



Alder Grove
Church of England Primary School



First Aid Policy

Date	September 2020
Review Date	Autumn 2022

ALDER GROVE CHURCH of ENGLAND PRIMARY SCHOOL

FIRST AID POLICY

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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, advice from the Department for Education on first aid in schools and health and safety 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 Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's Appointed Person is the Office Manager. 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
- 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 incident report form on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

Our school's Appointed Person and/or first aiders are listed in appendix 6. Their names will also be displayed prominently around the school.

3.2 The local governing body

The local governing body has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.4 The Head of School

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

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel 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)

3.5 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing an incident report form (see appendix 2) for all incidents they attend to where a first aider/appointed person is not called
- Informing the Head of School, teacher or their manager of any specific health conditions or first aid needs

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, the Appointed Person will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

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
- Parents' contact details

Risk assessments will be completed by the Party Leader prior to any educational visit that necessitates taking pupils off school premises.

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.

4.3 Administration of medicine

- Children with Medical conditions require a care plan provided by the school nurse, signed by parents/ guardians. These need to be checked and reviewed regularly.
- Medications kept in the school for children with medical needs, are stored in the medical room, in a white cabinet, clearly marked with the green cross. Each child's medication is in a clearly labelled container with their care plan.
- Parents are generally encouraged to schedule their child's medication so that they don't need a dose during the school day.

If, however, a child does need medication during school hours, the following guidelines must be followed:

- **Only prescription medication should be brought into schools.** This includes antibiotics, asthma inhalers, adrenaline auto-injectors (AAIs), insulin syringes and so on.
- Medications must be brought into schools in their original container, as dispensed by a pharmacist, labelled with the child's name. They must include instructions for administration, dosage and storage, as well as possible side effects. The exception to this is insulin, which can be brought into school inside an insulin injector pen or pump, rather than its original packaging.
- Written consent for a child to be given the medication must be completed by a parent/carer (see appendix 4 for example of Parental Agreement Administering Medicine at Schools Form).
- All medications must be in date.
- The smallest possible amount of medication should be brought into school. The exception to this is liquid medication, which can only be accurately and safely dispensed from the original container.
- Medication should be kept locked in the medication storage box in the medical room or a sealed box in the fridge based in the medical room.
- Parents must collect any leftover medication that their child no longer needs, or medicines that have passed their expiry date, from the school.
- **A record of when children's medication administered must be kept**, including the date and time of each dose, how much was taken, and whether there were any side effects. This is mandatory for children in the Early Years Foundation Stage (see appendix 5 for example of Administering Medicine at Schools Form).

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

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- Reception (at the desk)
- Nursery classroom
- Reception classroom
- Design and technology classroom
- The school kitchen

6. Record-keeping and reporting

6.1 First aid and accident record book

- 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 and a copy sent to the Trust immediately
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the incident report form at appendix 2
- A copy of the accident report form will also be added to the pupil's educational record by the Appointed Person.
- 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.

6.2 Reporting to the HSE

The Appointed Person 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 Appointed Person 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.

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)
 - 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
 - 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:

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

<http://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying parents

The Appointed Person 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.

6.4 Reporting to Ofsted and child protection agencies

The Head of School 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 Head of School will also notify Berkshire West Safeguarding Children Partnership 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 6).

Staff are encouraged to renew their first aid training when it is no longer valid.

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 Head of School every two years. At every review, the policy will be approved by the local governing body

Links with other policies

This first aid policy is linked to the

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions

Appendix 1 - First Aid Treatment Record

CONFIDENTIAL – keep this record in a secure place

FIRST AID TREATMENT RECORD

This record can double up as a record of accidents to non-employees

Date and Time of injury	Name of injured person.	Location of incident.	What happened to cause injury?	Describe injury using details of part of body i.e. left side of forehead.	First Aid treatment given.	If Head injury please tick following actions:	Name of person who gave treatment.
						Red head bump form <input type="checkbox"/> Wristband <input type="checkbox"/> Phone call to parent <input type="checkbox"/>	
						Red head bump form <input type="checkbox"/> Wristband <input type="checkbox"/> Phone call to parent <input type="checkbox"/>	
						Red head bump form <input type="checkbox"/> Wristband <input type="checkbox"/> Phone call to parent <input type="checkbox"/>	

Appendix 2 – Incident Report Form

INJURED PERSON	First name(s)		Surname		Title (Miss, Mrs, Ms, Mr)	
	Home address		Employer's name and address if other than WBC		Male	Female
					<input type="checkbox"/>	<input type="checkbox"/>
					Date of birth	
	Telephone		Occupation			
TICK BOX						
Employee		Student	Pupil	Contractor	Agency worker	Trainee/Work Experience
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCATION	Name, address and telephone number of School			Incident site		
	Date of Incident	Time of Incident AM / PM		Normal working hours From: To:	Time stopped work AM / PM	
THE ACCIDENT / INCIDENT / DANGEROUS OCCURRENCE / WORK RELATED	Description of injury, work related illness or disease. State injury type e.g. cut indicating the part of body affected and left or right as appropriate. If serious, phone the HR Enquiries Helpdesk on (0118) 974 6116 as quickly as possible.					

	Describe the incident and how it happened including details of the activity at the time. Continue on separate sheet if required.							
MEDICAL ATTENTION / ACTION	TICK BOX(ES)							
	None required <input type="checkbox"/>	First aid <input type="checkbox"/>	Returned to work <input type="checkbox"/>	Sent/taken home <input type="checkbox"/>	Sent/taken to Doctor <input type="checkbox"/>	Sent/taken to hospital <input type="checkbox"/>	Detained in hospital for over 24 hours <input type="checkbox"/>	Next of Kin Informed <input type="checkbox"/>
LOST TIME & RISK ASSESSMENT	Did this incident result in absence from work?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
	If so, specify the duration:				Start date		End date or ongoing	
	Is there an existing risk assessment in place?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
	Has the assessment been reviewed following the incident?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
INVESTIGATION FINDINGS	Key observations by person investigating the incident. Provide details of first aid treatment. Provide photos where helpful and appropriate. Continue on separate sheet if required.							

ACTION TAKEN TO PREVENT A RECURRANCE	For example, risk assessment reviewed, equipment taken out of service for repair etc. Continue on separate sheet if required.		
OTHER DETAILS	Who was the incident first reported to and on what date?		
	Witnesses names (give address and telephone numbers if not WBC employees)		
	Print name and title	Signature	Date
Report completed by			
Approved by Headteacher / Line Manager or School Safety Co-ordinator			

School to retain the original form in a confidential and secure manner

Send a scanned copy to The Keys Academy Trust by email to: clerk@keysacademytrust.org

Appendix 3 – Head Injury Letter

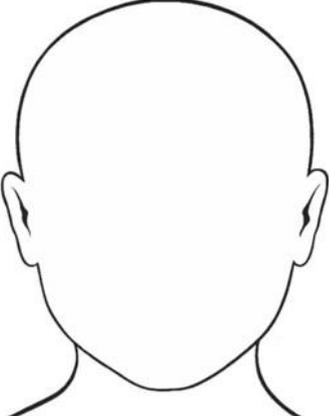
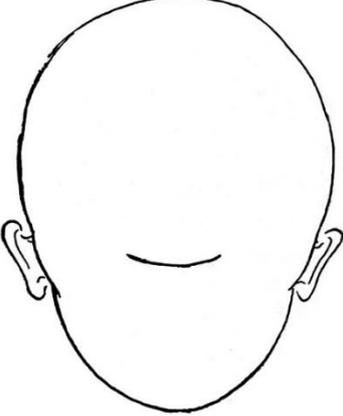
Head Injury Letter

Dear Parent / Carer,

Name.....

Date.....

Your child has sustained a head injury at school today at approximately.....am/pm and has been monitored since the accident and we have not identified anything that caused concern up to the time of them going home.

<u>Details</u>		
	<u>Front of Head</u>	<u>Back of Head</u>
		

If any of these symptoms are present, particularly loss of consciousness (even for a short period of time), you should call an emergency ambulance (999 / 112) or NHS Direct on 111 / 0845 4647

- Lasting headache that gets worse or is still present over six hours after the injury;
- Extreme difficulty in staying awake, or still being sleepy several hours after the injury. It is fine to let children go to sleep after a slight bump to the head, but you should check on them regularly and make sure you are able to wake them.
- Nausea and vomiting several hours after the injury;
- Unconsciousness or coma;
- Unequal pupil size;
- Confusion, feeling lost or dizzy, or difficulty making sense when talking;
- Pale yellow fluid or watery blood, coming from the ears or nose (this suggests a skull fracture);
- Bleeding from the scalp that cannot be quickly stopped;
- Not being able to use part of the body, such as weakness in an arm or leg;
- Difficulty seeing or double vision;
- Slurred speech; and
- Having a seizure or fit.

Appendix 4 – Medical Parent/Carer Consent Form

Parent/Carer Agreement

Parent/Carer agreement for Alder Grove CofE Primary School to administer medicine

It is not possible for us to give your child medicine unless you complete and sign this form

Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Does your child take it themselves?	
If they do is supervision needed?	
Procedures to take in an emergency	
NB: Medicines must be in the original container as dispensed by the pharmacy	

Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to the school office	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix 5 – Record of Medicine Administered

Record of medicine administered to an individual pupil

Name of child	
Date medicine provided by parent/carer	
Group/class/form	
Quantity received from parent/carer	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine*	
Staff Signature	Signature of parent

*For all medication it is essential that the dose is written clearly with the units for example – 2 x 5 mg.

Fridges: If any medication is stored in fridges ensure that routine temperature monitoring takes place. In most schools a small separate fridge is most appropriate

Date			
Time			
Does given*			
Name of member of staff			
Staff initials			

Date			
Time			
Does given*			
Name of member of staff			
Staff initials			

Appendix 6 – List of First Aid trained staff

September 2020

Name	Role	Certificate seen	Qualification & date	Qualification expires
Libby Fothergill	Nursery Teacher	Yes (PT 2/6/20)	Full Paediatrics First Aid Course (12 Hours) 16/03/19	16/03/22
Sarah Norkett	Reception Teacher	Yes (PT 2/6/20)	First Aid at Work 11/11/19	11/11/2022
Sarah Norkett	Reception Teacher	Yes (PT 2/6/20)	Paediatric First Aid Level 3 12 Hours 11/11/19	11/11/2022
Office Manager	Appointed Person			

Appendix 7 – Specific illnesses

Asthma

Children with Asthma do not require a care plan. For children's Asthma pumps to be kept in school a medical administration form must be filled out. It is the parent/carer's responsibility to provide the school with up-to date Asthma Pumps for their children. Adults in the classroom are to check the expiry date on the pumps regularly and inform parents, should the pumps expire or run out. 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). The emergency inhalers are stored in the First Aid cabinet in the Medical Room and in the Nursery. The inhalers are clearly labelled.

Nursery: The emergency inhaler asthma bag contains:

- One salbutamol inhaler (clearly labelled), inside its original packaging with instructions on how to use and clean the inhaler.
- One plastic spacer to be used with younger children (Nursery, Reception)
- List of names of children with Asthma

First Aid cabinet (Medical room): The emergency inhaler asthma bag contains:

- Two salbutamol inhalers (clearly labelled), inside their original packaging, with instruction on how to use and clean the inhaler.
- List of names of children with Asthma

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

When the emergency inhalers have been used, please notify the persons responsible for First Aid and Medicine.

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 Telephone and the Head Injury Form (see Appendix 3) should be completed.

Epi-Pens

All Epi-Pens should be labelled and kept in the school office except for nursery children.

Annual training for Anaphylaxis and Epi Pen will take place. This will include senior leaders, first aiders and the staff working with children who currently have an epi pen.

Anyone can administer an Epi-Pen in an emergency if the adult/child is unable to do it themselves. Should a member of staff, who has not had the training have to do this, then the emergency services must be informed at the same time as the Epi-Pen is administered.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

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 and have child consent.

We should call a First Aider and two adults should be present.

Treatment of suspected breaks/fractures

The seven things to look for are:

1. Swelling
 2. Difficulty moving
 3. Movement in an unnatural direction
 4. A limb that looks shorter, twisted or bent
 5. A grating noise or feeling
 6. Loss of strength
 7. Shock
- If it is an open fracture, cover the wound with a sterile dressing and secure it with a bandage. Apply pressure around the wound to control any bleeding.
 - Support the injured body part to stop it from moving. This should ease any pain and prevent any further damage.
 - Once you've done this, call 999 or 112 for medical help.