



Marshland St James Primary and Nursery School

FIRST AID POLICY

Believing, Belonging, Being”

“Be strong and be courageous, all you who hope in the Lord” Psalm 31:24

First Aid is care given to an injured person before professional medical care is available. Teachers and other staff are expected to use their best endeavours, particularly in emergencies to secure the welfare of pupils. As a school our aim is also to promote health and safety awareness in children and adults, in order to prevent first aid being necessary and to encourage every child and adult to begin taking responsibility for their health needs.

First Aid Provision

- The headteacher is responsible for ensuring that there is an adequate number of qualified First Aiders.
- Portable first aid kits are available and used any time our pupils are off site.
- The appointed First Aiders will ensure the maintenance of the contents of the first aid kits and other supplies.
- All staff will be trained in any aspects of First Aid deemed necessary eg. Asthma, epilepsy, diabetes, the use of the Epi-pen.
- All staff will ensure that they have read the schools first aid policy.

First Aid Boxes

- First Aid boxes are located in the cupboard outside the office area.
- Each class has access to a First Aid grab bag.
- The office has a portable First Aid Kit to be used on any external school event.

Procedures

In School

- In the event of an injury or medical emergency, if possible contact one of the appointed first aiders
- Any pupil complaining of illness or who has been injured at playtime/lunchtime is sent to the main entrance area for a qualified first aider to inspect and, where appropriate, treat.
- If there are any doubts over the health or welfare of a pupil, the parent/carer will be contacted.
- Wherever possible, first aid should be administered by a suitably trained person
- Hands should be washed before and after administering first aid. Disposable gloves should be worn for any incident involving bodily fluids.
- In the event of a serious incident an ambulance is called and a member of staff will accompany a pupil to the hospital. A parent/carer is asked to go immediately to the hospital.
- If a pupil sustains a head injury, they should not be moved.
- If a head injury is sustained, parents are informed in the usual way and given advice regarding head injuries.
- If the situation is life threatening then an ambulance should be called at the earliest opportunity without waiting for the appointed person to arrive on the scene

Out of School

- When on a visit, the visit leader should take a mobile phone and staff also take appropriate medication for the pupil, inhalers etc.
- If the trip is via coach or minibus, teachers must take a first kit.

Incident Reporting

- All incidents must be reported. All incidents must be written down on a first aid slip. A copy of the slip is sent home to parents and a copy is kept as a record in the first aid folder. This is located in the school office.
- The paper records are kept for up to 3 years.
- If a serious incident occurs, an online HSE Accident Reporting form must be completed.
- Staff should complete the accident reporting form (see appendix 2) if they sustain an injury at work. An injured member of staff or any other supervising adult should not continue to work if there is any possibility that further medical treatment is needed.
- Incidents will also be recorded on the Smart Log system so that analysis of accidents and incidents can be undertaken to look at trends and areas of concern.

Administration of medicine

All medicines administered within the school are done so in a safe and monitored environment. This is implemented through our Administration of medicines policy.

Contamination/Hygiene

- No person should treat a pupil who is bleeding, without wearing protective gloves.
- Protective gloves are stored in the first aid kits and outside the office.
- Cover open cuts or wounds with a waterproof Band aid or similar dressing
- Where possible, use an air shield for mouth to mouth breathing.
- If blood is spilled onto broken skin or your skin is punctured by a sharp object, wash area thoroughly with soap and water.
- All body fluids must be cleaned immediately. This is vital if the spread of infections is to be reduced. Once spillages have been put into sealed bags, they must be put in the clinical waste bin for disposal. Hands must be washed after the removal of protective gloves.

Reviewed: Autumn 2022

To be Reviewed: Autumn 2024

Appendix 1
First Aid recording Slip

First Aid Record of Treatment Form

A. About the incident

1. Date of incident Time of incident
 (24hr clock)

/ / :

2. Address/site where incident happened

**Marshland St James
Primary & Nursery School**

3. Exact location on above address/site

4. Describe task or activity taking place and what happened

5. List injuries/illness

B. About the pupil injured

1. Name

C. About the Treatment & Action

1. Detail the first aid treatment given

2. What happened to the injured person after treatment

Went home ☐
Kept in school ☐
Went to hospital ☐
Other (please state) ☐

D. About the first aider who has completed this form

1. Name

2. Position

3. Tel Number

01945 430378

4. Signed

5. Date

/ /

Appendix 2

Staff Incident reporting

Incident Report Form

The injured person, a responsible person completing the form on behalf of an injured person, or a responsible person reporting the incident must complete parts A, B, C and D. Please complete in block capitals.

A. About the incident

1. Type of incident (*Tick applicable box*)
 - ☐ Accident resulting in injury
 - ☐ Near miss/ accident not resulting in injury
 - ☐ Dangerous occurrence
 - ☐ Violent incident (*Physical or verbal*)
 - ☐ Antisocial behaviour (*not violence but causing distress or disruption*)
 - ☐ Work-related ill health (*including illness with gradual onset*)
 - ☐ Damage to building or property
- (Complete all of Part A then go to Section D)

2. Date of incident/onset of illness¹
3. Time (24 hr clock Incident Only)

4. Address/site where incident happened

5. Exact location on above address/site

6. Describe task or activity taking place and what happened¹

B. Outcome of the incident

1. How was the person involved affected?
 - ☐ Near miss/ No physical injury
 - ☐ Dangerous occurrence
 - ☐ Verbal assault
 - ☐ Minor injury
 - ☐ Unconscious/needed resuscitation
 - ☐ Taken directly to hospital from the scene of the incident for treatment of the injury
 - ☐ Hospitalised for over 24 hours
 - ☐ Specified injury or fatality (*Defined under RIDDOR*)
 - ☐ Ill health (*Describe nature of illness below*)

2. List injuries/illness
3. Part of body affected

C. About the person injured/involved

1. Name

2. Home address and post code

3. Home phone number

4. Age
5. ☐ Male
☐ Female

6. Status of injured person (*Tick applicable box*)
 - ☐ NCC employee - Employee number
 - ☐ Client (*Go on to 10*)
 - ☐ Pupil (*Go on to 10*)
 - ☐ On training scheme/work experience
 - ☐ Voluntary worker
 - ☐ Someone else's employee (*E.g. contractor*)
 - ☐ Member of public (*Go on to part D*)

7. Job title/occupation

8. Department

9. If 'Someone else's employee' ticked above give name and phone number of employer

10. Name and address of normal work base, e.g. unit or school (*If different to address in box A.4*)

D. About the person who has completed Parts A - C (* Delete as applicable)

I am the ☐ injured person named in part C ☐ a responsible person reporting the incident and confirm that this report records the incident as described.

Signed: Print Name: Date: / / Dept/School:

Once Parts A-D are complete please pass this form onto the responsible line manager.

¹ For gradual onset injuries or ill health conditions an estimated date will suffice

¹ For gradual onset injuries or ill health insert details of how the injury is work related or exacerbated

(Parts E and F to be completed by the relevant manager/supervisor)

1. Tick one box that best identifies the kind of incident

<input type="checkbox"/> Contact with moving plant or machinery, or material being machined	<input type="checkbox"/> Electric shock
<input type="checkbox"/> Hit by a moving, flying or falling object	<input type="checkbox"/> Injured by an animal
<input type="checkbox"/> Hit something fixed or stationary	<input type="checkbox"/> Physical assault
<input type="checkbox"/> Injured while handling, lifting or carrying	<input type="checkbox"/> Threatened assault/verbal abuse
<input type="checkbox"/> Slipped/tripped/fell on same level	<input type="checkbox"/> Antisocial behaviour
<input type="checkbox"/> Fall from height	<input type="checkbox"/> Near miss/no physical injury
- How high was the fall? <input type="text"/>	<input type="checkbox"/> Dangerous occurrence
<input type="checkbox"/> Trapped by something collapsing	<input type="checkbox"/> Work related ill health
<input type="checkbox"/> Drowned or asphyxiated (lack of oxygen)	<input type="checkbox"/> Road traffic accident
<input type="checkbox"/> Exposed to heat/fire/explosion	<input type="checkbox"/> Damage to building, property or equipment
<input type="checkbox"/> Exposed to or contact with a harmful substance	<input type="checkbox"/> Other (please specify) <input type="text"/>

2. Why did the incident happen? (Describe below)

3. Please tick any relevant factors that contributed to the incident

<input type="checkbox"/> No risk assessment of task/activity
<input type="checkbox"/> PPE not worn/provided
<input type="checkbox"/> Insufficient training/instruction
<input type="checkbox"/> Inadequate supervision
<input type="checkbox"/> Work pressure/lack of concentration
<input type="checkbox"/> Work procedures not followed
<input type="checkbox"/> Condition of the workplace
<input type="checkbox"/> Behaviour (third party/client)
<input type="checkbox"/> Lone working
<input type="checkbox"/> None of above

4. Has this incident (same task, activity, etc.) occurred before in your area of responsibility? (Not necessarily to the same person) ☐ Yes ☐ No

5. Has the incident resulted in absence from work?

<input type="checkbox"/> No absence from work or change in work activities
<input type="checkbox"/> 1 to 3 days absence from work
<input type="checkbox"/> 4 to 7 days absence from work
<input type="checkbox"/> Over 7 days absence, expected absence, or incapacity for usual work (report injury to HSE)

6. Did the injured person receive First Aid? ☐ Yes ☐ No Name of First Aider:

7. Have you involved the injured person in the investigation and discussed the outcome with them? ☐ Yes ☐ No If not please do so

8. Follow up action (Describe what has, or will be done to prevent a recurrence)

Action taken, or to be taken	Name of person responsible for action

9. Were there any witnesses to the incident? ☐ Yes ☐ No Provide names and addresses or telephone numbers (Attach any relevant statements)

10. If a violent incident or antisocial behaviour were the police informed? ☐ Yes ☐ No Crime number

F. About the person who has completed Part E (To be signed by the person completing part E)

The information contained in this incident report is correct to the best of my knowledge.

Signed:

Date: / /

Tel:

Print Name:

Position:

G. What to do with the completed form

Please forward the completed form to.....

- The completion of this form will provide information required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations and the Social Security (Claims and Payments) Regulations.
- Completion of this form is not an admission of liability.
- Information on this form will be stored on a database in accordance with the Data Protection Act.

Office use only
☐ HSE informed