, they are effective against viruses such as Hepatitis B and C, and HIV. Other disinfectants, such as those based on phenolic compounds, may not always be completely effective against some viruses and bacterial spores. See over for further details.

2. Chlorine Releasing Disinfectants

Hypochlorites, either as sodium hypochlorite solution (bleach)* or as sodium dichloroisocyanurate (NaDCC) tablets or granules have a good, wide-ranging microbicidal activity.

These products are available in different strengths. Manufacturers guidelines for making up relevant concentrations must always be strictly followed.

Chlorine releasing disinfectants used in solution may not be effective if they are:

- used on objects soiled with organic or other material, as this will render the disinfectant inactive. Thus, organic matter should first be removed and the area cleaned with detergent and hot water, prior to disinfection;
- not freshly made up;
- made up in the wrong concentration for the particular purpose (stronger concentrations are not more effective than the correct dilution);
- it is essential that fresh batches of the chlorine releasing solutions are made up as required. 1000 parts per million for general disinfection and 10,000 parts per million for blood and body fluid spillages. Made up solutions must be discarded after 24 hours;
- NaDCC tablets are extremely stable if stored protected from moisture. Dilutions needed to achieve required concentrations are stated on the pack;
- a granular form of NaDCC is particularly suitable for spills of body fluids as they help to contain the spillage while inactivation occurs;
- adequate ventilation should always be ensured when chlorine-releasing agents are used.

Note: Chlorine releasing agents should not be used for urine spills as chlorine gas may be released.

3. Procedures for dealing with body fluid spills on various surfaces

All waste materials, which are generated when mopping up body fluid spills, should be treated as 'clinical waste' and carefully disposed of accordingly.

Spills on 'hard' surfaces:

For all fluids:

- the fluid should be covered with disposable paper towels to soak up the excess. These should then be gathered up and placed in a clinical waste yellow plastic bag.

If the spillage is blood:

- the remaining spillage should then be covered with hypochlorite solution (or equivalent);
- after the appropriate time has elapsed (as per manufacturer's instructions), the whole area should be mopped using disposable towels. These should be disposed of as clinical waste.

For all fluids:

- the area should then be washed with detergent and hot water and dried thoroughly.

Spills on 'soft' surfaces:

- if carpets become soiled they should have most of the body fluid mopped up as above and then be cleaned using a steam cleaner, if available. Otherwise hot water and detergent should be used;
- on upholstery and soft furnishings, excess fluid should be mopped up with disposable towels, sponged with cold water, then cleaned with detergent and hot water, or steamed cleaned;
- if soft furnishings, carpets etc. are very badly soiled with body fluids, they may need to be considered for disposal as 'clinical waste';
- spills on clothing should be sponged with lukewarm soapy water and washed

as soon as possible in the hottest wash the clothing will stand. Heat from ironing the fabric may also kill pathogens.

- If using household bleach, it should be diluted to 1 part bleach in 100 parts water (50ml bleach in 50 litres).