



First Aid Policy

UK
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COGNITA

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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.

General Statement

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.

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.

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.

Current Procedure

Our appointed person (Katie Shingler) 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.

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.

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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.

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.

We keep an online 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. There is a note put in the diary and parents are informed if there has been a head injury.

First Aid Training

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.

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.

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

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.

Key personnel

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| First aid co-ordinator (appointed person) - responsible for looking after first aid equipment and facilities, as well as calling the emergency services as required | Katie Shingler |
| The following staff have completed a recognised training course in FAW | Clive Nawell (expires March 2020) Katie Shingler (expires March 2020) Robyn Stanley (expires November 2018) |
| The following staff have completed a recognised training course in EFAW | Rhian Ferriman (expires March 2019) Vikki Napier (expires February 2019) Emma Owen (First Aid for Schools – expires September 2018) |
| The following staff have completed a recognised training course in EPFA or above | Charlotte Alexander (expires September 2020) Jayne Baker (expires January 2021) Susan Barguss (expires February 2019) Nasima Begum (expires September 2018) Louise Brock (expires January 2021) Hayley Davies (expires September 2020) Carol Garner (expires September 2020) Peter Griffiths (expires September 2020) Isobel Hartnoll (expires January 2021) Rachel Hazel (expires January 2021) Jan Hesford (expires January 2021) Andrew Hodder (expires September 2020) Victoria Hole (expires September 2020) Hannah Jackson (expires January 2021) Joyce Lloyd (expires January 2021) Tamara Payne (expires September 2020) Elaine Saunders (expires January 2021) Sarah Thomas (expires January 2021) Suzanne van Hooijdonk (expires September 2020) Cheryl Wanless (expires September 2020) Cerys Wendon (expires January 2021) Huw Wood (expires September 2020) |

Contents of our First Aid Box

Our minimum provision, **(not mandatory)** as recommended by HSE is to hold a suitably stocked first aid box, to nominate an appointed person (see 3.1 above), as well as the provision for staff of relevant information on first aid arrangements.

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

Our first aid boxes are kept in the following places:

The medical room

Every classroom

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.

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.

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.

Recording Accidents and First aid treatment

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.

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.

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.

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.

Recording Incidents and Near misses

We record any near misses which are an event such as occurrences where not 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.

Hospital treatment

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

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.

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.

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.

Prescription and Non-prescription medication

Staff will only administer prescribed 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.

Staff may administer non-prescription medication such as Calpol, paracetamol and allergy medication where parents have provided written consent for this to happen. The School will supply this non-prescription medication. Where medication is administered, parents should be informed. Medicine containing aspirin or ibuprofen will not be administered to any pupil unless prescribed by a doctor for that particular pupil.

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.

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

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.

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.

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.

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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.

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.

Storage of Medication

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. 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.

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

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.

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.

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. 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.

Defibrillators (AED)

The school has 1 defibrillator kept in the Medical room

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.

Monitoring and Evaluation

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.

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.

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. This document is currently available on the Hub.

Out of Hours

This section of the policy has been written with specific regard to the National Minimum Standards for Regulated Childcare as set by the CSSIW. The Out of Hours Manager will be responsible for the day-to-day management of first aid and the administration of medication during After School Care and Holiday Club.

Record Keeping

The Out of Hours Manager will ensure that the following records are stored securely on site for all children who will be cared for by the Out of Hours team:

- Any special dietary or health needs or allergies
- The name and address of the registered medical practitioner with whom each child is registered
- A record of accidents and serious illness
- A record of any medicinal product administered to a child including date and circumstances of its administration, by whom it was administered, including medical products which the child is permitted to administer to himself or herself, together with a record of a parent's consent

Records will be kept for at least 3 years after the last date on which the child attended either After School Care or Holiday Club, whichever is later.

Healthcare

- Parents are asked to inform the Out of Hours team about any health care needs of their child, which will be addressed by the Out of Hours Manager
- Parents are asked to provide written consent regarding any necessary emergency medical advice or treatment prior to the child attending the service
- Children will not be allowed to stay for After School Care or attend Holiday Club if they appear unwell. If a child becomes unwell whilst attending the service, then parents will be contacted as soon as possible by a member of the team
- Other parents will be notified should there be the risk of a significant infectious disease, such as chicken pox or impetigo, but due consideration will be given to confidentiality

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First Aid

- The service has a first aid box and this is maintained regularly
- The Out of Hours Manager will ensure that staff are suitably trained to administer first aid and ratios of first aid are maintained during After School and Holiday Club

Medication

- Medication will not be given without the prior written consent of the parent
- Medication will be stored in the original container, clearly labelled with the child's name and will be within date and the parent will provide information about any previous dosage when dropping off
- Written records are kept of all medicines administered to children and parents will be asked to sign the record book on collection of the child to confirm
- Prescription medicines will not be administered unless a doctor has prescribed them specifically for that child
- Medicines will not be administered by staff where specialist training is required if this has not been provided by a qualified healthcare professional
- If medication is administered to a child it is with the written agreement of the parent and with an understanding of the possible side effects. Where medicine is self-administered by the child, the parent will provide written guidance with the understanding of the possible side effects
- The Out of Hours Manager may refuse, on behalf of any of the team, to administer medication if they do not feel it would not be appropriate or poses a risk to the staff or child/ren.

| Ownership and consultation | |
|-----------------------------------|--|
| Document sponsor (role) | Andy Moorhouse |
| Document author (name) | Melissa Jones |
| Specialist Legal Advice | n/a |
| Consultation | Helen Ferguson – School Nurse at Downsend School |

| 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 coordinator) |

| Document application | |
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| England | Yes |
| Wales | Yes |
| Spain | No |

| Version control | |
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| Implementation date | August 2016 |
| Review date | June 2018 |

| Related documentation | |
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| 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) |