

# First Aid Policy

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## Rationale

First Aid can save lives and prevent minor injuries becoming major ones. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school (including off-site activities). In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. The aim of this Policy is to set out guidelines for all staff in school in the administering of First Aid.

## Aims

The aims of this policy are to:

- Ensure that the school has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury; no matter how major or minor.
- Ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this in line with PACT Supporting Pupils with Medical Conditions Policy.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.
- Provide a framework for responding to an incident and recording and reporting the outcomes.

## Legislation and Guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

## Roles and Responsibilities

### Appointed Persons

The appointed persons for Birchfield Primary School are Sharon Simpson and Jonathan Aldred. They are responsible for:

- Taking charge when someone is ill or becomes injured;
- ensuring there is an adequate supply of medical materials in first aid kits that comply with HSE regulations and recommendations, and for replenishing the contents of these kits;
- Ensuring that an ambulance or other professional medical help is summoned, when appropriate.

**In the absence of an Appointed Person being available in school, a member of SLT or a first aider will assume this role.**

### First Aiders

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

Our school's first aiders are listed in our safeguarding training spreadsheet. Their names will also be displayed prominently around the school in safeguarding poster cases.

## **Board of Trustees**

The Board of Trustees has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

The Trust Board will:

- Ensure adequate First Aid provision as outlined in the Health & Safety [First Aid] Regulations 1981, having regard to 'Guidance on First Aid for Schools (DfE).
- Monitor and respond to all matters relating to the health and safety of all persons on school premises.
- Ensure that the school has the capacity to ensure that an appropriate number of staff receive first aid training.
- Review this policy and any associated risk assessments and practices annually.

## **Academy Committee**

The Academy Committee will support the Head of School in implementing this policy, including:

- Ensuring all new staff are made aware of First Aid procedures in school.
- Ensuring that an appropriate number of school personnel have up to date, HSE approved first aid training.

## **Head of School**

The Head of School is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times.
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Ensuring that there is a trained paediatric first aider on site at all times.
- Ensuring all staff are aware of first aid procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of pupils.
- Reporting specified incidents to the HSE when necessary.

## **The Senior Leadership Team**

The Senior Leadership Team will:

- Implement suitable induction procedures to ensure that all new staff are made aware of First Aid procedures in school.
- Ensure that signs are displayed throughout the school providing the following information:
  - names of employees with First Aid at Work qualifications or Emergency First Aid at Work qualifications.
  - Location of first aid kits.
  - Location of emergency inhalers.
  - Location of emergency adrenaline auto-injectors.
- Ensure that first aid kits are kept in each classroom and that staff request replacement stock when needed.
- Ensure that staff take their first aid kit with them whenever they leave their classroom, including emergency evacuation.

## **School Staff**

All school staff will:

- Ensure they follow first aid procedures.
- Ensure they know who the first aiders in school are.
- Complete accident forms for all incidents they attend to.
- Be aware of specific medical details of individual students as given by the Lead Practitioner for Inclusion.
- Ensure that the students in their care have an awareness of the procedures in operation as appropriate to their age and development.
- Refer a student who feels generally 'unwell' to the Pastoral Leader and not to a First Aider, unless their deterioration seems uncharacteristic and is causing concern.
- Ensure a student who has minor injuries is treated by a member of staff with an Emergency First Aid at work qualification.
- Ensure that they have a current medical consent form for every student that they take out on an off site visit which indicates any specific conditions or medications of which they should be aware.
- Ensure that the medical information is updated with parents during the year and returned to the office.

- Have regard to own personal safety.
- Have regard to the Safeguarding policy and procedures and safeguarding arrangements.
- Inform the Head of School or their line manager of any specific health conditions or first aid needs they have themselves.

## First Aid Procedures

### In the event of a minor injury

The closest member of staff present will look after the child and ask an emergency first aider to treat the injury. A minor injury would be a grazed knee, bruised shin, small cuts, minor head bump.

If a child falls over and says they have hurt their legs/grazed their knees, they can be asked to lift their trouser legs or remove trousers or tights for the injury to be examined and treated. There should be two adults present for this to happen and it should be in a room where no-one else can enter. If trousers need to be removed, the child should be given a covering to protect their modesty. Children should always be asked to remove their own clothing. This should be logged on CPOMS detailing why the clothes were removed, who was present and what happened.

If a child can't or won't remove their clothing, a phone call to the parent should be made to request consent to remove clothing. This should be logged on CPOMS detailing who was spoken to. If permission is granted, the adult can remove the clothing to examine and treat the child. Again 2 adults must be present in a room where no-one else can enter and modesty must be protected.

If the child is still reluctant or unwilling to have clothes removed, the adults should stop and call the parents again so they can either come and examine the injury or choose to leave it not looked at. This conversation and outcome should be logged on CPOMS.

All accidents must be recorded on an accident report on Parago. This form must be completed straight after the accident or as soon as possible but always on the same day.

### In the event of a major injury

A senior first aider who holds a First Aid at Work qualification must be consulted in the event that a child (or member of staff) should sustain a **major injury** or injury of the following nature:

- Cut to head or serious knock
- Suspected sprain or break
- Burns
- Stings: i.e. bees/wasps/insects (due to the possibility of allergic reaction)
- Breathing difficulties
- Allergic reaction

The senior first aider will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives. The senior first aider will also decide whether the injured person should be moved or placed in a recovery position.

If the senior first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the senior first aider will recommend next steps to the parents.

If emergency services are called, the Office Manager or a member of SLT will contact parents immediately.

The senior first aider or most appropriate member of staff will complete an accident report on Parago straight after the accident or as soon as possible but always on the same day

During coronavirus: first aiders will follow Health and Safety Executive (HSE) guidance for first aid during coronavirus. They will try to assist at a safe distance from the casualty as much as possible and minimise the time they share a breathing zone. Treating any casualty properly will be the first concern. Where it is necessary for first aid provision to be administered in close proximity, those administering it will pay particular attention to sanitation measures immediately afterwards including washing their hands.

### Pupil accidents involving their head.

The school recognises that accidents involving the pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time. Therefore all head bumps will be treated with caution and where emergency treatment is not required, a 'Head bump' letter will be sent home to the child's parents or guardians and a phone call is made to inform parents and offer them the opportunity to come and check the injury. All head bumps will be recorded on Parago.

### Off site activities

When taking students off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of students and any medication
- Parents' contact details

Risk assessments will be completed by the visit leader and approved by the EVC prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one Emergency first aider on all off site visits and activities. For visits involving EYFS classes, there will always be at least one first aider with a current paediatric first aid certificate on off site visits and activities, as required by the statutory framework for the Early Years Foundation Stage.

## **First aid equipment**

The school will provide first aid kits, identified by a white cross on a green background, that contain adequate supplies for treating injuries in school and comply with the HSE's minimum expected provision. Details of the location of first aid kits and the person responsible for the upkeep of the first aid kits should be displayed on the safeguarding notice boards in school.

First aid kits will be located in each classroom and teaching space, main office, SLT room Inclusion room and Pastoral room. At least one first aid kit will be taken on all outdoor and off site activities, along with individual student's medication such as inhalers, adrenaline auto-injectors etc.

Teaching staff will regularly check the stock levels of First aid kits and will request replacements from the Inclusion Team via the first aid email address as necessary. The Inclusion Team will order central first aid stock termly and check the stock of first aid kits outside of classrooms and teaching spaces.

First aid kits must display the following information:

- The name of the person responsible for their upkeep;
- The nearest alternative first aid kit, in case further supplies are required;
- A list of the contents of the first aid kit and instructions for replenishing stock;
- The location of the accident forms

The minimum expected first aid kit contents is:

- Guidance leaflet giving general advice on first aid e.g. HSE leaflet Basic advice on first aid at work
- Assorted adhesive plasters
- Sterile eye pads
- Sterile, individually wrapped triangular bandages
- Safety pins
- Large, sterile, non medicated, individually wrapped first aid dressings (18x18cm)
- Medium, sterile, non medicated, individually wrapped first aid dressings (12x12cm)
- Gloves
- Sterile wipes
- Single use ice pack

A travelling first aid kit (for off site activities) will contain the same equipment but in smaller quantities.

## **Medication**

Any medication will be kept in a lockable cupboard in the medicine cupboard in the main office, with the exception of asthma inhalers, adrenaline auto-injectors and blood glucose monitors. Administration of any medication should be recorded on the forms provided. If any child needs medication, a consent form must be completed by parents and kept on record by the main office.

### **Inhalers**

Inhalers will be kept by the class teacher except in year 5 and 6. The class teacher will ensure that the inhalers go wherever the children go. Children in year 5 will take responsibility for their inhaler during the school day but it will be kept in school overnight and during school holidays. Children in year 6 will take responsibility for looking after their medication. The Y6 class teacher will ensure that they have their inhaler at the start of each day. A spare inhaler will be kept in school for any Y6 children who need one. The school will hold emergency inhalers to be used in the event a student's inhaler is lost, damaged, faulty or empty.

### **Adrenaline Auto-injectors**

All adrenaline auto-injectors will be stored by the teacher but will be transported everywhere that the child moves within school by an adult. Adrenaline auto-injectors will be held at the first aid station during lunch and break times. The school will hold emergency adrenaline auto-injectors in the main school office to be used in the event of a child's own adrenaline auto-injector being unavailable, out of date or faulty. On the recommendation of the school nurse

service, the school will request two adrenaline auto-injectors for each student so a named spare can be kept centrally as well.

### **Blood Glucose Monitors**

If children require a blood glucose monitor will keep it in the classroom with them. It will be kept by the teacher and used by the student when needed. A sharps bin will be required in each classroom where the blood glucose monitor may be used. Students with diabetes will keep a diabetes emergency kit with them.

## **Automatic External Defibrillator**

The school has an Automatic External Defibrillator that is located within the main office. It has been purchased in line with the DFE publication Automatic External Defibrillators, a guide for schools (Feb 2018) which shows that the use of an AED can significantly increase the chances of resuscitation if a person is having a cardiac arrest. Before an AED is used, the emergency services should be alerted by dialling 999. The AED will analyse the individual's heart rhythm and apply a shock to restart it, or advise that CPR should be continued. Voice and/or visual prompts will guide the rescuer through the entire process from when the device is first switched on or opened. These include positioning and attaching the pads, when to start or restart CPR and whether or not a shock is advised. The AED should be purchased as a kit from the NHS supply chain, which is under contract with the DFE to support educational establishments to purchase appropriate AED's.

The school will display a sign showing the standard UK sign for defibrillators to indicate where the defibrillator is kept. Details of where the AED is kept will also be displayed in the Safeguarding poster cases.

In addition the following information will be displayed with the AED:

- Training is not required to use this device.
- If someone is unconscious and not breathing normally, dial 999 immediately; the operator will explain when and how to perform CPR and use this defibrillator.

The school will inform the local ambulance service of the make, model and location of the AED, along with any necessary access arrangements.

The school will replace the AED when it comes to the end of its life, as determined in the information leaflet supplied with the AED.

All senior first aiders, who have had full or refresher training since September 2016, have received training in using an AED.

In the event that the AED is used in a resuscitation, the school will ensure that the AED is read for further use by replacing the pads/other consumables and checking that it is operating correctly without any warning lights. The information stored on an AED after use can inform further care of the patient so the school should contact the local ambulance service to arrange for them to download the data. The AED can continue to be used whilst waiting for this to take place.

The site team in each school will perform regular checks on the defibrillator and keep a record of these checks, ordering replacement parts as needed.

The DFE guidance states:

"AEDs are safe to use for all those involved, and will give a verbal warning instructing the rescuer to stand back when analysing heart rhythm and prior to delivering a controlled electric shock. A rescuer may accidentally be subjected to a defibrillation shock if he or she does not heed this warning, but this is unlikely to cause significant harm.

Standard AEDs are suitable for use on people of all ages, except small children aged under 12 months. For children aged 1–8, it is recommended that AEDs be used in paediatric mode or with paediatric pads. However, adult pads may be used if paediatric pads are not available.

Rescuers should not hesitate to use an AED on a pregnant woman in cardiac arrest, as resuscitation of the pregnant mother is the only way to keep her unborn child alive. Early defibrillation can therefore help provide the best chances of survival for both the unborn child and the mother. When calling 999, it is advisable to notify the operator that the casualty is pregnant as this may determine which response crew/vehicle is required."

## **Record keeping and Reporting**

### **First Aid and accident records**

- An accident record will be completed by the first aider using Parago straight after the accident or as soon as possible after an incident resulting in an injury

- As much detail as possible should be supplied when reporting an accident.
- First aid records will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

### **Reporting to Parents**

The teacher will inform parents of any minor injury sustained by a pupil on the same day, or as soon as reasonably practicable.

The Office Manager, first aider or Senior Leader will inform parents of any major or reportable injury sustained by a student, and any first aid treatment given, as soon as possible after treatment has been completed but always by the end of the day.

### **Reporting accidents to the HSE**

The Trust Business Leader for Estates will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Trust Business Leader for Estates will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment
  - The accidental release of a biological agent likely to cause severe human illness
  - The accidental release or escape of any substance that may cause a serious injury or damage to health
  - An electrical short circuit or overload causing a fire or explosion
- Sharps injuries if:
  - an employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), eg hepatitis B or C or HIV. This is reportable as a dangerous occurrence;
  - the employee receives a sharps injury and a BBV acquired by this route seroconverts. This is reportable as a disease;
  - if the injury itself is so severe that it must be reported.

### **Training**

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed an HSE approved training course in either First Aid at Work or Emergency First Aid at Work, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until.

Staff are encouraged to renew their first aid training when it is no longer valid.

### **Review**

This policy will be reviewed annually, or more regularly in the light of any significant new developments or in response to changes in guidance. This policy will be reviewed annually, or more regularly in the light of any significant new developments or in response to changes in guidance.