COGNITA

North Bridge House Nursery School

First Aid Policy

September 2019

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KEY FACTS:

- **To ensure that we promote the good health of all the children in our care.**
- **First aid can save lives and prevent minor injuries become major ones**
- **The school will ensure that there are adequate facilities and appropriate equipment for providing first aid in the workplace, including for visitors, as well as for the age of children.**
- **Minimum first aid provision is a suitably stocked first aid container, an appointed person to take charge of first aid arrangements and for information for employees on first-aid arrangements, as well as adequately trained and experienced staff.**
- **This minimum provision is supplemented with a first aid needs assessment to identify any additional requirements specific to the school, to record the findings and to introduce measures to manage any risks.**
- **First aid provision must be available at all times whilst children are on the school premises and including school visits off site.**
- **Our school, staff and others have a duty to safeguard and promote the welfare of children.**

1 General Statement

1.1 The definition of First Aid is as follows:

- In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until help is obtained; and,
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

1.2 This policy provides an overview of the statutory requirements and how these are met in school. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered.

1.3 The policy applies to all pupils including those pupils covered by the Statutory Frameworks for the Early Years Foundation Stage (EYFS) 2017.

1.4 The responsibility for drawing up and implementing the First aid policy is delegated to the Head, including informing staff and parents. However, implementation remains the responsibility of all staff in our school in order to keep children healthy, safeguarded and protected whenever they are in our care.

2 Current Procedure

2.1 Our appointed person (First aid co-ordinator) undertakes and records an annual review. A first aid needs assessment (see Page 10) is carried out to ensure that adequate provision is available given the size of our school, the staff numbers, our specific location and the needs of individuals.

2.2 Our first aid needs assessment includes consideration of pupils and staff with specific conditions and major illnesses, such as asthma and epilepsy, takes account of an analysis of the history of accidents in our school, as well as the identification of specific hazards. It also includes careful planning for any trips and visits, including residential and higher risk trips which always include a suitably trained first aider, in keeping with our Educational Visits policy.

2.3 Our procedure outlines when to call for help when necessary, such as an ambulance or emergency medical advice from professionals/treatment, and outlines the requirements for documenting necessary treatment once applied. The main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

2.4 We ensure that first aid provision is available at all times, including out of school trips, during PE, and at other times when the school facilities are used.

2.5 We keep a written record of all accidents or injuries and first aid treatment. We must inform parent(s)/carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, of any first aid treatment.

2.6 The school uses Medical Tracker to record first aid treatment.

3 First Aid Training

3.1 We carefully consider, and review annually, the training needs of our staff to ensure that suitable staff are trained and experienced to carry out first aid duties in our school. In particular, we consider the following skills and experiences:-

- Reliability, communication and disposition,
- Aptitude and ability to absorb new knowledge and learn new skills,
- Ability to cope with stressful and physically demanding emergency procedures,
- Normal duties are such that they may be left to go immediately and rapidly to an emergency, and
- Need to maintain normal operations with minimum disruption to teaching and learning.

3.2 First aiders in our school have all undertaken appropriate training. They have a qualification in either First Aid at work (FAW, 3 days or 18 hours) or Emergency First Aid at work (EFAW, 1 day or 4-6 hours) or Emergency Paediatric First Aid (EPFA, 1 day or 4-6 hours). EYFS paediatric first aiders hold a clearly recognised certificate or a renewal (minimum of 12 hours tuition). Before the certificates expire, first aiders need to undertake a requalification course as appropriate, to obtain another three-year certificate. In relation to the FAW/EFAW/EPFA training courses, providers will follow the current guidelines issued by Resuscitation Council (UK) October 2015.

3.3 Training will be updated every three years and will not be allowed to expire before retraining has been achieved.

3.4 The need for ongoing refresher training for any staff will be carefully reviewed each year to ensure staff basic skills are up-to-date, although we are aware that this is not mandatory. Annual three hour basic skills updates in between formal training are recommended to keep staff up to date.

4 Key Personnel

First aid co-ordinator (appointed person) - responsible for looking after first aid equipment and facilities, as well as calling the emergency services as required	Trish Abreu
Responsible for maintaining First Aid Training Matrix/Log	Nishi Kapoor
Responsible for RIDDOR submissions to HSE	Christine Mclelland / Alan Keane

The following staff have completed a 2-day Paediatric course in first aid (EYFS requirement) **Early Years Paediatric First Aid Training: Save Lives at Work:**	Amy Jackson Hannah Davies-Mcleod Nelson Franco Susanna Davidson Fatou Njie Daniela Fernandes Trish Abreu Genevieve Kennedy Lavina Costa Susan O'Flaherty Kelly Haines Cherrylyn Robinson Jo Kent Oana Gennaro Georgie Oldroyde Candela Lawson Charlotte Petch Candela Lawson Silvana Nikolova Dagmara Herman - Parlej Fiona Rowlands Marian Kennedy Amanda Sabella Rahee Bhagani Merita Gashi Angela Demitriou Mirema Covic Amanda McGlew Gracie Obadiah Olivia Prior Tasnim Haider Mimi Hoxha Gary Ferguson Catherine Diverres Ciarren Littler Lulu Abdul Mihaela Manoila Makfire Mjeku	

5 Contents of our First Aid Box

5.1 Our minimum provision, **(not mandatory)** as recommended by HSE is to hold a suitably stocked first aid box, to nominate an appointed person (see 3.1 above), as well as the provision for staff of relevant information on first aid arrangements.

5.2 In our suitably stocked First Aid box we provide the following, or suitable alternatives: -

- a leaflet giving general guidance on First Aid eg HSE leaflet 'Basic advice on First Aid at work' (INDG347 rev 1).
- 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.

5.3 The First Aid coordinator is responsible for examining the contents of the first aid boxes. These are checked frequently and restocked as soon as possible after use. Extra stock is held within the school and items discarded safely after the expiry date has passed. We do not keep tablets, creams or medicines in the first aid box.

5.4 Our first aid boxes are kept in the following places:

- **In Every Classroom: Basement, Ground Floor, 1st Floor and 2nd Floor**
- **The Gym: Basement**
- **The Music Room: Basement**
  The First Aid Room: Basement
- **The Main Office: Ground Floor**
- **The Staff Room: 3rd Floor**
  Bottom and Top Playgrounds

5.4 We take great care to prevent the spread of infection in school, particularly in the event of spillages of bodily fluids which we manage effectively by washing off skin with soap and running water, out of eyes with tap water and or an eye wash bottle, wash splashes out of nose with tap water, record details of any contamination, and seek medical advice where appropriate. For further information please see our Prevention and Control of Communicable and Infectious Diseases Procedures.

5.5 First aiders take careful precautions to avoid the risk of infection by covering cuts and grazes with a waterproof dressing, wearing suitable powder free vinyl gloves, using suitable eye protection and aprons where splashing may occur, use devices such as face shields when giving mouth to mouth resuscitation, wash hands after every procedure. Ensuring any waste products are disposed of in a yellow clinical waste bag or box in line with procedures in 5.5.

5.6 We ensure that any third party lettings or providers, including transport, have adequate first aid provision which complies with our standards. For example, visiting sports clubs or schools.

6 Early Years

6.1 The Statutory Framework for the Early Years Foundation Stage (2017) is mandatory. In accordance with this, we ensure that at least one person with a current paediatric First Aid certificate is on our premises at all times, when pupils are present. All new nursery and pre-school staff within our Early Years will undertake paediatric first aid training. This means that newly qualified staff with a childcare level two and three qualification will have a paediatric first aid certificate before they can be included in the statutory staff:child ratios in the early year's settings. All paediatric first aid certificates will be displayed in the Early Years areas. All paediatric first aid certificates will be held on file by the DSL.

6.2 No outing from school is undertaken without the presence of at least one person with a paediatric first aid qualification, present on and off site.

6.3 We keep a written record of all accidents or injuries and first aid treatment, and we inform parent(s) and/or carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, as well as any first aid treatment. Records are stored confidentially in Medical Tracker (Accident reporting software tool). The recording of an accident is carried out in confidence at all times by the person administering first aid.

6.4 We know that we must notify Ofsted of any serious accident, illness or injury to, or death of, any child in our care, and of the action that we have taken. We aim to do so as quickly as possible and always within 14 days of the incident occurring. We are mindful that not to do so, without a reasonable excuse, would be committing an offence.

6.5 We must notify our local child protection agency Camden of any serious accident or injury to, or the death of, any child in our care. We always act on their advice, if given to us.

- LADO Support officer: Mohammed Ahmed– will put you through to the LADO on duty. (please note that the LADO is referred as the DO in some boroughs)
- Chief LADO: Sophie Kershaw 020 7974 4556
- Local authority children's social care referral team(s) Children & Families Contact Team formally known as MASH: 020 7974 3317

6.6 Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist.

7 Recording Accidents and First Aid Treatment

7.1 Pupils will tell their teacher or nearest staff member, or fellow pupils, when they are not feeling well or have been injured. They will let a member of staff know if another pupil has been hurt or is feeling unwell.

7.2 All accidents are recorded immediately after the accident, including the presence of any witnesses and details of any injury or damage. Records are stored confidentially in Medical Tracker (Accident reporting software tool). The recording of an accident is carried out in confidence at all times by the person administering first aid.

7.3 Any treatment of first aid is recorded by the person who administered first aid. We will record the date, time and place with the name of the class, of the injured or ill person. Details of the injury or what first aid was administered, along with what happened afterwards is always recorded.

7.4 The First Aid Co-ordinator is responsible for the maintenance of accurate and appropriate accident records, including the evaluation of accidents, and regular reporting to the H&S committee for monitoring purposes.

7.5 We adopt the definition of Ofsted with regard to serious injuries as follows:-

- broken bones or a fracture
- loss of consciousness
- pain that is not relieved by simple pain killers;
- acute confused state;
- persistent, severe chest pain or breathing difficulties;
- amputation;
- dislocation of any major joint including the shoulder, hip, knee, elbow or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric 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; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin; and
- medical treatment where there is reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material.

7.6 We adopt the definition from Ofsted for minor injuries, of which we always keep a record, as follows:

- sprains, strains and bruising;
- cuts and grazes;
- wound infections;
- minor burns and scalds;
- minor head injuries;
- insect and animal bites;
- minor eye injuries; and
- minor injuries to the back, shoulder and chest.

7.7 We follow the guidelines on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 2013) for the reporting of serious and dangerous accidents and incidents in school. These include work-related and reportable injuries to visitors as well as certain accidents, diseases and dangerous occurrence arising out of or in connection with work. Where accidents result in the incapacitation of a worker for more than seven days, a RIDDOR report is required, including three days for recording purposes.

8 Recording Incidents and Near Misses

8.1 We record any **near misses** which are an event such as occurrences where not one has actually been harmed and no first aid was administered, but have the potential to cause injury or ill health. We record any incidents that occur on the premises and these may include a break in, burglary, theft of personal or school's property; intruder having unauthorised access to the premises, fire, flood, gas leak, electrical issues.

9 Hospital Treatment

9.1 If a pupil has an accident or becomes ill, and requires immediate hospital treatment, the school is responsible for either:

- calling an ambulance in order of the pupil to receive treatment; or
- taking the pupil to an Accident and Emergency department
- and in either event immediately notifying the pupils parent/carer

9.2 When an ambulance has been called, a first aider will stay with the pupil until the parent arrives, or accompany pupil to hospital by ambulance if required.

9.3 Where it is decided that pupil should be taken to A&E Department a first aider must either accompany them or remain with them until the parent/carer arrives.

9.4 Where a pupil has to be taken to hospital by a member of staff they should be taken in a taxi and not use their own car.

10 Prescription and Non-Prescription Medication

10.1 Staff will only administer prescribed medication (from a doctor, dentist, qualified nurse or pharmacist) brought in by the parent/carer, for the pupil named on the medication in line with the stated dose.

10.2 Staff may administer non-prescription medication such as Calpol, paracetamol and allergy medication where parents have provided written consent for this to happen. The School will supply this non-prescription medication. Where medication is administered, parents should be informed.

10.3 Medicine containing aspirin or ibuprofen will not be administered to any pupil unless prescribed by a doctor for that particular pupil.

10.4 We encourage pupils to manage their own asthma inhalers from a very young age. Asthma medication is always kept in or near children's classrooms until children can use it independently and it must always be taken on school trips/events.

10.5 If pupils are to self-medicate in school on a regular basis, then a self medicator's risk assessment form will be carried out.

10.6 For pupils that are on Individual Healthcare Plans, parental consent will be sought regarding details of what medication they need in school, who is going to give it to them on a regular/daily basis. Refer to Supporting Pupils with Medical Conditions Policy.

10.7 Most antibiotics do not need to be administered during the school day and parents should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours, where possible. If however this is not possible then please refer to Storage of Medicine paragraph.

10.8 This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible. Parents/carers are notified when the pupil has been administered medicine on the same day or as soon as is reasonably practical.

10.9 All school staff who volunteer or who are contracted to administer medication are provided with training. The school keeps a register of staff who have had the relevant training. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

10.10 For members of staff only not the pupils, Aspirin tablets will be held at the school in line with the 10th Revised Edition of the First Aid Manual, whereby should a member of staff have a suspected heart attack, the emergency services may recommend the casualty take 1 full dose of aspirin tablet (300mg). This will be kept in a locked cupboard in the Medical room.

11 Storage of Medication

11.1 Medicines are always securely stored in accordance with individual product instructions, paying particular note to temperature. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

11.2 We will carry out a risk assessment to consider any risks to the health and safety of our school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

11.3 All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

11.4 If a pupil is prescribed a controlled drug, it will be kept in safe custody in a locked, non-portable container and only named staff will have access. Controlled drugs must be counted in and witnessed if they are not administered by a qualified nurse or practitioner. The medication form must be signed by two people with at least one being the First Aid Coordinator. The records must indicate the amount of remaining medication and logged in a controlled drug recording book.

11.5 Parents should collect all medicines belonging to their child at the end of the day. They are responsible for ensuring that any date-expired medication is collected from the school. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays. If parents do not pick up out-of-date medication or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

11.6 We will keep medicines securely locked and only named staff will have access, apart from EpiPens, Asthma pumps and diabetes hypo kits which need to be with or near pupils who need them. Three times a year the First Aid Coordinator/School Nurse will check the expiry dates for all medication stored at school.

11.7 Sharps boxes are used for the disposal of needles. All sharps boxes in the school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent. Collection and disposal of sharps boxes is arranged by the school biannually.

12 Defibrillators (AED)

12.1 The school has 1 defibrillator. This is located in the main office.

12.2 The defibrillator is always accessible and staff are aware of the location, and those who staff have been trained to use it. They are designed to be used by someone without specific training and by following the accompanying step by step instructions on it at the time of use. The manufacturer's instructions are circulated to all staff and use promoted should the need arise.

13 Monitoring and Evaluation

13.1 Our school's senior leadership team monitors the quality of our first aid provision, including training for staff, accident reporting on a termly basis. Our policy will be reviewed annually, accordingly. Compliance will be reported formally to the school's termly H&S Committee. Minutes of these are submitted to the Health and Safety Manager at Cognita Regional Office. The Health and Safety Manager will report to the Cognita (UK) Regional H&S Committee meeting acting in the role as the Proprietor.

13.2 Reports are provided to our Safeguarding committee which includes an overview of first aid treatment to children including the identification of any recurring patterns or risks, lessons learned with the management actions to be taken accordingly including the provision of adequate training for staff.

13.3 As Proprietor, Cognita Schools has published a compliance training guide for schools which details preferred providers of first aid training, including approximate costs and procurement arrangements.

Schools Assessment of First Aid Needs (UK)

School	North Bridge House Nursery School	**Date of Assessment**	10.9.19
Conducted by	Christine McLelland and Nishi Kapoor	**Review Date**	

When was the last review your first aid provision and training records of first aiders?	**June 2019**

Please answer the questions in the boxes:

School Premises		
1	What is the current number and age range of pupils?	N1: 35 N2: 60 Reception: 90
2	What is the current number of staff	All staff: 65 Teaching staff: 43
3	Does the school occupy more than one site or building? Or on split levels? *Consider need for provision in each building and/or on each floor*	One building over 5 floors
Location of the School		
4	How remote from emergency services is the school? *Consider special arrangements with emergency services, and emergency transport arrangements for remote schools*	The nearest hospital is within 1 mile
5	How do the emergency services access the school? Is there more than one entrance?	Via front door or via side gate for step free access
Hazards and Risks		
6	Are there any hazardous substances in the school? *Consider providing additional training for first aiders to deal with injuries resulting from special hazards. Consider informing emergency services of specific hazards in advance.*	No
7	Is there any dangerous equipment or machinery in the school? *Consider providing additional training for first aiders to deal with injuries resulting from special hazards.*	No
8	Is there adequate provision for practical departments, such as science, DT, Food Technology, PE? *Consider providing these areas with suitable stocked first aid box and equipment.*	Yes
9	Is there adequate provision for off-site activities i.e. school trips. If the first aider accompanies pupils off-site, is there adequate provision left in school?	Yes
Specific Needs		
10	Are there staff with specific health needs or disabilities?	1 x nut allergy (epi-Pen)

	Consider providing additional training for first aiders and equipment.	1 x allergies to touch and ingested to Cherries Strawberries Kiwi Pineapple Apples (uncooked only) Pears (uncooked only) (EpiPen)
11	Are there pupils with specific health needs or disabilities? *Consider providing additional training for first aiders and equipment.*	3 x severe allergies (Epi-Pen) 1 x heart condition – Fasicular Ventricular Tachycardia - that is controlled by regular medication, one dose is given at school at 12.50 1 x Medication for Ectopia Atrial Tachicardia, 1 dose of medication given at school at 14.50
12	Are there employees who travel a lot, work remotely or work alone? *Consider issuing personal first aid kits & personal communicators/mobile phones to staff*	No
Schools Accident Statistics		
13	Can you determine the most common injuries, times, locations, and activities at each school site?	Yes
14	Does the first aid training adequately cover the identified injuries?	Yes
Contacting first aiders		
15	Does all staff know how to contact a trained first aider?	Yes
16	Do all pupils understand the school's first aid procedures?	Yes
17	Is there appropriate first aid notices displayed throughout the school?	Yes
18	Is there adequate provision available for out of hour's activities such as clubs and hosting school sports events?	Yes
19	Is there a written agreement with third party providers (Catering and Cleaning) on joint provision for first aid for their employees?	Yes
20	Is there adequate provision for lunchtimes and breaks?	Yes
21	Is there adequate provision for leave and in case of absences?	Yes
22	Is there an agreed procedure if an incident occurs in an isolated area?	Yes
23	Is there a designated member of staff who is responsible for checking and maintaining the contents of the first aid boxes and kits?	Yes
How many first aid personnel are required?		

24	Are you meeting your statutory minimum requirements? ○ Designated Appointed Person (AP) to take charge of First aid arrangements – First Aid Co-ordinator ○ Schools can fall in either *low or medium* risk categories (depending on the activities at the school): *Low* – for 25-50 employees - 1 Emergency First Aider (EFAW) and *Medium* – for more than 50 employees - 1 First Aid at Work (FAW) – **note this FA training only covers adults unless a tailor made course.** ○ EYFS (where applicable) – 1 Paediatric trained First Aider ○ If you have pupils that haven't yet reached puberty, you'll need to ensure you have a sufficient number of staff trained in Paediatric first aid (EPFA) ○ There should be enough people to provide cover for absence, and for trips and visits. First aid must be available at all times that children are cared for on or off the premises, on outings. First aid must cover visitors, volunteers, and work experience placements.	Yes Medium Yes

Ownership and consultation	
Document sponsor (role)	Director of Operations - Europe
Document author (name)	Melissa Jones
Specialist Legal Advice	
Consultation	Helen Ferguson – School Nurse at Downsend

Compliance	
Compliance with	The Health and Safety at Work Act 1974 The Management of Health and Safety at Work Regulations 1999 Health and Safety (First Aid) Regulations 1981. The Education (Independent Schools Standards) Regulations 2014 Early Years Foundation Stage Statutory Framework 2017 Health and Safety Executive (HSE) – Guidelines on Regulation of the Health and Safety (First Aid) Regulations published 2013. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Audience	
Audience	Heads, Appointed Person (First Aid Co-ordinator)

Document application	
England	Yes
Wales	Yes
Spain	No

Version control	
Implementation date	November 2018
Review date	June 2020

Related documentation	
Related documentation	Health and Safety Policy

	Supporting Pupils with Medical Conditions Policy Educational Visits Policy and Guidance Safeguarding Policy: Child Protection Procedures Safeguarding: Allegations of Abuse Against Teachers and Other Staff Compliments and Complaints Prevention and control of Communicable and Infectious Diseases Procedures Serious Incident Reporting Form (SIRF)

Headteacher
NBH Nursery and Pre-Prep Schools