

FIRST AID POLICY

Last Reviewed – February 2024

Next Review – February 2025

Review Information – Annually or following a change in legislation

Read and signed by

Richard White, Chair of Managing Council

Date:

REVIEW JOURNAL

Version	Approved By	Approved ManCo By	Revision Date	Description of change	Author
V15	HM		February 2025	Check of administration of medicines content	HM
14	HM		November 2023	Removal of Medical Appointments guidance from Policy. Changed to just First Aid	HM
13	HM		October 2021	Reviewed by relevant staff. Check through of corresponding forms and paperwork.	HM
14	HM		September 2022	Update trained personnel. Include needs assessment.	HM
15	HM		September 2022	Reviewed Supporting Pupils with Medical Conditions	HM/LTE

DOCUMENTS & GUIDANCE USED IN REVIEW PROCESS

Document/Guidance	Date
Statutory Framework for the Early Years Foundation Stage, 2023	Sept 2023
First Aid in Schools, DfE	Sept 2023
Health & Safety in Schools, DfE	Sept 2023
Incident reporting in Schools, HSE	Sept 2023
Staff First Aid Training	Sept 2022
First Aid Needs Assessment	Sept 2022
Supporting Pupils with Medical Conditions	Sept 2022
Statutory Framework for the Early Years Foundation Stage, 2021	Sept 2021
Staff First Aid Training	Sept 2021

TO BE READ IN CONJUNCTION WITH:

Document/Guidance
SEND Policy & SEND Offer for Parents
EYFS Policy
Health & Safety Policy
Risk Assessment Policy
Supporting Pupils with Medical Conditions Policy

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1. AIMS


The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. LEGISLATION AND GUIDANCE

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), 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 Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. ROLES AND RESPONSIBILITIES

3.1 Appointed person(s) and first aiders

The school's appointed person is Tara Brown. 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 as, or as soon as is reasonably practicable after, an incident (see the template in appendix 2)
- Keeping their contact details up to date

Our school's appointed person and first aiders are listed in appendix 1.

3.2 The governing board

The Managing Council has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The headteacher

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

- Ensuring that an appropriate number of appointed persons and trained first aiders 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 appointed person in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider or the appointed person was 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 will be contacted and asked to collect their child. Upon their arrival, the first aider or appointed person will recommend next steps to the parents
- If emergency services are called, the appointed person will contact parents immediately
- The first aider will complete an accident report form at the time or as soon as possible as reasonably practical on the same day after an incident resulting in an injury. If a head injury has taken place, a head injury form must also be completed and emailed to the parent as soon as practically possible, this also includes a phone call home from the office to inform the parent.

There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times. The school aims for the majority of all of its staff to be PFA trained to ensure the compliance and safety of our children.

4.2 Off-site procedures

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

- A mobile phone
- A portable first aid kit including, at 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
- 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 × 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors
- Foil blankets (mini bus and away kits)


Risk assessments will be completed by the trip leader prior to any educational visit that necessitates taking pupils off school premises. All risk assessments for trips require a named First Aider.

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits involving Early Years children, as required by the statutory framework for the Early Years Foundation Stage and at least 1 first aider on all other trips.

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)

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- 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 School Office
- The school hall
- The science lab
- The art room
- School vehicles
- The Pre-prep building
- The Nursery
- Outside the staff room in the Prep building

6. ADMINISTRATION AND STORAGE OF MEDICINES INC EYFS

Administration of Medicine (including EYFS)

Medicines are administered to children from the school office to ensure consent forms are completed, medicines stored correctly and records kept. Administering medicines during the child's session will only be done if absolutely necessary.

If a child has not been given a prescription medicine before, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect.

Consent for administering medication (including EYFS)

- In EYFS, only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent. A parent or named emergency contact may give permission for children other than EYFS.
- When bringing in medicine, parents go to the office to fill in forms, speak with staff and explain administration information. The office staff will then inform teaching staff that medicine is required.
- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label.
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.
- Members of staff who receive the medication ask the parent to sign a consent form



stating the following information. No medication is given without these details:

- full name of child and date of birth
- name of medication and strength
- dosage to be given
- how the medication should be stored and expiry date
- signature and printed name of parent and date

Storage of medicines

All medicines are stored safely. Medicines are stored in the lockable cabinet in the Boarders' Sitting Room. Medicines requiring cold storage are kept in the fridge in the kitchen where there is always a member of staff. Staff are informed by the office where medicine is stored and details of administration.

- Parents are responsible for collecting medicine at the end of the day and will receive a form stating when medicine has been administered.
- For some conditions, medication for an individual child may be kept at the setting or with the child. In this instance information will have been shared on pupil input forms and an additional healthcare plan may be set up as per individual need. Parents are responsible for making sure medicine is in date and changed when needed.
- Parents do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

No EYFS child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell staff what they need. This does not replace staff vigilance in knowing and responding.

- The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Children with long term medical conditions requiring ongoing medication (including EYFS)

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the Head, with support from appropriate staff. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to risk assessment. In EYFS and where appropriate, they are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns.
- A health care plan form is completed fully with the parent and information is shared with other staff who care for the child.

- The plan is reviewed every six months (more frequently if needed) in EYFS. For older children it is usually reviewed annually. This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

Managing medicines on trips and outings

- EYFS children are accompanied by their key person, or other staff member who is fully informed about their needs and medication. Older children are accompanied by an adult who is aware of their medical needs.
- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above.
- The card is later stapled to the medicine record book.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled as above.

7. RECORD-KEEPING & REPORTING

6.1 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 at appendix 2
- For accidents involving pupils, a copy of the accident report form will also be added to the pupil's educational record by the appointed person
- 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

7.2 Reporting to the HSE

The Business Manager 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 Business Manager 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 Business Manager 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](http://www.hse.gov.uk/riddor/report.htm)

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

7.3 Notifying parents

The 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. Parents will also be informed if emergency services are called.

7.4 Reporting to Ofsted and child protection agencies (early years only)

The EYFS Lead will notify Ofsted of any serious accident, illness or injury to, or death of, a child 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 Head will also notify CloS Safeguarding Children Partnership any serious accident or injury to, or the death of, a pupil while in the school's care.

8. TRAINING

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 3).

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. The PFA certificate will be renewed every 3 years.

9. MONITORING ARRANGEMENTS

This policy will be reviewed by the Head annually.

At every review, the policy will be approved by the ManCo member monitoring health & safety.

10. LINKS WITH OTHER POLICIES

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions

Reviewed: May 2009, July 2011 (DM), May 2012 (SMT), June 2012 (SMT), June 2015, May 2017, October 2017, January 2018; October 2019; November 2019; December 2020; May 2021; October 2021; September 2022; September 2023, November 2023, February 2024

Review date: Annually, according to the school's policy review cycle

Appendix 1: list of [appointed persons(s) for first aid and/or trained first aiders]

STAFF MEMBER'S NAME	ROLE	CONTACT DETAILS
Tara Brown	Appointed Person	School Office 01872 273011

First Aiders

Name	Qualification	Date of Training
Kevin Andrew	Emergency First Aid	August 2021
Abbey Bray	Emergency First Aid Paediatric First Aid L3	January 2021 September 2022
Cheryl Brendish	Paediatric First Aid	August 2023
Tara Brown	Paediatric First Aid L3 Emergency First Aid First Aid At Work Mental Health First Aid	October 2022 August 2021 November 2018 November 2019
Harriet Elworthy	Emergency Paediatric first Aid L3	September 2021
Jonny Elworthy	Emergency Paediatric first Aid L3 Emergency First Aid	September 2021 October 2019
Delphine Fergus	Emergency Paediatric first Aid L3 Head Injury Training	September 2021 February 2020
Matthew Gale	Emergency Paediatric First Aid L3	September 2021
Miriam Hopper	Paediatric First Aid L3	September 2022
Paul Kellas	Emergency Paediatric First Aid L3 Head Injury Training	September 2021 February 2020
Hilary Mann	Paediatric First Aid L3	September 2022
Caroline Ramsay	Emergency Paediatric First aid L3	September 2021
Jack O'Shea	Emergency First Aid	September 2021
Jackie Spoor	Emergency Paediatric First Aid L3 Head Injury Training	September 2021 February 2020
Lisa Smith (EYFS)	Emergency Paediatric first Aid L3	September 2021
Lisa Topsey	Head Injury Training Paediatric First Aid L3	February 2020

Lynne Topsey-Eaton	Head Injury Training	February 2022
Linda Twinn	Paediatric First Aid L3	September 2022
Jo Virr	Emergency Paediatric First Aid L3	September 2021
Alison Wallis	Paediatric First Aid	April 2022
Tracy Warden	Emergency Paediatric first Aid L3 Head Injury Training	September 2021 February 2020
Caroline Williams	Paediatric First Aid	September 2022
Gemma Winterbottom	Paediatric First Aid	August 2023
Poppy Fraser	Emergency First Aid at Work L3	March 2023
Paige Castle	Emergency First Aid at Work L3	March 2023

Appendix 2: Contacting Emergency Services

A qualified first aider or another nominated person will dial 999, ask for an ambulance and then speaking clearly and slowly be ready with the following information:

1. The school telephone number (01872 273011) or mobile number calling from.
2. The location as follows:

- The postcode of where the ambulance needs to come to: TR4 9AE (see below).
 - Give exact location in the school of the person needing help.
3. The name of the person needing help.
 4. The approximate age of the person needing help.
 5. A brief description of the person's symptoms (and any known medical condition).
 6. Inform ambulance control of the best entrance to the school and state that the crew will be met at this entrance and taken to the pupil.

Do not hang up until the information has been repeated back.

Please note that the person calling should be with the child, as the emergency services may give first aid instructions.

Send a member of staff to wait at the entrance to guide the ambulance service to the person needing help.

Also ensure that one or more of the following members of staff are informed that an ambulance has been called to the school: Secretary, Head of Boarding, Business Manager, Head, Deputy Head.

Ensure that the child's parents/guardians have been contacted.

Never cancel an ambulance once it has been called.

School address: Polwhele House, Newquay Road, Truro, Cornwall, TR4 9AE

What Three Words: gently.tummy.natively
<https://w3w.co/gently.tummy.natively>