



First Aid POLICY

2022

Reviewed by: Sonu Somra and Janice Graham

Date: January 2022

Ratified by Chair of Governors:

Next review date: January 2024

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

1. 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 School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

2. Roles and responsibilities

2.1 First aiders

There are a number of staff trained in:

- First Aid at Work (a 3-day course with a 1-day annual refresher – there must, by law, be at least three members of staff qualified in First Aid at Work; these members receive an allowance).
- Emergency First Aid (1 day course).
- Paediatric First Aid (2 days).

The school has appointed Janice Graham and Maria Rachon-Corredera. 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 accident report on the same day, or as soon as is reasonably practicable, after an incident

The first aiders' names are displayed prominently around the school.

2.2 The local authority and governing board

London Borough of Newham 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.

2.3 The governing board

The governing board 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.

2.4 The headteacher

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

- Ensuring that an appropriate number of trained first aiders 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 CYPS when necessary (see section 6)

2.5 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing School Incident form for all incidents they attend to where a first aider is not called or the off-site ones
- Informing the headteacher or their manager of any specific health conditions or first aid needs

3 First aid procedures

3.1 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 take the child to the first aider, if appropriate, who will provide the required first aid treatment
- The first aider will assess the injury and decide if further assistance is needed from the emergency services.
- If the first aider has to go to the injured person, they 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 first aider or the senior leadership team (SLT) will contact parents immediately
- The first aider/relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury and hand it to SFM to sent to the [CYPS-Schools.H&S@newham.gov.uk](mailto:CYPSSchools.H&S@newham.gov.uk) as soon as possible i.e. within 5 working days from the accident. The Headteacher must verify accident report forms.

Cuts

- The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a wet tissue wipe.
- More severe cuts should be dealt by a fully trained first aider. Minor cuts should be recorded in the accident book. Severe cuts should be recorded in the accident book and on a school incident form.
- 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 a wet tissue or an ice pack. 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 book. Children with a bumped head should be given a head injury letter and an 'I bumped my head *date*' wristband to take home.

Broken bones

- If a child is suspected of having broken a limb they should not be moved and the emergency services should be called immediately, and then the parents should be contacted.
- In case of an actual fracture a risk assessment about their mobility should be completed before coming into school again.

Medicines

- Only children who have a Care Plan, which has been prepared by the school nurse, will be allowed to have medicines administered at school. Medicines will only be administered by the First Aiders, who are trained to manage the administration of medication.
- We **do not** keep pupils' medication in school unless there is an underlying chronic condition, e.g. asthma.
- Medication that needs to be taken more than 4 times a day can be administered in school only if the doctor prescribes it. This is in rare circumstances only. Parents need to take the medicines to the first aid room and fill in a consent form and details about how and when it should be administered. If the medication is long-term, parents are responsible for supplying the school with fresh medication before the expiry date runs out.
- Germs and illnesses are easily spread in schools. In the case of viral sickness or diarrhea, children should remain at home for 24 hours.

Asthma

As advised by the NHS the *My Asthma Plan* (Appendix 2) form is completed annually (preferably at the beginning of an academic year). This will be done in conjunction with the parent and the child. A record of all the completed forms is kept in the first aid room.

Inhalers: There are two types of inhalers called PREVENTORS and RELIEVERS.

Preventor inhalers are usually brown. As a rule, they only have to be used two or three times a day and if three (in the morning after school, at bedtime) can be administered at home. If a child needs to use a preventor four times a day (lunchtime), then it needs to be brought to the school. This must be accompanied by a care plan developed from the school nurse, the parent and the first aider.

Reliever inhalers are blue and need to be kept as near to the child as possible so that they can be administered with the minimum possible delay.

Therefore, all asthma pumps will be kept in the classrooms. All pumps should be clearly labelled with the pupil's name.

- Parents are to inform the first aider and/or Learning Mentor, at the admissions interview or the beginning of an academic year, if their child has asthma and these records are to be filed in the child's file. The classteacher will also be informed. First Aiders will do a termly check to see that the pump has not expired or that the child has run out of inhalers.
- Pupils with asthma are perfectly able to participate in P.E. lessons. Pupils who have exercise-induced asthma will need to take a puff of their inhaler at the start of the lesson. If pupils become wheezy, they should take their reliever inhaler and rest.
- Pupils must also ensure that they take their asthma pumps with them to after school clubs.

The school now keeps a stock of few blue reliever pumps to use in case of emergency, if a child has lost his pump or it has expired.

After School Care (ASC), Breakfast Club

The ASC and Breakfast Club leads have trained first aiders on their teams.

Children who are asthmatic will not need to bring their classroom inhalers to ASC or Breakfast Club. Spare blue (reliever) inhalers are kept securely within the provision in case of emergencies. Children will use a disposable spacer to minimise the risk of cross-contamination.

Adrenalin Pens

Spare adrenalin pens are kept securely within the provision in case of emergencies. Staff have been trained in the use of adrenalin pens.

Extra-Curricular Clubs (including those clubs run by outside providers)

First aid remains staffed until clubs finish at 4:30pm. Should any child need first aid for an injury, or require emergency medical help due to asthma or anaphylactic shock, they should be taken to the first aid room. If the child requiring treatment is unable to move, a child or additional adult should be sent to first aid to summon support.

Emergency inhalers and adrenalin pens will be administered by the first-aid team.

What to do if a child has an attack

- **Ensure that the reliever medicine is taken.**

A reliever inhaler, usually blue, should quickly open up the narrowed air passages.

- **Stay calm and reassure the child.**

Attacks can be frightening, so stay calm. The child has probably been through this before. Listen carefully to what they say. It is very comforting to have a handhold but do not put your arm around the child's shoulder, as this is very restrictive.

- **Help the child to breathe.**

Encourage the child to breathe slowly and deeply. Most pupils find it easier to sit upright or leaning forward slightly. Lying flat on the back is not recommended. Loosen tight clothing around the neck and offer the child a drink of water.

Playtimes and Lunchtimes:

Key Stage 1 and lower Key Stage 2 [Year 3 & 4]:

Pupils to ask adults on duty to help them get their pumps from the class.

Key Stage 2 [Year 5 & 6]:

Pupils will be expected to take responsibility for their own welfare. If the child is having an attack somebody else should get the inhaler for them.

After the attack

Minor attacks should not interrupt the child's involvement in school. As soon as they feel better, they can return to school activities.

CALL AN AMBULANCE IF: (See Appendix 1)

- The reliever has no effect after 5 to 10 minutes.
- The child is either distressed or unable to talk.
- The child is getting exhausted.

If you have any doubts about the child's condition, contact a First Aider and/ or the Welfare Officer immediately. Parents need to be informed at this stage.

Epilepsy

There are a number of staff trained in epilepsy. Emergency medication for epilepsy can be found in a cupboard in the first aid room. This is only to be administered by the trained staff members if necessary.

Care plans are with the medication in a box marked with the child's name. Care plans are located in a labelled file within the first aid room and in the SEND office.

Food Allergies

The children with food allergies we are aware of wear an allergy badge when they go for dinner. The badge states their forename, class name and what they are allergic to. Children with a special diet have a menu plan that is handed over to the kitchen staff and a copy of it is kept in the first aid room.

If a child has an Adrenaline, a labelled one will be found in the first aid room.

Care plans and medications are to be taken on all school trips. The Welfare Assistant will liaise with class teachers where this affects a child in their class and advice on medication and emergency procedures.

The school now keeps two Adrenaline pens in the first aid room to use in emergency.

The school's catering provider, Juniper, has revised their policies and procedures related to Medical Diets Allergens document in light of new regulations set by Natasha's Law. According to the new rules, PPDS (Prepacked for Direct Sale) food will have to clearly display the following information on the packaging:

- Name of the food.
- Full ingredients list, with 14 allergenic ingredients emphasised (for example in bold, italics or a different colour).

Headlice

Staff do not touch children and examine them for headlice. If we suspect a child or children have headlice, the classteacher will have a discrete conversation with the parents of the suspected children. Parents are advised to go to their local pharmacist for treatment.

3.2 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 (in case of Residential visits)

The class teacher will complete risk assessments prior to any educational visit that necessitates taking pupils off school premises.

EYFS

- As stated in the statutory framework for the Early Years Foundation Stage there will always be at least one first aider with a current paediatric first aid certificate on all educational visits,

KS1 & KS2

- The school will do its best to ensure there is at least one first aider on KS1 and KS2 educational visits.

4. First aid equipment

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

- Various bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Contact details of NPW support services

No medication is kept in first aid kits.

First aid kits are stored in:

- Outside the First Aid room

Defibrillator is in the first aid room.

First aid boxes are placed on the walls in the corridors outside the classrooms.

5. Record-keeping and reporting

5.1 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
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form.
- If an adult had an accident, they should complete the accident form with line manager or finance manager.
- 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.

5.2 Reporting to the CYPS

The School Finance Manager (SFM) 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 SFM will report these to the CYPSSchools.H&S@newham.gov.uk as soon as is reasonably practicable and in any event within 5 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

6. 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.

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.

7 First aid during Covid-19 Pandemic

The school follows the guidance from HSE

[First aid during the coronavirus \(COVID-19\) pandemic \(hse.gov.uk\)](https://www.hse.gov.uk/covid19/firstaid.htm)

Appendix 1



London Ambulance Service **NHS**
NHS Trust

Ringling 999 for an ambulance, a guide for education

It is always better if someone who is with the patient can ring 999, so you will need to get a telephone to the patient or get the patient to a telephone.

This is important for a variety of reasons, if the call is about an illness the call handler may want to know if there is a rash, what their breathing sounds like, any rapid swelling of the lips, face throat or tongue, does their skin feel a normal temperature etc. If the call is about an injury the call handler may ask questions like, is the limb cold, pale or blue, can the patient weight-bear, are there pins and needles in the limb, any bleeding etc.

When you first ring 999 you will go through to an emergency operator who will ask you what service, you require (Police, Fire, **Ambulance** or Coastguard)

The London Ambulance Service uses a triage tool called Medical Priority Dispatch System (MPDS). MPDS is an International Academy of Emergency dispatch computer based operating system that provides a suite of clinical protocols for triaging 999 calls based on the symptoms reported when calling. Calls are prioritised so that patients with life threatening conditions receive the fastest response. The ambulances are only sent on lights and sirens to the most serious conditions, thus minimizing the risk to other road users and the public.

When you are connected to the ambulance service you will initially be asked if the patient is breathing, you will then be asked if they are awake, or if there is any serious bleeding. If the patient is awake & breathing you will be asked what the problem is, at this point we only want to know a brief summary of what is happening, i.e. "they have injured their ankle", "they have breathing difficulties" etc. and how this has happened.

You will then be asked to confirm the address of the emergency.

The call will then be triaged; in order to do this effectively we need to speak to either the patient or someone with the patient and we will also want to know the age of the child.

The call handler will carry out a safe effective assessment of the symptoms reported, as the clinical assessment progresses; each answer determines the next question to be asked.

Obviously, these questions will vary depending on the symptoms and condition of the patient so it really requires the patient or someone with the patient to answer these questions.

By answering these questions, it enables us to prioritise the call response. We may get a clinician (Paramedic, nurse or doctor) to call you back who will assess further & might ask you if the school or the parents are able to transport the patient to hospital, Doctors surgery or Minor Injury Unit (MIU) following the assessment.

If, when asked is the patient conscious and breathing, you answer no, then this could potentially be life threatening, and an ambulance will be either dispatched immediately or diverted from a lower priority call.

If someone is not breathing the call handler will talk you through what you can do to help, this will include instructions on how to commence Cardio Pulmonary Resuscitation (CPR), and will require you and the phone to be next to the patient. You will be asked to put the phone on loudspeaker and will be asked to shout out the chest compressions as you give them, so the call handler knows what is happening.

Do not stop CPR as soon as the Paramedics arrive, as they will require a few seconds to assemble any equipment required.

Important – you do not need to be First Aid trained, the call handler will give all instructions.

LAS Safeguarding Team
Safeguarding.las@nhs.net