



First Aid Policy

Date last reviewed:	Autumn 2017
Frequency of review:	Annually
Date next review due:	Autumn 2018
Version:	1.1

Introduction

All staff members at Doddinghurst Infant School have a duty of care to the children in our school. The governing body has responsibility for first aid at Doddinghurst Infant School. The headteacher is responsible for putting the governing body's policy into practice and for developing detailed procedures.

Teachers and other staff in charge of children are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the children at the school in the same way that parents might be expected to act towards their children.

In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. The employer must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/appointed persons.

The employer must ensure that there is enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site. We all have responsibility to assess a child's injury, provide care for minor cases and call for the assistance of a qualified first aider if we judge this to be necessary.

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation, employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace. At Doddinghurst Infant School we have drawn up an annual checklist and risk assessment to ensuring we are meeting our statutory duties.

First-aid provision at Doddinghurst Infant School is as follows:

- Suitably stocked first-aid containers in all rooms;
- 1 designated first aid equipped area;
- 3 First aid bum bags for Lunch and Playtime duty;
- 2 First aid travel boxes for trips; and
- A minimum of 8 qualified first aiders, including 6 paediatric first aiders.
- A minimum of 5 staff to be defibrillator trained.

First Aiders' Main Duties

First aiders must complete an approved training course.

At school, 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; and
- when necessary, ensure that an ambulance or other professional medical help is called.

Appointed Person(s)

An appointed person is someone who:

- takes charge when someone is injured or becomes ill;
- looks after the first-aid equipment e.g. re-stocking the first-aid container; and
- ensures that an ambulance or other professional medical help is summoned when appropriate.

Risk Assessment / Assessment of Need

The senior management will make a suitable and sufficient assessment of the risks to the health and safety of their employees at work, and others who may be affected by their undertaking, to identify what measures they need to take to prevent or control these risks.

First Aid Provision will be reviewed annually to monitor the effectiveness of the provision and ensure standards are being met.

Procedures – (see: Appendix A – Flowchart)

All children who feel unwell or who have had an accident should, if possible, be brought to the First Aid Point, situated in the 'Blue Room'; if it is unsafe to move the child, the office should be contacted by internal phone, Walkie Talkie, messenger for assistance or Red card system.

Staff members who are qualified in first aid will initially assess the child's need and apply basic first aid; a second opinion should also be sought from a member of Senior Leadership Team (SLT) or another qualified first aider should the first aider have any concern that further treatment may need to be applied.

If there is even the slightest concern that the injury may be more serious, parents will be contacted immediately.

For serious incidents/medical emergencies, then an ambulance will be called immediately. The decision to call an ambulance is usually the responsibility of the headteacher or deputy head teacher; however, in a genuine emergency an office administrator will phone directly and inform the headteacher once this is done.

Reporting and Recording

All medical incidents will be recorded in the Accident Report Book. Parent/Carer Communication' white form will be completed and placed in the child's school bag, the class teacher informed. Pink duplicate copy remains in the book.

Where a child/adult bumps their head, they have suffered a severe nosebleed, vomited or suffered nausea, further monitoring will be required. Therefore, a 'Keep an eye on me' (dated) luminous wristband will be worn by the child to alert parents/carers that a minor incident that required monitoring occurred in school that day. The first aider will assess whether parents will be telephoned to advise of the incident.

In the event that a more serious incident occurs, for example teeth being damaged or a broken arm, a 'Medical Incident' (see Appendix B) form will be completed. The SLT will review all serious incidents, ascertain if practice needs to be changed as a result and assess whether a RIDDOR report will need to be completed.

Inhalers and Epi-pens

Named and labelled inhalers and Epi-pens will be kept in a box in the School office and in classrooms for specific children. The dates are checked regularly by the lead first aider. Training is organised on a regular basis for the use of Epi-pens. (see Anaphylaxis Policy)

Physical Education

All asthma inhalers should be taken with the children to the Physical Education lesson.

If an accident occurs, the pupil needs to be assessed by the teacher and sent to a qualified first aider, if required.



Educational Visits

The extent and nature of first aid provided will depend on the type of the visit and the risks identified. Organisers should undertake a risk assessment which will identify the level of first aid needed and make appropriate arrangements for pupils with special medical needs.

A good knowledge of first aid and an adequate first aid box are required for all visits.

In more remote locations, one of the adults should be a fully-qualified first aider. First aid equipment carried should reflect specific hazards identified and the availability of professional medical help.

Minimum first aid provision is:

- a stocked and checked first aid box, appropriate to the nature of the visit and the numbers in the group; and
- an adult appointed to be in charge of first aid arrangements.

Out of Hours Activities

All out of hours activities should have a qualified first aider on site. All adults leading clubs who are not directly employed by the school, are inducted into the protocols of first aid in the school but are expected to bring their own first aid kit to deal with any incidents during their session.

Specific Medical Conditions

All children with specific conditions e.g. Asthma, epilepsy or severe allergies, will have a medical form completed and held in the office, staffroom and in the class file. A visible display of children who require Epi-pens is discreetly posted in the staffroom and dining hall. Appropriate medication should be with the child and in classrooms at all times if the assessment within the medical form makes this a recommendation, (e.g.: inhalers and Epi-pens); a spare should also be kept in the school office. Also refer to the 'Children with Medical Conditions' and 'Anaphylaxis' Policies

Medicines in School

Parents/carers are encouraged to administer medicines around school hours where possible or visit the school at lunchtime to administer the medication themselves. Where the dosage is to be administered 4 times a day the school staff are willing to administer basic medicines in school e.g. Antibiotics or cream, provided that this has been prescribed by a doctor and that a consent form is completed by the parent, together with dosage directions.

Appendix 1 Medical Emergency Flowchart

