



## First Aid Policy

<b>Date Policy was formally adopted</b>	July 2021
<b>Review Date</b>	July 2022
<b>Chair's Name</b>	Steph Green
<b>Chair's Signature</b>	

### **Core Values**

Respect  
Enjoyment  
Care  
Confidence  
Challenge



### **First Aid Policy Statement**

The Governing Board and Headteacher of Rodings Primary School accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school. We are committed to the Local Authority's procedure for reporting accidents and recognise our statutory duty to comply with the reporting of injuries, diseases and dangerous occurrences regulations 1995. The provision of First Aid within the school will be in accordance with the Local Authority's guidance on First Aid in school.

### **Statement of First Aid organisation.**

The school's arrangements for carrying out the policy include nine key principles:

- Places a duty on the Governing Board to approve, implement and review the policy.
- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- Records all occasions when first aid is administered to employees, pupils and visitors.
- 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 annually.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.
- Undertake a risk assessment of the first aid requirements of the school

### **COVID-19 Implications**

Following the Covid-19 Pandemic of 2020 there are additional implications when delivering First Aid. Staff will be provided with the appropriate PPE to deliver First Aid in a way that is safe for both the injured party and the first aider.

First aid will be initially delivered by staff within the year group bubble. Only if deemed serious enough, will additional support from the office be requested.

As the virus will be in society for the foreseeable future the school will comply with all advice from Public Health England (PHE), Department for Education (DfE) and the Local Authority (LA).

Procedures will be reviewed termly, or in line with new guidance, whatever comes first. The COVID-19 risk assessment overrides and procedures mentioned in this policy.



### Arrangement for First Aid

#### Training

All staff will be First aid trained as part of their induction to the school. This will be done as soon as possible in line with the school cycle of first aid training or availability through one of the DEEP schools.

Those working in EYFS will undertake paediatric first aid as required by law for those working with under 5s.

First school leader will undertake a specialist Forest School's First Aid which covers injuries sustained outdoors.

Training records will be kept and managed on Arbor.

#### Materials, Equipment and Facilities

The school will provide materials, equipment and facilities as set out in DfE 'Guidance on 'First Aid for schools'.

The Appointed Person:

- Currently the Appointed person is Andrea Paget, School Business Manager.
- Will ensure that materials and equipment are available.
- Will ensure that new materials are ordered when supplies are running low.

EYFS Class and the swimming pool area have their own First Aid Box & First Aid Book (During the pandemic opening of school, every classroom will have a first aid box which will be carried with each family group). These need to be stored where they are visible and easy to access. The school has wall mounted First Aid stations installed in the main playground, in the outside EYFS area and in the swimming pool area.

It is the appointed person's responsibility to ensure that these are regularly checked and that the stations are fully stocked. Each Midday Assistant (MDA) has their own first aid bum-bag. It is the responsibility of the MDA to restock the bag when running low. Responsibility to regularly check First Aid Boxes located around the school lies with staff working in the classes. If First Aid boxes need replenishing the Appointed Person should be immediately notified and extra supplies should be requested.

#### Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a cleansing wipe.

Any adult can treat more severe cuts, but a fully trained first aider must attend the patient to give advice. Minor cuts should be recorded in the accident file. Severe cuts should be recorded in the accident file and a major accident form



should be given to the parents/carers. A copy of this form should be given to the office to be kept on file. See Appendix I for Procedure for treating, reporting and notifying parents of injuries to children.

ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES.

### **Head injuries**

Any bump to the head, no matter how minor, is treated as serious. All bumped heads should be treated with an ice pack. Parents and Guardians must be informed by email or push notifications through Arbor. The adults in the child's classroom should be informed and keep a close eye on the child. All bumped head accidents should be recorded in the accident file on Arbor. If very serious a phone call will be made. See Appendix I for procedure for treating, reporting and notifying parents of injuries to children.

### **First Aid and Medicine files**

These files are kept in the School Office. The contents of these files are collected at the end of the academic year, by the appointed person, and archived for a period of 3 years as required by law.

For major accidents/ incidents a further form must be completed within 24 hours of the accident/ incident. (Any accident that results in the individual being taken to hospital is considered a major accident/ incident). These forms are obtainable from the office and once completed a copy of it must be kept on file. They also need to be signed by the Headteacher.

### **Administering medicine in school**

Any medical conditions are shared with staff and a list of these children and their conditions is kept in the communications file in the Staff Room, and on file in the office.

Children with Medical conditions have to have a care plan provided by the parents/ guardians. These need to be checked and reviewed regularly. Medications kept in the school for children with medical needs, are stored in the office cabinet. Each child's medication is in a box labelled with their year group.

All medicines in school are administered following the agreement of a care plan and a completed medication form.

### **Asthma**

Children with Asthma will have a specific Asthma plan. In order for children's asthma pumps to be kept in school this form must be filled out. Parents need to be directed to the office to fill out the form. It is the parents/carers responsibility to provide the school with up-to date asthma pumps for their children. School office staff are to check the expiry date on the pumps regularly and inform



parents, should the pumps expire or run out. Asthma sufferers should not share inhalers.

Only Blue (reliever) asthma pumps should be kept in schools.

### **Generic emergency salbutamol asthma inhalers:**

In accordance with Human Medicines Regulations, amendment No2, 2014, the school is in possession of 'generic asthma inhalers', to use in an emergency. These inhalers can be used for pupils who are on the school's Asthma register. The inhalers can be used if pupils' prescribed inhaler is not available (for example, if it is broken or empty). These are located in the school office.

**COVID - 19 Amendment:** Asthma pumps are being held in the bubbles first Aid box not the office.

In case of an emergency an adult needs to be sent to get the asthma pump while a First Aider remains with the child. Once the pump has been administered, (older children can administer it for themselves under supervision) the First Aider needs to record the time and dose of salbutamol (how many puffs have been administered). This needs to be recorded on the administering medicine form. The inhaler & spacer will be cleaned immediately following use.

Adults may also use the inhalers in an emergency and should follow the above instructions on recording the use of the inhalers.

### **Other Medicines**

Short term prescriptions: Medications such as the short term use of antibiotics or painkillers can be administered only if the parent /guardian fill out the 'Parental consent form for administering medicine' form. Parents can obtain the form from the office on the first day of requesting the medicine to be administered at school.

The Administering Medicine at Schools Form must be kept in the medication file. Medication may be administered in school if it is required to be taken four (4) times a day. Office staff should encourage parents to administer all other medicine at home. All medication administered at school must be prescription medicine, prescribed by a doctor and obtained from the pharmacy, clearly labelled with the child's name and address.

Medications that need to be kept in the fridge can be stored in the office.

### **Calling the Emergency services**

In case of a major accident, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

The Headteacher or Deputy Headteacher should be informed if such a decision has been made even if the accident happened on a school trip or on a school residential.



If the casualty is a child, their parents/carers should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are available from the school office.

### **Head Lice**

Staff do not touch children and examine them for head lice. If we suspect a child or children have head lice we will have to inform parents/carers. A standard text should be sent out to parents/carers with children in that class where the suspected head lice incidence is. If we have concerns over head lice the school nurse can be called in, who is able to examine children and also give advice and guidance to parents/carers on how best to treat head lice.

### **Chicken Pox and other diseases, rashes**

If a child is suspected of having chicken pox etc, we will look at the child's arms or legs. Chest and back will only be looked at if we are further concerned. We should call a First Aider and two adults should be present. The child should always be asked if it was ok to look.



## Appendix I

### **Procedure for treating, reporting and notifying parents of injuries to children**

Any injury to a child needs to be treated by a qualified first aider.

Ideally, this treatment should take place in the school office however professional judgement must be used e.g. is it safe to move the injured child without causing further injury or major distress.

Children should not be 'crowded' with adults when being treated. Additional adults can be called to help by the main first aider treating the child.

Any treatment given should be recorded in the accident book on Arbor.

Depending on the severity of the injury an accident form may also need to be completed. A DSL will make this decision.

The person giving the treatment should be the person who records and completes any accident forms. Others may be asked to do so by the SLT.

A phone call home to parents or the next of kin will follow any significant injury that leaves a mark on a child, no matter where on the body. This should include all bangs to heads (bump or no bump), deep/significant cuts, grazes, lacerations, burns or suspected ligament or bone damage. This phone call will be made by the office staff. The class teacher will carry out a follow up call once an investigation has taken place.

Parents should be given an accurate description of any injuries so that parents can make a clear judgement on what to do next.

All parents should be offered the opportunity to visit school to check on the injury.

If a parent turns down the opportunity to visit the child this should be recorded in the accident book.

After any treatment and the child stays on at school, they should be monitored carefully by a designated adult in the class for the rest of the day. Any change in the child's injury e.g. increase in bruising, lightheadedness or continued weeping or bleeding of cuts should be treated again. Parents should receive a second call to update them on the situation.

In the case of severe injury that is life threatening an ambulance will be called.



## Glossary of Terms and Abbreviations

<b>Term/ Abbreviation</b>	<b>Meaning</b>
DEEP	Dunmow Excellence in Education Partnership
DfE	Department for Education
DSL	Designated Safeguarding Lead
EYFS	Early Years Foundation Stage
LA	Local Authority
MDA	Midday Assistant
PHE	Public Health England
PPE	Personal Protection Equipment
SLT	Senior Leadership Team