# FIRST AID POLICY

#### Value Statement (who we are):

Coombe Hill Infants' School is an inclusive, community school with a strong tradition of mutual respect and tolerance within a nurturing family environment.

We provide an outstanding education for all children.

#### **Vision Statement (what we strive for):**

Our vision is to develop strong minds, bodies and spirit in preparation for life. We sow the seeds of curiosity, enthusiasm and resilience to ensure all children continue to delight in their lifelong love of learning.

Reviewed: Autumn 2023

Reviewed by: Headteacher

Next review: Spring 2025

Governor: Committee: Children, community

safeguarding

### "Safeguarding is everyone's responsibility"

Coombe Hill Infants' School complies with the relevant legal duties as set out in the Equality Act 2010 and the Human Rights Act 1998; we promote equality of opportunity and take positive steps to prevent any form of discrimination, either direct or indirect, against those with protected characteristics in all aspects of our work.

#### This policy applies to Coombe Hill Infants' School

#### **First Aid Policy**

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#### Statement of intent

Coombe Hill Infants' School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting employees, children and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regards to all staff, pupils and visitors.

Coombe Hill Infants' will take every reasonable precaution to ensure the safety and wellbeing of all staff and pupils. Details of such precautions are noted in the following policies:

Health and Safety Policy
Behavioural Policy
Safeguarding and Child Protection Policy
Medical Conditions Policy
Food Hygiene Policy and Procedures (Accent and Coombe Connections)
Educational Visits and School Trips Policy

#### 1. Legal framework

This policy has due regard to statutory legislation, including, but not limited to the following:

The Health and Safety (First Aid) Regulations 1981 and approved code of practice and guidance

Health and Safety at Work Act 1974 and subsequent regulations and guidance

Additionally, the Guidance on first aid for schools from the DFE suggests the minimum requirement for first aid provision is a suitably stocked first aid kit, and an appointed person to take charge of first aid arrangements.

#### 2. Aims

The aim of this policy is to:

Ensure that the school has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury; no matter how major or minor.

- Ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury, and ensure this policy is followed in relation to the administration of first aid.

All staff will use their best endeavours, at all times, to secure the welfare of the pupils.

Anyone on the school premises is expected to take reasonable care for their own and others' safety.

Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this policy, and make clear arrangements for liaison with ambulance services on the school site.

To achieve the aims of this policy, the school will have suitably stocked first aid boxes and up to date resources.

#### 3. Risk assessment Procedure

On behalf of the Governing Body the Site Manager will conduct ongoing assessments of all school buildings, outdoor areas, including the play equipment and facilities, paying particular attention to:

- Practical activities;
- The use of machinery;
- · Storage of hazardous substances;
- The use of equipment for sports and physical education.

The Risk Assessment will inform the number of trained first-aiders required to provide an effective and safe response to accidents and injuries. A judgement will also be made as to how many fixed and portable first aid containers should be available and where they are to be located.

Specific consideration will be given to staff or pupils who have special health needs or disabilities.

In determining the level of provision the Headteacher and the Governing Body will consider:

- The provision during lunch times and breaks;
- The adequacy of the provision to account for staff absences;
- The provision of first aid for off-site activities and school trips;
- The provision for practical lessons and activities, e.g. science, technology, cooking and physical education.

#### 4. First aiders

#### Lead first aiders

The lead first aider is Tash Hoepfl, and the deputy is Alison Reid They are responsible for examining the contents of first aid boxes. These should be checked frequently and restocked as soon as possible after use. Items should be discarded safely after the expiry date has passed.

The Lead First aider will:

- 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 is summoned when appropriate and liaise with medical staff
- undertake regular risk assessments and liaise with the Governing Body and Headteacher as appropriate
- ensure that all accidents and injuries are appropriately recorded and reviewed regularly
- ensure that all members of full-time and temporary staff are familiar with the school's first aid provision.
- Complete Individual Health Care Plans

#### • First aiders

The main duties of first aiders is to give immediate first aid to pupils, staff or visitors and to ensure that an ambulance or other professional medical help is called, when necessary.

First aiders must ensure that their first aid certificates are kept up-to-date through liaison with the school office. The Deputy Head teacher will keep a log of all training and will inform staff of the status of training. She will source and book all training.

First aid boxes are located in the following areas:

- The Hall (and Epipen)
- Lower bay
- ICT suite
- Swimming pool ( and Epipen)
- Coombe Connections shed on the Adventure Playground (Epipen)
- Portable first aid kit used at lunchtime in the Coombe Connections kitchen cupboard – includes a salbutamol inhaler and Adrenaline Auto Injector
- School Office burns kit, eye wash, salbutamol inhaler and Adrenaline Auto Injector (Epipen)
- Defibrillator hanging in the area outside Ladies W.C.

#### Qualifications and training

It is a statutory requirement that at least one person in the Early years setting has been trained in paediatric first aid (PFA) and is on the premises at all times during school hours. The training is an intense two day course. In addition the majority of staff have completed a basic first aid training (BFA)

#### 5. Emergency procedure in the event of an accident, illness or injury

If an accident occurs the member of staff present will assess the situation and decide on the appropriate course of action. If a more serious injury occurs, the child must be escorted to the office by a member of staff – THE INJURED CHILD MUST NOT BE ACCOMPANIED BY ANOTHER CHILD. This applies to all of the school day including lunchtime. If an adult is unable to bring the child to the office, or is greatly concerned about moving the child, ring or send another adult to the office for help.

Minor injuries occurring at lunchtime should be dealt with by the nominated qualified paediatric first aider on duty and be recorded in the lunchtime first aid log book, complete behaviour log if appropriate.

ALL STAFF SHOULD CARRY THEIR PHONE AT ALL TIMES WITH
THE OFFICE NUMBER SAVED: 020 8942 9481
DIAL "1" AND DO NOT WAIT FOR ALL THE OPTIONS. DIALLING "1"
WILL GET YOU STRAIGHT THROUGH TO THE OFFICE

Injuries are categorised into three levels and this level will determine how first aid will be sought:

Low risk	Moderate/ high risk	Serious / life threatening
Send the injured child to	Staff member to accompany	Call for immediate
the office alone or with a	child to the office, or call the	assistance. Do not move an
friend	office for help	unconscious child or if you
	·	suspect a serious fracture.

Following the initial assessment in the office or by the lunchtime first aider, one or more of the following actions will be taken depending on the significance of the injury. A flow chart of the actions below can be found in Appendix 1. This flowchart will be displayed with all first aid boxes, in the office and with the lunchtime first aider.

Low risk injuries	Moderate/ Serious/life threater		
	high risk injuries		
e.g. graze or slight head injury	e.g.more serious head injury	e.g. possible fracture or unconscious/not breathing	
ACTION:	ACTION:	ACTION:	
Ice, plaster, TLC, Head	Ice,plaster, TLC, Head injury	CPR-if not breathing	
injury stamp, wet tissue	stamp	Defibrillator if needed	
Basic recording sheet	Contact parents	2 <sup>nd</sup> opinion	
	Green card	Call 999	
	After contacting the parents,	Take to A&E if safe to do so	
	if the child remains in school	Inform parents immediately	
	after head injury, they will be	Get DCS form for	
	reassessed after 60	paramedics	
	minutes. If their condition	Detailed record	
	has not improved or has		
	deteriorated, parents MUST		
	collect their child		
	immediately.		
	Pink Incident form to be		
	completed		
	Following a discussion with		
	parents, if the child remains		
	in school, and falls asleep,		
	or is drowsy or disorientated		
	– parents MUST collect their		
	child immediately.		
	After informing the parents		
	of the injury and a decision		
	taken that the child can		
	remain in school, if the child		
	is unwell or remains in pain,		
	the child must be escorted		

Stail.		to the office by a member of staff.	
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When assessing an injury, the whole injured area must be exposed. This includes removing both arms from jumpers when an arm injury is suspected.

When the above action has been taken after a **Serious/life threatening injury**, the incident must be reported to:

- The Headteacher
- The Site Manager
- The Governing body
- The parents/carer of the child
- RBK HSE

All accidents/injuries logged at lunchtime will be checked and followed up if necessary during the afternoon by the first aid leader/deputy

#### Recording accidents and injuries

All accidents and injuries will be recorded in the first aid log and such records will be kept for a minimum of three years.

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, how did it happen and what first aid was given
- child's response, level of risk, green form, called parents
- 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-aider or person dealing with the incident.

#### 6. Reporting to parents

Low-risk incidents will not necessarily be reported to parents. In the event of a moderate or high-risk incident or injury to a pupil, at least one of the pupil's parents must be informed as soon as possible. In the event of serious or life-threatening injury the parents will be contacted immediately.

Any child who has sustained a head injury will receive a hand stamp to notify parents of the injury. A green form will be sent home via the blue bag for any injury considered more than low risk. Green forms will also be sent home for nose bleeds,

significant bumps and grazes, or when an asthmatic child has required their inhaler in addition to the agreed times.

# 7. Reporting accidents to the Health and Safety Executive for all children, staff, visitors and volunteers

The following types of accidents will be reported to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

- accidents resulting in death or major injury (including those that result from physical violence)
- accidents that prevent the injured person from doing their normal work for more than three days.

#### 8. Visits and events off-site

Please see the separate Educational Visits and School Trips Policy for more information about the school's educational visit requirements.

#### 9. Medication administration and storage of medication

Our School will administer medicines to pupils under special circumstances. In cases where prescribed medicines need to be administered during school hours, parents must complete a medicine administration permission form.

All inhalers are stored in the school office. Emergency inhalers are located in the school office, in the hall, in a grab bag and by the pool (during swimming season) Non-prescribed medicines are not permitted within school.

The school holds a supply of Piriton and Calpol – which will only be administered if parental consent has been given, or directed to do so by London Ambulance Service. Parents /carers will be asked to give consent verbally initially and then sign a consent form.

Medicines are always securely stored in accordance with individual product instructions.

All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine.

Medication which requires refrigeration will be placed in the clearly labelled, designated fridge in the staff room.

All medicines will be returned to the parent to arrange for safe disposal when they are no longer required.

Medicines for administration during the school day must be taken to the school office, and must not be left in the child's blue bag.

Parents should advise the school when a child has a chronic medical condition so that staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy and diabetes. A disclaimer will be signed by the parents in this regard.

All pupils who require regular medicine or require specific medical treatment or monitoring i.e. epilepsy will be required to complete an individual health care plan.

#### 10. Illness

When a child becomes ill during the day, the parents/carer will be contacted and asked to pick their child up from school as soon as possible.

A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parents/carer to arrive to pick them up. Pupils will be monitored during this time. Any child who has experienced diarrhoea or vomiting must remain absent from school for 48 hours after their last episode of vomiting or diarrhoea.

Parents are advised not to give Calpol or ibuprofen before school if their child has a fever, as they may become unwell during the day, and we will need you to collect your child.

#### 11. Consent

Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, details of allergies and chronic conditions, and consent for the administration of emergency first aid – these forms will be updated periodically.

Where a school requires urgent consent because a child needs emergency medical treatment, The Children Act 1989 allows schools to act in place of a parent (in loco parentis) or to seek consent from a parent that does not have parental responsibility. Staff always aim to act and respond to accidents and illness based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the child in mind.

#### 12. Additional information for Adults – Staff, volunteers and visitors

The first aid policy provides comprehensive guidance for all injuries or illness at CHI.

Should an adult become ill or suffer an injury at CHI, in addition to the policy the following guidance should be followed:

- Any adult who sustains an injury must report this to the office and complete an AfC incident form.
- If a member of staff becomes unwell during the day, they should notify their line manager and Headteacher.
- Any member of staff taking long term medication, must notify the Headteacher in confidence.

#### 13. Monitoring and review

This policy is reviewed as required by the Headteacher and Governors. Any changes made to this policy will be communicated to all members of staff.

All members of staff are required to familiarise themselves with this policy as part of their induction programme.

### Appendix 1

# **Low Risk**

e.g. Minor graze or slight head injury

Send the injured child to the office alone or with a friend



Ice, plaster, HI stamp, TLC
Record in Accident book
Inform staff and monitor

### **Medium Risk**

e.g Head Injury with bump or mark

Staff member to accompany child to the office, or call the office for help

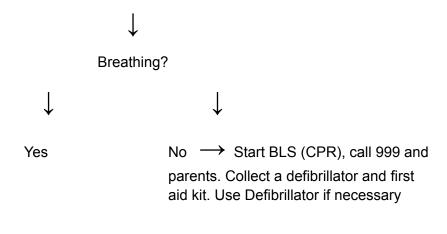
| Loe, plaster, HI stamp, TLC
| Contact parents
| Issue green card
| Record in accident book
| ↓ |
| Reassess in 60 minutes, improved?
| ↓ | ↓ |
| Yes, stay in school | No, call parents to collect immediately
| ↓ |
| Change to condition?
| ↓ | ↓ |
| No, stay in school | Yes → Drowsy, sleepy or disorientated → Must be collected immediately ( escalate to high risk )

Must be escorted to the office by a member of staff – and parents contacted to collect

# Serious or life threatening

e.g possible long bone fracture, unconscious or not breathing

Call for immediate assistance. Do not move an unconscious child or if you suspect a serious fracture.



Put in recovery position if appropriate and if safe to do so

999 or take to A&E if safe to do so

Call parents

Accident form and report to Kingston Council

### Appendix 2

# Parent notification of incident - green card

Name:		Date Time Class		Class	Location of incident		
Details of treatr	ment/comme	ent					
	Bump/Bruise	SHOULD Y	OUR CHILD SUF	FER ANY DRO	OWSINESS, VOMITING,		
	Nosebleed				ATER TODAY, PLEASE GENCY DEPARTMENT.		
	Head bump	33113321					
	Cut/ Graze						
	Asthma						

Signed......Date.....

# Appendix 3a

INCIDENT FORM									
Minor injuries Wet tissue applied and TLC									
TIME/ DATE	NAME & CLASS	PART OF BODY	TIME/ DATE	NAME & CLASS	PART OF BODY		TIME/ DATE	NAME & CLASS	PART OF BODY

# Appendix 3b

INCIDENT FORM - head injuries, blood, sprains/broken bones or where a child looks different from when they arrived i.e. scratches, bruises, bumps					
DAY:	DATE:				

TIME	NAME & CLASS	INJURY	DESCRIPTION OF INJURY	CHILD'S RESPONSE LEVEL OF RISK	ACTION TAKEN	FIRST AIDER	Behaviour log?	(OFFICE ONLY)	PFA FOLLOW UP
		How & where did it happen?		CHILD'S RESPONSE Screaming, crying, very quiet, drowsy  LEVEL OF RISK L - Low M - Med LT - Life threatening	<ul> <li>Head injury stamp</li> <li>Ice pack</li> <li>Taken to office</li> <li>999</li> </ul>		Yes/No Please complete behaviour log book in the office and show SLT	FAMILY CALLED Yes/No GREEN FORM Yes/No SENT HOME Yes/No	OR See notes over