

Hatfield Peverel St Andrew's Junior School



First Aid Policy

Approved by: Governing Body

Date: November 2020

Last reviewed on: New Policy

**Next review due
by:** November 2021

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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 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 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 person is Mrs. Louise Draper. In the injury or absence of Mrs. Draper the most senior member of staff on site will become the appointed person. 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. The First Aid Protocols have been issued to staff are shown in (Appendix 4)
- Sending pupils home to recover, where necessary
- Filling in the Accident and Incident Record Sheet (Appendix 2) or where there has been a more serious first aid incident the Accident Form (Appendix 3) on the same day, or as soon as is reasonably practicable, after an incident.
- Keeping their contact details up to date

Our school's First Aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

3.2 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.

3.4 The headteacher

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

- Ensuring that an appropriate number of 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 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 accident reports (see appendix 2) 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

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 Headteacher, Appointed Person Mrs Draper or member of the office team 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 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 Class teachers prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider on school trips and visits.

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 cupboard in the foyer

6. Record-keeping and reporting

6.1 First aid and accident record book

- The Accident and Incident Record Sheet (Appendix 2) will be completed in all cases where first aid has been administered. Where there has been a more serious first aid incident the Headteacher or Appointed Person may request that Accident Form (Appendix 3) is completed. The Accident and Incident Record Sheet and the Accident Form will be completed by the first aider or member of staff on duty 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 and Incident Record Sheet and/or the Accident Form.
- More serious accidents/incidents or any concerns will also be added to the pupil's educational record and CPOMS by the Admin staff.
- Records held in the first aid and accident book will be retained by the school for a minimum of 7 years, in relation to an adult and in relation to a child DOB +25 years and then securely disposed of.

6.2 Reporting to the HSE

In addition to the Accident Form (Appendix 3) and the Accident and Incident Record Sheet (Appendix 2) the Headteacher 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 Headteacher 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 Class teacher will inform parents of any significant accident or injury sustained by a pupil, and the subsequent first aid treatment given, on the same day, or as soon as reasonably practicable.

Any significant bumps to the head will be followed up with a phone call Parent to inform them- even if child is remaining in school.

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 3).

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

8. Monitoring arrangements

This policy will be reviewed by the Headteacher every year.

At every review, the policy will be approved by the Governing Board.

Appendix 1: list of appointed person(s) for first aid and/or trained first aiders



HATFIELD PEVEREL ST ANDREW'S JUNIOR SCHOOL FIRST AID QUALIFICATIONS OF STAFF

Staff Member	Name of course	Certificate expiry
Draper, Louise (Appointed person)	First aid at work	17/01/2021
Arnold, Sarah	Schools First Aid	24/04/2021
Baker, Ann	Schools First Aid	24/04/2021
Banyard, Sally	Schools First Aid	24/04/2021
Black, Becky	Schools First Aid	24/04/2021
Boyce, Nicky	Schools First Aid	24/04/2021
Brennand, Toni	Schools First Aid	03/06/2021
Briggs, Stefanie	Schools First Aid	24/04/2021
Butler, Claire	Schools First Aid	03/06/2021
Caplan, Nathan	Schools First Aid	03/06/2021
Connell, Lisa	Schools First Aid	03/06/2021
Coote, Rebecca	Schools First Aid	03/06/2021
Delf, Alice	Schools First Aid	24/04/2021
Gardiner, Mandy	Schools First Aid	03/06/2021
Hollidge, Juliet	Schools First Aid	03/06/2021
James, Chris	Schools First Aid	24/04/2021
Jeary, Liz	Schools First Aid	24/04/2021
Job, Gini	Schools First Aid	03/06/2021
Lee, Dawn	Schools First Aid	03/06/2021
Pettifer, Clare	Schools First Aid	03/06/2021
Prince, Paula	Schools First Aid	03/06/2021
Ribet, Emma	Schools First Aid	03/06/2021
Smith, Alice	Schools First Aid	24/04/2021
Spilling, Sarah	Schools First Aid	24/04/2021
Tindall, Sophie	Schools First Aid	24/04/2021
Walton, Laura	Schools First Aid	03/06/2021

Appendix 2: Accident and Incident Record Sheet

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(Please do not complete in pencil)

Accident and Incident Record 2020/21

Date	Time	Child's Name	Class	Location of Accident	Details of circumstances of Accident/Incident	Details of injury	Treatment	First Aider Signature	Additional comments

Appendix 3: Accident Report Form

Name of injured person		Role/class	
Date and time of incident		Location of incident	
Incident details			
<i>Describe in detail what happened, how it happened and what injuries the person incurred</i>			
Action taken			
<i>Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.</i>			
Follow-up action required			
<i>Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again</i>			
Name of person attending the incident			
Signature		Date	

Appendix 4: First Aid Protocol

Injury	Treatment	Contact with parents
<p>COVID-19</p> <p>Main Symptoms:</p> <ul style="list-style-type: none"> • High Temperature • Continuous Cough • Loss or change to sense of smell/taste. <p>Other Common Symptoms: Headache, Tiredness, Aching Muscles, Rash and/or Glands Raised</p>	<p>Child to leave base and walk around the building to enter through Office entrance.</p> <p>White/ Red/ Orange bubbles to walk straight to office only.</p> <p>Child to sit in medical room. Staff to wear PPE if COV19 suspected and remain with child whilst maintaining social distancing.</p> <p>Office to be notified. Office to inform senior member of staff on site.</p> <p>Digital thermometer can be used to take temperature but NHS state a high temperature means hot to the touch on chest or back.</p> <p>Office contact parent to collect.</p>	<p>Parent to be informed child feels unwell and displaying possible symptoms of COVID 19.</p> <p>Government guidance in relation to isolation to be followed.</p>
<p>Head injury major</p>	<p>Cold compress</p> <p>If bleeding, compression with gauze</p> <p>Bumped head sticker</p> <p>Monitor for changes in behaviour, breathing, skin colour, dizziness, vomiting/sickness:</p> <p>999, ambulance if child becomes unwell or unresponsive</p>	<p>Phone call home immediately, parent offered the opportunity to come and check child. Slip sent home in all cases so that the children can be monitored.</p>
<p>Serious injury to limbs - possible fracture (broken bone) or dislocation</p>	<p>Inform office who will make phone calls etc.</p> <p>Inform senior member of staff on site. (RIDDOR)</p> <p>Call 999 for an ambulance</p> <p>Make child comfortable and support the limb - do not move the child unless necessary for safety.</p> <p>Keep child warm and monitor for changes in skin colour, consciousness, breathing etc.</p>	<p>Phone call home once ambulance has been called.</p>
<p>Minor injury - bump or sprain with no broken skin/bones</p>	<p><u>Child to clean</u> the area if they can using blue paper and water (where skin not broken)</p> <p>Adult to check the area visually - <i>if this is under clothing then 2 staff members need to be present.</i></p>	<p>Accident form.</p>

Injury	Treatment	Contact with parents
	Apply cold compress - blue paper towel and cold water	
Minor injury - graze or injury with broken skin	<p><u>Child to clean</u> the area using a sterile wipe.</p> <p>Adult to check the area visually- <i>if this is under clothing then 2 staff members need to be present.</i></p> <p>Child applies plaster/dressing (CHECK ALLERGIES FIRST)</p> <p>Adult checks visually</p>	Accident form.
Irritation of eye	<p><u>Ask child to blink</u> and see if the irritant can be removed. Tell child not to rub their eyes.</p> <p>Monitor to see if symptoms improve (also check to see if the child has hayfever)</p> <p>Send to office to administer sterile saline to see if irritant can be removed (may also help Hay fever).</p>	<p>Accident form if the problem improves and phone call home to inform parents.</p> <p>If problem does not improve invite parents to come to school to assess.</p>
Vomiting	<p>Give child sick bowl/bag. Child to remain in the class but the office to be informed so that parents can be called.</p> <p>Staff to wear PPE to clean copious amounts of any type bodily fluids. PPE available in each base.</p>	Accident form - Phone call to collect ASAP. Child cannot return to school for a minimum of 48 hours.
Dizziness and Fainting	<p>If the child feels dizzy or faint, check not overheated. Tell child to remove extra jumpers etc. Tell child to lay on the floor place a chair close by and tell child to place their legs on the chair.</p> <p>If the child faints monitor breathing. Office to be informed so that parents can be called.</p>	Accident form - Parents to be informed in all cases so that child can be monitored at home. If child faints invite parents to attend school to access child.
Choking	<p>Mild Choking - Encourage the child to cough this will usually clear the blockage - Ask the child to spit out the object into their own hand. Do not put your fingers into the child's mouth.</p> <p>Severe Choking - Stand behind and slightly to</p>	Accident form -Telephone call to parents.

Injury	Treatment	Contact with parents
	<p>the side of the child. Support their chest with one hand and bend the child forwards. Strike the child with the heel of your hand in between their shoulder blades with the palm of your hand 5 times. Call first Aider from the office. Repeat.</p> <p>Abdominal thrusts.</p> <p>Call Ambulance</p>	
Teeth	<p>Teeth fallen out - Tell child to place in tissue and put in pocket - wash hands</p> <p>Teeth knocked out in accident. If possible ask child to put back in socket. Tell senior member of staff on site.</p>	<p>Accident form - Parents to be rung if tooth knocked out or damaged.</p>
Stings, Bites and Rashes	<p>Rashes - Send to office to inspect possibly ring parents.</p> <p>Bites, Stings, Sting Nettles.</p>	<p>Rash - ring parents</p> <p>Cold compress. If child very distressed ring home ask to come to school to administer bite cream/anti histamine or take home</p>
Shortness of breath	<p>Check if child has an inhaler in school. If so administer</p> <p>Sit on floor but keep upright as laying down would inhibit breathing. Sit behind the child if they need support.</p> <p>Tell child to breath in deeply on the count of 3 and then breath out - Could be anxiety</p> <p>If breathing worsens - monitor and call ambulance.</p>	<p>Inform Parent.</p>
Seizures	<p>Do not move child but move any obstacles that may harm them.</p> <p>Preserve the privacy of the child - use screens etc.</p> <p>Monitor and note time seizure began and how long it lasts for.</p> <p>Call office for support.</p> <p>Senior member of staff to be informed.</p> <p>If no history of seizures ring ambulance.</p> <p>If history of seizures consult Medical Care Plan.</p> <p>Ring parents in all cases</p>	<p>Parents to be informed in all cases.</p>

