



Cranford Primary School

Berkeley Avenue

Hounslow

TW4 6LB

# First Aid Policy

Date: September 2024

Review Date: Autumn 2025 (or sooner if changes to the law or practice)

Approval Level: Governing Body

## **Purpose**

The purpose of the First Aid Policy is:

- To ensure the health and safety of all children, staff and visitors to the school;
- To 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
- To ensure children with medical conditions are properly supported.

## **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

## **Roles and responsibilities**

At Cranford Primary School there must be at least one person who has a current paediatric first aid (PFA) certificate on the premises at all times. Additionally we will ensure a sufficient number of suitable trained first aiders to care for staff, children and visitors.

## **Appointed person(s) and first aiders**

The school's appointed persons are Mrs Chaudhary and Mrs Shew. They are 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 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's names are displayed prominently around the school site.

### **The local authority and governing board**

The London Borough of Hounslow 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.

### **The headteacher**

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

- Ensuring that an appropriate number of appointed persons and first aid officers 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)

## **Staff**

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders and appointed persons 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

## **First aid procedures**

### **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, the appointed person will contact parents/carers immediately
- The appointed person will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

### **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

- o 2 triangular bandages – individually wrapped and preferably sterile
- o 2 safety pins
- o Individually wrapped moist cleansing wipes
- o 2 pairs of disposable gloves
- Information about the specific medical needs of pupils

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm x 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the class teacher/trip leader prior to any educational visit that necessitates taking pupils off school premises and this will be signed off by the Headteacher before the day of the trip.

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

On all other trips there will always be at least 1 first aider on school trips and visits.

### **First aid equipment**

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

The following is based on the HSE's recommendation for a minimum first aid kit – adapt the list to reflect your school's first aid needs assessment and arrangements.

- o A leaflet giving general advice on first aid
- o 20 individually wrapped sterile adhesive dressings (assorted sizes)
- o 2 sterile eye pads
- o 2 individually wrapped triangular bandages (preferably sterile)
- o 6 safety pins
- o 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 medical room.

## **Administering Medicines**

- Written consent from parents must be received before administering any medicine to a child at school;
- Medicines will only be accepted for administration if they are:
  - Prescribed
  - In-date
  - Labelled
  - Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- Medicines should be stored safely;
- Written records will be kept of all medicines administered to children.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

In certain circumstances, as judged by the Headteacher, parents can give written consent for unprescribed medication such as liquid paracetamol to be administered by medical room/ first aid trained staff.

## **Recording Keeping and Reporting Accidents**

### **First aid and accident records**

The appointed person will update Medical Tracker with all illnesses and injuries to children. This will be done on the same day or as soon as possible. As much detail as possible should be recorded especially in the case of an accident resulting in injury.

## **Reporting to the HSE**

The school's Health and Safety Officer 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 school's Health and Safety Officer 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:
  - o Covers more than 10% of the whole body's total surface area; or
  - o Causes significant damage to the eyes, respiratory system or other vital organs
- Any scalding requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the school's Health and Safety Officer 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:

- o Carpal tunnel syndrome
- o Severe cramp of the hand or forearm
- o Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
- o Hand-arm vibration syndrome
- o Occupational asthma, e.g. from wood dust
- o Tendonitis or tenosynovitis of the hand or forearm
- o Any occupational cancer
- o 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](#)

### **Notifying parents/carers**

Parents/carers will always be informed if emergency services are called.

In the event of a child bumping their head or other significant injury, parents will be informed by phone and a letter sent home. Any facial injuries will also be reported to parents by phone. Minor bumps and scrapes will be reported by the child or class teacher as necessary. All incidents will be recorded on Medical Tracker with the date, time, nature of injury, first aid given and what happened to the person immediately afterwards for example ‘went back to class’, ‘cold compress applied’ etc. In the event of serious incidents an ambulance will be called and a review of the incident completed afterwards.

### **Absence from school**

Many children experience common illnesses from time to time. Most of these illnesses do not need a prescription or a visit to a doctor and do not need time away from school. Often if a parent/ carer treats a child themselves, taking advice and medicines from a pharmacist, can be the quickest and easiest way to deal with it.



Following minor illness, the school and parents/ carers will communicate to ensure the needed procedures are followed. This will include after care suggestions or advice about absence from school. Parents are not expected to keep their child at home 'just in case' when they could be learning in class. School staff will phone a parent/carer if a pupil continues to have symptoms or if symptoms worsen.

Parents have a duty to ensure their child is not absent where this can be avoided. The school may not authorise a child's absence for a minor illness if they think it was not necessary.

Pupils should be kept off school if:

1. A pupil has an infectious illness which could spread to other people
2. A pupil needs care during school hours that cannot be carried out in school
3. A pupil is so unwell that they are not able to cope with lessons.

Please see Appendix B for other conditions and the recommended actions.

## **Training**

All support 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).

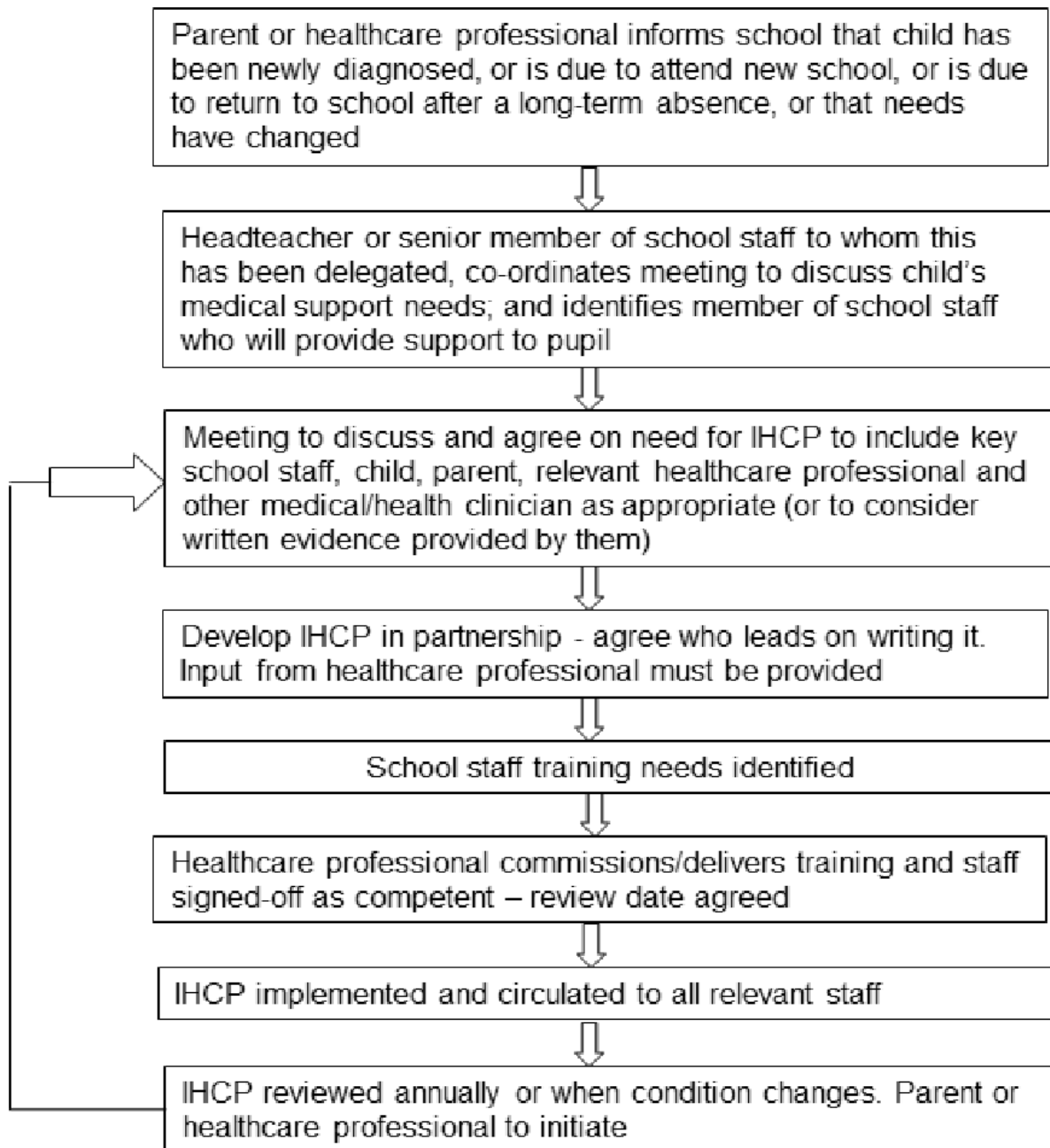
The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

Schools with Early Years Foundation Stage (EYFS) provision insert:

At all times, at least 1 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.

## Appendix A

### Process for developing Individual Health Care Plans (IHCPs)



## Appendix B

<b>Illness</b>	<b>Recommendations</b>
Cold/ cough	No need to be off school
Chicken pox and shingles	Keep off school for 5 days from start of rash and until all the spots have crusted over
Conjunctivitis	No need to be off school
Diarrhea and vomiting	Keep off school until 48 hours after the last episode of diarrhea or vomiting
Ear infection and ear ache	If there is a temperature of above 38 degrees they will need to stay off school until this improves. Pain relief should be given. If there is no improvement, seek medical advice.
Flu	Child should return to school as soon as they have recovered
Fever (above 38 degrees)	Child should not be in school If this happens during school time, parents will be called to collect the pupil.
Head lice	No need to be off school Treatment letter sent by school to advise on how to get rid of lice
Hand, foot and mouth disease	It is not usually necessary to keep off school
Headache	No need to be kept off school
Measles	Keep off school until lesions (Spots) are crusted or healed or 48 hours after starting antibiotic treatment, whichever is shorter
Rashes	If the pupil has an unexplained rash, please seek medical advice. Do not send your child to school because it may be infectious. Book an appointment to see a medical professional as soon as possible.
Scarlet fever	Keep off school for 24 hours after starting antibiotic treatment
Toothache	No need to be off school. If a child is off for longer than 2 days, they should see a dentist.
Tummy ache	If it is only a tummy ache and no other symptoms the pupil should come to school.