



The Children's House

First Aid Policy

ISI code: 13a

This policy should be reviewed annually and as required by legislation.		
Action	Reviewer	Date
Review	KO	Feb 2020
Approved by Chair of COM	DB	Feb 2020
Date for next internal review		Feb 2021

Reviewed policy published on:	
Website	✓
Portal	✓
Dropbox	✓



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FIRST AID POLICY

The school is committed to safeguarding the welfare and wellbeing of every child. The following Policy and Procedures have been agreed by the Council of Management and Head Teacher and will be reviewed on an annual basis and more frequently if required.

First Aiders:

The fully qualified First Aiders are:

Nursery School

Sue Garcin
Salima Keshavjee

Upper School

Kate Orange
Ainsley Stocker

All other staff in the school hold a current Paediatric First Aid qualification.

First aid qualified staff will update their qualification once every three years.

First Aid Supplies:

The contents of first aid kits follow HSE recommendations and the school will maintain a First aid checklist of its supplies.

The following members of staff are responsible for monitoring and maintaining First Aid supplies and checking their expiry dates:

Nursery School: Jane Clifford

Upper School: Ainsley Stocker

Health and Safety:

All staff will be responsible for risk assessing activities at all times, as described in the school's Health and Safety and Risk Assessment Policies. Written risk assessments will be carried out by staff according to the school's Risk Assessment and Outings policies. Staff must wear disposable gloves if they are handling spillage of blood or body fluid and hygiene/disposal procedures will be followed according to the school's Health and Safety Policy.

Any sharps used will be disposed of via ambulance crew or local pharmacy sharps bin.

Records will be kept for minimum of 3 years.

Children with medical conditions:

As described in the school's Medicine Policy, children with medical conditions or severe allergies are identified on the Medical Alert List and long-term prescribed medication is kept in school on their behalf. Responsibility lies with the child's teacher to ensure planned activities are made safe in terms of human and general resources and the environment.



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What happens if a child has a minor accident in school?

- Member/s of staff to make area safe
- Call First Aider immediately to assess and treat if necessary e.g. cold compress for a bump
- Child's teacher or supervising teaching assistant to record in Accident Book
- If an accident has been dealt with by someone other than the class teacher, the class teacher must be informed as soon as possible
- Child's teacher to inform parent/carer at collection time and request their signature against entry in Accident Book.
- **If a child has a head bump in school, it is the school's Policy to contact the child's parents immediately so that the child can be collected. The Head Bump Alert form will be completed by child's teacher and given to the collecting adult.**

What happens if a child has a major accident in School?

- Member/s of staff to make area safe
- Call First Aider/s immediately to assess situation and begin treatment
- Designated member of staff to call emergency services (999) immediately
- Staff to create privacy around the injured/unwell child, removing other children to a different part of the building to ensure their security and comfort
- The school to notify parents immediately that the emergency services have been called. A log of events will be made.
- If ambulance arrives before parents Kate or Salima will accompany child to hospital. A mobile phone will be used in ambulance to maintain contact between parents and school.
- If parent arrives alone to meet ambulance, Kate or Salima will offer to accompany them to the hospital

Follow Up:

- Accident Book to be completed and log details attached
- Maintain contact between the family and the School
- Offer counselling to members of staff/children
- Notify relevant authorities (see below)

What happens if a child becomes unwell in School?

- If the child is obviously unwell, a designated member of staff will contact the child's parents to collect the child as soon as possible
- If a member of staff thinks that a child has a fever, the class teacher or Head/Assistant Head will take the child's temperature using the school's electronic thermometer. If the temperature is higher than 37 degrees Celsius, the time and temperature will be recorded on the school's record sheet. The teacher will take the child's temperature ten minutes later and if it has risen, will continue to monitor at ten-minute intervals



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- If a child's temperature is higher than 38 degrees Celsius, it is officially a fever. The child's parents will be contacted immediately and arrangements will be made to send the child home
- If child has a temperature, staff will take steps to reduce it (remove child's clothing, give a cold drink, mop brow etc). **NOTE:** The School is **not** permitted to administer Calpol or any form of non-prescribed medication to a child **except** in extreme circumstances when Calpol can be administered with written parental consent (see medicine policy)
- The child will be cared for in a quiet room and, if necessary, additional privacy will be provided by a screen. If isolation is required, the upstairs staff room at the Nursery/the office at the Upper School will be used. When a child is being kept in isolation in the Upper School office, the door between the office and the Reception classroom will be kept open so that there is immediate access to a sink. The sink area is screened from the rest of the classroom.
- If a child becomes very unwell in school, call Emergency Services and parents/carer immediately
- If an ambulance arrives before parents, Kate or Salima will accompany the child to hospital. A mobile phone will be used in the ambulance to maintain contact between the parents and the school
- If a parent arrives alone to meet the ambulance, Kate or Salima will offer to accompany them to the hospital.

Follow Up: as above

What happens if a child in our care has a Medical Emergency outside the School?

- Member/s of staff to make area safe
- Call First Aider/s immediately to assess situation and begin treatment
- Designated member of staff to call the Emergency Services immediately. (A mobile phone accompanies all outings. See 'Outings Policy')
- Designated member of staff to contact child's parents and the School
- Where a child has a medical condition necessitating an Individual Care Plan, the Care Plan Procedures will accompany all Outings
- Senior member of staff to accompany child to hospital until such time as parents arrive
- In the event of an accident outside the school involving more than one child and/or members of staff, a senior member of staff on the outing to notify the School Administrator at the relevant site (Sue or Ainsley) who will contact parents/families immediately

Follow Up: as above.

Asthma Protocol:

Children with asthma will have a Health Care Plan and their own labelled medication kept in their classroom, lunchroom and taken on outings. The school keeps an emergency



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salbutamol inhaler and in the event that the following signs and symptoms occur and the child's inhaler is not immediately accessible, the following procedure will be followed:

General Signs and Symptoms:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Unable to speak in full sentences
- Younger children may complain of tummy ache

General Management:

- DO NOT LEAVE PUPIL
- Call for help from staff first aiders
- Sit the child up, loosen tight clothing
- Ensure child takes 2 puffs of emergency salbutamol inhaler preferably through a spacer
- Reassure
- If there is no improvement after 10 minutes or the child's condition worsens (increasing breathlessness, unable to talk, blue tinge to lips) call 999
- Keep taking 1 puff of the inhaler every 1 minute until the ambulance arrives
- Contact parents/carers immediately

Notifying Riddor:

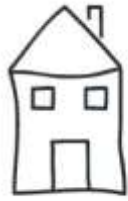
Riddor (HSE) to be notified without delay and followed up in writing within ten days on Form 2508 if an accident that resulted in the death or injury, arose out of or was connected with a work activity. Road traffic accidents are exempt.

- the death of a child whilst in our care, or later as a result of something that happened while the child was in our care
- death or serious accident or serious injury to any other person on our premises
- serious injuries (see Appendix 1 below)
- where a child in our care needs to go to an A&E department of a hospital and requires hospitalisation for more than 24 hours, either directly from our provision or later, as the result of something that happened while the child was in our care
- concussion eg if a child hits their head with us and child is still suffering from initial injury several days later necessitating parents to take child to hospital
- any significant event that is likely to affect our suitability to care for children

When to notify other agencies:

- Islington Safeguarding Children's Board to be notified of any serious accident, injury to or death of a child whilst in our care at the Nursery or in Reception.

What happens if a member of staff, parent or visitor requires medical assistance whilst on school premises?



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- Fully qualified First Aider to be called immediately to assess situation and begin treatment if necessary
- Designated member of staff to call ambulance if required.
- A member of family or close friend will be contacted as soon as possible without delay
- Senior member of staff to accompany in the ambulance

Follow Up:

- A record of any first aid treatment given by First Aiders will be made, including date, time and place of incident; name of injured or ill person; details of the injury/illness and what first aid was given; what happened to the person immediately afterwards (eg went home, resumed normal duties, went to hospital); name and signature of the First Aider who dealt with the incident
- Riddor (HSE) to be notified without delay and followed up in writing within ten days on Form 2508 if an accident results in:
 - Death
 - major injury
 - over 7-day injury, where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
 - where there is an accident connected to the work activity which causes injury to pupils, members of the public or other people not at work and they are taken from the scene of an accident to hospital; and specified dangerous occurrences where something happens that does not result in an injury but could have done.

Note: Road traffic accidents are exempt.

KEY CONTACTS:

Islington Safeguarding Children's Board: 020 7527 4209

Riddor: Reports online. For reporting fatal and major injuries **only** call Incident Contact Centre on 0845 300 9923

This Policy was reviewed, amended and agreed by the Council of Management in February 2020. It will be reviewed again in one year's time.

Dawn Brindle

Agreed by _____ Chair of the Council of Management



APPENDIX 1

Serious injuries are defined as, but not limited to:

- broken bones or fracture;
- loss of consciousness
- pain that is not relieved by simple pain killers
- acute confused state; persistent severe chest pain or breathing difficulties
- amputation
- dislocation of any major joint
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- injury resulting from electric shock or electrical burn leading to unconsciousness or requiring resuscitation or hospitalisation for more than 24 hours
- any other injury leading to hypothermia, heat-induced illness or unconsciousness or requiring resuscitation
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent
- medical treatment or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- medical treatment where there is reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material.

Minor injuries are defined as, but not limited to:

- sprains, strains and bruising
- cuts and grazes
- wound infections
- minor burns and scalds
- minor head injuries
- insect and animal bites
- minor eye injuries
- minor injuries to the back, shoulder and chest