

First Aid Policy

This policy applies to all pupils and staff of Abbot's Hill, including EYFS.

1. Introduction

1.1 The arrangements for first aid provision will be adequate to cope with all foreseeable minor and major incidents. The policy should be read in conjunction with the **Policy on Supporting Pupils at School with Medical Conditions.**

2. Qualified Staff

- 2.1 The number of certified first aiders will not, at any time, be less than the requirement identified in the AHS First Aid Provision Risk Assessment in accordance with the guidance provided by the Department for Education and Employment: guidance on first aid for schools. At least one qualified first aider will be available on site when children are present. There will always be a paediatric first aider present in Nursery when there are children present.
- 2.2 All first aiders possess a current certificate which under the Independent Schools Inspectorate regulatory guidelines must be updated every three years. First Aiders will also complete relevant Educare Modules.
- 2.3 The school will deploy qualified nursing cover as far as reasonably practicable during term time.
- Other staff will be given such training in first aid techniques as is required to give them a basic, minimum level of competence to deal with minor accidents such as grazes.
- 2.5 Staff will not administer any medication until they have completed the induction and training required. Staff who are trained to administer medication are marked on the First Aid telephone list in bold and have SchoolBase access to the medical module.

3. Medical Facilities

- 3.1 The school provides a surgery with appropriate facilities for care. The surgery is locked by a keypad lock at all times, unless occupied by a School Nurse or an approved first aider. The School Nurse and approved first aiders have the keypad code and the School Nurse double locks the surgery by key during weekends and holidays. During out-of-school-hours, the key to the surgery is securely stored in in the key safe in the Main School Reception.
- 3.2 Record keeping will be maintained by the School Nurse, Health Care Assistant and Nursery Manager on an accurate and timely basis, and all records will be kept secure in accordance with safeguarding and data protection requirements.

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3.3 Locked medicine cupboards and locked medical fridges are located within the Nursery Office and Surgery to ensure any medication is safely stored but appropriately available.

4. First Aid Kits

- 4.1 Supplies of first aid material will be held at various locations throughout the school. These locations will be determined by the School Nurse, with the Deputy Head, Pastoral, and all staff will be advised of their position. In addition, the list is also published on the T:drive.
- 4.2 The supplies in the Nursery will be checked regularly by the Deputy Manager. First Aid supplies stored elsewhere in the school will be checked at least termly by the School Nurse. In all cases, any deficiencies will be made good without delay.

Emergency and Out-of-Hours Medication

- 4.3 Generic inhalers and adrenaline pens are kept for emergency use only and can only be administered to pupils that have been prescribed this medication. Small supplies of medication for out-of-hours are also kept in locked medical cabinets in the following locations:-
 - Prep School Office (out-of-hours medication cabinet only)
 - Prep School Kitchen (emergency adrenaline pen and generic inhaler only)
 - Senior School Office
 - Pastoral Hub
 - PE Office
 - Home Economics Office

Out-of-hours medication can only be administered by key holders who have been trained in medication administration and are qualified First Aiders. (see 2.5)

4.4 Pupils with emergency adrenaline pens or spare inhalers are able to easily access their named spare which is stored in the main school office.

5. Documentation and Record Keeping

- When a child joins the school, the parents complete a Confidential Health Questionnaire. The questionnaire gives details of their family doctor, immunisations, any allergies or existing medical conditions of which we should be aware, along with other relevant medical information and emergency contact details of parents/guardians.
- 5.2 It also includes a section for the parent/guardian to sign giving permission to give emergency medical treatment, administer simple first aid and non-prescription infant liquid Paracetamol, and anti-histamine in the Nursery, and liquid Paracetamol, Paracetamol, anti-histamine and Throat Lozenges for pupils in Reception to 11.
- 5.3 For children in Nursery, the data will be entered onto Kindersoft and SchoolBase and the questionnaire will then be filed in the child's file which is kept locked in the Nursery Office. For pupils from Nursery to Year 11, the School Nurse will log this data onto SchoolBase and then the questionnaires will be scanned and uploaded to the individual pupil's medical records on SchoolBase.

- Parents are required to inform the School Nurse, or Nursery Manager for children in Nursery, as soon as feasibly possible of any changes to their child's health that may take place throughout the year. Parents are reminded at least annually to review their child's medical details held by the school and inform the School Nurse of any changes required.
- 5.5 Each time a pupil visits the surgery or is seen by the School Nurse or Health Care Assistant, the time and any treatment given is recorded on SchoolBase. Any first aid or medication given to Nursery children by Nursery staff will be recorded on medication or accident forms and shared with the child's parents.

6. Accidents

6.1 A record must be made in an Accident Book on each occasion a member of staff, pupil or other person receives first aid treatment as a result of an accident either on the school premises or as part of a school related activity.

Сору	Pupils	Who, Where and when
White copy	Nursery and	Given to parents on collection of the pupil that day
	Infants	
	Juniors and Senior	Given to pupil to give to parents that day
Yellow copy	Nursery	Kept in Nursery accident books. Accident books are
		stored in a locked filing cupboard once full.
	Infants, Juniors	Given to School Nurse for review, and follow-up if
	and Senior	required, that day. Forms are uploaded to the pupil's
		medical record
Pink Copy	ALL	Health and Safety Co-ordinator as soon as possible

Pupil Accidents

6.2 The first member of staff to the scene of any accident should complete an accident form as soon as is reasonably practicable. Head injuries and other serious injuries must be reported to the School Nurse immediately, who will enter details on to SchoolBase and inform all relevant members of staff, including Exec where appropriate.

Injuries to the head

A minor bump to the head is common in children particularly those of primary school age. If a child is asymptomatic i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, nausea or vomiting and the child appears well then the incident will be treated as a 'bump' rather than a 'head injury'.

- 6.3 If a child has a minor bump on the head during their day the following procedure is followed:
 - The situation is initially assessed by the member of staff in situ.
 - Where it is a minor injury, the bump may be treated with a cool compress (such as wet paper towel) or an ice pack if swelling/bruising is present under the supervision of a member of staff.
 - An accident form should be completed including the Head Injury section.

- Prep and Nursery pupils are given a pink wristband to alert staff and parents to the injury for on-going monitoring. An email or conversation should also take place to ensure that this is communicated to everyone concerned:
 - Prep School children Inform the School Nurse, Head of Prep and the child's Class Teacher via Daybook
 - Nursery Children Inform the Nursery Manager, Deputy Manager and child's Key Person.
- If the child displays any symptoms which may indicate a more serious head injury, a member of staff will escort the pupil to the School Nurse for further assessment.
- If the School Nurse or Nursery Manager feels that it is necessary, she will telephone or email the parents to inform them of the head injury and advise them to be aware of the symptoms listed in the Head Injury Advice for Parents leaflet.
- 6.4 If a child sustains a head injury during sport, by impact from a fast moving or falling object, from a fall from height, or any unusual circumstances, the procedure to be followed is as per the Head Injury and Concussion Procedure:

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- 6.5 If a Senior School pupil has a minor head injury, the member of staff who has witnessed or has been first alerted to the injury should complete an accident form including the Head Injury section. The pupil may be treated by a qualified first aider if readily available or escorted to the surgery for treatment by the School Nurse.
- 6.6 If the School Nurse or Nursery Manager feels that it is necessary, she will telephone or email the parents and inform them of the head injury and advise them to be aware of the symptoms listed in the 'Head Injury Advice for Parents' information sheet.

Incidents involving a Foot or Leg Injury

- 6.7 Under NO circumstances should a pupil with a non-weight-bearing foot or leg injury be taken to the surgery. The School Nurse/School Staff must not attempt to carry a pupil; there is a wheelchair in the PE office, under the main house stairwell, and a push chair in Nursery if required. If a foot or leg injury causes severe pain, appears deformed or there is significant bleeding, the pupil should not be moved and the School Nurse called to attend immediately.
- 6.8 Nursery and Prep If the injury is to a foot or leg and the pupil feels unable to weight-bear they should be treated in situ.
- 6.9 Senior School If the injury is to a foot or leg and the pupil feels comfortable to walk, they should be brought to the Main House, seated in the stairwell, and the School Nurse should be called to attend. Initial assessment and first aid will be given in the stairwell and the pupil may then be escorted to the Surgery by the School Nurse for further treatment or medication if safe to do so.

Staff and Visitors' Accidents

6.10 An accident form should be completed and taken to the Health and Safety Co-ordinator as soon as reasonably practicable but at least by the end of the day. Head injuries and other

serious injuries must be reported to the Health & Safety Co-ordinator immediately, who will inform Exec by email.

7. Emergencies

- 7.1 The School Nurse will normally decide whether or not to call an ambulance. In her absence, a Qualified First Aider in attendance will make the decision.
- 7.2 ALL ACCIDENTS WHICH REQUIRE HOSPITAL TREATMENT OR RESULT IN MORE THAN SEVEN DAYS ABSENCE FROM THE WORK PLACE, MUST BE RECORDED IN THE ACCIDENT BOOK AND REPORTED ONLINE TO RIDDOR WITHIN 10 DAYS.
- 7.3 In addition, Ofsted and the local child protection agency must be notified of any serious accident, injury or death of a child in Nursery which occurs within the Nursery setting within 14 working days.

8. Review of Accidents

- 8.1 A summary of all accidents/injuries and injury reports will be compiled by the Health and Safety Co-ordinator on the approved form and emailed to Exec each half term. The Bursar is responsible for reporting serious accidents to insurers and the Health and Safety Co-ordinator is responsible for reporting serious accidents to RIDDOR. Any serious accidents which take place in the Nursery setting outside term time, will be reported to RIDDOR by the Nursery Manager. The Nursery Manager is responsible for reporting serious accidents, injuries or death to Ofsted and the local child protection agency.
- 8.2 There will be a half termly review by Exec of all reported accidents which will enable the school to ensure there is appropriate First Aid provision across the site and to address any health & safety issues (Accident/Incident & Injury Reports).
- 8.3 Separate health and safety procedures raise awareness of hazards specific to the teaching of different subjects and to possible hazards in different working areas.
- 8.4 Permission for emergency treatment to be given to pupils in the event that a parent cannot be contacted is sought in writing when the child enters the nursery or school by the parents completing and signing the Abbot's Hill Confidential Health Questionnaire.

9. Confidentiality

- 9.1 All pupil medical records are stored on the medical module of SchoolBase and are only disclosed on a 'need to know' basis. However, the School Nurse will collate the necessary information from these records and display this on the school Medical Noticeboards with parents' consent.
- 9.2 Medical information for children in Nursery will be uploaded to the medical module of SchoolBase by the School Nurse which will be accessible at all times to the Nursery Manager and Deputy Nursery Manager.

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10. Notices & Communication

- 10.1 Medical Notice Boards are located in the following areas:
 - The Nursery Staff Room
 - The Prep School Staff Room
 - Junior Block (Johnston Room in ICT3)
 - Stable Block (Home Economics Office)
 - Davidson Block (English Office)
 - Dickinson Building (PE Office)
 - Science Block (staff room)
 - Senior School Staff Room (wet room)
 - Catering
 - Main Reception (rear office)
 - Pastoral Hub
 - Top-floor Kitchen (Main House)
- 10.2 A list of Qualified First Aiders, their internal Telephone Numbers and usual location is displayed in appropriate locations around the site and is published on the T drive.
- 10.3 Medical Notice Boards, staff meetings and individual briefings for appropriate members of the Nursery team/ Class Teachers/Form Tutors are the medium whereby members of staff are informed of significant illnesses/conditions of pupils for risk assessment purposes. Daybook and Document viewer is used to convey and store important written messages about an individual pupil.
- 10.4 The School Nurse will display the names and photographs of pupils with medical conditions which may require emergency intervention or treatment on on each of the Medical Notice Boards. For children in Nursery, the Deputy Manager will be responsible for displaying such information.
- 10.5 Examples of such conditions include but are not limited to:
 - Anaphylaxis
 - Diabetes
 - Cystic Fibrosis
 - Epilepsy
 - Asthma
- 10.6 In addition, Emergency Procedure guidelines are displayed on the Medical Noticeboards for:
 - Anaphylaxis
 - Asthma
 - Diabetes
 - Epilepsy

11. Trips out of school (including residential/overseas trips)

- 11.1 Adequate and appropriate first aid provision will form part of the arrangements for all outof-school activities (**Administering Medication on School Trips Procedure.**)
- 11.2 The nominated qualified first aider on a school trip should make arrangements to see the School Nurse at an early stage of the planning for the visit to be briefed on any medical conditions/medication that is necessary for pupils participating.
- 11.3 A first aid bag, accident book and emergency inhaler (if required), is given to the appointed first aider for the trip, with a list from SchoolBase listing all those children with allergies and specific medical needs, along with any current medication which they take accompanied by a completed Medication Consent Form.
- 11.4 In the event of a serious accident/incident during a school trip, the leader must inform the nominated Exec contact at the earliest opportunity and then follow normal procedures for dealing with an accident.
- 11.5 Parents should be informed as soon as possible and at least within 24 hours if the incident includes any of the following:
 - Vomiting (except motion sickness)
 - Head injury
 - Consultation/visit with a medical professional
 - Serious Injury
- 11.6 For a visit made by Nursery children, the nominated First Aider for the visit will liaise very closely with the Deputy Nursery Manager to ensure that medical needs are clearly accounted for in planning, preparing and leading the visit. The advice and guidance of the School Nurse will be sought as appropriate. Parents will be informed as soon as possible.

Signed

Issue Date: October 2020

Review Date: October 2021 or earlier if major change requires

Mrs Kathryn Gorman

Head