Ranelagh Primary School

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First Aid Policy

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Signed by:  Chair of Governors

Signed by:  Headteacher

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1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage and advice from the Department for Education on first aid in schools, health and safety in schools , guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The School Premises (England) Regulations 2012, which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed first aiders are –

Faye Turner (Assistant Headteacher, EYFS Lead and Paediatric First Aid trained)

Olga Hopper (Deputy Headteacher, Paediatric First Aid trained)

Sharon Munnings (KS1 LSA and Paediatric First Aid trained)

Sally Mann (Pastoral Support and Paediatric First Aid trained)

Sarah Clark (Nursery teacher and Paediatric First Aid trained)

Anna Bullen (HLTA EYFS and Paediatric First Aid trained)

Ellie Fillbrook (Emergency 1st Aid at work Qualification)

They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits (delegated to Sharon Munnings)
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident using the carbon copy forms kept in the school office and if the injury was as a result of an accident in school and the child is sent home/referred for medical care, a Suffolk County Council Incident Form must be completed. (Held in the office)
- Keeping their contact details up to date

Our school's appointed first aiders are listed in 3.1 and appendix 1. Their names and photos will also be displayed prominently around the school.

3.2 The local authority and governing body

Suffolk County Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aiders, including those with a paediatric qualification, are present in the school at all times

- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures (See Appendix for flowcharts)
- Ensuring they know who the first aiders in school are
- Completing accident books/slips for all incidents they attend to where a first aider is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs
- Cleaning up (following the guidance in Appendix 6) bodily fluids including vomit, blood, faeces and urine.

4. First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents

- If emergency services are called, a senior leader or the school business manager will contact parents immediately
- The first aider/s that was present and any other relevant staff will complete an incident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury
- There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

4.2 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils and their relevant medicines e.g. inhalers/ Adrenaline-auto injectors
- In the case of a residential trip, Parents' contact details will be taken. For day trips, the office/member of SLT would be contacted in an emergency and they would then contact parents as necessary.

Risk assessments will be completed by the trip leader in conjunction with the educational visits lead, prior to any educational visit that necessitates taking pupils off school premises. For EYFS, there will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

For Key Stage One and Two trips, the EVC or visit leader should make a professional judgement regarding the level of first aid required based on the nature of the visit and/or the needs of the children on the trip.

5. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves

- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings
- Wound dressings
- Eye wash
- Ice packs

No medication is kept in first aid kits.

First aid kits are stored in:

- The Early Years Kitchen area
- KS2 resource area – 4 trip boxes
  Lunchtime first aid kit
  Extra supplies
- The staffroom
- Accessible bathroom downstairs opposite nurture room
- The office
- Mini-kit in the Rainbow room

5.1 Asthma Medication

The spare Asthma Inhalers are kept in the staffroom next to the door and also in the downstairs photocopier room. There is a list inside of children who have permission to use this. Children requiring asthma inhalers will have their inhaler stored in their classroom and this will be clearly labelled with their name and instructions for dosage. Please read the Asthma Policy for further information.

5.2 Allergies, Medical conditions and Adrenaline-auto injectors

The confidential health lists which state any allergies/medical conditions pupils have, are stored in the first aid box that is used at lunch time, in the staff room and in the green class inclusion folders. Where necessary the appropriate staff working with that child, will be made aware of how each allergy is dealt with e.g. Piriton, epipen.

For pupils with severe allergies e.g. where an Adrenaline-auto injector is required, a photo of the child will always be on display in the staffroom so everyone is aware. This photo will be

accompanied by the procedures should an allergic reaction occur. Individual class teachers and midday supervisors will also be fully briefed of any children in their care with severe allergies and procedures for how to deal with a reaction.

All Adrenaline-auto injectors are kept in individual plastic wallets labelled with the child's name and photo, and with their care plan in the teacher's desk drawer or other specified place (specified in the care plan and on staffroom board). A second device is stored in the school office under the defibrillator. All staff are aware of where to find them.

School first aiders are trained to administer Adrenaline-auto injectors and also staff who are in the class with that child.

Class teachers will also ensure they have everything they need to treat allergies on class trips.

6. Record-keeping and reporting

6.1 First aid and accident records

- If a first aider deals with an injury/incident, then an accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury. This has a carbon copy. School retain the copy and the original goes home with the child.
- For minor injuries e.g. bumps and grazes, these are recorded in a first aid book (stored with the first aid kits) and reported to parents if deemed necessary. In EYFS all injuries recorded are reported to parents on the same day or as soon as is reasonably practicable.
- Any head injury (definition – any injury from the neck upwards), should be recorded as appropriate (either an accident form if dealt with by a first aider OR in the first aid book if minor BUT a head bump slip must ALWAYS be filled in and given to parents
- If the child is sent home following an injury/accident OR goes to hospital OR to their doctor, then an additional Suffolk County Council incident form must be filled in and Lisa Burgess will provide this to the first aider. A copy of this should be placed in the child's educational record by the school business manager/admin team.
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.
- Each classroom has a clipboard/first aid record. Any injuries that need reporting to parents and accident forms to go home, must be placed here and the class teacher informed so that they are aware of the need to speak to parents. Any accident forms MUST NOT be given directly to the child or placed in their bag without the teacher/parent being informed.

6.2 Reporting to the HSE

The school business manager, Lisa Burgess, will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The school business manager, Lisa Burgess will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident, except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
    - Fractures, other than to fingers, thumbs and toes
    - Amputations
    - Any injury likely to lead to permanent loss of sight or reduction in sight
    - Any crush injury to the head or torso causing damage to the brain or internal organs
    - Serious burns (including scalding) which:
        - Covers more than 10% of the whole body's total surface area; or
        - Causes significant damage to the eyes, respiratory system or other vital organs
    - Any scalping requiring hospital treatment
    - Any loss of consciousness caused by head injury or asphyxia
    - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work related Injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the school business manager Lisa Burgess, will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the incident.
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
    - Carpal tunnel syndrome
    - Severe cramp of the hand or forearm
    - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
    - Hand-arm vibration syndrome

- Occupational asthma, e.g from wood dust
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
    - The collapse or failure of load-bearing parts of lifts and lifting equipment
    - The accidental release of a biological agent likely to cause severe human illness
    - The accidental release or escape of any substance that may cause a serious injury or damage to health
    - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment

*An accident "arises out of" or is "connected with a work activity" if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

How to make a RIDDOR report, HSE
http://www.hse.gov.uk/riddor/report.htm

Additional guidelines for EYFS

6.3 Notifying parents

A member of the Early Years Team will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents will also be informed if emergency services are called.

6.4 Reporting to Ofsted and child protection agencies

The school business manager/Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.
The school business manager/Headteacher will also notify the Local Authority & Children's Services of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 2).

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

In our Early Years Unit, at all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

8. Monitoring arrangements

This policy will be reviewed by the senior leader with responsibility for first aid annually.
At every review, the policy will be approved by the headteacher and governing body. Links with other policies
This first aid policy is linked to the

- Health and safety policy
- Risk assessment policy
- Supporting pupils with medical conditions
- Asthma Policy
- Child Protection and Safeguarding Policy
- Intimate Care Policy
- Statutory Framework for the Early Years Foundation Stage

Appendix 1: list of first aiders

Staff member's name	Role	Contact details
Faye Turner	Assistant Headteacher EYFS Lead & ASDL Paediatric First Aid Trained	Via school office Ext 202/212
Olga Hopper	Deputy Headteacher ASDL Paediatric First Aid Trained	Via school office Ext 212
Sharon Munnings	KS1 LSA Paediatric First Aid Trained	Via school office
Sally Mann	Pastoral Team Paediatric First Aid trained	Via school office
Sarah Clark	Nursery Teacher Paediatric First Aid Trained	Ext 202
Anna Bullen	EYFS HLTA Paediatric First Aid Trained	Ext 202
Ellie Fillbrook	KS2 LSA Emergency 1st Aid at work Qualification	Via school office

Appendix 2: first aid training log

Name/type of training	**Staff who attended** (individual staff members or groups)	**Date attended**	**Date for training to be updated** (where applicable)
Paediatric First Aid	Olga Hopper	November 22	November 25
Paediatric First Aid	Sally Mann	November 22	November 25
Paediatric First Aid	Faye Turner	March 22	March 25
Paediatric First Aid	Sharon Munnings	March 22	March 25
Paediatric First Aid	Sarah Clark	Jan 22	Jan 25
Paediatric First Aid	Anna Bullen	Jan 22	Jan 25
Emergency 1st Aid	Ellie Fillbrook	Nov 24	Nov 27
3 in 1 medical conditions	Eloise Turner Rosie Motion Roz Taylor Faye Turner Anna Bullen Sarah Clark Hannah Sibley Natasha Laflin Sharon Munnings Kelly Walker Julie Rudge Jackie Sunderland April Hyam Sarah Ingate Olga Hopper Sally Mann	September 24 December 24 September 23 November 23	
Defibrillator Training Asthma Training	All staff All staff	September 23	 September 25

Appendix 3: First Aid Procedures at a glance

Incident occurs during the school day where a pupil requires minor first aid

Member of staff to decide whether they can administer basic first aid OR to call for a first aider

Gloves should be worn if there is any blood loss/broken skin/body fluids. If the child is vomiting an apron must be worn too. Minor injury, dealt with by any member of staff.

Incident recorded in first aid book and the nature of the first aid provided as follows –

Date AND Time

Child's full name and class

What has happened? (N.B. Communication – Does this child have any SEND, have you got all the information you need?)

Any marks/broken skin (plasters should be applied to any broken skin – check no allergies)

Treatment given

IF child is in EYFS inform staff and use discretion as to if this is necessary for other children.

Double bag any waste with blood/body fluids and dispose in yellow bin.

Injury requires a first aider

First Aider will decide if any additional support required and request as necessary e.g. an additional first aider/senior leader/999.

First aider will treat the injury, remain with the child and monitor as necessary.

Depending on nature of the injury first aider will record in the appropriate location i.e. first aid book as described OR accident book in office.

Communication – Does this child have any SEND, have you got all the information you need?

First Aider will inform class teacher and prepare the accident slip ready to go home.

First Aider will decide if parents need to be informed/called to collect their child.

Appendix 4 Head Injury (Any injury from the neck upwards)

Child receives injury involving any region from the neck upwards

Member of staff to decide whether they can administer basic first aid OR to call for a first aider

Gloves should be worn if there is any blood loss/broken skin/body fluids. If the child is vomiting an apron must be worn too. Minor injury, dealt with by any member of staff.

Incident recorded in first aid book and the nature of the first aid provided as follows –

Date AND Time

Child's full name and class

What has happened? (N.B. Communication – Does this child have any SEND, have you got all the information you need?)

Any marks/broken skin (plasters should be applied to any broken skin – check no allergies)

Treatment given (N.B. Ice packs cannot be used unless you are fully first aid trained)

AND Head Injury slip completed including the time of the injury and child's name added to the head injury clipboard

Inform class teacher and place the head injury slip on the class first aid clipboard

Double bag any waste with blood/body fluids and dispose in yellow bin.

Injury requires a first aider

First Aider will decide if any additional support required and request as necessary e.g. an additional first aider/senior leader/999.

First aider will treat the injury, remain with the child and monitor as necessary.

Depending on nature of the injury first aider will record in the appropriate location i.e. first aid book as described OR accident book in office.

Communication – Does this child have any SEND, have you got all the information you need?

First Aider will inform class teacher and prepare the accident slip/head injury slip ready to go home. Place on class first aid clipboard.

First Aider will decide if parents need to be

Parents may want to come and check their child and may make the decision to take them home or to seek further medical attention OR they may wish for their child to remain in school and to be monitored. In either case parents will be advised of the signs of concussion.

Appendix 5 – Head Injury Letter for parents

Date:

Dear Parent/Carer,

Your Son/Daughter …… received a bump on the head today at (Time)

……. Although he/she seems fine, we always take the precaution of informing parents of a

head injury – however slight.

As with any injury to the head, it is important to be mindful of concussion.

IF ANY OF THE FOLLOWING OCCURS, SEEK MEDICAL ATTENTION AT ONCE

- Severe headache – (not pain from the wound)
- Vomiting
- Drowsiness
- Becoming irritable or violent
- Neck stiffness
- Double vision
- Unconsciousness
- Young child crying continuously

Further information can be found on www.nhs.uk search head injury
If you wish to discuss this incident further, please do not hesitate to contact the school office.

……

Appendix 6 - Cleaning up body fluid spills

The PHE guidance contains the following advice:

Spills of body fluids – blood, faeces, urine, nasal and eye discharges, saliva and vomit – must be cleaned up i**mmediately**.

If the spillage is on carpet or soft furnishings:
Bodily fluid spill granules method

1. Secure the area to keep away all people other than those attending to the spill.
2. Gather up necessary equipment for dealing with the spill.
3. Wear appropriate PPE.
4. Contain, absorb and cover the spill by directly applying the granules to the spill until all visible liquid is soaked up.
5. Leave the area for 2 minutes (or as per manufacturer's instructions), then clear away the granule mixture using disposable paper towels or a scoop, place directly into a clinical waste bag.
6. Wash the area (and the scoop) with a general purpose detergent and warm water using disposable cloth/paper towels. Dry.
7. Remove PPE and place immediately into a clinical waste bag.
8. Discard fluid-contaminated material in a plastic bag along with the disposable gloves. The bag must be securely sealed and disposed of according to local guidance.
9. Perform hand hygiene.

If the spillage is on a hard surface e.g. vinyl floor or playground

1. Secure the area to keep away all people other than those attending to the spill.
2. Gather up necessary equipment for dealing with the spill.
3. Wear appropriate PPE.
4. Scoop up as much solid material as possible (vomit or stools) which can be placed in a clinical waste bag or flushed down the toilet.
5. Use paper towels to clean up body fluid spillages, not mops.
6. Clean and disinfect any surfaces on which body fluids have been spilled (using a solution of diluted Milton).
7. Dry, if possible.
8. Remove PPE and place immediately into a clinical waste bag.
9. Discard fluid-contaminated material in a plastic bag along with the disposable gloves. The bag must be securely sealed and disposed of according to local guidance.
10. Perform hand hygiene.

Appendix 7 - Guidance for hand hygiene

Hand hygiene

Washing hands properly is one of the most important things individuals can do to help prevent and control the spread of many illnesses. Good hand hygiene will reduce the risk of illnesses like flu, stomach upsets and other infections being passed from person to person. Alcohol hand gel can be used if appropriate but should **not** replace washing hands if hands are visibly soiled or when there are gastroenteritis (diarrhoea and vomiting) cases in the school. Alcohol hand gel is not effective against norovirus.

Toilet facilities must have:

- Wall mounted soap dispensers*
- Water that is hot (preferably a mixer tap which can take the water to a safe temperature)
- Paper towels
- Foot action pedal bins

*Bars of soap and fabric hand towels are not acceptable.

- Wet your hands with clean, running water then apply liquid soap.
- Lather hands by rubbing them together. Be sure to lather the back of hands, between fingers and under nails.
- Rub hands for at least 20 seconds
- Rinse hands well under clean, running water
- Dry hands using a clean paper towel or air dry.

Hand washing with warm water and liquid soap is recommended as follows:

- After using (or helping someone to use) the toilet
- After changing a nappy
- Before, during and after preparing food
- Before eating food
- After blowing your nose, coughing or sneezing (or helping someone to blow or wipe their nose)
- Before and after treating a cut or wound
- Immediately after hands have been contaminated with respiratory secretions, blood, faeces, urine or other body fluid
- After handling animals, pet food/treats or cleaning cages
- Whenever hands are visibly soiled

More information can be found in the handwashing section of chapter three of the Health protection in schools and childcare facilities guidance.