COGNITA

First Aid Policy

June 2018

UK

Oakfields Montessori School

KEY FACTS:

- **To ensure that we promote the good health of all the children in our care.**
- **First aid can save lives and prevent minor injuries become major ones**
- **The school will ensure that there are adequate facilities and appropriate equipment for providing first aid in the workplace, including for visitors, as well as for the age of children.**
- **Minimum first aid provision is a suitably stocked first aid container, an appointed person to take charge of first aid arrangements and for information for employees on first-aid arrangements, as well as adequately trained and experienced staff.**
- **This minimum provision is supplemented with a first aid needs assessment to identify any additional requirements specific to the school, to record the findings and to introduce measures to manage any risks.**
- **First aid provision must be available at all times whilst children are on the school premises and including school visits off site.**
- **Our school, staff and others have a duty to safeguard and promote the welfare of children.**

1 General Statement

1.1 The definition of First Aid is as follows:

- In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until help is obtained; and,
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

1.2 This policy provides an overview of the statutory requirements and how these are met in school. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered.

1.3 The policy applies to all pupils including those pupils covered by the Statutory Frameworks for the Early Years Foundation Stage (EYFS) 2017.

1.4 The responsibility for drawing up and implementing the First aid policy is delegated to the Head, including informing staff and parents. However, implementation remains the responsibility of all staff in our school in order to keep children healthy, safeguarded and protected whenever they are in our care.

2 Current Procedure

2.1 Our appointed person (First aid co-ordinator) undertakes and records an annual review. A first aid needs assessment is carried out to ensure that adequate provision is available given the size of our school, the staff numbers, our specific location and the needs of individuals.

2.2 Our first aid needs assessment includes consideration of pupils and staff with specific conditions and major illnesses, such as asthma and epilepsy, takes account of an analysis of the history of accidents in our school, as well as the identification of specific hazards. It also includes careful planning for any trips and visits, including residential and higher risk trips which always include a suitably trained first aider, in keeping with our Educational Visits policy.

2.3 Our procedure outlines when to call for help when necessary, such as an ambulance or emergency medical advice from professionals/treatment, and outlines the requirements for documenting necessary treatment once applied. The main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

2.4 We ensure that first aid provision is available at all times, including out of school trips, during PE, and at other times when the school facilities are used.

2.5 We keep an electronic record of all accidents or injuries and first aid treatment. We must inform parent(s)/carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, of any first aid treatment.

2.6 At Oakfields Montessori School we recognise that accidents may sometimes occur but we make every effort to minimise the risk of accidents by adhering to the following procedures:

a. All accidents and 'near misses' to pupils, staff, parents and visitors, no matter how small, will be reported to the teacher/Head Teacher/H & S Co-ordinator as soon as possible after the accident took place.

b. The First Aider present will deal with the accident and treat any injuries as required.

c. Once the individuals have been treated, all details regarding the accident will be recorded on Medical Tracker for pupils and adults by a member of staff. An investigation into the accident should be undertaken immediately or at least on the same day. Judgements should be made as to what can be done to reduce the risk of similar accidents occurring again.

d. Any bumps, bangs or knocks to the head will also be communicated by telephone to parents along with a copy of the medical tracker notification to advise that the child has received an injury to their head and that they should be continued to be observed and what to do in the event of any concerns.

e. Any bodily fluids will be removed using the Bodily fluids removal kit. These are kept in the Medical Room.

f. All acidents/near misses will be reported in the annual Health & Safety Review at the policy review date or as requested.

g. The Headteacher will ensure that accidents, which are reportable to the Health & Safety Executive, are reported using the appropriate form.

3 First Aid Training

3.1 We carefully consider, and review annually, the training needs of our staff to ensure that suitable staff are trained and experienced to carry out first aid duties in our school. In particular, we consider the following skills and experiences:-

- Reliability, communication and disposition,
- Aptitude and ability to absorb new knowledge and learn new skills,
- Ability to cope with stressful and physically demanding emergency procedures,
- Normal duties are such that they may be left to go immediately and rapidly to an emergency, and
- Need to maintain normal operations with minimum disruption to teaching and learning.

3.2 First aiders in our school have all undertaken appropriate training. They have a qualification in either First Aid at work (FAW, 3 days or 18 hours) or Emergency First Aid at work (EFAW, 1 day or 4-6 hours) or Emergency Paediatric First Aid (EPFA, 1 day or 4-6 hours). EYFS paediatric first aiders hold a clearly recognised certificate or a renewal (minimum of 12 hours tuition). Before the certificates expire, first aiders need to undertake a requalification course as appropriate, to obtain another three-year certificate. In relation to the FAW/EFAW/EPFA training courses, providers will follow the current guidelines issued by Resuscitation Council (UK) October 2015.

3.3 Training will be updated every three years and will not be allowed to expire before retraining has been achieved.

3.4 The need for ongoing refresher training for any staff will be carefully reviewed each year to ensure staff basic skills are up-to-date, although we are aware that this is not mandatory. Annual three hour basic skills updates in between formal training are recommended to keep staff up to date.

4 Key Personnel

First aid co-ordinator (appointed person) - responsible for looking after first aid equipment and facilities, as well as calling the emergency services as required	Nicola Chatfield – First Aid Co-ordinator
Staff have completed a recognised training course in FAW	A full list of all staff qualified in First Aid is available outside the school office, medical room, outside the staff room, outside year 5 classroom and Kindergarten staff board. All Early Years staff have completed a Paediatric First Aid course.

5 Contents of our First Aid Box

5.1 Our minimum provision, **(not mandatory)** as recommended by HSE is to hold a suitably stocked first aid box, to nominate an appointed person (see above), as well as the provision for staff of relevant information on first aid arrangements.

5.2 In our suitably stocked First Aid box we provide the following, or suitable alternatives:-

- a leaflet giving general guidance on First Aid eg HSE leaflet 'Basic advice on First Aid at work' (INDG347 rev 1).
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye pads;
- four individually wrapped triangular bandages (preferably sterile);
- six safety pins;
- six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
- two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
- one pair of disposable gloves.

5.3 We do not keep tablets, creams or medicines in the first aid box.

5.4 Our first aid boxes are kept in the following places:

- Staff Room
- Office
- Kindergarten
- Reception classroom
- Year 1 classrooms
- Year 2 classrooms
- Year 3 classrooms
- Year 4 classrooms
- Year 5 classrooms
- Year 6 classrooms
- Art room
- Swimming pool
- After school room
- Kitchen

5.5 We take great care to prevent the spread of infection in school, particularly in the event of spillages of bodily fluids which we manage effectively by washing off skin with soap and running water, out of eyes with tap water and or an eye wash bottle, wash splashes out of nose with tap water, record details of any contamination, and seek medical advice where appropriate. For further information please see our Prevention and Control of Communicable and Infectious Diseases Procedures.

5.6 First aiders take careful precautions to avoid the risk of infection by covering cuts and grazes with a waterproof dressing, wearing suitable powder free vinyl gloves, using suitable eye protection and aprons where splashing may occur, use devices such as face shields when giving mouth to mouth resuscitation, wash hands after every procedure.

5.7 We ensure that any third party lettings or providers, including transport, have adequate first aid provision which complies with our standards. For example, visiting sports clubs or schools.

6 Early Years

6.1 The Statutory Framework for the Early Years Foundation Stage (2017) is mandatory. In accordance with this, we ensure that at least one person with a current paediatric First Aid certificate is on our premises at all times, when pupils are present. All new nursery and pre-school staff within our Early Years will undertake paediatric first aid training. This means that newly qualified staff with a childcare level two and three qualification will have a paediatric first aid certificate before they can be included in the statutory staff:child ratios in the early year's settings. All paediatric first aid certificates will be displayed in the Early Years areas.

6.2 No outing from school is undertaken without the presence of at least one person with a paediatric first aid qualification, present on and off site.

6.3 We keep a written record of all accidents or injuries and first aid treatment, and we inform parent(s) and/or carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, as well as any first aid treatment. Records are stored confidentially in Medical Tracker (Accident reporting software tool). The recording of an accident is carried out in confidence at all times by the person administering first aid.

6.4 We know that we must notify Ofsted of any serious accident, illness or injury to, or death of, any child in our care, and of the action that we have taken. We aim to do so as quickly as possible and always within 14 days of the incident occurring. We are mindful that not to do so, without a reasonable excuse, would be committing an offence.

6.5 We must notify our local child protection agency Havering Safeguarding Children Board of any serious accident or injury to, or the death of, any child in our care. We always act on their advice, if given to us.

6.6 Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist.

7 Recording Accidents and First Aid Treatment

7.1 Pupils will tell their teacher or neatest staff member, or fellow pupils, when they are not feeling well or have been injured. They will let a member of staff know if another pupil has been hurt or is feeling unwell.

7.2 All accidents are recorded immediately after the accident, including the presence of any witnesses and details of any injury or damage. Records are stored confidentially in Medical Tracker (Accident reporting software tool). The recording of an accident is carried out in confidence at all times by the person administering first aid.

7.3 Any treatment of first aid is recorded by the person who administered first aid. We will record the date, time and place with the name of the class, of the injured or ill person. Details of the injury or what first aid was administered, along with what happened afterwards is always recorded.

7.4 The First Aid Co-ordinator is responsible for the maintenance of accurate and appropriate accident records, including the evaluation of accidents, and regular reporting to the H&S committee for monitoring purposes.

7.5 We adopt the definition of Ofsted with regard to serious injuries as follows:-

- broken bones or a fracture
- loss of consciousness
- pain that is not relieved by simple pain killers;
- acute confused state;
- persistent, severe chest pain or breathing difficulties;
- amputation;
- dislocation of any major joint including the shoulder, hip, knee, elbow or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin; and
- medical treatment where there is reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material.

7.6 We adopt the definition from Ofsted for minor injuries, of which we always keep a record, as follows:

- sprains, strains and bruising;
- cuts and grazes;
- wound infections;
- minor burns and scalds;
- minor head injuries;
- insect and animal bites;
- minor eye injuries; and
- minor injuries to the back, shoulder and chest.

7.7 We follow the guidelines on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 2013) for the reporting of serious and dangerous accidents and incidents in school. These include work-related and reportable injuries to visitors as well as certain accidents, diseases and dangerous occurrence arising out of or in connection with work. Where accidents result in the incapacitation of a worker for more than seven days, a RIDDOR report is required, including three days for recording purposes.

8 Recording Incidents and Near Misses

8.1 We record any **near misses** which are an event such as occurrences where no one has actually been harmed and no first aid was administered, but have the potential to cause injury or ill health. We record any incidents that occur on the premises and these may include a break in, burglary, theft of personal or school's property; intruder having unauthorised access to the premises, fire, flood, gas leak, electrical issues.

9 Hospital Treatment

9.1 If a pupil has an accident or becomes ill, and requires immediate hospital treatment, the school is responsible for either:

- calling an ambulance in order of the pupil to receive treatment; or
- taking the pupil to an Accident and Emergency department
- and in either event immediately notifying the pupils parent/carer

9.2 When an ambulance has been called, a first aider will stay with the pupil until the parent arrives, or accompany pupil to hospital by ambulance if required.

9.3 Where it is decided that pupil should be taken to A&E Department a first aider must either accompany them or remain with them until the parent/carer arrives.

9.4 Where a pupil has to be taken to hospital by a member of staff they should be taken in a taxi and not use their own car.

10 Prescription and Non-Prescription Medication

10.1 Staff <u>will only administer prescribed</u> medication (from a doctor, dentist, qualified nurse or pharmacist) brought in by the parent/carer, for the pupil named on the medication in line with the stated dose.

10.2 Staff may administer non-prescription medication such as Calpol, paracetamol and allergy medication where parents have provided written consent for this to happen. Where medication is administered, parents should be informed.

10.3 Medicine containing aspirin or ibuprofen <u>will not</u> be administered to any pupil unless prescribed by a doctor for that particular pupil.

10.4 We encourage pupils to manage their own asthma inhalers from a very young age. Asthma

medication is always kept in or near children's classrooms until children can use it independently and it must always be taken on school trips/events.

10.5 If pupils are to self-medicate in school on a regular basis, then a self medicator's risk assessment form will be carried out.

10.6 For pupils that are on Individual Healthcare Plans, parental consent will be sought regarding details of what medication they need in school, who is going to give it to them on a regular/daily basis. Refer to Supporting Pupils with Medical Conditions Policy.

10.7 Most antibiotics do not need to be administered during the school day and parents should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours, where possible. If however this is not possible then please refer to Storage of Medicine paragraph.

10.8 This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible. Parents/carers are notified when the pupil has been administered medicine on the same day or as soon as is reasonably practical.

10.9 All school staff who volunteer or who are contracted to administer medication are provided with training. The school keeps a register of staff who have had the relevant training. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

10.10 For members of staff only not the pupils, Aspirin tablets will be held at the school in line with the 10th Revised Edition of the First Aid Manual, whereby should a member of staff have a suspected heart attack, the emergency services may recommend the casualty take 1 full dose of aspirin tablet (300mg). This will be kept in a locked cupboard in the Medical room.

11 Storage of Medication

11.1 Medicines are always securely stored in accordance with individual product instructions, paying particular note to temperature. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

11.2 We will carry out a risk assessment to consider any risks to the health and safety of our school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

11.3 All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

11.4 If a pupil is prescribed a controlled drug, it will be kept in safe custody in a locked, non-portable container and only named staff will have access. Controlled drugs must be counted in and witnessed if they are not administered by a qualified nurse or practitioner. The medication form must be signed by two people with at least one being the First Aid Coordinator. The records must indicate the amount of remaining medication and logged in a controlled drug recording book.

11.5 Parents should collect all medicines belonging to their child at the end of the day. They are responsible for ensuring that any date-expired medication is collected from the school. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays. If parents do not pick up out-of-date medication or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

11.6 We will keep medicines securely locked and only named staff will have access, apart from EpiPens, Asthma pumps and diabetes hypo kits which need to be with or near pupils who need them. Three times a year the First Aid Coordinator/School Nurse will check the expiry dates for all medication stored at school.

11.7 Sharps boxes are used for the disposal of needles. All sharps boxes in the school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent. Collection and disposal of sharps boxes is arranged by the school biannually.

12 Defibrillators (AED)

12.1 The school has one defibrillators, that is stored in the Medical Room (top cupboard, right hand side)

12.2 The defibrillator is always accessible and staff are aware of the location, and those who staff have been trained to use it. They are designed to be used by someone without specific training and by following the accompanying step by step instructions on it at the time of use. The manufacturer's instructions are circulated to all staff and use promoted should the need arise.

13 Monitoring and Evaluation

13.1 Our school's senior leadership team monitors the quality of our first aid provision, including training for staff, accident reporting on a termly basis. Our policy will be reviewed annually, accordingly. Compliance will be reported formally to the school's termly H&S Committee. Minutes of these are submitted to the Health and Safety Manager at Cognita Regional Office. The Health and Safety Manager will report to the Cognita (UK) Regional H&S Committee meeting acting in the role as the Proprietor.

13.2 Reports are provided to our Safeguarding committee which includes an overview of first aid treatment to children including the identification of any recurring patterns or risks, lessons learned with the management actions to be taken accordingly including the provision of adequate training for staff.

13.3 As Proprietor, Cognita Schools has published a compliance training guide for schools which details preferred providers of first aid training, including approximate costs and procurement arrangements.

Ownership and consultation	
Document sponsor (role)	Director of Operations - Europe
Document author (name)	Melissa Jones
Specialist Legal Advice	
Consultation	Helen Ferguson – School Nurse at Downsend

Compliance	
Compliance with	The Health and Safety at Work Act 1974 The Management of Health and Safety at Work Regulations 1999 Health and Safety (First Aid) Regulations 1981. The Education (Independent Schools Standards) Regulations 2014 Early Years Foundation Stage Statutory Framework 2017 Health and Safety Executive (HSE) – Guidelines on Regulation of the Health and Safety (First Aid) Regulations published 2013. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Audience	
Audience	Heads, Appointed Person (First Aid Co-ordinator)

Document application	
England	Yes
Wales	Yes
Spain	No

Version control	
Implementation date	June 2018
Review date	June 2019

Related documentation	
Related documentation	Health and Safety Policy Supporting Pupils with Medical Conditions Policy Educational Visits Policy and Guidance Safeguarding Policy: Child Protection Procedures Safeguarding: Allegations of Abuse Against Teachers and Other Staff Compliments and Complaints Prevention and control of Communicable and Infectious Diseases Procedures Serious Incident Reporting Form (SIRF)