



First Aid Policy

Approved by: Trustees **Date:** 14/02/2019

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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 [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

This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

In schools with Early Years Foundation Stage provision, at least one person who has a current paediatric first aid 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 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. If you don't have an appointed person you will need to re-assign the responsibilities listed below accordingly.

3.1 Appointed person(s) and first aiders

The school's appointed person(s) 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

The School's appointed person(s) and/or first aiders are listed in appendix 1. Their names will also be displayed prominently around the schools.

3.2 The Trustees

The Trustees have 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.

3.4 The Headteacher

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

- Ensuring that an appropriate number of appointed persons and/or 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)

3.5 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider/appointed person 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 situation should be swiftly assessed and if considered serious the injured person should not be moved.
- 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 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 relevant member of staff will contact parents immediately
- The first aider/relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

4.2 Off-site procedures

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

- A school mobile phone (if not available personal mobiles are permitted)
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

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

It is considered good practice for a first aider with a current first aid certificate to be present whilst travelling off site with pupils. It is essential that a first aider with a First Aid at Work qualification is available on any site where the activity is taking place.

5. First aid equipment

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

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in (varies for each school):

- The medical room
- Reception (at the desk)
- The school hall
- All science labs
- All design and technology classrooms
- The school kitchens
- School vehicles

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider/relevant member of staff 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
- The accident information should then be recorded on We Are Every (compliance software) (if first aid has been administered)
- Records held in the first aid and accident book will be retained by the school for a minimum of 24 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 relevant member of staff 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 relevant member of staff 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. The School should inform the HCAT Health& Safety Lead (Hayley Potts) immediately and an investigation carried out if necessary.

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

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)

<http://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying parents

The relevant staff member 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 must be informed of any reported head injuries (even if these do not present as serious at the time)

6.4 Information on Students

All staff will be made aware of which pupils have access to asthma inhalers, EpiPens, injections, or similar medical equipment and for whom individual healthcare plans have been created. This is important in order that all staff are prepared to deal with medical emergencies relating to these conditions no matter where in school the pupil is.

7. Information on students

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8. 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 (see appendix 3).

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

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 and is updated at least every 3 years.

9. Monitoring arrangements

This policy will be reviewed by the HCAT Health & Safety Lead on an annual basis

10. 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

Dorchester Primary School



First Aid Procedures, including Asthma
(Should be read in conjunction with the First Aid Policy)

Date Issued: November 2020
Ratified by Governing Body:
Review Date: November

Aims

Under health and safety legislation, the school is required to ensure that there is adequate and appropriate equipment and facilities for providing first aid in the workplace.

This document is produced to cover risk assessments for first aid throughout the school premises and to ensure that there is sufficient first aid and equipment, placed in the correct areas, to be administered as necessary by appropriately qualified staff.

Key Personnel in relation to First Aid

Role	Who	Main Responsibilities
Appointed Person(s)	Sue Smith	<ul style="list-style-type: none"> • Contact Emergency Services at request of first aider (on a mobile phone) • Contact Next of kin (even if requiring further medical support at that time in case of an injury or bump to head) • Make sure all first aid boxes are stocked and in date • Ensure emergency services are met/have access and are directed to the casualty
First Aider(s)	Dawn Rodmell (SASA) Ali Cook (SASA) Paula Kerry (ASA) Angela Gasparelli (DSL) Mark Prendergast (Teacher) Kerry Tait (CSO) <i>All have completed the full 3-day First Aid at Work</i>	<ul style="list-style-type: none"> • Administer First Aid to casualty • Assess the casualty's needs and direct additional first aiders if required • Make decision to contact emergency service and send message to Appointed Person • Complete accident book • Inform Appointed Person if child has minor injury that does not require hospital intervention but parents need to be informed i.e. in case of bumped head etc.
Additional First Aider(s)	Katie Platten (Teacher) Beth Spiers (Teacher) Amy Fletcher (Teacher) Simone Townsend (Teacher) Christina Webster (ASA) Lindsay Cooke (ASA) Sarah Wilkinson (ASA) Kerrell Smith (ASA) Charlene Steels (NN) Linda Rippin (NN)	<ul style="list-style-type: none"> • Administer First Aid to casualty • Assess the casualty's needs and direct additional first aiders if required • Complete accident book • Inform Appointed Person if child has minor injury that does not require hospital intervention but parents need to be informed i.e. in case of bumped head etc.

	<i>All have completed the 2-day Paediatric First Aid</i>	
Emergency First Aider(s)	All staff who have completed Emergency First Aid	<ul style="list-style-type: none"> • Administer First Aid • Administer and assist with first aid taking Designated First Aider in the event of serious incident • Complete accident book
Reporting and Investigating Officer	Stuart Mills, Nic Van der Walt, Laura Revell (or other SLT member if not present)	<ul style="list-style-type: none"> • Contact Trust Key person • Complete accident investigation and log (including any witness statements) • Ensure any hazards removed • Update policies, procedures and risk assessments • Inform Chair and/or CEO

School Information

There are currently 313 children aged 3-11 (including nursery) and 74 staff. However, it is also necessary to provide a first aid service to all visitors to the school. The minimum recommendation is one first aider for every 50 employees but there is no legal requirement or limitation.

Asthma



Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airway tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, the sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

As a school, we recognise that asthma is a widespread, serious but controllable condition. We understand the distressing effect that asthma can have on pupils, especially when they are having an attack and these procedures outline the schools position in relation to the safe supervision of pupils with asthma.

Name of Coordinator: Emmi-Leigh Wainwright

Role of Coordinator: Administration Assistant

School Nurse: School Nursing Team

Contact Details: The Orchard Centre
210 Orchard Park Road
Hull
HU6 9BX
Tel: 01482 477773
Email: CHCP.CYP-School-Nursing@nhs.net

Policy Statement

This policy has been written with advice from Asthma UK and the Department for Children, Schools and Families in addition to healthcare and education professionals.

The school recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school-aged children.

The school encourages all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents/carers and by pupils.

All staff who have contact with these children are given the opportunity to receive training from respiratory specialist nurses. Updates for training are offered at regular intervals and this school will ensure attendance by staff. This will take place at least every two years and more often if there are pupils in school who have significant asthma symptoms, there are significant staff changes or there are significant changes to the management of asthma in children.

Indemnity

School staff are not required to administer asthma medication to pupils except in an emergency. However, staff should be willing to assist with administering the inhaler at a set time it has been recommended by a healthcare professional. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy.

All staff will allow **immediate** access to their own asthma medication when they need it.

What is Asthma?

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise. These symptoms include cough, wheeze, chest tightness and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler but all staff must be aware that sufferers may experience an acute episode which will require rapid medical and/or hospital treatment.

Medication

Only reliever inhalers should be kept in school; usually, these are blue in colour.

Immediate access to a reliever inhaler is vital!

Children aged 7 years and over who are considered sufficiently mature are encouraged to carry their own inhaler with them, at the discretion of the parent/carer and teacher. Otherwise, the inhaler must be kept where the child is at any time e.g. class, hall, playground etc.

Key Stage 1

Inhalers and spacers will be kept by the teacher in the classroom, in a designated place and marked with the child's name. Pupils will be aware of where these are. However, if the child or class moves to another area within the school, the inhaler will be taken too. Good practice indicates that a spare inhaler is kept in school for staff to use if the original runs out or is lost.

Key Stage 2

Pupils will carry their own inhalers with them at all times. Good practice indicates that a spare inhaler is kept in school for staff to use if the original runs out or is lost. Children who are able to identify the need to use their medication, should be allowed to do so, as and when they feel it is necessary.

Record Keeping

When a child with asthma joins Dorchester, parents/carers will be asked to complete a form, giving details of the condition and the treatment required. Information from this form will be used to compile an 'Asthma Register', which is available for all school staff. This register will be updated at least annually or more frequently if required, using the information supplied by the parent/carer.

Physical Education

Taking part in sporting activities is an essential part of school life and important for health and well-being; children with asthma are encouraged to participate fully. Symptoms of asthma are often brought on by exercise and therefore, each child's labelled inhaler will be available at the site of the lesson. Certain types of exercise are potent triggers for asthma e.g. cross-country running and field activities. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them and will be encouraged to warm up prior to participating and cool down after.

School Trips and Residential

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant.

The child's reliever inhaler will be readily available to them throughout the trip, being carried by either the child themselves or by the supervising adult in the case of Key Stage 1 children.

For residential visits, staff will be trained in the use of regular controller treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided.

Signs of Asthma Attack

Cough
Wheezing
Tight Chest
Shortness of Breath
Tummy ache (younger child)

↓
Administer 2 puffs of **blue Reliever** medication
STAY CALM

NB Not all symptoms need to be present for a child to be having an asthma attack

↓
After 2-3 minutes

Improved

No Improvement



Return to normal activities

↓
Document episode in child's medical record. Dose may be repeated if symptoms return. Inform parent/carer at end of day.

If, at any stage, the symptoms appear to be worsening i.e. more breathless, difficulty in speaking, more distressed, change of skin colour dial 999 for an ambulance immediately. Continue to use the blue inhaler whilst waiting for help.



Administer up to a further 8 puffs of **blue reliever** medication (through spacer device if available) 1 puff every minute

↓
No Improvement/
Difficulty Talking/
Obvious Distress/
Pale Skin/
Dusky/
Collapse

DIAL 999 IMMEDIATELY

Improved

↓
Contact Parent/Carer

↓
Remain with child reassure and keep calm. Administer up to a further 10 puffs **blue reliever** medication whilst waiting for help

Responsibilities

Parent/Carers have a responsibility to:

- Tell the school that their child suffers from asthma.
- Ensure the school has complete and up-to-date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires whilst taking part in visits, outings or field trips and other out-of-school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is, or has been, unwell, which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name.
- Provide the school with a spare inhaler labelled with their child's name.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.

All school staff (teaching and non-teaching) have a responsibility to:

- Read and understand the school asthma policy and procedures.
- Know which pupils they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/carers if a child has had an asthma attack.
- Inform parents/carers if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to night time symptoms.
- Liaise with parents/carers, school nurse, SENDCo etc. if a child is falling behind with their work because of asthma.

Reviewer: First Aid Coordinator

Appendix 1:

Dorchester Primary School

List of appointed person(s) for first aid and/or trained first aiders

Staff member's name	Role	Contact details
Sue Smith	Office Manager (Appointed Person)	Susan.smith@hcat.org.uk
Dawn Rodmell	SASA (First Aid at Work)	Dawn.rodmell@hcat.org.uk
Ali Cook	SASA (First Aid at Work)	Alison.cook@hcat.org.uk
Paula Kerry	ASA (First Aid at Work)	Paula.kerry@hcat.org.uk
Angela Gasparelli	DSL (First Aid at Work)	Angela.gasparelli@hcat.org.uk
Mark Prendergast	Teacher (First Aid at Work)	Mark.prendergast@hcat.org.uk
Kerry Tait	CSO (First Aid at Work)	Kerry.tait@hcat.org.uk
Katie Platten	Teacher (Paediatric First Aid)	Katie.platten@hcat.org.uk
Beth Spiers	Teacher (Paediatric First Aid)	Bethany.spiers@hcat.org.uk
Amy Fletcher	Teacher (Paediatric First Aid)	Amy.fletcher@hcat.org.uk

Simone Townsend	Teacher (Peadiatric First Aid)	Simone.townsend@hcat.org.uk
Lindsay Cooke	ASA (Peadiatric First Aid)	Lindsay.cooke@hcat.org.uk
Sarah Wilkinson	ASA (Peadiatric First Aid)	Sarah.wilkinson@hcat.org.uk
Kerrell Smith	ASA (Peadiatric First Aid)	Kerrell.smith@hcat.org.uk
Charlene Steels	Nursery Nurse (Peadiatric First Aid)	Charlene.steels@hcat.org.uk
Linda Rippin	Nursery Nurse (Peadiatric First Aid)	Linda.rippin@hcat.org.uk

Appendix 2: First Aid training log

Name/type of training	Staff who attended (individual staff members or groups)	Date attended	Date for training to be updated (where applicable)
<i>First Aid at Work</i>	Dawn Rodmell Kerry Tait & Paula Kerry Ali Cook and Angela Gasparelli Mark Prendergast	23/02/2018 28/02/2018 23/05/2018 14/01/2019	22/02/2021 27/02/2021 22/05/2021 13/01/2022
<i>Pediatric First Aid</i>	Katie Platten Beth Spiers Amy Fletcher Lindsay Cooke Sarah Wilkinson Kerrell Smith Charlene Steels Linda Rippin Simone Townsend	16/05/2019 16/06/2020 10/07/2020 24/09/2020 18/11/2020 13/10/2020 20/04/2018 08/06/2018 10/07/2018	15/05/2022 15/06/2023 09/07/2023 23/09/2023 17/11/2023 12/10/2023 19/04/2021 07/06/2021 09/07/2021
<i>Emergency First Aid</i>	All ASAs have undertaken Emergency First Aid		