



Brookfields
Specialist SEN School

Brookfields School First Aid Policy

| Date | Description |
|-------------|--------------------------------------|
| 5 July 2023 | Approved by the Full Governing Board |

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| Review schedule | Annually |
| Next review | July 24 |
| Policy holder | Katie Gray |

Brookfields School equalities statement

All pupils at the school are offered a broad, balanced, stimulating and relevant curriculum regardless of their background, culture or ability. Each pupil is valued for who they are and what they bring to the school. We appreciate and celebrate the richness of diversity within the school community as well as the wider community. Through the work we do across the school on developing Values, we actively promote the importance of tolerance, co-operation, courage, determination, friendship and respect. Through this approach, pupils develop independence, confidence and integrity which prepares them for their future lives.

Under the Health and Safety (First Aid) Regulations 1981, Brookfields School are responsible for providing adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work.

First aid provision must be available while people are on school premises. It must also be available when staff, pupils and students are working elsewhere on school, including any off-site activity such as educational visits. This does not apply to work placements as work experience students are employed by the placement provider.

In a school with EYFS provision, at least one person who has current paediatric first aid training (PFA) must be on the premises and available at all times when children are present, and must accompany children on outings.

Beyond this, in all settings – and dependent upon an assessment of first aid needs – the school must have a sufficient number of suitably trained first aiders to provide care if employees or pupils are injured in school.

1. Appointed Person(s), First Aiders and staff:

There is one Appointed Person in each area of the school. They are responsible for ensuring there is an adequate supply of medical materials in the first aid kits and replenishing the contents of these kits as well as ensuring all contents are in date.

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment.
- Ensuring that an ambulance or other professional help is summoned via the school office when appropriate.
- Sending pupils home to recover, where necessary.
- Filling in an accident report on the same day, or as soon as reasonably practicable, after an incident.
- Ensuring communication with parents about the incident happens. This can be delegated to class teachers.
- Keeping their contact details up to date
- Ensuring they alert the School Appointed person when first aid stock is running low.

A full list of current First Aid qualified staff can be obtained from the office and their names are displayed prominently around school.

School staff are responsible for:

- Ensuring they follow first aid procedures and alert a First Aider as soon as the incident happens.
- Ensuring they know relevant individual medical information about pupils' with whom they work – to ensure medical response decisions are made in line with medical policy, Individual Health Care Plans and the first aid policy. In the context of Brookfields, this is essential as some pupils will require specific response – and immediate call to 999.
- Ensuring they know who the First Aiders and Appointed Person(s) are in school.
- Completing accident reports for all incidents they attend to where a first aider or appointed person is not called (due to first aid not being required)
- Informing their line manager or the Headteacher of any specific health conditions or first aid needs.

School Nurse:

The School Nurse is not, in the first instance, to be used in a first aid capacity. However, they may be called upon in the immediate absence of a trained First Aider or to assist a First Aider in situations requiring another trained professional for help and/or advice.

The school will continue to rely on the knowledge and experience of its trained First Aiders in order to administer appropriate treatment to injured persons in the first instance but retain the option of calling upon the services of the School Nurse, if felt appropriate, when they are on site.

2. First Aid Procedures:

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a first aider, if appropriate, who will provide the required first aid.
- The First Aider, if called, will assess the injury following DR ABC and decide if further assistance is needed from a colleague or from emergency services. They will remain on the scene until help arrives.
- If the injured person appears okay and can get up, allow them to do so **by themselves**. If they can't, alert SLT and the School Nurse (if present) if they have not already been alerted.
- The First Aider will decide whether the injured person should be moved to be placed in a recovery position.
- In emergency situations, the First Aider will make the decision to call 999 and request that an ambulance and paramedics attend. This call must be placed via the office who will also co-ordinate contact with parents/carers and/or next of kin as appropriate. They can be supported by the School Nurse if required and appropriate.

- If it is felt that the person needs to be checked in A&E, families or next of kin should be contacted. If families are unable to attend, SLT/ office staff will call an ambulance.
- If the pupil appears okay, they need to be monitored for the rest of the day and a call home (plus, if a head injury has been sustained, a copy of the 'Head Injury advice' should be given, appendix 4)
- If the First Aider judges that that a pupil is too unwell to remain in school, a member of SLT will be consulted and if necessary, parents will be asked to collect their child. Upon their arrival, the First Aider will recommend next steps to the parents.
- The First Aider or class staff will complete an accident report form on the same day – or as soon as is reasonably practical after an incident resulting in an injury.
- Information around where first aid kits are stored and a list of their contents can be found in appendix 1.

Off-site procedures:

When taking pupils off the school premises, staff will ensure they always have the following:

- A portable first aid kit and any pupil specific medical equipment/ medicines – in line with the Medication Policy.
- Information about specific medical needs of pupils.
- When transporting pupils using a school minibus or other large vehicle, the school will make sure that the vehicle is equipped with a clearly marked first aid box.
- Risk assessments will be completed by the class team and signed off by the EVC in school.

There will always be at least one First Aider on school trips and visits. Schools with Early Years Foundation Stage will also ensure that there is always at least one First Aider with a current Paediatric First Aid certificate on school trips and visits as required by the statutory framework for the Early Years Foundation Stage.

Pool: Minor First Aid

- Should a minor first aid incident occur and there is not a qualified First Aider present or it is not appropriate for the lifeguard to carry out the first aid (due to supervising the rest of the pool) contact the office for assistance.
- The first aid box on poolside contains the required first aid equipment.
- Because of the risk that exists through contact with any person carrying any infections or contagious disease, certain guidelines should be followed.

- All minor injuries to staff or pupils must be recorded in the relevant accident book.
- Please see Appendix 3 for 'Pool rescue' procedures.

3. Record Keeping:

Incidents where first aid support has been requested must be recorded through **at least one** of the following:

- Accident Form – for minor injuries. This details date, time, name & role of person completing the form, name of injured party, name of First Aider, injury description (including small body map), treatment given, and parent notified (& how). These are kept in 'First Aid' folders.
- CREST – if a reportable injury has been sustained, or there has been a Near Miss, a CREST form must be completed. These are given to the Headteacher and then sent to the Local Authority.

These reports must be completed on the day or as soon as possible afterward.

It is the responsibility of the Head of Strand to collate the information contained in the First Aid log, summarise this information and share with the Headteacher, who may include it in their safeguarding report for the Governing Body each term. See Appendix 2, School staff: reportable injuries, diseases or dangerous occurrences, for further information on reportable injuries.

4. Notifying Parents and other Agencies:

- The class teacher will inform parents of any accident or injury sustained by a pupils, and any first aid treatment given, on the same day, as soon as reasonably practical.
- The Headteacher will notify the Local Authority of any serious accident, illness or injury to, or death of, a pupil while in the school's care who may advise contacting OFSTED.
- This will happen as soon as is reasonably practical and no later than 14 days after the incident.
- The Headteacher will also notify Governors of any serious accident or injury to, or the death of a pupil while in the schools care.
- Any accident which results in reportable injury will be recorded onto CREST by the Headteacher - this process will then advise the appropriate process of Reportable Injury, Disease, or Dangerous Occurrence as defined in the RIDDOR 2013 legislation.
- The incident will be reported to HSE as soon as is reasonably practicable and in any event within 10 days of the incident.

5. Training:

- We have a large pool of first aid trained staff and an onsite First Aid Trainer.
- All First Aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school keep a register of all trained First Aiders, what training they have received and when this is valid until.
- The school will arrange for first aiders to retrain before their First Aid certificates expire.

This first aid policy is linked to the:

- Health and safety policy
- First Aid Risk Assessment
- Medication Policy

Appendix 1: Location of first aid kits

| LOG NUMBER | LOCATION | TYPE |
|---------------|---------------------|---------------------|
| EYRC 02 | RED CLASS | FIRST AID KIT |
| EYHO 01 | HOKS OFFICE | FIRST AID KIT |
| KS2AO 02 | AREA OFFICE | FIRST AID KIT |
| KS2AO SPILL | AREA OFFICE | SPILLS KIT |
| KS2HO 01 | HOKS OFFICE | FIRST AID KIT |
| KS3TA 02 | TARRANT AREA | FIRST AID KIT |
| KS3TA SPILL | TARRANT AREA | SPILLS KIT |
| EYRC 01 SPILL | RED CLASS | SPILLS KIT |
| KS3HO 01 | HOKS OFFICE | FIRST AID KIT |
| KS4HO 01 | HOKS OFFICE | FIRST AID KIT |
| KS4HO SPILL | HOKS OFFICE | SPILLS KIT |
| OSDE 01 | OFF SITE DofE | FIRST AID KIT |
| KS5CR 01 | NEW CHANGING ROOM | FIRST AID KIT |
| KS5HB 02 | HUB | FIRST AID KIT |
| WRSA 01 | STAFF WORK ROOM | FIRST AID KIT |
| SWPL 01 | SWIMMING POOL | FIRST AID KIT |
| SNBA 01 | NURTURE BASE | FIRST AID KIT |
| OSFS 01 | FOREST SCHOOL | FIRST AID KIT |
| STSH 01 | SITE TEAM SHED | FIRST AID KIT |
| PHED 01 | GIRLS CHANGING ROOM | FIRST AID KIT |
| KS5KT 01 | 6TH FORM KITCHEN | FIRST AID KIT |
| KS5WW 03 | WAY TO WORK ROOM | FIRST AID KIT |
| KS5KT SPILL | 6TH FORM KITCHEN | SPILLS KIT |
| EU18 01 | BUS EU18 GPK | FIRST AID KIT |
| GN17 02 | BUS GN17 CDU | FIRST AID KIT |
| GX13 03 | BUS GX13 BJJ | FIRST AID KIT |
| RL19 05 | BUS RL19 LFB | FIRST AID KIT |
| GN11 04 | BUS GN11 KJZ | FIRST AID KIT |
| RCPT 01 | RECEPTION | BASIC FIRST AID KIT |
| OSBAG 01 | OFFICE | BASIC FIRST AID KIT |
| OSBAG 02 | OFFICE | BASIC FIRST AID KIT |
| OSBAG 03 | OFFICE | BASIC FIRST AID KIT |
| HORT 01 | GARDENING OFFICE | FIRST AID KIT |
| KS5WW 04 | WAY TO WORK ROOM | BASIC FIRST AID KIT |
| BURN 02 | KEY STAGE 2 KITCHEN | BURNS KIT |
| BURN 03 | KEY STAGE 3 KITCHEN | BURNS KIT |
| BURN 04 | KEY STAGE 4 KITCHEN | BURNS KIT |
| BURN 05 | 6TH FORM KITCHEN | BURNS KIT |

Appendix 2: School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Headteacher will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g. from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment

- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

Appendix 3: Pool rescue

Pool Rescue/Major incident – Action by Swimming Coach/Lifeguard

On identifying a bather is in distress the following actions should be taken. Please note that situations may arise where a casualty, on finding himself/herself in difficulty and in panic to reach a point of support, will grab another bather who is close by. The signs of this situation developing will be characterised by two or more bathers very close together, both of whom will show signs of panic and distress. Rapid intervention by the staff is vital in order to prevent the situation deteriorating further.

- Signal to the other poolside staff (by whistle or voice) that action is required.
- During any emergency, it is essential that the swimming pool be effectively guarded. Dryside staff must assist in the supervision of the other bathers or with the actual rescue itself. Bathers should clear the pool where appropriate or be brought to the side by staff, especially those on 1:1.
- Rescue – Carry out a rescue in accordance with the RLSS NPLQ training. Use one of the rescue aids available on poolside to assist in the rescue. If this is not effective a member of staff within the pool may assist with the rescue while the dryside member of staff supervises the non 1:1 pupils. If this is not possible or it is necessary for a qualified lifeguard to carry out the rescue (ie, the incident is a spinal injury, please refer to the Spinal Injury Section) you must enter the water.
- Treatment and Aftercare – Carry out treatment in accordance with your RLSS or First Aid training.

Remember: If the casualty is conscious, treat for shock, keep warm. Lay casualty flat with his/her feet raised (if possible) Do not give the casualty anything to eat or drink. It is not necessary to place a conscious casualty in the recovery position. If the casualty becomes unconscious but continues to breathe, place him/her in the recovery position and monitor his/her condition.

- Contact should be made with the office if an incident requires an ambulance. They will contact them directly. There is an emergency phone by the cupboard on poolside. Use the walkie-talkies where appropriate also. Out of hours, if an ambulance is required, use the phone by the cupboard on poolside directly. The school address details are: Brookfields SEN School, Sage Road, Tilehurst, Reading, 0118 9421382. The Sat Nav postcode would be RG31 6GG.
- If appropriate, session may continue on instruction from the Swimming Coach.

Seizures/Absences – Action by Swimming Coach/Lifeguard

All pupils who have seizures will be 1:1 within the pool. The staff member assisting the pupil will carry out the following:

- If a pupil has a seizure within the pool, support the pupil to keep their face clear of the water. This is normally best by supporting under the armpits from behind.
- If possible support the pupil in the shallow end of the pool away from the sides until the seizure has finished.
- Monitor the pupil, noting the time the seizure started.
- Once the seizure has finished remove the casualty from the pool.
- As per each pupil's care plan if the seizure lasts longer than normal, treatment will be required either in the form of medication or 999. Any 999 calls must go through the office.
- Clear the pool of other users if 3 minutes is approaching (child dependant) so that ~~way~~ the only concern in the water is treating the seizure. Risk assess the situation, either support the child to administer medication in the water or, if appropriate, remove the pupil from the water using a horizontal lift. One person supporting the head, two people along the body, one to receive. Rescue board in changing room may be used but do not use straps.
- The main concern is administering the medication, risk assess and remove the pupil so medication can be administered as per the child's individual care plan.
- If a seizure happens out of the water within the changing rooms treat as you would do normally making sure the pupil's surroundings are safe and use something soft under their head to protect it.
- Serious accidents must be reported to the senior duty member of staff.

Pool Rescue – Action by additional staff (poolside and within water)

- Upon hearing the alarm/whistle alert from the Swimming Coach, supervise the other bathers in the pool. If pool needs to be cleared, assist in the removal of the pupils.
- Assist in the rescue or first aid of the casualty if necessary.
- Contact the office for further assistance if required.

Pool Rescue – Action by office staff

- If additional first aid or an ambulance is required following an incident in the pool, a member of staff will contact the office either via the phone or walkie talkie.

Appendix 4

Head Injury information

Injuries to the head, for pupils and staff, can occur in many situations in the school environment. Fortunately, the majority of head injuries are mild and do not lead to complications or require medical attention at a GP surgery or hospital. However, a small number can result in injury and complications. Complications can include swelling, bruising, bleeding and a range of concussion symptoms. Every head injury is to be taken seriously.

Concussion is a disturbance of the normal working brain without causing any structural damage. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck. The risk of injury is dependent upon the velocity and force of the impact, the part of the head involved in the impact and any pre-existing medical conditions. Symptoms may not develop immediately.

Whiplash is a neck injury due to forceful, rapid back-and-forth movement of the neck, like the cracking of a whip. Whiplash symptoms include neck pain, neck stiffness and difficulty moving your head, headaches, and pain and muscle spasms in the shoulders and arms.

Any head injuries should result in a first aider to attend for an initial 'assessment'. For every child that suffers a head injury, even when there are none of the worrying signs, parents are to be informed as soon as is possible. The incident must be reported on CREST.

When there has been a serious head injury and staff should look out for the danger signs:

Signs that mean that the staff member or pupil needs to visit A&E

- Any problems with memory
- A headache that won't go away
- Any vomiting or sickness
- Previous brain surgery
- Taking medication that may cause bleeding problems, e.g. Warfarin
- Irritability, poor concentration, not themselves, disorientation or altered behaviour
- NB. No adult showing any of the signs above should be expected to drive or cycle. Each individual should be accompanied to A&E if family members are not available. A colleague will need to drive them to A&E and then home, as appropriate. Arrangements to be made for car to be collected.

Signs that an ambulance should be called (dial 999)

- Any loss of consciousness (being knocked out)
- Problems with understanding or speaking
- Numbness or loss of feeling
- Problems with balance, dizziness or walking

- Any changes in eyesight and sensitivity to light
- Any clear fluid running from ears or nose
- Bleeding from ears
- New deafness
- A black eye with no associated damage around the eye
- Any evidence of skull or scalp damage
- Any convulsions or seizure activity
- Irritability or altered behaviour, e.g. distracted, poor concentration or not themselves

Graduated return to school/work after concussion

When someone suffers a minor head injury that doesn't require immediate medical attention, it is essential that they have 30 minutes rest, off task. During this time a discussion can be had with a senior colleague about next steps and the various options.

Concussion must be taken seriously to safeguard the short and long term health and welfare of pupils and adults. The majority of concussions will resolve in 7-10 days. During this recovery period the brain is vulnerable to further injury. You may need to take some time off work/school to rest and recover; or reduce your responsibilities for a short period of time. Talk with your GP about when you can return to work or school, being positive yet realistic.

When an individual (pupil or adult) has received a head injury at work it is the responsibility of the teacher or line manager to remain in touch with the injured individual.

If an individual sustains two or more concussions in a 12 month period, they should be referred to their GP.

It is recommended that anyone who has received a head injury should avoid reading, screen work, or physical activity, then gradually re-introduce when symptom free.

Prevention

To best prevent serious head injury it is essential that staff allow time to read risk assessments and pupil support plans before engaging in work. If you have any questions, or don't understand specifics, it is important that you ask the appropriate professional to clarify before undertaking that work. Dynamic risk assessing (in the moment) is also a vital ingredient in preventing head injuries. Not all head injuries are preventable as many elements of our work with pupils are unpredictable.

When relevant, members of staff may receive PROACT-SCIPr-UK® training, which aims to keep our pupils and adults in the school safe. If there is something that you don't understand, require clarity or further training on, please contact one of the in-school PROACT-SCIPr-UK® trainers.

It is also essential that staff read the school Behaviour Policy and Health and Safety Policy.