



## Hilltop First School and Foundation Stage First Aid Policy 2022

|                           |                 |
|---------------------------|-----------------|
| <b>SLT responsibility</b> | LB              |
| <b>Reviewed by:</b>       | LB, Governors   |
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| This form should be used in all instances where there has been a work-related accident, incident or near miss involving staff, clients, pupils, visitors or contractors. Acts of aggression against staff should also be reported on this form. Certain work-related injuries must be reported to the HSE. Please see Code of Practice 001 .... |   |
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## 1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

## 2. Legislation and guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#), [health and safety 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
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

## 3. Roles and responsibilities

In schools with Early Years Foundation Stage provision, at least 1 person who has a current paediatric first aid (PFA) certificate must be on the premises at all times. Beyond this, in all settings – and dependent upon an assessment of first aid needs – employers must usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. However, the minimum legal requirement is to have an ‘appointed person’ to take charge of first aid arrangements, provided your assessment of need has taken into account the nature of employees’ work, the number of staff, and the location of the school. The appointed person does not need to be a trained first aider.

### 3.1 Appointed person(s) and first aiders

The appointed person for First Aid is Mrs Wheeler. In her absence, another member of the office team will act in this role. This person is responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Notifying the Headteacher if in their opinion a pupil should be sent home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)

Our school’s first aiders’ names are displayed prominently around the school together with the details and dates of their qualifications.

### **3.2 The local authority and governing board**

RBWM has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board. The governing board delegates operational matters and day-to-day tasks to the Headteacher and staff members.

### **3.3 The governing board**

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Head Teacher and staff members.

### **3.4 The Headteacher**

The Head Teacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that team leaders undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

### **3.5 Staff**

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 2) for all incidents where they administer any first aid
- Informing the Head Teacher or their manager of any specific health conditions or first aid needs which they become aware of.

## **4. First aid procedures**

### **4.1 In-school procedures**

In the event of a minor injury such as but not limited to a graze, scratch or bump:

- The closest member of staff present will assess the child and offer comfort or reassurance
- All members of staff are able to clean minor injuries, administer plasters and provide ice packs.
- Older pupils are encouraged to have a go at wiping grazes themselves if no further first aid is required
- Where first aid has been administered by a member of staff, that member of staff will record the incident together with any treatment in the accident record book and a Minor Injury Form (appendix 3) which will be sent home to parents/carers

In the event of a head bump:

- The child should be asked to sit down and take a rest
- A cold compress may be placed on the bump if there is any sign of bruising or swelling or if the child is showing any distress or signs of discomfort
- Where the child experiences mild symptoms, the parent/carer will be telephoned to inform them of the incident and in some cases will be advised to fetch their child if it is felt that they are not fit to remain in school. Minor symptoms include:
  - o a mild headache
  - o nausea (feeling sick)
  - o mild dizziness
  - o mild blurred vision

- If the child's symptoms get significantly worse, parents/carers will be advised to take them straight to the accident and emergency (A&E) department. If parents/carers cannot be contacted, and ambulance will be called. Significant symptoms include:
  - unconsciousness – either brief (concussion) or for a longer period of time
  - fits or seizures
  - problems with the senses – such as hearing loss or double vision
  - repeated vomiting
  - blood or clear fluid coming from the ears or nose
  - memory loss (amnesia)
- In all cases of a head bump, a 'head bump' sticker will be given to the child alerting all adults to be aware in case of any changes in the child through the rest of the day. This sticker will also alert the adult who is fetching the child from school.
- All head bump incidents will be recorded in the accident record book along with any first aid or follow up care

In the event of an accident resulting in serious injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, they will notify the Headteacher or other member of the senior leadership team who will authorise for parents to be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the Appointed Person will contact parents immediately
- The First Aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.
- 

There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

## **4.2 Off-site procedures**

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the trip leader prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage. Where events have been coordinated and are being run by another school on their site or by the Windsor Schools Sports Partnership (WSSP) team, they will take responsibility for first aid once the event has begun.

## **5. First aid equipment**

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins

- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors

*Individual pupil inhalers are kept in the first aid locker located closest to the relevant classroom.*

First aid kits are stored in:

- Reception (at the desk)
- Wall mounted lockers located in each Key Stage wing
- The school kitchens – responsibility of catering company
- All lunch staff carry mini first aid kits on their person to deal with minor injuries.

## **6. Record-keeping and reporting**

### **6.1 First aid and accident record book**

- An accident form will be completed by the First Aider on the same day as the incident and sent home with the pupil.
- Where a pupil has bumped their head, they will be given a 'head bump' sticker so that all staff are aware of the incident later in the day
- All head bump incidents will be recorded in the Head bump record book held centrally in the school office
- A record of any injury requiring first aid and any follow up treatment will be made in the First Aid record book.
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of within 10 years.

### **6.2 Reporting to the HSE**

The finance manager will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The finance manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences 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)
  - Any scalding 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- 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

### **6.3 Notifying parents**

- Parents will be informed of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable – usually this will be in written form via a Minor Injury form (Appendix 3)
- Parents will be informed of head bumps by telephone wherever possible

### **6.4 Reporting to Ofsted and child protection agencies**

The headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

### **7. Training**

All school staff are encouraged to undertake basic 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 (see appendix 3).

Staff are encouraged to renew their first aid training when it is no longer valid.

At all times, at least 1 staff member with a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework will be present with the EYFS children. This certificate is updated at least every 3 years.

### **8. Monitoring arrangements**

This policy should be reviewed annually by the Headteacher and approved by Governing body

### **9. Linked policies**

This policy should be read in conjunction with

- Health and safety policy and processes
- Managing Medical Conditions in School Policy
- Children with Health Needs who Cannot Attend School Policy

Appendix 1: Template of Current First Aiders (see Single Central Record)

| THE SCHOOL'S FIRST AIDERS ARE: |          |          |          |             |
|--------------------------------|----------|----------|----------|-------------|
| Surname                        | Forename | Position | Training | Expiry Date |
|                                |          |          |          |             |
|                                |          |          |          |             |
|                                |          |          |          |             |
|                                |          |          |          |             |
|                                |          |          |          |             |
|                                |          |          |          |             |
|                                |          |          |          |             |
|                                |          |          |          |             |
|                                |          |          |          |             |
|                                |          |          |          |             |

| THE SCHOOL'S FIRST AID BOXES ARE LOCATED: |                                                                                                           |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| FOUNDATION STAGE:                         | on wall by Fire Extinguisher ( <i>between office and Foxglove</i> )                                       |
|                                           | on cupboard between Primrose and Snowdrop classrooms                                                      |
|                                           | on wall outside of toilets opposite Foxglove Room                                                         |
| KEY STAGE 1/2:                            | on wall between Heather and Bracken Room entrances                                                        |
|                                           | on wall between Sundew and Snowdrop Room entrances                                                        |
| KEY STAGE 1/2:                            | on wall by Alder Room entrance                                                                            |
|                                           | on back wall of Hazel Room                                                                                |
| ADMIN OFFICE:                             | on wall on your left as you walk in the office                                                            |
| STAFF ROOM:                               | by the pigeon holes                                                                                       |
| OTHER:                                    | First aid pouches in both Fire Warden bags ( <i>not to be used except in the event of an evacuation</i> ) |

|                                                                                                       |
|-------------------------------------------------------------------------------------------------------|
| THE SCHOOL'S DEFIBRILLATOR (AED) IS LOCATED IN THE STAFF ROOM AS YOU GO THROUGH THE DOOR ON THE RIGHT |
|-------------------------------------------------------------------------------------------------------|

|                                                                                                   |
|---------------------------------------------------------------------------------------------------|
| The Appointed Person who takes charge of an Emergency is:                                         |
| MS LYNN BIMA, HEADTEACHER, OR<br>MS JULIET WRIGHT / Mrs Romanay-Bhatt, ASSISTANT HEAD<br>TEACHERs |

## Appendix 2: accident / near miss report form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>ACCIDENT/INCIDENT/NEAR MISS REPORT FORM</b></p> <p>This form should be used in all instances where there has been a work-related accident, incident or near miss involving staff, clients, pupils, visitors or contractors. Acts of aggression against staff should also be reported on this form. Certain work-related injuries must be reported to the HSE. Please see Code of Practice 001</p> <p><b>Complete all sections, keep the original and send a Copy to the Health &amp; Safety Team or contact a Health &amp; Safety Advisor on 01628 796111/796107</b></p> | <p>The Royal Borough</p>  <p>Windsor &amp; Maidenhead</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|

| DETAILS OF PERSON INJURED/ASSAULTED                                                                                                                                            |  |                                                           |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|--|
| Forename:                                                                                                                                                                      |  | Surname:                                                  |  |  |
| Address:                                                                                                                                                                       |  | Date of Birth:                                            |  |  |
|                                                                                                                                                                                |  | Age:                                                      |  |  |
|                                                                                                                                                                                |  | Sex:                                                      |  |  |
|                                                                                                                                                                                |  | Job Title (or Client, student, visitor, contractor, etc): |  |  |
| Postcode:                                                                                                                                                                      |  |                                                           |  |  |
| Telephone No:                                                                                                                                                                  |  | Team/Department:                                          |  |  |
| Place of Work:                                                                                                                                                                 |  | Directorate/Service Area:                                 |  |  |
| DETAILS OF ACCIDENT/INCIDENT/NEAR MISS                                                                                                                                         |  |                                                           |  |  |
| Date of accident/ incident/near miss _____ Time _____ AM/PM                                                                                                                    |  |                                                           |  |  |
| Address where accident/incident/near miss occurred:                                                                                                                            |  |                                                           |  |  |
| Precise place (e.g. kitchen, classroom, etc.)                                                                                                                                  |  | Nature of injury (e.g. cut, bruise, fracture, etc.)       |  |  |
| Part of body affected:                                                                                                                                                         |  | Treatment given:                                          |  |  |
| DESCRIBE WHAT HAPPENED:                                                                                                                                                        |  |                                                           |  |  |
| Please give as much detail as you can, including names and parts played by any other persons (staff, client, pupil etc.) and identifying any substances or equipment involved. |  |                                                           |  |  |
| (Continue on a separate sheet if necessary)                                                                                                                                    |  |                                                           |  |  |

|                                                                                                                                                                                                                                 |                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Was the injured person taken to hospital?                                                                                                                                                                                       | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                               |
| Number of days absent from work:                                                                                                                                                                                                | No of Days.....<br>(If Over Seven days then reportable under RIDDOR)                                                                                                   |
| Did the injured person continue to work?                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                               |
| Did the injured person continue to work in their normal capacity?                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> If No How many days were they incapacitated .....<br>(If No for Over Seven days then reportable under RIDDOR) |
| Name and address of any witnesses:                                                                                                                                                                                              |                                                                                                                                                                        |
| Date informed HSE .....(0845 300 99 23 for Fatality or Major Injuries Only):<br>RIDDOR Reportable Accidents/Incidents Must be reported on line by going to - : <a href="http://www.hse.gov.uk/riddor">www.hse.gov.uk/riddor</a> |                                                                                                                                                                        |
| Reference number:                                                                                                                                                                                                               |                                                                                                                                                                        |
| <b>OBSERVATIONS OF MANAGER AND PROPOSED ACTION TO AVOID RECURRENCE</b>                                                                                                                                                          |                                                                                                                                                                        |
| General Observations:                                                                                                                                                                                                           |                                                                                                                                                                        |
| Is any remedial action required? Give an indication as to whether action has been/ is being taken (e.g. further training provided, further security arrangements, review of risk assessments and working arrangements etc.)     |                                                                                                                                                                        |
| Manager's name:                                                                                                                                                                                                                 | Job Title                                                                                                                                                              |
| Signature:                                                                                                                                                                                                                      | Date:                                                                                                                                                                  |
| Telephone No.:                                                                                                                                                                                                                  |                                                                                                                                                                        |

Appendix 3: Minor Injury form



MINOR INJURY AT SCHOOL

Name of child: .....

Class: .....



MINOR INJURY AT SCHOOL

Name of child: .....

Class: .....

|                                                                                                                                                                                                                                                                                                                                                            |  |                   |  |       |        |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|-------|--------|-------|
| Injury sustained:                                                                                                                                                                                                                                                                                                                                          |  | Cut               |  | Graze | Bruise | Other |
|                                                                                                                                                                                                                                                                                                                                                            |  | Head              |  |       |        |       |
|                                                                                                                                                                                                                                                                                                                                                            |  | Face              |  |       |        |       |
|                                                                                                                                                                                                                                                                                                                                                            |  | Body              |  |       |        |       |
|                                                                                                                                                                                                                                                                                                                                                            |  | Arm               |  |       |        |       |
|                                                                                                                                                                                                                                                                                                                                                            |  | Leg               |  |       |        |       |
|                                                                                                                                                                                                                                                                                                                                                            |  | Other             |  |       |        |       |
| Details of Injury:                                                                                                                                                                                                                                                                                                                                         |  |                   |  |       |        |       |
| Fell whilst playing/running inside                                                                                                                                                                                                                                                                                                                         |  | Insect bite/sting |  |       |        |       |
| Fell whilst playing/running outside                                                                                                                                                                                                                                                                                                                        |  | Splinter          |  |       |        |       |
| Bumped into object/another child                                                                                                                                                                                                                                                                                                                           |  | Sprain/strain     |  |       |        |       |
| Nosebleed                                                                                                                                                                                                                                                                                                                                                  |  | Other             |  |       |        |       |
| General first aid treatment given:                                                                                                                                                                                                                                                                                                                         |  |                   |  |       |        |       |
| Wiped clean with antiseptic wipes                                                                                                                                                                                                                                                                                                                          |  | Ice Pack          |  |       |        |       |
| Plaster/Dressing                                                                                                                                                                                                                                                                                                                                           |  | Other:            |  |       |        |       |
| Cold Compress                                                                                                                                                                                                                                                                                                                                              |  |                   |  |       |        |       |
| Time of Injury:                                                                                                                                                                                                                                                                                                                                            |  |                   |  |       |        |       |
| Treated by:                                                                                                                                                                                                                                                                                                                                                |  |                   |  |       |        |       |
| Date:                                                                                                                                                                                                                                                                                                                                                      |  |                   |  |       |        |       |
| <b>Warning about Head Injuries</b><br>In the case of any head injury it is important to remain alert for possible concussion. If your child becomes very drowsy, is sick, has a severe headache or cannot see properly, consult your doctor as a matter of urgency. If you are concerned about any other injury to your child, please consult your doctor. |  |                   |  |       |        |       |

|                                                                                                                                                                                                                                                                                                                                                            |  |                   |  |       |        |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|-------|--------|-------|
| Injury sustained:                                                                                                                                                                                                                                                                                                                                          |  | Cut               |  | Graze | Bruise | Other |
|                                                                                                                                                                                                                                                                                                                                                            |  | Head              |  |       |        |       |
|                                                                                                                                                                                                                                                                                                                                                            |  | Face              |  |       |        |       |
|                                                                                                                                                                                                                                                                                                                                                            |  | Body              |  |       |        |       |
|                                                                                                                                                                                                                                                                                                                                                            |  | Arm               |  |       |        |       |
|                                                                                                                                                                                                                                                                                                                                                            |  | Leg               |  |       |        |       |
|                                                                                                                                                                                                                                                                                                                                                            |  | Other             |  |       |        |       |
| Details of Injury:                                                                                                                                                                                                                                                                                                                                         |  |                   |  |       |        |       |
| Fell whilst playing/running inside                                                                                                                                                                                                                                                                                                                         |  | Insect bite/sting |  |       |        |       |
| Fell whilst playing/running outside                                                                                                                                                                                                                                                                                                                        |  | Splinter          |  |       |        |       |
| Bumped into object/another child                                                                                                                                                                                                                                                                                                                           |  | Sprain/strain     |  |       |        |       |
| Nosebleed                                                                                                                                                                                                                                                                                                                                                  |  | Other             |  |       |        |       |
| General first aid treatment given:                                                                                                                                                                                                                                                                                                                         |  |                   |  |       |        |       |
| Wiped clean with antiseptic wipes                                                                                                                                                                                                                                                                                                                          |  | Ice Pack          |  |       |        |       |
| Plaster/Dressing                                                                                                                                                                                                                                                                                                                                           |  | Other:            |  |       |        |       |
| Cold Compress                                                                                                                                                                                                                                                                                                                                              |  |                   |  |       |        |       |
| Time of Injury:                                                                                                                                                                                                                                                                                                                                            |  |                   |  |       |        |       |
| Treated by:                                                                                                                                                                                                                                                                                                                                                |  |                   |  |       |        |       |
| Date:                                                                                                                                                                                                                                                                                                                                                      |  |                   |  |       |        |       |
| <b>Warning about Head Injuries</b><br>In the case of any head injury it is important to remain alert for possible concussion. If your child becomes very drowsy, is sick, has a severe headache or cannot see properly, consult your doctor as a matter of urgency. If you are concerned about any other injury to your child, please consult your doctor. |  |                   |  |       |        |       |