



PROSPECT HOUSE  
SCHOOL

FIRST AID POLICY

SEPTEMBER 2023

This policy is one of a number of Prospect House policies concerned with health and safety. Please also see Health & Safety Policy, Risk Assessment Policy and Educational Visits Policy.

This policy applies to all staff and pupils, including pupils in the EYFS. It reflects the requirements in Section 3 – The Safeguarding and Welfare Requirements - of the Statutory Framework for the Early Years Foundation Stage 2021 .  
<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

It also reflects the guidance in ‘First aid in schools, early years and further education’, 2022  
<https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education>

It provides basic information on first aid and medical procedures to be adopted within the school.

## 1 THE ACCIDENT BOOKLET

### Accidents

1.1 All accidents to pupils must be recorded in the school accident book/online accident document. Staff accidents will be recorded on iSams

1.2 The accident booklet must be filled in carefully and concisely to describe the injury, the treatment administered, the circumstances of the accident and any communication with parents.

1.3 There are also additional accident books for games and trips which must be taken on any outing that is away from the school building.

## 2 WHEN TO REPORT AN ACCIDENT – RIDDOR REPORTING

2.1 In specific instances the school may need to make a report for the purposes of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). All RIDDOR reports must be made within ten days of the accident occurring.

2.2 The Riddor report will be completed by one of the office staff only after consultation with the head or deputy head. It is easiest to report reportable incidents on the web at <http://www.riddor.gov.uk/reportanincident.html>. Any report made online must also be printed out and filed.

2.3 The Health and Safety Executive has useful advice on when a report must be made; <http://www.hse.gov.uk/pubns/edis1.pdf> see this HSE guidance or telephone the HSE guidance line on 0845 300 9923.

2.4 If there is doubt as to whether to make a RIDDOR report the managing governor should be consulted. In such instances of doubt, the school will usually report via RIDDOR, unless upon enquiry to the HSE it is advised it need not do so.

### 3 First Aid Training

3.1 All permanent staff (and in some instances temporary staff) are required to undergo first aid training within the first year of their employment. All staff have regular refresher training to keep their qualifications up to date. Staff need to be aware that this training and further updates may take place at weekends or in the school holidays. The following staff are required to have the three day 'First Aid at Work' certification.

- Heads and deputy heads
- PE staff
- School secretaries
- Selected SLT members

3.2 Many other staff will also have this full qualification. All other teachers, at the direction of each school's head, will undergo two or one day training sessions leading at the very least to the recognised paediatric certificate.

3.3 At least one person with full first aid qualification is required in school at all times when children are present and on trips when children are offsite.

3.4 Staff working in the EYFS must hold a recognised current paediatric first aid certificate. At least one person who has a current paediatric first aid certificate must be on the premises, or on an outing, at all times when EYFS children are present.

3.5 A list of staff and their training is maintained by the bursary/head of finance. All staff therefore have access to the list.

3.6 If the school enrolls a child with a specific medical condition e.g. diabetes or epilepsy additional training will be given to staff.

3.7 A number of staff are also trained in Mental Health First Aid for adults and children to help support the wellbeing and mental health of pupils and staff.

### 4 First Aid Boxes

4.1 First Aid boxes are located as shown in the school's Appendix I.

4.2 The member of staff responsible for the maintenance and replenishment of First Aid boxes is also named in each school's Appendix I. Members of staff must inform that staff member if items need replacing. There are also checklists attached to the First Aid boxes, which must be completed if items are used.

4.3 The member of staff responsible for the First Aid Boxes will check the boxes every two weeks.

### 5 Minor Accidents to Children

5.1 Any child with an injury that needs treatment in the office, such as a head injury or an injury where the child will need to be monitored, should be sent to the school office accompanied by another child. This will be recorded in the accident book and the child will be given a copy of the slip to take home. Minor injuries which can be treated in the playground with the first aid kit will be carried out by a member of staff

on duty. In the Upper School, this will be recorded in the online accident book. At the Lower School, this will be recorded in the playground incident book, or the accident book if the child requires a slip to take home. A minor injury is one that may safely and with confidence be treated and resolved within each school, using basic and minimal first aid.

5.2 Staff must wear disposable gloves if bleeding is taking place.

5.3 A form teacher must be notified if a child in his or her class has had an accident during the day.

This will normally be done by the member of the office staff who has treated the child. It is unacceptable for a child to go home with an injury without any explanation being given to the parent. Form teachers must ensure that minor injuries are mentioned to the adult collecting the child at the end of the day.

5.4 Children requiring further treatment after a minor accident may be sent home as soon as a parent or other responsible adult (nominated by the parent) is available.

5.5 With some minor accidents it may still be advisable to telephone parents to advise them of the accident even if the child does not need to be sent home.

## 6 More serious accidents

6.1 In the case of accidents to pupils the following procedure should be followed:

- Keep other pupils away and send a message to the office immediately.
- If unqualified in First Aid, a member of staff who is so qualified must be called to assess the situation before the child is moved.
- Never attempt to move anyone who may be seriously hurt.
- If the accident is of a very serious nature an ambulance must be called, and when calling the emergency service a paediatric ambulance should be requested. Any member of staff may call an ambulance, if it is considered to be necessary. If possible, the head, or a senior member of staff, should be notified when the summons of any ambulance is required.
- Parents must be notified as soon as possible, preferably by a senior member of staff, of any accidents or injuries sustained by a child whilst in the school's care, and of any first aid given.
- A careful note of the time of the accident should be made and the attending member of staff should be prepared to comment on the child's condition during the minutes before the paramedics arrive. A member of staff should accompany the child in the ambulance if the parents have not been able to get to the school in time.
- If there has been any form of accident an accident form must be completed as soon as practicable after the accident.

## 7 Accidents to staff

7.1 The same procedure should be followed with accidents to members of staff as for accidents to children.

7.2 Any accident to a member of staff involving personal injury must be reported to the office and must be recorded in the accident booklet.

7.3 Staff should ensure that the office has the emergency details of someone who may be contacted in the event of an emergency.

#### Head injuries

7.4 Head injuries are serious and especially so in children. If there is a head injury of any kind a member of staff, usually the member of staff who witnessed the injury, must, in addition to completing an accident form, promptly make contact with the child's parents. This is to ensure parents are informed of a bump to the head or an injury to the face in order to allow them the opportunity to take their child to their own doctor should they wish to do so and so that they may be vigilant for any signs of concussion in the hours following the incident. The Accident form will also be sent home with the child. All accident forms for head injuries should be sent home in a blue envelope.

7.5 Injuries to the head or face should also be reported to the head or a senior member of staff.

#### 8 Soiling

8.1 When soiling accidents occur, it is upsetting for the child and should therefore be dealt with sensitively by members of staff. Preferably, the child should be attended to by staff with whom he or she is familiar. If intimate areas of the child need to be washed there should be more than one member of staff present and permission should be sought from the child to help him or her be cleaned. The child should be encouraged to do as much as possible without staff help.

8.2 The child should be given items of spare clothing. When practicable, the child's garments can be washed in the school machine, and sent home in a bag with a request for the school garments to be returned to school, washed and ironed, as soon as possible.

#### Spillage of body fluids

8.3 Single use disposable gloves must be worn when dealing with blood or other body fluids. Basic hygiene procedures must be followed and care must be taken when disposing of equipment/materials contaminated by body fluids. These must be disposed of in sealed bags and placed in an appropriate refuse container.

### 9 MEDICAL MATTERS

#### 9.1 Medical Forms

9.1.1 The parents of every new child are required to complete a medical form, giving medical information. They are also advised to let the school know of any new medical matters.

9.1.2 Within the first week of term medical forms will be checked by each school's office, a note made of any potential problems and information will be available to all staff on Faculty, regardless of whether they teach that child. Medical information will be updated when necessary and new information will be given to the staff, including kitchen staff.

9.1.3 Staff must be aware of all children within the school at which they teach who suffer from allergies, not only the children that they teach regularly.

9.1.4 Medical forms are kept in the child's file in the office.

## 9.2 Illness

9.2.1 When a pupil becomes ill at Prospect House, the following procedure should be followed:

a) The sick pupil should go to the office accompanied by another child or a member of staff.

b) The secretary will deal with minor complaints and make a judgement as to whether to contact the pupil's parents.

c) Parents must be contacted as soon as it is judged that a pupil is too ill to stay at school. If it is impossible to contact parents (or the emergency contacts whom the parents have nominated) immediately, regular efforts to contact them must be continued. The child can lie down on the medical bed, if necessary, until he or she can be taken home.

d) Any member of staff may call an ambulance but if possible the head or a senior member of staff should be consulted.

## 9.3 Medicines and administration of these

9.3.1 The usual advice from doctors is that children who are unwell should not be in school. However, children may need medicine while they are at school to cope with an allergy or chronic illness (such as diabetes or asthma) or because they are recovering from a condition which requires the completion of a course of treatment involving antibiotics. No medicine must be administered at school without a signed and dated consent form from the child's parents or guardian. These forms are kept in each school's office and can also be downloaded, typically by a parent, from each school's website. (See Appendix II for each school)

9.3.2 If medicines are to be administered at Prospect House School, the following procedures must be adopted:

1. No staff should ever give medication of any kind (including Optrex eye lotion, throat lozenges, creams, Calpol or similar) to a child without the prior consent of the parent. In almost all instances, the office staff will be responsible for administering medicines.

2. The smallest practicable amount of the medicine should be brought into the school by the parent, with clear written instructions for administration as also recorded on the Administering Medicine form (see Appendix II). This must be lodged with the

secretary. The medicine will then be kept in the school office or segregated in a refrigerator to which children do not have access.

3. The medicine will be self-administered by the child whenever possible, under the close supervision of the school secretary.

4. Whenever medicines are administered, the time and the dosage must be recorded forthwith on the administering medicines form. The administration of the dose must be advised in writing by handing over a copy medicine administration form to the parent or carer collecting the child.

5. In the event of a child feeling unwell, the child's teacher can request the school office (or the school secretary may in these circumstances decide) to telephone the parent to discuss the matter and to obtain permission to administer a paediatric analgesic such as Calpol. The Administering Medicines form should be completed to await the parent collecting the child and must be signed by the parent when he or she collects the child.

9.3.3 Certain children (very few numbers) suffer from Diabetes Type I and therefore require the administration of the hormone insulin during the school day. Where this is necessary, the schools secretarial staff and the child's form teacher will be trained to administer this medication. The Administering Medicines form is still required.

#### 9.4 Anaphylaxis Policy

9.4.1 All medical forms are checked on an annual basis at the start of the September term (or on admission if a child joins the school part way through an academic year). A record of all children who are known to suffer from anaphylactic shock is kept by the school and displayed in appropriate locations. It is the responsibility of all teaching, lunch, office and peripatetic staff to make themselves aware of any child who is at risk of suffering anaphylactic shock and to be aware of the procedure to follow in the event of a child showing symptoms.

9.4.2 EpiPens and other medication of known anaphylaxis sufferers must be readily available, at all times, in case of emergencies. For children in the Lower School, there should be one pen kept in the classroom and a second pen kept in the office. For children in the Upper School who move around the school building, they will carry both their EpiPens with them both inside and in the playground. They must be clearly labelled with the name of the child. Spare EpiPens can be located in the school office. Staff must ensure that on occasions when children leave the school premises, e.g. sport, field trips, visits etc, the appropriate medication is taken.

#### 9.5 Prevention of anaphylactic shock

9.5.1 In order to minimise exposure to triggers of anaphylactic shock (e.g. nuts / egg / wasp or bee stings), staff must be vigilant when:

Cooking

Supervising lunch

Taking children on outings

End of term parties are taking place

Washing hands: it can take only a trace on a sufferer's lips to produce an allergic reaction.

## 9.5.2

9.5.3 Prospect House School has a strict 'no nuts' policy – however staff should still be vigilant, as parents can forget and may include items such as peanut butter in snacks.

9.5.4 In the event of anaphylactic shock the following protocol should be observed:

9.5.5 For known cases of children who are allergic to nuts/eggs/wasp/bee stings:

- At first signs which may include itchy skin/swelling to tongue/runny nose/ eyes, the member of staff must take the child to the office.
- Office staff will notify the head, or a member of the SLT, immediately.
- If the child's face or lips begin to swell or there is any sign of breathing difficulty **DO NOT DELAY – ADMINISTER THE EPIPEN** according to training given. This is in the upper quadrant of the thigh or buttock. The pen must be depressed into the skin for at least 10 seconds.
- Call 999, telling the ambulance service that you have a child in anaphylactic shock. This is the responsibility of a) office, or b) staff in attendance – either way, ensure the call has been made.
- After calling 999, then contact parents/emergency numbers and let them know what has happened and to which hospital the child has been taken (if known).
- A member of staff must accompany the child to hospital if the parent has not arrived.
- If the ambulance is delayed in arriving and there has been no improvement after 10 minutes, then administer a second EpiPen.

9.5.6 All incidents of anaphylactic shock must be recorded in the Accident Book.

## 9.6 Asthma Policy

9.6.1 The check of the medical forms should also reveal those children prone to asthma attacks.

9.6.2 Inhalers belonging to known asthmatics must be supplied to the school by his or her parents. Such an inhaler must be readily available, at all times, in case of emergency. Inhalers are kept in the school's offices. In the Lower School, a second inhaler for each child may be kept in the child's classroom if necessary. In the Upper School, the children will carry a second inhaler with them. All inhalers must be clearly labelled with the child's name and dosage and upon receipt of an inhaler from a parent, the office staff should check the inhaler is marked prominently with the child's name and that a completed and signed Administration of Medicines form is on file. Inhalers must be taken to games (in the first aid box) and also on school outings. On residential trips



two inhalers should be taken, one to be kept in the child's bag and one to be carried by the child's teacher or group leader.

9.6.3 In the event of a minor attack, the child should be accompanied to the office by a member of staff or the office staff asked to collect the child. In this event the following symptoms will occur:

The child:

- Will be able to continue with the task in hand
- Can still concentrate
- Does not disturb school activities
- Recognises that he/she is having an attack and may start own treatment, i.e. blue reliever inhaler
- Gets better quickly

9.6.4 In the event of a severe attack, the following symptoms will be evident:

- Treatment for minor attack does not work
- Child distressed, unable to talk
- Breathing fast > 40/min
- Coughing and wheezing
- Fast heart rate > 120/min
- Blue lips

Do not delay: Dial 999 and say that it is an emergency – child with severe asthma attack

- Call the child's parents
- At the same time, stay calm and reassure child
- Keep child in upright position (do not allow the child to lie down, as this restricts breathing further). The child may feel more comfortable sitting with arms resting over the back of a chair
- Stay with the child until the ambulance arrives
- If the parent has not arrived, a member of staff must accompany child in ambulance to A&E

9.6.5 NB Such an attack is a frightening experience for the child, so try to stay calm to prevent panic in the child increasing and thus making the situation worse.

9.6.6 All incidents should be recorded in the Accident Book.

## 9.7 Infectious Diseases

9.7.1 Prospect House School follows advice from its health authority. If a member of staff is concerned that a child is suffering from an infectious disease or has returned to school too soon after suffering from such a disease, he or she must notify the head immediately.

9.7.2 Staff should notify the head of any infectious disease that comes to their attention, as there may well be members of the school community who may be adversely affected. Similarly, any member of staff who believes herself to be pregnant should inform her head at the earliest opportunity so that, should the school become aware of any infectious disease, this can immediately be brought to the expectant mother's attention and the situation assessed for risk.

9.7.3 As basic good hygiene practice and also to prevent the spread of disease, staff should be vigilant about washing their hands and should ensure that children also frequently wash their hands, especially before consuming food.

9.7.4 Tissues should be available in classrooms at all times; children should be encouraged to use them and to dispose of these appropriately.

## 9.8 Nits/Head Lice

9.8.1 If it is suspected that a child has nits or head lice, this should be treated with sensitivity so as to minimise embarrassment to the child. The child should be sent to the office and a member of the office staff will contact the parent.

9.8.2 If the child has live lice, then he or she will usually be sent home and a notification will be sent to the parents of the rest of the children in the class requiring all parents to treat all the children in the class, together with siblings. After any such infestation, the head may decide to mount a whole school inspection.