



MONKTON PRIMARY SCHOOL AND EARLY YEARS CENTRE

FIRST AID PROCEDURE (UNCRC Article 39) - MARCH 2020

Rationale

The Health and Safety (First Aid) Regulation 1981 outlines the need for employees and school pupils to be given immediate assistance if they injure themselves. Children and adults in our care need high quality first aid provision (**UNCRC Article 39**). Clear and agreed systems should ensure that all children are given the same care and understanding in school (**UNCRC Articles 1 and 2**).

Purpose

This policy;

1. Gives clear structures and guidelines to all staff regarding all areas of first aid.
2. Clearly defines the responsibilities of all staff.
3. Enables staff to see where they have responsibilities.
4. Ensures good first aid cover is available in the school and on visits.
5. Explains how medicine is administered and recorded.

Guidelines

New staff will be given access to this policy when they are appointed. As part of the induction process new staff are given details of the first aiders in school and shown where first aid supplies are stored. This policy is annually reviewed and updated in line with South Ayrshire Council and national guidelines.

Appointed Persons

The Head Teacher is the appointed person within the school to take charge when someone is injured or becomes ill and will call the emergency services if required. In the absence of the Head Teacher the Depute Head Teacher will carry out this role.

First Aid Policy Guidelines

First Aid in School (UNCRC Articles 1, 2 and 39)

At Monkton Primary School and EYC, we ensure that there is at least one emergency first aid trained member of staff in the school campus at all times (during the school day and extended EYC day). This is to ensure that all areas of the school have at least one competent person present; with sufficient 'spare' to cover off-site visits, part-time staff and as far as possible, staff absences.

All School Assistants, Early Years Practitioners and Clerical Staff have basic first aid training. There is also a first aider who has had First Aid at Work training. To ensure minimal disruption, the School Assistants work on a rota basis for first aid - one is on call for First Aid for the week. The 'on call name' is highlighted on the Weekly Bulletin which is issued to staff on the Friday before each new week and is also displayed on the whiteboard in the staff room. If a child requires First Aid during classroom time, the teacher can send for the on call staff member or radio for them to come to the child. If the 'on call' person is unavailable or having their break / lunch, another nominated staff member will be called.

For each break/lunchtime School Assistants are in the playground to attend to minor injuries. Children with more serious injuries will be accompanied by a school assistant to the office where the medical room is situated.

In the EYC all members of permanent staff have had appropriate emergency first-aid training and a few have completed the paediatric course.

Off Site Visits (UNCRC Articles 1, 2 and 39)

When children are taking part in off-site visits, we ensure that a first-aider accompanies all groups or ensure that the place being visited has immediate access to first aid (e.g. a sports centre). Members of staff are expected to identify first aid requirements during the risk assessment and visit planning process.

Training

All staff have access to emergency first-aid training through the 'Book and Go' system. The school/EYC keeps a register of who is first-aid trained and when their training is valid till. The Head Teacher/CLPL Coordinator is responsible for staff accessing first aid training.

Roles and Responsibilities

The main duties of a first aider in school are:

- To complete a training course approved by the Health and Safety Executive, as required.
- To give immediate help to casualties with common injuries and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.

First Aid Facilities (UNCRC Articles 27 and 39)

The medical room in the main school office is the designated medical room.

First aid materials are stored in a First Aid cupboard in the medical room. These cabinets contain sufficient first-aid materials to administer first aid as recommended by the HSE. The school has first-aid packs used for off-site visits. These are taken on visits and contain supplies recommended by the HSE.

Inventories are kept of all first-aid supplies including expiry dates. Regular audits take place and items are replaced when required.

If a child requires to take medication in school, then their parent / carer will be required to fill out an 'Administration of Medication' form and provide the original medication with the pharmacy label attached. This will be stored safely in the medical room / classroom as required. It is the parent / carer's responsibility to ensure that medication does not expire and that there is a sufficient amount kept in school for use.

Administration of Medicines

If a child requires medicine to be administered during the school day, clerical staff ask parents to complete an 'Administration of Medicines' form or an 'Administration of Inhaler' form (both included in this policy) which covers the school year including in school and out of school on trips or for how long the course of medicine should last (e.g. a short term antibiotic). If a child uses their inhaler in school then the supervising staff member will write this in the child's home / school diary (or on return from on a school trip). The parent should provide the medication in a sealed bottle / tub which has a visible pharmacy label with the child's details on it. Depending on the type of medication and the purpose, some medicines will be required to be stored in the fridge within the medical room and others will be stored securely within the classroom area.

There is a separate form to be completed for pupils in the Early Years Centre (a blank is also included in this policy) on which the parent signs each time after medicine is administered and it is recorded on a 'Administration of Medication Record' sheet.

Accident and Injury Reporting

All first aid incidents treated by a member of staff should be recorded in the first aid record book. Wherever possible staff should speak to the parent/carer concerned. When this is not possible a note should be written in the homework diary. Where a child has a serious injury or injury to the head, parents should be contacted immediately.

All serious injuries should be reported to the Head Teacher and should be recorded and submitted to SAC Health and Safety Department (using the AR1 form) and also to Mitie for their records (if occurred in school premises).

In the EYC, an accident form is filled out for each injury and stored in a folder. The HT carries out an audit of these accidents at the end of each term and they are collated for each child to see if there is a pattern or if there is an area of the EYC which is causing more injuries.

Calling the emergency services

In the case of major accidents any member of staff may call the emergency services as time may be of critical importance.

If a member of staff calls emergency services they should know:

1. How the injury was sustained
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The address of school/EYC - Monkton Primary School, Station Road, Monkton, KA9 2RH.

In the event of the emergency services being called, a member of the staff should wait by the school gate and guide the emergency vehicle to the necessary area of school.

If the casualty is a child, their parents should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately.

All contact numbers for children and staff are available at the office or through the Click and Go system.

Individual Health / Emergency Plans

For some pupils, there may need to be individual health or emergency plans e.g. for those with epilepsy or serious health conditions. In these cases, the 'on call' first aider and potentially another member of staff, will attend with someone who has witnessed incident (in case of a seizure someone will be timing). Children may use the disabled toilet area for recovery or to obtain treatment. If necessary, an ambulance may be called. Any such plan will have been agreed by health professionals and parents.

Conclusion

The administration and organisation of first aid provision is taken very seriously at Monkton Primary School and EYC. There are annual procedures that check on the safety and systems that are in place in this policy. The school takes part in the Health and Safety checks by Mitie and South Ayrshire Council.

Administration of Medicines
Parental Request Form

School: **Monkton Primary School**

The school will not give your child medicine unless you complete and sign this form, and the Head Teacher has agreed that school staff can administer the medicine.

Name of Pupil

Address

.....

Date of Birth **Class**

Condition or illness.....

Medication

Dosage/Timing

Date from **Date to**

Contact Details

Name.....

Telephone No

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Signature of Parent/Carer Date

Relationship

Administration of Medicines
Parental Request Form for Inhalers

School: Monkton Primary School

Name of Pupil

Address

.....

Date of Birth Class

Condition or illness

Inhaler Type

Dosage

Timing

Date from Date to

Contact Details

Name.....

Telephone No

Signature of Parent/Carer Date

Relationship

SOUTH AYRSHIRE COUNCIL

INTERNAL INCIDENT REPORT FORM



Complete in accordance with SAC [Incident Reporting & Investigation Standard](#) for all **work-related** incidents occurring within Council controlled property, involving Council employees, persons under the supervision of the Council, contractors or other members of the public. **Complete all sections in CAPITALS and in black ink. SEND A COPY OF THE COMPLETED AR1 FORM WITHIN 10 DAYS OF THE INCIDENT DATE TO THE RISK AND SAFETY TEAM at corporate.safety@south-ayrshire.gov.uk AND RETAIN A COPY FOR YOUR RECORDS.**

Alternatively, a copy can be sent to via internal mail to Newton House.

OFFICE USE ONLY

Code: _____

Investigation: _____

Near Miss: _____

RIDDOR No: _____

DIRECTORATE: _____

SERVICE: _____

REF: _____

A - INJURED PERSON'S DETAILS (if relevant)

Full Name: _____	Work Base: _____
Home Address: _____	Address: _____
Postcode: _____	Tel: _____
Date of Birth: _____	Occupation: _____
Age: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Employee No: _____	Status: Council Employee <input type="checkbox"/> Employee under18 <input type="checkbox"/> Client/ Pupil <input type="checkbox"/>
Signature of Person completing form _____	Member of Public <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/>
Contractor Name: _____	Designation: _____

B - INCIDENT DETAILS (e.g. injury, wilful fire raising, etc)

Incident Location: _____	Incident Date: _____	Time: _____ <small>use 24hr</small>
Address: _____	Reported to: _____	
Postcode: _____	Council Property: Yes <input type="checkbox"/> No <input type="checkbox"/>	Designation: _____
Date Reported: _____	Telephone: _____	

What Happened:
Include details of what happened before, during and the consequences of the incident. Include detail of safety, equipment, plant, PPE worn etc. if relevant. Continue overleaf, or on a separate sheet if necessary.

Injuries Sustained
E.g. broken right arm

Manager/ Responsible person's comments. Continue on separate sheet if required.

H&SCP only	Criticality Level	Impact x	Likelihood	= Criticality Level	From the same date last year how many incidents has injured party been involved in?

No Absence from work:

Employee Absent from work for _____ days

Employee in Hospital as a result of incident for over 24 hrs: Non-Employee taken directly from incident to Hospital:

For employee absence, count weekends, holidays or rest days but not the day of the incident itself. A non-employee may be a pupil, resident, visitor, member of the public etc.

Actions taken by manager/responsible person to prevent recurrence: Include changes in work practices, maintenance, & repairs made, etc.

Are you satisfied that the incident happened in the course of the individual's employment with South Ayrshire Council or through contact with or delivery of Council services? (If NO, please comment on a separate sheet)

Yes No **C - Manager's Signature** (e.g. head teacher, third tier manager, etc.)

AR1 Forms submitted more than **15 days** after the Incident Date must be approved & countersigned by the **Service Lead**.

Signature: _____	Countersignature: _____
Print Name: _____	Print Name: _____
Date: _____	Date: _____

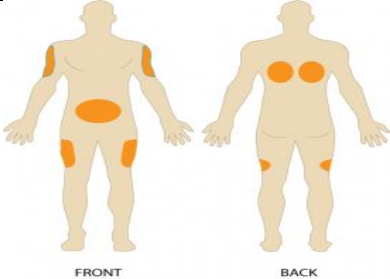
IMPORTANT: - RETURN TO THE RISK AND SAFETY TEAM WITHIN 10 DAYS TO ENSURE COMPLIANCE WITH RELEVANT LEGISLATION

General Data Protection Regulation 2016 This form is used for the purposes of investigating your incident, the monitoring of occupational and injury related absence and ill health within the organisation and the resolution of any civil or criminal legal action arising from this incident. We will log and keep your personal data on our Health and Safety Database and pass to the Health and Safety Executive or Council's Insurers if the circumstances fall within the scope of RIDDOR or our contractual insurance responsibilities. All personal data held in connection with accidents or incidents is processed only by South Ayrshire Council Risk and Safety staff. We will only collect the personal data we need in order to fully consider the causes or implications of accidents and incidents. You are entitled to a copy of this form. For more information please see the Accident & Incident Reporting & Investigation Privacy Notice available [here](#) on re-wired.

Monkton Early Years Centre

Accident/incident form (Please Circle)

*Forms must be kept for 25 years

Full name of child		Names of adults present	
Date of Birth			
Address			
Location		Date	
		Time	
Circumstances of accident/incident (What happened?)		Action Taken	Treatment
Outcome of wellbeing check 20 minutes after accident/incident took place.		Action Taken	Treatment
Signs/symptoms. Details of injury or illness			Advice Given
Medical Help sought	Yes No	Doctor	Hospital
Name of person making entry		Signed	
		Date	
Name of parent/carer		Signed	
		Date	
Parent's comments			
Further information			
Notification submitted to Care Inspectorate	Yes	No	
Further notification made to Care Inspectorate If requested/ required	Yes	No	

Monkton Early Years Centre

Administration of Medication

Parental Responsibility Consent Form

The school /establishment will not give your child medical treatment or any medicine unless you complete and sign this form, and the Head Teacher/Manager has agreed that school staff can undertake this.

Details of Child

Surname _____ Forename(s) _____

Address _____

Date of Birth _____ M F

Playroom _____ Key Worker _____

Condition or illness _____

Instructions from Parent (include signs and symptoms e.g. wheezing) _____

Medication (if applicable)

Name/Type of Medication (as described on the container/label):- _____

Strength e.g.500mg or 50mg/10ml:- _____

Dispensed Date: _____ Expiry Date: _____

Dosage and method: _____

Timing: _____

Form: - Capsule Tablet Liquid

Prescribed (P) or Over the Counter (OC) P OC

Has the child taken this medication before? If so, when? _____

Does the medicine cause any side effects we should be aware of? _____

For how long will your child take this medication? _____

Full directions when to be used: _____

Self Administration *(where appropriate)* _____

Procedures to take in an Emergency

*Parents must ensure that in date properly labelled medication is supplied.

Parental Contact Details

Name _____

Daytime Telephone No _____

Relationship to Pupil _____

Address _____

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school/establishment is not obliged to undertake. This is also confirmation that this is not the first dose of a new medication.

Signature _____ Date: _____

Relationship to Pupil _____ **Staff**

Use only:

- The medical equipment/medicine for this child is stored:
_____ and is labelled with the child's name and photograph;
- Medication has the child's name, dose and appropriate dates on the container;
- The child has had this medication before, and parents confirm this will not cause any allergic reaction;
- Approval has been sought by the Manager/Depute for administration of this medicine.
Signed: _____ (Manager/Depute)
- The appropriate information leaflet accompanies the medicine;
- Instructions are more specific than "when required"
- These instructions to be reviewed after 28 days of above date; Due: _____
- Staff are appropriately trained to administer this medication;

This medication will be reviewed every 28 days with the parent.

Date _____ Parent _____ Staff initials _____

Date _____ Parent _____ Staff initials _____

Date _____ Parent _____ Staff initials _____

Date _____ Parent _____ Staff initials _____

Date _____ Parent _____ Staff initials _____

Date _____ Parent _____ Staff initials _____

Monkton PS - EYC
Accident/Incident Audit (Session)

Name	Term 1	Term 2	Term 3	Term 4	Comments

Location - P (Playroom), O (Outdoor Area), V (External Visit), T (Toilet), H (Hall)

Activity - List brief (one word summary) (e.g. Sand, construction, computer)

Treatment - N (Dealt with by Nursery Staff), FA (School First Aider involved), H (Hospital/Emergency Services involved)

Monkton Early Years Centre

Administration of Medication Record

Name of Child _____ DOB _____

P-Prescribed

OC-Over the Counter

Date	Name of medication. Indicate P/OC	Time / amount of dosage given before nursery / school if applicable	Time of dosage given in nursery	Dosage	Reason for administration / Symptoms seen	Staff signature and Witness	Dose missed/reason/parent informed	Parent signature/comment

Review administration of medication every 28 day