First Aid Policy Policy Date January 2024



1: First Aid Policy

This policy outlines Richard Challoner School's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors, and the procedures in place to meet that responsibility.

First Aid is the initial help a person gives a casualty for treatment of any sudden injury or illness, until professional help from external agencies like the paramedic service arrives, or the casualty can be given over to the care of a responsible adult who is entrusted with taking further medical advice where necessary.

2: Aims & Objectives

2.1 Aims

- To identify the First Aid needs in line with, and comply with:
 - o the Management of Health and Safety at Work Regulations (1992 and 1999)
 - Control of Substances Hazardous to Health Regulations (2002)
 - The Equality Act (2010)
 - The School Premises Regulations (England) (2012)
 - Guidance on First Aid in schools, early years and further education (2022)
 - o The Children and families Act (2014), Managing medicines on School Premises (2014)
- To make First Aid provision based on the school's internal risk assessment processes.
- To ensure that First Aid provision is available at all times while students and staff are on school premises, and also off the school premises whilst on school tips and extra curricula activities.

2.2 Objectives

- To appoint the appropriate number of suitably trained people as First Aid Manager and First Aiders to meet the needs of the School.
- To provide relevant training and ensure monitoring of the training needs of staff.
- To provide sufficient and appropriate resources and facilities.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

3: Responsibilities

3.1 The Governors are responsible for the health and safety of their employees and anyone else on the premises. This includes the Head and teaching staff, non-teaching staff, pupils and visitors (including contractors).

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The Governors must ensure that there is appropriate training for First Aid staff and that resources for First Aid are appropriate and in place. They should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

Any complaints regarding First Aid or administering medications should be made by following the procedure for complaints as set out in the school's complaint's policy, which can be found on the website.

3.2 The Deputy Headteacher (Neil Henderson):

is responsible for putting the policy into practice and for developing detailed procedures in Line Management of the First Aid Manager (Jo Morello).

3.3 Teachers and other staff:

are expected to do all they can to secure the welfare and safety of the students - this will be secured by:

- reading and understanding Individual Health Care Plans and Education Health Care Plans for SEN students as identified by the SENCO, of the students they teach and take out of school on trips and extra curricula activities;
- by reading and understanding this policy; by referring any concerns they might have about the health of a student to the school's safeguarding team;
- by enabling any child or young person who reports as feeling unwell to be assessed by a First Aider.

3.4 It is the parent/ carer's responsibility:

to send their child to school, and to make the decision as to whether their child is fit enough to attend school or not. They must also inform the office staff, of any changes in relation to their child's medical condition if and when changes occur in writing via email to the school office or MCAS.

Parent/carers are asked to complete a 'medical form' on induction, including medical needs and contact numbers. Any changes to this information must be notified to the school immediately. Where medication is supplied via the parent to the school for distribution at school, parent/carers have responsibility to note expiry dates and to ensure that all medication kept in school is within date. Medication supplies and expiry dates are also checked on a monthly basis by the school Office, and parents/career's will be contacted if necessary. Correct disposal of expired medication, will be made by the school office.

3.5 It is individual student's responsibility:

to manage their own indicators of health, ensuring that they report to an adult in the school if they feel unwell and that, where agreed, they manage their own medication; for example, reporting as appropriate to the First Aid room to measure bloods and take prescribed medication in the case of diabetes.

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3.6 The First Aider (usually, but not always, the office staff):

will notify parent/carers if their child is so unwell that they require collection from school. Students are not permitted to make this decision - they must not phone or text parent/carers and request to be collected. If a student is unwell, they must attend the medical room, located next to the school office, where they will be assessed and appropriate action taken.

3.7 First Aid Staff:

First Aiders in school cannot diagnose medical conditions. They are trained to assess whether or not a young person is fit enough to attend lessons. If this is deemed not to be so, it is the parent/ carer's responsibility to take over care of the student.

They will:

- Assess children and young people who present as feeling unwell and take appropriate action.
- Take charge when someone is injured or becomes ill.
- Look after the first aid equipment e.g. re-stocking the first aid boxes.

The First Aider must have completed and keep up-dated a training course approved by the HSE. They will:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards
 at school. Casualties with suspected fractures to back or neck injuries must not be moved unless the nurse
 or ambulance personnel are present; a medical assessment of all casualties must be undertaken before being
 moved and if any doubt, they should be treated in situ and not taken to the office.
- When necessary, ensure that an ambulance or other professional medical help is called.

4: Procedures

4.1 Risk Assessment Reviews: relating to the safety of the school site, are required to be carried out at least annually. Recommendations on measures needed to prevent or control identified risks are forwarded to the Governors or the Senior Leadership Team.

4.2 Re-assessment of First Aid provision

As part of the school's monitoring and evaluation procedures:

- The Bursar shall ensure review the School's First Aid needs following any changes to staff, building/site, and activities, off-site facilitate, etc
- The Bursar monitors the number of trained first aiders, alerts them to the need for refresher courses and organises their training sessions.
- The First Aid Officer checks the contents of the first-aid boxes monthly and ensures that all first aid procedures are being implemented correctly.

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4.3 Risk assessment

The school is low-risk environment, but SLT will consider the needs of specific times, places and activities in deciding on First Aid provision. In particular, they should consider:

- Off and On-site PE
- School trips
- Science/Technology/Art rooms Centre
- Adequate provision in case of absence, (including trips)
- Out-of-hours provision (e.g. clubs/events)

Arrangements should be made to ensure that the required level of cover of first aiders is available at all times when people are on school premises.

4.4 First Aid equipment

The First Aid Manager must ensure that the appropriate number of first-aid containers according to the risk assessment of the site are available.

All First Aid containers must be marked with a white cross on a green background.

The Premises Manager is responsible for ensuring that the school minibuses carry a First Aid container.

First Aid containers must accompany PE teachers and any staff leading school related activities offsite. Spare stock should be kept in school.

There are 4 defibrillators within the school grounds:

- 1. outside the main office (near the medical room),
- 2. outside the PE Office in the Humanities block of the school,
- 3. In the central area of the changing rooms on the back sports field
- 4. In the Pavilion

Staff have been appropriately trained in the use of this item. The premises manager checks the battery level on a monthly basis.

Yellow SHARPS boxes are kept, clearly labelled, for individual students for safe disposal of needles and other sharps.

Responsibility for checking and re-stocking the first aid containers is that of the First Aid Manager.

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5: Accommodation

The Medical room is used for assessment of students who are injured or who report that they feel unwell, and contains two medical beds, a fridge and a sink. Pupil medications that are stored in the medical room, are stored in a locked cupboard.

6: Hygiene / Infection Control

Single issue disposable gloves must be worn when treatment involves blood or other body fluids. Care should be taken when disposing of dressings or equipment.

There are special yellow boxes for the disposal of needles, for students with disorders such as diabetes who self-administer medicines under the supervision of a First Aider.

7: Accidents/injuries and illnesses

7.1 Reporting Accidents

Statutory requirements are followed under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some accidents must be reported to the HSE. For definitions, see HSE guidance on RIDDOR 1995.

Richard Challoner School buys back its Health and Safety service through the Royal Borough of Kingston upon Thames. All RIDDOR reporting is completed by RBK on the school's behalf. RBK uses an Accident Management System (AMS) as a portal for schools to report any significant injury that happens in school. Significant injury includes any accident or incident that results with a head injury, a broken bone or absence from school for more than 2 days. RBK will then decide if the incident is to be reported under RIDDOR.

The Governors must ensure that the school keeps a record of any reportable injury, disease or dangerous occurrence.

7.2 Record Keeping

Statutory accident records:

The Governors must ensure that the school keeps readily accessible accident records, written or electronic, and that they are kept for a minimum of three years. The governors will check the accident book each term and report to the full governing body that this has been done and if there is anything significant to note.

The first aider will complete an accident report as soon as practical after dealing with an accident/incident. The first aid report (appendix 1) must include the:

- date/time
- o the specific details of the injury and what the cause may have been
- any witnesses
- staff on duty/teacher taking the lesson

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- o follow up actions
- advice given to parents (if the child has been collected from school)

The first aid report will be sent to the Bursar in the first instance, and then onto the class teacher/Head of Year for comment if follow up advice or further investigation is required.

The First Aid Officer will ensure that the records are kept:

- a) as a hard copy to be viewed by the governors
- b) as an electronic copy, attached to the Bromcom medical tab on the school's MIS.

7.3 informing parents/carers

7.3a Parent/ carers will not be informed if the student has a minor complaint:

- Cuts and grazes that do not require professional attention.
- A sprain/ strain to ligaments or muscles where the student confirms that that initially reported pain has stopped and physical movement is not visibly hampered.

 ②A headache that goes away.

Students in our school are expected to take responsibility for their health and are therefore expected to inform parent/carer of any minor injury/ illness that has occurred during the school day.

7.3b Parent/carers will always be contacted, and every effort made to speak with them personally should a student:

- · Need to attend hospital.
- If an ambulance is called.
- Has a suspected contagious rash

 Has an injury to the head of any kind.
- Appear to be unfit to continue their day at school
- Who has an existing health care plan in place and is feeling unwell If the injury is more than minor, and was deemed not accidental.

7.4 Emergency injury or illness

An Ambulance will be called after any accident / incident if the Frist Aider in charge, deems it necessary to have immediate medical intervention. In the event this is deemed necessary the parent/carer will be contacted after the ambulance has been called.

A member of staff will always travel where possible in the ambulance to the accident and emergency department if the parent/carer is unavailable at the time of departure. If this arrangement is not required, verbal permission must be obtained from the Parent.

In this event the member of staff should a take a 'Student Details' sheet printed out from Bromcom so that relevant and up to date information can be given at the hospital.

8. EMERGENCY PROCEDURE FOR CALLING AN AMBULANCE

- 1. Dial 999
- 2. Ambulance required at: Richard Challoner School, Manor Drive North, New Malden, Surrey. KT3 5PE.

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- 3. Give brief details of accident or incident and the consequent injury or problem. Give details of any treatment that has or is being administered
- 4. Inform them that there is a main entrance and a pupil entrance, and direct them as required.
- 5. Notify the nearest SLT member immediately
- 6. Ensure that a person is available to meet the ambulance and take them to the place where the casualty is situated.

8.1 Cuts and grazes

All First Aiders will use latex free surgical gloves when treating any or potential open wound. Wounds will be cleaned with water and/alcohol free surgical wipes. If plasters, adhesive dressings or gauze bandages are used, students will be asked whether they are allergic to plasters before administration.

8.2 Head injury

Any student who reports a blow to the head will be asked the following set questions:

- How did it happen?
- When did it happen?
- · Where did it happen?
- · How do you feel?

The student will be monitored in the First Aid room for 20 minutes minimum for any signs of concussion.

If the injury is minor the student will return to normal lessons and the office manager (or one of the office staff in her absence) will message all the teaching staff that teaches that student during the remaining periods of the day, to say there has been a head injury, and the signs of concussion to watch out for. example below via Bromcom.

Please be aware that **School Office** attended the medical room today having suffered a knock to the head. He has been assessed and appears to be fine, but if you notice any of the following symptoms, please ask another student to accompany him to the medical room immediately:

- Drowsiness
- Feeling sick
- Double vision
- Unable to focus
- Any other symptom of concern

Thank you,

School Office

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The teacher will be advised to send the student straight back to the medical room, if any of the following signs or symptoms are reported by the student or observed by the member of staff:

- headache
- drowsiness
- confusion
- vomiting
- dizziness
- seizures
- breathing problems

The student will be given a leaflet (appendix 2) so they are aware of the signs of concussion themselves.

https://www.nhs.uk/conditions/head-injury-and-concussion/

Parent/carers will be informed by a phone call that a head injury is suspected.

If there are further concerns in school, parent/carers will be contacted to come and collect their child immediately. At this point advice will be given to the parent/carers to seek further professional medical advice.

8.3 Nausea/vomiting /diarrhea

Students who report feeling nauseous will be assessed in the First Aid room for a minimum of 20 minutes. If no further symptoms occur, they will be returned to normal lessons, and told to come back if they feel unwell again during the school day. If symptoms persist (or they are sick/have diarrhea) then parent /carer will be asked to come and collect their child. It is the school policy that when a child has either been physically sick/has diarrhea they must be kept at home for 48 hours following either the end of the sickness or the return to a normal temperature.

Off Site Provision

When taking student off site (i.e. for a residential trip, sports fixture or other school trip), appropriate medical and contact details for all students must be available to the staff supervising and appropriate medical supplies (such as inhalers, EpiPens etc.) must be checked and spares carried as necessary. It is the responsibility of the staff supervising the students to ensure that they are familiar with any specific medical needs. Staff should make appropriate arrangements for medical supplies (including a First Aid kit) and ensure there is an appropriate First Aider present for sports fixtures.

Review Date: January 2024 Review Cycle: Annual



Richard Challoner School FIRST AID REPORT

Appendix 1

Forename:	Surname: Year / Age:				
Student: Staff:	Contractor:	Pa	rent: Visitor		
DETAILS OF THE INCIDENT					
Date: Time: Location:					
Date: Location: Location:					
Description of injury (including side of body where appropriate) and details of First Aid given:					
What caused the incident?					
Part Injured	Type of Injury	l c	ause		Action
Finger / Thumb	Cut	THE PERSONNELS OF THE PERSONNE	iolence		First Aid administered
Hand	Graze / Bruise	GARAGRAMINISTRATION CONT.	lip / Trip / Fall		Sent to Hospital
Arm	Fracture		trike by moving object		H&S Advisor Informed
Head	Dislocation	V	Noving / Lifting		Sent Home
Eye	Burn / Scald	Commence of Street	ollision		Ambulance called
Neck	Burn / Chemical	A CONTRACTOR OF THE PARTY OF TH	Machinery / Equipment		Parents informed
Chest	Crushing		and power tools	***************************************	
Back	Puncture / Bite	Delivers of the same of the same of	hemicals	and the same of th	Form emailed to:
Leg / Ankle	Strain / Sprain	Constitution of Street	lectricity		Year Leader
Foot	Loss of Consciousness	Contraction of the last	ire _	an a succession	Senior Finance Officer
No apparent injury Other:	No apparent injury Other:	Committee of the last	port	00.00	Headteacher
Other.	Other: [Other:		riedatederici
Severity Follow-up notes / action required to prevent a re-occurrence:					
Major Injury	Tollow-up flotes / a	iction rec	dired to prevent a re-	occu	rrence.
Time off Work / School					
Dangerous Occurrence					
Minor Injury					1.
Violence					1
Near Miss					
Any severity highlighted above in red should be reported immediately to the RBK Health & Safety					
Name of person who This person has a current					
administered first aid:					t aid qualification:
Name of person					
completing this form:					Date:



Health A-Z (Link: www.nhs.uk/conditions/)

NHS services (Link: www.nhs.uk/nhs-services/)

Live Well (Link: www.nhs.uk/live-well/)

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Head injury and concussion

Most head injuries are not serious, but you should get medical help if you or your child have any symptoms after a head injury. You might have concussion (temporary brain injury) that can last a few weeks.

Go to A&E if:

You or your child have had a head injury and have:

- · 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

You or your child 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.



Find your nearest A&E (Link: https://www.nhs.uk/Service-Search/Accident-and-emergency-services/LocationSearch/428)

Call 999 if:

Someone has hit their head and has:

- · been knocked out and has not woken up
- · difficulty staying awake or keeping their eyes open
- · a fit (seizure)
- fallen from a height more than 1 metre 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 or 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 by a car or bike or a diving accident
- · a head wound with something inside it or a dent to the head

Also call 999 if you cannot get someone to A&E safely.

Help from NHS 111

If you're not sure what to do, call 111 or get help from 111 online (Link: https://111.nhs.uk/).

NHS 111 can tell you the right place to get help.

How to care for a minor head injury

If you have been sent home from hospital with a minor head injury, or you do not need to go to hospital, you can usually look after yourself or your child at home.

You might have symptoms of concussion, such as a slight headache or feeling sick or dazed, for up to 2 weeks.

Do

- hold an ice pack (or a bag of frozen peas in a tea towel) to the area regularly for short periods in the first few days to bring down any swelling
- rest and avoid stress you or your child do not need to stay awake if you're tired
- take painkillers such as paracetamol (Link:) for headaches
- make sure an adult stays with you or your child for at least the first 24 hours

Don't

- 🗙 do not go back to work or school until you're feeling better
- ★ do not drive until you feel you have fully recovered
- 😠 do not play contact sports for at least 3 weeks children should avoid rough play for a few days
- do not take drugs or drink alcohol until you're feeling better
- 🗶 do not take sleeping pills while you're recovering unless a doctor advises you to

See a GP if:

- your or your child's symptoms last more than 2 weeks
- you're not sure if it's safe for you to drive or return to work, school or sports

Page last reviewed: 26 October 2021 Next review due: 26 October 2024