



1. Introduction

Palfrey Infant School will undertake to ensure compliance with the relevant legislation with regard to the provision of First Aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities.

Responsibility for First Aid at Palfrey Infants is held by Alison Walsh , Headteacher.

Responsibility for First Aid Training needs is Bal Bains , Health and Safety Team & AW

Responsibility for First Aid stock management is the Administrator in the school office. (Monthly)

2. Aims and Objectives

Our First aid policy will be achieved by:

1. Ensuring that there are sufficient numbers of trained First Aid Staff on duty and available for the numbers and risks on the premises in accordance to guidance
2. Ensuring that there are suitable and sufficient facilities and equipment available to administer First Aid.
3. Ensure the above provision is clear and shared with all who may require them.

3. First Aid Training

The Headteacher will ensure that the appropriate numbers of Appointed Persons, school First Aid trained staff, Emergency First Aiders, Paediatric First Aid trained staff are nominated, and that they are adequately trained to meet their statutory duties.

4. Appointed Persons: First Aid at Work

At Palfrey Infant School the Appointed Person: First Aid at Work is:

- Bal Bains, School Business Manager

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5. Paediatric First Aid Trained Staff

At Palfrey Infant School there are 4 Paediatric First Aid trained staff who are:

- Julie Callear
- Kaarolina Krygier-Kojder

These staff are in place to meet the Early Years Foundation Stage (EYFS) statutory obligations for the provision of First Aid to those children aged 5 years or younger.

6. School First Aiders

At Palfrey Infant School there are qualified First Aiders. A list of qualified staff is in the school office.

They will be responsible for administering First Aid, in accordance with their training, to those who become injured or fall ill whilst at work on the premises.

7. First Aid Provision

There are four fully stocked first aid kits available in each base (Nursery, Reception, Year 1 and Year 2). An additional First Aid kit is available in the School Office.

It is the responsibility of the Senior Administrator to check on the contents of the First Aid Kits every half term, replenish supplies and record their findings as per the example below:

Contents of First Aid Kit	Year Nursery		
	Qty required	Checked/Refilled	Exp date
Bumped head letters	1	1	No exp date
Pen	1	1	No exp date
F/A Guidance leaflet	1	1	No exp date
Eye wash pods x 5	1	1	Dec-23
Apron	1	1	No exp date
Non woven swabs 10 x 10 cm	4	4	Jun-21
Non woven swabs 5 x 5 cm	3	3	Sep-23
Adhesive wound dressing 10 x 7.5 cm	2	2	Mar-23
Adhesive wound dressing 7 x 6 cm	2	2	Oct-23
Medium Sterile dressing 12 x 12 pad	2	2	Jul-23
Large sterile dressing 18 x 18 pad	2	2	Aug-23
Triangular dressing	2	2	No exp date
Safety pins pack	2	2	No exp date
Eye dressing	1	1	Mar-24
Adhesive dressings - box assorted	1	1	Aug-23
Sterile wet wipes	30	30	Jun-23
Microporous tape	2	2	07/12/20201
Nitrile gloves	9	9	Sep-21
Face shield	2	2	No exp date
Foil blanket	2	2	No exp date
Burn dressing 10 x 10	1	1	Nov-23
Clothing shears	1	1	No exp date
Conforming bandage medium	2	2	No exp date
Finger dressing	2	2	-

We do not have a Medical Room but use the staff room as an emergency Medical room as it has the following facilities : running water, First Aid Kit (from school office), chairs and table outside office.

8. Known Health Conditions

A child with an identified health condition will be treated / cared for/ have First Aid administered in accordance with their individual Healthcare plan, kept in the school office.

Known condition pupils are identified on the Health Board in the staff room with additional lists in classes specific to the class. Staff familiarise themselves with these children and are notified of any additions when parents inform the school.

All medicines administered in school are recorded by the member of staff administering the medicine in compliance with Children with Medical Needs guidance.

Pupils with Asthma have specific Asthma Plans. All medicine kept in school such as inhalers, epipens, anti-histamines etc are checked half-termly by the School Administrator.

Information on the prescription label is recorded including the expiry date. As expiry dates approach the Administrator contacts parents to arrange for replacements to be brought into school and expired medicines/devices to be sent home. This is recorded on school spreadsheet. Medicines (including inhalers) are kept with the child whether they are in class, in the hall or on a school educational visit.

(See Medicines in School Policy)

9. Emergency Arrangements

Upon being summoned in the event of an accident, the first Aider/ Appointed person is to take charge of the First Aid administration/ emergency treatment commensurate with their training.

Following their assessment of the injured person, they are to administer appropriate First Aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The First Aider / Appointed Person is always to call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is a possibility of a fracture or where this is suspected
- Whenever the First Aider is unsure of the severity of the injuries
- Whenever the First Aider is unsure of the correct treatment
- When an epi pen has been used
- When a seizure takes place for more than 5 minutes

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In the event of an accident involving a child, where appropriate, it is our policy to notify parents of the child's accident if it:

- Is considered to be more serious (or more than a minor) injury.
- Requires First Aid treatment that extends beyond plasters on grazes or a simple cold compress.
- Requires attendance at hospital
- Head or Facial injuries

Our procedure for notifying parents will be to use the telephone numbers available to contact them and leave a message should the parent not be contactable.

In the event that parents cannot be contacted and a message has been left, our policy will be to continue to attempt to make contact with parents every half an hour. In the interim, we will ensure a qualified First Aider/ Appointed Person or other member of staff remains with the child until the parents can be contacted and arrive (as required). Should the child be handed over to another adult (as is the case at lunchtimes when children transfer from the responsibility of the lunchtime supervisor to the class teacher) adults responsible will be briefed by the first aider as to what has happened and what action has been taken.

In the event that the child requires hospital treatment and the parents cannot be contacted prior to attendance, the qualified First Aider, or appointed person, or another member of staff will accompany the child to hospital. This person will remain with the child until the parents can be contacted and arrive at the hospital to be with the child.

10.Records:

All accidents requiring First Aid are recorded on an Incident Record Form (at the time of the incident or very shortly after).

Incident Record Form	
Child's Name:	Class:
Date and time of incident:	Location:
Description of incident:	Action taken: First Aid Administered <input type="checkbox"/> Teacher notified <input type="checkbox"/>
How is the child following the incident: Returned to class <input type="checkbox"/> Parent Contacted <input type="checkbox"/> Went Home <input type="checkbox"/> Consultation with a medical professional advised <input type="checkbox"/>	Other comments
Parent Notified: Incident Letter / Text / Call	
Any Other comments	
Attending adult's signature: Date:	

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An incident letter is also completed. A copy of this attached to the incident form and added to the accident file. The original is handed to parents when they collect the child.



Palfrey Infant School
Bescot Street
Walsall
WS1 4HY

Telephone: 01922 720713

E-mail: postbox@palfreyinfant.co.uk

Headteacher: Mrs A Walsh

Ref: AW/Office

Date:

Child's Name: Class:

Dear Parent,

Your child had an accident/incident today. First aid was administered.

Fall, Slip or Trip	
Falling object (eg hit by ball)	
Stepping on/striking against/trapping (eg bumping into each other)	
Assault/attempted physical injury (eg hurting each other)	
Bump/Bruise	<ul style="list-style-type: none"> ➤ Headache ➤ Nausea and/or vomiting ➤ Impaired vision ➤ Drowsiness ➤ Feeling Cold or clammy
Vomiting/Nausea	
Nosebleed	
Headache/High temperature	
Head Injury	
Cut/Graze	
Asthma	
Other	
Following First Aid the child was well enough to remain in school	
Child was collected from school	
The school is of the opinion that your child should consult a medical professional	

If you are concerned we recommend you consult a medical professional particularly if they show any of the symptoms as listed above.

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A Walsall Council accident form is also completed by the attending First Aider for serious injuries. These are available from outside the staff room and electronic in Staff Information Forms & Templates school. To be passed to Headteacher, with any witness statements. If necessary these will be forwarded to Walsal LA H&S Team.

Walsall Council Accident & Incident Report Form		Health & Safety Accident & Incident Report Form	
Directorate: Schools Establishment/section/school: PALFREY INFANT SCHOOL Location:		Witnesses <small>continue on separate sheet if necessary</small> Name: _____ Address: _____ Name: _____ Address: _____ Tel: _____ Tel: _____	
Injured/assaulted person Forenames: _____ Tel: _____ Age/DOB: _____ Surname: _____ Employee no.: _____ Sex: _____ Home address: _____ Do they consider themselves disabled? _____ If an employee, is the employer: Walsall Council or other (specify)? _____ Employee <input type="checkbox"/> Job Title: _____ Contractor <input type="checkbox"/> Company: _____ Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____		Describe what happened including any treatment/advice received & any connected absences. <small>continue on separate sheet if necessary</small> Injury (if relevant): _____ First aid treatment/advice administered (if appropriate): _____ Signature of first aider (if appropriate): _____ Description of incident/damage: _____ Immediate cause: _____ Underlying cause: _____	
Incident details Location: _____ Date: _____ Time: _____ Reported To: _____ Date: _____ Time: _____		Outcome/action taken to prevent recurrence <small>continue on separate sheet if necessary</small> Risk assessment(s) reviewed? <input type="checkbox"/> No appropriate action? <input type="checkbox"/>	
Minor (non-RIDDOR) accidents/incidents Treatment <small>give detail over</small> Minor/other <input type="checkbox"/> Near miss/Damage <input type="checkbox"/> N/A <input type="checkbox"/> First Aid <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/>		Reported by (employee or their supervisor) Name: _____ Position: _____ Signature: _____ Date: _____ Tel: _____	
RIDDOR accidents/incidents <small>*see Guidance</small> 7 Day <input type="checkbox"/> Specified <input type="checkbox"/> Fatality <input type="checkbox"/> Hospitalised (Public) <input type="checkbox"/> Occupational disease <input type="checkbox"/> Dangerous occurrence <input type="checkbox"/> Date HSE notified: _____ Method: _____ Website/phone: _____ By whom: _____ Incident no.: _____		Countersigned (line manager) Name: _____ Position: _____ Signature: _____ Date: _____ Tel: _____	
Aggressive or violent incident (to employees only) Verbal abuse <input type="checkbox"/> Threatening behaviour <input type="checkbox"/> Physical assault <input type="checkbox"/> Other (specify) _____ Was there NO intent to harm? <input type="checkbox"/> Do you think it was race/equality related? <input type="checkbox"/> Police involved? <input type="checkbox"/> (detail over)		Privacy statement: The data obtained using this form is collected to help us fulfil our legal duty to report certain accidents and also to help us learn from incidents to help prevent a recurrence. With regard to the latter, please note a limited summary of the data will be shared with senior managers and/or H&S Committee members, which include trade union H&S representatives, to ensure any learning points are appropriately shared. The form itself will only be shared with trade union colleagues if employee gives their consent below. If a union member, employee to sign here to give consent for their TU H&S rep to see a copy: _____	
Ethnic origin of assaulted person (tick appropriate box)(only needed for aggressive incidents) White <input type="checkbox"/> 01 British <input type="checkbox"/> 10 White & Black Caribbean <input type="checkbox"/> 20 Indian <input type="checkbox"/> 30 Caribbean <input type="checkbox"/> 40 Chinese <input type="checkbox"/> <input type="checkbox"/> 11 White & Black African <input type="checkbox"/> 21 Pakistani <input type="checkbox"/> 31 African <input type="checkbox"/> <input type="checkbox"/> 12 White & Asian <input type="checkbox"/> 22 Bangladeshi <input type="checkbox"/> 32 Other Black background <input type="checkbox"/> 42 Other Ethnic Group <input type="checkbox"/> <input type="checkbox"/> 09 Other White background <input type="checkbox"/> 19 Other mixed background <input type="checkbox"/> 29 Other Asian background <input type="checkbox"/> 39 Other Black background <input type="checkbox"/> 49 Other Ethnic Group <input type="checkbox"/>		Once complete, please ensure that you: (a) Retain a copy of this form on site; (b) If the incident sees to an employee, offer a copy of the form to them; (c) Forward or email a copy to: Health & Safety Team, 3 rd Floor, The Civic Centre, Darwall Street, Walsall WS11TP	
Details of person(s) causing aggressive incident Name: _____ Tel: _____ Address: _____ Approx. age: _____ Sex: _____ Other relevant details: (including mental capacity/physical disabilities/intent if relevant) _____		Health & Safety Team use only Action/recommendations _____ Further investigation <input type="checkbox"/> No further action <input type="checkbox"/> HSA signature: _____ Database ref: _____ Date: _____	

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HEAD INJURY PROCEDURE

- First aid administered
- Incident Record Form and Incident Letter completed
- Sticker issued
- Contact parents to inform of incident, explain whether the child needs to be collected so that they see a medical professional or give option for parent to come to school to assess pupil
- If child goes home: Inform teaching and office staff
- If child remains in school inform staff responsible for child for the remainder of the school day and monitor condition being watchful of delayed symptoms.

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FACIAL INJURY

- First aid administered
- Incident Record Form and Incident Letter completed
- Sticker issued
- Contact parents to inform of incident, explain whether the child needs to be collected so that they see a medical professional or give option for parent to come to school to assess pupil. Inform of any broken skin, swelling, bruising, if child is very distressed
- If child goes home: Inform teaching and office staff
- If child remains in school inform staff responsible for child for the remainder of the school day and monitor condition being watchful of delayed symptoms.

FIRST AID IS THE RESPONSIBILITY OF ALL STAFF, IF YOU SEE A CHILD WITH AN UNEXPLAINED INJURY ALWAYS ASK THE CHILD HAVE THEY RECEIVED FIRST AID

Review Date: Autumn Term 2023