



## **Copnor Primary School**

### **Accidents and First Aid**

#### **Aim**

We are committed to safety and as such we aim to take all reasonable actions to prevent accidents happening and to deal with them immediately when they occur.

#### **Rationale**

Through clearly defining roles and good communication we aim to maximise the speed of treatment and after-care.

#### **Roles and Responsibilities**

Normally, day-to-day decisions are delegated from the Headteacher to the recognised first aiders, but overall responsibility for putting policy into practice remains with the headteacher. A recognised first aider is someone who has successfully completed a recognised first aid course and that this qualification has not expired.

The school should always have at least one qualified first aider on site, who is qualified to more than just a basic level when the children are present. There may, however, be short periods when the school has to be covered by those with basic qualifications only.

When the recognised first aiders are in any doubt, they should always seek the advice of the Headteacher or of the most senior member of staff available.

Any information on a medical condition affecting a child should be shared with all those adults responsible for the child's welfare. The child's parents/carers and the health professionals need to provide this information in writing for the school to adequately ensure it is acted upon. Some medical conditions will require a Medical Plan to be completed, detailing what action the staff/first aider needs to take for the child. A copy of each plan will be stored in the Medical Room and in the child's classroom. There will also be an additional copy kept in the staff room. In cases where there is the possibility of an emergency situation arising, all staff will be informed of what action to take should that occur.

#### **Staff Training**

All staff are instructed in the use of this policy as part of their induction procedures and at the same time they are shown the list of recognised first aiders and shown where the medical room is (and where the epi-pens are stored in Key Stage 2 in the ELSA Office and the medical room in Key Stage 1).

All recognised first aiders receive a recognised course of training. In addition, basic emergency aid training given to all staff at least every three years.

#### **First Aid Procedure**

- When an accident happens, one of the recognised first aiders should immediately be sent for unless it is something that can be managed without the need to refer to a first aider e.g. a small graze on a leg. However, the person initially attending the accident should always err on the side of caution and will always seek a recognised first aider where there is a head injury or where there is the potential need for a plaster.
- The first aider will decide on what treatment is necessary and who should be contacted.
- The first aider will always seek extra help if unsure of the treatment, and if necessary call for an ambulance.
- In any case requiring transport to hospital, an ambulance will be called. (Staff transport would only be used if an ambulance was unavailable and 2 members of staff would travel with the patient in those circumstances.)
- In any serious case (and certainly those involving hospital) the First-aider will inform the Headteacher as soon as possible after the patient has been treated and is safe.
- The first aider will inform the parents/carers by telephone of the circumstances of a serious incident or where it is felt appropriate that the incident cannot wait until the end of the school day before the parent/carer is informed.
- In the case of any knocks to the head or accidents that may need further monitoring, a letter will be sent home with the child ("First Aid Report" form Appendix 1). The parent/carer - who is first priority on the contact list - will be contacted by a phone call where there is a visible mark, where the child may be concussed or where the

first aider is concerned about the child. This contact will be recorded in the First Aid Book. Should the first contact not be available, then a text will be sent to that parent/carer, explaining that there has been a head injury/another incident that may need monitoring. The second contact will also be rung if contact by phone has not been successful. Were this also unsuccessful, then phone calls will continue until the list of contacts has been exhausted. If this is the case then the teacher or another member of staff in the class will need to be made aware of this and should speak to the parent/carer when the child is collected. Alternatively, the teacher/other member of staff should pass this information onto the afterschool club/club as appropriate. Where possible, it will be the person who completed the first aid who speaks to the parent/carer, although it is recognised that a member of the office team may need to complete this activity due to time constraints.

- If the child returns to class, the first aider will inform the teacher if they are concerned that the child needs to be monitored. They will certainly do so when the child has had their head knocked, or if the child will find it difficult to express their own concerns to the teacher.

Plasters should not be used unless the child's emergency forms have given permission. A list of children who are allergic to plasters is held in the Medical Room. Staff who are likely to be in contact with these children are informed about the children who have allergy to plasters. Also, children are asked before any plaster is applied whether they are allergic to plasters. If a member of staff is in any doubt, they must check the child's records before administering a plaster even where the child has stated that they are not allergic.

- When using ice, it should be covered with a damp cloth to prevent 'cold burns'. Preferably, ice packs are used instead.
- The Football Association and Medicot, as examples, recommend the use of a spray water bottle for cold water to help reduce swelling and ease pain. It can also be used to spray clean a wound to remove mud, grass etc and to help clean a wound.

### **Staff Protection**

Staff will follow Portsmouth City Council's (PCC) guidelines for minimising risk of infection and use gloves where contact with bodily fluids is unavoidable.

### **Intimate Care**

If a child needs any form of intimate care such as needing to change their underwear or clean themselves after an accident, or if someone has to examine an injury in an intimate area, we will always ensure that:

- Two adults are present
- The child cleans themselves as best they can without needing adult help in the first place
- We provide a change of clothing
- We inform the parents/carers of what has happened
- All actions will be documented
- In all cases we will endeavour to put the child at their ease and recognise that they have the right to say no. Where a child refuses treatment, then a parent/carer will be required to attend to support with the first aid incident.

### **First Aid Records**

The following records are kept, locked, in the First Aid Room:

- Medical Information Form
- First Aid Reports

These are update annually and any records no longer needed are either passed to feeder schools or shredded. If children suffer from asthma their asthma pumps are kept with the child (in class in a marked box indicating that the asthma pump/pumps are in there.) The pumps need to be clearly marked with the child's name. The recognised first aiders are all trained in the use of epi-pens and each year training is given to all new members of staff in their use where they are likely to be regular contacts with a child who requires an epi-pen.

## **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations**

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the Health and Safety Executive (HSE).

The following accidents must be reported to HSE if they injure either the school's employees during an activity connected with work, or self-employed people while working on the premises:

- accidents resulting in death or major injury (including as a result of physical violence);
- accidents which prevent the injured person from doing their normal work for more than three days (including acts of physical violence).

(For definitions of major injuries, dangerous occurrences and reportable diseases see HSC/E guidance on RIDDOR 1995.)

HSE must be notified of fatal and major injuries and dangerous occurrences without delay (e.g. by telephone). This must be followed up within ten days with a written report on Form 2508. Other reportable accidents do not need immediate notification, but they must be reported to HSE within ten days on Form 2508.

An accident that happens to pupils or visitors must be reported to the HSE on Form 2508 if:

- the person involved is killed or is taken from the site of the accident to hospital;
- and the accident arises out of or in connection with work.

Like fatal and major injuries to employees or dangerous occurrences, these accidents must be notified to HSE without delay and followed up in writing within ten days on Form 2508.

## **Additional reporting to Portsmouth City Council**

In addition to the school's legal responsibilities with regards to reporting via the RIDDOR legislation, Portsmouth City Council (PCC) also request that as a Local Authority school, we report accidents to them to the Health and Safety Unit (H & S Unit). This is documented in their accident (and Occupational Disease) reporting policy and seeks to 'clarify corporate responsibilities, accident and occupational disease reporting procedures and post incident investigation requirements - and to ensure compliance with UK legislation (RIDDOR) and other relevant corporate health and safety policies.'

'As a general rule, accidents that fit all the following criteria do not need to be recorded on the corporate accident report form and copied to the H&S Unit;

– No injury/minor injury (small cuts, scratch, bruise) resulted from the accident,  
and

– The accident was caused by the employee's own actions/error of judgement (own fault),  
and

– It has been clearly established that no council management failing or unsafe council workplace/premise contributed to the accident'

If the accident is not minor by the above definitions, then it will be reported on the Portsmouth City Council- Accident Report Form. Examples are provided by PCC and these will be used to decide whether the form needs to be completed:

A 'report form should be completed and a copy forwarded to the H&S Unit, particularly if:-

– The accident is serious enough to warrant an investigation to avoid a similar accident occurring (results in injury to an employee/non-employee - or a 'near-miss incident' which could have caused a death or serious injury, but for sheer luck), or

– The resulting injury or an accident renders a council employee unfit for work (off sick) or having to work on restricted duties, or

– a non-council employee (member of public, contractor, client, etc.) is taken direct to hospital from the accident scene, or

– There is the potential for the injured party (employee/non-employee) to put in a litigation claim against the council for compensation (additional evidence may be required by the H&S Unit or the councils' senior litigation officer), or

– There is the potential for external authorities to investigate the incident i.e. HSE, Police, Hampshire Fire Service, Environment Agency, etc. (potential breach in legislation that could be subject to enforcement fines/penalties)

However, where there is doubt, the form will be completed and submitted to the H & S Unit at PCC.

A copy of the accident form and the policy are available from the school office upon request.

## **Use of eye washes**

Irrigation of the eye can prevent serious permanent injury to the eye following an accident or incident. Eyewash is an essential first aid supply in any environment where there is a potential risk of injury to the eye. Therefore, we will use an eyewash where the first aider feels that this is necessary in order to help minimise the chance of serious injury to an eye/eyes. However, this would only be conducted following permission being provided by the parent/carer.

## **First Aid Kits**

Kits are kept in the following locations:

KS 1 First Aid Room, shared area, kitchen

KS 2 Upper shared area, lower shared area

There are also additional kits on both minibuses and for visits.

These kits are checked and updated at least every half-term by the named first aider.

***In all emergency situations adults must ultimately act in the interests of the child and whilst they should follow the policy they must exercise their common sense in making judgements.***

Policy agreed: September 2023

Review date: November 2024