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EYFS and Pre-Prep First Aid Policy

2023-2024

Staff qualified in Paediatric First Aid:

Lucy O'Donnell	Dec 2021-Dec 2024
Becky Horlock	May 2022-May 2025
Elly Martin	May 2022-May 2025
Cassie Wood	Dec 2021-Dec 2024
Grace Finney	Oct 2022-Oct 2025
Tom Briggs	Oct 2022-Oct 2025
Phillipa De Ronne	Dec 2022-Dec 2025

Please read alongside the Prep First Aid and Health Provision Policy and the Sherborne Prep School Medication Policy for further information.

- At least one member of staff with current paediatric first aid training (12 hours) is on the premises or on an outing at any one time. The first aid qualification includes first aid training for infants and young children.
- First aid kit contents. The School uses the HSE recommended list for all first aid boxes including: sports, PSVs and travelling kits. The Matrons are responsible for regular checks to ensure all equipment is present and in-date. They keep records of all checks.
- First aid kits are stored in the Pre-Prep staffroom and are kept suitably stocked by the school matron.
- First aid kits are all held in clearly identified containers labelled first aid, green with a white cross.
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- At the time of admission to the setting, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.
- Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.
- All staff keep a written record (ISAMS) of accidents or injuries and first aid treatment. Staff inform parents and/or carers of any accident or injury sustained by the child on the same day as, or as soon as reasonably practicable after, and of any first aid treatment given.
- iSAMS is used to log all incidents, injuries and first aid treatment.

- Statutory accident records. The Assistant Bursar (Prep) is responsible for reporting all HSE reportable accidents under RIDDOR. All incidents where first aid is required are to be recorded on the relevant form and sent on to the Assistant Bursar (Prep)
- Record keeping. The School will keep a record of any first aid treatment given to be held for three years. Matrons will collate and hold. It should include:
 - The date, time and place of incident.
 - The name (and class) 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.
- In an emergency, the Head or her nominated representative will contact parents to inform them of the incident. Where the Head feels it appropriate, she will confirm the incident and the detail by email.
- Ofsted is notified of any serious accident, injury, illness or death of a child whilst in our care and of the action taken. Notification will be made as soon as is reasonably practicable, but at the latest within 14 days of the incident occurring.
- When there is any injury requiring general practitioner or hospital treatment to a child, parent, volunteer or visitor or where there is a death of a child or adult on the premises, we make a report to the Health and Safety Executive using the format for the Reporting of Injuries, Diseases and Dangerous Occurrences.

Annexes:

- A. First aid one-pager
- B. Head Injuries

Annex A



Action to be taken – minor injury/sickness:

- Ensure the area is safe to prevent any further risk of injury.
- Phone matron or if safe to do so escort the child or adult to sick bay.
- Submit RIDDOR/Accident Form.

First aid kit location:

- Sickbay
- Pre-prep
- School office
- Kitchen
- Netherton
- EYFS
- Science and DT
- One for each sports coach – collected from Matron
- Each minibus
- Tractor

Actions to be taken – major injury:

- If First Aid qualified, administer help. If not, send a runner/call the school office/matron who can get a qualified person to assist.
- Ensure the area is safe to prevent any further risk of injury.
- Shout for help/send runner to the school office for first aider.
- Phone 999 for an ambulance
 - Loss of consciousness
 - An acute confused state
 - Fits that are not stopping
 - Persistent, severe chest pain
 - Breathing difficulties
 - Severe bleeding that cannot be stopped
 - Severe allergic reactions
 - Severe burns or scalds
 - Traumatic injuries: breaks/significant bleeds etc
 - Anaphylaxis shock
 - Asthma attacks
 - Epileptic fit
- Make the injured person comfortable; place in the recovery position if unconscious.
- [hone matron.
- Ensure next of kin informed (through matron) – Head or representative.
- Inform Bursar..
- Complete incident form and RIDDOR/accident form

Locations:

- **Post code: DT9 3NY**
- **Grid references: School - 636166; 5 Acres – 634154**

Contact details:

- Matron: 01935 812083
- School office: 01935 812097

Appendix B

Head Injuries

Introduction. This paper provides guidance for staff treating head injuries within Sherborne Prep School. It should be used in conjunction with the newest available evidence and the Matron's clinical judgement of the casualty.

For the purpose of this guideline, 'head injury' is defined as any trauma to the head, other than superficial injuries to the face.

It is advised that all students who sustain a head injury should be taken to sick bay for assessment. They should not go alone and should be accompanied by a responsible adult. Accident forms should be completed by the necessary department. If the injury occurs at an away match the student must be assessed before getting on the coach back to school.

Criteria for referral to Accident and Emergency

1. Unconsciousness, or lack of full consciousness as a result of the injury
2. Amnesia for events immediately before or after the injury
3. Persistent headache since the injury
4. More than one vomiting episode since the injury
5. Any focal neurological deficit since the injury (including problems understanding, visual changes, weakness, reduced sensation, loss of balance)
6. Any suspicion of skull fracture or penetrating head injury (including otorrhoea or rhinorrhoea, black/raccoon eyes without damage to the eyes, bleeding from the ear, deafness, bruising behind the ear, visible trauma suspicious of a depressed or open fracture)
7. A high energy head injury
8. Any seizure
9. Irritability or altered behaviour
10. Continuing concern

Assessment method and documentation

The pocket concussion recognition tool should be used for assessment if there is no qualified medical practitioner. Concussion should be suspected in the presence of any of the signs and symptoms in the recognition tool and medical advice should be sought.

The incident must be recorded on the accident form, on iSAMS and parents or guardians must be informed. An accident form should be completed and a copy given to the Assistant Bursar (Prep). A head injury advice sheet must be given to the parents.