FIRST AID POLICY
AND REPORTING PROCEDURE

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FIRST AID POLICY AND REPORTING PROCEDURES

The **First Aid** procedure at Queen's Park Academy is in operation to ensure that every pupil, member of staff and visitors to the Academy will be well looked after in the event of an accident, no matter how minor or major.
In the event of an accident all members of the Academy should be aware of the support available and the procedures available to activate this.

1. The purpose of the Policy is therefore:

a) To provide effective, safe First Aid cover for pupils, staff and visitors.
b) To ensure that all staff and pupils are aware of the systems in place.
c) To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents

NB The term FIRST AIDER refers to those members of the school who are in possession of a valid First Aid at work certificate or equivalent.

This policy is based on advice from the Department for Education (DfE) on first aid in schools and health and safety in schools, and guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety (First-Aid) Regulations 1981, 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
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, 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
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

2. First Aiders will:

a) Ensure that their qualification is always up to date. First Aiders should refer to the training schedule kept by Queen's Park Academy.
b) The Lead First Aider will ensure pupil Epipen information and Individual Health Care plans are displayed in the office and on Medical Tracker.

c) The Lead First Aider will ensure all staff receive annual Epipen training or other training to meet needs of specific pupils
d) Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or emergency services.
e) Help fellow First Aiders at an incident and provide support during the aftermath.
f) Act as a person who can be relied upon to help when the need arises.
g) Insist that **any** casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital; ensure that parents are aware of **all** head injuries promptly.
h) Ensure that a child who is sent to hospital by ambulance is either:
    - Accompanied in the ambulance at the request of paramedics.
    - Followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted.
    - Met at hospital by a relative/named carer
i) The First Aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent.
j) Keep a record of each student, member of staff or visitor attended to, the nature of the injury and any treatment given, in the book provided in the First Aid Room. In the case of an accident, the Accident Book must be completed by **The Lead First Aider and HR Academy Lead.**
k) Ensure all pupils that receive a head injury are given a blue wrist band with the date and time of injury on. Assess if the child is going home with a visible mark and ensure a phone call to parent/carer is made if required.
l) If the child has sustained any injury which you would consider fairly major, such as nasty head bumps, significant bleeding, deep cuts or abrasions, bruising or visible swelling that does not subside fairly quickly it is better to err on the side of caution and call parent/carers.
m) Inform the Principal, who will in turn inform the Director of Estates, if any adult or child is taken to hospital. In the event of an overnight stay at hospital, a RIDDOR must be completed.
n) Ensure that everything is cleared away, using gloves, and every dressing etc. be put in a yellow bin for contaminated/used items. Any bloodstains on the ground must be cleaned using sanitizer concentrate available from the Site Manager. No contaminated or used items should be left lying around.
o) The Lead First Aider will ensure that first aid boxes are kept stocked.

3. The Local Academy Board will:

a) Provide adequate First Aid cover as outlined in the Health & Safety [First Aid] Regulations 1981.
b) Monitor and respond to all matters relating to the health and safety of all persons on school premises.
c) Ensure all new staff are made aware of First Aid procedures in school.

4. The Principal and Lead First Aider will:

a) Ensure that in the event of an injury, the student **must** be referred to a First Aider for examination.
b) At the start of each academic year, provide the First Aid Team with a list of students who are known to be asthmatic, anaphylactic, diabetic, epileptic or have any other serious illness.
c) Ensure all children with a long term health condition have an Individual Health Care Plan (See Appendix 5)

d) Ensure the school has a separate Allergy Policy and Managing Pupils with Medical Conditions Policy.
e) Ensure that a First Aid Needs Assessment is completed annually and whenever significant changes occur to staffing, pupil numbers, site layout or identified medical needs.
f) Ensure Individual Healthcare Plans will be reviewed at least annually and following any significant change in medical need.

5. All staff will:

a) Familiarise themselves with the first aid procedures in operation and ensure that they know who the current First Aiders are and the location of First Aid Boxes
b) Support the First Aiders in calling for an ambulance or contacting relatives in an emergency
c) Be aware of specific medical details of individual students.
d) Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
e) Reassure, but never treat a casualty unless staff are in possession of a valid Emergency Aid in Schools Certificate or be trained in the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.
f) Pupils who feel generally 'unwell' should not be referred to a First Aider unless there is a cause for concern.
g) Have regard to personal safety.
h) Staff will refer to a first aider to request permission from the Parent/Carer to administer paracetamol or other medication if a care plan is in place.

6. Offsite activities

At least one first aid kit will be taken on all off-site activities, along with individual pupil's medication such as inhalers, epipens etc.

A person who has been trained in first aid will accompany all off site visits. If any child is required to go to hospital, the Lead First Aider must stay with the main group and send an alternative adult to accompany the casualty.

7. Residential Trips

Parents will complete the medical questionnaire either paper copies or via Microsoft Forms. Medications to be administered whilst away to be handed to/collected from First Aider at start/end of trip and to complete 'Medication for Residential' Form (Appendix 2) to be completed.

8. Administering Medicine

Prescription medication will be administered where it is necessary for a pupil's health and wellbeing during the school day, subject to written parental consent. Parents must complete the 'Medication in School' form (Appendix 1). The dispensing label must be 'prescription only' and must state the pupil's correct name and still be in date. A correct medicine spoon must also be provided. When a First Aider is not trained to administer medicine, the pupil will be directly supervised at all times by an adult whilst they are taking their own medicine.

Any non-prescription drugs or analgesics brought into school are to be agreed at the discretion of the Principal. Written permission and directions for administration must be provided by the parents, before the first dosage is required. If there is a need for a child to take long term regular medication, an Individual Healthcare Plan will be drawn up.

Dosage and time taken must be recorded on medical tracker.

9. Storage of Medicines

Epipens and inhalers are kept in the main office, which is unlocked, on shelves, labelled with name/class of the child. All other medication is kept in a locked cupboard or a locked fridge if appropriate.

10. Training

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

All first aiders must have completed a 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.
The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

11. Reporting to the HSE

The Principal will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
The Principal will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences
These include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding) which:

- Covers more than 10% of the whole body's total surface area; or
- Causes significant damage to the eyes, respiratory system or other vital organs
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - 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

- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Principal will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident

- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
    - Carpal tunnel syndrome
    - Severe cramp of the hand or forearm
    - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
    - Hand-arm vibration syndrome
    - Occupational asthma, e.g. from wood dust
    - Tendonitis or tenosynovitis of the hand or forearm
    - Any occupational cancer
    - Any disease attributed to an occupational exposure to a biological agent

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

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment

*An accident "arises out of" or is "connected with a work activity" if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)
-

Information on how to make a RIDDOR report is available here:
How to make a RIDDOR report, HSE
http://www.hse.gov.uk/riddor/report.htm

12. First Aid Equipment

The lead first aider will ensure that the first aid kits are fully stocked and all school medication and equipment is in date and in useable condition.
School will keep 4 additional Epipens on site in accordance with the allergy policy – 2 to remain in school at all times and 2 to be taken on trips.
An additional asthma inhaler is kept in school and only to be administered under direction of 999 or with parental permission.

An AED defibrillator is kept in the main school office. This is tested annually by the site manager and is available to all staff to use in case directed by a 999 operator.

13. Epilepsy

This epilepsy statement has been written in line with information provided by Epilepsy Action, students and parents.

This statement applies equally within the school and at any outdoor activities organised by the school. This includes activities taking place on the school premises, and residential stays. Any concerns held by the pupil, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place.

Queen's Park Academy recognises that epilepsy is a common condition affecting children and welcomes all children with epilepsy to the school. This statement ensures all relevant staff receive training about epilepsy and administering emergency medicines. All new staff and supply staff will also receive appropriate training.

When a child with epilepsy joins Queen's Park Academy or a current pupil is diagnosed with the condition, the Lead First Aider will arrange a meeting with the pupil and the parents to establish how the pupil's epilepsy may affect their school life. This should include the implications for learning, playing and social development, and out of school activities. They will also discuss any special arrangements the pupil may require, for example extra time in exams. With the pupil's and parent's permission, epilepsy will be addressed as a whole-school issue through assemblies and in the teaching of PSHE or citizenship lessons. Children in the same class as the pupil will be introduced to epilepsy in a way that they will understand. This will ensure the child's classmates are not frightened if the child has a seizure in class. The school nurse or an epilepsy specialist nurse may also attend the meeting to talk through any concerns the family or school staff may have, such as whether the pupil requires emergency medicine. The following points in particular will be addressed.

Record keeping - During the meeting school staff will agree and complete a record of the pupil's epilepsy and learning and health needs. This document may include issues such as agreeing to administer medicines and any staff training needs. This record will be agreed by the parents, and the health professional, if present, and signed by the parents and associate principal. This form will be kept safe and updated when necessary. Staff will be notified of any changes in the pupil's condition through regular staff briefings. This will make staff aware of any special requirements, such as seating the pupil facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson.

Medicines - Following the meeting, an individual healthcare plan (IHP) will be drawn up. It will contain the information highlighted above and identify any medicines or first aid issues of which staff need to be aware. In particular it will state whether the pupil requires emergency medicine, and whether this medicine is rectal diazepam or buccal midazolam. The IHP will also contain the names of staff trained to administer the medicine and how to contact these members of staff. First aid - First aid for the pupil's seizure type will be included on their Independent Healthcare Plan and all staff (including support staff) will receive basic training on administering first aid. The following procedure giving basic first aid for tonic-clonic seizures will be prominently displayed in relevant classrooms.

Do…

- Protect the child from injury (remove harmful objects from nearby)
- Place something soft, such as a folded sweater, under their head
- Help the child to breathe by gently placing them in the recovery position once the seizure has finished

- Stay with the child until they come round and are fully recovered
- Be calmly reassuring

Don't…

- Restrain the child's movements
- Put anything in the child's mouth
- Try to move them unless they are in danger
- Give the child anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if…

- The seizure continues for more than usual for that child or longer than five minutes
- One seizure follows another without the child regaining consciousness in-between
- The child is injured during the seizure
- The child has difficulty in breathing
- You believe the child needs urgent medical attention

Sometimes a child may become incontinent during their seizure. If this happens, try to put a blanket around them when their seizure has finished, to avoid potential embarrassment. First aid procedures for different seizure types can be obtained from the school nurse, the pupil's epilepsy specialist nurse or Epilepsy Action.

Learning and behaviour -Queen's Park Academy recognises that children with epilepsy can have special educational needs because of their condition (Special Educational Needs Code of Practice). Following the initial meeting, staff will be asked to ensure the pupil is not falling behind in lessons. If this starts to happen the teacher will initially discuss the situation with the parents. If there is no improvement, then discussions should be held with the Inclusion Team and school nurse. If necessary, a Pupil Passport will be created and if the Inclusion Team thinks it appropriate, the child may undergo an assessment by an educational psychologist or neuropsychologist to decide what further action may be necessary.

School environment – Queen's Park Academy recognises the importance of having a school environment that supports the needs of children with epilepsy. A medical room is kept available and equipped with a bed in case a pupil needs supervised rest following a seizure.

APPENDIX 1

QUEEN'S PARK ACADEMY
Administration of Prescribed / Analgesic Medicines

To: Mrs Simmons, Principal

My child has been diagnosed as suffering from ……

……
He / She is considered fit for school but requires the following prescription medication to be administered during school hours.

DETAILS OF PUPIL
Surname……

Forname(s) …… Male/Female

D.O.B. …… Class ……

MEDICATION
Name/Type of Medication (as described on container) ……

Date dispensed …… Expiry date ……

For how long will your child take this medication? ……

FULL DIRECTIONS FOR USE
Dosage and method ……

Timing (eg lunch time) .....

Special precautions (if any).....

Side Effects (if any) .....

Self-Administration Y/ N

CONTACT DETAILS

Name ..... Relationship to Pupil .....

Daytime Tel No .....
Address .....

I understand that I must deliver the medicine personally to the school office and accept that this is a service that the school is not obliged to undertake.

Date ..... Signature(s) .....Parent/ Carer

APPENDIX 2

QPA RESIDENTIAL MEDICATION ADMINISTRATION

Child's Name: _____ Class: _____

Medication Name: _____

Dosage Instructions: _____

Side Effects (if any) _____

Additional Instructions_____

Date	Time given	Signature	Time given	Signature	Time given	Signature
Day 1 / Date:						
Day 2 / Date:						
Day 3 / Date:						
Day 4 / Date:						
Day 5 / Date:						

I give consent for school staff to administer the medication as per instructions above.

Signed _____ Parent / Carer Date _____

APPENDIX 3

Reporting and Recording of Accident and Incidents
Accident/Incident including Dangerous Occurrence and physical assault in School suffered by Pupil/Employee/Visitor

Minor Injury

Complete Accident Form

Inform Parent/Carers

Reportable Incidents:

An accident that involves an employee being incapacitated from work for more than 7 consecutive days.
An accident which requires admittance to hospital for in excess of 24 hours.
Death of an employee.
Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine.
For non-employees and pupils an accident will only be reported under RIDDOR:
where it is related to work being carried out by an employee or contractor and the accident results in death or major injury, or;
It is an accident in school which requires immediate emergency treatment at hospital

Inform Parents/Carers. Complete form F2508

APPENDIX 4

First Aid Box – location

Office

Cookery Room

Servery

Minibus

APPENDIX 5

Individual Healthcare Plan (Not for allergies – see allergy policy)

Pupil information

Pupil's name:	
Group/class/form:	
Date of birth:	
Pupil's address:	
Medical diagnosis or condition(s):	
Date:	
Review date:	

Family contact information

Name:	
Phone number (work):	

Home:	
Mobile:	
Relationship to pupil:	
Name:	
Phone number (work):	
Home:	
Mobile:	
Relationship to pupil:	

Clinic/hospital contact

Name:	
Phone number (including extension):	

Pupil's GP:

Name:	

Phone number (including extension):	

Pupil's medical needs

Description of the pupil's symptoms, triggers, signs, facilities, equipment or devices, environmental issues, etc.:	

Description of the pupil's medication, including dose, method of administration, when it should be taken, all side effects relating to the medication, contraindications, administered by/self-administered with/without supervision:	

If the pupil's medication is stored at the school, where is it located, who has access, and how is it stored?	

Who is responsible for administering medication to the pupil, has this been authorized by parents/the headteacher? **If the pupil is self-managing their medication, this should be clearly stated**	

Daily care requirements

Does the pupil require any change to their routine, e.g. amended eating times?	

Does the pupil require any extra care when eating, what care is required?	

Include details of how the pupil's routine will be monitored to help manage their condition:	

Physical activity

Are there any physical restrictions caused by the pupil's medical condition?	

Include details of any extra care required before, during or after physical activity:	

Arrangements for school visits and trips

Does the pupil need additional care when attending a trip or visit away from the school, who will be responsible for this care?	

Include details of what care the pupil needs, e.g. when and where the care will need to take place, and what medication or equipment will be required?	

Staff training

Who will be responsible for administering extra care to the pupil, including cover?	

Will these people require extra training, if so what training will be required?	

Has the training been completed and signed off by the headteacher and a healthcare professional?	

School environment

Does the school environment have any affect on the child's medical condition?	
How does the school environment affect the pupil's medical condition?	
What reasonable adjustments can be put in place to mitigate the risk of these affects?	

Other information

Who is the responsible person in an emergency?	
What constitutes an emergency, e.g. symptoms?	
What procedure should be followed in an emergency?	
Specific support for the pupil's educational, social and emotional needs, e.g. how will catching up with lessons, absences and rest periods be handled?	
Form copied to, the information in this IHP will remain private and confidential – consider when sharing this information how relevant it is to the recipient:	

Signed: Parent / Carer:
Name …… **Signature……..**
School:
Name……. **Signature……**