

# First Aid Policy

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Chair of Trustees signature: \_\_\_\_\_



Highfield J&I School  
**First Aid and Needlestick 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 our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Provide effective First Aid support for all pupils, staff and visitors.
- Ensure that all pupils, staff and visitors are aware of their roles and responsibilities in relation to First Aid and the First Aid systems in place.
- Ensure that staff and Academy Representatives 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
- Support awareness of Health & Safety issues within school and on off-site activities, in order to reduce the risk of illness or injury.

## 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

### Academy Committee

The Academy Committee has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Head of School/Head teacher and staff members.

The Academy Committee 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 all new staff are made aware of First Aid procedures in school.
- Review this policy and any associated risk assessments and practices annually.

### 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 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:

- Ensure that parents are aware of the schools' First Aid Policy.
- 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 advanced first aid qualifications or paediatric qualifications
  - Location of first aid kits.
- Ensure that first aid kits are kept in each classroom and that staff request replacement stock when needed.
- Ensure that staff take their class first aid kit with them whenever they leave their classroom, including emergency evacuation.
- Ensure each year group displays the names of their first aiders in the classroom.

### **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 where a Senior First Aider is not called
- Be aware of specific medical details of individual students as given by the Inclusion Leader.
- Ensure that the children in their care have an awareness of the procedures in operation as appropriate to their age and development.
- Send a child who feels generally 'unwell' to the Pastoral Leader and not to a First Aider, unless their deterioration seems uncharacteristic and is causing concern.
- In YR-Y5, ensure a child who has minor injuries is treated by a member of staff with an Emergency Aid in School qualification within their year group.
- In Y6, ensure a child who has minor injuries is treated by a member of staff with an Emergency Aid in School qualification (see training record)
- Ensure that they have a current medical consent form for every child that they take out on an offsite visit which indicates any specific conditions or medications of which they should be aware.
- Ensure that the medical information is updated with parents at each parent's afternoon 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.

## **Appointed Persons and First Aiders**

### **Senior First Aiders**

A Senior First Aider is a member of staff who holds a First Aid at Work qualification and therefore has designated responsibility for administering first aid in school.

The appointed person is also responsible for taking charge when someone is injured or becomes ill and for ensuring that an ambulance or other professional medical help is summoned when appropriate.

Senior First Aiders who have received full or refresher training since September 2016 have also had training to use an Automatic External Defibrillator.

The Senior First Aiders for Highfield JI School are:

- Lesley Evans
- Mhd Farhan Azad
- Mudassar Farooq
- Robin Jackson
- Sirat Ul-Nisa

## **Paediatric First Aiders**

A paediatric first aider must be present on site at all times.

Paediatric First Aiders for Highfield JI School are:

- Alicia Cooke
- Kulsum Noor

## **Emergency First Aiders**

An emergency first aider has undertaken the HSE approved 1 day Emergency first aid at work qualification – see first aid training record for details.

There are a number of emergency first aiders in school, including at least one per year group. Each year group should display the names of their emergency first aiders.

## **Appointed Person**

The appointed persons for Highfield JI School are Amanda Hazeldine, Olivia Brookes and Iqbal Bahadar. They are responsible for 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.

In the absence of a senior first aider, the appointed person would take charge of an emergency situation, deploy emergency or paediatric first aiders, look after equipment and call emergency services.

## **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.

All accidents must be recorded on an accident form which should be collected from the main office. This form must be completed as soon as possible after the accident but always on the same day.

### **In the event of a major injury**

A senior first aider 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 form on the same day after an incident resulting in an injury.

### **Pupil accidents involving their head.**

The School recognise 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 a green accident form.

### **Transport to hospital or home.**

- The head of school or a member of the Senior Leadership Team, in collaboration with the senior first aiders, will determine what is a reasonable and sensible action to take in each case
- Where the injury is an emergency, an ambulance will be called, following which the parent will be called.

- Where hospital treatment is required but it is not an emergency, then the school will contact the parents for them to take over responsibility for the child and take them to hospital.
- If the parents cannot be contacted then the Head of School may decide to transport the pupil to hospital. Where the Head of School makes arrangements for transporting a child then the following points will be observed:
- only staff cars insured to cover such transportation will be used
- No individual member of staff should be alone with a pupil in a vehicle.
- The second member of staff will be present to provide supervision for the injured pupil.

### **Off Site Activities**

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

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- 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 first aider on all off site visits and activities. For visits involving the reception class, 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 and Pastoral room. At least one first aid kit will be taken on all outdoor and off site activities, along with individual pupil's medication such as inhalers, epipens etc.

Year group staff will regularly check the stock levels of First aid kits and will request replacements from the Inclusion Team via the Inclusion Service desk as necessary. The Inclusion Team will order central first aid stock termly and check the stock of first aid kits outside of year groups.

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 per 50 people is:

- 1 x guidance leaflet giving general advice on first aid e.g. HSE leaflet Basic advice on first aid at work
- 60 x adhesive plasters
- 6 x eye dressings
- 8 x triangular bandage
- 24 x safety pins
- 4 x first aid dressings (18x18cm)
- 12 x first aid dressings (12x12cm)
- 3 x pairs of gloves
- 20 x sterile wipes

It is expected that at least 50% of each item will be in a class first aid kit.

The minimum contents of a travelling first aid kit (for offsite activities) is:

- A guidance leaflet giving general advice on first aid e.g. HSE leaflet Basic advice on first aid at work.
- 3 x first aid dressings (18x18cm)
- 9 x first aid dressings (12x12cm)
- 6 x triangular bandage
- 12 x safety pins
- 4 x eye dressings
- 40 x adhesive plasters

- 10 x sterile wipes
- 2 x pairs of gloves

## Medication

Any medication will be kept in a lockable cupboard in the medicine cupboard in the main office, with the exception of asthma inhalers, epipens 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.

## Automatic External Defibrillator

The school has an Automatic External Defibrillator that is located within the staffroom. 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 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 forms and accident records

- 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.

- A copy of the accident report form will also be stored by the site staff of office manager.
- 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 accidents to the HSE**

The Trust Business Leader for Health and Safety 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 Health and Safety 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.

### **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.