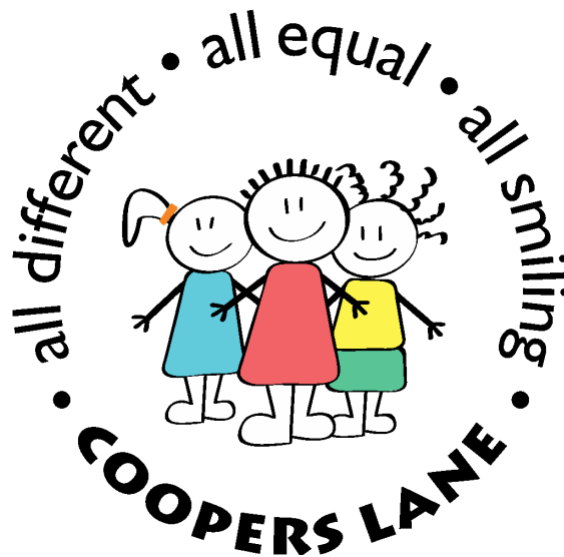


# Coopers Lane Primary School



## First Aid Policy

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# A Coopers Lane Learner...



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## **Introduction**

This Policy is designed to promote the health, safety and welfare of pupils, staff and visitors to this school through the provision of first aid equipment and trained personnel in accordance to the requirements of:

- 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

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school.

The School has a separate policy for the administration of medicines. Please see 'Supporting pupils with Medical Conditions Policy' for details on administering medicines and Individual Health Care Plans.

## **Aims of the Policy**

First aid saves lives and ensures that minor injuries and illnesses do not escalate into major ones. The aim of this policy is to ensure that:

- A person is appointed to take charge of first aid arrangements.
- Staff nominated as 'first-aiders' receive up-to-date training on courses (where the content has been) approved by the Health and Safety Executive (HSE).
- Suitably stocked and marked first aid containers are available at all appropriate locations throughout the school.
- All members of staff are fully informed with regard to the first aid arrangements.
- All staff are aware of hygiene and infection control procedures.
- Ensures good first aid cover is available in the school and on visits
- Written records are maintained of any accidents, reportable injuries, diseases or dangerous occurrence.
- First aid arrangements are regularly reviewed.

## **Roles and Responsibilities**

### **First-aiders**

The school has adequate numbers of staff trained as first-aiders, including paediatric. 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
- 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

- Ensuring that an ambulance or other professional medical help is summoned when appropriate

Our school's first-aiders are listed in Appendix 1. Their names will also be displayed prominently around the school including early years.

#### Appointed Person:

- Line manage the team of first-aiders, monitoring their training and competences.
- Look after the first aid equipment, restocking first aid containers when required and replacing out of date materials.
- Ensure that an ambulance or other professional medical help is summoned when appropriate (taking instruction from first-aiders / emergency services / care plans)
- Undertake regular risk assessments and liaise with the Governing Body and Head Teacher as appropriate.
- Ensure that all accidents and injuries are appropriately recorded including reports to the Local Authority and HSE
- Ensure that all members of full-time and temporary staff are familiar with the school's first aid provision.

#### The Headteacher

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

- Ensuring that an appropriate number of 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
- Ensuring the reporting specified incidents to the HSE when necessary

#### 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 where appropriate (even if they do not administer first aid).
- Informing the Headteacher or their manager of any specific health conditions or first aid needs

#### Procedure

The administration and organisation of first aid provision is taken very seriously at Coopers Lane Primary School. There are annual procedures that check on the safety and systems that are in place in this policy. The school takes part in the annual Health and Safety checks by Lewisham Council.

First aid will be available at all times while people are on the school premises and also off the premises while on school visits.

(See 'First Aid Procedures Appendix 2 & Head Injury/Bump procedure Appendix 3)

#### Qualifications and Training

All school first-aiders will hold a valid certificate of competence issued by an organisation whose course content and delivery are approved by the HSE and valid for three years.

Refresher training and retesting of competence will be arranged at least three months before certificates expire and no later than 28 days after expiry.

The school will consider annual refresher training to maintain first-aiders' basic skills and keep them up to date with changes. The appointed person does not necessarily have to be one of the certificated first-aiders.

### **Paediatric First Aid**

There will be at least one person who has a current paediatric first aid (PFA) certificate on school site and available at all times when children under 6 are present, this includes extended services. The school will ensure that a person trained in Paediatric First Aid will always accompany under 6 children on any offsite outings.

Paediatric First Aid training will be refreshed every three years. The school will consider the number of children, staff and layout of premises to ensure that a paediatric first-aid is able to respond to emergencies quickly. The school will display a list of staff who have a current PFA certificate.

### **First Aid Materials, Equipment and Facilities**

First aid containers will be:

- marked with a white cross on a green background.
- stocked in accordance with HSE recommendations.

Portable first aid containers will be available for all school trips and for sporting and other activities. Where it is known that staff or pupils engaged in an out-of-school activity have specific health needs or a disability, the contents of the first aid container will include the resources to meet these specific needs (See Appendix 4 – First Aid Kits Checklist).

### **Information and Notices**

First aid notices giving the location of first aid containers and the names of members of staff who are certificated first-aiders will be prominently displayed in:

- Staff room and all classrooms.
- Medical Room and School Office.

The school will make every effort to ensure that first aid notices are clear and easily understood by all staff.

Information on the school's first aid provision will be provided in the induction pack given to new and temporary staff.

### **Hygiene and Infection Control**

All staff will:

- Follow basic hygiene procedures.
- Be made aware as to how to take precautions to avoid infections, e.g. HIV and AIDS.

All staff will have access to single use disposable gloves and hand washing facilities. Disposable gloves will be worn at all times when dealing with blood or other body fluids or when disposing of dressings or other potentially contaminated equipment.

Instructions on the disposal of all used or equipment will be included in the first aid containers. Any items that have been contaminated with bodily fluid will be disposed of using the yellow bin provided.

### **Recording Accidents and Injuries**

All accidents and injuries will be recorded in a written or electronic form and such records will be kept on file, in line with local authority guidelines.

The record of any first aid treatment given by first-aiders and other appointed persons will include:

- ✓ The date, time and place of the incident.
- ✓ The name and class of the injured or ill person.
- ✓ Details of the injury or illness and what first aid was given.
- ✓ What happened to the pupil or member of staff immediately afterwards (e.g. went home, resumed normal duties went back to class or went to hospital).
- ✓ The name and signature of the first-aiders or person dealing with the incident.

Serious or significant incidents will be reported to parents direct by school staff. If unable to contact the parent a message will be left (details logged on incident form)

In an emergency involving outside medical professionals or services the Head Teacher or the appointed person will follow the school's established procedures for contacting a parent or carer. (See Appendix 2 – First Aid Procedures)

### **Reporting Accidents to the HSE**

**Reporting of Injuries Diseases, Dangerous Occurrences Regulations 2015 (F2508).** The RIDDOR Regulations ([see RIDDOR Guidance](#)) put a duty on the employer to report certain categories of accidents/ incidents and occupational diseases to the Health and Safety Executive (HSE).

#### Employee

You only have to report if:

- the accident is work-related
- It results in an injury of a type which is reportable
- An on-going work-related condition (which is reportable)
- Admittance to hospital for more than 24 hours
- Over seven days' absence from work (because of a work-related injury) – not including the day of the incident)

#### Persons not at work – including pupils and visitors

- A member of the public going to hospital and the injury caused by a failing of the school
- A pupil going straight to hospital and an injury confirmed and the injury is caused by a failing of the school including a lack of supervision

#### Reportable Incidents

- 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
  - Serious burns (including scalding)

- Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - 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 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
    - Crane collapse
    - Scaffold collapse (specified criteria)
- (See Appendix 5 – Accident / Incident Flowchart)

### **First Aid Provision on School Trips or Residential Visits**

In the event of children / staff / volunteers needing first aid on school trips:

- All staff have first aid packs and mobile phones with them.
- The first-aider deals with minor ailments at the scene.
- For major ailments the first-aider will assess the situation, administer first aid, call for the emergency services (if required) call the school, and update. Parents/carers are also informed by the school office or teacher in charge of trip.
- Any accident or incident is reported back at school. A note on the incident is made at the scene.
- No medication may be given to a child unless prescribed by a doctor, signed and dated, and a signed letter from parents for consent. An administration of medicine form must be signed and dated by first-aider in charge. NO other medication should be given by ANYONE.
- For any head injuries the school and the parents are informed immediately by telephone.
- If children are sent home, they must be collected by a responsible adult.
- In the event of a serious incident an ambulance is **ALWAYS** called, and the Leader of the Trip is led by the information provided to them by the Emergency Services.
- WHERE POSSIBLE - Two members of staff will accompany the child in the ambulance, whilst the school contacts the parent/carer and arranges for them to meet the child and staff at the hospital.
- In the event of parents being unreachable, the contact people on the child's forms will be phoned.
- If a staff member has an accident, a first-aider will assess the situation and administer first aid. If the Emergency services need to be called, a member of school staff will accompany the adult in the ambulance only if the Pupil to Adult ratio of the trip group is not compromised
- A first-aid trained staff member will always attend residential trips

### **Calling the Emergency Services**

In the case of a more serious accident/incident involving head injuries ([see NHS guidance](#)), deep cuts/wounds, suspected breaks/fractures or other concerning injuries an ambulance may be called.

This decision must be made swiftly. First-aiders are only trained to administer first aid and do not have the training or expertise to make medical diagnosis. If there is any doubt an ambulance must be called.



The office team will bring a mobile phone to the first-aider who must call the ambulance, so they are able to give detailed information.

1. State what has happened – giving as much information as possible
2. The casualty's name
3. Any personal information available – age, health conditions, care plan information
4. Whether the casualty is breathing and/or unconscious
5. The location of the school – which gate to arrive at

In the event of the emergency services being called, a member of the admin staff OR another member of staff, should wait by the school gate and guide the emergency vehicle.

If the casualty is a child, their parents 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 clearly located in the school office.

### **Care Plans / Food Allergies**

Children with known medical needs will have their image displayed in the Kitchen and class teachers will be made aware of children with allergies, to ensure swift treatment on any emergency situation. Images of the relevant children will be displayed in the Kitchen to ensure they are easily identified, and trigger foods avoided.

Staff including first-aiders will follow the medical advice given on a pupil's individual care plan including administering of any medications and the calling of the Emergency Services.

Any additional information provided by the parents and carers about the pupil (not included in the care plan) that may be relevant to the injury / medical condition / situation / behaviour will be attached to the Care Plan (See Appendix 6 – Agreed Additional Controls for Pupils with Care Plans).

IF REQUIRED SCHOOL STAFF SHOULD CALL 111 (NHS DIRECT) FOR medical help or advice

### **Notifying Parents/Carers**

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable

In the event that parents cannot be contacted, and a message has been left, our policy will be to continue to attempt to make contact with the parents every half hour. In the interim, we will ensure that the qualified first-aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required). All attempts of contact to the parent must be recorded.

In the event that the child requires hospital treatment and the parents cannot be contacted prior to attendance, the qualified first-aider/appointed person /another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

### **Record Keeping**

All accidents requiring treatment are recorded with the following information.

- Name of injured person
- Name of qualified/emergency/school first-aider or appointed person
- Date of accident
- Type of accident (e.g. bump on head etc.)
- Treatment provided and action taken

The school will keep a written record of accidents or injuries and first aid treatment.

We will inform parents/carers if a child has had an injury that is very visible, a bumped head or a severe cut/graze; the parent/carer will be informed by telephone even if the child remains in school.

### **Review of First Aid Policy & Provision**

The Governing Body, Head Teacher and the Appointed Person will review first aid policy and provision at least every two years or sooner if there are any changes in legislation or school arrangements.



## **Appendix 2**

### **First Aid Procedures**

#### **Pupils**

Superficial injuries such as small bumps, scratches and grazes can occur regularly with children as part of normal play. This type of injury should be cleaned up and attended to by the designated first-aider for that class or the first-aider on duty (break and lunchtime).

Where the child is treated/ cleaned up and judged to require no further attention but is fit and happy enough to remain in school, a first aid slip will be completed informing the parent/carer of the treatment given.

#### **Head Bumps**

If a bump to the head has been sustained by a pupil, they will initially be assessed by a first-aider and a "Head Bump" letter completed. A phone call to the parents / carers would also be made by office staff.

If the injury is substantial, the matter will be referred to a Senior First-aider and the parents will be contacted by phone to warn them that their child has been in an accident and given treatment. They will be constantly updated on the condition of their child.

(See Appendix 3 – Head Bumps Procedure & [NHS Guidance](#))

#### **Staff and Other Adults**

Where a member of staff or other adult (other adult includes parents, governors, visitors, contractors, students on work experience and any other adult authorised to be on the school site) is involved in an accident at school, first aid will be provided and the next of kin contacted for members of staff. Where time is of the essence an ambulance will be called or the casualty will be transported to Lewisham Hospital A&E for treatment. If necessary, another member of school staff will accompany them.

#### **Significant Accident /Incident**

In the case of a more serious accident/incident where the Lead First-aider and appointed person has assessed the needs of the pupil/adult as needing URGENT hospital treatment the following should take place: -

- ❖ First aid is administered, if appropriate
- ❖ An ambulance is called immediately
- ❖ The Head or member of SLT are notified
- ❖ Parents/carers/next of kin are called to come straight to the school or meet at the hospital
- ❖ A member of staff accompanies the pupil/adult in the ambulance
- ❖ The incident is recorded in the accident reporting book and on the Lewisham Councils CS3 Online system as soon as possible after the event.
- ❖ The school makes follow-up calls to the parents/carers

- ❖ The school will investigate the incident to establish the need for any additional controls to avoid another accident.

### **First Aid Provision During the School Day**

#### **During lesson time**

Fully equipped first aid boxes are located in the:

Medical room

Office

Staff room

Group room (Knightsbridge Class)

First Aid wallets are in every classroom on or near the towel roll (first aid wallets should be used for minor incidents in the classroom and during PE sessions)

For more serious incidents e.g. head injury, nosebleed or severe cuts and grazes, please use the First Aid Card from the wallet to summon assistance. The card should be sent with two responsible children to the school office.

#### **Do not send the injured child. Keep them with you.**

Staff responding to these incidents should take the nearest first aid box with them.

#### **During Lunch Time**

Designated first-aiders will be available during lunchtime

All first aid incidents will be treated in the medical room.

#### **During After School Activities**

All sports coaches are first-aid trained and will have a first aid bag with them, for more severe incidents there is a member of staff on site.

### **PLEASE NOTE – Calling Emergency Services**

In the case of a more serious accident/incident involving head injuries ([see NHS guidance](#)), deep cuts/wounds, suspected breaks/fractures or other concerning injuries an ambulance may be called.

This decision must be made swiftly. Remember: first-aiders are only trained to administer first aid and do not have the training or expertise to make medical diagnosis. If there is any doubt an ambulance must be called.

The office team will bring a mobile phone to the first-aider who must call the ambulance, so they are able to give detailed information.



## **Appendix 3**

### **Head Injury / Bumps Procedure**

Children frequently sustain minor head injuries. This advice sheet gives details of what symptoms and signs should be looked for in children who have hit their head whilst at school and when medical advice should be sought.

If after a head injury a child remains unconscious or fits an ambulance should be called immediately and the parents contacted.

If a child suffers from any of the following symptoms medical advice must be sought and if advised the child should be taken to see either their GP or to A&E by the parents or by school staff.

- ❖ Loss of consciousness
- ❖ Vomiting
- ❖ Sleepiness
- ❖ Fits or abnormal limb movements
- ❖ Persisting dizziness or difficulty walking
- ❖ Strange / unusual behaviour or confused speech

Children may appear well immediately after sustaining a head injury but show signs of complications later in the day. School staff must remain vigilant and take the appropriate action if the child develops a problem.

If a child sustains a head injury whilst at school, the following information should be recorded from any witness.

- ❖ Was the child behaving in an unusual way before the injury?
- ❖ What happened to cause the injury?
- ❖ If they fell, how far did they fall?
- ❖ What did they hit their head against?
- ❖ Did the child lose consciousness? If so, for how long?
- ❖ How did they appear afterwards?
- ❖ Did they vomit afterwards?
- ❖ Was the child observed to have any other symptom(s) after the injury?

Regardless of whether the school seek medical advice about the child, this information will be given to parents at the end of the day or sooner if the child is collected or taken to hospital.

It may be that the child becomes unwell after school and the information will be helpful to parents if they need to see a doctor.

In addition, parents will be notified by phone following any minor head injury to their child and invited to come in to the school and collect their child.

Each head injury will also be recorded in the accident book and a slip advising of the injury 'Head Bump Letter' sent home with the child. Both will be completed by the person dealing initially with the accident. ([see NHS Head Injury Guidance](#))

### **Communication**

#### **Lunchtime**

If an accident occurs during break or lunchtime the supervising staff must ensure that the class teacher is aware of the head injury. (regardless how minor)

#### **After School Clubs**

The class teacher will pass over the "Head Bump" letter to the leader of the activity for any relevant pupils. This letter will then be passed on to the parent, at the end of the session.

### **Appendix 4**

### **First Aid Kit Checklist**

<b>Location of first Aid Box</b>	
<b>Date box First Aid kit/box checked</b>	
<b>Name of Assessing First-aider</b>	

### **Contents Check**

<b>1</b>	<b>Minimum Required</b>	<b>Required Quantity</b>	<b>Actual Quantity</b>
<b>Individually wrapped sterile adhesive dressings of assorted sizes</b>	20		
<b>Individually wrapped triangular bandages</b>	2		
<b>Sterile eye pads</b>	2		
<b>Low-adherent dressings mixed</b>	4		
<b>Micro pore tape</b>	1		
<b>Small Conform Bandages</b>	6		
<b>Medium Conform Bandages</b>	6		
<b>Large Conform Bandages</b>	6		
<b>Disposable gloves</b>	1		
<b>Scissors</b>	1		

<b>Sterile gauge swabs and saline wipes</b>	10		
<b>Face Shield</b>	1		

### Additional Checks

<b>Are items of first aid within expiry date</b>	YES	NO
<b>Is the first aid box in good condition and undamaged</b>	YES	NO
<b>Is the location of the first aid box clean and assessable</b>	YES	NO
<b>Is the first aid location sign present and in good condition</b>	YES	NO
<b>Is the list of trained first-aiders up to date</b>	YES	NO

