

# Sherwood Primary School

## First Aid Policy



May 2023

## 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

## Legislation and Guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), 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 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
- [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

## Roles and responsibilities

### **The Local Authority and Governing Board**

Lancashire County Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the Headteacher and staff members.

### **The Headteacher**

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

- Ensuring that an appropriate number of appointed persons and/or 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
- 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

## **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 for all incidents they attend to
- Informing the Headteacher or their manager of any specific health conditions or first aid needs

## **Appointed person(s) and first aiders**

The Headteacher is responsible for:

- Provide guidance to staff when an adult or child is injured or becomes ill
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

Ms K Pike is responsible for ensuring that main stock of first aid supplies are adequate. There is also a named person in each Year Group responsible for keeping First Aid stations and First Aid Supplies stocked (this is updated on an annual basis in the Staff Handbook).

All Teaching and Support Staff at Sherwood Primary School complete Paediatric First Aid Training.

First aiders are trained and qualified to carry out the role 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
- 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

# First Aid Procedures

## **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 (if this member of staff is not a qualified first aider) 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 appointed person or first aider involved will contact parents immediately
- The first aider will complete an accident report form on the day of the incident or as soon as possible on the next working day if it is not practical to complete on the day of the incident.

## **On-site Outdoor Education procedures**

When delivering activity on site, away from the school building (for example: Forest School or a pond visit) an outdoor risk assessment will be undertaken. A green grab bag will be taken outside for all activities. If necessary, due to lone working or limited staff numbers, a walkie talkie is available for use to allow for rapid communication with school.

## **Off-site procedures**

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A Green Grab Bag first aid kit
- A Red Emergency Kit Bag
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the visit leader prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

Please see Appendix E for an overview of Red Emergency Kit Bags and Critical Incident Bag.

## First aid equipment (Please see Appendix D)

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 compress towel
- Ice packs
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- All classrooms
- Shared resource areas/designated first aid areas (please see Appendix C)

## First Aid Stations

First Aid Stations are located in the following areas:

- **Year 2**
- **Year 3**
- **BASE**

### **First aid kits must not be removed from these First Aid Stations**

Please see Appendix C for location of First Aid stations and Emergency Kit.

In addition to this, a first aid cupboard is located in each year group containing a first aid grab bag, tissues, sick bowls, gloves and bodily fluid powder and ice packs.

First Aid grab bags from these cupboards can be taken outside for outdoor activity or on educational visits.

A named person is responsible for ensuring that First Aid cupboards and stations are stocked with appropriate items.

## Emergency Inhalers/Defibrillator/AAI/Emergency Medicine

An emergency inhaler and a defibrillator is located in the hall.

A second defibrillator is located in BASE.

Staff are asked not to remove these items for educational visits.

Emergency inhalers are also supplied in Red Bags Emergency bags for educational visits.

An Auto-Adrenaline Injector is located in the Hall. This must only be administered if written consent has been received from parents and staff are advised to do so by the emergency services.

Auto-Adrenaline Injectors are also located in the Red Emergency Bag taken on educational visits.

Calpol, Piriton and Aspirin and all available in the HT Office. Permission must be sought from parents or administered if advised by emergency services.

## Record-keeping and reporting

All first aid administered must be recorded via the e-Accident Form. Any accident should be treated accordingly and an Injury Form sent home informing parents. This should be signed by a member of SLT.

### **First aid and accident record book**

- An Injury form alongside the e-accident book will be completed by the first aider 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 e-accident form
- Records held in the first aid and e-accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

### **Injury forms (Yellow or white)**

Parents are notified of all accidents/injuries through a White or Yellow form that goes home. **Any significant injury, including any head bump, needs to be put on a yellow form and this must be handed directly to the parent or (if parents are not available at the end of the day), a telephone call home.** A white form is used for less significant injuries but staff are always asked to discuss the incident with a teacher/member of SLT if unsure. At Sherwood this discussion is considered as good practice.

Guidance on the use of Injury Forms and RAG rating is available in Appendix F.

### **At the end of play**

When playtime is complete, welfare or duty staff need to inform teachers (and those people in charge of classes during PPA etc.) about any injuries.

### **Ringling parents**

Should the incident be serious parents will be contacted immediately. If a child has to attend hospital, a health and safety accident form must be completed by the member of staff who witnessed the accident.

We ring parents for a variety of reasons. An injury could have been logged on a white or yellow form to merit calling parents. It could be a call is made due to illness or we are monitoring a child's condition.

Calling parents can be done by any member of staff including the office team. Welfare staff can be asked to ring parents but they should not be asked if it takes them from their duty where their presence is important. They should not be asked if it means they miss their lunch or extends into their personal time (after 1.05pm).

Calls to parents are a courtesy. They may offer the parent an opportunity to visit their child in school or pick them up. They may allow us to seek advice on whether a reaction to an injury or illness is normal or to check a treatment.

Appendix A offers advice on when to call parents.

### **Reporting to the HSE**

The appointed person 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 appointed person 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.

### **Reporting to Ofsted and child protection agencies**

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher will also notify Lancashire County Council any serious accident or injury to, or the death of, a pupil while in the school's care.

## Training

All school teaching and teaching support staff at Sherwood Primary School are required to undertake first aid training.

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.

Staff are required to renew their first aid training when it is no longer valid. At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

## Monitoring arrangements

This policy will be reviewed by the appointed person every three years.


At every review, the policy will be approved by the Health, Safety and Safeguarding Committee.

This first aid policy is linked to:

- Health and safety policy
- Policy on supporting pupils with medical conditions
- Safeguarding Policy

Policy approved: May 2023

Review date: May 2025

Signed (Headteacher): 

Signed (Chair of Governors): 



## Appendix A

### Calling Parents – Top Tips!

1. **BUMPED HEAD LARGE VISIBLE BUMP** – parents may want to see and assess
2. **ANY BITE/STING** – parents need to tell us if they have been bitten/stung before. They may want to come in and administer some anti-histamine
3. **VOMITING** – parents need to take child home
4. **NOSE BLEED** – if longer than 30 mins parents need to come and assess
5. **SUSPECTED BREAK/SPRAIN/STRAIN** – parents to assess any swelling
6. **GENERAL DISTRESS AFTER A FALL/ACCIDENT** – parents may need to come and assess
7. **RASHES** – parents need to provide more information to us or assess themselves
8. **BURNS** – parents must be informed
9. **ASTHMA** – parents informed if inhaler has been used more than three times in a day. If attack, see 'Calling 999'
10. **EYE INJURY** – inform parents if eye is bloodshot/swollen after injury

## Appendix B

### Calling 999

1. **HEART ATTACK** – sit casualty comfortably against wall. Call 999
2. **SHOCK** – casualty has loss of blood/fluid from injury. Pale, cold, clammy. Raise legs. Call 999
3. **UNCONSCIOUS, BREATHING** – check ABCD. Call 999, recovery position
4. **UNCONSCIOUS, NOT BREATHING** – check ABCD, start CPR, call for Defib, call 999
5. **OBVIOUS BREAK/SPRAIN/STRAIN** – avoid moving casualty unless airway is compromised. Call 999
6. **SEIZURE** – if first one or over 5 minutes. Call 999
7. **RASHES** – if vital signs deteriorate rapidly call 999
8. **BURNS** – if deep burn and/or casualty is going into shock. Call 999
9. **ASTHMA** – if no improvement after inhaler treatment or first attack or casualty becomes exhausted. Call 999
10. **HEAD INJURY** – if casualty vomits, call 999



**Sherwood Primary School**

**Health, Safety and Contractor Site Map**

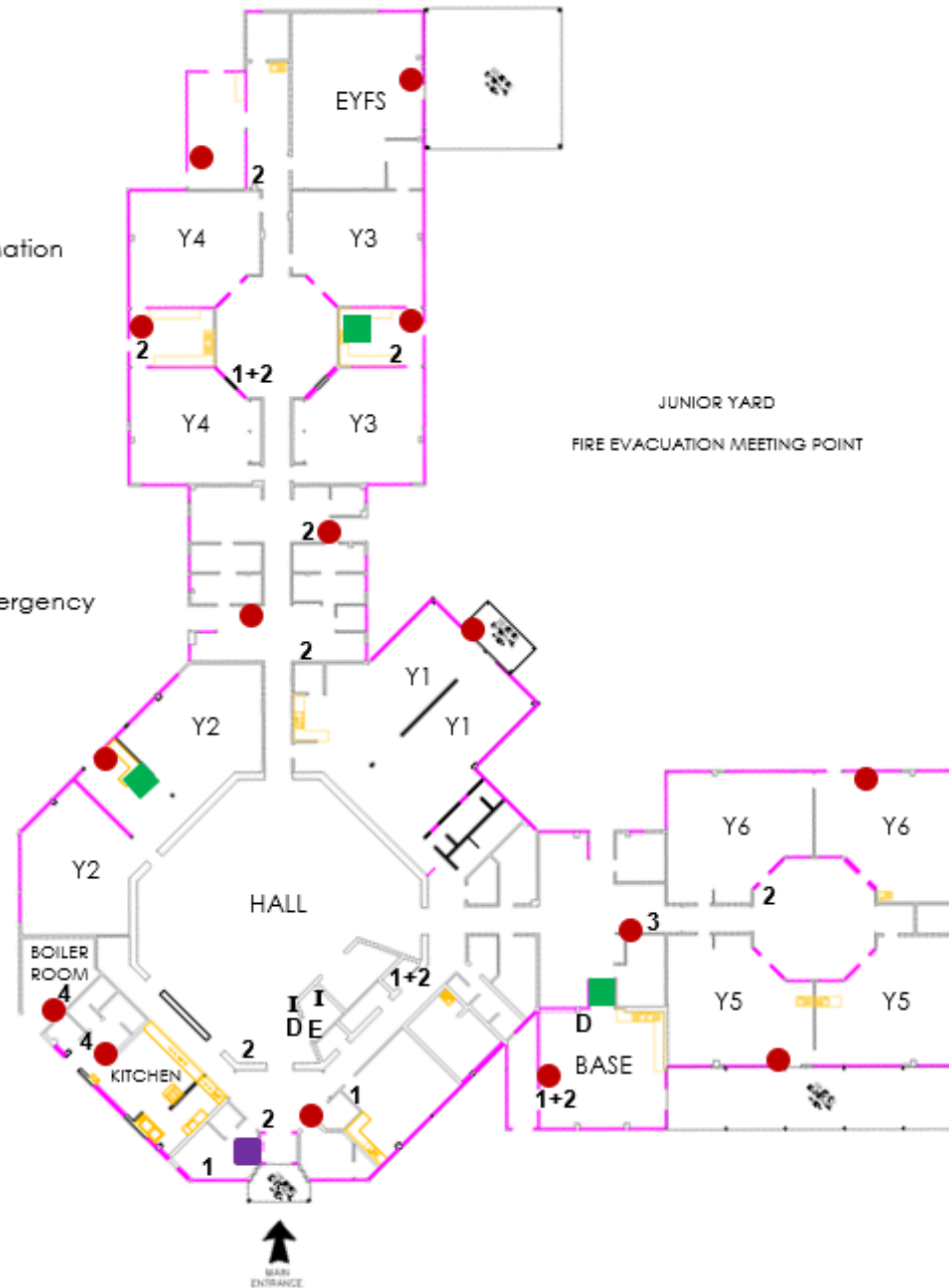
- Fire Call Point
- First Aid Station
- Asbestos Register/Contractor Information
- D Defibrillator
- I Emergency Inhaler
- 1 Carbon Dioxide Fire Extinguisher
- 2 Foam Fire Extinguisher
- 3 Water Fire Extinguisher
- 4 Powder Fire Extinguisher
- E First Aid Supplies/Emergency Kit/Emergency Inhaler/Auto Adrenaline Injector

**Contractors**















All Contractors are requested to sign in and wear a visitor lanyard at all times when on site. All contractors are requested to read and acknowledge receipt of our Contractors Site Rules.

**Visitors and Volunteers**

All Visitors and Volunteers are requested to sign in and wear a visitor lanyard at all times when on site. All visitors and volunteers are requested to read and acknowledge receipt of our Safeguarding Information Booklet.



Appendix D: First Aid Equipment- **REMEMBER** regularly check the expiry dates and contents of your first aid kit.

 <p>Aprons</p>	 <p>Gloves</p>	 <p>Tape Scissors and Tweezers</p>	 <p>Wipes</p>	 <p>Ice Pack</p>	<table border="1"> <thead> <tr> <th>Accident Form Record Number (if required)</th> <th>Date of Treatment</th> <th>Employee Name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Accident Papers</p>	Accident Form Record Number (if required)	Date of Treatment	Employee Name												
Accident Form Record Number (if required)	Date of Treatment	Employee Name																		
 <p>Eye Pads</p>	 <p>Eye Wash/Drops</p>	 <p>Triangular Bandages</p>	 <p>Trauma Fix</p>	 <p>Foil Blankets</p>	 <p>Reinforced Skin Strips</p>															
 <p>Small Bandages</p>	 <p>Stero Pad</p>	 <p>Finger Bobs</p>	 <p>Face Shield</p>	 <p>Burn Dressing</p>	 <p>Spillage Compound</p>															
 <p>Hypoallergenic Tape</p>	 <p>Small Plasters</p>	 <p>Medium Plasters</p>	 <p>Large Plasters</p>	 <p>Sick Bowl</p>																

## Red Emergency Kit Bag



- |                         |                                 |
|-------------------------|---------------------------------|
| 2 Emergency blankets    | Mini first aid pack             |
| 1 poncho                | Asthma inhaler kit              |
| Latex gloves            | Whistle                         |
| Eye wash                | Face mask                       |
| Epi pen                 | Accident Slips Yellow and White |
| Ice packs x 4           | Scissors x 1                    |
| Yellow clinical bag x 3 | Pen x 1                         |
| Vom bags x 5            |                                 |

## RED EMERGENCY KIT BAGS

We have two Red Emergency Kit Bags that can be taken with groups offsite for Sporting Fixtures and Educational Visits.

This means that there can only be two groups offsite at any one time.

Each Red Bag is identical and contains an Emergency Inhaler and an EpiPen.

Please do not remove items from the bags to use in isolation.



## CRITICAL INCIDENT BAGS

We have two critical incident bags on site.

One bag can be taken offsite for residential visits and one bag remains on site.

Please do not remove any items from these bags.



## Red Critical Incident Bag



- |                            |                                |                          |
|----------------------------|--------------------------------|--------------------------|
| Megaphone                  | Water proof note book          | USB wires                |
| Heavy-duty gloves          | 2 Permanent marker             | Triangular bandage       |
| Hivis jacket               | Incident controller strip      | Multi tool               |
| Emergency food ration      | Surface and hand spray         | Emergency contact number |
| Emergency drinking water   | 2 Orange whistle               | Hazard type              |
| 20 Emergency foil blankets | 2 Face mask                    | Phone charger            |
| Wind up radio              | 3 Pack batteries               | Warm blanket             |
| Wind up torch              | 5 Bandages                     | Scissors                 |
| Eye goggles                | 2 Emergency dressing for burns | Microporous tape         |
| 3 Packs nitrile gloves     | Wound cleaning wipes           | Resuscitation shield     |
| 9 Safety light sticks      | Walkie talkies                 | Waterproof plasters      |
| Eye drops                  |                                |                          |

## Appendix F

Examples of Incident/Injury	First Aid Treatment advised	Notes/Action/Reason	RAG	Form
Hit head with tennis ball while playing. No redness, no swelling.	Reassure, monitor.	Log as a Green incident.	G	Y
Bumped head on table during lesson. No swelling no redness.	Reassure, monitor.	Log as a Green incident.	G	Y
Rolled over ankle whilst playing on yard. No marks, no swelling but complaining of pain.	Reassure, monitor. Cold compress if pupil is complaining of pain or discomfort.	Log as a Green incident. White reporting form to parents.	G	W
Fell over on the yard. Grazed both knees.	Grazes cleaned.	Log as a Green incident. White reporting form to parents.	G	W
Another child let go of the door and it hit child in forehead/nose. Significant red lump on head/cut to nose.	Clean nose, monitor swelling. Apply ice pack to reduce swelling/discomfort.	Ice pack for <b>10-15 minutes</b> to reduce discomfort and swelling. Ring parents to share before collection and consider taking home to monitor. Yellow form to parents due to head bump. Amber rating.	A	Y
Child slipped and fell on the mounds. Swelling visible to ankle, child complaining of pain.	Ice pack to reduce swelling and pain for 10-15 minutes.	Amber rating. Yellow form due to significant injury. Ring parents to discuss further medical attention. Suggest A&E visit.	A	Y
Child trapped finger in chair. Significant tear to tip of finger.	Comfort, reassurance, observation. Finger strapped. Ice pack applied over the top of the dressing. Permission sought from parents to administer Calpol. Child taken to A&E.	Red rating due to scale of injury, medical assistance required.	R	Y

The majority of head bumps require reassurance and observation only. If there is no mark or no swelling, then there is no injury to treat. If a child is complaining of discomfort from slight swelling or a red mark, a cold compress (cold, wet paper towel) can be applied for 5-10 minutes. This can be refreshed as often as necessary.

Ice packs are advised to reduce the swelling and pain associated with significant injuries (Amber or Red). These injuries may include significant head injuries, tissue damage (sprains), broken bones for example and are likely to require additional medical attention and/or liaison with parents/carers. Applying ice to an acute injury (like a sprained ankle, for example), can help reduce swelling and inflammation and speed recovery time. Injuries of this nature are rare.

Yellow forms home for all injuries to the face and head or a significant injury. Yellow forms handed over to parents at the end of the day, ensure that parents are aware of any head injuries, no matter how small.