



# Pilgrims School

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## Accident and First Aid Policy

January 2022 (including Covid-19 update)

Next review date: January 2023



Please note: 'School' refers to Early Years Foundation Stage (Little Pilgrims, Kindergarten and Pre School) and Pilgrims main school; 'parents' refers to parents, guardians and carers.

### **Policy Statement/ Authority**

Pilgrims School recognises its responsibility to provide appropriate first aid for all pupils and staff and to ensure best practice by extending the arrangements as far as is reasonably practicable to others who may also be affected by our activities. The School undertakes to ensure compliance with the relevant legislation.

This policy has been prepared in accordance with DfE Guidance on First Aid in Schools. Its status is advisory only. It is available to parents/ prospective parents via the website and to all members of School staff via the Employee Handbook. It is designed to comply with the common law and the Health and Safety at Work Act 1974 and subsequent regulations and guidance to include the Health and Safety (First Aid) Regulations 1981 in respect of an employer's duty to provide adequate and appropriate equipment, facilities and personnel to enable First Aid to be given to employees in the event of illness or accident. This policy is also designed to comply with the School's duties to pupils and visitors and paragraph 13 of the Education (Independent School Standards) Regulations 2014. Nothing in this policy affects the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services at the site of the incident.

### **Aims & Objectives**

- To ensure there are a sufficient number of trained first aid staff on duty and available for the numbers and risks on the premises in accordance with the First Aid Needs Assessment (FANA). This assessment will be reviewed periodically or following any significant changes (see appendix A);
- To ensure that there are suitable and sufficient facilities and equipment available to administer first aid in accordance with the FANA;
- To ensure the above provisions are clear and shared with all who may require them. The Estates and Property Manager is responsible for implementing the policy and all staff have statutory obligation to follow and co-operate with the requirements of this policy.

### **Responsibilities**

#### **Estates and Property Manager:**

The Estates and Property Manager is responsible for ensuring the School has adequate First Aid equipment and facilities and that an adequate number of qualified First Aid personnel are on site at all times. He/she is responsible for ensuring staff have the appropriate and necessary First Aid training as required and that they have sufficient understanding, confidence and expertise in relation to First Aid.

#### **School Nurse:**

The School Nurse comes in to school two days a week. When the school nurse is on site, they are available to offer help and advice on any first aid or medical matters which have arisen. The school nurse also carries out the standard '5 year' checks on all pupils within the school, and will make referrals as appropriate.

#### **Appointed Person:**

An appointed person is someone who takes charge when someone is injured or taken ill. They are not first aiders and they should not give first aid treatment for which they have not been trained. They have responsibility for maintaining first aid equipment (which is delegated to the School Nurse) and for ensuring that an ambulance is summoned when appropriate. The Estates and Property Manager is the appointed person for Pilgrims School.

### **First Aiders:**

The School will ensure that there are an appropriate number of trained first aiders (as per the FANA) in sufficient numbers, and at suitable locations to enable first aid to be administered without unnecessary delay. There will be at least one qualified person on each school site when children are present.

Account is taken of the person's normal duties because a first-aider must be able to leave to go to an emergency immediately. It is the School's policy to ensure an adequate number of non-teaching staff are trained first-aiders.

### **Training**

Since changes to the Health and Safety (First Aid) Regulation 1981 on 1 October 2013, HSE no longer approves first aid training and qualifications – or first aid training providers.

There are two types of courses which staff can undertake:

- First Aid at Work
- Emergency First Aid Course

In addition, staff may also undertake a Paediatric First Aid Course which meets the requirements of both the EYFS statutory framework and OFSTED.

CPR Training will also be provided for all staff who regularly work in the swimming pool.

Additional training on the use of Artificial External Defibrillator (AED's) is also offered to all first aiders.

### **Qualified First Aid at Work**

A first aider must hold a current Certificate of Competence in First Aid at Work. Training courses normally take 3 days (18 hours) and the certificate is valid for three years. Prior to expiry, a two day (12 hours) refresher course and examination is required for renewal of the certificate's validity.

### **Emergency First Aid at Work**

An emergency first aid at work certificate can also be obtained. Training courses normally take 1 day (6 hours) and the certificate is valid for three years before expiring.

In the event of an accident, an Emergency Aid person may be the first on the scene, but should then call a more qualified person unless the injury is minor.

### **Paediatric First Aid**

A paediatric first aider must hold a current EY First Aid Certificate issued by an organization approved by the Local Authority and OFSTED. Training courses are held over 2 days (12 hours) and the certificate is valid for three years.

A paediatric first aider must be present at all times when EYFS children are on site. When EYFS children are taken out of the setting, a paediatric first aider must accompany them.

## **CPR (cardiopulmonary resuscitation)**

It is recommended that at least one adult at poolside is CPR trained. CPR training is delivered through a two hour course, with a certificate of attendance issued. It is delivered on an annual basis.

The names of all trained members of staff (Appendix F) are available in the following locations:

- First Aid room
- Main school reception desk  
Little Pilgrims Office
- Main school staff room
- Little Pilgrims staff room  
Dining room
- Pre-School

All staff should familiarise themselves with the location of the lists.

## **First Aid Code of Practice**

In the first instance an injury will be assessed as to how serious it is. This does not have to be done by a first-aider. If the injury is as a result of a fall from height, a knock to the head, a wound that bleeds or an abnormal swelling, then a first-aider should be called. If in any doubt, call a first-aider.

## **First Aid Materials and Room**

Our FANA (Appendix F) identifies the first aid kit requirements for the entire site. For the location and contents of the first aid kits, please refer to Appendix G.

It is the responsibility of the school nurse to check the contents of all first aid kits every term and record findings. It is the responsibility of nominated staff members in each location to ensure that their first aid kit is maintained and topped up. Staff members that use first aid equipment are responsible for ensuring that either the school nurse is made aware to top up or source replacements to keep their first aid kits prepared for use in an emergency. First aid kits will have a breakable tag to indicate they are checked and ready to use- these will display date last checked. Spare first aid equipment and completed checklists are stored in the medical room.

The Medical Room is designated as the first aid room for treatment, sickness and the administering of first aid. The first aid room has the following facilities:

- Bed, running water, first aid kit, chair, medical waste bin, lockable cabinet and medical fridge.

Access to the first aid room is available at all times when staff or pupils are on the premises. Where appropriate, sick children should be moved to the first aid room before first aid is administered. The door to the medical room should always be kept closed when not in use.

## **Accidents**

In the event of an accident, the Accident Procedure (Appendix B) must be followed. For guidance on when to call an ambulance, see Appendix A. Further guidance is given in Appendix C for accidents involving head injuries.

An accident report form (Appendix E) must be completed for all accidents / incidents that occur on site and result in an injury. A copy of this form must be given to the parent on collection of the child, or placed in book bags to go home if this is not practicable. If an accident is deemed to be serious and therefore reportable to either the Health & Safety Executive or Ofsted, this form must be discussed with parents upon the collection of the child and a copy put in the child's record.

In Little Pilgrims the parents will also need to sign the form in the child's individual folder. The Estates and Property Manager (or Deputy) must be made aware of all serious accidents / incidents on the day that they occur.

Accident report forms will be regularly reviewed to ensure that the circumstances leading up to the incident are investigated and preventative measures put in place where necessary.

If any member of staff has any questions regarding the reporting of an incident, or are unclear on how to complete any of the forms required, they should speak to their Line Manager or the Estates and Property Manager who will be able to assist.

If an accident report form is completed outside of the normal school day, the following procedure must be followed:

### **After School Clubs**

In cases of minor injuries, the member of staff who dealt with the accident should complete the accident report form. For external clubs, this should be done using the triplicate book from the red bag. The copies should be distributed as follows:

- 1st copy – to be given to parents when child is picked up. If the child goes directly into Owls after attending the Club, the copy for the parents must be passed to the Larks and Owls Supervisor or their deputy in their absence
- 2<sup>nd</sup> copy – to be given to the school reception
- 3<sup>rd</sup> copy – to be kept by the Club Leader for their records.

### **Larks**

In the case of minor injuries, details should be recorded on the accident report form. The copies should then be distributed as follows:

- 1st copy – to be given to the class teacher when the children go down to their classrooms and a brief explanation is given. This is then put into the children's bookbag to take home
- 2<sup>nd</sup> copy – remains in the Larks Bump Book and the book is handed into the school reception once per week

### **Owls**

In the case of minor injuries, details should be recorded on the accident report form. The copies should then be distributed as follows:

- 1st copy – To be given to parents when child is picked up
- 2nd copy – To be handed into the school reception.

### **Holiday Club**

In the case of minor injuries, details should be recorded on the accident report form. The copies should then be distributed as follows:

- 1st copy – To be given to parents when child is picked up
- 2nd copy – To be handed in to school reception

All serious incidents (as defined under RIDDOR regulations) will be reported to the HSE as soon as possible but within 14 days of its occurrence.

All serious accidents (as defined by OFSTED) will be reported to OFSTED and the Local Protection Agency as soon as is reasonably practicable but not later than 14 days of its occurrence.

An account must be written up by the member of staff who dealt with the incident, which must be signed, dated and given to the headteacher. The headteacher will then lead an investigation if they deem this necessary.

### **Monitoring**

All records will be kept in line with the Harpur Trust Information and Records Retention Policy: For use by schools in the Harpur Trust. This currently says that information of this type should be kept from the D.O.B of the child plus 25 years. For accidents involving members of staff, records will be kept for 12 years from the date of the accident.

Accident reports for children currently on roll must be readily accessible. All accident report forms will be checked termly by the Deputy Estates and Property Manager to inform of trends and areas of improvement.

Accident report forms will be reviewed on an ongoing basis to ensure matters of concern are addressed immediately and a full accident report is prepared for the Health and Safety Committee on a termly basis.

**Approved by the Health and Safety Subcommittee on  
Lucy Nightingale**

Estates and Property Manager

## **Appendix A**

### **Guidance on When to Call an Ambulance**

In a life-threatening emergency, if someone is seriously ill or injured and their life is at risk always call 999. Examples of medical emergencies include (but are not limited to):

- loss of consciousness
- a sudden confused state
- fits that are not stopping
- chest pain
- breathing difficulties
- severe bleeding that cannot be stopped
- severe allergic reactions (anaphylaxis)
- severe burns or scalds
- someone has seriously injured themselves or taken an overdose

Call 999 immediately if you think you or someone else is having a heart attack or stroke. Every second counts with these conditions.

Also call 999 if you think someone has had a major trauma, such as after a serious road traffic accident, a stabbing, a shooting, a fall from height, or a serious head injury.

In an emergency an ambulance will be called by the School Receptionist, First Aider or another nominated person.

## Appendix B

### Accident Procedure

#### Medical Emergency on School Grounds

1. The area should be assessed for potential threats to safety. If the area is deemed to be unsafe or there is a potential threat to safety (e.g. gas cylinders, flood, slippery ground etc.), it should be evacuated.
2. The first aider must take charge of first aid administration providing the first aid / emergency treatment appropriate with their training. Following their assessment of the injured parties, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

**All first aiders treating injured or ill persons must use the correct infection control procedure i.e. gloves/masks etc.**

An ambulance must always be called on the following occasions:

- loss of consciousness
- a sudden confused state
- fits that are not stopping
- chest pain
- breathing difficulties
- severe bleeding that cannot be stopped
- severe allergic reactions (anaphylaxis)
- severe burns or scalds
- someone has seriously injured themselves or taken an overdose

**If an ambulance is required, this should be called without any delay.**

3. The office must be informed when an ambulance has been requested, so that they are able to direct the ambulance on arrival. The Head, Deputy Head or Estates and Property Manager should also be informed as soon as possible.
4. **Should an ambulance be required**, and the incident involves a pupil, their Parents must be contacted. If a pupil requires hospital attention, parents should be asked to attend school as soon as possible to accompany their child in the ambulance, where this is not possible, they should meet their child at the hospital. In the event that parents cannot be contacted a message should be left for the parents to contact the school and attempts to make contact should continue until the parent has been informed of the incident.
5. If the incident involves a member of staff, next of kin should be informed and asked to meet the member of staff at the hospital.
6. In the event that a child needs to travel by ambulance when their parents are not present, they should be accompanied by two members of staff. The staff should remain with the child until the child's parent arrives. The staff member should return to school by taxi.
7. In the event that an adult needs to travel by ambulance, they should be accompanied by another member of staff



8. If an ambulance is called and will not attend the child or adult they should be transported to hospital by taxi if the parents are unable to attend. In this situation two adults must accompany a child.
9. Take advice from the ambulance call handler before allowing the patient to eat or drink.
10. Copies of the child's registration and medical forms must be taken to the hospital with the child.
11. All serious incidents (as defined under the 1995 RIDDOR regulations) will be reported to the HSE as soon as possible.
12. All serious incidents (as defined by Ofsted) will be reported to Ofsted and the Local Protection Agency as soon as is reasonably practicable but within 14 days of its occurrence.

### **Medical Non-Emergency on School Grounds**

#### **When dealing with a child who has had an accident, trip or fall or a suspected accident where no significant mark is visible.**

The majority of playground incidents involving pupils are merely grazes and minor bumps requiring only time for the child to get over the shock. In every situation when a child sustains a visible injury, or a first aider has been called, an accident report form must be completed.

#### **Main School Children**

1. Immediately reassure the child.
2. Assess them for cuts and bruises and try to ascertain what happened and where they are injured. This does not have to be done by a first-aider.
3. If the injury is as a result of a fall from height, a knock to the head, a wound that bleeds or an abnormal swelling, then a first-aider should be called. If in any doubt, call a first-aider.
4. Administer appropriate first aid.
5. Record the accident by completing an accident report form.

#### **Early Years Children**

1. Immediately reassure the child.
2. Assess them for cuts and bruises and try to ascertain what happened and where they are injured. This does not have to be done by a first-aider.
3. If the injury is as a result of a fall from height, a knock to the head, a wound that bleeds or an abnormal swelling, then a first-aider must be called. If in any doubt, call a first-aider.
4. Administer appropriate first aid.
5. Record the accident by completing an accident report form, a copy of which should be provided to the child's parents when they are collected. The accident should also be recorded in the child's individual accident form (Appendix D) in each child's folder which must be signed by parents on collection.

#### **Staff**

All accidents involving members of staff or visitors should be recorded using the accident report form which should be passed onto the Estates and Property Manager.

If it is not possible for the member of staff to complete the record form, this should be done by the first aider who dealt with the accident, or a member of staff who has knowledge of the accident. If the form is completed by a third party, the details of the incident will be verified with the member of staff who had the accident.

If any member of staff has any questions regarding the reporting of an incident, or are unclear on how to complete any of the forms required, they should speak to their Line Manager or the Estates and Property Manager who will be able to assist.

### **Appendix C**

## Head Injuries

### Signs and symptoms

The symptoms of head injuries are used to determine how serious it is. Head injuries can be classified into minor, moderate or serious.

A **severe head injury** is when a child:

- Has lost consciousness for more than 30 seconds.
- Is drowsy and does not respond to your voice.
- Has other significant head injury signs, such as unequal pupils, arm and leg weakness.
- Has something stuck in their head.
- Has a second fit or convulsion, other than a single brief one when the injury happened.

### Procedure

All incidents involving a blow to the head must be reported to a First Aider in the first instance or the School Nurse if she is on site. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgment as to whether there is a requirement to call an ambulance.

An ambulance should be called immediately when a serious head injury has been sustained or if:

- The child has had a hard bang to the head, such as falling off something high or from a car accident.
- The child loses consciousness.
- The child seems unwell and vomits several times after.

If the injury is deemed to be serious the Headteacher, Deputy Headteacher or Estates and Property should be informed as soon as possible.

### Treatment of Minor injuries

Treatment of any head injuries should be administered in line with the training and guidance received on the relevant HSE approved training course. The basic principles in treating a minor head injury are as follows:

- Any cuts/grazes to the head should be treated with cold water only.
- A cold compress should be applied to all bumps.
- A dressing should be applied to a bleeding wound for at least 5 minutes or until the bleeding has stopped.

A first aider should be called to assess the child. In most cases where a minor head injury has occurred, it is assumed that if the child appears well they will remain in school and be monitored by the staff. However, there may be instances in a non-emergency situation where a first aider may recommend that a parent take the child to their GP / local drop in centre to have the injury checked.

### Communication

Return to Class

- If the first aider recommends that the child should return to the classroom the child's teacher / key worker should be informed of the incident and should observe the child throughout the day. If the child appears to be displaying any unusual behaviour a first aider should be called immediately to reassess the child.

- The child's parents must be given a copy of the accident report form and a head injury information leaflet.

#### Child to be sent home

- If the first aider recommends that the child needs to be collected from school due to a minor head injury, the Head, Deputy Head or Estates and Property Manager should be informed as soon as possible.
- The telephone call to parents should be made by a member of staff with pastoral responsibility.
- All contact numbers provided should be used in an attempt to contact a child's parents and these are available from reception. In the event that parents cannot be contacted a message will be left requesting that they contact the school as soon as possible. The school will continue to attempt to make contact with them until they have been spoken to.
- The member of staff should clearly explain to the parent why they think it is in the best interest of the child to be picked up, and any further recommendations they may have.
- The child should sit quietly inside while waiting for a parent, if appropriate. The child should never be left alone, and should be monitored for any signs of deterioration. If the child appears to be displaying any unusual behaviour or their symptoms worsen, a first aider should be called immediately to reassess the child.
- The child's parents must be given a copy of the accident report form and a head injury information leaflet.

#### In Little Pilgrims

- The child is not left alone and is formally monitored half hourly and this is recorded on a Head injury form while we are waiting for parents / ambulance to arrive

# Appendix E

## Pilgrims Pre Prep School: Accident / Incident Report Form



Name/signature of person completing the form:

Name:	Signed:
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If Little Pilgrims/Pre School accident/incident, please give name of witness / age of child in months

Witness:	Age of child (months):
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Date and Time of accident/incident:

Location of accident/incident:  
(Please be as specific as possible)

Information about the injury:

Name:  and signature if over 18 Room/Class/Dept:

What happened?	
Describe injuries, including location on body:	Describe treatment given:
Was an injury to the head sustained? <input type="button" value="YES"/> <input type="button" value="NO"/> If 'Yes' a 'head injury' leaflet needs to be sent home with this form.	
Was another child involved? <input type="button" value="YES"/> <input type="button" value="NO"/> If 'Yes', what follow up action has been / will be taken?	
Is the accident/incident serious? <input type="button" value="YES"/> <input type="button" value="NO"/> <i>A serious accident/incident is anything that results in any of the following: fractured /broken bones, loss of consciousness, pain not relieved by simple painkillers, acute confused state, breathing difficulties or severe chest pain, amputation, major dislocation (shoulder, knee, hip, elbow or spine), temporary or permanent loss of sight, eye injury from chemical or hot metal burns, injury from electric shock, electrical burn or hypothermia, unconsciousness due to asphyxia or exposure to harmful substances. Medical treatment received as a result of inhaling, ingesting or absorbing harmful substances.</i>	
The child/person: <small>(please tick relevant box)</small> <input type="button" value="Was sent home"/> <input type="button" value="Returned to room"/> <input type="button" value="Returned to class"/> <input type="button" value="Returned to dept"/>	

To help us monitor trends, please tick the primary cause of the accident:

- |   |  |
|---|--|
| <input type="checkbox"/> Fixed object e.g. walls<br><input type="checkbox"/> Another child<br><input type="checkbox"/> Trip / Fall<br><input type="checkbox"/> Play equipment e.g. hoops / skipping ropes<br><input type="checkbox"/> Climbing equipment<br><input type="checkbox"/> Ball<br><input type="checkbox"/> Other (please specify): | <input type="checkbox"/> Stick<br><input type="checkbox"/> Tree<br><input type="checkbox"/> Car/bike/scooter<br><input type="checkbox"/> Door<br><input type="checkbox"/> Swimming pool<br><input type="checkbox"/> Splinter |
|---|--|

Top copy (white) to be given to child's teacher for information/to note and then passed to child's parent/guardian.  
 Bottom copy (yellow) to be returned to Little Pilgrims/Pre School office or Reception for main school.

**NB:** If this accident / incident is serious, the bottom copy of this form must be given to the Estates & Property Manager or Deputy as soon as possible.

## Appendix F – First aid needs assessment

	<b>Total</b>
Approx no. people working between:	
08.00 - 08.30	<b>52</b>
08.30 - 16.00	<b>117</b>
16.00 - 18.00	<b>56</b>
Approx no. children under 5 between:	
08.00 - 08.30	<b>101</b>
08.30 - 16.00	<b>154</b>
16.00 - 18.00	<b>101</b>
Approx no. children between	
08.00 - 08.30	<b>26</b>
08.30 - 16.00	<b>160</b>
16.00 - 18.00	<b>26</b>
Current number of qualified "First aid at work"	<b>11</b>
Current number of qualified "Paediatric first aid"	<b>12</b>
Approx no. staff in area outside of core working hours inc. weekends	<b>9</b>

### Additional Considerations

Lone Work carried out in school	Estates team  Pool supervisor (sat & sun)  Ad hoc weekend	carries mobile phone or radio carries mobile phone, access to school phones, swimming school members present  carries mobile phone, low risk activities only
Distance to nearest major hospital Travel time to nearest major hospital	3 miles 11 minutes	
Location of first aid kits	Reception      LP staff room Kitchen          Baby room Staff Room      Big Toddler Room Swimming Pool    KG1 & KG 2 Plant room      Pre-school Medical room	
Staff with special health needs or disability	3 plus 1 with adrenaline injector	
Pupils with special health needs or disability	1 plus 2 with adrenaline injectors	Suitable health plans in place for all children
List of specific hazards in the areas	Swimming Pool    Chemicals, slips & trips, drowning, machinery Kitchen              Burns, chemicals Cleaning cupboard    Burns, chemicals	risk assessment and NOPs in place; 2no. trained pool plant operatives risk assessment in place risk assessment in place
Are there hazards or health concerns for which first aid kit or specialised equipment is required	Swimming pool    Chemicals Kitchen              Chemicals, fire, burns	running water and eyewash available running water and eyewash available, fire blankets and extinguishers in place
Method of recording accidents	accident report form	clear procedure in policy

First Aid Training Records - January 2022

<b>Course</b>	<b>Trained</b>		
<b>Paediatric first aid</b>	Hayley Barton	Shamima Begum	Chelsea Denton
	Kayleigh Freame	Jo Goodrum	Jenni Grindley
	Katie Marshall	Jade Moffatt	Rachel Perrin
	Clare Pinnock	Kim Ross	Anita Walsh
<b>First Aid at Work</b>			
	Mags Blythman	David Carr	Carrie Clarke
	Jen Cosgrave	Zoe Garbould	Giacinta Marinelli
	Clare Pinnock	Michelle Walker	Glen Gray
	Hayden Brice		
<b>Mental Health First Aid</b>	Jen Cosgrove	Barbara Courtney	

## Appendix G – First aid box contents & locations

### First Aid Kit List

ITEM	QUANTITY
GENERAL ADVICE LEAFLET	1
LARGE WOUND DRESSING BANDAGE	2
MEDIUM WOUND DRESSING	2
PLASTERS- VARIED SIZE	20
ADHESIVE WOUND DRESSING 100X75	2
ADHESIVE WOUND DRESSING 75x50	2
LARGE LOW ADHERENT DRESSING PAD 100X100	1
SMALL LOW ADHERENT DRESSING PAD 50X50	2
EYE PAD	2
GAUZE PADS	4
CONFORMING BANDAGE	2
MICROPORE	1
TRIANGULAR BANDAGES	2
DISPOSABLE GLOVES	3 PAIRS
STERI-STRIPS	1
RESUS MASK	1
FOIL BLANKET	2
VOMIT BAG	2
SCISSORS	1
SALINE AMPOULES	3
WOUND WIPES	16
NAPPY SACK	1
ICE PACK	1
SAFETY PINS	3
BURN GEL PACK	2

Each area should have access to hand sanitiser, head injury advice leaflets and accident report pad.

**Defibrillator kept in main reception in main school.**  
**Salbutamol inhaler kept in main reception**

Generic salbutamol inhaler kept in MAIN RECEPTION, SCHOOL HALL FIRST AID RUCK SACK & PRESCHOOL

**Emergency generic adrenaline auto injectors x2 (child dose) kept in main reception- accessible labelled cupboard.**

### **THE CLASSROOM FIRST AID KIT:**

Head injury advice take home leaflets x4  
 Pad of accident/incident report forms  
 Saline ampoules x3  
 Pack of various plasters, variety of shapes (recommended approx. 20 plasters)  
 Medium wound dressing x2  
 Large wound dressing x1  
 Conforming bandage x1  
 Micropore tape x1  
 Low adherent wound dressing x2  
 Adhesive wound dressing x2  
 Gauze swabs packs x3  
 Ice packs x 2  
 Disposable gloves x4  
 Wound care swabs x8  
 Vomit bag x1

### **FIRST AID BUM BAG LIST:**

Guidance leaflet	1
Large wound dressing	1
Medium wound dressing	1
Large sterile dressing	1
Triangular bandage	1
Eye pad	1
Plasters	10
Cleansing wipes	12
Gauze pack	1
Adhesive tape	1
Non-adherent dressing 5x5 cms	1
Gloves	2 pairs
Face shield	1
Foil blanket`	2
Saline/ eye wash ampoules 20mls	2
Conforming bandage	1



## FIRST AID KIT LOCATIONS

Location	Kit Type	Quantity	Extras
Medical room	Green first aid rucksacks (trip bags)	4	
Main reception	Green first aid rucksacks for clubs and sports hall	2	1 x salbutamol inhaler in sports hall bag
Main reception	Defibrillator	1	Pads, shaving prep kit
Main reception	Generic Adrenaline auto injectors	2	
Main reception	Generic salbutamol inhaler	1	
Main reception	Green first aid box	1	
Cookery room	Green first aid box	1	
Kindergarten	First aid kit	1	
Pre School	First aid kit	1	
Pre School	Generic salbutamol inhaler	1	
Swimming pool	First aid kit	1	WATERPROOF PLASTERS
Kitchen	First aid kit	1	BLUE PLASTERS
Estates office	First aid kit	1	
SEND area	Green ruck sack	1	
<b><u>LITTLE PILGRIMS</u></b>			
Little toddlers	First aid kit	1	
Toddlers	First aid kit	1	
Staff room	First aid kit	1	
Kitchen	First aid kit	1	Blue plasters, burn pack
Pushchair/ Wagon	Bum bag first aid	6	
Office	Generic salbutamol inhaler	1	

## Appendix H

# COVID-19 update

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## Accident & First Aid Policy

May 2020

During this time, the usual Accident and First Aid policy and processes continue to apply. However, we also recognise additional measures are required to ensure safe working practices for the staff and children are adhered to at all times. This addendum should be read in conjunction with the schools Coronavirus risk assessment particularly in relation to:

- Dealing with general medical issues – protective clothing
- Each classroom will have a dedicated first aid station so most minor first aid issues can be dealt with by a staff member within the bubble in situ

### **What to do if someone becomes unwell whilst at Pilgrims with Covid-19 Symptoms**

- If a child or member of staff becomes unwell with either a new, continuous cough, loss or change to their sense of smell/taste or a high temperature (38 degrees) they must be sent home.
- If they have to wait in school for collection they should wait in the First Aid Room in main school.
- The Green room is set up with first aid supplies to allow this space to be used as a temporary medical room until such time as the First Aid room is vacant and has been thoroughly cleaned in line with government guidelines.
- If a child needs to be supervised whilst awaiting collection, the member of staff who is supervising them should stay at least 2m away from them as much as possible. They must also wear a disposable apron, gloves and a fluid resistant surgical mask.
- If the child needs to use the bathroom while they are awaiting collection they must use the disabled toilet. This must be cleaned by the Estates Team before anyone else can use it. Please contact the Estates Team on channel 4 of the radio.
- Once the child has left signage must be put on the First Aid Room door stating that it must not be used until after it has been thoroughly cleaned and the door must be locked – key obtained from Reception
- The child or member of staff must have a test for coronavirus before they are allowed to come back to school. All children attending educational settings will be able to access a test from the time that schools are open to the Early Years and Year 1. All staff currently working in school are already eligible for a test.
- A test can be booked online for staff and children aged 5 and over. For children younger than 5 the parents must call 111 to book a test.
- While waiting for the results of the test there are no further actions required. Staff should remain vigilant about social distancing and bubbles should continue to remain separate at all times.
- If the test result is negative they are welcome to come back to school as soon as they are well enough.
- If the test result is positive, everyone in their bubble will be sent home to isolate for 14 days. The rest of their households do not need to isolate unless they subsequently develop symptoms.

- The leadership team will liaise with PHE and the DfE for further guidance should we have a confirmed case in at Pilgrims

### **What to do if we are informed that a child or member of staff has developed symptoms of Covid-19 at home**

- The child or member of staff must have a test for coronavirus before they are allowed to come back to school. All children attending educational settings will be able to access a test from the time that schools are open to the Early Years and Year 1. All staff currently working in school are already eligible for a test.
- A test can be booked online for staff and children aged 5 and over. For children younger than 5 the parents must call 111 to book a test.
- While waiting for the results of the test there are no further actions required. Staff should remain vigilant about social distancing and bubbles should continue to remain separate at all times.
- If the test result is negative they are welcome to come back to school as soon as they are well enough.
- If the test result is positive, everyone in their bubble will be sent home to isolate for 14 days. The rest of their households do not need to isolate unless they subsequently develop symptoms.
- The leadership team will liaise with PHE and the DfE for further guidance should we have a confirmed case in at Pilgrims

### **RIDDOR reporting of COVID-19**

You must only make a report under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) when:

- 1) an unintended incident at work has led to someone's possible or actual exposure to coronavirus. This must be reported as a dangerous occurrence.
- 2) a worker has been diagnosed as having COVID 19 and there is reasonable evidence that it was caused by exposure at work. This must be reported as a case of disease.
- 3) a worker dies as a result of occupational exposure to coronavirus.