



## Walter Infant School

# FIRST AID AND INJURY REPORTING POLICY

Version	Action	By	Date
1	Approved	Full Governing Body	21 September 2016

**Responsibility of:** Audit and Review Committee and the Headteacher  
**Date of Review:** Summer Term 2018

***'To be the best I can be'***

## **First Aid Procedures**

The Governors and Head Teacher of Walter Infant School accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school.

The governors are committed to the authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 1995 (RIDDOR).

The provision of First Aid within the school will be in accordance with the Authority's guidance on First Aid in school.

### **Statement of First Aid Organisation**

The school's arrangements for carrying out the policy include these key points:

- Places a duty on the Governing body to approve implement and review the policy
- Place individual duties on all employees
- To report, record and where appropriate investigate all accidents
- Records all occasions when first aid is administered to employees, pupils and visitors
- Provide equipment and materials to carry out first aid treatment
- Make arrangements to provide first aid training to employees every 3 years, Epi-Pen training annually and maintain a record of that training and review annually
- Establish a procedure for managing accidents in school which require first aid treatment
- Provide information to employees on the arrangements for first aid
- Undertake a risk assessment of the first aid requirements of the school

### **Aims:**

- To administer first aid to children when in need in a competent and timely manner
- To communicate children's health problems to parents when considered necessary
- To provide supplies and facilities to cater for the administering of first aid
- To maintain a sufficient number of staff members trained with a First Aid Certificate.

### **Information on First Aid arrangements**

The Head Teacher will inform all employees at the school of the following:

- The arrangements for recording and reporting accidents
- The arrangements for First Aid
- Those employees with qualifications in First Aid

- The location of the First Aid kits

In addition the Head teacher will ensure that signs are displayed throughout the school providing the following information:

- Employees with first aid qualifications
- Location of first aid boxes

All members of staff will be made aware of the school's First Aid policy and will receive first aid training every 3 years.

All members of staff will receive Epi-Pen training during each academic year.

### **First aid information**

- All wounds and grazes will be cleaned with alcohol free wipes.
- All plasters will be hypoallergenic.
- All disposable gloves to be latex free.
- It is recommended that all head injuries, even slight bumps are monitored for an hour afterwards, if the child complains of feeling unwell, or presents as unwell, parents are to be informed prior to the end of the school day, by telephone.
- All children who receive even a very minor head injury during the school day must present a slip to be signed by parents – do not just place it in the book bag. This procedure is to keep the school professionally safe so must be followed. If the child is going to an after school club, please inform the club leader that the slip needs to be signed upon collection.
- If a child is sick during the school day it is imperative that we ask the children if they have received a bump to the head.
- Please ensure wounds are cleaned and covered if necessary.
- A cold pack/compress will reduce pain for a few moments, so an injury to a limb eg an arm, may reduce in pain temporarily so will need monitoring.
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### **Automated External Defibrillator (AED)**

- The School has an Automated External Defibrillator (AED). It is a portable electronic device that automatically diagnoses and treats life threatening cardiac arrhythmias through the application of electrical therapy, allowing the heart to re-establish an effective rhythm.
- The School displays the standard defibrillator sign in order to alert people to its whereabouts.



- Comprehensive instructions are included with the AED device, however staff at the School have received familiarisation training in the use of the AED in order to boost their confidence, this training will be refreshed annually.
- The AED is checked as per the manufactures handbook.
- For further information on the AED, including guidance on its use refer to the handbook that accompanies the AED and to the WBC Policy.
- The NHS Ambulance Trust has been informed that the School has an AED and of its location.
- Record of training, the use of the AED and its checking regime shall be maintained.

## **Materials, equipment and facilities**

The school will provide materials, equipment and facilities as set out in DfE 'Guidance on First Aid for schools.'

## **Procedures and Guidelines**

- 1 All staff should be trained in administering first aid. It is recognised that any staff member rendering first aid to the best of their ability is indemnified by Wokingham Borough Council.
- 2 All members of staff must be informed of the location of the first aid equipment and the members of staff who are first aid trained (an up-to-date list of which will be kept in the School Office).
- 3 First aid cover for users of the premises outside of the normal working day and during school holiday periods is the responsibility of the users.
- 4 The arrangements for first aid for sports, outdoor pursuits and trips are the responsibility of the leading staff member.
- 5 A fully stocked first aid box will be kept in the first aid area. This box should contain:
  - Alcohol free wipes
  - one HSE 'Basic Advice on First Aid at Work' guidance leaflet
  - 20 individually wrapped sterile adhesive dressings (assorted sizes)
  - two sterile eye pads;
  - four individually wrapped triangular bandages (preferably sterile);
  - six safety pins;
  - six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings
  - two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
  - one pair of disposable gloves (latex free).
- 6 A travelling first aid kit should be taken on all school trips. This kit should contain:
  - one HSE 'Basic Advice on First Aid at Work' guidance leaflet;
  - six individually wrapped sterile adhesive dressings;
  - two individually wrapped triangular bandages;

- two safety pins;
  - one large size individually wrapped sterile unmedicated wound dressing;
  - one pair of disposable gloves (latex free) and individually wrapped moist alcohol free cleaning wipes.
- 7 No first aid kit should contain medication. All first aid kits should be checked regularly to ensure they are complete and in date.
  - 8 Protective gloves should be worn when cleaning up spillages and cleaning equipment stored in the resources room should be used as appropriate.
  - 9 All injuries and first aid treatment to pupils are recorded in the Class Accident Book, along with the treatment given. A copy of entry is sent home with the child.
  - 10 In the case of serious injuries to pupils (eg bangs to the head, possible fractures, deep cuts etc) an incident report form must be filled in by the most appropriate member of staff and the Head Teacher as soon as possible. If the injury resulted from a school related activity, potential lack of supervision and/or there is the possibility of a complaint being made against the School, once completed a copy of the incident report form must be sent to the Corporate Health & Safety team at Wokingham Borough Council. School should err on the side of caution and forward the incident report form if in any doubt as to whether or not the incident is one that should be reported to Wokingham Borough Council.
  - 11 In the case of *all* injuries to adults and work related ill-health and disease, an incident report form must be completed and a copy of it sent to the Corporate Health & Safety team at Wokingham Borough Council. The member of staff (or someone on his/her behalf if the member of staff is incapacitated) must complete the first page of the form and details of the investigation and remedial action must be entered on the back page of the form by the Head Teacher or a member of staff delegated to do so by the Head Teacher.
  - 12 Incident reporting: the extent to which an injury needs to be investigated and the degree of detail required with regard to the remedial action to be taken following an incident should be proportionate to the severity of the injury.
  - 13 Completed incident report forms must be kept by School for 6 years.
  - 14 In the case of injuries that are potentially reportable to the Health & Safety Executive (See Appendix 1, Wokingham Borough Council's summary of the incidents which must be reported to the Health & Safety Executive), an incident form must be forwarded (in incomplete form) to Wokingham Borough Council immediately to enable it to provide the School with advice on the action to be taken and to arrange the statutory notification of the Health & Safety Executive, if appropriate.
  - 15 Parents should be notified in writing if their child has suffered a head injury, a nose bleed or another injury of note or that needs monitoring (for example, a deep cut, a twisted ankle or an insect bite).
  - 16 The procedure for pupils sent home sick or injured is as follows:

- 16.1 Approval must be sought from the Head Teacher or his/her representative before any pupil is sent home.
- 16.2 A note of the pupil being sent home must be recorded in the Register.
- 16.3 The pupil's parent/carer (or someone delegated by the parent or carer) must be requested to collect the pupil from the School premises.

## **APPENDIX 1 TO FIRST AID AND INJURY REPORTING POLICY**

Incidents which must be reported to the Health & Safety Executive (HSE)

### **Introduction**

Certain incidents must be reported to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). The full RIDDOR list is available from the WBC Corporate Health and Safety Advice service; however, relevant incident types (as per Wokingham Borough Council's website as at June 2010) are listed below:

### **Major injuries**

- fracture other than to the fingers, thumbs or toes (includes a crack or chip);
- any amputation either immediately following the incident or subsequently;
- dislocation of 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;
- injury resulting from an electrical shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury leading to hypothermia, heat induced illness or unconsciousness requiring resuscitation or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or by exposure to a harmful substance or biological agent;
- acute illness requiring medical treatment or loss of consciousness resulting from absorption of any substance by inhalation, ingestion or through the skin;
- acute illness which requires medical treatment where there is a reason to believe that this resulted from exposure to a biological agent or its toxins or affected material.

### **Reportable diseases include:**

- certain poisonings;
- some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;
- lung diseases including occupational asthma, asbestosis, mesothelioma;
- infections such as leptospirosis, hepatitis, tuberculosis, legionellosis and tetanus;
- other conditions such as: occupational cancer, certain musculoskeletal disorders and hand-arm vibration syndrome.

### **Dangerous occurrences include:**

- collapse, overturning or failure of any load bearing parts of lifts and lifting equipment;
- explosion, collapse or bursting of any closed vessel, including a boiler, or associated pipework;
- plant or equipment coming into contact with overhead power lines;
- electrical short circuit or overload causing fire or explosion;
- explosion or fire causing suspension of normal work for over 24 hours;

- accidental release of a biological agent likely to cause severe human illness;
- complete or partial collapse of any scaffold which is more than 5 metres in height;
- any failure of fairground equipment which involves the failure of any load-bearing part, any part designed to support or restrain passengers or the derailment or unintended collision of cars or trains;
- unintended collapse of any building or structure under construction, alteration or demolition where over five tonnes of material falls; a wall or floor in a place of work; any false-work;
- accidental release of any substance which may damage health eg asbestos fibres.



## **APPENDIX 2 TO FIRST AID AND INJURY REPORTING POLICY**

### **WALTER INFANT SCHOOL – Contacting Emergency Services**

#### **Request for an Ambulance**

**Dial 999, ask for an ambulance and be ready with the following information**

1. Your telephone number 0118 978 0825
2. Your name .....
3. Give your location as follows Murray Road, Wokingham
4. State postcode RG41 2TA
5. OS Grid Reference SU801687
6. Give exact location of the school At the junction of Oxford Road and Murray Road
7. Give Exact location of the patient within the school's setting .....
8. Give name of child .....
9. and a brief description of child's symptoms .....
- .....
- .....
10. Inform Ambulance Control of the best entrance to use, that the school gate will be open, and that a member of staff will wait by the gate for the ambulance and will show them where the patient is

**SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT**

#### **INFORMATION IF ASKED**

11. Put a completed copy of this form by the telephone

## **APPENDIX 3 TO FIRST AID AND INJURY REPORTING POLICY**

### **Treatment of Head Injuries at Walter Infant School**

Any head injury is potentially a very serious condition. Injuries to the head often lead to unconsciousness, which in turn puts the airway at risk. Permanent damage to the brain may result from a head injury.

Three conditions that may be present with head injuries are 'concussion', 'compression' and 'fractured skull':

#### **Concussion:**

Concussion is caused by 'shaking' of the brain. The brain is cushioned within the skull by fluid, so if the head receives a blow the brain can bounce from one side to the other, causing widespread disruption to its normal functioning.

- The child may become unconscious for a short period, after which the levels of consciousness should improve. The child should recover completely if no complications are present.
- Short term memory loss (particularly of the accident) is common.
- Other signs and symptoms include pale, clammy skin, a mild general headache and nausea.

#### **Compression:**

Caused by bleeding or swelling within the skull, compression is a very serious condition, because the brain is placed under extreme pressure.

- The child could have a history of recent head injury with apparent recovery, but then deteriorates. Confusion and levels of consciousness become worse as the condition develops.
- Other signs and symptoms include flushed, dry skin, intense headache and nausea.

#### **Fractured skull:**

A skull fracture is serious because the broken bone may directly damage the brain, or cause bleeding, which in turn results in compression. Suspect a skull fracture with any child who has received a head injury, especially if they have lowered levels of consciousness.

- The child may also suffer from concussion or compression, so those signs and symptoms might be present.
- Other clues include swelling or bruising of the head, around one or both eyes, or behind an ear.

**Treatment of a head injury if the child appears to be fully conscious and the wound is not severe:**

- Take the child inside or away from the class
- Apply a cold compress
- Make sure the child is conscious and can remember what happened
- Clean and dress small wounds if necessary
- Monitor child for 10 minutes
- Telephone a parent to inform them that their child has bumped their head
- Complete paper work and record in first aid log
- After 10 minutes the child will need to be monitored for a further 20 minutes – this can be done by the class teacher, a member of support staff, or if at lunchtime by admin staff – look for signs of concussion. If it is the end of lunchtime return them to the class teacher AFTER you have phoned home!
- All adults to treat bumped heads – not just first aiders – seek help if you are concerned.
- All adults to complete paperwork and phone home – do not say ‘head injury’ – say ‘bumped head’
- All head injuries to be treated as priority – by any adult (seek a first aider if it is serious or concerning).

#### **Treatment of a serious head injury:**

**REMEMBER: a blow to the head which is large enough to cause a head injury can also cause a spinal injury, so treat the child with care.**

- Call 999/112 for emergency help if the child has been unconscious, their levels of consciousness deteriorate, or you suspect a fractured skull.
- Seek a first aider
- Maintain airway and breathing
- If the child is unconscious, keep them still and constantly monitor their breathing. If you are struggling to keep the airway clear place them in the recovery position, but keep the head, neck and body in line as you turn the child.
- If the child is conscious, help them to lie down. Keep the head, neck and body in line in case there is a spinal injury.
- Control any bleeding by applying gentle pressure around the wound, but if there is bleeding or discharge from an ear, don't try to plug the ear or stop the bleeding.
- Look for and treat any other injuries.

## APPENDIX 4 TO FIRST AID AND INJURY REPORTING POLICY

### Treatment of Nose Bleeds at Walter Infant School

“Weakened or dried out blood vessels in the nose can rupture as a result of a bang to the nose, picking or blowing it. More serious causes could be high blood pressure or a fractured skull.”

- Sit the child down, head tipped forward
- Nip the soft part of the nose. Maintain constant pressure for 10 minutes
- Tell the child to breathe through the mouth
- Give the child a disposable cloth to mop up any blood whilst the nose is nipped
- Advise the child **not to** breathe through or blow the nose for a few hours
- Avoid picking or blowing the nose and hot drinks for 24 hours
- If bleeding persists, take or send the child to hospital in an upright position
- A child suffering from frequent nosebleeds should see the doctor
- Telephone a parent or carer and inform them of the incident.
- If the bleeding continues for longer than ten minutes the parent or carer should be asked to come in and check on the child as there could be a serious reason why the bleeding is continuing.
- For very profuse nosebleeds call 112/999 for emergency advice or help.

