

TKS First Aid Policy



Reviewed Mar 2016: Update by SB/JB/GS/MB Aug 2018; Estates to view 21st Sep; Full Govs review due Feb 2019; Lockdown added Nov 18. Extracted from H&S policy 3rd December

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Organisation: Health and Safety Responsibilities

Principal	Mr Steve Beegoo
Head of Secondary School	Dr Jeremy Blakey
Head of Primary School	Mrs K Evans
Manager of Stepping Stones	Mrs Adrienne Blakey
Health & Safety Coordinator	Dr Jeremy Blakey
H&S Governor	Mr Mike Briggs
First Aiders	Comprehensive list appears overleaf and is also displayed outside the staff room

Contacts

Windrush Health Centre	01993 702911
Minor Injuries Unit in Witney Community Hospital, (opens at 10am)	01993 209400

Qualified First Aiders:



Most of our full and part time staff are first aid trained, so as a school we are well equipped to deal with any accidents that may happen during school hours.



Name	Qualification	Date of expiry
Mark Adam	Emergency First Aid with Schools Module	5/9/19
Giles Beck	Emergency First Aid with Schools Module	5/9/19
Jeremy Blakey	First Aid at Work	16/11/18
Catherine Bowers	Sports First Aid	25/6/21
Olivia Enticknap	Paediatric Infant and Child First Aid level 3	18/11/20
Kate Evans	Emergency First Aid with Schools Module	5/9/19
Rebecca Gray	Emergency First Aid with Schools Module	5/9/19
Saartjie Halgreen	Emergency First Aid with Schools Module	5/9/19
Keith Hobbs	Emergency First Aid with Schools Module	5/3/21
Carol Jackman	Emergency First Aid with Schools Module	5/9/19
Joanne Leeming	Emergency First Aid with Schools Module	5/9/19
Sarah Lomas	Emergency First Aid with Schools Module	5/9/19
Sally Mason	Emergency First Aid with Schools Module	5/9/19
Kate McKenzie	Emergency First Aid with Schools Module	5/9/19
Lynn Moxham	Emergency First Aid with Schools Module	5/9/19
Julia Newman	Emergency First Aid with Schools Module	5/9/19
Wendy Rapson	Emergency First Aid with Schools Module	5/9/19
Kathryn Smith	Emergency First Aid with Schools Module	5/9/19
Jason Thomas	Emergency First Aid at Work	28/3/21

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EYFSU

Adrienne	Blakey	Paediatric First Aid	15/11/20
Heather	Cooper	Paediatric Infant and Child First Aid level 3	18/11/20
Rachel	Wagstaffe	Paediatric First Aid	13/6/19
		Forest School First Aid	4/10/19
Ruth	Pearson	Emergency Aid with Paediatric Module	14/3/19

Records

1. Parents fill in a detailed medical form and a permission slip for administering creams and Paracetamol on entry of their children to the school.
2. A list of medical details is given to the First Aiders, class teachers and Games teachers. These are updated regularly.

Action for all Accidents

1. All accidents must be referred to a School First Aider.
2. Accidents are reported on appropriate forms and filed in the Accident book in the office or on our database system.
3. Details are given to class teachers who are responsible for ensuring that parents are notified, the office will normally contact parents.
4. More serious accidents are referred to the Minor Injuries Unit in Witney Community Hospital, (opens at 10am), telephone 01993 209400 or directly to the John Radcliffe Hospital, Oxford.
5. If necessary, arrange transport home.

Sickness in School

If a pupil is suffering from an illness (such as vomiting or diarrhea, headache, cold or flu symptoms) this is not a first aid issue, and a decision can be made by the Class teachers as to whether the pupil goes home or rests on the bed in the first aid room. The parent is informed through the office.

On-site First Aid Facilities

- The dedicated First Aid treatment facility is Room 26b. This contains a bed/blankets, sink and the major stock of first aid consumables.
- If a toilet is needed (e.g. a sickness incident - repeated diarrhea and vomiting), the casualty should be transferred to the large disabled toilet with chair and shower (Room 86).
- Additional First Aid kits are located in the Kitchens and Office, laboratory office, staff office.
- First aiders have personal emergency kits of plasters and dressings.

Body Fluids

Because of the risk of infection, incidents involving loss of body fluids (including, but not limited to blood, vomit, urine, faeces/ diarrhoea) *must* be dealt with using the following procedure:

- The First-Aider must wear protective (vinyl) gloves throughout the response
- All contaminated material (gloves, dressings, swabs etc) must be collected in a yellow Clinical Waste bag.
- Clinical waste bags should be disposed of in a sanitary waste bin in the female toilets. These are emptied regularly by external contractors.
- For significant spillage of fluids onto surfaces (e.g. floors) a Body Fluid Disposal Kit (*HypaClean*) should be used.
- All potentially contaminated surfaces and reusable equipment must be sterilised with appropriate disinfectant solution immediately after the incident if a disposal kit is not used.
- Ongoing incidents involving body fluids (e.g. repeated vomiting or diarrhoea) should be managed in Room 86, which has toilet facilities.

Gloves, Clinical Waste Bags, Body Fluid Disposal Kits and appropriate disinfectant solutions are available in Rooms 26b (First Aid Room) and 86 (Disabled Toilet/Shower).

Medicines and Tablets

1. All medication must be clearly marked with the pupil's name. Pupils must leave all medication with tutors unless previously arranged with the school. Parents must also advise (in writing) the school of the appropriate dosage.
2. Asthma pumps and inhalers are kept by the class teacher or First Aider in primary. Secondary pupils may request permission to carry their own inhalers, but should ensure they are kept securely in their bags unless in use. An emergency Salbutamol form should be completed by parents and retained by the school for those pupils already prescribed an inhaler.
3. Medicines are administered by the class teachers, after receiving clear instruction from the parents.

Off-site Matches and School Trips

1. For all off-site activities there must be two adults, and if possible two vehicles available. One of them should have a mobile phone.
2. Those who lead PE or Games sessions on a regular basis, should be first aid trained or in easy access to a first aider.
3. There will always be a paediatric first aider present when EYFS children are on trips.
4. A portable First Aid kit must be taken on all such trips. It will include:-

- 20 adhesive dressing in assorted sizes
- 4 medium sterile dressings
- 2 large sterile dressings
- 1 extra-large sterile dressing
- 2 sterile eye pads

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- 2 triangular bandages
 - 6 safety pins
 - 2 Disposable gloves
 - 1 Scissor
 - 1 Tweezer
 - 20 Non-alcoholic cleansing wipes
 - 1 Eye wash
 - 1 Yellow bio hazard bag
 - 1 Disp Heat Retaining Blanket
 - 1 Burnshield Dressing 10 x 10cm
 - 2 SJA Finger dressings
 - 1 Conforming Bandage 7.5 x 4.5cm
5. Pupils needing inhalers must report to the member of staff at the start of the trip for guidelines in case they should need their inhalers.

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Appendix A: Accident and Incident Policy

Objectives

To minimise the risk of accidents to users of The King's School

To safeguard the users of The King's School in the case of accident or a near miss¹

Application

This policy applies to all users of The King's School

**Users = staff, visitors, contractors and personnel of associated activities at
The King's School (unless otherwise specified)**

Policy

The King's School will comply with The Health and Safety (First-Aid) Regulations 1981 and RIDDOR regulations 1995. Where unknowingly The King's School is not complying, the appropriate amendments to policy/procedure/practice will be made

- As many full-time members of staff are trained and appointed as First Aiders. Many part-time members of staff are also trained. Other members of staff are trained wherever necessary.
- Good housekeeping will be adhered to in order to prevent accidents or injury from striking objects.
- First Aid boxes are kept in appropriate places within the school. The locations of the First Aid boxes are listed in the Accident and Incident Procedure. A portable First Aid kit is taken on any off-site activity.
- Where applicable, accident and incidents will be reported according to RIDDOR 1995 in the event of:
 - Death or major injury
 - A member of the public being killed or taken to hospital
 - An employee being absent from work over three days as a result of injury
 - Disease (see appendix for details)
 - Dangerous occurrence
- Risk assessments are undertaken for every new activity. Risk assessments are reviewed annually and updated where appropriate.
This Accident and Incident Policy is supported by an Accident and Incident Procedure document which provides more detail about the procedures to be adopted should accidents or other incidents occur.
- Accident and Incident statistics and related activities are reported to the School Governors on an annual basis.
- 'Near misses' (non-casualty incidents/NCI) are recorded as potential first aid incidents in the first aid 'book' on SchoolBase.
- All significant Health and Safety incidents are handled using the Incident Management Plan

¹ A near miss would be defined as something that could have resulted in accident or injury – i.e. falling objects, protruding objects etc.

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Responsibilities:

- All users of The King's School will comply with the Accident and Incident Policy
The Trustee for Health and Safety is responsible for the occupational health of Oxfordshire Community Churches employees and for investigating work-related health and safety issues
- The Health and Safety Officer is responsible for the following:
 - Investigating accidents, incidents and related issues
 - Ensuring that all users of The King's School are aware of the Accident and Incident Procedures
 - Ensuring that risk assessments are kept up to date
 - Ensuring that First Aid cover is adequate for the event and First Aid boxes are stocked and available for use (direct responsibility of First Aider)
 - Monitoring and auditing the Accident and Incident Policy
 - Reporting accidents/incidents where appropriate to the Health and Safety Executive under the RIDDOR Regulations 1995
- Staff of The King's School are responsible for correcting and/or reporting any potential accident and incident hazards that they identify to the Head Teacher, and for recording them in the Incident Book which is kept in the School Office

Contractors working at The King's School are to be made aware of the Accident and Incident Policy.

ALL accidents and incidents are to be recorded in the School Accident Book (kept on SchoolBase)

SERIOUS injuries (those that require referral to hospital for treatment) are also to be recorded in the same way

ALL First Aid treatment is to be recorded in the School Accident Book on School Base (where it relates to any incident in school, however minor)

NB Issuing Paracetamol is NOT a First Aid matter.

Appendix B: Accident and Incident Procedures

The procedure set out herewith is to be followed in the event of any of the incidents listed below:

- ★ Accident requiring First Aid treatment
- ★ Accident requiring Hospital treatment
- ★ Altercation between pupils leading to injury
- ★ Anyone receiving a blow /injury to the head.

Qualified First Aiders are listed under Appendix D

All requests for ambulance should where possible go through School Office.

Location of First Aid Boxes

Senior School

Windrush foyer
First aid room
Reception office
Individual First aiders
Supply of 'blue' plasters in Kitchen

Primary School

Newland Foyer
Room 26
Secondary boxes are kept in the Kitchen.
Each classroom, including EYFSU, has a supply of basic equipment to deal with minor injuries

A portable kit, available from the first aid room, is taken on all off-site activities.

Action for Accidents involving Injury

1. All accidents involving injury must be referred to the nearest qualified First Aider
The First Aider will decide on appropriate treatment and further action.
2. If an ambulance/further medical help is required, action is taken through the School Office.
3. If the accident requires hospital treatment but is not serious then the parents should be contacted to take the patient to hospital by car rather than calling an ambulance
4. The nearest hospital facilities to the school for accidents and emergencies are:
 - A Minor Injuries Unit located at the Witney Community Hospital. The unit opens at 10.00am and can be contacted on 01993 209400
 - A full Accident and Emergency service at the John Radcliffe Hospital in Oxford.
5. Following treatment, details are given to the tutor (Secondary) / class teacher (Primary) who is responsible for ensuring that parents are notified.

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Parents are either contacted by telephone during the school day or by the use of an accident form available at the School Office which is then followed up with a telephone call after school hours. The tutor/class teacher is to be informed of the parent's response.

6. The First Aider enters the details of the accident into the Accident Book (kept in the School Office) and informs the Administrator, Head Teacher or Principal
7. Injuries which required referral to hospital for treatment are also recorded in the accident record
8. The staff member who first deals with the incident is to check the above actions have all been completed, delegating this to the Head Teacher if necessary.

Off-Site Activities

For all off-site activities, the number of adults present is to follow that set out in the Educational Visits Policy. If possible, a minimum of two vehicles should be available. EYFS children will always be accompanied by a paediatric trained first aider.

All adults involved in PE/Games receive instruction from the First Aider on the procedures to follow in the case of injury.

A portable First Aid kit is taken on all off-site trips.

See First Aid policy for Kit contents

4. A portable First Aid kit is taken on all off-site trips. In the event of an accident off-site, the Action for Accidents Involving Injury procedure noted above is followed, by the First Aider.

NOTE: -

1. Accidents where no injury was involved, and any other incident that might in slightly different circumstances have caused an injury ("near misses") are also entered into the Accident Book on SchoolBase
2. Where necessary, accidents, incidents and near misses will be investigated by the Head Teacher and where appropriate, reported to the Health and Safety Executive.

ALL accidents are to be recorded in the School Accident Book (kept in School Office)

ALL first aid treatment is also to be recorded in School Accident Book (where it relates to any incident in school, however minor)

NB Issuing Paracetamol is NOT a first aid matter

Appendix C: Reportable accidents/incidents under RIDDOR (Implement Incident Management Plan if required)

Death or major injury

- If there is an accident connected with work and an employee, or a self-employed person working on the premises is killed or suffers a major injury (including as a result of physical violence); or
- a member of the public is killed or taken to hospital;

Reportable major injuries are: -

- fracture other than to fingers, thumbs or toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury: leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

Over-three-day injury

If there is an accident connected with work (including an act of physical violence) and an employee, or a self-employed person working on the premises, suffers an over-three-day injury.

An over-three-day injury is one which is not major but results in the injured person being away from work or unable to do their normal work for more than three days (including any days they would not normally be expected to work such as weekends, rest days or holidays) not counting the day of the injury itself.

Disease

If an employee suffers from a reportable work-related disease

Reportable diseases include:

- certain poisonings; some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;
- lung diseases including: occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma;
- infections such as: leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;

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- other conditions such as: occupational cancer; certain musculoskeletal disorders; decompression illness and hand-arm vibration syndrome.

Dangerous occurrence

If something happens which does not result in a reportable injury, but which clearly could have done

Reportable dangerous occurrences are: -

1. Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
2. Explosion, collapse or bursting of any closed vessel or associated pipework;
3. Failure of any freight container in any of its load-bearing parts;
4. Plant or equipment coming into contact with overhead power lines;
5. Electrical short circuit or overload causing fire or explosion;
6. Any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion;
7. Accidental release of a biological agent likely to cause severe human illness;
8. Failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period;
9. Malfunction of breathing apparatus while in use or during testing immediately before use;
10. Failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent;
11. Collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall;
12. Unintended collision of a train with any vehicle;
13. Dangerous occurrence at a well (other than a water well);
14. Dangerous occurrence at a pipeline;
15. Failure of any load-bearing fairground equipment, or derailment or unintended collision of cars or trains;
16. A road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released;
17. A dangerous substance being conveyed by road is involved in a fire or released;
18. The following dangerous occurrences are reportable except in relation to offshore workplaces: unintended collapse of: any building or structure under construction, alteration or demolition where over five tonnes of material falls; a wall or floor in a place of work; any false-work;
19. Explosion or fire causing suspension of normal work for over 24 hours;
20. Sudden, uncontrolled release in a building of: 100 kg or more of flammable liquid; 10 kg of flammable liquid above its boiling point; 10 kg or more of flammable gas; or of 500 kg of these substances if the release is in the open air;
21. Accidental release of any substance which may damage health.

Note: additional categories of dangerous occurrences apply to mines, quarries, relevant transport systems (railways etc.) and offshore workplaces

Appendix D: Pupil Illness and Medication

Pupil Records

1. Parents fill in a detailed medical form and a permission slip for administering creams and Paracetamol on entry of their children to the School.
2. A list of medical details is given to the First Aiders, class teachers and Games teachers. These are updated if and when new information is received from parents.

Pupil Becoming Ill During School

The pupil is referred to: -

- At the Primary School, the Class teacher
- At the Secondary School, their tutor or senior management team, and ideally the pupil's own tutor.

It is then determined whether:

a) *The pupil needs to go home*

In this case, parents are contacted immediately and arrangements made for the pupil to be collected. If parents are not available and no alternative arrangement can be made with a responsible adult, the pupil is kept in the sick bay at School until such time as a parent can be reached. Responsibility at this point may pass to the School Office.

OR

b) *The pupil needs to rest quietly*

A bed is available in the sick bay for this purpose.

The Sick bay is in the Secondary School so for Primary Children they will be kept in the classroom under supervision where possible.

OR

c) *The pupil should return to lessons*

With outcomes b or c the staff member then takes responsibility for monitoring the pupil's progress during the day.

Pupils Requiring Medication During School

1. Any medication that a pupil needs to take during school hours should be clearly marked with the pupil's name.
2. At the Primary School asthma pumps and inhalers are kept by the class teacher or First Aider. At the Secondary School the pupils keep their own asthma pumps/inhalers.
3. Medicines are administered by the class teacher or appropriate staff member, after receiving clear instruction from the parents.
4. On off-site trips pupils who use inhalers must report to the member of staff at the start of the trip for guidelines in case they should need their inhalers.
5. Paracetamol is NOT to be routinely administered to pupils.
6. Exceptions are if pupils complain of a headache or girls of period pains. In those circumstances, at a teacher's discretion, the dosage that should be administered is 1 x 500mg tablet. (Only administer 2 x 500mg to older pupils, 14+ yrs, or to girls who are known to experience severe period pains.) Before administering any, check you are NOT exceeding the daily dose – i.e. pupil has not had Paracetamol recently. The tablets are kept in a drawer in the office, together with the record book.
7. Date and time and dosage must be entered onto SchoolBase. Within these guidelines, Paracetamol may be administered by any teacher. Pupils should not be referred to the First Aider for Paracetamol in the Senior School.
8. If a staff member is unhappy about administering medicine, they should refer this to their line manager, or Head of School.
9. In the Primary School the First Aider gives Paracetamol only with the permission of the parents. Permission is noted on the medical sheets held by class teacher/first aider.



Appendix E: Stepping Stones

At Stepping Stones we aim to provide a secure and healthy environment where all children and adults can play and learn together safely. We aim to ensure that our premises both indoors and outdoors are fit for purpose and resources are safe for children to use. Full details of how we ensure the health & safety of children and adults using the setting are covered by the following policies and procedures.

- Risk assessments for indoors and outdoors
- Daily Room Risk Assessments
- Fire safety procedures
- First Aid policy
- Food Hygiene and Food Handling Policy
- Safe Guarding Children from harm policy
- Child Protection Code of Practice
- Forest School Risk Assessments and Policies

These documents currently exist as separate documents.

There is also a no smoking policy for Stepping Stones and the whole school site both indoors and outdoors

The King's School ensures Stepping Stones have two members of staff at all times, and that they are suitably qualified and within the ratios as determined by the latest version of the Early Years Statutory Framework. At least one member of staff trained in paediatric first aid will be present at all times.

Stepping Stones First Aid Policy and procedures for accidents and incidents and physical intervention

1. Giving short-term prescription medicines & staff medication

We are happy to give prescription medicines to children provided a consent form detailing clear instructions of how much medicine to give and when to give it is filled in and signed by a parent/carer. It is parent's responsibility to inform us of any changes of dosage by filling out a new form. Medicines will be stored safely out of children's reach at all times. All medicines must be labelled clearly with the child's name and dosage instructions and appropriate spoon etc provided. The medicine must be in its original container. In the event of medicines requiring refrigeration, we will keep the medicine in the SSFU fridge. Any staff medication on the premises must also be securely stored and out of the reach of children at all times. All medication administered will be recorded in the First Aid file (in lockable cupboard) and parents will need to sign the record at the end of the session.

2. Giving non-prescription medicines

We are happy to give non-prescription medicines (e.g. Paracetamol or Ibuprofen) but only in specific circumstances (e.g. for pain relief for recovering broken limb) and on the advice of a doctor, nurse or dentist and where parents have filled in a medication form as above. In these cases, medicines and appropriate spoon etc need to be supplied

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by the parent and will be stored safely out of children's reach. These also need to be labelled with the child's name. We will not exceed recommend doses unless told to do so by a doctor.

We are unable to give non-prescription medicines to children who are generally unwell and therefore will ask for a child to be collected under these circumstances. We are also unable to give any medication containing aspirin unless prescribed by a doctor.

3. Long term medication/emergency medication

We are happy to accommodate the needs of children on long term medication such as inhalers or who need medication in the event of an allergic reaction or similar i.e. epipens. Where this type of medication is necessary, we will talk over individual requirements with parents to ensure safe and appropriate storage/access and ask parents to sign a customised form with clear detailed instructions. Long-term medication should also be labelled with child's name and dosage details as much as possible. It is the responsibility of parents to inform us and to fill out new form when dosages change. Staff will receive appropriate training when required to administer medicine that requires medical or technical knowledge. Eg epipens

Prayer

Alongside the giving of medicine, we will pray for healing and encourage the children to pray for each other.

4. What to do if a child becomes ill at Stepping Stones

If a child becomes ill whilst at the setting, parents/carers are to be informed by phone and asked to collect their child as soon as possible. The SSFU first aider is to be informed & involved in appropriate care for the child while they wait for their parent/carer to arrive. Sleep mats and blankets are available, if appropriate, for the child to rest in a quiet area whilst waiting for the parent to arrive. If the child's condition worsens before the parent arrives a member of the staff team will be designated to seek medical help by calling the child's doctor, NHS direct or an ambulance depending on the severity of the child's condition. Children who are known to have an infectious illness such as chicken pox must not attend the setting. If a child attends a session with an infectious disease/illness they will be asked to only return to the setting when their doctor has advised. Parents need to inform the setting if a child is unwell and will not attend the setting that day. We also ask that children who have been sick or had diarrhoea do not attend the setting until 48 hours after the last bout of sickness/diarrhoea. See parents in partnership forms for details of this agreement.

5. Food Poisoning

Every care will be taken to minimise the risk of food poisoning to children in the setting and to serve healthy food prepared following the hygiene guidelines outlined in the food, food preparation and handling policy. If there are any cases of food poisoning resulting from food prepared and/or served in the setting affecting 2 or more children **Ofsted must be informed within 14 days of the incident**

6. Serious Accidents, Incidents & death of a child

Ofsted must be informed of any serious accidents, illness, serious injury to or death of a child while in the settings care and the action taken by the setting. Notification must be made **within 14 days of the accident, or incident occurring**. See procedure for dealing with accidents & incidents below.

7. What to do in the event of an accident in SSFU

In the event of an accident indoors or outdoors the following steps should be taken

1. Make sure the remaining children are being supervised within the correct ratios so the injured child can be given the care & medical attention appropriate for the accident.
2. Make sure the accident is recorded on an accident form. (Forms kept In First Aid file). If the accident was not witnessed try to get as clear a picture of what happened from the child or any other witnesses. (e.g. other adults or children playing nearby)

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3. Inform the child's key person if they were not the person witnessing & dealing with the incident
4. Make sure parents/carers are informed and sign the accident form ASAP after the event either verbally at the end of the session for less serious accidents or immediately by phone for serious accidents. If the parent/carer does not pick up the child at the end of the session send the form home to be signed or phone the parent at the end of the session or that evening depending on the severity of the accident. All forms to be kept in First Aid file for current years children.
5. Accidents involving staff should also be recorded using the adult accident forms
- 6. INFORM OFSTED OF ANY MAJOR ACCIDENTS within 14 days of the accident**

8. What to do In the event of an incident that causes harm to adults and children in SSFU

1. Make sure the remaining children are being supervised within the correct ratios so the children involved can be given the care & medical attention appropriate for the incident.
2. Encourage children to verbalise what happened and why. Encourage the person causing harm (either physical or emotional) to apologise and the injured person to give forgiveness as appropriate. Talk to all the children involved about the incident i.e. why it happened, what happened, how they might have handled it and what they should do in the future to avoid it happening again.
3. Make sure the incident is recorded on an incident form. (Forms kept In First Aid file). If the incident was not witnessed try to get as clear a picture of what happened from the child or any other witnesses I.E. other adults or children playing nearby.
4. Inform the child's key person if they were not the person witnessing & dealing with the incident
5. Make sure parents/carers are informed and sign the form ASAP after the event either verbally at the end of the session for less serious incidents or immediately by phone for serious incidents. If the parent does not pick up the child talk to the parents at the next session the child attends and the parents drops or picks up their child or phone the parent at the end of the session or that evening depending on the severity of the incident. All forms shown to parents must be filled in on a no names basis I.E. refer to the children involved as child a or b not directly by name. All forms to be kept in the First Aid file for the current years children
6. If the incident is one where a child has hurt or injured an adult in the setting this must also be recorded using the same procedure outlined in the above steps.
- 7. INFORM OFSTED OF ANY MAJOR INCIDENTS within 14 days of the incident**

9. What to do in the event of an incident that needs physical intervention (reasonable force)

1. If a child is in danger of causing personal injury to themselves or another child or adult or likely to damage property, physical intervention is permitted. I.E. using reasonable force to prevent children from injuring themselves or others or damaging property.
2. Records must be kept of any occasion where physical intervention is used and parents and carers must be informed on the same day or as soon as reasonably possible.