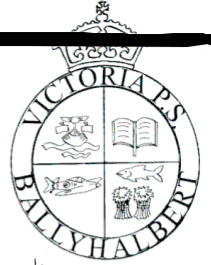


VICTORIA PRIMARY SCHOOL BALLYHALBERT



An inclusive, imaginative and inspiring Learning Community where everyone can be safe, healthy, happy and successful together.

Introduction:

'First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill'. (The Joint First Aid Manual 8th Edition). Staff administering First Aid should seek to assess the situation, protect themselves and the casualty from further danger, deal with any life threatening condition and where necessary obtain medical assistance or refer the casualty to hospital as quickly as possible.

This policy outlines our procedures for providing appropriate and adequate first aid to Victoria Primary pupils, staff, and visitors. It is set within the context of The Health & Safety (First Aid) Regulations (NI) 1982 act. The staff of Victoria Primary recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 and agree to abide by the EA procedure for reporting accidents.

The School's arrangements for providing First Aid will:-

- Place a duty on the Principal and Board of Governors to approve, implement and review the First Aid policy;
- Place individual duties on all employees;
- Report and record accidents using relevant form to the EA;
- Record all occasions when First Aid is administered to employees, pupils and visitors.
- Provide equipment and materials to provide First Aid treatment;
- Make arrangements with EA to provide First Aid training to employees, maintain records of 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 and review on a regular basis;
- Use the information from the risk assessment of First Aid to determine the number and level of trained staff and also any additional requirements (eg specialised training for children with particular medical needs);
- Notify parent/guardian that first aid treatment was given to the child.

Personnel:

The Principal is responsible for:

- Developing, with the appointed person(s), detailed procedures
- Monitoring, evaluating and amending, if necessary, these procedures
- The arrangements for recording and reporting of accidents
- The arrangements for First Aid
- Those employees who are qualified First Aiders

In addition, the Principal will ensure that signs are displayed throughout the School providing the following information: -

- The names of employees with First Aid qualifications;
- Location of the First Aid Box.

All members of staff will be made aware of the School's First Aid policy during their induction with the school Principal.

No member of staff should attempt to give First Aid unless they have been trained.

2. The Appointed person(s)

Staff, who have completed and kept updated and approved first aid training course, duties include:

- Taking charge when someone becomes ill or is injured, including calling an ambulance if required and ensuring someone is on hand to meet paramedics and guide them to the patient.
- Looking after the first-aid equipment, e.g. restocking first- aid box.
- Ensuring that appropriate records are maintained and that EA reports for significant injuries are submitted as required.
- Provide first aid in keeping with their training
- Give immediate help to casualties with common injuries or illnesses
- Complete school injury/illness book and notify parent re significant accident/illnesses

NB The legal ratio of first aiders is 1 for every 100 (or part of 100) pupils and an additional person.

Procedures

Risk Assessment: the following arrangements have been made for ambulance access and storage of first aid equipment:

1. Ambulance access:

- **To main building** - a staff member will be on hand to direct paramedics to the main building.
- **To playground:** a staff member will be on hand to direct paramedics to the playground.

2. Storage of First aid equipment and First aid accommodation – there will be three First aid kits: One will be kept in the staff room and it will be used to deal with all accidents etc that occur within the main building and playground. The Second will be kept in the Key Stage 1 and the third in Key Stage 2. There will be one kit kept in the office, which can be used for replenishment of the other kits or travel kits.

The exception to these storage arrangements will be any necessary medication, which will be stored separately in relevant classrooms. Duplicates of Epi-pens will be stored in the classroom. Inhalers will be kept with the child in their school bag, unless they are too young to administer their medication and then it is kept with the class teacher. Teachers will hold a list of all children requiring an inhaler and will ensure that inhalers are taken on any school trip as required.

First Aid provision for ‘Off School Visits.’

The group leader will be equipped with correctly stocked kit for any group of pupils being escorted off the school premises for school related business. Each teacher will ensure that they organise this by consulting the first aiders when planning the excursion. The exception to this will be if pupils are participating in contact sports in which case a first aider will be provided by the event organiser.

Prior to any child going on a school trip parents will be asked to complete medical authorisation slips, giving permission for medical attention as required. These forms are an integral part of our School Trips policy.

Making provision for pupils with specific medical conditions.

Staff members consult with medical advisors and parents and medical protocol is drawn up for specific medical conditions. Individual medical plans are written for each child, as required. This is disseminated to all staff. Medical alert posters are displayed in each classroom.

First aid materials,

The appointed person(s) will assume responsibility for ensuring contents of first aid cupboards and travel first aid kits are replenished on an ongoing basis and that contents meet those outlined in The Health & Safety (First Aid) Regulations (NI) 1982 act. (See appendix 1)

Hygiene/ infection control

Staff will follow basic hygiene procedures. These will include the use of single use disposable gloves being worn when the treatment involves blood or other body fluids. At all times dressings or used equipment will be disposed of with care.

Reporting accidents

Accident Reporting guidelines set within the context of RIDDOR (NI) 1997 will be adhered to. NB These reporting procedures apply to significant incidents and not the less serious day-to-day accidents that are part and parcel of every day life in school. Nonetheless records do need to be maintained also for this more 'typical' type of incident, (refer to next section – record keeping)

Record keeping (School based)

Statutory accident records:

The principal in conjunction with appointed person(s) must ensure that readily accessible injury/illness records are kept for a minimum of 3 years.

Minor incidents and accidents should be dealt with, wounds cleaned etc and the children returned to the playground when possible and practical. Persons administering first aid should wear disposable gloves where bodily fluids are involved. An adult witness should be present if tending an intimate part of the body.

A record must be kept when first aid treatment is given by a first aider or appointed person. The record will include:

- The date, time and place of incident
- The name and class of the injured or ill person
- Details of their injury/illness and what first aid was given
- What happened to the person immediately afterwards?
- Name and signature of the first aider or person dealing with the incident

In the event of a child receiving first aid, which is deemed minor, the child will be given a note to inform parent that first aid has been administered. On most occasions, this will **not** be followed up with a phone call.

PASTORAL CARE

There may be occasions that children state they are unwell when they require only Pastoral Care instead of First Aid. These cases will be treated as follows:

- If the incident occurs during a teaching session, a member of staff supporting the class should take 'Pastoral care' of the child ensuring their well-being
- On the playground, it is the adult on duty who takes this role and then informs the class teacher
- At lunchtime, the role will be undertaken by supervisory assistants. If they require additional support, they will seek the support of the Senior Teacher. It is the supervisor's responsibility to inform the child's class teacher. If any member of staff is unsure whether a child is unwell, requires First Aid or requires Pastoral Care, they should send another child for a First Aider who will offer advice.

Only the class teacher should inform parents of significant pastoral care needs.

Transport to hospital or home

The Principal will determine the appropriate action to be taken in each case. Where the injury requires urgent medical attention an ambulance will be called and the pupil's parent or guardian will be notified. If hospital treatment is required, then the pupil's parent/guardian will be called for them to take over responsibility. If no contact can be made with parent/guardian or other designated emergency contacts, then the Principal may decide to transport the pupil to the hospital.

Where the Principal makes arrangements for transporting a child then the following points will be adhered to: -

- Only staff cars insured to cover such transportation will be used;
- No individual member of staff will be alone with the pupil in a vehicle;
- A second member of staff will be present to provide supervision of the injured pupil.

Illness and medication

The decision to send an unwell child home will be made by the Principal.

Children who feel sick are free to go to the nearest toilets. If a child vomits or has diarrhoea in school, they will be sent home immediately. Vomit will be treated as a biohazard and the area will be thoroughly disinfected.

If a child is suspected of having chicken pox etc, a member of staff will look at their arms or legs. If the school were concerned about infection to other children, another adult would be present and a child's back or chest may be inspected if the child gave their consent.

For a child's privacy and to prevent infection spreading, children may be isolated in a supervised area for a short period of time until they can be collected.

Illness absence

Pupils who are ill or infectious should be kept away from school. Any child who is acutely unwell should be kept away from school until they are well enough to benefit and participate. In addition, even if they appear well, it is necessary to keep children who have certain infectious diseases away from school for an appropriate period to help prevent others from becoming infected as defined by the Public Health Agency.

A first aider, if written permission comes from parent, will administer prescription medication that requires dosage during the school day (prescribed 4x daily). It will only be administered if child's name, name of medication and dosage requirements are clearly shown (Source for including this procedure in our policy = EA Legal team – 29/03/07)

If a pupil has been absent from school due to serious sickness/ injury e.g. surgery, broken limb, their parent/guardian will be asked to provide documentation from her GP stating that they are indeed fit to return to school

Monitoring arrangements.

This document is freely available to the entire school community and is reviewed regularly.

Signed – Chair of Governors:



Signed – Principal:



Date: 11th May 2023

Review Date: 2027

Appendix 1

The injuries required to be notified to the Health and Safety Executive are as follows:

- Any fracture, other than to the fingers, thumbs or toes.
- Any amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (whether temporary or permanent)
- A chemical or hot metal burn to the eye or any penetrating injury to the eye.
- Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- Any injury leading to
 - a) hypothermia, heat induced illness or to unconsciousness,
 - b) requiring resuscitation, or
 - c) requiring admittance to hospital for more than 24 hours.
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
- Either of the following conditions which resulted from absorption of any substance by inhalation, ingestion or through the skin.
 - a) Acute illness requiring medical treatment: or
 - b) Loss of consciousness.
- Acute illness which required medical treatment where there is no reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- Any injury however slight which results in an employee being absent from work for more than 3 days.

Appendix 2



EDUCATION AUTHORITY

NOTIFICATION OF ACCIDENT TO EMPLOYEE

This form should be completed in respect of all accidents to employees including teaching staff and forwarded to Education Authority, Claims and Legal Administration Unit, Grahamsbridge Road, Dundonald, Belfast BT16 2HS. Any communication received on or behalf of the injured employee should be forwarded to the unit immediately unanswered.

No admission of liability or promise to make any payment should be given to any person.

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK OR BLACK BALL POINT

1 School/Location _____
Address _____

2 Employee's Name _____
Address _____

Nat Ins No _____ Date of Birth _____ Occupation _____

3 Location of Accident _____

4 Date and Time of Accident _____

5 On the day of the accident between what hours
(a) was the employee expected to work _____ to _____
(b) did the employee actually work _____ to _____

6 How did the accident happen? _____

7 Date accident reported by employee _____

8 To whom was it reported? _____

9 Names and Addresses of Witnesses *(Statement on reverse to be completed)*

10 Nature and severity of injury (if to limb or eye state right or left)

11 Name and status in School of anyone providing medical attention

12 Did injured person attend hospital? if so state which hospital/address

13 Has injured person returned to work? - if so state date of return

Date _____ Signature _____
Principal/Warden/Supervisor

STATEMENT OF WITNESS

a Name and Address of Witness

STATUS eg Board Employee, Member of the Public

b Did you actually see the accident take place

YES NO

Where exactly were you at the time

c Please describe what you saw happen

Date

Signature

a Name and Address of Witness

STATUS eg Board Employee, Member of the Public

b Did you actually see the accident take place

YES NO

Where exactly were you at the time

c Please describe what you saw happen

Date

Signature

Appendix 3



EDUCATION AUTHORITY

ACCIDENT TO PUPIL & MEMBER OF THE PUBLIC FORM

This form must be fully completed by the Principal/Safety Co-ordinator or other senior management appointee and not by the injured party in every case of an accident to a pupil and should be forwarded to Claims and Legal Administration Unit, Grahamsbridge Road, Dundonald, Belfast, BT16 2HS. (Please complete all sections below in BLOCK CAPITALS using black ink or black ball point).

1. Full name of injured person _____

2. Please give age and sex of injured person:

a) D.O.B: _____ Sex: Female Male (tick appropriate box)

3. Home Address: _____

4. Name of School: _____

5. Address of School: _____

6. Description of injury sustained: _____

(e.g fracture, bruise, painful, if to a limb please state left/right)

7. Date of Accident: _____ Time: _____ am/pm

8. Date reported: _____ To Whom: _____

9. Where did the accident happen? _____

10. What was injured person doing? _____

11. How did the accident appear to happen? _____

12. If machinery, plant or vehicle was involved, please state details: _____

13. Was any person other injured at the same time: Yes No

14. Was medical attention required:

a) Hospitalised Name of Hospital/Clinic _____

b) Outpatient Name of Hospital/Clinic _____

c) Doctor Dr's Name _____

d) First Aid FA's Name _____

15. Was person treated in hospital for more than 24 hours: _____

16. Did injury necessitate absence from school? (not applicable for MOP) Yes No

If so please state return: _____

17. Names and Addresses of all witnesses to Accident: (please use section on the back of this document to describe your version of events in detail).

Name	Address	Status (e.g Pupil, Adult)
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Name of supervisor at the time of the accident: _____

SIGNED (Principal): _____

DATE: _____

STATEMENT OF WITNESS/WITNESSES

a) Name and Address of Witness

b) Did you actually see the accident take place?

Yes No

Where exactly were you at the time?

c) Please describe what you saw happen?

DATE: _____

SIGNATURE: _____

For Office
use only

Initials _____ Date _____

Notification to: Dept of H & S

T & S/Health & Safety HR

Appendix 4

Dear Parent/Guardian,

Your child _____ has sustained a head injury at school today _____ (date) at approximately _____ (time) and has been monitored since the incident.

Details of incident:

Treatment:

How your child was after the incident?

Please take into consideration the guidance given below and contact a medical professional, if required.

Concussion should be suspected if one or more of the following visible clues, signs or symptoms or errors in memory are present.

Visual clues of suspected concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/slow to get up
- Unsteady on feet/balance problems or falling over/incoordination
- Grabbing/clutching of head
- Dazed, blank or vacant look
- Confused

Signs and symptoms of suspected concussion:

- | | |
|---|---|
| <ul style="list-style-type: none">• Loss of consciousness• Seizure or convulsion• Balance problems• Nausea or vomiting• Drowsiness• More emotional• Irritability• Sadness• Fatigue or low energy• Nervous or anxious• 'Don't feel right'• Difficulty remembering | <ul style="list-style-type: none">• Headache• Dizziness• Confusion• Feeling slowed down• 'Pressure in head'• Blurred vision• Sensitivity to light• Amnesia• Feeling like 'in a fog'• Neck pain• Sensitivity to noise• Difficulty concentrating |
|---|---|

Please sign below to confirm you have read the letter with information regarding your child's head injury and return to the school office.

Signed: _____ Date: _____

Appendix 5

**VICTORIA PRIMARY SCHOOL
BALLYHALBERT**

Child's name.....

I give permission for the school to give my child medication during school hours. I confirm that this is prescribed medicine from the doctor and that the dosage requires administration during the school day. (4x per day)

The medication to be administered is called

..... and is to treat

The medication should be administered at (time)

Signed.....(parent / guardian)