



# **First Aid Policy**

**UK**  
**August 2016**

### KEY FACTS:

- ❖ To ensure that we promote the good health of all the children in our care.
- ❖ First aid can save lives and prevent minor injuries become major ones
- ❖ The school will ensure that there are adequate facilities and appropriate equipment for providing first aid in the workplace, including for visitors, as well as for the age of children.
- ❖ Minimum first aid provision is a suitably stocked first aid container, an appointed person to take charge of first aid arrangements, for information for employees on first-aid arrangements, as well as adequately trained and experienced staff.
- ❖ This minimum provision is supplemented with a first aid needs assessment to identify any additional requirements specific to the school, to record the findings and to introduce measures to manage any risks.
- ❖ First aid provision must be available at all times whilst children are on the school premises and including school visits off site.
- ❖ Our school, staff and others have a duty to safeguard and promote the welfare of children.

## 1 Legislative Requirements

1.1 The following legislation and guidance has been duly considered, to ensure adequate provision has been made for the provision of first aid in the school:-

- **The Health and Safety at Work Act 1974**  
*requires the employer to conduct their work in such a way that their employees or others that may be affected, are not exposed to health and safety risks. Including the provision of suitable information to other people with reference to their workplace/premises, which might affect their health and safety etc*
- **The Management of Health and Safety at Work Regulations 1999**  
*requires employers and self-employed persons to make an assessment of the risk to the health and safety of themselves, employees and others that might be affected in connection with their undertakings, to make appropriate arrangements for health and safety etc*
- **Health and Safety (First Aid) Regulations 1981**  
*requires employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work.*
- **The Education (Independent Schools Standards) Regulations 2014**  
*Part 3 (paragraph 13) Welfare, Health and Safety of Pupils requires that the proprietor ensures that first aid is administered in a timely and competent manner by the drawing up and effective implementation of a written first aid policy.*
- **Health and Safety Executive (HSE) – Guidelines on Regulation of the Health and Safety (First Aid) Regulations published 2013**  
*Recommends a range of factors to be considered including the size of the school. The first aid needs assessment should consider a range of factors related factors such as: the nature of the work and associated risks such as curricula and special educational needs and/or disabilities; history of accidents and illness; lone working; travelling; remoteness from main school site; absence of first aiders; provision for non-employees such as visiting parents and*

*volunteers; the number of first aiders required and the type training considered most suitable.*

- First Aid in Schools 2014 and Health and Safety Advice on Legal Duties and Powers outline specific additional guidance to which we adhere.
- All staff receive induction training to help them understand their roles and responsibilities induction training must include health and safety issues.

## 2 Policy Overview

2.1 The definition of First aid is as follows:

- In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until help is obtained; and,
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

Please note: it does not include the administration of medicines, which is dealt with under a separate school policy.

2.2 This policy provides an overview of the statutory requirements and how these are met in school. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered.

2.3 The policy applies to all pupils including those pupils covered by the Early Years Foundation Stage (EYFS) 2014 (p3.25). EYFS requires us to ensure that at least one person who has a current paediatric first aid certificate must be on the premises and available at all times when children are present, must accompany children on outings. Paediatric first aid training must be relevant for staff caring for young children, and where relevant, babies. First aiders must be able to respond to emergencies quickly. Our first aid training meets the requirements of the EYFS 2014 and is fully compliant.

2.4 The responsibility for drawing up and implementing the First aid policy is delegated to the Head, including informing staff and parents. However, implementation remains the responsibility of all staff in our school in order to keep children healthy, safeguarded and protected whenever they are in our care.

## 3 Current Procedure

3.1 Our appointed person (First aid co-ordinator) undertakes and records an annual review and first aid needs assessment to ensure that adequate provision is available given the size of our school, the staff numbers, our specific location and the needs of individuals.

- 3.2 Our risk assessment includes consideration of pupils and staff with specific conditions and major illnesses, such as asthma and epilepsy, takes account of an analysis of the history of accidents in our school, as well as the identification of specific hazards. It also includes careful planning for any trips and visits, including Category C residential and higher risk trips which always include a suitably trained first aider, in keeping with our Learning Outside the Classroom: Educational Visits policy.
- 3.3 Our procedure outlines when to call for help when necessary, such as an ambulance or emergency medical advice from professionals/treatment, and outlines the requirements for documenting necessary treatment once applied. The main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- 3.4 We ensure that first aid provision is available at all times, including out of school trips, during PE, and at other times when the school facilities are used.
- 3.5 We keep a written record in our accident book of all accidents or injuries and first aid treatment We must inform parent(s)/carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, of any first aid treatment. For further information please see our Accident and Incident Reporting Policy.
- 3.6 Procedures.

At Charterhouse Square School we make every effort to minimise the risk of accidents but we recognise that accidents may still occur.

All accidents to pupils, staff, parents and visitors, no matter how small will be reported in the accident book as soon as possible after the accident took place. Depending upon the severity of the accident, the Head Teacher/Senior First Aider will be informed.

The First Aider present will deal with the accident and treat any injuries as required, should they require guidance or assistance they will seek this from the Senior first aider.

An investigation into the accident should be undertaken immediately or at least on the same day. Judgements should be made as to what can be done to reduce the risk of similar accidents occurring again.

Any bumps, bangs or knocks to the head will be communicated personally to parents.

An accident book is kept in the School reception area.

All accidents / near misses will be reported in the annual Health & Safety Review at the SLT compliance meeting, governance meetings and as requested by compliance and government teams.

The Head Teacher will ensure that accidents, which are reportable to the Health & Safety Executive, are reported using the appropriate form.

### 4 First Aid Training

4.1 We carefully consider, and review annually, the training needs of our staff to ensure that suitable staff are trained and experienced to carry out first aid duties in our school. In particular, we consider the following skills and experiences:-

- Reliability, communication and disposition,
- Aptitude and ability to absorb new knowledge and learn new skills,
- Ability to cope with stressful and physically demanding emergency procedures,
- Normal duties are such that they may be left to go immediately and rapidly to an emergency, and
- Need to maintain normal operations with minimum disruption to teaching and learning.

4.2 First aiders in our school have all undertaken appropriate training. They have a qualification in either First Aid at work (FAW, 3 days or 18 hours) or Emergency First Aid at work (EFAW, 1 day or 4-6 hours). EYFS paediatric first aiders hold a clearly recognised certificate or a renewal (minimum of 12 hours tuition). Before the certificates expire, first aiders need to undertake a requalification course as appropriate, to obtain another three-year certificate. In relation to the FAW/EFAW training courses, providers will follow the current guidelines issued by Resuscitation Council (UK) October 2015. E-learning or other forms of distance learning is not recommended by the HSE as a valid form of delivery because training must be delivered face to face to allow for a hands on practical approach.

4.3 Training will be updated every three years and will not be allowed to expire before retraining has been achieved.

4.4 The need for ongoing refresher training for any staff will be carefully reviewed each year to ensure staff basic skills are up-to-date, although we are aware that this is not mandatory. Annual three hour basic skills updates in between formal training are strongly recommended by HSE to keep staff up to date.

4.5 Our appointed person (First aid co-ordinator) in school who is responsible for looking after first aid equipment and facilities, as well as calling the emergency services as required is Rachel Vaughan.

4.6 The following staff have completed a recognised training course in FAW: Rachel Vaughan, Luke Corduner, Emma Davies.

- 4.7 The following staff have completed a recognised training course in EFAW: Caroline Lloyd.
- 4.8 The following staff have completed a paediatric course in first aid: Amy Montgomery, Shella Popat, Catherine Hamlin, Lucy O'Neill, Rachel Roberts.
- 4.9 The following staff have completed an emergency paediatric course in first aid: Amy Clarke.
- 4.10 The following staff have completed a first aid for schools course: Julia Fairbairn, Kim Aitken, Robert Knight.

## 5 Contents of our First Aid Box

- 5.1 Our minimum provision, **(not mandatory)** as recommended by HSE is to hold a suitably stocked first aid box, to nominate an appointed person (see 3.1 above), as well as the provision for staff of relevant information on first aid arrangements.

In our suitably stocked First Aid box we provide the following, or suitable alternatives:-

- a leaflet giving general guidance on First Aid eg HSE leaflet 'Basic advice on First Aid at work' (INDG347 rev 1).
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye pads;
- four individually wrapped triangular bandages (preferably sterile);
- six safety pins;
- six medium sized (approximately 12cm x 12cm ) individually wrapped sterile unmedicated wound dressings;
- two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
- one pair of disposable gloves.

We do not keep tablets or medicines in the first aid box.

- 5.2 Our first aid boxes are kept in the following places: T1, S1, F1, G1, G2, G3, LG7.
- 5.3 We take great care to prevent the spread of infection in school, particularly in the event of spillages of bodily fluids which we manage effectively by washing off skin with soap and running water, out of eyes with tap water and or an eye wash bottle, wash splashes out of nose with tap water, record details of any contamination, and seek medical advice where appropriate. For further information please see our Communicable and Infectious Diseases Procedures.
- 5.4 First aiders take careful precautions to avoid the risk of infection by covering cuts and grazes with a waterproof dressing, wearing suitable gloves, using suitable eye protection and aprons where splashing may occur, use devices such as face shields when giving mouth to mouth resuscitation, wash hands after every procedure.

- 5.5 We ensure that any third party lettings or providers, including transport, have adequate first aid provision which complies with our standards. For example, visiting sports clubs or schools.

## 6 Early Years

- 6.1 The Statutory Framework for the Early Years Foundation Stage (2014) is mandatory. In accordance with this, we ensure that at least one person with a current paediatric First Aid certificate is on our premises at all times, when children are present. From September 2016, all new nursery and pre-school staff within our Early Years will undertake paediatric first aid training. This means that newly qualified staff with a childcare level two and three qualification will have a paediatric first aid certificate. All paediatric first aid certificates will be displayed in the Early Years areas.
- 6.2 No outing from school is undertaken without the presence of at least one person with a paediatric first aid qualification, present on and off site.
- 6.3 Our first aid training is and relevant for the age of our children.
- 6.4 We keep a written record of all accidents or injuries and first aid treatment, and we inform parent(s) and/or carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, as well as any first aid treatment. We use an accident book to record such matter.
- 6.5 We know that we must notify Ofsted of any serious accident, illness or injury to, or death of, any child in our care, and of the action that we have taken. We aim to do so as quickly as possible and always within 14 days of the incident occurring. We are mindful that not to do so, without a reasonable excuse, would be committing an offence.
- 6.6 We must notify our local child protection agency City & Hackney of any serious accident or injury to, or the death of, any child in our care. We always act on their advice, if given to us.

## 7 Defibrillators (AED)

- 7.1 The school has no defibrillators.

## 8 Monitoring and Evaluation

- 8.1 Our school's senior leadership team monitors the quality of our first aid provision, including training for staff, on an annual basis. Our policy will be reviewed annually, accordingly. Compliance will be reported formally to the school's Compliance Committee. Minutes of these are submitted to the Health and Safety Manager at Cognita Regional Office. The Health and Safety Manager will report to the Cognita (UK) Regional Compliance Committee meeting acting in the role as the Proprietor.
- 8.2 Biannual overview reports are provided to our Safeguarding committee which includes an overview of first aid treatment to children including the identification of any recurring

patterns or risks, lessons learned with the management actions to be taken accordingly including the provision of adequate training for staff.

- 8.3 As Proprietor, Cognita Schools has published a compliance training guide for schools which details preferred providers of first aid training, including approximate costs and procurement arrangements. This document is currently available on the Hub.

### GUIDANCE ON INFECTION AND ILLNESS AT SCHOOL

There is always confusion surrounding children's illness and the recommended period that children must be kept away from school or nursery. To that end, we have produced the following list which details the most common ailments that children experience and how long they should be away from school for.

<b>Illness</b>	<b>Recommended Period to be kept away from school</b>	<b>Comments</b>
Diarrhoea and/or vomiting	24 hours from <b>last</b> episode of diarrhoea or vomiting.	Exclusion from swimming should be for 2 weeks following last episode of Diarrhoea.
Flu	Until recovered.	None
Chicken Pox	5 days from onset of rash.	Chicken Pox can affect pregnancy if the woman has not already had the infection. This includes shingles.
German Measles (Rubella)	5 days from onset of rash.	Preventable by immunisation (MMR x 2 doses)
Impetigo	Until lesions are crusted or healed or the treatment has been continuing for at least 48 hours.	Antibiotic treatment by mouth may speed healing and reduce infectious period.
Measles	5 days from onset of rash.	Preventable by vaccination (MMR x 2 doses)
Ringworm	Until treatment commenced.	Treatment is important and available from pharmacist.  NB: Ringworm of scalp treatment by GP is required.

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Scabies	Child can return after first treatment.	Two treatments 1 week apart for cases. Contacts should have one treatment; include the entire household and any other very close contacts .
Scarlet Fever	24 hours after commencing antibiotics.	Antibiotic treatment recommended for the affected child.
Slapped Cheek/fifth disease	None.	If exposed in early pregnancy (before 20 weeks) inform whoever is giving ante-natal care as it must be investigated promptly.
Shingles	Exclude only if rash is weeping and cannot be covered.	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch.
Warts and Verrucae	None.	Verrucae must be covered in swimming pools, gymnasiums and changing rooms.
Conjunctivitis	Until cleared up with eye drops.	None.
Glandular Fever	None.	About 50% of children get the disease before they are five and many adults acquire the disease without being aware of it.
Head Lice	Stay away until treated.	None.
Mumps	Five days from onset of swollen glands.	Preventable by vaccination (MMR x 2 doses).
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None.	There are many causes but most cases are due to viruses and do not need an antibiotic.

**GOOD HYGIENE PRACTICE**

**Handwashing** is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Please ensure your child learns to always wash hands after using the toilet, before eating and handling food and after handling animals. Cover all cuts and abrasions with water proof dressings.

**Coughing and Sneezing** easily spread infections. Children should be encouraged to cover their mouth and nose with their hand and/or tissues

<b>Ownership and consultation</b>	
Document sponsor (role)	Andy Moorhouse
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Specialist Legal Advice	n/a
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<b>Compliance</b>	
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Spain	Yes

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Related documentation	Health and Safety Policy Learning Outside the Classroom Educational Visits Safeguarding Policy:Child Protection Procedures Accident and Incident Reporting Policy Accident Book Safeguarding : Allegations of Abuse Against Teachers and Other Staff Compliments and Complaints Administration of Medicines Policy Communicable and Infectious Diseases Procedures Serious Incident Reporting Form (SIRF)