

KEW COLLEGE PREP

First Aid Policy

This policy applies to the whole school including the EYFS

This policy is published on the Kew College Prep website and is also available to parents from the School Office upon request.

The policy is written with due regard to the following: Department for Education non-statutory 'Guidance on First Aid for Schools'

See also the School's policies as follows: *Educational Visits Policy, Supporting Pupils with Medical Conditions and Administration of Medicines Policy*

Definitions or abbreviations used in this policy EYFS: Early Years Foundation Stage RIDDOR: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 The School: Kew College Prep

1. POLICY STATEMENT

It is Kew College Prep's policy that:

- there is a sufficient number of trained personnel, equipment and information available to ensure the competent administration of first aid and the effective implementation of the First Aid Policy
- a qualified First Aider is always available during normal hours to attend an incident beyond the competence of a 'Competent Person'

We follow the Department for Education non-statutory 'Guidance on First Aid for Schools'

2. RESPONSIBILITIES UNDER THE POLICY

2.1 The Head of Finance & Operations is responsible for:

- assessing risks
- appointing sufficient first aiders & competent persons
- organising appropriate training and refresher courses
- monitoring accident and dangerous occurrence reports
- ensuring that there are sufficient first aid notices posted

2.2 Qualified First aiders are responsible for:

- giving immediate help to casualties with common injuries or illnesses
- summoning further medical help, if necessary

• reporting details of treatment provided in the accident book

2.3 Competent persons and Sports First Aiders are responsible for:

- taking charge when someone is injured or becomes ill
- giving immediate help to the level to which they have been trained
- ensuring that further help is summoned, if necessary
- reporting details of treatment provided in the accident book

2.4 All members of staff are responsible for:

- providing assistance to pupils with minor injuries such as those that are regularly experienced in the playground when children run into each other or fall
- ensuring that help from a first aider or competent person is summoned if necessary
- reporting accidents and dangerous occurrences that they witness
- reporting details of accidents witnessed and of treatment provided by them in the accident book

3. FIRST AIDERS, COMPETENT PERSONS and SPORTS FIRST AIDERS

3.1 There are four types of first aider and competent persons at Kew College Prep:-

- Qualified First Aiders (First Aid at Work qualification) can provide first aid assistance in almost all situations likely to occur at Kew College Prep
- Qualified First Aiders (Paediatric First Aid qualification) can also provide first aid assistance in most situations likely to occur at Kew College Prep but in particular to younger children in our EYFS classes. Paediatric First Aiders are considered to be Qualified First Aiders
- Competent Persons (Emergency First Aid at Work qualification or Emergency Paediatric First Aid qualification) can provide first aid assistance in most situations likely to occur at Kew College Prep and are able look after someone who is unconscious until further assistance arrives
- **Sports First Aiders** can recognise and provide assistance for accidents and illnesses commonly occurring in people undertaking exercise and are able to look after someone who is unconscious until further assistance arrives

At any one time during normal School working hours, one Qualified First Aider will be the Primary First Aider, responsible for assessing all bumped heads, and providing treatment to nearly all cases that happen on School premises. The Primary First Aider will be based in the School Office.

See clause 4.1 for minimum numbers of first aiders compared with people on site and clause 4.3.

A person qualified in paediatric first aid will always be in School when EYFS children are due to be in School and will always accompany EYFS children on Educational visits. There is always at least one person with a first aid qualification at the Games Field when children are present, usually with a Sports First Aid qualification.

- **3.2** All First Aiders and Competent Persons, including those with the qualification in Sports First Aid, are able to recognise and manage any immediately life-threatening conditions which may include administering lifesaving medication such as EpiPens and inhalers.
- 3.3 All First Aiders, Competent Persons and Sports First Aiders have attended an approved course in First Aid. First Aiders have gained a nationally-accepted First Aid at Work certificate, or a nationally accepted Paediatric First Aid certificate of competence in emergency first aid techniques for children but the skills learned are transferable to all ages. Competent Persons have gained a certificate of competence in Emergency First Aid techniques. Sports First Aiders have gained a certificate in Sports First Aid. All First Aiders, Competent Persons and Sports First Aiders have to undertake refresher training every three years. (see 7. Training)
- **3.4** Notices with name of those qualified in First Aid are placed around the school. An up-to-date list of qualifications held is maintained by the Head of Finance & Operations.
- **3.5** All staff will be invited to specialist anaphylaxis training once a year, in addition to any training they have received during their three-year first aid course. All teaching staff and those working in the School Office will be expected to undertake specialist anaphylaxis training at least once every three years.

4. PLANNING FIRST AID PROVISION

4.1 Number of Occupants

There must always be at least one person on the school premises who is trained in Paediatric First Aid while there are any children from EYFS classes in school. In addition, there must always be one person who is trained in Paediatric First Aid accompanying EYFS children on outings.

The minimum level of provision for occupants older than EYFS children at either site and at the Games Field during normal working hours should be as follows:

Number of occupants	Number of	Number of Qualified
	Competent Persons	First Aiders
10 – 25	1	0
26 – 50	2	0
51 - 100	2	1
101 – 200	3	1
201 - 300	2	2

At the swimming pool, sufficient lifeguards are provided by the Pool. One Kew College Prep First Aider or Competent Person or Sports First Aider will be among the staff supervisors at all times that pupils are in the water.

4.2 Hazards

As a primary school there should never be areas where activities with significant accident risks take place.

4.3 Out-of-hours working

Kew College Prep does not guarantee that First Aiders or Competent Persons will be available out of normal working hours. However, if there is a significant after hours event including numerous staff or children, a first aider will be present.

4.4 Foreseeable absences of First Aiders

Holidays, sick leave, work commitments away from the person's usual location have to be taken into account when calculating levels of provision.

4.5 Review

The arrangements will be reviewed annually at the beginning of each academic year.

5. EQUIPMENT

5.1. First Aid Boxes

At least two First Aid Boxes should be readily available in a building whilst the building is occupied.

First Aid Boxes are kept in the School Office, in the playground and in other clearly indicated places around the School.

The contents of First Aid Boxes should comply with Appendix 2

A travelling First Aid Kit should be taken on all outings.

A travelling First Aid Kit should be kept in the School's minibus.

Two First Aid Kits should be taken to the Games Field

5.2. Restocking

The Caretaker is responsible for regularly checking and replenishing First Aid Boxes. Boxes are to be checked weekly during term time. All members of staff using items from the First Aid Box should advise the Caretaker that additional supplies are needed.

5.3. Supplies for First Aiders

First Aiders should each have easy access to a stock of basic first aid dressings, gloves and materials for cleaning up after treatment of a casualty. Ice-packs for some sports injuries are held in the First Aid Cupboard in the School Hall and taken to the Games Field.

5.4 Defibrillator

A defibrillator is kept at the foot of the stairs at 26 Cumberland Road. The defibrillator has clear instructions including audible instructions. Qualified first aiders will all have received training in the use of a defibrillator as part of their training.

6. INFORMATION

6.1. Induction

All new staff, students and visitors in a department should be provided with information at induction on how to obtain first aid assistance. This information should cover:

- where to find information on children with serious medical needs including the procedure for children with emergency medication bags
- where to find information on First Aiders
- where to obtain a First Aid Box
- guidance on playground supervision (if applicable)
- 6.2. First Aid notices should be posted up in communal areas

Notices should be easily recognisable through use of the standard First Aid symbol (a green cross) & provide information on:

- who the First Aiders are
- the location of a First Aid Box

7. TRAINING

7.1. All First Aiders, Competent Persons and Sports First Aiders must attend an assessed training course to be recognised as a First Aider, Competent Person or Sports First Aider. First Aiders, Competent Persons and Sports First Aiders must attend and pass a refresher course every 3 years to retain their qualification.

8. RECORDS

8.1 Any treatment required will be recorded on the SchoolBase medical module by the primary first aider, or the person providing the treatment. Any treatment resulting from an accident or will also have the details of the accident recorded. The parents will receive an automated email informing them. Where unexpected treatment is required away from School, the

details of treatment and any related accident will be recorded in a small accident book which is taken on all off-site trips, including the Games Field. On return to school this information is transferred to SchoolBase by the Primary First Aider or a person who was with the group away from School. In all cases where the treatment &/or accident was of a more serious nature, a more personal message will be sent to the parents, or they will be telephoned as soon as practical.

8.2 First Aid

A SchoolBase treatment form, and accident form where appropriate, should be completed every time any First Aider, Competent Person or Sports First Aider provides assistance to a casualty, including when the problem was illness rather than accident. As well as the usual details of the accident (if appropriate) the name of the person giving First Aid and summary details of the treatment given should be recorded. Failure to obtain First Aid support when required should be reported as a dangerous occurrence.

8.3 Minor Incidents

A SchoolBase treatment and accident form should be completed every time any member of staff witnesses an accident in which a minor injury occurs, and any First Aid treatment is given or witnesses and incident requiring the intervention of a first aider. This will normally be completed by the person providing treatment.

8.4 Informing Parents

Parents/guardians will be informed by SchoolBase-generated email if a minor incident requiring First Aid has occurred during the day, on or off site. This includes if a choking incident had to be stopped by a blow to the back, or more advanced technique, or if life-saving medicine had to be taken more frequently than is usual for the child.

In the event of a more serious injury or illness, the parent/guardian will be informed immediately by telephone. Depending on the seriousness of the injury or illness, the parent/guardian might be asked to collect the child and take them home or to hospital.

In the event of a serious injury or illness that clearly requires urgent medical treatment, staff should call for an ambulance and immediately notify the child's parent/guardian. If the parent/guardian arrives at school in time, the child will be accompanied to hospital by the parent/guardian. If not, a member of staff should accompany the child to hospital and wait there until the parent/guardian arrives.

8.5 HEAD INJURIES

If a child's injury is to the head then **they must be attended by the primary first aider and** the accident section of SchoolBase must be completed and the email to parents sent.

Children receiving a minor head injury will be given a wristband to wear for the rest of the day as a sign for members of staff to remain vigilant. This also acts as a reminder to parents.

Parents must always be informed as soon as possible if there has been a significant head injury (e.g. high velocity injury such as on a sports field or children running at speed; a significant haematoma (bump) that doesn't go down quickly; a large cut; or if knocked out even if only for a second – see *Appendix 3* for NHS guidance.

Parents must be informed immediately if any child suggests that they are feeling unwell after a head injury. The overriding judgement is that if in any doubt at all don't take a risk with a child and call the parents.

8.6 Reporting to RIDDOR

The School is aware of the requirement to report to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) under the Health and Safety Executive (telephone 0845 300 9923) any death, notifiable major injury requiring hospital treatment, or reportable disease affecting staff, pupils or visitors to the School. RIDDOR reports are made by the Head of Finance & Operations.

8.7 Pupils with particular medical conditions

The School keeps records of children with particular medical conditions (e.g. Asthma, Epilepsy, severe allergies and diabetes) and all staff are made aware of these on a special Medical Alert sheet, which is kept in all classrooms, staff rooms and offices in the school. Any necessary medication for these children (epiPen, Inhalers and diabetes) is kept in a bag. Infant children's medicine is kept in a yellow bag, stored on a hook in their classrooms, and junior children's medicine is kept in a black bag worn on their waists. All bags move from lesson to lesson with the children across all the school sites including Learning Support, Music and LAMDA. They should also go the playground during all breaks, and to early morning and After School Clubs including Siblings Club. In the case of inhalers and epiPens, any spares brought into school or purchased by the School will be kept in the Medical Room and other designated areas. The School keeps one spare inhaler in each of its four buildings in a yellow bag hung on the wall. Nominated staff will be trained to deal with Epilepsy and Diabetes if a child has either of these conditions (see list on **13c**). Other medication needed during the day is kept in the Medical Room which can be accessed by a code on the door handle known to all staff.

Staff taking groups out of school for any reason must always check the Alert Sheet before leaving school and ensure that they have the necessary items with them, with a clear indication to all staff involved in the outing of what the risk is and how to administer medication if necessary. Off-site accident books should also be taken; information about all unplanned treatment and accidents should be transferred to SchoolBase on return to School.

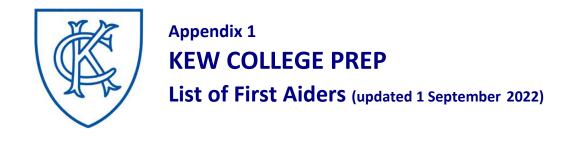
8.8 Hygiene procedures for dealing with the spillage of body fluids

First Aid Boxes contain protective gloves for staff to use when tending to casualties. These should always be used. In addition, any spillage of body fluids should be thoroughly cleaned up and disinfected at the time of the incident. If the First Aider or Competent Person is unable to attend to this, the Caretkaer should be called immediately so that the area can be

cleaned and disinfected. Soiled clothing should be put into a plastic bag, sealed and returned to the child's parent/guardian at the end of the day.

8.9 Parents should be asked not to bring children to school within 24 hours of vomiting, within 48 hours of a diarrhoea incident, and while infectious if a child has illnesses such as chicken pox, mumps etc). Parent are advised via the Parents' Handbook about the procedure if head lice are discovered on a child.

Approv	ved by:	Reviewed by:
Name:	Jane Bond	Name: Jim Francis
Title:	Head	Title: Head of Finance & Operations
Date:	19 Sep 2024	Date: 19 Sep 2024



See: 13c List of Staff with Paediatric and Other First Aid Training



Appendix 2 KEW COLLEGE PREP First Aid Equipment Recommended contents for a standard First Aid Box

ItemGuidance leafletGuidance leafletSterile plastersSterile eye padsTriangular bandagesSafety pinsMedium wound dressingLarge Wound dressingCleansing wipesDisposable gloves

These are recommended contents only. An assessment may conclude some additional materials or equipment would be useful, e.g. round-tipped scissors, adhesive tape etc.



Appendix 3 KEW COLLEGE PREP

NHS Guidance on Symptoms of a Severe Head Injury

Go to A&E if a person has had a head injury and has

- been knocked out but have now woken up
- vomited (been sick) since the injury
- a headache that does not go away with painkillers
- a change in behaviour, like being more irritable or losing interest in things around you (especially in children under 5)
- been crying more than usual (especially in babies and young children)
- problems with memory
- been drinking alcohol or taking drugs just before the injury
- a blood clotting disorder (like haemophilia) or you take medicine to thin your blood
- had brain surgery in the past

The person could have concussion. Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks.

You should also go to A&E if you think someone has been injured intentionally.

- Call 999 if a person has hit their head and has:
- Been knocked out and not woken up
- Difficulty staying away or keeping their eyes open
- A fit / seizure
- Fallen from a height more than 1 meter or 5 stairs
- Problems with their vision or hearing
- A black eye without direct injury to the eye
- Clear fluid coming from their ears or nose
- Bleeding from their ears of bruising behind their ears
- Numbness or weakness in part of their body
- Problems with walking, balance, understanding, speaking or writing
- Hit their head at speed, such as in a car crash, being hit be a car or bike or a diving accident

• A head wound with something inside it or a dent to the head

Last NHS review: 7 June 2022: next review August/September 2025.

Accessed from http://www.nhs.uk/Conditions/Head-injury-severe-/Pages/Introduction.aspx