CSS ACTIVITIES

First Aid Policy

Introduction

This policy outlines the business's responsibility to provide adequate and appropriate first aid to children, staff, parents and visitors and the procedures in place to meet that responsibility. The policy is reviewed annually.

Aims

- To ensure that first aid provision is available at all times while people are on school premises and also off the premises whilst on organised external activities.
- To ensure a timely and competent response to all incidents.

Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons, First Aiders and Paediatric First Aiders to meet the needs of the business.
- To provide relevant training and ensure monitoring of training needs.
- To inform staff and parents of the business's First Aid arrangements.
- To keep accident records and to report to the HSE (0845 3009923) as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Act 1995.

Personnel

The Managing Director is responsible for the health and safety of the employees and anyone else on the premises. This includes staff, children and visitors. The Managing Director is responsible for putting the policy into practice and for developing detailed procedures. The Managing Director should ensure that the policy and information on the business's arrangements for first aid are available to parents.

The Managing Director must ensure that a risk assessment of the activity provision is undertaken and that the appointments, training and resources for the First Aid arrangements are appropriate and in

place. Insurance arrangements should be in place to provide full cover for claims arising from the actions of staff acting within the scope of their employment.

Staff are expected to do all they can to secure the welfare of children.

Procedures and Practical Arrangements

Risk Assessment

Reviews are required to be carried out at least annually and when circumstances alter, by the Managing Director. Recommendations needed to prevent or control identified risks are forwarded to the Managing Director.

Re-assessment of first aid provision:

As part of the business's annual monitoring cycle:

- The Managing Director reviews the business's first aid needs following any changes (e.g. staff, site, activities).
- The appointed Managing Director monitors the number of trained first aiders, alters the number if necessary, arranges refresher courses and organises training sessions.
- **Updated training must be carried out every three years, or when a qualification is due to expire, whichever is the sooner**.
- The Managing Director monitors emergency first aid training received by other staff, e.g. contractors
- The Managing Director allocates checks of the contents of the first aid bags and boxes before each holiday provision and ensures staff have access to the first aid kits in all key areas.

Provision:

The Managing Director makes arrangements to ensure that the required level of cover of First Aiders, Appointed Persons and Paediatric First Aiders is available at all times and the level of risk.

Staff Qualifications and Training:

First Aiders will hold a valid certificate of competence issued by an organisation approved by the HSE. Appointed persons will undertake a minimum of one day emergency first aid training. Key personnel will hold a specific HSE-approved PFA qualification. At all times, at least one person on the premises must have a current paediatric first aid qualification as a minimum requirement.

First Aid Materials, Equipment and Facilities:

The Managing Director must ensure that the appropriate number of first aid containers is available.

- All first aid containers must be marked with a white cross on a green background.
- First Aid containers must accompany specific activities such as Forest School/Swimming/Sports.

- First Aid bags must be in Camp Leader rucksacks, which should be kept with their group for the full day.
- Spare stock should be kept on site, in the staff room/base, and monitored by the Site Manager.

The Managing Director and Camp Manager are responsible for the restocking of First Aid equipment. This can be delegated to Camp Leaders.

Accommodation

There is a specific, suitable room for medical treatment and short term care during holiday provision hours.

Oakwood School: The Harcombe Block Staff Room
Ardingly College: The Pre-Prep Staff Room
Portsmouth High Prep & Pre-School: The Library

These spaces are to be used for initial medical treatment and assessment and for the short term care of sick and injured children. This room offers a space for rest and quiet until the child is collected by their parents. While this accommodation is also the Staff Room, it is always readily available to be used as a medical room for the short term care of sick and injured children. This facility offers immediate access to drinking water and is near to toilets.

Hygiene/Infection Control

Basic hygiene procedures must be followed by staff. PPE available to all staff. Single use disposable gloves must be worn when treatment involves blood or other body fluids. If bodily fluids are spilt, the First Aider must use the designated spillage packs and the School Maintenance Departments must be informed immediately so that a 'deep clean' can occur. The area of spillage should be cordoned off until this has taken place. Dressings, equipment and bodily fluids are to be disposed of in medical, yellow, closed-top bins in the yellow 'Contaminated Waste' sacks provided.

Prescribed Medicines

ALL MEDICINES brought on site by parents must be handed in to the Camp Leader/Manager at drop off for safekeeping. A consent form (Administration of Medication) must be completed and signed **before** medicine is administered. This includes treatment for Asthma (see Appendix B to this policy).

Medicines are kept on the Camp Leader person along with their consent form. Medicines may need to be refrigerated in an area out of bounds to children:

Oakwood School: The Boot Room in the Main House
Ardingly College: The Pre-Prep Staff Room
Portsmouth High Prep & Pre-School: School Office

Prescribed medicines must be administered, in strict accordance with the directions on the container, by a First Aid trained member of staff.

Before administering the medicine, the staff member must check the following:

- the identity of the child,
- the intended recipient of the medicine according to the pharmacy/doctor's label on the bottle/packet,
- the correct dosage according to the pharmacy/doctor's label,
- the time that the medication is due,and
- that the dose of medicine has not been given already by another staff member.

The staff member administering the medicine must note the date and time on the Administration of Medication form. **Every** administration of prescribed medicine (and the checks listed above) must be witnessed by a second member of staff, who should countersign the Administration of Medication form.

All medicine must remain securely stored until collected by a child's parents. The Camp Leaders are responsible for ensuring that medicine is not left on site once the course has finished; they are to ensure that any leftover or expired medication is returned to the relevant parent. All medication should go home with children at pick up - no medication is to be stored overnight.

Practical arrangements at point of need

In the case of very minor incidents (cuts and grazes), staff must clean the wound with sterile water or an antibacterial sterilised wipe and apply a dressing where required. Accident forms need not be completed for superficial grazes and bumps where no swelling or immediate bruising is apparent.

Major incidents involving severe bleeding or serious injury to the leg or back, the casualty must not be moved. Make them comfortable at the place of incident. Contact the Paediatric First Aid (PFA) qualified member of staff and Site Manager immediately for support if they are not already at the scene. The PFA qualified member of staff will make a decision about whether to call an ambulance.

In the event of head injury, eye injuries or nose bleeds, sContact the Paediatric First Aid (PFA) qualified member of staff and Site Manager immediately for support if they are not already at the scene. The PFA qualified member of staff will make a decision about whether to call an ambulance. The Site Manager must telephone the parents as soon as is practicable if the child has received a head injury, even if the child has not attended hospital.

In the event of a child needing to be taken to hospital, a first aider and a driver will accompany the child. Parents will be contacted as soon as possible and invited to meet their child at casualty.

As mentioned above, accident forms must be completed for all but superficial bumps and grazes.

Completed accident forms must be filed in the Accident Book. A copy is scanned on to the Business Google drive and the hard copy is given to parents at pick-up.

Parents will always be contacted if a child suffers anything more than a trivial injury; if they become unwell during the day; if staff have any concerns or worries about their health; if they bump their head. We will ask parents to collect their child if they become ill during the day.

Reporting an accident
Please see the section below on accident reporting (RIDDOR).

Sickness
In cases of obvious distress, a PFA qualified member of staff will be radio'd by the teacher or staff member present. A vomiting child must be supervised at all times. A child with a temperature must be checked every 10 minutes. Temperature should be taken every thirty minutes if possible except when the child is sleeping, then no longer that one hour between recordings. ***In both cases, parents should be notified and asked to collect as soon as possible.***

Medical Questionnaires
Parents must let CSS know of any medical needs during the sign-up process. This information will be communicated to CSS staff via registers. This will be updated on every provision booking.

Arrangements for children with particular medical conditions.

Long term illness/ailments
All cases of long-term illness (e.g. epilepsy or diabetes) must be treated in accordance with the guidance of the family practitioner. If necessary, a designated member of staff will receive specialist training (eg to supervise a diabetic child who can measure their blood sugar and administer insulin using an epipen).

Asthma
Please refer to the specific Asthma Policy as attached at Appendix B to this policy.

Exclusion illnesses
If children or staff experience vomiting or diarrhoea, children must be collected immediately to limit the spread of infection and both children and staff must not return to site until a full 48 hours after the last incidence of such illness. Similarly, children or staff who suffer a raised temperature in conjunction with

cold or flu like symptoms must also not come on site until their temperature has been normal for 24 hours. These measures are in place to help limit the spread of infectious illnesses.

In the case of chicken pox, children must remain off site until every spot has crusted over. Advice on safe return to site for all other illnesses (e.g. measles, mumps, slapped cheek) must be sought from a doctor.

In all cases use the guidance of NHS England. For further direction, the Director will contact the Health Protection Agency who will advise.

Swimming Pool

The swimming pool staff should ensure that they have a working radio which should be tested at the start of each day. Actions to be taken in an emergency in or near the pool are contained within the Pool Safety Operating Procedures. Following a bout of vomiting or diarrhoea, a child should not swim for 48 hours.

Children with open or weeping wounds must not swim. All wounds must be covered with an appropriate, waterproof dressing.

Record Keeping

Staff administering first aid are required to complete statutory accident records that are kept for a **minimum of seven years**. (see The Accident Book). This should include:

- The date, time and place of the incident;
- The name (and group) of the injured/ill person;
- Details of injury/illness and what first aid was given;
- Name and signature of the first aider dealing with the incident.

A scan is made of the form and held on the Business Google Drive. Parents are given the hard copy at collection.

The Managing Director or Site Manager will report to the HSE (0845 3009923) as required if necessary to comply with RIDDOR 1995.

Spillage of Bodily Fluids

This outlines the business's responsibility to deal safely and hygienically with spilled body fluids. The policy is reviewed annually.

Aims

- To ensure that any spillages of bodily fluids are dealt with in an effective, hygienic, safe and timely manner, in accordance with HSE and NHS guidelines.
- To minimise risk of harm or infection to staff and children.

Objectives

- To ensure that the relevant personnel are trained to deal with spillages of bodily fluids and to ensure monitoring of training needs.
- To provide sufficient and appropriate resources and facilities.
- To inform staff of the school's arrangements.
- To keep accident records and to report to the HSE (0845 3009923) as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Act 1995.

General/Routine Safety Procedures

- Dedicated cleaning equipment must be used.
- Deal with any spillage of blood/body fluids as soon as practically possible.
- Care must be taken to avoid skin, eye, and mucous membrane contamination during the cleaning and disinfection of spillages.
- Staff must always cover cuts and lesions with a waterproof dressing whilst on duty.
- Accidental exposure to blood/body fluid must be reported to the Site Manager.

Personal Protective Equipment (PPE)

- Wear disposable gloves.
- Protect eyes and mouth with goggles and mask if splash or spray is anticipated.
- **Always dispose of PPE and contaminated waste in the yellow 'contaminated waste' bags which must then be placed into the yellow contaminated waste bin.**

DISINFECTION OF BLOOD AND BODY FLUID SPILLS

Disinfection aims to reduce the number of micro-organisms to a safe level. Patent disinfectant should be used in all areas of spillage.

PROCEDURE FOR DEALING WITH SPILLAGE

If a member of staff is present at the time of illness or spill, they must first attend to the casualty. Once the casualty has been stabilised, the staff member should cover the area of spillage with absorbent powder or granules located in the nearest first aid pack. The area of spillage should then be cordoned off to prevent other children or staff from coming into contact with the spillage. The maintenance department must then be informed so that a deep clean of the area can take place.

Spill of blood or other body fluid visibly contaminated with blood

- **Contained spill of blood:** Wearing PPE, apply absorbent powder/granules from Body Fluid Disposal kit over the spill ensuring complete coverage. Wait for two minutes. Use disposable cloths or paper towels to scoop waste debris into a clinical waste bag. Clean the area with detergent and water. Use a spillage kit where available.
- **Dispersed spill of blood:** Wearing PPE, absorb the spill with disposable cloths or paper towels. If the spill covers a large area, use the 'contaminated waste' mop and bucket. Disinfect the area with an appropriate disinfectant. Wait for two minutes. Clean area with detergent and water. Discard cloths, paper towels or mop-heads into a clinical waste bag. Disinfect the bucket with a solution containing patent disinfectant or a bleach solution.

Spill of body fluid not contaminated with blood

- Wearing PPE, absorb the spill with disposable cloths or paper towels. If the spill covers a large area, use a mop and bucket. Clean the area with detergent and water. Disinfect the area with an appropriate disinfectant. Wait for two minutes. Rinse. Discard any cloths, paper towels or mop-heads into a clinical waste bag. Disinfect the bucket with a solution containing patent disinfectant or a bleach solution.

Urine

If urine is not bloodstained, hot soapy water is sufficient.

NEVER pour a chlorine-based disinfectant directly onto urine. If urine is bloodstained, absorb the spill with disposable cloths or paper towels. If the spill covers a larger area, use an appropriate mop and bucket. Disinfect the area with an appropriate disinfectant. Wait for two minutes. Clean the area with

detergent and water. Discard any cloths, paper towels or mop-heads into a clinical waste bag. Disinfect the bucket with a patent disinfectant or a bleach solution.

Carpeted Areas

When spillage has occurred in a carpeted area, treat according to the type of spillage outlined above. Contact the Maintenance Manager as soon as possible so that deep-cleaning of the carpet can be arranged.

RIDDOR and Accident Reporting

WHICH ACCIDENTS REQUIRE RECORDING AND REPORTING?

The HSE Information Sheet on accident reporting makes clear that pupils and visitors to a school "are not at work". The reporting requirements are therefore restricted to cases when a person is killed or taken to hospital, or if the accident arises out of or in connection with the work activity. This is further defined as:

- work organisation (e.g. the supervision of a field trip),
- plant or substances (e.g. lifts, machinery, experiments, etc),
- the condition of the premises.

The guidance explicitly excludes playground accidents due to collisions, slips, trips and falls, unless they happen because of the condition of the premises or equipment, or due to inadequate supervision.

THE ACCIDENT BOOK

The Site Manager is responsible for ensuring that an accurate record is kept of all accidents that happen to children, staff, visitors and contractors on site, or on company-led activities off-site. Although commonly known as the "accident book," it is actually a number of folders containing detachable forms that the duty first aider completes when they attend to any child or visitor who is injured or who suffers an accident more serious than a superficial bump or graze.

All staff normally complete their own forms, unless they are so incapacitated that doing so is impracticable. In such cases the form should be completed by a witness. The wording of the form is designed to encourage a logical and thorough record of every accident in a common format, leading the reporter through each stage. Details recorded include: the name and status of the person injured, when, where and how the accident occurred, what happened, what injury resulted and whether the injury was sufficiently serious to meet the criteria, known as a "Notifiable Accident," that require it to be reported to the Health and Safety Executive (HSE).

Completed accident report forms are forwarded to the Site Manager for any further action that may be necessary (see below). Forms are kept in a folder for a minimum of three years. In order to ensure strict privacy, as well as compliance with the Data Protection Act (DPA), they are stored in a locked filing cabinet in the Harcombe Block Staff Room during provisions and in the Swimming Pool office when closed.

WHAT IS A "NOTIFIABLE" ACCIDENT?

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), places a statutory duty on employers (and others) to report work-related deaths, major injuries, injuries lasting over three days, together with work related diseases, and dangerous occurrences (near miss accidents) to their local Health and Safety Executive (HSE) office via the national Incident Contact Centre (ICC) who will pass details on to the local HSE office. An accident that is sufficiently serious to require reporting to the ICC must also be recorded in the accident book.

EMPLOYEES AND CONTRACTORS

RIDDOR specifies that the following work-related accidents to employees or contractors working on the premises should be reported:

- Accidents which result in death or major injury must be reported immediately, and
- Accidents which prevent the injured person from continuing his/her normal work for more than three days must be reported within ten days

The HSE's leaflet 'Incident-reporting in schools (accidents, diseases and dangerous occurrences)', defines the list of reportable major injuries. It also explains the procedure for reporting an accident. A copy of this publication is held in the school office, or can be downloaded at www.hse.gov.uk/pubns/edindex.htm

CHILDREN AND VISITORS

RIDDOR requires that accidents to someone who is not at work (i.e. pupils and visitors) should be reported to the ICC if:

- The person is killed or taken to hospital, **and**
- The accident arises out of or in connection with the work activity.

The last category describes by the HSE as covering:

- Work organisation (eg the supervision of a field trip)
- Plant or substances (eg lifts, machinery, experiments etc)
- The condition of the premises
- Curriculum sports activities that result in children being killed or taken to hospital.

Playground accidents that do not require a child being taken to hospital are only reportable if they result from "the condition of the premises or equipment, or inadequate supervision". The notification process for children and visitors is identical to the one for staff.

ESCORTING CHILDREN TO HOSPITAL

Please refer to the First Aid policy for guidance on this matter.

WHO WILL REPORT NOTIFIABLE ACCIDENTS AND INJURIES?

The Site Manager will report all notifiable accidents or injuries. Staff attending to an incident or accident which is reportable must inform the Managing Director or the Site Manager as soon as possible once the incident has been attended to and the person injured is safe, but within 24 hours at the latest.

ACCIDENT INVESTIGATIONS

All notifiable accidents need to be investigated in order to:

- Prevent recurrences and learn from events
- Keep statistics so that trends can be identified and discussed by the Health and Safety Committee
- Report to insurers in support of a claim (if appropriate).

At CSS, it is our policy to encourage all members of staff to take an active interest in improving the health and safety of our community. Members of staff are therefore urged to report near misses, or trivial accidents that could potentially have been more serious to the Managing Director, so that they can be investigated and any defects put right.

The investigation will normally be carried out by the Managing Director, but may involve other members of staff. Witness statements may be taken and in serious cases, a full written report including photographs and recommendations will be produced.

SAFETY EQUIPMENT

We are strict in ensuring that children always wear the recommended protective equipment in all activities.

Staff are supplied with all the safety equipment needed for their work, such as ear-defenders, reinforced footwear, gloves, masks etc. Their induction training makes clear that failure to wear the equipment can be treated as a disciplinary issue. The Managing Director maintains a register of Personal Protective Equipment issued. They are responsible for ensuring that worn-out or unserviceable equipment is replaced when necessary.

INSURANCE

CSS Activities has £5 million of Employers' Liability Insurance and £10 million of public liability insurance. The Managing Director is responsible for arranging insurance and dealing with the Insurers in the event of a claim.

Monitoring and Review

The policy will be reviewed every year, or whenever significant changes occur.

Reviewed: April 2021		Charlie Tarrant Managing Director
Signed: 	By:	Charlie Tarrant Managing Director
Reviewed: April 2022		Charlie Tarrant Managing Director
Signed: 	By:	Charlie Tarrant Managing Director
Reviewed: April 2023		Charlie Tarrant Managing Director
Signed: 	By:	Charlie Tarrant Managing Director
Reviewed: April 2024		Charlie Tarrant Managing Director
Signed: 	By:	Charlie Tarrant Managing Director
Reviewed: April 2025		Charlie Tarrant Managing Director
Signed: 	By:	Charlie Tarrant Managing Director
Next Review Date:		April 2026

Reviewed: April 2026	By:	Charlie Tarrant, Managing Director
Signature:	By:	Charlie Tarrant Managing Director
Next Review Date:		April 2027

APPENDIX A - First Aid qualifications held by staff members (see separate document)

APPENDIX B:

Asthma Policy

1. Introduction

- This policy conforms to the guidelines set out by the National Asthma Campaign in accordance with the Department of Education and as advised by the NHS School Nurses Department.
- CSS Activities recognises that asthma is an important condition, which affects many children.
- All children with asthma are encouraged to participate in all activities at CSS Activities and all staff are aware of the policy and procedures to be followed in the event of an attack.
- Staff training is undertaken on a regular basis.

2. Medication

- Immediate access to reliever inhalers is vital. Camp Leaders will hold all inhalers for their group and take these to all locations around the site. **These must be clearly labelled with the child's name.**
- Spare inhalers are kept in the Harcombe Block Staff Room and Swimming Pool Office and they are only to be used only in an emergency situation.

3. Documentation

- When signing up for each holiday provision, parents are asked to provide medical information about their children. Details of which children suffer from Asthma are given to each Camp Leader on their registers

4. Sports

Sport is an important part of CSS Activities. Members of staff are aware of which children suffer from Asthma. These children will be encouraged to participate fully in sport activities and encouraged to use their inhalers before taking part in any sport. They must do a few warm up exercises beforehand.

5. Environment

- The school has a **NO SMOKING** policy. All products used for cleaning, fertilisation, painting etc are checked for health and safety reasons before use. Use of such items is kept to a minimum.
- The Art, DT and Science departments use environmentally friendly products.
- The school is situated in a natural, animal friendly environment. It is also surrounded by plants and trees, many of which are triggers. **Precautions are taken to ensure that unnecessary contact is avoided.**

APPENDIX C: How to fill in a First Aid Form