



First Aid Policy

Created by Denise Parker January 2024	Ratified by Trustees February 2024
Next Review due January 2025	

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Statutory Requirements

This policy has been written with due regard to the following guidance and legislation:

- Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (DfE) September 2014
- 0-25 SEND Code of Practice 2015
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Mental Health and behaviour in schools: departmental advice for school staff DfE June 2014
- Schools Admissions Code DfE 1 Feb 2010
- The Data Protection Act 2018
- Ensuring a good education for children who cannot attend school because of health needs; DfE 2013
- Working Together to Safeguard Children (2018)
- The Special Educational Needs and Disability Regulations (2014)
- Misuse of Drugs Regulations 2001

Links to other school policies

- Accessibility Plan
- Children with health needs who cannot attend school
- Attendance policy
- Child protection and safeguarding policy
- Special educational needs and disabilities (SEND) policy
- Equality policy
- Mental health and well-being policy
- Supporting Pupils with Medical Conditions

Introduction

First aid has three main aims:

- to preserve life
- to prevent injuries worsening and
- to promote the individual's recovery

The Health and Safety (First-Aid) Regulations 1981 requires employers to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

<https://www.hse.gov.uk/firstaid/legislation.htm>

This policy has been developed following Department for Education and Employment's Guidance on First Aid for Schools.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306370/guidance_on_first_aid_for_schools.pdf

In line with Health and Safety Regulations we will:

- formulate and implement effective procedures for incidents requiring first aid, ensuring that all responsible and practical steps are taken to meet the needs of all site users;
- ensure that appropriate training is provided and that correct procedures are followed, so that staff have sufficient understanding, confidence and expertise;
- establish a procedure to ensure that all accident trends are monitored by the Governing Body and actions taken where necessary;
- establish suitable investigation methods for significant accidents/incidents/near misses;
- ensure that appropriate authorities are notified of significant accidents/incidents;
- ensure that all reasonably practicable steps are taken to maintain the health and welfare of all persons using the premises;
- ensure that all reasonable practicable steps are taken to ensure the health and safety of staff, pupils and other supervising adults participating in off-site visits;
- establish and maintain safe working procedures amongst staff and pupils;
- ensure that insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

Roles and Responsibilities

The Governing Body

The Governing Body has accountability and responsibility for health and safety matters within the school. Responsibilities are delegated to the Headteacher, Senior Leadership Team and staff.

The Headteacher:

- Is responsible for putting the governing body's policy into practice and for developing detailed procedures;
- Must ensure that the first aid provision does not fall below the required standard;
- Must ensure that provision for pupils and others complies with other relevant legislation and guidance;
- Should also make sure that parents are aware of the school's health and safety policy, including arrangements for first aid.

School Staff:

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their own children.

Policy Implementation

The overall responsibility for the implementation of this policy at Bourne Westfield Primary Academy is given to Lorriane Binns – Medical Lead.

At Bourne Westfield, Lorraine Binns, Medical Lead:

- must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/appointed persons;
- must ensure that there are enough trained staff to meet the statutory requirements, allowing for staff absence.

Assessment of Need

The Management of Health and Safety at Work Regulations 1999 require employers to make a suitable and sufficient assessment of the risks to the health and safety of their employees at work and others who may be affected by their undertaking, to identify what measures they need to take to prevent or control these risks. The Headteacher will consider all users of the School to include pupils, staff, parents, volunteers, visitors and contractors.

The governing body and/or Headteacher should regularly review the school's first-aid needs (at least annually), and particularly after any staff changes, to ensure that the provision is adequate. Where minimum numbers of trained first aiders are set, these should be monitored to ensure that these standards are being met.

Training

A first aider must hold a valid certificate of competence, issued by an organisation who can demonstrate how they satisfy certain criteria set by the Health and Safety Executive (HSE). These criteria include:

- the qualifications required for trainers and assessors
- monitoring and quality assurance systems
- teaching and standards of first-aid practice
- syllabus content
- certification

Level 3 First Aid training courses cover a range of first aid competences:

- First Aid at Work (18-hour course)
- Emergency First Aid at Work (6-hour course)
- Paediatric First Aid (12-hour course)
- Emergency Paediatric First Aid (6-hour course)

The HSE produce guidance on the standards and requirements of the above courses.

Lorraine Binns will arrange for their staff to undertake an appropriate first aid course, based on their risk assessment, to ensure adequate cover for both pupils and adults for all on-site, and off-site activities.

First aid certificates issued by an Ofqual Awarding Body are valid for three years. Lorraine Binns will adhere to best practice and arrange refresher training and retesting of competence before certificates expire. If a certificate expires, the individual will have to undertake another full course of training to become a first aider. However, employers can arrange for first aiders to attend a refresher course up to three months before the expiry date of their certificate. Lorraine Binns will keep a record of first aiders and certification dates.

Early Years Foundation Stage (EYFS)

Lorraine Binns will ensure that there are adequate numbers of staff trained in Level 3 Paediatric First Aid for EYFS settings. It is a legal requirement to ensure that the school has access to a Paediatric First Aider, at all times. To ensure that this criteria is met, the school must consider possible staff absence and staff out of school, i.e. on visits/outings.

Staff and Pupils with Specific Health Needs

In line with our 'Supporting Pupils with Medical Conditions' policy, Lorraine Binns will ensure that a pupil's Individual Health Care Plan will be documented to reflect any special measures that the school must take. This information will be shared with all first aiders, where appropriate, to ensure that they are aware of any specific health needs. First aiders are not permitted to administer specific medication or injections for specific health needs unless identified in a pupils' Individual Health Care Plan. Each Individual Health Care Plan will ensure that designated members of staff are allocated and appropriately trained to be able to deliver the care needed.

The school will also consider the specific medical needs of staff members, should there be any exceptional circumstances, for example:

- If a pre-employment health questionnaire highlights a specific health risk;
- Following a return-to-work interview, a clear risk to the staff member is identified.

This information will be shared with all first aiders, where appropriate, to ensure that they are aware of any specific health needs.

First Aid Kits

Lorraine Binns will provide the proper materials, equipment and facilities at all times. First-aid equipment will be clearly labelled and easily accessible. The HSE recommends that first aid kits conform to British Standard (BS) 8599.

First aid kits will be kept fully stocked and all sterile products will be in-date. The number of kits, and their locations in school will be determined when assessing needs. The kits should be checked periodically and documented by an appointed person. All staff will be aware of the whereabouts of first aid kits on the school site.

First Aid Accommodation

The school will ensure that there is suitable and sufficient accommodation for first aid to be administered, according to the assessment of first-aid needs identified. This should contain a washbasin and be reasonably near to a toilet. The area need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed.

Hygiene and Infection Control

The school will ensure that all staff take precautions to avoid infection and follow basic hygiene procedures. Staff will have access to single-use disposable gloves and hand washing facilities and should take care when dealing with blood or other body fluids and disposing of dressings or equipment. Staff should refer to the school's Cleaning Bodily Fluids risk assessment. (Appendix A)

Reporting Accidents and Record Keeping

All first aid accidents must be recorded, and the records (see Appendix B) securely stored. For the purposes of an accident investigation, the school should seek permission from parents/carers before sharing any medical information with any other party.

Statutory Requirements

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) some accidents must be reported to the HSE. Keystone Academy Trust schools can contact YMDBoon Health and Safety Services for further advice with regards to RIDDOR when required.

The school must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records; however, our schools use YMDBoon's RIDDOR accident portal to report serious incidents.

For definitions of major injuries, dangerous occurrences and reportable diseases see HSE guidance on RIDDOR 2013, Education Information Sheet No 1 (Revision 3):

<https://www.hse.gov.uk/pubns/edis1.pdf>

Lorraine Binns will ensure that all accident records are stored securely at all times.

Accident reports for significant injuries, which require the pupil to be taken to hospital, should be kept securely until that pupil is 25 years of age.

Accident reports for all other minor injuries will be kept securely until the pupil leaves the school, i.e. to move to secondary school or to move to another primary school.

Parental Communication

The school will communicate accidents to parents as follows:

- Minor grazes/cuts/bruises (not including on the head/face) will be treated, recorded and information passed to parents/carers at the end of the school day if necessary;

- All head and facial injuries (no matter how minor) will be communicated to parents/carers by a written 'head bump' note which is sent home. Head or facial injuries which cause concern will be communicated via telephone at the time of the accident, or as soon after as physically possible. Parents/carers should make the decision, based on the First Aider's accident report, as to the next course of action required, if the emergency services are not being called.

The following will be communicated to parents/carers immediately, alongside communication with the emergency services where appropriate.

Significant injuries:

- unconsciousness
- fractures/suspected fractures
- bleeding
- hypovolemic shock
- amputations
- crush injuries
- burns
- dislocations/suspected dislocations
- head/neck/spinal trauma

Illness:

- unconsciousness
- cardiac arrest
- seizures
- asthma attack
- hypoglycaemia
- hyperglycaemia
- meningitis
- sepsis
- anaphylaxis

Mental Health First Aid

In line with our 'Mental Health and Well Being' policy, it is important for schools to recognise mental health needs in the same way as physical first aid needs.

The school will ensure that it has at least one trained Mental Health First Aider who is able to identify, understand and help a person who may be developing a mental health need. Mental Health First Aid certification is valid for 3 years and the school will ensure that renewal of qualifications is maintained, to provide adequate MHFA cover.

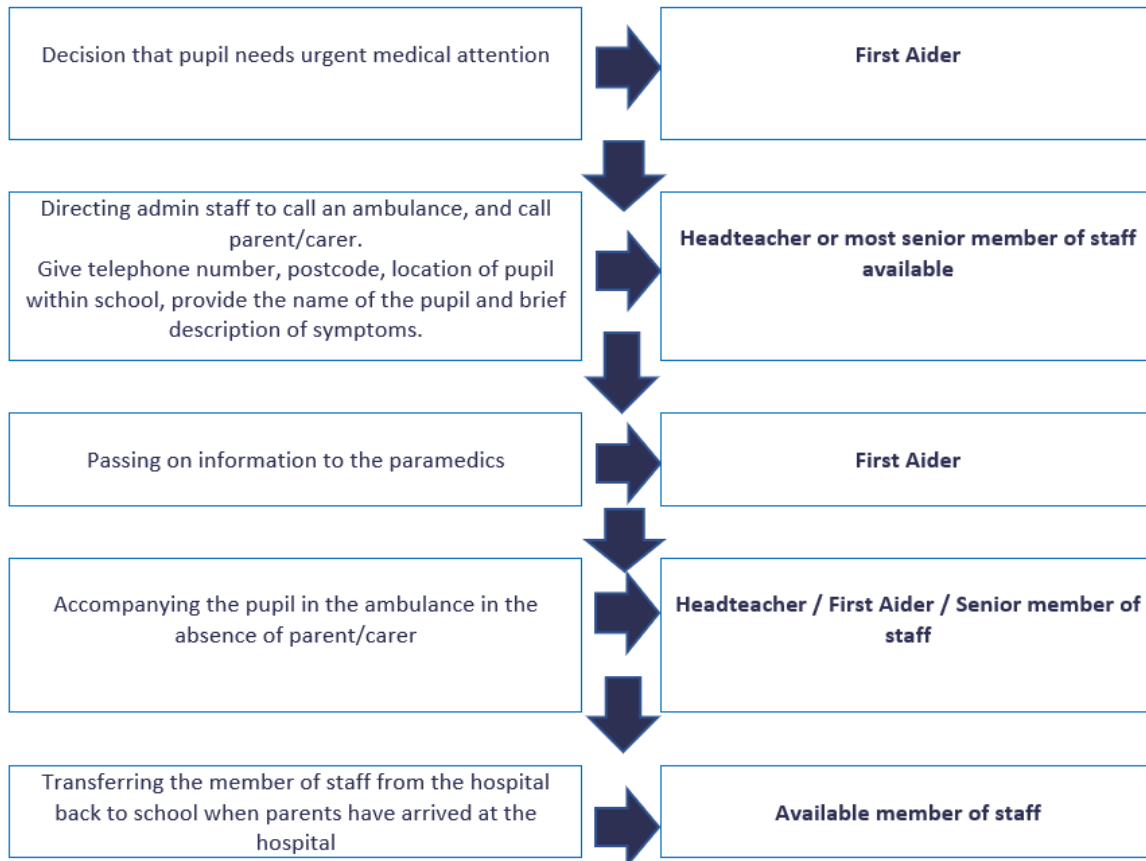
Emergency Procedures

The flowchart below follows 'Template F' of the Department for Education's statutory guidance.

Staff should not take pupils to hospital in their own vehicle, unless it is an emergency situation which ensures that the pupil receives quicker professional medical attention by doing so. This must be

assessed following dialogue with the emergency services. Staff should not travel alone with a pupil in their own car.

Where an Ambulance needs to be called in school, there are several roles which need to be fulfilled. The responsibility for these roles is fluid, in the case of staff absence. All staff should be aware of the following procedures:



Liability and Indemnity

In the event of a claim alleging negligence by a member of the school staff, action is likely to be taken against the school rather than the employee. The Trust will make sure that their insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their training, and employment.

Complaints

Should parents/carers be unhappy with any aspect of their child's care, then they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the attention of Lorraine Binns, Medical Lead or a member of the senior leadership team, who will, where necessary, bring concerns to the attention of the Headteacher.

If the situation remains unresolved, then a letter outlining the concern should be sent formally to the Clerk to the Governors at the school address in line with the Trust's Concerns and Complaints Policy.

Additional Guidance

Additional guidance can be found below:

<https://www.gov.uk/government/publications/first-aid-in-schools>

<https://www.hse.gov.uk/pubns/edis1.pdf>

<https://www.hse.gov.uk/riddor/>

<https://www.hse.gov.uk/simple-health-safety/firstaid/what-to-put-in-your-first-aid-kit.htm>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/596629/EYFS_STATUTORY_FRAMEWORK_2017.pdf

Appendices

A – Cleaning Bodily Fluids Risk Assessment

B – First Aid Accident Record

Name of School:

Summary Details				
Date original assessment completed:	April 2024	Location affected:		
Person(s) completing assessment:	Kate Atkinson	Headteacher sign off:	Kate Atkinson	
Review completed by:		Review date:	April 2025	

(To be read in conjunction with general hazards risk assessment)

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
Contaminated bodily fluid entering the body	Cleaners, site supervisor, first aiders other staff members, visitors and pupils may be exposed to contaminated bodily fluid. This may cause infectious diseases such as stomach bugs, 'flu, Hepatitis A-C, etc. if entered into the body.	<ul style="list-style-type: none"> Employee instructed to cover open wounds with waterproof dressings. Any employee who has a skin condition on their hands, arms, or face, e.g., Eczema, psoriasis or dermatitis is advised to avoid contact with bodily fluids. Personal Protective Equipment (PPE) such as gloves, aprons, eye protection are used, as necessary. If gloves or aprons become cut or torn, they are disposed of safely and 			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		<p>replaced as soon as possible. If the employee is in the middle of clearing up a spillage when this occurs, they should stop what they are doing and wash and dry their hands before putting on a replacement pair of gloves.</p> <ul style="list-style-type: none"> • Care is taken when removing contaminated aprons and gloves i.e., remove the apron first then pull gloves off inside out. • Bodily fluids must never be cleaned up with bare hands. • Strict personal hygiene is observed by employees and hands are washed and dried thoroughly after each task. • Other persons are kept away from the contaminated area by use of signage until the area has been cleaned. • If possible, a spillage kit should be used, 			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		<p>and manufacturer's instructions followed.</p> <ul style="list-style-type: none"> • Vaccination against Hepatitis 'B' is considered for employees working in high-risk areas. • Note: If a cut or needle stick injury occurs during the cleaning of bodily fluids, the wound should be encouraged to bleed, washed with running water where possible and covered with a waterproof dressing and medical advice should be sought where necessary, if possible, taking along the source of the cut or needle stick. 			
Cross contamination between areas	Cleaners, site supervisors, first aiders, other staff members, visitors and pupils may potentially contract various infectious	<ul style="list-style-type: none"> • A 'colour coded' system for cleaning equipment e.g., mop heads are in place and employees are aware which colour tools and materials should be used 			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
	<p>diseases such as stomach bugs, 'flu, Hepatitis A-C, etc.</p>	<p>for cleaning up bodily fluids.</p> <ul style="list-style-type: none"> • Appropriate cleaning materials are available for different cleaning surfaces and employees are aware how to clean and disinfect each type of surface. • Only disposable absorbent cleaning cloths and towels are used to remove bodily fluid material, then appropriately colour coded equipment is used to sanitise the area. • On completion of the task, used paper towels, aprons and gloves are placed into a plastic bag which is then tied up and disposed of appropriately. • If clothing becomes contaminated with blood or other bodily fluid, it is sponged with cold water, the sponge is then placed in a plastic bag which is tied up 			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		and disposed of. The item of clothing is then laundered separately in a hot wash.			
Chemicals / Cleaning products (COSHH)	Cleaners, site supervisors, first aiders, other staff members, visitors and pupils may develop skin irritation and/or respiratory disorder as a result of contact with chemicals/ cleaning products.	<ul style="list-style-type: none"> • Appropriate COSHH risk assessments are completed for product(s) used and any specific hazards and risks are explained to employees. 			
Slips, trips, and falls	Cleaners, site supervisors, first aiders other staff members, visitors and pupils may be injured in a number of ways including sprains musculoskeletal injuries, bruising, fractures.	<ul style="list-style-type: none"> • Cautionary signs are put in place before the commencement of any floor cleaning task and left in position until the area is dry. • Any spillages or overflows are cleaned and dried immediately. • A high standard of housekeeping is maintained, and the area is kept free from additional obstructions for the duration of the task. 			

