



DITTON PRIMARY SCHOOL

FIRST AID POLICY 2021 - 2022

Date of Approval	May 2021
Signed Chair of Governing Committee	Dr. Denise Lee
Signed Head of School	Mrs J Pyne
To be reviewed	September 2022
Ratified FGC	May 2021

First Aid Policy

KEY FACTS:

- ❖ To ensure that we promote the good health of all the children in our care.
- ❖ First aid can save lives and prevent minor injuries become major ones
- ❖ The school will ensure that there are adequate facilities and appropriate equipment for providing first aid in the workplace, including for visitors, as well as for the age of children.
- ❖ Minimum first aid provision is a suitably stocked first aid container, an appointed person to take charge of first aid arrangements and for information for employees on first-aid arrangements, as well as adequately trained and experienced staff.
- ❖ This minimum provision is supplemented with a first aid needs assessment to identify any additional requirements specific to the school, to record the findings and to introduce measures to manage any risks.
- ❖ First aid provision must be available at all times whilst children are on the school premises and including school visits off site.
- ❖ Our school, staff and others have a duty to safeguard and promote the welfare of children.

General Statement

The definition of First aid is as follows:

- In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until help is obtained; and,
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

This policy provides an overview of the statutory requirements and how these are met in school. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered.

The policy applies to all pupils including those pupils covered by the Statutory Frameworks for the Early Years Foundation Stage (EYFS) 2017.

The responsibility for drawing up and implementing the First aid policy is delegated to the Head, including informing staff and parents. However, implementation remains the responsibility of all staff in our school in order to keep children healthy, safeguarded and protected whenever they are in our care.

Current Procedure

Our appointed person (First aid co-ordinator) undertakes and records an annual review. A first aid needs assessment is carried out to ensure that adequate provision is available given the size of our school, the staff numbers, our specific location and the needs of individuals.

Our first aid needs assessment includes consideration of pupils and staff with specific conditions and major illnesses, such as asthma and epilepsy, takes account of an analysis of the history of accidents in our school, as well as the identification of specific hazards. It also includes careful planning for any trips and visits, including residential and higher risk trips which always include a suitably trained first aider, in keeping with our Educational Visits policy.

Our procedure outlines when to call for help when necessary, such as an ambulance or emergency medical advice from professionals/treatment, and outlines the requirements for documenting necessary treatment once applied. The main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

We ensure that first aid provision is available at all times, including out of school trips, during PE, and at other times when the school facilities are used.

We keep a written record of all accidents or injuries and first aid treatment. We must inform parent(s)/carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, of any first aid treatment.

At Ditton Primary School we make every effort to minimise the risk of accidents but we recognise that accidents may still occur.

All accidents to pupils, staff, parents and visitors, no matter how small will be recorded and reported to the teacher / Head teacher as soon as possible after the accident took place.

The First Aider present will deal with the accident and treat any injuries as required.

Once the individuals have been treated, all details regarding the accident will be recorded in the Accident Book by a member of staff. An investigation into the accident will be undertaken immediately or at least on the same day. Judgements should be made as to what can be done to reduce the risk of similar accidents occurring again.

Any bumps, bangs or knocks to the head will be communicated personally to parents and a Bumped Head letter sent home (A photocopy is retained in a file)

An accident book is kept. Records will be stored for Ten years after the date of the accident.

All accidents / near misses will be reported in the annual Health & Safety Review at the policy review date or as requested.

First Aid Training

We carefully consider, and review annually, the training needs of our staff to ensure that suitable staff are trained and experienced to carry out first aid duties in our school. In particular, we consider the following skills and experiences:-

- Reliability, communication and disposition,
- Aptitude and ability to absorb new knowledge and learn new skills,
- Ability to cope with stressful and physically demanding emergency procedures,
- Normal duties are such that they may be left to go immediately and rapidly to an emergency, and
- Need to maintain normal operations with minimum disruption to teaching and learning.

First aiders in our school have all undertaken appropriate training. Training will be updated every three years and will not be allowed to expire before retraining has been achieved.

The need for on-going refresher training for any staff will be carefully reviewed each year to ensure staff basic skills are up-to-date, although we are aware that this is not mandatory. Annual three hour basic skills updates in between formal training are recommended to keep staff up to date.

Contents of our First Aid Box

Our minimum provision, (not mandatory) as recommended by HSE is to hold a suitably stocked first aid box, to nominate an appointed person as well as the provision for staff of relevant information on first aid arrangements.

In our suitably stocked First Aid box we provide the following, or suitable alternatives:-

- individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye pads;
- individually wrapped triangular bandages (preferably sterile);
- safety pins;
- medium sized (approximately 12cm x 12cm) individually wrapped sterile un-medicated wound dressings;
- large sterile individually wrapped un-medicated wound dressings;
- disposable gloves.

We do not keep tablets, creams or medicines in the first aid box.

We take great care to prevent the spread of infection in school, particularly in the event of spillages of bodily fluids which we manage effectively by washing off skin with soap and running water, out of eyes with tap water and or an eye wash bottle, wash splashes out of nose with tap water, record details of any contamination, and seek medical advice where appropriate. For further information please see our Infection Control Policy document (Jan 20).

First aiders take careful precautions to avoid the risk of infection by covering cuts and grazes with a waterproof dressing, wearing suitable powder free vinyl gloves, using suitable eye protection and aprons where splashing may occur, use devices such as face shields when giving mouth to mouth resuscitation, wash hands after every procedure.

We ensure that any third party lettings or providers, including transport, have adequate first aid provision which complies with our standards. For example, visiting sports clubs or schools.

Early Years

The Statutory Framework for the Early Years Foundation Stage (2017) is mandatory. In accordance with this, we ensure that at least one person with a current paediatric First Aid certificate is on our premises at all times, when pupils are present. All new nursery and pre-school staff within our Early Years will undertake paediatric first aid training. This means that newly qualified staff with a childcare level two and three qualification will have a paediatric first aid certificate before they can be included in the statutory staff: child ratios in the early year's settings. All paediatric first aid certificates will be displayed in the Early Years areas.

No outing from school is undertaken without the presence of at least one person with a paediatric first aid qualification, present on and off site.

We keep a written record of all accidents or injuries and first aid treatment, and we inform parent(s) and/or carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, as well as any first aid treatment. Records are stored confidentially. The recording of an accident is carried out in confidence at all times by the person administering first aid in conjunction with the Head Teacher, Deputy Head teacher or School Business Manager.

We know that we must notify Ofsted of any serious accident, illness or injury to, or death of, any child in our care, and of the action that we have taken. We aim to do so as quickly as possible and always within 14 days of the

incident occurring. We are mindful that not to do so, without a reasonable excuse, would be committing an offence. Authority of any serious accident or injury to, or the death of, any child in our care. We always act on their advice, if given to us.

Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist.

Recording Accidents and First aid treatment

We follow the guidelines on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 2013) for the reporting of serious and dangerous accidents and incidents in school. These include work-related and reportable injuries to staff and visitors as well as certain accidents, diseases and dangerous occurrence arising out of or in connection with work. Where accidents result in the incapacitation of a worker for more than seven days, a RIDDOR report is required.

All accidents are recorded immediately after the accident, including the presence of any witnesses and details of any injury or damage. Records are stored confidentially in the school office. The recording of an accident is carried out in confidence at all times by the person administering first aid or the Head Teacher.

Any treatment of first aid is recorded by the person who administered first aid. Details of the injury or what first aid was administered, along with what happened afterwards is always recorded.

The First Aider is responsible for the maintenance of accurate and appropriate accident records, including the evaluation of accidents, and regular reporting to the H&S committee for monitoring purposes.

We adopt the definition of Ofsted with regard to serious injuries as follows:-

- broken bones or a fracture
- loss of consciousness
- pain that is not relieved by simple pain killers;
- acute confused state;
- persistent, severe chest pain or breathing difficulties;
- amputation;
- dislocation of any major joint including the shoulder, hip, knee, elbow or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn 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 unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin; and
- medical treatment where there is reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material.

We adopt the definition from Ofsted for minor injuries, of which we always keep a record, as follows:

- sprains, strains and bruising;
- cuts and grazes;

- wound infections;
- minor burns and scalds;
- minor head injuries;
- insect and animal bites;
- minor eye injuries; and
- minor injuries to the back, shoulder and chest.

Hospital Treatment

If a pupil has an accident or becomes ill, and requires immediate hospital treatment, the school is responsible for either:

- calling an ambulance in order of the pupil to receive treatment; or
- taking the pupil to an Accident and Emergency department
- and in either event immediately notifying the pupils parent/carer

When an ambulance has been called, a first aider will stay with the pupil until the parent arrives, or accompany pupil to hospital by ambulance if required.

Where it is decided that pupil should be taken to A&E Department a first aider must either accompany them or remain with them until the parent/carer arrives.

Where a pupil has to be taken to hospital by a member of staff they should be taken in a taxi and not use their own car.

Prescription

Staff will only administer prescribed medication (from a doctor, dentist, qualified nurse or pharmacist) brought in by the parent/carer, for the pupil named on the medication in line with the stated dose.

Non-prescription medication such as Calpol, paracetamol and allergy medication must be administered by parents. Parents will be contacted by the school if such medication is required.

We encourage pupils to manage their own asthma inhalers from a very young age. Asthma medication is always kept in children's classrooms. Inhalers must always be taken on school trips/events. If a child requires their inhaler, staff will support younger pupils with taking the medication; older children may be able to do this independently. This will always be witnessed by an adult and a record kept in the inhaler box. Parents will be informed if a child has needed to take their medication.

For pupils that are on Individual Healthcare Plans, parental consent will be sought regarding details of what medication they need in school, who is going to give it to them on a regular/daily basis. Refer to Supporting Pupils with Medical Conditions Policy.

Most antibiotics do not need to be administered during the school day and parents should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours, where possible. If however this is not possible then please refer to Storage of Medicine paragraph.

This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

The location of medication and inhaler boxes is displayed on the door of each classroom so that they can be accessed quickly by any member of staff in an emergency.

All school staff who volunteer or who are contracted to administer medication are provided with training. The school keeps a register of staff who have had the relevant training. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

Storage of Medication

Medicines are always securely stored in accordance with individual product instructions, paying particular note to temperature. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate. We will carry out a risk assessment to consider any risks to the health and safety of our school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

If a pupil is prescribed a controlled drug, it will be kept in safe custody in a locked, non-portable container and only named staff will have access. Controlled drugs must be counted in and witnessed if they are not administered by a qualified nurse or practitioner.

Parents should collect all medicines belonging to their child at the end of the day. They are responsible for ensuring that any date-expired medication is collected from the school. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays. If parents do not pick up out-of-date medication or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

We will keep medicines securely locked and only named staff will have access, apart from EpiPens, Asthma pumps and diabetes hypo kits which need to be with or near pupils who need them.

Sharps boxes are used for the disposal of needles. All sharps boxes in the school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent. Collection and disposal of sharps boxes is arranged by the school biannually.

Defibrillators (AED)

The school has one defibrillator located in the main corridor.

The defibrillator is always accessible and staff are aware of the location, and those staff who have been trained to use it. They are designed to be used by someone without specific training and by following the accompanying step by step instructions on it at the time of use. The manufacturer's instructions are circulated to all staff and use promoted should the need arise.

Monitoring and Evaluation

Our school's senior leadership team monitors the quality of our first aid provision, including training for staff, accident reporting on a termly basis. Information from accident and first aid books is collated during the first week of each half term by a member of staff and reported to the leadership team. Patterns are identified, risk assessments and remedial work is then completed where needed. Our policy will be reviewed annually.

Compliance will be reported formally to the school's termly H&S Committee and to the Governors on an annual basis.

Reports are provided to our Safeguarding committee which includes an overview of first aid treatment to children including the identification of any recurring patterns or risks, lessons learned with the management actions to be taken accordingly including the provision of adequate training for staff.

APPENDIX

Every member of staff of the School is expected to:

1. Ensure that all pupils receive first aid when injured at the earliest opportunity.
2. Seek first aid treatment for themselves when required and ensure that anyone else, if unable to seek help for themselves, receives suitable attention as soon as possible.
3. Make correct and authorised use of first aid facilities.
4. Report any use of first aid facilities to the School Secretary and complete an entry in the First Aid book.
5. Record accurately any case of injury or accident including 'near misses', in the Accident Book held in the office. An accident report form (HSA Form 1) must also be completed and the Health and Safety Officer informed.
6. Ensure that a First Aid kit is taken on an off-site activity.

First Aid requisitions are available:

- In the Medical room
- In the Kitchen.
- On school journeys.
- During P.E. lessons on the Games field.
- Forest School Staff.
- Reception Classrooms.

A list of members of staff with valid First Aid qualifications is posted outside the School Office, staff room and each corridor.

Procedures

1.1.1 First Aid

In the first instance children requiring minor first aid should be sent to one of the appointed first aiders in their particular corridor.

Medical Emergency

When an accident happens, the child should be taken to the medical room unless the injury is such that further movement would make the condition worse. The school office should be informed if an ambulance is required and they will also inform the parent/carer. Parents are also to be informed of any head injury by a letter which is sent home with the child. Any first aid administered (however minor) must be noted in the First Aid Book and any serious accident or 'near miss' recorded in the Accident Book. An accident report form must also be completed.

When to call an Ambulance

In a life threatening emergency ALWAYS call 999 if someone is seriously ill or injured, and their life is at risk. Certain symptoms are so alarming that the need for emergency area or even an ambulance is obvious.

Examples of medical emergencies include:

- Difficulty breathing
- Chest or upper abdominal pain
- Unconsciousness
- Sudden dizziness, weaknesses or change in vision
- Change in mental status (unusual behaviour, confusion, difficulty arousing)
- Severe burns or scalds
- Sudden severe pain anywhere in the body
- Bleeding that won't stop
- Severe loss of blood
- Choking
- Severe allergic reactions
- Drowning

When should you call an ambulance

- Is the patient's condition life threatening?
- Could the condition worsen and become life threatening?
- Could moving the patient cause further injury?
- Does the patient need the skills and equipment of paramedics or emergency technicians?

Medical Information

A summary of this information is circulated to all teachers by the Senco at the beginning of each academic year and is available on SIMS, the school database.

Photographs of pupils with serious and life-threatening complaints and allergies are displayed in the Staff Room and in the First Aid Room, together with details of what to do in an emergency.

Teachers are expected to make themselves aware of any problems that pupils they teach may have. A full list is given to all staff at the beginning of the autumn term.

How to deal with blood and body fluid spillages

- Spillages should be dealt with as soon as possible.
- Ventilate area if possible.
- Keep anyone not involved with dealing the spillage away from the area.
- Wear appropriate protective apparel when dealing with a spillage (gloves, apron)
- Use (NaDCC) granules to cover spillage.
- Soak up as much spillage using paper towels.
- Remove towels and debris and treat as clinical waste.
- Wash area with hot water and detergent.
- Dry area.
- Dispose of paper towels and protective clothing.
- Wash hands.

Head Injury/Bump Procedures

Head Injuries can be potentially life threatening and do not always show clear visual signs of injury.

In the course of any day there will be instances of children colliding or falling, we have a duty of care to ensure we deal with these appropriately. As bumps on the head can potentially be very serious but also have no further consequences we need to ensure that we fully understand the circumstance surrounding the incident and witnesses sought to corroborate what a child tells us.

All head injuries will be seen and assessed by a qualified First aider, to ensure they are competent to suitably assess the situation and take the relevant course of action they deem appropriate. If the member of staff has a child present themselves to them with a head injury or sees the accident and has no accredited first aid training then they must escort the child to the nearest first aider in the corridor.

Every child should know that he or she must report immediately any accident to the nearest member of staff whether at supervised play or an unsupervised situation e.g. corridor or toilets. Dizziness, sickness, drowsiness, impaired vision, general feeling of illness and confusion will all be checked for and monitored by a qualified first aider in the First Aid room, for a minimum of 20 minutes, ice packs will be given where appropriate. Where a bad bump has occurred, the child should re-visit the First Aider 1 hour later to ensure the injury hasn't worsened or they are presenting signs of complications.

If the bump is particularly swollen or odd looking then the parent should be told in a phone call and it should be suggested that a visit to the doctor may be advisable. If the child is unwell from their bump at school, then professional medical advice should be sought, parents informed and if necessary a senior member of staff or first aider will accompany the child to hospital until the arrival of a parent. First aiders should always ask for a second opinion from another qualified first aider if they are unsure.

For all bumps the child should be given a bumped head sticker (raise awareness to all adults and children).

Morning and lunch break times

At playtimes an Infant pupil (R, Y1, and Y2) with an assessed head injury that requires further treatment should be accompanied by a teacher or teaching assistant to the First Aid room so that we obtain a full and concise account of what has happened. This is particularly important for the younger year groups who are sometimes unable to express themselves clearly or are too shy. A first aider will remain with the child and when deemed safe release to class teacher to monitor.

Junior pupils (Y3-6) with an assessed head injury that requires further treatment will be sent in to the First Aider either accompanied where possible with a teacher or teaching assistant or with 2 other children who can confirm the incident.

Pupils presenting with a head injury will not be left unattended by staff until they are confident that serious injury has not been sustained.

For a serious accident, the supervising member of staff will leave the child where they are and send for additional help from a first aider to attend the child where they sustained the accident to make sure they are not moved.

Recording of Head Injuries

All incidents should be recorded as normal in the accident book. The School will always inform parents via a telephone message.

Reporting procedure to Parents

The School will always inform parents of a bumped head via a telephone message. Parents should be spoken to directly. They will be invited to inspect injury and whether the child should be collected. If this is not possible, a message should be left on all mobile and home phones and contact tried again later. A log will be kept in the School Office to ensure repeat phone calls are made when no parent has been spoken to in person.

The School will always inform parents if a child has received first aid treatment via an accident record sheet. A completed accident record sheet will be given to the child and a copy retained in the accident book.

The First Aider should complete the slip providing details of the accident and the treatment received.

Communication to Form Teachers

Form teachers will be made aware if any of their pupils has suffered a head injury during the school day and alert the first aider who previously dealt with the child if any signs or complications present themselves later in the day and that the homework diary has a record.

Policy Development and Review

This policy document was produced in consultation with the entire school community, including pupils, parents, school staff and Governors.

This document is freely available to the entire school community. It has also been made available in the school newsletter, web-site and prospectus.

This policy will be reviewed on an annual basis.

Review date January 31st 2021

Signed  Head Teacher

Date : April 27th 2021

Related Documentation

Related Documentation	<p>Health and Safety Policy</p> <p>Supporting Pupils with Medical Conditions Policy</p> <p>Educational Visits Policy and Guidance</p> <p>Safeguarding Policy: Child Protection Procedures</p> <p>Safeguarding : Allegations of Abuse Against Teachers and Other Staff Compliments and Complaints</p> <p>Prevention and control of Communicable and Infectious Diseases Procedures</p> <p>Serious Incident Reporting Form (SIRF)</p>
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