



FIRST AID POLICY

Roles and responsibilities

The **Headteacher** is responsible for implementing the policy, identifying a responsible staff member for managing first aid and the administration of medicines, and ensuring that appropriate resources and staff training are available.

The **staff member** responsible must draw up procedures in consultation with health specialists, ensure that they are kept up to date and that records are maintained, and provide information to staff. All **staff** are responsible for keeping themselves up to date with basic first aid, understanding the importance of risk assessment, and recognising the health needs of pupils for whom they have responsibility.

Parents must ensure that the Headteacher and SENCO are fully informed about any medical conditions their children have and their requirements on administering medication.

Children are responsible for caring for their own welfare and that of other children and understanding the importance of risk assessment if age appropriate.

First Aiders

The Headteacher in conjunction with the Senior Management Team will ensure that First Aider/s are available on-site all the time. All First Aiders must complete a training course approved by the Health and Safety Executive (HSE). The main duties of First Aiders are to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- When necessary, ensure that an ambulance or other professional medical help is called.

Appointed person

The Headteacher will appoint a person as 'Appointed Person'. An appointed person is a First Aider.

The appointed person will:

- Take charge when someone is injured or becomes ill;
- Look after the first-aid equipment e.g. restocking the first-aid container;
- Ensure that an ambulance or other professional medical help is summoned when appropriate.

Records

Any reportable injury, disease or dangerous occurrence must be recorded by the relevant member of staff in the incidents logbook, kept at the office. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease.

First-Aiders must record all first-aid incidents in the first aid log book.

Equipment

Magdalen: First Aid container in plastic draw unit in Library Area
Boxes in reception and mobile

St Germans: First Aid container in cupboard in Resources area
Boxes in Reception

Wimbotsham: First Aid container in plastic draw unit in Library Area

Procedure

If administration of first-aid is required, staff/children should immediately call the appointed person. The appointed person will then take charge of the situation, summoning a first-aid if need be. The first aider will then administer first-aid if appropriate; the Schools' offices should be used if required.

The levels of injury to be treated on site are those the First Aider has been trained for.



The appointed person and first-aider will decide whether the emergency services are to be called, in which case they will do so.

The reporting member of staff/child and the first aider should record the incident in the first-aid logbook, and the appointed person should inform the Headteacher of the incident and its outcome. If the incident involves a child, the Headteacher will ensure that the parent/carer of the child is informed, and report it to relevant bodies if necessary (see 'Guidance on First Aid for Schools', DCFS publication).

In the event of any injury to the head and the child has remained in school, the parent should be notified by the end of the school day and notified to seek medical advice.

A 'Bump Card' (kept with in Offices) may be sent home with the child if any injury has been sustained during the school day. Head injuries always receive cards.

Summoning assistance and communications with parents

Good communication ensures that accident reporting, risk identification, reduction and elimination is effective. Good communication is also essential to promoting healthy and safe working/learning environments and avoiding misunderstandings.

Many accidents sustained by children are minor and include bruises, scratches, sprains and bumps. In these cases it is reasonable to instruct older children to inform their parents on arriving home. Staff should, however, pay due regard to the age, capabilities and language of child/parents when considering how to communicate accident/injury information to parents and ensure that adequate notification is made by telephone or 'Bump Card' as appropriate.

Serious accidents require immediate medical attention and an ambulance must be called, particularly if the accident includes shock or loss of consciousness, however brief.

Parents should always be notified by telephone or in writing. If children sustain an injury where there is a risk of tetanus infection/blood contamination, parents should also be advised in writing so that they may seek the advice of their GP.

Major Injuries

Major injuries are defined as:-

- Any fracture, other than to fingers, thumbs or toes.
- Any amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (temporary or permanent)
- A chemical or hot metal burn to the eye or any penetrating injury to the eye.
- An injury resulting from an electrical shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than twenty four hours.
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
- Acute illness requiring medical treatment or loss of consciousness that has resulted from the absorption of any substance by inhalation, ingestion or through the skin.
- Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

Guidance on Spillage of Blood or Body Fluids

A risk assessment, as required by COSHH should be carried out on any waste that is generated. Certain waste is classified as clinical waste and its disposal is subject to strict controls. Clinical waste includes waste consisting wholly or partly of blood or other body fluids, swabs or dressings, syringes, needles or other sharps, which unless made safe may be hazardous to any person coming into contact with it. (HSE)

School Policy on Dispensing Medicine see Supporting Children with Medical Conditions Policy

The schools will not dispense any medicine in any circumstances (Paracetamol, etc)



1. Children on medication should:

- Bring a letter from parent stating the medicine has been recommended by their GP
- Bring medicine clearly labelled with their name and D.O.B

2. The schools will store medicine in a cool dry place in the appropriate school office and the staff will supervise the child to administer the medicine

Information for Staff

All information about children's medical conditions are held in a folder in the school office.

Serious medical conditions details are also placed on notice board in staff

All staff is advised to be familiar with children and their medical needs.

School Trips

Staff on trips will accompany themselves with a full class list containing the medical needs of all the children. This can be obtained from either School Offices.

Personnel

The **Appointed Person** is: Toni Clarkstone

First Aiders: Magdalen

1. Louise Bone
2. Claire Hooker
3. Alison Hughes

St Germans

1. Suzannah Hayes
2. Ellen Mussell
3. Pat Vanhinsbergh
4. Alison Hughes

Wimbotsham

1. Hilary Tutin
2. Martin Taylor Bennett
3. Jackie Jenkinson
- 4 Alison Hughes

Arrangements for monitoring and evaluation

The governing body will receive the programme of staff training, and the nature of any complaints received.