

# Grove Vale Primary School

# First Aid Policy December 2023

Approved by:		Date:	
Last reviewed on:	December 2023		
Next review due by:	December 2024		



# 1. <u>AIMS</u>

- 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

# 2. LEGISLATION & GUIDANCE

This policy is based on the <u>Statutory Framework for the Early Years Foundation Stage</u>, advice from the Department for Education on <u>first aid in schools</u> and <u>health and safety in schools</u>, and the following legislation:

- <u>The Health and Safety (First Aid) Regulations 1981</u>, 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
- <u>The Management of Health and Safety at Work Regulations 1992</u>, which require employers to make an assessment of the risks to the health and safety of their employees
- <u>The Management of Health and Safety at Work Regulations 1999</u>, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- <u>The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013</u>, 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
- <u>Social Security (Claims and Payments) Regulations 1979</u>, which set out rules on the retention of accident records
- <u>The School Premises (England) Regulations 2012</u>, which require that suitable space is provided to cater for the medical and therapy needs of pupils
- <u>The Education (Independent School Standards) Regulations 2014</u>, which require that suitable space is provided to cater for the medical and therapy needs of pupils

# 3. ROLES & RESPONSIBILITIES

# Senior first aiders

The school's qualified senior first aiders are Mrs Hunt, Miss Gould and Mr Dodd. They are responsible for:

- Taking charge when someone is seriously injured or becomes ill.
- Ensuring there is an adequate supply of medical materials and ordering medical supplied when needed.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

# **First aiders**

First aiders are trained and qualified to carry out the role (see section 7) 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



- Filling in a first aid slip on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Entering incident information on CPOMS. If reporting a head injury, serious injury or if the child is sent home.
- Notifying parents by telephone call, if a head bump or serious injury.
- Ensuring there is an adequate supply of medical materials in class first aid kits, and replenishing the contents of these.

# The local authority and governing board

Sandwell Metropolitan Borough 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 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 (see section 6)

# Staff

School staff are responsible for:

- Ensuring they are aware of and follow first aid procedures
- Completing first aid slips and entering information on CPOMS for all incidents they attend to where a first aider is not called.
- Ensuring they know who the first aiders in school are (see appendix 1)
- Informing the first aid leaders if they notice missing/reduced stock levels
- Informing the headteacher of any specific health conditions or first aid needs

# **4. 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 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 they will, in consultation with a member of the Senior Leadership Team (SLT) where appropriate, contact the pupil's parents to collect their child in order to recover/visit a GP. Upon their arrival, the first aider will recommend next steps to the parents and note on CPOMS.
- If emergency services are called, the school will contact parents immediately. In the event the parents cannot make it to school before the emergency services leave, the first aider will attend with the child.
- The first aider will complete a first aid slip on the same day or as soon as is reasonably practical after an incident resulting in an injury. All incidents and details will also be recorded on CPOMS.

# In-school procedures – Head Injuries

- Any head injury, mark or bump will be treated immediately and a phone call will be made to parents. It will be added to CPOMS.
- In the event of an accident resulting in a serious head injury (for example a serious blow to the head) the child must be assessed by the qualified first aider for signs of concussion (see appendix 3).
   Where signs of concussion are present, either immediately or upon monitoring, the pupil should be taken to a qualified first aider or member of the SLT for immediate assessment.
- Where signs of concussion are confirmed, the pupil's parent must be immediately called to pick up the pupil and take them to Accident and Emergency or, where necessary, an ambulance called. The top copy (white) of the accident report book must be provided to the parent to take with them to Accident and Emergency.
- If a head injury is sustained but signs of concussion are not present, the qualified first aider or Class Teacher (where the pupil has been taken back to class and the Class Teacher has received an accident form indicating a head injury) must monitor the pupil for signs of deterioration and concussion (see below) and the office should be notified to inform the parent by telephone. If these become present the above steps should be followed immediately.

# **Off-site procedures**

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

- A portable first aid kit
- Information about the specific medical needs of pupils
- Any specific medication e.g. inhalers, epipens
- Parents' contact details

Risk assessments will be completed by the Educational Visits Coordinator 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.

# 5. FIRST AID EQUIPMENT

A typical first aid kit in our school and within the classrooms will include the following:

- A leaflet with general first aid advice
- Regular and large bandages



- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Yellow waste bags
- Ice packs
- Eye wash
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Cold compresses No medication is kept in first aid kits.

#### First aid kits are stored in:

- The first aid room
- Staff room
- The infant and junior hall
- The school kitchen
- Swimming pool

#### **6. RECORD KEEPING & REPORTING**

#### First aid and accident record book

- The first aid slip will be completed by the qualified first aider immediately, or as soon as possible after an incident resulting in an injury. Major incidents, head injuries and incidents leading to the child being sent home from school will be recorded on CPOMS, staff tagged into CPOMS incident (class teacher, first aider and business manager).
- As much detail as possible should be supplied when reporting incident times, location, injury, first aid administered, parents informed, resulting actions.
- If a child is taken to hospital as a result in an accident or injury, an accident form (appendix 4) must be completed and handed to the business manager,
- First aid report books 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.

#### **Reporting to the HSE**

The School Business Manager (Darren Thorpe) 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 School Business Manager will report these to the appropriate authorities within the Local Authority and the Health and Safety Executive as necessary. This will take place as soon as is reasonably practicable and in any event within 10 days of the incident.

The Headteacher must always be immediately informed of any notifiable accidents or injuries so that this can be reported to the appropriate Governing Body committee.



Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
  - o Fractures, other than to fingers, thumbs and toes
  - o Amputations
  - o Any injury likely to lead to permanent loss of sight or reduction in sight
  - o Any crush injury to the head or torso causing damage to the brain or internal organs
  - o Serious burns (including scalding)
  - o Any scalping requiring hospital treatment
  - o Any loss of consciousness caused by head injury or asphyxia
  - o Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

• Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)

• Where an accident leads to someone being taken to hospital

• Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

- o The collapse or failure of load-bearing parts of lifts and lifting equipment
- o The accidental release of a biological agent likely to cause severe human illness
- o The accidental release or escape of any substance that may cause a serious injury or damage to health
- o An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here: How to make a RIDDOR report, HSE

# **Notifying parents**

The first aider who attended the child will inform parents on the same day, of any accident or injury sustained by a pupil, and any first aid treatment given. White, top copy of the first aid record is sent home.

#### Reporting to Ofsted and child protection agencies

The Business Manager, in consultation with 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 Business Manager will also notify the Local Authority of any serious accident, illness or injury to, or the death of, a pupil while in the school's care.

# 7. Training

All school staff are able to undertake first aid training if they would like to.



All first aiders must have completed an appropriate and accredited 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 (see appendix 2). Staff are encouraged 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.

# 8. MONITORING

This policy will be reviewed each year. At every review, the policy will be approved by the appropriate Governing Body committee.

# 9. LINKS WITH OTHER POLICIES

This first aid policy is linked to the

- Health and Safety Policy
- Management of children with medical needs policy
- Risk assessment policy



# Appendix 1

Name	Surname	Training
Kelly	Smith	Paediatric First Aid
Danielle	Jones	Paediatric First Aid
Dionne	Hawthorne	Paediatric First Aid
Nicola	Wright	Paediatric First Aid
Sharon	Sparkes	Paediatric First Aid
Maniza	Parveen	Paediatric First Aid
Parm	Johal	Paediatric First Aid
Wajeeha	Sajid	Paediatric First Aid
Jenny	Lewis	Paediatric First Aid
Lisa	Marriott	Paediatric First Aid
Pushpinder	Thandi	Paediatric First Aid
Ayesha	Khanam	Paediatric First Aid
Kim	Tucker	Paediatric First Aid
Margaret	Jones	Paediatric First Aid
Anureet	Matharu	Paediatric First Aid
Rebecca	Harper	Paediatric First Aid
Nicola	Overthrow	Paediatric First Aid
Clare	McCormack	Paediatric First Aid
Sophie	Lines	Paediatric First Aid
Amie	Gould	Paediatric First Aid
Janina	Hunt	Paediatric First Aid
Adam	Dodd	Paediatric First Aid
Pinkey	Kalia	Paediatric First Aid
Megan	Jeavons	Paediatric First Aid
Natalie	Howell	Paediatric First Aid
	Morley -	
Eirys	Jones	Paediatric First Aid
Ella Leigh	Clarke	Paediatric First Aid



# Appendix 2 – accident slip

Grove Vale Primary School		ACCIDENT/INCIDENT/		Date	
Tel: 0121 357 4319		ILLNESS REPORT SLIP		Time	
101.0121 557 4519		Pupil's Name		Class	
Location and details of accident/incident/illness					
Head Injury	Cut/Graze		Parent/Carer Contacted		
Sting/Insect bite	Stomach Pains/Upset Tummy		Unable to contact Parent		
Bump/Bruise	Mouth Injury/Tooth Ache/ Loose or Missing Tooth		Well enough to remain in school after First Aid		
Sprains/Twists	Observe in class		IMPORTANT Please consult your doctor or local hospital if your child		child
Nosebleed	Collected from school		suffers any drowsiness, vomiting, impaired vision or excessive pain after returning home.		
Details of Treatment and Additional Comments			Authorised Signature		
To re-order Tel. 01487 823823 Fax: 01487 823898 E:sales@limetreemarketing.com www.limetreemarketing.com © Limetree					



#### Appendix 3 - Signs of concussion

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common but least serious type of brain injury. The medical term for concussion is minor traumatic brain injury.

Symptoms of concussion include:

- loss of consciousness after the head injury, however brief
- disturbances in vision, such as "seeing stars" or blurry vision
- a period of confusion, a blank expression, or a delay in answering questions immediately after the head injury
- memory loss, such as not being able to remember what happened before or after the injury
- persistent headaches since the injury
- changes in behaviour, such as irritability, being easily distracted or having no interest in the outside world this is a particularly common sign in children under five
- confusion
- drowsiness that occurs when you would normally be awake
- loss of balance or problems walking
- difficulties with understanding what people say
- difficulty speaking, such as slurred speech
- problems with reading or writing
- vomiting since the injury
- loss of power in part of the body, such as weakness in an arm or leg
- clear fluid leaving the nose or ears (this could be cerebrospinal fluid, which surrounds the brain)
- sudden deafness in one or both ears
- any wound to the head or face



#### Appendix 4 – accident form

				t Report Form
Name of School:			Status:	
Address/Location:				
1. Injured/assaulted per	rson			
Forenames: Sumame:		Home Tel:		Age/DOB: Sex: M/F/T
Home address:			Employee no: Sex: W/F/T Do they consider themselves disabled? Y/N	
		Do they consider memselves disabled : T/M		
Post Code:				
Employee 🔲 Job Titl	e:	Contractor	Company:	
Student 🔲 Vis	sitor 🔲 Agency 🗖	Other	(Specify):	
2. Incident details				
Location:		Date:	Time	2:
Reported To:		Date:	Time	e:
Minor/other       'Near miss'/Damage       N/A       First Aid       Doctor       Hospital         4. RIDDOR accidents/incidents*       *see Guidance         7 Day       Specified       Fatality       Hospitalised (Public <sup>1</sup> )       Occupational disease <sup>2</sup> Dangerous occurrence         Date HSE notified:       -       Method:       website/telephone         By whom:       Incident/Notification no:       Incident/Notification no:				
5. Aggressive or violent	t incident (to employees o	ynly)		
Verbal abuse 🔲 Thre	eatening behaviour 🔲 🛛	Physical assault 🔲 Ot	ther (specify) 🔲	
	harm? 🔲 🛛 Do you th	ink it was race/equality r		nvolved? 🔲 (detail over
Was there NO intent to				nts) Chinese / Other Ethnio Group
Ethnic origin of assaulte white Britsh Irish	ed person (tick appropriat Mixed White & Black Caribbean White & Black African White & Asian	Acian / Acian British Indian D Pakistani D Bangladeshi D	Black / Black British Caribbean African	Chinese
Ethnic origin of assaulte White British Irish Other White background	Mixed White & Black Caribbean White & Black African White & Asian Other mixed background	Indian Pakistani Bangladeshi Other Asian background	Black / Black British Caribbean African Other Black background	Chinese
Ethnic origin of assaulte White British Irish Other White background	Mixed White & Black Caribbean White & Black African White & Asian	Indian Pakistani Bangladeshi Other Asian background	Caribbean African	Chinese
Ethnic origin of assaults white British Irish Other White background Details of person(s) case	Mixed White & Black Caribbean White & Black African White & Asian Other mixed background	Indian Pakistani Bangladeshi Other Asian background Tel:	Caribbean African	Chinese Other Ethnic Group
Ethnic origin of assaults white British Irish Other White background Details of person(s) cast Name:	Mixed White & Black Caribbean White & Black African White & Asian Other mixed background	Indian Pakistani Bangladeshi Other Asian background Tel:	Carlbbean African Other Black background	Chinese Other Ethnic Group
Ethnic origin of assaults white British Irish Other White background Details of person(s) cast Name:	Mixed White & Black Caribbean White & Black African White & Asian Other mixed background	Indian Pakstani Bangladeshi Other Asian background Tel: Age (appro	Carlbbean African Other Black background	Chinese Other Ethnic Group

<sup>1</sup> Note: Accidents to students/the public are only RIDDOR reportable if the injured person goes straight to hospital for treatment (not just examination or diagnostic tests) **AND** the accident was work related; otherwise they are classed as 'Minor/Other' <sup>2</sup> Discuss cases of reportable 'occupational disease' or 'dangerous occurrences' with the Health & Safety Unit



Corporate Health & Safet	y Unit	Accident & Inc	ident Report Form	
6. Witnesses		continue on s	separate sheet if necessary	
Name:		Name:	reparted an electric receasery	
Address:		Address:		
Tel:		Tel:		
	cluding any treatment/advice rece	eived & any connected absences- continue	separate sheet if necessary	
Description of incident:				
Injury (if relevant):				
Over three days lost? Y/N	f Yes, time lost - From:	- To: (inclusive date:	5)	
First sid (s d iss s des dess				
If Yes, give summary:	it) administered? Yes 🔲 No 🔲			
in res, give seminary.				
Signature of first aider (if ap	propriate):			
8. Outcome/action taken aft	er investigation to prevent recurr	ence continue on :	separate sheet if	
necessary Risk assessment(s) reviewe	d2 🗖: No enpropriate action? 🗖			
Risk assessment(s) reviewed?  I: No appropriate action? (a) What caused incident to occur				
(b) What action taken to pre	event re-occurrence:			
Immediate cause:		Underlying/root cause:		
9. Reported by (employee o	r their supervisor)	Countersigned (line manager)		
Name:		Name:		
Position: Signature:		Position: Signature:		
Tel:	Date: -	Tel: Date:		
10.	Date.	Tei. Date.		
Privacy statement: The data obtained using this form is collected to help us with our legal duty to report certain accidents and to help us learn from incidents to prevent recurrence. Regarding the latter, please note a limited summary of the data will be shared with senior managers and/or H&S Committee members, which include trade union H&S representatives, to ensure any learning points are appropriately shared. The form itself will only be shared with trade union colleagues if employee gives their consent below.				
If a trade union member, employee to sign and date below to give consent for their TU H&S rep to see a				
Signature: Date:				
Once complete, please ensure that you: (a) Retain a copy of this form on site; (b) (b) If the incident was to an employee, offer a copy of the form to them; (c) Email ( <u>health_safety@sandwell.gov.uk</u> ) a copy of the form to Health & Safety Unit				
10. Health & Safety Unit use	e only			
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Corporate Health & Safety Unit	Accident & Incident Report Form
Action/recommendations: Further investigation	
S/LHSO signature:	Database ref: Date: