



52. First Aid Policy

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 and Early years foundation stage: coronavirus disapplications guidance, advice from the Department for Education on first aid in schools, health and safety in schools and actions for schools during the coronavirus outbreak, 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

This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

As we have an Early Years Foundation Stage provision, at least 1 person who has a current paediatric first aid (PFA) certificate must be on the premises at all times.

During coronavirus: we will use your 'best endeavours' to ensure one person with a full PFA certificate is on site when children aged two to five are present. If after taking all possible steps in our power we are still unable to secure a staff member with a full PFA certificate, we will carry out a written risk assessment and ensure someone with a current first aid at work or emergency PFA certification is on site at all times when these children are.

Beyond this, and dependent on an assessment of first aid needs, we will usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. The minimum legal requirement is to have an 'appointed person' to take charge of first aid, provided our assessment of need has taken into account the nature of work, the number of staff, and the location of the school. The appointed person does not need to be a trained first aider.

Section 3.1 below sets out the expectations of appointed persons and first aiders as set out in the 1981 first aid regulations and the DfE guidance listed in section 2.

During coronavirus: we will discuss our updated risk assessment with first aiders and appointed persons for their input and so they are confident about providing the right assistance.

3.1 Appointed person(s) and first aiders

The school's appointed first aiders 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 (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, 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 first aiders are listed in appendix 1. The senior first aider is Angela Cox. All first aiders' names will also be displayed prominently around the school.

3.2 The Governing Body

Hayes School is an Academy wholly owned by the academy trust/Governing Body. The Governing Body has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the management of such matters to the Headteacher and staff members.

3.4 The Headteacher

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

- Ensuring that an appropriate number of 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).

3.5 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders in school are.
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider 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 the senior first aider. The senior first aider will decide if help is needed from the emergency services. At this stage, parents must be contacted. If the senior first aider is not available, the first aider will call 111 for advice. They will remain on scene until help arrives.
- The senior first aider will lead the decision-making process. The class teacher would normally return to class, leaving the child with a familiar adult. SLT must be informed.
- The senior 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 will recommend next steps to the parents.
- If emergency services are called, the senior first aider (or a first aider in their absence) will contact parents immediately.
- The first aider 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.

During coronavirus: we will use our 'best endeavours' to ensure 1 person with a full PFA certificate is on site when children aged 2 to 5 are present. If, after taking all possible steps in our power, we're still unable to secure a staff member with a full PFA certificate, we will carry out a written risk assessment and ensure someone with a current first aid at work or emergency PFA certification is on site at all times when these children are.

During coronavirus: first aiders will follow Health and Safety Executive (HSE) guidance for [first aid during coronavirus](#). They will try to assist at a safe distance from the casualty as much as possible and minimise the time they share a breathing zone. Treating any casualty properly will be the first concern. Where it is necessary for first aid provision to be administered in close proximity, those administering it will pay particular attention to sanitation measures immediately afterwards including washing their hands.

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.
- Information about the specific medical needs of pupils.
- Parents' contact details.

Risk assessments will be completed by the educational visits coordinator 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, as required by the statutory framework for the Early Years Foundation Stage.

During coronavirus: we will use our 'best endeavours' to ensure one person with a full PFA certificate accompanies children on outings when children aged 2 to 5 are present. If, after taking all possible steps in our power, we are still unable to secure a staff member with a full PFA certificate, we will include this in our written risk assessment and ensure someone with a current first aid at work or emergency PFA certification accompanies these children on the outing. Outings will only be undertaken if it is safe to do so. We will take account of any government advice in relation to educational visits during the coronavirus pandemic.

During coronavirus: we will take account of any government advice in relation to educational visits during the coronavirus pandemic.

5. First aid equipment

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

- A leaflet with general first aid advice.
- Regular and large bandages.
- Eye pad bandages.
- Triangular bandages.
- Adhesive tape.
- Safety pins.
- Disposable gloves.
- Antiseptic wipes.
- Plasters of assorted sizes.
- Scissors.
- Cold compresses.
- Burns dressings.

No medication is kept in first aid kits.

First aid kits are stored in:

- The staff room.
- Reception (at the desk).
- The school kitchens.

6. Record-keeping and 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.
- A copy of the accident report form will also be added to the pupil's educational record by the Business Manager if the incident resulted in a hospital visit.
- 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 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 Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences 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).
 - 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.
- Injuries where an employee is away from work or unable to perform their normal work duties for more than seven consecutive days (not including the day of the incident).
- Where an accident leads to someone being taken to hospital.
- 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.

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>

6.3 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.

6.4 Reporting to Ofsted and child protection agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil 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 Headteacher will also notify Torbay Council Children's Services of any serious accident or injury to, or the death of, a pupil while in the school's care.

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 (see appendix 1).

Staff are encouraged to renew their first aid training when it is no longer valid.

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 and is updated at least every 3 years. First aid training is recorded on the single central record by the Business Manager.

During coronavirus: if PFA certificate requalification training is prevented for reasons associated with the pandemic, the validity of current PFA certificates (expiring on or after 1 October 2020) can be extended to 31 March 2021 at the latest. We will do our best to arrange requalification

training at the earliest opportunity. If staff members' certificates do need to be extended, we will encourage them to access online resources to refresh their knowledge of paediatric first aid procedures while waiting for face-to-face training.

8. Monitoring arrangements

This policy will be reviewed by the Senior First Aider every 2 years and approved by the Headteacher.

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 1: list of trained first aiders

Forename	Surname	Expiry Date	Link Year
Nicola	Huddart	31/3/24	N, R, Y1
Kelly	Ashenden	28/6/24	N, R, Y1
Marianne	Harper	31/3/24	N, R, Y1
Angela	Cox (FAW)	6/1/25	N, R, Y1 and serious incidents
Alison	Taylor	28/6/24	Y2, Y4, Y6
Jo	Palfrey	9/3/23	Y2, Y4, Y6
Sharon	Shenton	31/3/24	Y2, Y4, Y6
Lisa	Silcox	28/6/24	Y2, Y4, Y6
Marie	Slipszenko	9/3/23	Y2, Y4, Y6
Debbie	Hogan	28/6/24	Y3, Y5
Amanda	Francis	28/6/24	Y3, Y5
Richard	Boys	9/3/23	Y6
Sam	Evans	9/3/23	MTA
Helen	Heyse	9/3/23	Kitchen

Appendix 2: accident report form



Be all you can be
Hayes School

ACCIDENT/INCIDENT/ILLNESS REPORT						
Pupil's name:				Date:		
				Time:		
				Class:		
Head injury	1	2	Tel no:		Parent / carer contacted. Initial:	Time
Asthma			Injury to arms / legs		Unable to contact parent/carers. Dojo/Tapestry/text sent by:	Initial
Swelling / bruising			Nosebleed		Well enough to remain in school after first aid.	Initial
Cut / graze			Headache / High temp		Collected from school.	Initial
Burn / scald			Vomiting / nausea		Signed:	
Splinter			Sting / bite		Print name:	
Details of injury/incident:				Fall	Push	
				Trip		
Action taken if an accident:						
By whom:						
Injury sustained:						
Treatment:						
Sterile cleansing wipe	Plaster / dressing	Cold compress / ice- pack	Other:			

Appendix 3: ASTHMA POLICY

Developed: 2018

Updated: January 2022

Review: January 2024

1. *Our Principles*

1.1 *The Principles of our school Asthma Policy:*

- Hayes School recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma.
- Hayes School will ensure that children with asthma participate fully in all aspects of school life including PE.
- We recognise that immediate access to reliever inhalers is vital.
- We keep an Emergency Supply of Salbutamol and spacers should these be required by any of our asthmatic children.
- We keep records of children with asthma and the medication they take.
- Children who also require steroid inhalers will have an Asthma Plan from their GP. This tells you what medicines are prescribed, asthma triggers and what to do when their asthma gets worse. How to tell if they are having an asthma attack and the Emergency Response required in the event of an asthma attack.
- We ensure the school environment is favourable to children with asthma.
- Hayes School will ensure all staff who come into contact with children with asthma know what to do in the event of an asthma attack.

1.2 This policy has been written with advice from the Department for Education and Employment, National Asthma Campaign, Asthma UK, the local Education Authority, the Community Nurse Team, parents, the Governing Body and pupils.

1.3 At Hayes School, we recognise that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.

1.4 Hayes School encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, the Governors and pupils.

2. *Medication*

2.1 If a child has an asthma, immediate access to reliever is vital. The reliever inhalers belonging to children are kept in the classroom, in a labelled, green box. Parents are asked to ensure that the school is provided with a labelled reliever inhaler (and spacer if needed) that is regularly checked to make sure it is in date. If a child carries an inhaler in their bag for the walk to or from school this will need to be passed to the teacher on arrival to be put into the class box. It will be returned at the end of the day.

2.2 All inhalers and spacers must be labelled with the child's name by the parent and placed in a ziplock bag. The record of administration will be kept in this bag.

2.3 School staff are not required to administer medication to children except in an emergency, however, many of our staff are happy to do this. **All school staff will let children take their own medication when they need to, but will still supervise and keep a record of the administering of the inhaler.**

3. Record Keeping

- 3.1** At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma. All parents of children with asthma are given a School Asthma Card (Asthma UK) (see Appendix 2), to complete and return to the school. From this information the school keeps its asthma register which is available for all school staff. Cards are then sent home to parents on an annual basis to update and to take account of changes to a child's condition. If medication changes in between checks, parents are asked to inform the school. If your child is administered their reliever inhaler at any point during the school day, this is written down and a record is kept. You will be informed.
- 3.2** Hayes School Emergency Salbutamol Inhalers and spacers are kept in school and we will ensure that they are only be used by children for whom written parental consent for use of the inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.
- 3.3** A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible - it will still help to relieve their asthma and could save their life.
- 3.4** We have arrangements for the supply, storage and care of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions. Out of date inhalers are to be returned to the parent or carer for disposal.
- 3.5** If a child no longer requires an inhaler, a form can be obtained from the Reception office for the parent or carer to confirm and sign this. Inhalers and spacers will be returned to the parent or carer for disposal.
- 3.6** **Also in place will be the following:-**
A list in each classroom of children in the school who have been diagnosed with asthma or prescribed a reliever inhaler. A copy of this will be kept with the emergency inhaler. There will also be a list in the front, of all children who have parental permission for the use of the Emergency Inhaler. This allows for the staff to have a quick check before initiating the emergency response.
- 3.7** We will ensure emergency inhalers are only used by children with asthma with written parental consent for use (consent to be signed on each child's Asthma card). If we do not have signed consent, the child will not have access to the emergency inhaler. See Appendix 1 for example letters to be sent to parents.
- 3.8** Appropriate support and training is given to staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions.

4. Physical education (PE)

- 4.1** Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Each child's inhaler will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so and a record will be kept.

4.2 Out-of-hours sport

There has been an emphasis in recent years on increasing the number of children and young people involved in exercise and sport both inside and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

Teachers and out-of-hours school sports coaches are aware of the potential triggers for pupils with asthma when exercising and will have access to the children's inhalers. Staff also are aware of the difficulties very young children may have in explaining how they feel, so young children will be monitored very closely.

4.3 The School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school has a non-smoking policy. On occasion, the Nursery class takes part in the egg/chick scheme. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. Children will be encouraged to leave the room and go and sit in a different area if something triggers their asthma.

4.4 Making the School Asthma Friendly

The school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2 in science, design and technology, geography, history and PE of the national curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website www.asthma.org.uk.

4.5 When a Child is falling behind in lessons

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the Community Nursing Team and Special Educational Needs Coordinator about the situation. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

5. Asthma Attacks

Recognition: Difficulty breathing

Wheezy breath sounds/coughing a lot

Difficulty speaking - taking breaths mid-sentence

Pale clammy skin

Grey or blue lips

Use of muscles in the neck and upper chest when breathing

Exhaustion in a severe attack

May become unconscious and stop breathing if prolonged

5.1 All staff who are in contact with children with asthma know what to do in the event of an asthma attack. The school follows the procedure below, which is in the Need To Know folders and a laminated copy is in green Inhaler boxes.

- 1. Ensure that the reliever inhaler is taken immediately. One puff every 30-60 seconds or as directed in Asthma Plan up to a total of 10 puffs.**
- 2. Stay calm and reassure the child.**
- 3. Help the child to breathe by ensuring tight clothing is loosened. Sit them on a chair, do not lay them flat unless unconscious.**

5.2 After the attack

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. The child's parents must be informed about the attack.

5.3 Emergency procedure

If the reliever has no effect after five to ten minutes:

- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts at all about the child's condition
- If for any reason the child stops breathing, **call 999/112 for emergency help**

Staff members will call 999/112 and advise the parents straight away of all action taken. **A child should always be taken to hospital by ambulance. School staff should not take them in their car as the child's condition may deteriorate.**

Appendix

Emergency Salbutamol Inhaler Use Form

Child's name:

Class: Date:

Dear

This letter is to formally notify you that has had problems with his/her breathing today. This happened when

*They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given Puffs.

*Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely

*Delete as appropriate