

First Aid Policy

Governors' Committee Responsible	Full Governing Body
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Approved By: Joe Porter Headteacher Pupils and Community committee	Hote.
Approved By: Janet Deboo - Chair of Governors	J.E.Deboo

Darell, our values drive everything that we do. As a school, we value:











- Equality we celebrate our differences and treat everyone equally and fairly.
- Responsibility we take responsibility for our behaviour. We are kind and caring to ourselves and others.
- Enjoyment we are passionate about learning and look for enjoyment in everything we do.
- Aspiration we place no ceiling on what we can achieve. We challenge each other to be the best that we can be.

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1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance

This policy is based on the <u>Statutory Framework for the Early Years Foundation Stage</u>, advice from the Department for Education on <u>first aid in schools</u> and <u>health and safety in schools</u>, guidance from the Health and Safety Executive (HSE) on <u>incident reporting in schools</u>, and the following legislation:

- <u>The Health and Safety (First-Aid) Regulations 1981</u>, 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
- <u>The Management of Health and Safety at Work Regulations 1992</u>, which require employers to make an assessment of the risks to the health and safety of their employees
- <u>The Management of Health and Safety at Work Regulations 1999</u>, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- <u>The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013</u>, 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
- <u>Social Security (Claims and Payments) Regulations 1979</u>, which set out rules on the retention of accident records
- <u>The School Premises (England) Regulations 2012</u>, which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and responsibilities

In schools with Early Years Foundation Stage provision, at least 1 person who has a current paediatric first aid (PFA) certificate must be on the premises at all times.

Beyond this, in all settings – and dependent upon an assessment of first aid needs – employers must usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. However, the minimum legal requirement is to have an 'appointed person' to take charge of first aid arrangements, provided your assessment of need has taken into account the nature of employees' work, the number of staff, and the layout and location of the school. The appointed person does not need to be a trained first aider.

Section 3.1 below sets out the expectations of appointed persons and first aiders as set out in the 1981 first aid regulations and the DfE guidance listed in section 2.

3.1 Appointed person(s) and first aiders

The school's appointed person is Laura Gavin they are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) 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 (see the template in appendix 2)
- Keeping their contact details up to date

Our school's appointed person and first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

3.2 The local authority and governing board

LBRUT has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.2 The governing board

The governing board 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.

3.3 The headteacher

The headteacher 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 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 (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders and appointed persons in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

4. First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the 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 first aider will recommend next steps to the parents
- If emergency services are called, the Office manager or Member of SLT will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury
- There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

4.2 Off-site procedures

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

- A school mobile phone
- A portable first aid kit including, at minimum:
- A leaflet giving general advice on first aid
- 6 individually wrapped sterile adhesive dressings
- 1 large sterile unmedicated dressing
- 2 triangular bandages individually wrapped and preferably sterile
- 2 safety pins

- lindividually wrapped moist cleansing wipes
- 2 pairs of disposable gloves
- Information about the specific medical needs of pupils
- Parents' contact details

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

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

- There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.
- There will always be at least 1 first aider on school trips and visits.

5. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet giving general advice on first aid
- 10 individually wrapped sterile adhesive dressings (assorted sizes)
- 1 sterile eye pads
- 1 individually wrapped triangular bandages (preferably sterile)
- 3 safety pins
- 1 medium-sized individually wrapped sterile unmedicated wound dressings
- 1 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves
- 6 individually wrapped Antiseptic wipes

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- All classrooms
- The school kitchens

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- Records held in the first aid and accident book 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

> 6.2 Reporting to the HSE

The Office Manager 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 Headteacher or Deputy Head teacher will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

- These 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) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
 - 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
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Headteacher or Office manager will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g from wood dust

- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent
- 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

Pupils and other people who are not at work (e.g. visitors): rreportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident "arises out of" or is "connected with a work activity" if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE http://www.hse.gov.uk/riddor/report.htm

6.3 Notifying parents (early years only)

The office staff will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents will also be informed if emergency services are called.

6.4 Reporting to Ofsted and child protection agencies (early years only)

The Headteacher or Deputy Head will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher or Deputy Head will also notify Single Point of Access of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

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

All first aiders must have completed a training course, 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 stored on Arbor.

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

8. Monitoring arrangements

This policy will be reviewed by the Headteacher every year.

At every review, the policy will be approved by thee Headteacher and Deputy Head

9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions



First Aiders



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Laura	Gavin	First Aid at work - level 3	29/04/2021	29/04/2024
Ashley	Lesch	Full Paediatric First Aid	03/09/2021	03/09/2024
Beatrice	Iqbal	Full Paediatric First Aid	03/09/2021	03/09/2024
Helen	Esquilant	Full Paediatric First Aid	03/09/2021	03/09/2024
Helena	Toralba	Full Paediatric First Aid	03/09/2021	03/09/2024
Nicole	Collins	Full Paediatric First Aid	03/09/2021	03/09/2024
Rachel	Carter	Full Paediatric First Aid	03/09/2021	03/09/2024
Samantha	Langton	Full Paediatric First Aid	03/09/2021	03/09/2024
Sue	Hanley	Full Paediatric First Aid	03/09/2021	03/09/2024
Phoebe	Lawrence	Full Paediatric First Aid	01/09/2022	01/09/2025
Laura	Cook	Full Paediatric First Aid	01/09/2022	01/09/2025
Joss	Francis	Full Paediatric First Aid	01/09/2022	01/09/2025
Geri	Сох	Full Paediatric First Aid	01/09/2022	01/09/2025
Nicole	Grimshaw-Veken	Full Paediatric First Aid	01/09/2022	01/09/2025
Lara	Sawyer	Full Paediatric First Aid	01/09/2022	01/09/2025
Hedia	Ben-Mabrouk	Full Paediatric First Aid	01/09/2022	01/09/2025
Rima	Shakar-Barikhan	Full Paediatric First Aid	01/09/2022	01/09/2025
Monique	Mole	Full Paediatric First Aid	01/09/2022	01/09/2025
Grace	Crowther	Full Paediatric First Aid	01/09/2022	01/09/2025

Appendix 2: accident report form and head injury report form



ACCIDENT REPORTING

Week commencing: _____

Date	Time	Name	Location	Incident & Other Comments	Letter & Wristband	Injury Assessed	ice Pack Given	Called Parent	Slaff Initials

Dear Parents and Carers, Your child has bumped their head today please see the details below.

Date: Time:

Details of incident and treatment administered:

First aider: Signed:

.....

Please see overleaf for information regarding symptoms and advice for head injuries.

Symptoms of minor head injuries

Minor head injuries often cause a bump or bruise. As long as the person is awake (conscious) and with no deep cuts, it's unlikely there will be any serious damage.

Other symptoms of a minor head injury may include:

- a mild headache
- nausea (feeling sick)
- mild dizziness
- mild blurred vision

If these symptoms get significantly worse or if there are other, more serious symptoms, go straight to the accident and emergency (A&E) department of your nearest hospital or call 999 to request an ambulance.

Close observation

If your child or someone you know has sustained a head injury, observe them closely for 24 hours to monitor whether their symptoms change or get worse.

If you've sustained a head injury, ask a friend or family member to stay with you for the next 24 hours to keep an eye on you.

If your child has a minor head injury, they may cry or be distressed. This is normal – with attention and reassurance most children will settle down. However, seek medical assistance if your child continues to be distressed.

Signs of a serious head injury

Seek immediate medical attention if, after a knock to the head, you notice any of these symptoms in either you or your child:

• unconsciousness, either briefly or for a longer period of time • difficulty staying awake or still being sleepy several hours after the injury

- clear fluid leaking from the nose or ears this could be cerebrospinal fluid, which normally surrounds the brain
- bleeding from one or both ears
- bruising behind one or both ears
- any sign of skull damage or a penetrating head injury
- difficulty speaking, such as slurred speech
- difficulty understanding what people say
- reading or writing problems
- balance problems or difficulty walking
- loss of power or sensation in part of the body, such as weakness or loss of feeling in an arm or leg
- general weakness
- vision problems, such as significantly blurred or double vision
- having a seizure or fit (when your body suddenly moves uncontrollably)
- memory loss (amnesia), such as not being able to remember what happened before or after the injury
- a persistent headache
- vomiting since the injury
- irritability or unusual behaviour

If any of these symptoms are present, particularly a loss of consciousness – even if only for a short period of time – go immediately to your local A&E department or call 999 and ask for an ambulance.