



FIRST AID POLICY

APPROVED BY:	The Local Governing Body	DATE: 30/3/23
LAST REVIEWED ON:	30/3/23	
NEXT REVIEW DUE BY:	March 2024	



ONE COMMUNITY, LEARNING AND GROWING TOGETHER, SHARING GOD'S LOVE

"I can do all this through Christ because he gives me strength"
Philippians 4:13

God created everyone in his image, and we are all his children. His ultimate aim is for us to grow and succeed in everything we do as his children. It is through the strength that Christ gives that we are able to overcome all challenges and to achieve and flourish in all that we do.

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STATEMENT OF INTENT

The governing body acknowledge and accept its responsibilities under the Health and Safety (First Aid) Regulations 1981, to provide equipment and facilities as are adequate and appropriate for enabling first-aid to be rendered to employees, pupils and visitors in the school.

Our First Aid Policy will be successfully implemented through the delivery of the following aims and objectives:

- Undertaking a First Aid Needs Assessment to determine the requirements for the provision of first-aid within the school premises.
- Ensuring that there are suitable facilities and equipment to administer first-aid, where necessary.
- Ensuring that there is a sufficient number of staff trained in first-aid on duty at all times.
- Ensuring that the requirements of this policy are clear and appropriately circulated, including the location of first-aid equipment, facilities and personnel.

The appointed person, responsible for first-aid is: Head Teacher. Where the appointed person is unavailable, the following person(s) will deputise in his/her stead: Deputy Head Teacher

LEGAL FRAMEWORK

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2019) 'Automated external defibrillators (AEDs)'
- DfE (2021) 'Statutory framework for the early years foundation stage'
- DfE (2022) 'First aid in schools, early years and further education'

The policy is implemented in conjunction with the following school policies:

- **Health and Safety Policy**
- **Administering Medication Policy**
- **Infection Control Policy**
- **Supporting Pupils with Medical Conditions Policy**
- **Record Management Policy**
- **Allergen and Anaphylaxis Policy**
- **Behavioural Policy**
- **Child Protection and Safeguarding Policy**
- **Lone Working Policy**
- **Educational Visits and School Trips Policy**



ROLES AND RESPONSIBILITIES

The **governing board** is responsible for:

- The overarching development and implementation of this policy and all corresponding procedures.
- Ensuring that the relevant risk assessments, and assessments of the first aid needs of the school specifically, have been conducted.
- Ensuring that there is a sufficient number of appointed first aiders within the school based upon these assessments.
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents' evenings.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that appropriate and sufficient first aid training is provided for staff, and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties.
- Ensuring that adequate equipment and facilities are provided for the school site.
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for pupils and others complies with the relevant legislation and guidance.
- Ensuring that an 'appointed person' is selected from amongst staff to take the lead in first aid arrangements and procedures for the school.

The **headteacher** is responsible for:

- The development and implementation of this policy and its related procedures.
- Ensuring that all staff and parents are made aware of the school's policy and arrangements regarding first aid.
- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.
- Ensuring that all pupils and staff are aware of the identities of the school first aiders and how to contact them if necessary.

Staff are responsible for:

- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Endeavouring at all times to secure the welfare of the pupils at school.
- Making pupils aware of the procedures to follow in the event of illness, accident or injury.

First aid staff are responsible for:

- Completing and renewing training as dictated by the **governing board**.
- Ensuring that they are comfortable and confident in administering first aid.



- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.

[Schools must have at least one 'appointed person' to oversee first aid provision. The appointed person is not a first aider and must not conduct any first aid for which they have not been trained. The appointed person should, however, be trained in emergency procedures as outlined below. More information on the role of the appointed person can be found **HERE**. The appointed person is responsible for:

- Overseeing the school's first-aid arrangements.
- Taking charge when someone is injured or becomes ill.
- Looking after the first-aid equipment, e.g. restocking the first aid container.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Calling the emergency services where necessary.
- Maintaining injury and illness records as required.
- Partaking in an appointed persons course, emergency first aid training, first aid at work, and refresher training where appropriate, to ensure they have knowledge of:
 - What to do in an emergency.
 - How to assess and monitor a casualty.
 - First aid for the unconscious casualty.
 - First aid for someone who is having a seizure.
 - Maintaining injury and illness records as required.
 - Paediatric first aid.

RISK ASSESSMENT

The **Headteacher** will ensure that an annual risk assessment of first-aid needs is undertaken, appropriate to the circumstances of the school;

Where a minimum number of trained first-aiders is set, this will be monitored to ensure that the needs identified in the risk assessment are met.

FACILITIES

First-aid will be administered in a room/area that meets the requirements of the DfE guidance. Specifically, to:

- Be large enough to hold the necessary equipment.
- Have washable surfaces and adequate heating, ventilation and lighting.
- Be kept clean and tidy at all times.
- Be positioned as near as possible to a point of access for transport to hospital.
- Display a notice on the door advising of the names, locations and telephone numbers of first-aiders.



- Have a sink with hot and cold water, if possible.
- Have drinking water and disposable cups available in the first aid cupboard.
- Have soap and paper towels.
- Have a suitable container with disposable waste bags.

At Upper Arley C of E Primary School the office is the designated medical room for minor injuries. The staff room would be made available for more serious cases.

FIRST-AID PROVISION

First-aid containers are identified by a white cross on a green background.

At Upper Arley C of E Primary School there are first aid boxes in each of the classrooms. These contain enough suitable provisions to enable the administration of first aid. Each class has travelling first-aid bags for use during school trips and off-site visits, which are stored in the classrooms.

No medicinal substances or materials are permitted within a first-aid container.

Blunt-ended stainless steel scissors should be kept in the container in case clothing needs to be cut away prior to treatment.

Inventories are kept of all first-aid supplies including expiry dates. Full lists can be found in each first-aid container.

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings, of assorted sizes
- 2 sterile eye pads
- 2 individually wrapped triangular bandages, preferably sterile
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large-sized individually wrapped sterile unmedicated wound dressings
- 3 pairs of disposable gloves

SELECTION OF FIRST-AIDERS

The main duties of first aiders will be to administer immediate first aid to pupils, staff or visitors, and to ensure that an ambulance or other professional medical help is called when necessary.

The school will ensure that all first aiders hold a valid certificate of competence, issued by a HSE-approved organisation.

The school will be mindful that many standard first aid at work training courses do not include resuscitation procedures for children and will consequently ensure that appropriate training is secured for first-aid personnel where this has not already been obtained.



The school will ensure that refresher training and retesting of competence is arranged for first aiders within the school before certificates expire.

First aiders will ensure that their first aid certificates are kept up-to-date through liaison with the **DSL**.

Each classroom's first aiders will be responsible for ensuring all first aid kits are properly stocked and maintained. The first aid appointed person will be responsible for maintaining supplies.

First aid notices will be clearly displayed throughout the school with information on the names and locations of first aiders to ensure that pupils and staff know who they must contact in the event of illness or injury.

The school will ensure that there is always a sufficient number of first-aid personnel available on site at all times to provide adequate cover to all areas of the school.

In line with government guidance, and taking into account staff: child ratios, the school will ensure that there is at least **one** member of staff with a current and full Paediatric First Aid (PFA) certificate on the premises and available at all times when pupils are present, and accompanying pupils on any and all outings taken.

All staff members will be made aware that agreeing to become a first aider for the school is strictly on a voluntary basis and that they should never feel pressured to take on this role.

When selecting first aiders, the school will follow the criteria laid out in government guidance, considering the individual's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Normal duties – a first aider must be able to leave to go immediately to an emergency.

TRAINING

The **Headteacher** is responsible for organising first-aid training. New staff members are offered first-aid training as part of their induction training. Lunch time supervisors will also undertake first-aid training. The school keeps a record of who is trained in first-aid and the date that their certificates expire. First-aiders will be re-trained within 3 months prior to the end of the third year, when their first-aid certificates expire.

All staff should ensure that they have read the school's First Aid Policy and sign the training record to say they have done this. Schools will have a minimum of 3 paediatric first aid trained staff, one of which is located in the EYFS, Schools will have a first aider trained in First at Work with Paediatric who oversees first-aid in school.

ROLES AND RESPONSIBILITIES



The main duties of the person in attendance are to:

Take charge of first-aid arrangements, including looking after equipment and calling the emergency services, where necessary.

Bear in mind that they are not first-aiders. They should not give first-aid treatment for which they have not been trained, although it is good practice to ensure that they have emergency first-aid/refresher training, including:

- What to do in an emergency.
- Cardiopulmonary resuscitation.
- First-aid for the unconscious casualty.
- First-aid for the wounded or bleeding.

Liaise with the office staff where necessary, to facilitate the replacement of out-of-stock or expired first-aid material or equipment.

Remain on-site throughout the school day.

The main duties of first-aiders are to:

Complete a training course approved by the Health and Safety Executive (HSE).

Give immediate help to casualties with common injuries and those arising from specific hazards at the academy.

Ensure that an ambulance or other professional medical help is called, where appropriate.

REPORTING INCIDENTS AND RECORD KEEPING

Reporting

The **Headteacher** will ensure that procedures are in place to report any major or fatal injuries without delay (e.g. by telephone), as required by RIDDOR. Other reportable injuries will be reported within 10 days.

Record keeping

The **Headteacher** will ensure that records are kept of any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR.

Reportable injuries include:

- 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 cover more than 10 percent of the body or cause 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.

Reportable occupational diseases include:

- Carpal tunnel syndrome.
- Severe cramp of the hand or forearm.
- Occupational dermatitis e.g. from work involving strong acids or alkali, including domestic bleach.
- Hand-arm vibration syndrome.
- Occupational asthma e.g. from wood dust or soldering.
- Tendonitis or tenosynovitis of the hand or forearm.
- Any occupational cancer.
- Any disease attributed to an occupational exposure to a biological agent.

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR, as a reportable injury has to have resulted from a work-related incident.

Dangerous occurrences include:

- 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.

Injuries to pupils and visitors who are involved in an accident at school, or an activity organised by the academy are only reportable if the accident results in:

- The death of a person which arose out of or in connection with a work-related activity.
- An injury that arose out of or in connection with a work-related activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

Records will be also kept of all occupational injuries where a staff member is away from work or incapacitated for more than three consecutive days, although this doesn't need to be reported.

The school does not have to report injuries where the pupil remains at school, is taken home or is simply absent from school for a number of days.



First-aiders will ensure that they comply with the reporting procedures of the school after administering treatment, including recording:

- The date, time and place of the incident.
- The name (and class) of the injured or ill person.
- Details of the injury/illness and what first aid was given.
- What happened to the person immediately afterwards? (e.g. went home, resumed normal duties, went back to class, went to hospital).
- Name and signature of the first aider or person dealing with the incident.

Records will be maintained for no less than three years after the incident.

Accidents/incidents to pupils are recorded by the first aider on scholar pack immediately after first aid has been administered.

Accidents/incidents to adults are recorded in a first aid book located in the office immediately and the DHT records the information on scholar pack.

For both children and adults if further information is needed an incident report form will be completed (located in the office) and handed to the DHT who will liaise with MBHS.

If deemed necessary a RIDDOR will be completed and submitted to HSE.

CIRCULATION

The **Headteacher** will inform all staff, including those with reading and language difficulties, of the first-aid arrangements. This should include:

- The location of the first-aid equipment, facilities and personnel.
- The procedures for monitoring and reviewing the academy's first-aid needs.

Copies of this policy will be made available in the staff room,

STORAGE OF MEDICATION

Medicines will be stored securely and appropriately in accordance with individual product instructions, save where individual pupils have been given responsibility for keeping such equipment with them. Medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine.

Medicine brought in by pupils will be returned to their parents for safe disposal when they are no longer required or have expired.

An emergency supply of medication will be available for pupils with medical conditions that require regular medication or potentially lifesaving equipment, e.g. an EpiPen.



Parents will advise the school when a child has a chronic medical condition or severe allergy so that an IHP can be implemented and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes and anaphylaxis. A disclaimer will be signed by the parents in this regard.

Pupils will have any medication stored and, where appropriate administered, in accordance with their EHC plans and the school's Administering Medication Policy.

ILLNESS AND ALLERGIES

When a pupil becomes ill during the school day, their parent will be contacted and asked to pick their child up as soon as possible.

A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parent to pick them up. Pupils will be monitored during this time.

Where a pupil has an allergy, this will be addressed via the school's Allergen and Anaphylaxis Policy.

The school will manage any emergencies relating to illnesses and allergies in accordance with the [Emergency procedures](#) section of this policy.

CONSENT

Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, alongside details of allergies and chronic conditions – these forms will be updated at the start of each school year.

Staff will not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the pupil in mind – guidelines will be issued to staff in this regard.

MONITORING AND REVIEW

This policy will be reviewed annually by the governing board, and any changes will be communicated to all members of staff.

Staff will be required to familiarise themselves with this policy as part of their induction programme. Staff will be informed of the arrangements that have been made in connection with the provision of first aid, including the location of equipment, facilities and personnel.

The next scheduled review date for this policy is **March 2024**



Appendices

A) First-aid box supply checklist

Item	Suggested stock	Current stock	Ordered if required?
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A leaflet giving general advice on first-aid.	1		
Individually wrapped sterile adhesive dressings (assorted sizes).	20		
Sterile eye pads	2		
Individually wrapped triangular bandages (preferably sterile).	4		
Safety pins.	6		
Medium-sized (12cm x 12cm) individually wrapped sterile unmedicated wound dressings.	6		
Large (18cm x 18cm) individually wrapped sterile unmedicated wound dressings.	2		
Disposable gloves.	1 pair		

B) Travel first-aid box supply checklist

Item	Suggested stock	Current stock	Ordered if required?
A leaflet giving general advice on first aid.	1		



Individually wrapped sterile adhesive dressings.	6		
Large sterile unmedicated wound dressing (18cm x 18cm).	1		
Triangular bandages.	2		
Safety pins.	2		
Individually wrapped moist cleansing wipes.	10		
Disposable gloves.	1 pair		

c) Incident Report Form

Accident/Incident Report



A	Accident/Incident		Date of Accident/Incident:		Time of Accident/Incident:	
	Location/ Project Detail:				Method Statement Number:	
	Site:		Injured Person (s) Name:		Witness:	
	Supervisor:				Witness:	
B	Loss Security Evaluation: (✓Tick as Appropriate)				Probable Recurrence Rate	
	Major Serious Minor				Frequent Occasional Rare	
C	Department	Tick ✓	Type of Accident	Tick ✓	Type of Incident	Tick ✓
	Domestic		First Aid		Fire/Explosion	
	Construction		Medical Aid		Environmental/ Spill	
	Admin		Non Loss Time		Material Handling	
	Workshop		Loss Time		Lifting/ Cranes	
	Road		Fatality			



Type of injury	Tick ✓	Body Part injured	Tick ✓
Amputation		Abdomen	
Bruise		Arm/Hand/ Finger	
Burns/ Scalds		Chest	
Chemical Burn		Eye	
Crush		Head	
Cuts/ Abrasions		Leg/Foot/Toe	
Electric Shock		Spine/ Back	
Fractures		Other	
Poisoning			
Puncture Wound			
Respiratory			
Sprain/ Strain			

Slip/Trip/Fall	
Electrical	
PTW Failure	
Working @ Height	
Working Over Water	
Hazardous/ Toxic	
Property Damage	
Caught Between	
Contact with plant/machinery	
Contact with energy source	
Struck by or against	
Falls/ Falling materials	
Vehicle RTA	
River	
Near Miss	
Down Time	
Other	

Other Information



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D	Description of Events: (Who, What, Why, How and When Note: Attach separate sheet if required)
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E	Preventative Measures Taken to Prevent Recurrences: (To be Completed by supervisor/ project manager)



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F	<p>Accident/ Incident Report Form Completed By:</p> <p>Supervisor/ Manager: (Circle as Appropriate)</p> <p>Name:</p> <p>Signature:</p> <p>Date:</p> <p>RIDDOR Accident/ Incident Report Form To Be Completed By HSEQ Manager: YES NO</p> <p>(Circle as Appropriate)</p>
G	<p>What Site/ Department Work Needs To Be Done To Prevent Recurrences:</p> <p>(To be completed by Project Manager/Department Manager)</p>



H	<p>This section for senior Management Review/ Close out:</p> <p>The above Accident/ Incident Report has been reviewed and those preventative measures taken to prevent have been duly implemented.</p>



Name:

Position:

Signature:

Date: