



# Glenmere Community Primary School

## First Aid Policy

Date policy last reviewed: June 2023

Signed by:

\_\_\_\_\_ Headteacher                      Date: \_\_\_\_\_

\_\_\_\_\_ Chair of governors                      Date: \_\_\_\_\_

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## **Statement of intent**

Glenmere Primary School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, pupils and visitors.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors.

This policy aims to:

- Ensure that the school has adequate, safe and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

## **1. 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
- Records Management Policy
- Allergen and Anaphylaxis Policy
- Behaviour Policy
- Child Protection and Safeguarding Policy
- Lone Working Policy
- Educational Visits and School Trips Policy

## **2. 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.
- Securing 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.
- Keeping up to date with government guidance relating to first aid in schools.

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.
- Partaking in emergency first aid training, and refresher training where appropriate, to ensure they have knowledge of:
  - What to do in an emergency.
  - Cardiopulmonary resuscitation.
  - First aid for the unconscious casualty.
  - First aid for the wounded or bleeding.
  - Maintaining injury and illness records as required.

### **3. First aid provision**

The school will routinely re-evaluate its first aid arrangements, at least annually, to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school, the needs of any vulnerable individuals onsite, and the nature and distribution of pupils and staff throughout the school.

The school will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified in the assessment of needs, the school will maintain the following minimum provision of first aid items:

- 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

All first aid containers will be identified by a white cross on a green background.

The appointed person will routinely examine the contents of first aid boxes, including any mobile first aid boxes for offsite use – these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.

First aid kits are in the following areas:

- The school office
- In every classroom
- First aid area

### **4. 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, and that refresher training and retesting of competence is arranged for first aiders within the school before certificates expire.

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.

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

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.

All relevant teaching and support staff at Glenmere Primary School are first aid trained, including lunch time supervisors.

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 EYFS, in line with government guidance, and taking into account staff to 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.
- Availability to respond immediately to an emergency.

The school will ensure that first aid training courses cover mental health in order to help them recognise the warning signs of mental ill health and to help them develop the skills required to approach and support someone, while keeping themselves safe. Pupils will be supported in accordance with the school's Social, Emotional and Mental Health (SEMH) Policy.

## **5. Automated external defibrillators (AEDs)**

The school has procured an AED through the NHS Supply Chain, which is located inside the school grounds, situated by the entrance.

Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device. A general awareness briefing session, to promote the use of AEDs, will be provided to staff on an annual basis, and usually during the first INSET session of the academic year. Use of the AED will be promoted to pupils during PSHE lessons in year 6.

## **6. Accommodation**

The school's first aid room will be suitable to use as and when it is needed, and any additional medical accommodation will be available in accordance with the school's first aid needs assessment.

The first aid room will be used to enable the medical examination and treatment of pupils and for the short-term care of sick or injured pupils. The first aid room includes a wash basin and is situated near a toilet.

The first aid room will not be used for teaching purposes.

The first aid room will:

- Be large enough to hold an examination or medical couch.
- Have washable surfaces and adequate heating, ventilation and lighting.
- Be kept clean, tidy, accessible and available for use at all times when employees are at work.
- Have a sink with hot and cold running water.
- Be positioned as near as possible to a point of access for transport to hospital.
- Display a notice on the door which advises the names, locations and, if appropriate, the contact details of first aiders.

## 7. Emergency procedures

If an incident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

If called, a first aider will assess the situation and take charge of first aider administration. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately.

Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims.

Where the seriously injured or unwell individual is a pupil, the following process will be followed:

- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid.
- Where an ambulance is required, a staff member accompanies the pupil in the ambulance and calls the pupil's parent as soon as possible to inform them of the course of action taken. The staff member remains with the pupil at the hospital until a parent arrives.
- Where an ambulance is not required, but medical attention is needed, the pupil is taken to a hospital or doctor in a staff car, accompanied by at least **two** staff members – one to drive the car, and one who is a first aider, to sit with the pupil in the back seat and attend to their medical needs. The pupil's parent is called as soon as possible to inform them that this course of action has been taken, and at least one of the staff members remains with the pupil at the hospital or doctor's office until a parent arrives.



- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or, if they are fit to be moved, by removing injured persons from the scene.
- Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.

Once the above action has been taken, details of the incident will be reported promptly to:

- The headteacher.
- The parents of the victim(s).

### **8. Reporting accidents and record keeping**

In the event of incident or injury to a pupil, a parent will be informed as soon as practicable. In the event of a serious injury or an incident requiring emergency medical treatment, the pupil's class teacher will telephone the pupil's parent as soon as possible. Parents will be informed in writing of any injury to the head, whether minor or major, and be given guidance on the action to take if symptoms develop.

A list of emergency contacts will be kept at the school office.

The appointed person will ensure that records are kept of any injuries, accidents or illnesses, as well as any first aid treatment that is given – this will include:

- The date, time and place of the incident.
- The name and class of the injured or ill person.
- Details of the injury or illness and what first aid was given.
- Details of what happened to the person immediately afterwards, e.g. whether they were sent home or went back to class.
- The name and signature of the first aider or person dealing with the incident.

The headteacher will ensure that any injury or accident that must be reported to the HSE or LA under RIDDOR obligations is reported in a timely and detailed manner.

All records will be filed and stored in line with the Records Management Policy.

### **9. Serious incidents**

Serious incidents will also be recorded and reviewed by senior leaders. The governing body will review cases of serious incidents and determine what, if any, steps could be taken in order to ensure that the same accident does not happen in the future. The types of minor accidents reported (no personal details discussed) will be reviewed at senior leadership team meetings to determine whether there are any accident trends that could be avoided.

## Reporting to HSE

The school is legally required to report certain injuries, diseases and dangerous occurrences to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Where there is a death or major injury this should be reported by calling the Incident Contact Centre (ICC) on 0845 300 9923 (opening hours Monday to Friday 8.30am to 5pm). All other reportable injuries should be reported online [<http://www.hse.gov.uk/riddor/report.htm>].

It is the responsibility of the headteacher to report to the HSE when necessary. Incidents that need to be reported include but are not limited to the following.

### Incidents involving staff

- Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs).
- Work related accidents that prevent the injured person from continuing with his/her normal work for more than seven days must be reported within 15 days (note that even though over-three-day injuries do not need to be reported, a record must still be retained).
- Cases of work-related diseases that a doctor notifies the school of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer).
- Certain dangerous occurrences (near misses – reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substances that may cause injury to health).

### Incidents involving pupils, parents, or school visitors

- Accidents which result in the death of a person that arose out of or in connection with the school's activities.
- Accidents which result in an injury that arose out of or in connection with the school's activities and where the person is taken from the scene of the accident to hospital for treatment.

For most types of incident, including accidents resulting in the death of any person, accidents resulting in specified injuries to workers, non-fatal accidents requiring hospital treatment to non-workers and dangerous occurrences, the responsible person must notify without delay, in accordance with the reporting procedure in Schedule 1 of RIDDOR. A report must be received within 10 days of the incident. For accidents resulting in the over-seven-day incapacitation of a worker, the school will notify the enforcing authority within 15 days of the incident, using the appropriate online form.

## 10. Incident investigations

An investigation may be launched by *external authorities* in the case of accidents or incidents that fall under RIDDOR. Accident reports will be reviewed and witnesses may be interviewed.

Senior managers or governing bodies may decide to conduct internal investigations into less serious incidents to ensure that policy and procedure are being used correctly and effectively, and that future incidents of a similar nature can be avoided.

## **11. Procedure in the event of contact with blood or other bodily fluid**

The school understands the importance of ensuring that the risk of cross-contamination is reduced as far as is reasonably practicable, and the training that staff and first aiders undertake outlines the best practice for this. It is important that the first aider at the scene of an accident or injury takes the following precautions to avoid risk of infection to both them and other pupils and staff:

- cover any cuts and grazes on their own skin with a waterproof dressing
- wear suitable disposable gloves when dealing with blood or other bodily fluids
- wash hands after every procedure.

If the first aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids that are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water
- wash splashes out of eyes with tap water or an eye wash bottle
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water
- record details of the contamination
- report the incident to a school nurse and take medical advice if appropriate. The school nurse will then arrange for the proper containment, clear-up and cleansing of the spillage site.

## **12. Offsite visits and events**

Before undertaking any offsite visits or events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

The school will take a first aid kit on all offsite visits which contains at a minimum:

- A leaflet giving general advice on first aid.
- 6 individually wrapped sterile adhesive dressings.
- 1 large sterile unmedicated dressing.
- 2 triangular bandages individually wrapped and preferably sterile.
- 2 safety pins.

- Individually wrapped moist cleansing wipes.
- 2 pairs of disposable gloves.

Additionally, the school will ensure that all large vehicles and minibuses have a first aid box readily available and in good condition which contains:

- 10 antiseptic wipes, foil packed.
- 1 conforming disposable bandage that is not less than 7.5cm wide.
- 2 triangular bandages.
- 1 packet of 24 assorted adhesive dressings.
- 3 large sterile unmedicated ambulance dressings that are not less than 15x20cm.
- 2 sterile eye pads, with attachments.
- 12 assorted safety pins.
- 1 pair of non-rusted blunt-ended scissors.

For more information about the school's educational visit requirements, please see the Educational Visits and School Trips Policy.

### **13. 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.

### **14. Illnesses 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.

#### **15. 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.

#### **16. 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 July 2023.

## **APPENDIX A: Individual healthcare plans**

### **Devising an individual healthcare plan**

On being informed by a parent or healthcare professional that a pupil has been newly diagnosed, or is due to attend or return to school after a prolonged absence the school will begin the following process to devise an individual healthcare plan to ensure that the pupil is actively supported:

1. A delegated member of the leadership team will meet with key school staff, child, parent and relevant healthcare professionals (or to read written evidence provided by them) to determine the pupil's needs. They will also identify a member of staff to provide support to the pupil.
2. In conjunction with input from the healthcare professionals an individual healthcare plan will be drawn up.
3. The plan will also identify any school training need required and in conjunction with healthcare professionals this specialist training will be undertaken and school staff signed off as competent.
4. The plan will be circulated to all relevant parties and to all relevant staff and a review date set.
5. The plan is implemented. The plan will be reviewed at the annual review date by all parties or sooner if parents or healthcare professionals feel there is a change in circumstances.

### **Contents of an individual healthcare plan**

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this documentation will be used to inform development of their individual healthcare plan. Every individual healthcare plan will contain:

1. Details of the medical condition, its triggers, signs, symptoms and treatments.
2. An explanation of the pupil's individual needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing and how this impacts on aspects of day-to-day living, eg access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, eg crowded corridors, travel time between lessons.
3. Details of any specific support required for the pupil's educational, social and emotional needs, eg how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.

4. Details of the level of support required and the level to which they can take responsibility for managing their own health needs. This will include details of support required in emergencies.
5. Details of monitoring arrangements required if a pupil is self-managing their medication.
6. Details of who will provide support within the school along with an explanation of how they will be trained and how their proficiency will be evaluated.
7. Details of cover arrangements for when the key support member of staff is unavailable.
8. Written consent from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil.
9. Arrangements for procedures for school trips or other school activities outside of the normal school timetable to ensure the child can participate, eg risk assessments.
10. An explanation of what to do in an emergency, including contact details and contingency arrangements.
11. Where confidentiality issues have been raised by either parent or child there will be a list of designated individuals to be entrusted with information about the child's condition.
12. Details of how complaints may be made and how these will be handled concerning the support provided to pupils with medical conditions.

## **APPENDIX B: Implications of the statutory guidance document**

### **Additional legal implications for governors**

In making arrangements for supporting pupils with medical needs, governing bodies are now legally obliged to take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some of these will be much more obvious than others and it should never be assumed that two individuals with the same condition will have the same needs or require the same treatment. Governing bodies are obliged to ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The aim of the governing body should be to ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff, including temporary and supply staff, are properly trained to provide the support that pupils need and further ensure that the school makes explicit behaviour that is not acceptable in relation to the medical needs of pupils, for instance preventing them from taking part in normal activities, requiring parents to attend school to administer medication or provide medical support on out-of-school activities, ignoring the views of children, parents or medical evidence, penalising pupils for absence where this is related to a medical condition etc.

Governing bodies are further legally obliged to ensure that the school has an appropriate level of insurance in place which appropriately reflects the level of risk involved for staff providing support. It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support and must provide liability cover relating to the administration of medication. Be aware that additional cover may be needed for dealing with specific healthcare issues and for items such as off-site activities.

### **ADDITIONAL ISSUES FOR CONSIDERATION**

The following issues should also be considered in conjunction with the guidance.

1. Home-to-school transport: once a plan has been devised it is important to ensure that the local authority is aware of this so that they can ensure that appropriate transport is available where required. They should also be made aware of emergency procedures. This is particularly important when considering transport issues for pupils with life-threatening conditions.
2. Asthma inhalers: following the change in regulations, schools will now be able to hold asthma inhalers for emergency use. (See the Department of Health [guidance on use of inhalers in school](#).)
3. Defibrillators – A defibrillator is a machine used to give an electric shock to the heart of someone who is in cardiac arrest. Sudden cardiac arrest is when the heart stops beating and



can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. Modern defibrillators are easy to use, inexpensive and safe. Although schools are not legally required to carry a defibrillator as part of their first aid equipment they are undoubtedly useful. If a school installs a defibrillator for general use they should notify the local NHS ambulance service of its location. Staff members appointed as first aiders should already be trained in the use of CPR, however, it would be good practice to then extend knowledge of these techniques amongst staff and pupils.