


<b>Whitchurch Church of England Primary School</b>	Effective Date:	January 2018
<b>Policy and Procedure Statement</b>		
 <p><b>First Aid Policy</b></p>	Revision Date:	January 2020
	Approval:	
<b>Head Teacher</b>		<b>Mrs K Steven</b>
<b>DSL</b>		<b>Mrs K Steven</b>
<b>Chair of Governors</b>		<b>Mrs C Datta</b>

## 1. Introduction

The Health and Safety Act (First Aid) Regulations 1981 require that adequate provision be made for employees who are injured or become ill at work. There is no requirement under these regulations for children and visitors, but because they are owed common law duty of care this policy takes account of all who work on or visit the school site.

## 2. Aims

- 2.1. To establish arrangements for first aid
- 2.2. To establish provision and facilities
- 2.3. To establish good practice in the procedure and recording of first aid incidents

## 3. Principles

- 3.1. This policy covers all adults and children who work on or visit the school site
- 3.2. All members of staff have a duty of care to both pupils and visitors to the school site
- 3.3. First Aid is provided to the limit of the 'first-aider's' training, knowledge and experience
- 3.4. There will be a minimum of one First Aider (see definition below) and one appointed person on the school staff.
- 3.5. Where possible it will be desirable to have first aider cover on site throughout the school day
- 3.6. It has been agreed by the Governing Body that basic first aid training should be provided to staff every three years

## **4. Responsibilities**

### **4.1. First Aider/ Appointed Person: Mrs D Coughtrey**

- 4.1.1. To take charge when someone is injured or ill
- 4.1.2. Render first aid within limitations of training received and as appropriate in the circumstances
- 4.1.3. Arrange to call an ambulance or other professional medical help if necessary
- 4.1.4. If appropriate arrange for the next of kin to be contacted and for somebody to accompany injured children to hospital if contact cannot be made
- 4.1.5. Maintain simple records of all first aid provided
- 4.1.6. To ensure first aid boxes are kept stocked with sufficient quantities of suitable materials and nothing else: minimum of a weekly check
- 4.1.7. Report to Resources Manager regarding stock level renewal
- 4.1.8. To check the levels of first aid consumables against stock levels on half termly order list

### **4.2. School Business Manager – Mrs J Scotland**

- 4.2.1. To ensure that first aid consumables are purchased against agreed stock levels
- 4.2.2. To order deficits against above list
- 4.2.3. To liaise with the 'Named First-Aider' regarding items for inclusion on stock list

### **4.3. All Staff**

- 4.3.1. To take first aid kits on all excursions from school
- 4.3.2. To check the level of supplies in all first aid kits they intend to use.
- 4.3.3. To send injured/ill children to the office or to the Supervisory Assistant on medical duty at lunchtime
- 4.3.4. To seek assistance from the First Aider or Appointed Person for situations beyond their experience/expertise
- 4.3.5. To record all incidents where first aid has been provided beyond treatment from first aid belts on the playground
- 4.3.6. To inform the class teacher of any child who has been sent to stay in the medical room or sent home due to illness or injury

### **4.4. Learning Support Assistants**

- 4.4.1. To cover first aid during morning and afternoon playtime as per playground rota.

#### **4.5. Head Teacher**

- 4.5.1. To provide accessible first aid equipment
- 4.5.2. To provide the agreed level of first aiders/appointed persons, as far as is practicable
- 4.5.3. To ensure notices are displayed prominently giving the location of First Aid facilities and the names of First Aiders/Appointed Persons
- 4.5.4. To ensure staff are informed through their induction and when changes are made of First Aid facilities and the names of First Aiders/Appointed Persons
- 4.5.5. To ensure a record is kept of dates on which first aiders/appointed persons were trained
- 4.5.6. To ensure refresher courses are arranged
- 4.5.7. To ensure first aiders/appointed persons are aware of their duties
- 4.5.8. To ensure a telephone is always available to call an ambulance, that emergency access to buildings is maintained and the local ambulance is kept informed of arrangements for access to the site
- 4.5.9. Accidents are reported in accordance with the statutory requirements and the LEAs procedures

#### **4.6. Governors**

- 4.6.1. To support the aims and principles of this policy
- 4.6.2. To audit the effectiveness of this policy, including the required records, annually; usually as part of the Health and Safety Audit
- 4.6.3. To agree the annual budget to support the provision of first aid consumables and staff training

#### **4.7. Parents**

- 4.7.1. To inform school of any changes to emergency contact details
- 4.7.2. To inform school of any medical conditions that may affect first aid treatment given
- 4.7.3. To receive, and act on if required, any communication from school regarding first aid incidents

### **5. Key Procedures**

#### **5.1. First Aid**

- 5.1.1. Any injury requiring greater attention will be dealt with in the medical room by either a first aider or appointed person, if available
- 5.1.2. All first aid will be given by persons wearing protective clothing: rubber gloves and if necessary plastic aprons
- 5.1.3. Procedures of current first aid 'good practice' will be followed as dictated by most recent 'first aider/appointed person' training
- 5.1.4. Emergency cards are positioned around the school on hooks located on door frames. These will be used to summon adult assistance.

## **5.2. Record Keeping**

- 5.2.1. All injuries/accidents requiring treatment in the medical room will be recorded
- 5.2.2. All head injuries must be recorded
- 5.2.3. Notes will be sent home for all accidents/treatments requiring recording
- 5.2.4. All records will be kept in the medical room in the record book/file with a copy sent home to child's parents (or given to the injured adult)
- 5.2.5. Records will be kept as in Appendix I
- 5.2.6. Records of head injuries or other serious injuries (for example, those resulting in treatment outside the school) will be kept for a minimum of 3 years.
- 5.2.7. A log will be kept in the medical room of all First Aid Training by staff

## **6. Facilities**

Medical Room

## **7. Equipment**

- 7.1. Portable First Aid kits – for school visits and use on site
- 7.2. Disposable rubber gloves
- 7.3. Plastic aprons
- 7.4. 'Sick' buckets lined with yellow bags
- 7.5. Sanitary bin for clinical waste
- 7.6. Body fluid crystals

## **8. Resources**

- 8.1. Record book/file
- 8.2. Allergy list – children
- 8.3. Health Guidance for Schools – HCC 2002

## **9. Monitoring**

- 9.1. School Management Team for day to day routines

## **10. Summary For Parents**

- 10.1. A copy of this policy will be made available on request
- 10.2. There will be an annual reminder in September of parents 'responsibilities' under the policy.

## 11. Appendix 1

Accident book to be completed for all accidents where treatment is necessary beyond minor grazes all head injuries must be recorded.

WHITCHURCH CHURCH OF ENGLAND PRIMARY SCHOOL - FIRST AID RECORD

CHILD'S NAME	SEEN BY	DATE TIME	PLACE	INJURY OR ILLNESS	TREATMENT	PARENTS INFORMED	SIGNED
			K51 PLAYGROUND K51 PLAYTRAIL K52 PLAYGROUND K52 PLAYTRAIL FIELD CLASSROOM HALL MUGA OTHER	BUMPED HEAD FELL OVER GRAZED KNEE/LEG/ARM/HAND FELL AND HURT BACK/LEGS/ARM/NECK COMPLAINED OF FEELING SICK/UNWELL NOSE BLEED ASTHMA ATTACK OTHER	COLD COMPRESS ICE PACK PLASTER TLC CAREFULLY LOOKED AT BUT NO FURTHER ACTION OTHER	YES - PHONE CALL  YES - ACCIDENT FORM SENT HOME  NO	
			K51 PLAYGROUND K51 PLAYTRAIL K52 PLAYGROUND K52 PLAYTRAIL FIELD CLASSROOM HALL MUGA OTHER	BUMPED HEAD FELL OVER GRAZED KNEE/LEG/ARM/HAND FELL AND HURT BACK/LEGS/ARM/NECK COMPLAINED OF FEELING SICK/UNWELL NOSE BLEED ASTHMA ATTACK OTHER	COLD COMPRESS ICE PACK PLASTER TLC CAREFULLY LOOKED AT BUT NO FURTHER ACTION OTHER	YES - PHONE CALL  YES - ACCIDENT FORM SENT HOME  NO	
			K51 PLAYGROUND K51 PLAYTRAIL K52 PLAYGROUND K52 PLAYTRAIL FIELD CLASSROOM HALL MUGA OTHER	BUMPED HEAD FELL OVER GRAZED KNEE/LEG/ARM/HAND FELL AND HURT BACK/LEGS/ARM/NECK COMPLAINED OF FEELING SICK/UNWELL NOSE BLEED ASTHMA ATTACK OTHER	COLD COMPRESS ICE PACK PLASTER TLC CAREFULLY LOOKED AT BUT NO FURTHER ACTION OTHER	YES - PHONE CALL  YES - ACCIDENT FORM SENT HOME  NO	
			K51 PLAYGROUND K51 PLAYTRAIL K52 PLAYGROUND K52 PLAYTRAIL FIELD CLASSROOM HALL MUGA OTHER	BUMPED HEAD FELL OVER GRAZED KNEE/LEG/ARM/HAND FELL AND HURT BACK/LEGS/ARM/NECK COMPLAINED OF FEELING SICK/UNWELL NOSE BLEED ASTHMA ATTACK OTHER	COLD COMPRESS ICE PACK PLASTER TLC CAREFULLY LOOKED AT BUT NO FURTHER ACTION OTHER	YES - PHONE CALL  YES - ACCIDENT FORM SENT HOME  NO	

Appendix 2

Accident Form to be completed for all accidents where treatment is necessary beyond minor grazes and including all head injuries: This form is to be handed to the teacher and then sent home with the child.



This Morning/Lunchtime/Afternoon	Date.....	Time.....
Child's Name.....		Class.....
Your child suffered:-		
A nose bleed	Feeling sick	A bumped head (please indicate location of bump to head with a cross)
An asthma attack	Vomiting	Cuts and Grazes
A sting	A sprained limb	Other.....
First aid was administered but if you wish to discuss any matter relating to the above please speak to your child's class teacher.		
Signed.....		
Teacher/LSA/Lunchtime Supervisory Assistant/Admin		

**Parents:** You may wish to check that your child has no lingering after effects from their accident, including dizziness or drowsiness following a head injury. Please check any dressings that may have been applied.

Appendix 3

To be completed for all accidents that require a phone call home to parents eg head injuries with visible bumps, cuts or grazing. This form also needs to be completed for all accidents involving staff. Copies of this form are available from the Medical Room and School Office. Please pass this completed form to the Accident/Incident Reporting Officer – Mrs Johanne Scotland.

## Accident / Incident Reporting Form

(This paper form is for staff without access to the IT system or for external premises users. The information from this will need to be added to the On-Line reporting system as soon as practicable)

Accident  Road Traffic Accident  Near Miss   
Occupational ill Health  Dangerous Occurrence  Violent and/or Aggression

### Details of person(s) involved in the incident

First Name  Last Name   
Job title / role  Email address   
Description of Location   
Who is their Line Manager   
Their email address   
District

### Details of person reporting incident (if different)

First Name  Last Name   
Job title/role  Email Address

### Incident details

Date of Incident  Time of Incident   
What is the main injury?  
(Cut, bruise, fracture, etc...)  
  
Description of injury  
  
Which part of the body was affected?  
  
Did the Injury result in;  
A Fatality  Specified Injury   
1 to 7 day absence  7+ day absence   
First aid given  No treatment given   
Member of Public / Pupil taken to hospital for treatment   
Description of activity

Description of what happened

**Road Traffic Incident**

Make and model of vehicle/s involved if road traffic incident (registration if known)

**Occupational ill health**

Description of Ill Health

Is there a formal diagnosis for this illness?

Carpal Tunnel Syndrome

Cramp in arm/forearm

Occupational dermatitis

Hand arm vibration syndrome

Occupational asthma

Tendonitis or tenosynovitis

**Dangerous occurrences**

Collapse, overturning or failure of lifting equipment

Collapse of scaffolding

Failure of closed pressure system

Structural collapse

Contact with overhead electrical lines

Explosion or fire

Electrical incidents causing fire or explosion

Release of flammable liquids or gases

Biological agent release

Hazardous substance escape

**Violent and aggression incidents**

Who was the aggressor

Reason for their being at the premise

Has a violence and aggression risk assessment been completed

Was there a trigger for the aggressive behaviour

**Notes**