



FIRST AID POLICY

This policy is applicable to all staff and children within the school, including the Early Years Foundation Stage (EYFS). This document is available in written format upon request and a copy can be located on the school's website.

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1 INTRODUCTION

The school has regard to the Department for Education guidance on first aid as follows:

- The school will make practical arrangements at the point of need.
- The school will provide the names of those qualified in first aid and ensure the requirement for updated training every three years is met.
- The school will ensure that at least one qualified person is present on site when children are present.
- The school will record how accidents happen and record that parent have been informed.
- The school will provide access to first aid kits.
- The school will make sure that first aid is administered in a timely and competent manner in line with this policy and by adequately trained staff, using appropriate equipment, for off-site activities as well as in the school itself.
- The school will make appropriate arrangements for children with particular medical conditions (for example, asthma, epilepsy, diabetes).
- The school will ensure that there is at least one qualified paediatric first aider on trips/visits out of school.
- The school will follow hygiene procedures for dealing with the spillage of body fluids.
- The school will provide guidance on when to call an ambulance.
- The school will have regard to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).



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Matron is in charge of medical issues and supported by deputies. Parents are welcome to contact the school at any time to discuss any concern that they may have relating to their child's health.

All new staff are given information on where to go for help in the event of an accident as part of their induction into the school.

Matron or the deputies are on duty when the school is open and are available to administer first aid, to deal with any accidents or emergencies, or to help if someone is taken ill. The school has numerous members of staff who are trained and qualified as paediatric first aiders, who are capable of giving first aid if, for example, a child is injured during play.

2 FIRST AID BOXES

First aid boxes are located in the main office, studio, coach house, school house and kitchen. All members of staff are aware of the location of the first aid boxes and have immediate access if necessary. First aid boxes are always taken when groups of children go out of school on organised outings or to participate in sporting events. Matron will re-stock these boxes.

Staff paediatric first aid training is reviewed and updated every three years.

The school will keep records of all accidents and injuries and ensure that they are reviewed regularly in order, where possible, to minimise the likelihood of recurrence. The records are kept in the Accidents and Injuries file.

3 ACCIDENT BOOK

All injuries, including bumps to the head and accidents that may result in subsequent visits to the GP or hospital are recorded. The staff member on duty must complete the form at the time and the parent or guardian must sign the entry at the time of collection.

4 NOTIFICATION TO PARENTS

We will always contact the parent, on the same day or as soon as reasonably practicable, if a child suffers anything more than a minor injury, or if he/she becomes unwell, or if we have any worries or concerns about his/her health, including infectious diseases, or if any first aid treatment has been given.

If a child has an accident/incident at school and it is usual for a Nanny/Au Pair and/or another member of the family to collect the child then it is imperative that the parent also be informed, by telephone, on the same day or as soon as reasonably practicable.

Incidents of infectious diseases will be posted on the doors relevant to the appropriate department in the school. This notice will include the date when the disease was first reported to the school.



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5 CHILDREN WITH EXISTING MEDICAL CONDITIONS

Children with existing medical conditions (for example, asthma, diabetes, epilepsy and so on) will be noted in the 'severe allergies/medical notable disorders' record. Copies of this record will be distributed to all appropriate members of staff and updated accordingly.

6 INTAKE OF NEW CHILDREN

As part of the admissions process, the school expects parents to notify us of children joining the school with medical conditions.

All children with either new or existing medical conditions such as asthma, diabetes, epilepsy and so on, will be recorded in the 'severe allergies/medical notable disorders' record. Copies of this record will be distributed to all appropriate members of staff and updated accordingly.

7 CARE PLANS – ASTHMA, DIABETES, EPILEPSY

Procedures for the management of asthma, diabetes or epilepsy medications are recorded in a Care Plan (Medical/Allergy/Dietary) which is drawn up for the child. This will include the specific conditions about where and how medications and medical equipment are to be stored as well as actions to be taken if the child is suddenly taken ill. The school will follow specialist medical advice.

8 MEDICINES

The parent of the child receiving the medicine must sign in all medicines. Medicines will not be administered unless the school has written permission from the parent. Medicines are stored in Matron's office.

In the event of a child coming into school with medicines but without a permission slip being signed, the school will attempt to gain consent by telephone or email from the parent, to administer the medicine. However, if the school is unable to contact the parent in this way, then the medicine will not be administered.

Children who have regular medicine or ongoing treatment for existing medical conditions, will have their medicine stored by Matron. Matron or the deputies will administer the medicine and record the time and dosage.

No medicines should be kept in the classroom or in the child's possession. All medicines will be kept in a locked cupboard and out of reach of children.

Where medicine is administered to a child, parents will be informed the same day or as soon as reasonably practicable.

- *Please refer to the separate document: Administration of Medicines Policy.*

9 MEDICAL EMERGENCIES

In the event of a medical episode (such as an asthma attack, epileptic fit, diabetic coma or serious head injury) Matron will assess the situation and inform the Proprietor immediately whereby a decision will be taken based on each individual situation. The following roles and responsibilities will then be employed:



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- Matron or one of the deputies will stay with the patient if unable to move to the first aid room.
- A member of the Office staff will be responsible for calling an ambulance if required.
- The Registrar will be responsible for ensuring medical information and *in loco parentis* forms are made available to medical services as appropriate.
- In the event of medical services attending the school, Matron will make provision for appropriate staff to accompany the child to hospital and the staff member will stay with the child until the parent/guardians arrive.

In the event of a medical emergency requiring emergency services, a member of the school office will inform parents by telephone as soon as the situation arises. The school will make every reasonable effort to ensure that parental wishes are adhered to and parents kept informed of the situation.

10 INHALERS

Asthma sufferers cannot share inhalers. In the event of an asthma attack in a child known to require an inhaler, an emergency inhaler is available and will be administered by Matron. In the event of an asthma attack in a child where school have not been informed of the need for an inhaler, the emergency services will be contacted.

11 EPI-PENS

Anaphylactic shock sufferers cannot share Epi Pens. In the event of an anaphylactic attack, when no Epi Pen is available, then the emergency services will be contacted. All parents are asked to supply two Epi Pens.

12 INFECTIOUS DISEASES

In the event of an unwell and infectious child, Matron will assess the situation. Parents will then be contacted by telephone and advised accordingly or the school will seek permission/confirmation as to whether further medical advice should be sought.

Notification of incidents of infectious diseases will be posted on the school doors relevant to the appropriate department in the school. This notice will include the date when the disease was first reported to the school.

Where applicable, the school will inform the Local Authority and the Health Protection Agency where the child is identified as having a notifiable disease.

13 VOMITING AND DIARRHOEA

Where a child is physically sick and/or has diarrhoea, the parent will be contacted as a matter of course and asked to collect their child. The parent will be asked to keep their child at home for at least 48 hours (from the last vomiting episode or from the last loose bowel movement).

If a child is physically sick inside the school building, special disinfectant powder is used to cover the vomit. The area will then be cleaned thoroughly.

14 SANITARY ACCIDENTS

In the case of a child wetting/soiling themselves, the attendant members of staff will wear a pair of gloves, to assist in the changing and washing of the child. The soiled clothing will be rinsed and be placed in a 'nappy sack'/ordinary plastic bag and kept on the child's peg and sent home at the end of the school day. Spare clothes will be sourced for the child.



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15 CALLING EMERGENCY SERVICES

An ambulance will be called for serious accidents, major injuries and for accidents including shock and loss of consciousness, however brief. Parents will always be notified immediately by telephone and advised to go to the nearest A&E Department where their child has been taken.

Major injuries are defined as:

- Any fracture, other than to fingers, thumbs or toes.
- Any amputation.
- Convulsion/Fit
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (temporary or permanent).
- A chemical or hot metal burn to the eye or any penetrating injury to the eye.
- An injury resulting from an electrical shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or a biological agent.
- Acute illness requiring medical treatment or loss of consciousness that has resulted from the absorption of any substance by inhalation, ingestion or through the skin.
- Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

16 HIV AND GIVING FIRST AID

Staff sometimes express their fear about the possibility of becoming infected with the Human Immunodeficiency Virus (HIV) when dealing with children who have had accidents.

The school will follow current medical advice as follows:

- Staff should wash their hands before and after giving first aid.
- Disposable gloves should be worn.
- Any splashes of blood from another person on the skin, eyes or mouth should be washed off with copious amounts of water or soap and water. If disposable gloves are worn, the hands should be washed after first aid is given, firstly with gloves on and then again after the gloves are discarded.
- There is no reason not to give mouth-to-mouth resuscitation for fear of being infected with HIV. Mouth shields are available in the first aid boxes.
- Contaminated cotton wool, plasters and any other dressings should be disposed of in sealed plastic bags.



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17 PAEDIATRIC FIRST AID CERTIFICATES

In line with EYFS statutory requirements at least one member of staff, on our premises, will hold an up to date paediatric first aid certificate when children are present. We also ensure that at least one member of staff present on all school trips holds an appropriate paediatric first aid certificate.

18 NOTIFICATION OF A SERIOUS ACCIDENT, ILLNESS OR INJURY

The school will notify Ofsted of any serious accident, illness or injury to, or death of, any child while in our care and of the action taken. Notification will be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence.

The school will notify Milton Keynes Safeguarding Children Board of any serious accident or injury to, or the death of, any child while in their care, and must act on any advice from those agencies.

19 DEFIBRILLATOR

The school does not currently have a defibrillator (an apparatus used to control heart fibrillation by application of an electric current to the chest wall or heart) on site.

20 FIRST AID FOR STAFF

The school will ensure that all staff receive immediate help if taken ill or injured at work and will ensure that there is a suitably stocked first aid kit; adequate staff to take charge of first aid and that all staff are informed and aware of the school's first aid arrangements.

21 RIDDOR

The school's Health and Safety Officer will be responsible for reporting all staff and child accidents at work that fall under RIDDOR.

*The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), place a legal duty on employers to report work-related deaths, major injuries or over-three-day injuries, work related diseases, and dangerous occurrences (near miss accidents). The easiest way to do this is by calling the Incident Contact Centre (ICC) on **0845 300 99 23** (local rate). You will be sent a copy of the information recorded and you will be able to correct any errors or omissions.*

The First Aid Policy was reviewed in September 2022 and will be reviewed on or before August 2023.