



This Policy was updated in August 2018.

The Policy will be reviewed and updated annually.

Trustee with Responsibility: Jane Randle, Compliance Team

The Treehouse School

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Nature, nurture and nourishment

Rationale

The Treehouse School is committed to the provision of first aid for all members of the school community. First aid can save lives and prevent minor injuries becoming major ones. The staff will always seek to treat a casualty with care, compassion and courtesy.

Principles

The Treehouse School will ensure that:

- there is an appointed person with specific responsibility for first aid (see appendix 1);
- a sufficient number of adults are adequately qualified in first aid and therefore able to provide treatment when necessary (see appendices 2 and 6);
- immediate help is given to casualties with common injuries or illnesses with additional help requested when required;
- first-aid provision is available throughout the school day, on and off-site as appropriate;
- first aiders regularly review their first aid skills through refresher-training courses;
- first aid information is readily available and all users of the school know how to access help;
- first aid kits for minor injuries are available for use throughout the school and are regularly maintained (see appendix 3);
- a first aid incident book is available for recording minor incidents and accident report sheets for more serious incidents which are kept locked in a confidential file.

First Aid Procedures

The following procedure will be followed in the event of an incident:

- once informed the duty first aider will go to the casualty(ies) without delay and provide assistance;
- secondary aid/an ambulance will be called in the event that the first aider feels any doubt about their ability to treat an injury. If this is the case a parent/guardian (or other appropriate adult) will be informed and asked to attend immediately. If an appropriate adult cannot be contacted, a member of staff will stay with the child until a parent or guardian is available;
- all appropriate precautions will be taken by the support staff when cleaning up after an incident involving blood, vomit, etc. e.g. ensuring gloves are worn and detergents used to disinfect the area;
- details of all first aid treatment will be recorded in the school's first aid book or accident sheet.
- where there is a head injury a phone call or face to face conversation will be made to parents/guardians indicating what happened and the symptoms parents/guardians should watch for. Parents/guardians to be alerted to the possibility of worsening symptoms; Child will be given a "I bumped my head today" sticker.
- in the event of a child feeling unwell during the school day he/she will be looked after appropriately and the parent/guardian notified;
- The school will have a designated medical area (appendix 5)

Appendix 1

Appointed Person

An appointed person is someone who:

- takes charge when someone is injured or becomes ill;
- looks after the first-aid equipment e.g. restocking the first-aid container;
- ensures that an ambulance or other professional medical help is summoned when appropriate.

Appointed persons are **not** first aiders. They should **not** give first aid treatment for which they have not been trained. However, it is good practice to ensure that appointed persons have emergency first aid training/refresher training, as appropriate. These courses do not require HSE approval. They normally last four hours and cover the following topics:

- what to do in an emergency;
- cardiopulmonary resuscitation;
- first aid for the unconscious casualty;
- first aid for the wounded or bleeding.

Emergency first-aid training should help an appointed person cope with an emergency and improve their competence and confidence.

Appendix 2

First Aid Training

First aid at work certificates are only valid for **three years**. Employers should arrange refresher training and retesting of competence before certificates expire. If a certificate expires, the individual will have to undertake another full course of training to become a first aider. However, employers can arrange for first aiders to attend a refresher course up to three months before the expiry date of their certificate. The new certificate takes effect from the date of expiry. Records of first aiders and certification dates will be kept by the School Manager.

Appendix 3

Contents of a first-aid container

There is no mandatory list of items for a first-aid container. However, the HSE recommend that, where there is no special risk identified, a **minimum** provision of first-aid items would be:

- a leaflet giving general advice on first aid;
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye pads;
- four individually wrapped triangular bandages (preferably sterile);
- six safety pins;
- six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
- two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
- one pair of disposable gloves.

Equivalent or additional items are acceptable.

Travelling first-aid containers

Before undertaking any off-site activities, the trip organiser will assess what level of first-aid provision is needed. The HSE recommend that, where there is no special risk identified, a **minimum** stock of first-aid items for travelling first-aid containers is:

- a leaflet giving general advice on first aid;
- six individually wrapped sterile adhesive dressings;
- one large sterile unmedicated wound dressing - approximately 18cm x 18cm;
- two triangular bandages;
- two safety pins;
- individually wrapped moist cleansing wipes;
- one pair of disposable gloves.
- a tic remover
- bite/sting cream or spray
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Equivalent or additional items are acceptable. Additional items may be necessary for specialized activities.

Appendix 4

First Aid Records

First Aid Book (Stored in the kitchen)

A record of any first aid treatment given by first aiders and appointed persons is kept. This includes:

- the date, time and place of the incident;
- the name of the injured or ill person;
- details of the injury/illness and what first aid was given;
- what happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital);
- name and signature of the first aider or person dealing with the incident.

The information in the record book can:

- help the school identify accident trends and possible areas for improvement in the control of health and safety risks;
- be used for reference in future first-aid needs assessments;
- be helpful for insurance and investigative purposes.

Accident Report Sheets

An accident report sheet is used to record serious accidents (stored in the office). All records are confidential and must be kept for a minimum of 3 years.

Appendix 5

First-aid accommodation

A suitable area that can be used for medical or dental treatment when required, and for the care of pupils during school hours is provided (in the downstairs boys' cloakroom). The room should contain a washbasin and WC. It does not need to be used solely for medical purposes, but should be appropriate for that purpose and readily available for use when needed.

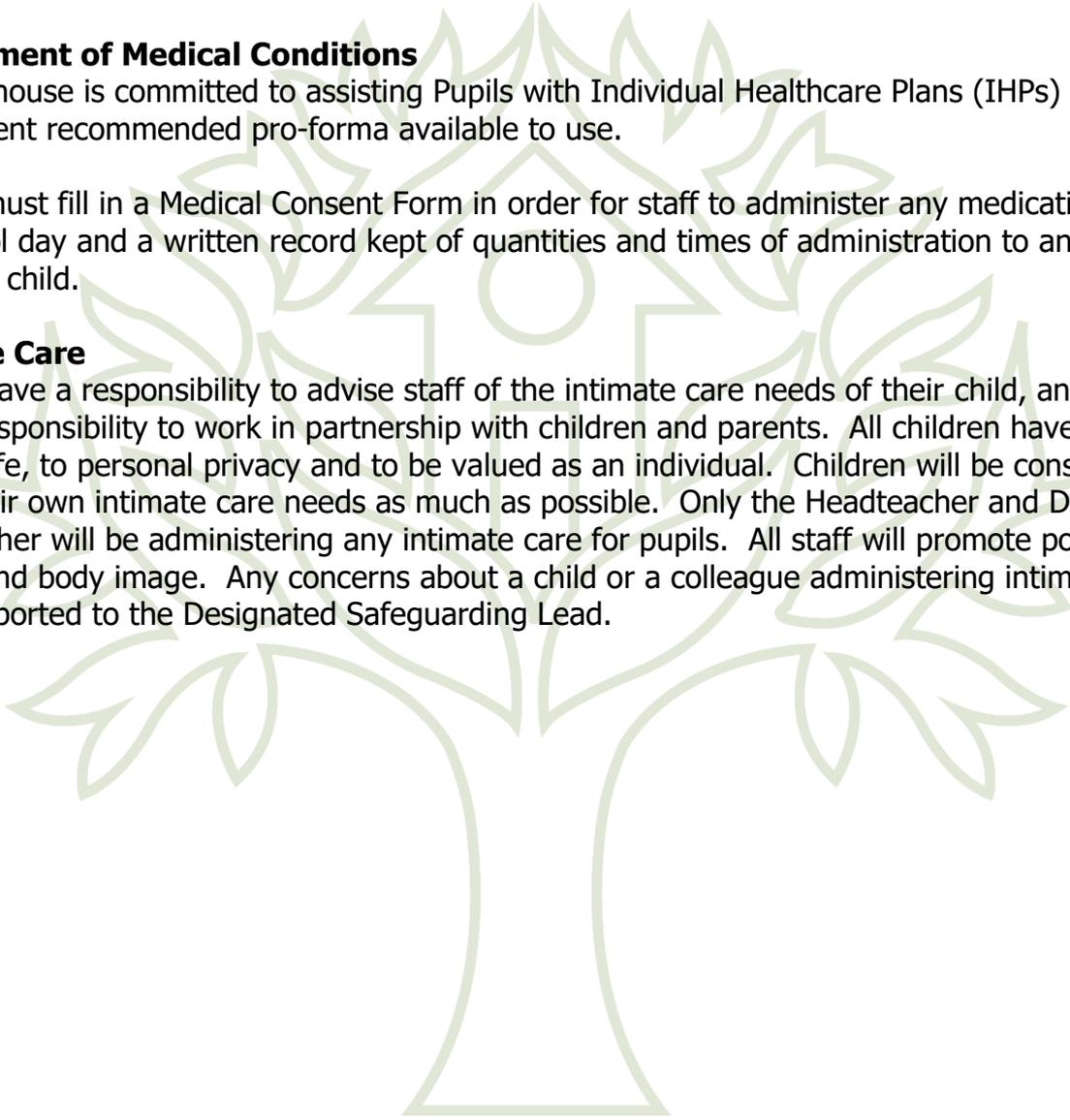
Management of Medical Conditions

The Treehouse is committed to assisting Pupils with Individual Healthcare Plans (IHPs) and has a Government recommended pro-forma available to use.

Parents must fill in a Medical Consent Form in order for staff to administer any medication during the school day and a written record kept of quantities and times of administration to any individual child.

Intimate Care

Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents. All children have the right to feel safe, to personal privacy and to be valued as an individual. Children will be consulted about their own intimate care needs as much as possible. Only the Headteacher and Deputy Headteacher will be administering any intimate care for pupils. All staff will promote positive self esteem and body image. Any concerns about a child or a colleague administering intimate care will be reported to the Designated Safeguarding Lead.



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Appendix 6 – First Aid Risk Assessment

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
CHILDREN AND ADULTS GETTING HURT WHILST IN SCHOOL	Children, staff, volunteers, visitors	<ul style="list-style-type: none"> • A qualified first-aider/with enhanced DBS will be available during school hours. • One fully stocked first-aid container sited in the under stairs cupboard. • In case of emergencies/the need to accompany a child to hospital, two adults present throughout the school day • Appointed person in place. • Information about how to get First aid clearly displayed in the school. • Updated contact and medical details/health care plan for all children kept in the school office. • Medical area identified. • First Aid book to record and monitor incidents. • Procedure for informing parents in place. • First Aid procedures explained to children. 	To be reviewed annually	Lee Ryman	August 2016	✓
CHILDREN AND ADULTS GETTING HURT WHILST OFF SITE	Children, staff, volunteers, visitors	<ul style="list-style-type: none"> • Good ratio of adults:children when off-site 1:5. • One fully stocked portable first-aid bag for off-site activities sited in the cloakroom. • Emergency contact information and fully-charged mobile telephone taken whenever off-site. • First Aid book to record and monitor incidents. • See educational visits policy. 	To be reviewed annually	Lee Ryman	August 2016	✓
SPREAD OF INFECTION/ HYGIENE CONTROL	Children, staff, volunteers, visitors	<ul style="list-style-type: none"> • Staff will have access to single-use disposable gloves and hand washing facilities. They will take care when dealing with blood or other body fluids and disposing of dressings or equipment. 	To be reviewed annually	Lee Ryman	August 2016	✓

Risk Assessment should be reviewed if it is no longer valid i.e. following an accident or incident, or there is significant change to an activity or the equipment used.