



First Aid Policy

PERSON RESPONSIBLE FOR POLICY:	D. DUKES
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SIGNED:	ROLE: CO-CHAIR OF GOVERNORS
TO BE REVIEWED:	ANNUALLY

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](#) and [Early years foundation stage: coronavirus disapplication's](#) guidance, advice from the Department for Education on [first aid in schools](#), [health and safety in schools](#) and [actions for schools during the coronavirus outbreak](#), 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 School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils.

3. Roles and responsibilities

In our 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.

We will ensure that we 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.

3.1 Appointed person(s) and first aiders

The school's appointed person(s) is Lyndsey Ball and Lisa Hickeys. She is 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.
- Keeping their contact details up to date

Our school's appointed person and first aiders are displayed prominently in the first aid room on each school site.

3.2 The local authority and governing board

Doncaster LA 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.

3.3 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 in school are.
- Completing accident reports 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 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 first aider 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:
(The following are based on the HSE's recommendation for a minimum travelling first aid kit)
 - 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
 - Individually 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 x 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 visit leader, prior to any educational visit that necessitates taking pupils off school premises.

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

5. First aid equipment

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

(The following are based on the HSE's recommendation for a minimum travelling first aid kit)

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (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 sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits.

First aid kits are stored in:

- The first aid room on each school site.

6. Asthma

6.1 How to recognise an asthma attack

Department of Health Guidance on the use of emergency salbutamol inhalers in schools 2015

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

Call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Appearing exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

6.2 How to respond to an asthma attack

Symptoms of asthma, and signs of an asthma attack:

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler.
- Remain with the child while the inhaler and spacer are brought to them.
- Immediately help the child to take two separate puffs of salbutamol via the spacer.
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital and stay with them until the parent/carer arrives.

6.3 After the attack

- Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.
- The child's parents **must** be contacted via text following the use of the inhaler.

6.4 Inhalers

- Immediate access to a reliever inhaler is vital.
- A child's personal inhaler will be labelled with their name and must be in date.
- Written permission is gained from parents to consent to the use of their own inhaler or the school's Emergency inhaler (in the event of their own not being available).

- School staff are not required to administer medication to children except in an emergency however many of our staff are happy to do this. School staff who agree to do this are insured by the local authority when acting in accordance with this policy. Children will administer their own inhaler where they are able to, supervised by an adult.
- When a child is away from their school classroom on a school trip, club, outside sports or PE, their inhaler should accompany them and be made available to them at all times.

6.5 Record Keeping

- Records are kept each time a child uses an inhaler. These are in the First Aid Folder in the red box in the child's classroom. These must be completed by the adult administering/supervising the use of the inhaler.
- Inhalers are regularly checked for expiry dates by a named member of staff (L Ball).
- All members of staff are responsible for acquainting themselves with the triggers of a possible attack (allergies, colds, cough, cold weather) for each individual child in their care. All this information will be found on their medical care plan/ consent form for use of an inhaler.

6.6 Emergency Inhalers

- In line with "Guidance on the use of emergency salbutamol inhalers in schools" March 2015, the school will keep emergency reliever (blue) inhalers for the emergency use of children whose own inhaler is not available for any reason.
- The emergency reliever (blue) inhalers will be stored in the Medical Room, along with appropriate spacers.
- Parents must sign a "Consent form: use of emergency salbutamol inhaler" (Appendix D) to consent to their child being allowed to use the emergency inhaler. These will be kept in the Asthma file in the Medical Room.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

7. Record-keeping and reporting

7.1 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.
- 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 archived. Following GDPR regulations we archive records for 25 years following an incident.

7.2 Reporting to the HSE

The office 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 office staff 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 scalding 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 office staff 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): reportable 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)

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

7.3 Notifying parents

The office staff or first aider 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. This will be done either by a telephone call or text. Parents will also be informed if emergency services are called.

7.4 Reporting to Ofsted and child protection agencies

The Headteacher 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 will also notify Doncaster LA Safeguarding of any serious accident or injury to, or the death of, a pupil while in the school's care.

8. Training

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.

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 and is updated at least every 3 years.

9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessments
- Supporting pupils at school with medical conditions

Appendix A

Medicine procedure in school

Medicine

1. Parents will complete a “Request for school to administer medicine” form. These are kept in the child’s classroom. Electronic versions are available for parents who need to complete online.
2. This is necessary for prescribed and over the counter treatments for minor illnesses as in Appendix C below.
3. The person administering the medicine will ensure that the medicine is in date; dosage and time the medicine is to be taken; and the date medicine will cease are complete.
4. A copy of the form will be handed to the teacher to share with teaching assistant working in the child’s class. Would you please ensure the child comes to you as the named person administering the medicine or add an additional name if you know someone else will be responsible. Once the medicine is no longer required would the TA please shred the copy as the form contains highly confidential information.
5. All medicines requiring refrigeration will be kept in the fridge located in the staff room (upper site) and the first aid room (lower site). The boxes are kept in the cupboards, out of the reach of children.
6. Medicine is returned to the child at the end of the school day.
7. A child’s medical information must not be displayed in the First Aid room to ensure data protection compliance.

First Aid

1. If a child in your class is ill, they must report to a “First Aider” or a member of the SLT who can make a decision for a child to be sent home due to illness.
2. The TA can contact parents to explain the accident/illness. All contact telephone numbers are available from the school office and on Arbor. The accident book that is kept in the hygiene room must be completed in all cases.
3. All incidents of first aid are recorded in the accident book. Parents are contacted to inform them that first aid has occurred.

Appendix B: NHS Update 26.3.19

In accordance with NHS Doncaster Update 26.3.18 it should be noted that:

- Appendix C lists the common minor or self-limiting illnesses that are considered suitable for self-care. This is included as a guide and is not promoted as an exhaustive list.
- The Department of Education documents, 'Supporting Pupils at School with Medical Conditions' and 'Statutory Framework for the Early Years Foundation Stage' explain the legislative requirements and good practice guidance in this area.
- Prescription only medicines may not be administered in a school or early years setting unless they have been prescribed for a child by an 'Appropriate Practitioner', which includes a doctor, dentist, nurse or pharmacist.
- However, non-prescription over the counter medicines do not need an Appropriate Practitioner's prescription, signature or authorisation in order for a school or early years setting to give them.
- Medicine (both prescription and non-prescription) must only be administered to a child under 16 where written permission for that particular medicine has been obtained from the child's parent or carer.
- From 1st October 2014, legislation on prescription only medicines changed to allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.
- From 1st October 2017, legislation on prescription only medicines changed to allow schools to buy adrenaline auto-injector (AAI) devices, without a prescription, for use in emergencies.

Appendix C – Minor Ailment List

The following minor illnesses can be treated effectively and safely using over the counter medicines.

Treatments for these conditions should not be provided via prescription, except in exceptional circumstances.

Aches and pains	Headlice
Athlete's foot	Headaches and migraines
Cold sores	Heartburn and indigestion
Colic	Mild dry skin
Constipation	Skin rashes
Coughs and colds	Other skin complaints, including acne, sun protection, birth marks, facial hair, bruising, tattoos, sweating
Dandruff	Sore throat
Diarrhea	Teething and toothache
Ear wax	Threadworm
Foods, including gluten free, sip feeds & soya milks where not clinically required	Travel medicines, including travel sickness
Fungal nail infections	Vitamins for prevention of deficiency, Complementary medicines and health supplements when not clinically required.
Fungal skin infections	Varicose veins
Ringworm Hemorrhoids (piles)	Vaginal thrush
Hayfever and allergies	

Appendix D: Use of an Emergency Inhaler Consent Form

CONSENT FORM:USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

- I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
- My child has a working, in-date inhaler, clearly labelled with their name, which they keep in school.
- In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from emergency inhaler held by the school for such emergencies.

Signed:.....

Date:.....

Name
(print):.....

Child's
name:.....

Class:.....

Parent's address and contact details:
.....
.....
.....

Telephone:.....

Email:.....