



# Ingatestone Infant School

## First Aid Policy

Written.....January 2020.....

Reviewed by Governors:

01/02/2022			



All staff members at Ingatestone Infant School have a duty of care to the children in our school. The Governing Board have the responsibility for monitoring the implementation of the policy within the school. The Head Teacher is responsible for putting the governing body's policy into practice and for developing detailed procedures. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils 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. In each school there is an annual checklist and risk assessment to ensuring we are meeting our statutory duties.

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

- 1 Suitably stocked first-aid containers for Breakfast Club
- 1 designated First Aid equipped area in the admin office;
- 1 Suitably stocked first-aid containers for playground;
- 2 First Aid travel box for trips;
- A minimum of 4 qualified First Aiders including Paediatric First Aiders, Emergency First Aiders and a First Aider at Work.

#### **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 eg: re-stocking the first-aid container;
- ensures that an ambulance or other professional medical help is summoned when appropriate.

The appointed person(s) are Anita Marlow and Sue Bonus.

#### **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 monitored regularly to ensure the effectiveness of the provision and that standards are being met.

**Procedures** – (see: Appendix A – Flowchart)

For children suffering minor cuts, scratches or bumps in the classrooms or outside should be treated in situ.

Children who feel unwell or who have had a more serious accident should, if possible, be brought to the Admin Office; if it is unsafe to move the child, the office should be contacted by, Walkie Talkie or messenger for assistance.

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 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 Head, Deputy or Senior Leader; 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 listed in the one of the Accident books (in the outside first aid kit or the office).

Where a child/adult bumps their head, they have suffered a severe nosebleed, vomited or suffered nausea, further monitoring will be required. Therefore, a 'Parent/Carer Communication' pink form (see Appendix B) note will be completed and placed in the child's school bag, the class teacher informed and a 'Keep an eye on me' (dated). The first aider will advise SLT whether parents will be telephoned to be informed of the incident.

In the event that a more serious incident occurs, for example teeth being damaged or broken arm, a 'Medical Incident' (see Appendix C) form will be completed. The Senior Leadership Team 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 admin office. The dates are checked regularly by the lead first aider but it is the parent/carers responsibility to provide in date medication. Training is organised on a regular basis for the use of Epi-pens.

### **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;
- 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 eg. 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 office. Appropriate medication should be with the child and in classrooms at all times if the assessment within the medical form makes this a recommendation, (eg: inhalers and Epi-pens); a spare should also be kept in the office.

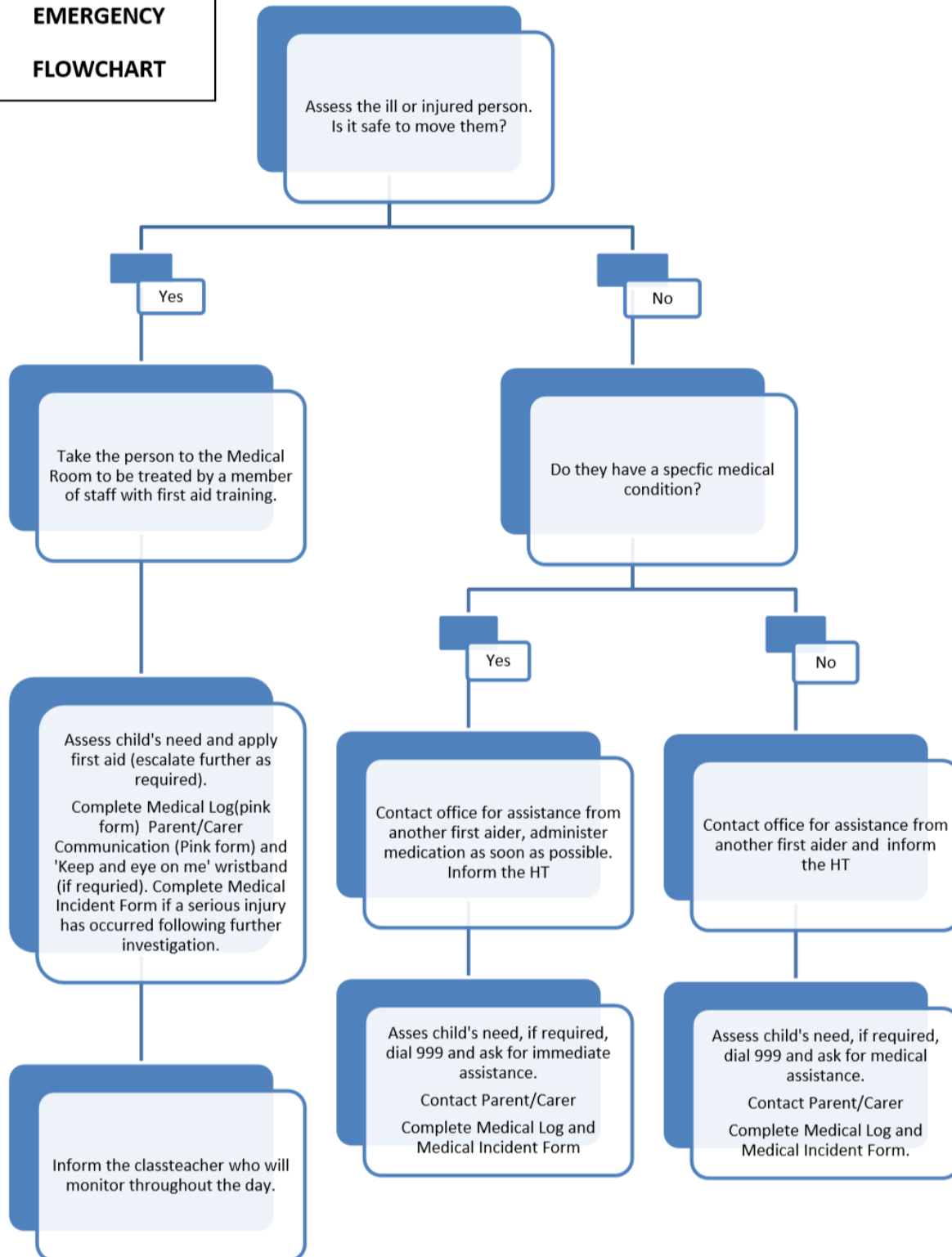
### **Medicines in school**

Parents/carers are encouraged to administer medicines around school hours where possible or visit the school at lunchtime to administer the medication themselves. Where this is not possible, school staff are willing to administer basic medicines in school eg. Antibiotics, provided that this has been prescribed by a doctor and that a consent form is completed by the parent, together with dosage directions.

**APPENDIX A**

**MEDICAL  
EMERGENCY**

**FLOWCHART**



**APPENDIX B**

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**PARENT/ CARER COMMUNICATION**

Pupil Name:		Class:	
Incident Date:	Time:	Location of incident: Classroom/corridor/hall/playground Other:	
Head Bump	Other head injury	Severe nosebleed	Other
<b>Should your child suffer any drowsiness, vomiting, impaired vision or excessive pain after returning home, please consult your doctor or local hospital</b>		Parent/ carer contacted? Yes / No	
		Name of person contacted:	
		Unable to contact parent?	
Signature:			

## APENDIX C

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### MEDICAL INCIDENT FORM- (INCLUDING ACCIDENTS RESULTING IN AN INJURY)

Pupil Name:		Class:	
Incident Date:		Incident Time:	
Where did the incident occur?			
How did the incident happen?			
What is the nature of the injury? Part of body affected and injury type			
Was the incident witnessed by staff, if so who and what action was taken relating to the injury?			
Name of 1 <sup>st</sup> Adult in Attendance:		Signature:	
Medical Room/ Office Action Taken: e.g. nature of first aid administered, call for qualified first aider if not present, call for ambulance			
Office Staff notified:		Time:	
Headteacher or Deputy Informed:		Time:	
Parent Notified Y/N		Time:	
Class teacher notified:		Time:	
Child Collected Y/N		Time:	
RIDDOR reportable? Y/N			

If RIDDOR reportable, date of report & name of person submitting
Risk assessment reviewed?  Action taken to prevent recurrence:

