



CHANNING SCHOOL

FIRST AID POLICY

**This policy applies to the whole School
including the EYFS**

Updated	Review Date	Version
June 2023	April 2024	23.1

Reviewed by: Tas Franklin (School Nurse)

Approved by: Roy Hill (Bursar)

Signed by: Board of Governors (Estates Committee)

FIRST AID POLICY CONTENTS

This policy should be read in conjunction with the School's Safeguarding and Child Protection Policy, Medications Policy, Medical Policy and Mental Health Policy

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This policy outlines the procedures that are to be adopted when any employee, student, visitor or contractor experiences an accident, near miss or dangerous occurrence on the School site or on School trips. It is the policy of Channing School to identify and investigate any accidents, near misses or dangerous occurrences.

The Health and Safety (First-Aid) Regulations 1981 require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work.

Responsibilities:

The School Nurses are responsible for:

- Ensuring that there are sufficient numbers of suitably qualified First Aiders;
- Identifying First Aid training needs and arranging attendance on external courses;
- Maintaining a record of all first aid training undertaken by school staff;
- Providing first aid support during school hours;
- Liaising with the Health and Safety Committee on first aid issues;
- Producing written Head Injury guidelines and Instructions based on the recommendations of the National Institute for Clinical Excellence (NICE). See Appendices 1-4.
- Organising provision and regular replenishment of first aid supplies;
- Providing first aid advice / training to staff as required;
- RIDDOR reporting and informing the Bursar;
- Completing reports for any near misses and liaising with the Bursar;
- Monitoring School Base Accident Book and reporting any patterns, concerns or need for further investigations to the Bursar;

The School Senior nurse, Health and Safety Committee and SLT monitor this policy regularly. It is reviewed at least annually.

- Liaising with Bursar with regards to training, funding, assessments and any concerns.

The Bursar is responsible for:

- Ensuring the requirements for RIDDOR are met;
- Investigating, where necessary, any contributing factors/reasons for accidents, near misses and dangerous occurrences. This must be recorded in the Incident Investigation book, kept with the Assistant to the Bursar;
- Discussing any contributing factors with Department Heads;
- Ensure that, so far as reasonably practicable, proper action is taken to help prevent the accident being repeated;
- If necessary, instigate any disciplinary proceedings.

Qualified first aiders are responsible for:

- Responding promptly to calls for assistance;
- Providing first aid support within their level of competence;
- Summoning medical help as necessary;
- Recording details of all accidents and treatment given in the Schoolbase Accident Book;
- Liaising with the School Nurses to update their training every 3 years and requesting additional annual refresher training if they feel they need it.

Teachers of PE on each School site are responsible for:

- Ensuring appropriate first aid cover is available at all sports activities;
- Ensuring their first aid kits are stocked and taken to all lessons, practice sessions and matches;
- Assessing and treating minor injuries, with further advice being sought from the School Nurses where necessary;
- Liaising with School Nurses to ensure their sports first aid training is kept updated.

First Aid qualified Junior School staff / Welfare Assistant are responsible for:

- Assessing and treating minor injuries;
- Liaising with the School Nurses for advice when necessary;
- Contacting parents as required;
- Completing blue 'Reception Minor Injury Form' for all Reception children who have sustained any minor accident/ injury requiring attention (Appendix 5);
- Completing Head Injury forms and giving Head Injury Instructions to children/ parents/ carers (Appendices 2 and 3). Applying Head Injury wrist bands as required;
- Completing the Schoolbase Accident Book for all accidents / injuries.

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- Welfare Assistant to complete School Base Medical Consultations with every staff/pupi/parent consultation.

All staff are responsible for:

- Acting in the capacity of responsible adult in the event of an emergency;
- Accurately recording all accidents in the Schoolbase Accident Book;
- Being aware of their students' medical needs by checking Schoolbase for updated medical information/care plans and seeking further guidance from School Nurses if necessary;
- Completing annual on-line first aid training and ensuring they are familiar with this and other medical policies;
- Maintaining safe infection control practices when administering first aid by wearing gloves, face masks and aprons as appropriate.
- Carrying out risk assessments for any off-site trips and ensuring:
 - a) adequate first aid supplies are taken (First Aid Kits are available from the School Nurses/ Welfare Assistant);
 - b) relevant emergency/ OTC drugs and consent forms/care plans are taken;
 - c) they have all relevant medical information from Schoolbase of the girls they are taking; and
 - d) have established available first aid provisions at the place they are visiting;

Health & Safety Committee:

- It is the responsibility of the Health & Safety Committee to ensure the school environment is inspected regularly to consider any risks of accidents and injuries occurring.

First Aid Risks

The Senior Nurse and Bursar carry out a continuous assessment of First Aid needs. The assessment takes into account:

- Special needs;
- Current legislation;
- How many first aiders are needed during the school day;
- Out of hours and off site arrangements;
- Liaising with Cover Manger to make arrangements to cover absence of first aiders;
- High risk areas;
- First aid equipment needed;
- Location of first aid equipment and signs;
- Good practice in record keeping;

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- Numbers of pupils, staff and visitors on site;
- Layout and location of buildings and grounds;
- Specific hazards.

Accident statistics indicate the most common times, locations and activities at which accidents occur at school highlighting areas where pupils and staff may be at greater risk of injury. Injuries and accidents are most likely to occur during games lessons and matches, during science and art lessons, at break times. Out-of-hours and off-site activities may present particular risks depending on the location and nature of the activity and the numbers of pupils and staff involved.

Special needs

There are a number of pupils who have specific health needs. The Nurses will give advice and information to staff as appropriate.

Out-of-hours and off-site activities

Many school activities take place outside of normal school hours and off-site. First aid provision must be available at all times while people are on the school premises and when on school trips or visits. External staff operating clubs at school must have an appropriately trained first aider and equipment with them.

Pupils who take part in activities where they are required to work for significant periods of time out of immediate contact with a member of staff, e.g. during Duke of Edinburgh expeditions or on fieldwork assessments, should receive basic first aid and personal safety training prior to the event.

First Aid Personnel and Training

The School has a well-equipped Medical Room in the Senior School, staffed by 2 part-time Registered Nurses and supported by a part-time Administrative Assistant who is also FAW/PFA trained. It is open throughout the school day to deal with everyday accidents and injuries. The School Nurses carry a mobile phone to enable contact at any time during the day. The Junior School has its own Medical Room with a dedicated Welfare Assistant (also FAW/PFA trained) who is responsible for first aid and liaising with the School Nurses as required. Contact details can be found in staff contact lists and on first aid signage around the School.

A regularly updated list of all FA qualified staff is accessible by all Office staff in both the Junior and Senior Schools.

The School Senior nurse, Health and Safety Committee and SLT monitor this policy regularly. It is reviewed at least annually.

The DfE does not provide any recommendations on numbers of First Aiders within Independent Schools. HSE requirements only cover First Aid for employees but advise that pupils are taken into consideration when assessing risks and First Aid needs.

At Channing School we have the following training for staff:

- Minimum of 1 First Aid at Work (FAW) qualified staff per 30 staff at any time;
- All PE staff will have Sports First Aid/ FAW /PFA or Outdoors First Aid training every 3 years in order to assess/ treat/ refer any sporting injuries;
- Key staff involved with taking students on DofE expeditions should have valid Outdoors First Aid training;
- At least all the Teaching Assistants plus the Welfare Assistant in the Junior school will have Paediatric First Aid training so that there are always staff available when children are in the care of the School (in line with EYFS guidelines);
- All other staff are required to complete a Channing First Aid Course (a bespoke on-line 3 hour training) annually, and it is always accessible as a resource;
- The Nurses are available to provide additional regular training to staff throughout the year, on a range of medical subjects;
- All staff with any First Aid training can arrange to spend some time with a Nurse to refresh their skills and knowledge.

With this level of training throughout the School, it is anticipated that any First Aid situations at School will be dealt with safely and efficiently.

First Aid Supplies

The School Nurses / Welfare Assistant will ensure adequate and accessible First Aid supplies throughout the School.

First aid boxes are located in key areas of the School and are clearly labelled with a white cross on a green background in accordance with Health and Safety regulations. In the Senior School, they are secured with easy to break ties. The School Nurses / Welfare Assistant must be informed when a box is opened and any supplies used. The Nurses/ Welfare Assistant are responsible for the checking (including all expiry dates) and restocking of First aid kits/ boxes at least once/ half term.

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The contents of first aid boxes may vary depending on particular needs in each location (for example, blue detectable plasters in food areas. hand-cleansing gel where there is no easy access to hand-washing or head injury wrist bands in the Junior School.) A list of contents for all kits is available to staff responsible for checking/ restocking kits.

Each member of the PE staff is allocated a named first aid kit to be taken to all lessons, games practices and matches. It is the responsibility of the PE staff to ensure kits are returned to the School Nurse/ Welfare Assistant for checking and restocking at least once per term.

First aid kits should be taken to all off-site activities and visits. The [*protocol for First Aid on Trips*](#) is available on the School drive and must be followed by trip leaders. Any items used from trip First Aid kits should be replaced immediately on return and they should be thoroughly checked (including all expiry dates) at least once/ half term.

The school has 4 AED's:

- In Senior School: outside the Reception and in the entrance foyer of the Sixth Form Centre (with a paediatric key to be used for children aged between 1-8 years).
- In Junior School: outside the Drama Studio and in the Dining Room/ Hall. Both AEDs in the Junior school have paediatric keys to be used for children aged between 1-8 years.

The AED outside the Senior School Office is registered with The Circuit (The National Defibrillator Network), meaning that it can be accessed and used if directed by NHS ambulance staff during term-time school hours.

Both the Senior and Junior Schools also have Bleed Kits, containing specialist equipment (such as tourniquets and haemostatic dressings) to be used in the event of someone sustaining a severe bleed. They are stored in labelled cabinets outside the Senior School Office and in the Junior School Medical Room, and must only be used by staff who have been trained to use this equipment or under the guidance of 999 staff.

Specialist kits for cleaning up spillages of bodily fluids are kept by the caretakers, who should be called immediately to attend.

Storage of Medicines

Medicines for use by Nurses/ Welfare Assistant are stored in locked cupboards in the medical rooms at both the Senior and Junior Schools. For safety reasons all medicines should be recorded and logged in and out on the online Medication Log when they are bought and then used.

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Some medications must be readily accessible in case of emergencies and therefore are kept in an unlocked, labelled cupboard/shelf in both the Senior and Junior School Offices and Junior School dining room (Epipens and inhalers) and in both the Senior and Junior School Medical Room fridges (insulin). In an emergency these can be given by any trained staff to a student who has been prescribed them. In the first instance, the students own emergency medication should be used with the School's supply being available if required.

Some medicines, particularly antibiotics, may require refrigeration in a temperature controlled fridge, and others such as methylphenidate (Ritalin) must be stored in a double-locked cupboard in accordance with the Dangerous Drugs Act.

Some homely remedies (paracetamol, ibuprofen, cetirizine, piriton) for use by medicines trained school staff in the absence of a School Nurse will be kept in a locked drawer / box (code 147) in the reception offices in both the junior and senior schools.

Further information can be found in the School's Medications Policy.

Information

It is essential that there is accurate, accessible information about how to obtain emergency aid.

All new staff and pupils will be informed of First Aid procedures in their induction and should be provided with information about how to obtain first aid assistance. This should include:

- Location of Medical Room;
- How to contact the School Nurses in an emergency;
- Procedure for dealing with an accident in the Nurse's absence;
- Names of qualified First Aid at Work staff;
- Location of first aid kits / AEDs;
- How to call an ambulance in an emergency.

First Aid notices are posted in key areas throughout the school. Notices are easily recognisable through the use of the standard First Aid symbol (white cross on green background) and include information on:

- Location of the nearest first aid box;
- Contact for the School Nurses;
- Contact for the Office, where they can locate a First Aid trained staff member.

Rooms where First Aid kits are located are clearly signed. All First Aid notices are checked regularly by the Medical Admin. Assistant / Welfare Assistant for accuracy and amended as necessary.

The School Senior nurse, Health and Safety Committee and SLT monitor this policy regularly. It is reviewed at least annually.

Clubs outside of School hours on School premises

Before/ after school clubs run by Channing School:

- Any accidents must be recorded onto the schoolbase accident book;
- There must be a FAW/PFA qualified member of staff available;
- If the club is run by an external instructor they must know which first aid trained Channing staff member to contact and where they are;
- If an ambulance is called, School Nurses/ Roy Hill/ Head/ Deputy Heads must also be informed as soon as possible via email;
- School Nurses/ Roy Hill must be informed as soon as possible of any incidents requiring a RIDDOR report.

Before/ after school clubs run by an external agency:

- At least one member of staff must be First Aid trained;
- They must record and keep a copy of any accidents. A copy must also be given to School Nurses/ Welfare Assistant;
- If an ambulance is called, School Nurses/ Roy Hill/ Head/ Deputy Heads must also be informed as soon as possible via email;
- School Nurses/ Roy Hill must be informed as soon as possible of any incidents requiring a RIDDOR report.

Calling an Ambulance

If there is any doubt about the severity of an illness or injury then an ambulance must be called.

Dial 8 999

Whenever possible, someone should remain with the casualty until help arrives.

If an ambulance is called, the School Office and Caretaker should be informed as soon as possible and one of them should go to the front of the school to give directions to the ambulance crew.

Parents /next of kin of the casualty must be notified and a responsible adult (who has details of the incident and any treatment/drugs given) should accompany the casualty to hospital.

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Taking a student to an Emergency Department

In the instances where a student may need to go to the ED but does not require an ambulance, parents should be contacted to collect and take to ED. If parents cannot be reached or are unable to collect in a timely manner, the Nurses and Welfare Assistant can arrange for a taxi to take them to ED. They must write a letter detailing symptoms and reasons for referral to be sent with them. Students must be accompanied by an appropriate adult and the Nurses/ Welfare Assistant have a list of staff who have agreed to this role and can be asked. The member of staff accompanying the student should stay with the student until parents arrive. If this is beyond their usual working hours, they should contact the school office who will ask a member of SMT to go and take over this role.

Reporting and Record keeping

All accidents, however minor, for staff, visitors and pupils should be recorded in the Schoolbase Accident Book at the time of the incident. It is the responsibility of the staff member who witnessed the incident or who first responded to the incident to complete this.

Minor accidents / injuries which are dealt with by staff other than the Nurse, i.e. minor cuts and grazes, still need to be recorded.

Blue 'Reception Minor Injury forms' are to be completed for all accidents/injuries that occur to Early Years children (see Appendix E). These must be completed by the member of staff that responded to the incident. The form should then be given to the form teacher who will give it to the parents at the end of the day. For any significant injuries, particularly those to the face, the Nurse or Welfare Assistant should contact the parents or carers as soon as possible and before the end of the school day.

In the case of a head injury, a 'Head Injury Form' must be completed by the attending person, (with Head Injury Instructions on the reverse). In the Junior School a HI form should be given to the form teacher who will give it to parents at the end of the day. All children in the Junior school who have had a head bump should be given a pink head bump bracelet to wear. This will ensure that all staff are aware of the head injury and can continue observing the child until home time.

In the Senior School, the Head Injury form must be given to the child with instructions that they show it to their teacher in every lesson for the rest of the day, before taking it home to give to their parents.

The Head Injury forms /guidelines for children are kept in all first aid kits / bags.

The School Senior nurse, Health and Safety Committee and SLT monitor this policy regularly. It is reviewed at least annually.

Head Injury Instructions for Adults are kept in both the Medical Rooms or can be printed from here.
(See appendices 2 - 4)

It is the Nurses' responsibility to review the Schoolbase Accident Book regularly to ascertain the nature of incidents and report any trends, regular occurrences or need for risk assessments to the Head/ Bursar. The Welfare Assistant will also check accidents in the Junior School and report to the Senior Nurse.

All near misses must be recorded and reported to the Bursar as soon as possible so that action can be taken to investigate the causes and to prevent recurrence.

Some accidents must be reported to the Health and Safety Executive within 3 working days under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, and this will be done by the Nurse (after discussing it with the Bursar) during term-time, and by the Bursar in school holidays/ out of school hours.

Any accident resulting in the injured person being sent home or taken to hospital must also be reported to the Head/ Bursar by the Nurse or member of staff dealing with the incident.

All Accident Books must be kept securely for the minimum legal period of 3 years.

Monitoring of First Aid arrangements

Any concerns regarding first aid should be reported without delay to the School Nurse or the Bursar.

The School Senior nurse, Health and Safety Committee and SLT monitor this policy regularly. It is reviewed at least annually.

Appendix A

HEAD INJURY GUIDELINES

The National Institute for Health and Clinical Excellence (NICE) defines a head injury as any trauma to the head other than superficial injuries on the surface of the face.

- The majority of head injuries are minor and can be seen and treated by a qualified First Aider/ Appointed person.
- All pupils must be sent home with a completed Head Injury Form (see below.)
- All head injuries must be recorded in the Accident Book on Schoolbase or in hard copy if on a trip.
- No person should be sent home alone.
- The patients' conscious level must always be recorded using the AVPU scale:

Alert – eyes open

Verbal – Patient responds to verbal stimuli

Pain – Patient respond to painful stimuli

Unresponsive – no response to all stimuli

If in any doubt about the seriousness of the injury, call the Nurse.

Significant Head Injuries

An ambulance must be called if any of the following apply:

- Head injury is a result of a fall of 1 meter or more than 5 stairs
- A pedestrian struck by a motor vehicle
- Any vomiting since the head injury (Discuss first with the Nurse for children under 12 years)
- They have been knocked out and have not woken up, have difficulty staying awake or keeping their eyes open
- Any neurological defects (eg problems understanding/speaking/reading/writing, loss of feeling in part of body, problems balancing, general weakness, changes in eyesight, unsteady gait)
- Any suspicion of a skull fracture (ie clear fluid from ears/nose, black eye with no obvious injuries around the eye, bruising behind one or both ears, visible trauma to scalp or skull, bleeding from one or both ears)
- Any seizure/ fit since the injury
- Amnesia, especially retrograde
- Current anticoagulant therapy (eg. Warfarin) / history of bleeding or clotting disorder
- A school Nurse is not available to assess a significant head injury
- Any previous brain surgery
- Current drug or alcohol intoxication
- A persistent headache since the injury

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- A head wound with something inside it or a dent to the head
- Any Safeguarding concerns

Written details of the incident must be sent with the injured person if going to hospital.

Additional Guidelines for Nurses

Immobilise cervical spine if:

- GCS less than 15 on initial assessment
- Neck pain or c-spine tenderness
- Focal neurological deficit
- Paresthesia in the extremities
- The mechanism of injury raises suspicion of cervical spine injury.

Refer to ED if there is any suspicion of NAI / safeguarding concerns.

Appendix B

HEAD INJURY INSTRUCTIONS (CHILDREN - pink paper)

Minor head injury and knocks to the head are common, particularly in children. Following the injury, if the person is conscious (awake), and there is no deep cut or severe head damage, it is extremely unusual for there to be any damage to the brain. However, sometimes a knock to the head can cause damage to a blood vessel which may bleed next to the brain. This is uncommon, but can be serious. Symptoms may not develop for some hours, or even days, after a knock to the head. In rare cases, symptoms can develop up to 3 weeks after a head injury.

This is why 'head injury instructions' are given to people who have had a head injury. These are symptoms to look out for, following a knock to the head.

Attend ED / see a doctor urgently if any of the following occur after a head injury:

- Increasing drowsiness (but see below).
- Worsening headache (but see below).
- Confusion, strange behaviour, or losing interest in things around them (especially under 5's)
- A change in behaviour, like being more irritable, losing interest in things around you
- Crying more than usual (especially in babies and young children)
- Vomiting since the injury
- Loss of use of part of the body. For example, weakness in an arm or leg.
- Dizziness, loss of balance or convulsions.
- Any visual problems such as blurring of vision or double vision.
- Blood, or clear fluid, leaking from the nose or ear.
- Unusual breathing patterns.

Drowsiness

Some parents are afraid to let their children go to sleep if the accident happens just before bedtime. Do let them. Drowsiness means they cannot be roused. If you have a concern, wake the child up after an hour or so. They may be grumpy about being woken up, but that is reassuring. You can then let them go back off to sleep again. You can do this a few times during the night if there is particular concern. When asleep, check to see that they appear to be breathing normally and are sleeping in a normal position.

Headache

It is normal after a knock to the head to have a mild headache. Sometimes there is also tenderness over bruising or mild swelling of the scalp. Some paracetamol or ibuprofen will help. It is a headache that becomes worse or which is not helped by painkillers that is of more concern.

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Appendix C
HEAD INJURY FORM (pink paper)

NAME	
DATE	
TIME	
DESCRIPTION OF INCIDENT	
INJURY / FINDINGS	
CONSCIOUS LEVEL (Please circle one)	Alert – eyes open Verbal – some response to verbal stimuli Pain – some response to painful stimuli Unresponsive – no response to all stimuli
ACTION TAKEN	
NAME AND POSITION	

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Appendix D

HEAD INJURY INSTRUCTIONS (over 16's/ Adults)

If any of the following symptoms return, we suggest you get someone to take you to your nearest hospital emergency department as soon as possible:

- unconsciousness, or lack of full consciousness (for example, problems keeping eyes open)
- drowsiness (feeling sleepy) that goes on for longer than 1 hour when you would normally be wide awake
- problems understanding or speaking
- loss of balance or problems walking
- weakness in one or more arms or legs
- problems with your eyesight
- painful headache that won't go away with painkillers
- vomiting (being sick) since the injury
- seizures (also known as convulsions or fits)
- clear fluid coming out of your ear or nose
- bleeding from one or both ears.
- Change in behaviour

Things you shouldn't worry about

You may feel some other symptoms over the next few days which should disappear in the next 2 weeks. These include a mild headache, feeling sick (without vomiting), dizziness, irritability or bad temper, problems concentrating or problems with your memory, tiredness, lack of appetite or problems sleeping. If you feel very concerned about any of these symptoms in the first few days after your head injury, you should go and see your own doctor to talk about them. If these problems do not go away after 2 weeks, you should go and see your doctor. We would also recommend that you seek a doctor's opinion about your ability to drive a car or motorbike.

Things that will help you get better If you follow this advice you should get better more quickly and it may help any symptoms you have to go away:

- DO NOT stay at home alone for the first 24 hours.
- DO make sure you stay within easy reach of a telephone and medical help.
- DO have plenty of rest and avoid stressful situations.
- DO NOT take any alcohol or drugs.
- DO NOT take sleeping pills, sedatives or tranquilisers unless they are given by a doctor

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Appendix E
Reception Minor Injury Form (Blue paper)

CHILD'S NAME	
DATE	
TIME	
DESCRIPTION OF INCIDENT	
INJURY / FINDINGS	
ACTION TAKEN/ FIRST AID GIVEN	
NAME and POSITION	

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