

Shipbourne School



First Aid Policy September 2024

Written by: Headteacher	Date: September 2024
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Template: The Key	

Work Place First Aiders	Lisa Atkinson and Kim Parsons
Paediatric First Aiders	Lisa Atkinson and Kim Parsons
Appointed Person and liaison for sickness, medication, parental communication and emergency services	Cherry Headon and Terri Daters

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 (DfE) on [first aid in schools](#) and [health and safety in schools](#), guidance from the Health and Safety Executive (HSE) on [incident reporting 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 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

Our school has Early Years Foundation Stage (EYFS) provision; therefore, we will ensure that at least 1 person who has a current paediatric first aid (PFA) certificate is present on the premises at all times when EYFS pupils are present.

We are a low risk environment with fewer than 25 members of staff, therefore, there will always be an appointed person available in line with minimum work place health and safety requirements. We have two work force first aiders, at least one of whom will also be on site. [H and S advice leaflet](#)

3.1 Appointed person(s) and first aiders

The school's appointed persons are Cherry Headon and Terri Daters. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

- Sending pupils home to recover, where necessary
- Advising parents if a visit to the GP or hospital is recommended

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
- Filling in an accident report on the same day as, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits

Our school's first aiders are Lisa Atkinson and Kim Parsons. Other members of staff have Emergency Paediatric training. All names will also be displayed prominently around the school site.

3.2 The local authority and governing board

Kent County Council 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 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)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders and/or appointed person(s) 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 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 the 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/carers will be contacted and asked to collect their child. On their arrival, the first aider will recommend next steps to the parents/carers
- If emergency services are called, Cherry Headon or Terri Daters will contact parents/carers 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

There will be at least one person who has a current paediatric first aid (PFA) certificate on the premises at all times when EYFS pupils are present and in most cases when any pupils are present.

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 – adapt the list to reflect your school's first aid needs assessment and arrangements.

- 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/carers' 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 × 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 lead 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 (PFA) certificate on school trips and visits for EYFS pupils, as required by the statutory framework for the Early Years Foundation Stage (EYFS). There will always be at least one member of staff with emergency paediatric training for trips and visit for other pupils.

5. First aid equipment

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

- 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 staff room
- First aid station in corridor
- Classrooms
- The school hall (emergency grab bag)
- The school kitchen
- Hired minibuses

6. Record-keeping and reporting

6.1 First aid and accident record book

Accidents and injuries will be recorded as outlined in KCC guidance [here](#).

- Minor injuries to pupils will be recorded in the log books held in the staff room.
- Accidents resulting in more significant injuries to pupils and any injury to staff will be recorded via the KCC HS157/HS160 forms [here](#).

- An accident form will be completed by the first aider/relevant member of staff who witnessed/dealt with the injury 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
- For accidents involving pupils, a copy of the HS157/HS160 accident report form will also be added to the pupil's educational record by the Headteacher.
- 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 securely disposed of

6.2 Reporting to the HSE

The Headteacher will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Headteacher 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 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
- 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 Headteacher 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 where 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](#)

6.3 Notifying parents/carers

An appropriate member of staff will inform parents/carers 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/carers will also be informed if emergency services are called.

7. 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.

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 one staff member will have a current paediatric first aid (PFA) certificate that meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

8. Monitoring and review

This policy will be reviewed annually by the Headteacher. At every review, the policy will be approved by the full governing board.

9. 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

Appendix: First Aid guidance

As part of your daily duties, you may be required to administer first aid to pupils, staff, parents or visitors. Where possible, only fully trained paediatric or workplace first aiders should perform first aid.

Infection Control

In line with government advice, make sure you wash your hands or use an alcohol gel before and after treating a casualty.

The Resuscitation Council (UK) provides some useful advice of how to keep yourself safe when providing CPR. [You can read their full advice on their website here.](#)

Giving General First Aid

- At a safe distance, encourage the injured party to help themselves where possible, offering guidance on what to do. e.g can you put pressure on your wound by holding it firmly with your hand? This will help to maintain social distancing.
- Where possible, give comfort to a child from a safe distance.
- If it is not possible to maintain a distance, the risk of doing nothing should be balanced with the likely low risk of COVID-19 contamination. Seek advice from SLT if unsure what steps to take.

Government Advice

What to do if you are required to come into close contact with someone as part of your first responder duties

Personal protective equipment (PPE)

- Where it is not possible to maintain a 2 metre or more distance away from an individual, disposable gloves and a disposable plastic apron are recommended. Disposable gloves should be worn if physical contact is likely to be made with potentially contaminated areas or items.
- The use of a fluid repellent surgical face mask is recommended and additional use of disposable eye protection (such as face visor or goggles) should be risk assessed when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.
- When using a fluid repellent surgical face mask, you should mould the metal strap of the mask over the bridge of the nose and make sure the mask fits snugly under the chin, around or across any facial hair if present.
- Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE. In all circumstances where some form of PPE is used, the safe removal of the PPE is a critical consideration to avoid self-contamination. [Guidance on putting on and taking off PPE is available.](#) Use and dispose of all PPE according to the instructions and training provided by your employer or organisation.

Cleaning the area where assistance was provided

Cleaning will depend on where assistance was provided. It should follow the advice for cleaning in [non-healthcare settings](#). Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned in the usual way. However, all surfaces that a symptomatic individual has come into contact with must be cleaned and disinfected.

If there has been a blood or body-fluid spill

Keep people away from the area. Use a spill-kit if available, using the PPE in the kit or PPE provided by your employer/organisation and following the instructions provided with the spill-kit. If no spill-kit is available, place paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.

Disposing of blood

Blooded items should be placed in the yellow clinical waste bags and disposed of in the sanitary bin in the staff toilets.

What to do if you become unwell

If you have already been given specific advice from your employer about who to call if you become unwell, follow that advice

Cardiopulmonary resuscitation

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a dynamic on scene risk assessment and adopt appropriate precautions for infection control.

In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen).

Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxial arrest), therefore chest compressions alone are unlikely to be effective.

Additional advice from resus.org.uk

Paediatric advice

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.

For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur. Therefore, if there is any doubt about what to do, this statement should be used.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.

Treatment of injuries

Following an accident, a First Aider is to take charge of the first aid administration/emergency treatment commensurate with their training. Fully trained paediatric or work place (for adults) First Aiders should deal with anything beyond a minor every day injury. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The Appointed Person or First Aider should call an ambulance on the following occasions:

- In the event of a significant injury or head injury
- If bleeding cannot be controlled
- In the event of a period of unconsciousness
- Whenever a severe fracture or break is suspected
- Whenever the first aider is unsure of the severity of the injuries

Treatment of head injuries to children

Children often fall and bang themselves, and thankfully most bangs to the head are harmless events and can be dealt with by the supervising adult by applying a cold compress (wet cloth) for the child's own comfort. Parents/Carers must be contacted if the child has a visible or grazed bump to the head. All head bumps must be recorded into the accident book and a letter sent home informing parents of possible symptoms to look out for. It is the responsibility of the First Aider or Appointed Person to ensure that parents are informed.

Ice packs may be used for head injuries.

An ambulance and parents should be called if the child:

- becomes unconscious;
- is vomiting or shows signs of drowsiness;
- has a persistent headache;
- complains of blurred or double vision;
- is bleeding from the nose or ear; and/or
- has pale yellow fluid from the nose or ear.

In the event of an accident in which the injured person cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so and a Paediatric First Aider must be called immediately to assess the situation.

Treatment of suspected breaks/fractures

The seven things to look for are:

1. Swelling
 2. Difficulty moving
 3. Movement in an unnatural direction
 4. A limb that looks shorter, twisted or bent
 5. A grating noise or feeling
 6. Loss of strength
 7. Shock
- If it is an open fracture, cover the wound with a sterile dressing and secure it with a bandage. Apply pressure around the wound to control any bleeding.
 - Support the injured body part to stop it from moving. This should ease any pain and prevent any further damage.
 - Once you've done this, ensure the Appointed Person calls 999 or 112 for medical help. While waiting for help to arrive, don't move the injured person unless they're in immediate danger.

Keep checking the casualty for signs of **shock**.

First Aid training states that clothing should only be removed if absolutely necessary. Where clothing needs to be removed which could cause a safeguarding issue, then two members of staff should be present. Only one needs to be first aid trained. However, if waiting for a second member of staff puts a child's life in danger then the First Aider should not withhold treatment.

Splinters

Splinters can be removed if they are small and you can see the angle it went in but not if they are embedded or in a joint. They must be extracted in the same direction they went in. Sterile single-use tweezers are stored in the main first aid box located in the main corridor.

Ice Packs

Ice packs are for the treatment of sprains, strains and bruises and are stored in the first aid box in the main corridor, in travel first aid kits and in the freezer compartment of the staff fridge.

Guidance on the use of ice packs:

Ideally an ice pack should be applied within 5 -10 minutes of the injury occurring. The pack must be wrapped in a cloth to prevent cold burns and applied to the injured area for 20 - 30 minutes (and repeated every 2 to 3 hours for the next 24 – 48 hours where necessary). First Aiders must check the colour of the skin after 5 minutes of applying the pack. If the skin is bright red or pink, remove the pack.

Precautions when using ice and heat

DO NOT USE ICE OR HEAT:

- If the casualty is diabetic
- Over areas of skin that are in poor condition
- Over areas of skin with poor sensation to heat or cold
- Areas with known poor circulation
- In the presence of visible or know infection(s)