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## First Aid Policy

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<b>Lead Staff</b>	School Business Manager
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<b>Chair of Governing Board</b>	Alex Krutnik
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<b>Headteacher</b>	Jane Hatwell
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## Mission Statement

We accept all students **as they are** and believe that every one of them is **entitled** to the very **best education**, delivered in an **environment** that is **supportive, caring** and **safe**.

Our goal is to develop our students to become:

- **Successful** Learners.
- As **independent** as possible.
- **Confident** individuals and self-advocates.
- **Effective** communicators and **contributors**.
- **Responsible** citizens.

We will do this by working to **ensure we get every aspect of their provision just right**, helping them to achieve academically, personally, socially and morally.

Stone Bay School: ***“getting it right for every student”***.

## Rights Respecting Schools

The Unicef UK Rights Respecting School Award (RRSA) is based on principles of equality, dignity, respect, non-discrimination and participation. The RRSA seeks to put the UN Convention on the Rights of the Child at the heart of a school's ethos and culture to improve well-being and develop every child's talents and abilities to their full potential. A Rights Respecting School is a community where children's rights are learned, taught, practised, respected, protected and promoted.

Stone Bay is registered as a Rights Respecting School

Approved by:	Date
Last reviewed on:	
Next review due by:	

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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 School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

## 3. Roles and responsibilities

In schools with 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.

The school has a sufficient number of suitably trained first aiders to care for staff and pupils in case they are injured in school.

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.

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

The school's appointed person is the School Business Manager. 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 (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

### **3.2 The governing board**

The governing board 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 aid personnel are present in the school at all times.
- 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 / or appointed person in school are.
- Completing accident reports (see appendix 2) for all incidents
- 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 will recommend next steps to the parents
- If emergency services are called, the Teacher / Line Manager will contact parents immediately
- The relevant member of staff 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.

### 4.2 Off-site procedures

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

- A school mobile phone
- A portable first aid kit is located in all school cars and minibuses including, at minimum:
  - A leaflet giving general advice on first aid
  - 6 x Alcohol free cleansing wipes
  - 6 x Nitrile gloves

- 6 x safety pins
- 8 x sterile dressing (assorted sizes)
- 2 x Sterile eye pad
- Plasters
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the appropriate person i.e. Teacher prior to any educational visit that necessitates taking pupils off school premises.

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.

## 5. Epilepsy

### What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. One in 130 children in the UK has epilepsy and about 20% of them attend Special schools. Parents/guardians may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so and will ensure that both the pupil and school staff is given adequate support.

There are two types of seizure which are described as either focal or generalised, and they happen in different parts of the brain.

#### Focal Seizures

In focal seizures, epileptic activity starts in one part of the person's brain. The structure of the brain is split into lobes, temporal lobes, frontal lobes, parietal lobes, occipital lobes. A focal seizure can act as a warning of a generalised seizure.

#### Signs and Symptoms

Sometimes the person may not be aware of their surroundings or what they are doing. They may pluck at their clothes; smack their lips, swallow repeatedly, and wander around.

#### Do

- Guide the person from danger.
- Stay with the person until recovery is complete.
- Be calmly reassuring.
- Explain anything that they may have missed.

#### Don't

- Restrain the person.
- Act in a way that could frighten them, such as making abrupt movements or shouting at them.
- Assume the person is aware of what is happening, or what has happened.
- Give the person anything to eat or drink until they are fully recovered.

- Attempt to bring them round.

**Call for an Ambulance If:**

- You know it is the person's first seizure.
- The seizure continues for more than five minutes.
- The person is injured during the seizure.
- You believe the person needs urgent medical attention.

**Generalised Seizures**

In generalised seizures, you have epileptic activity in both hemispheres (halves) of your brain. Tonic-clonic seizures, tonic seizures, atonic seizures, myoclonic seizures, absence seizures, status epilepticus.

Most seizures are brief or last for a few minutes. However, sometimes a seizure can last for longer. If seizure activity lasts for 30 minutes or more, it is called Status Epilepticus.

**Signs and Symptoms**

The person goes stiff, loses consciousness and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely. This is due to irregular breathing. Loss of bladder and/or bowel control may happen. After a minute or two the jerking movements should stop and consciousness may slowly return.

**Do**

- Protect the person from injury - (remove harmful objects from nearby).
- Cushion their head.
- Look for an epilepsy identity card, identity jewellery, or refer to their IHCP.
- Aid breathing by gently placing them in the recovery position once the seizure has finished.
- Stay with the person until recovery is complete.
- Be calmly reassuring.

**Don't**

- Restrain the person's movements.
- Put anything in the person's mouth.
- Try to move them unless they are in danger.
- Give them anything to eat or drink until they are fully recovered.
- Attempt to bring them round.

**Call for an Ambulance If**

- You know it is the person's first seizure, or
- The seizure continues for more than five minutes, or
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures, or
- The person is injured during the seizure, or
- You believe the person needs urgent medical attention.

**Record Keeping**

When a child first starts school at Stone Bay, the school will gather information about that child, and record any additional medical information staff need to be aware of, such as epilepsy. This information is kept in a central record which identifies children with additional medical needs.



When a current child is diagnosed with epilepsy, information will be gathered from their family in consultation with the Leadership Team.

### **Individual Health Plans**

All children with epilepsy have an individual Health Care Plan which is drawn up in consultation with families.

This plan contains contact numbers, details of the type of seizures, warning signs, medication taken at home, medication to be given at school in the event of a seizure, and aftercare.

Copies of the Health Care Plan must be available in child folders, which is stored online and in the school office and taken whenever the child leaves the school premises. If a child requires emergency medicine, consent from families will be obtained and medicine will be stored in line with the school's Administration of Medicines Policy. This medication should always be taken whenever the child is off the school premises e.g. on community outings, swimming etc.

Health Care Plans are updated if there is any change in the type of seizures/medication.

### **Recording Seizures**

If a child has a seizure in school a record is made and kept with the child's Health Care Plan. This information is available to families and professionals as a means of monitoring the type and frequency of seizures or identifying possible patterns. Families are also informed if a child has had a seizure during the school day.

### **Staff Training and First Aid**

Epilepsy trainers are listed in Appendix 1 and qualified to provide epilepsy training to staff. If a child requires emergency medication, appropriate members of staff will be trained in the correct procedures. Pupil support staff are made aware of children with epilepsy, the types of seizure experienced, warning signs to watch for and procedures to follow in the event of a seizure.

### **Out of School Activities**

A copy of the Health Care Plan and emergency medication are carried at all times when children with epilepsy are out of school.

### **Staff with Epilepsy**

When the school has been made aware that a member of staff has epilepsy as a medical condition, a separate risk assessment will be implemented and shared with appropriate team members. If they have epilepsy rescue medication, then the school must be made aware of where this is kept during school hours.

## **6. 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)
- 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:

- School Office
- All classrooms
- Residential flats
- The school kitchen
- School vehicles

## 7. Record-keeping and reporting

### 7.1 First aid and accident record book

- An accident form will be completed by the relevant member of staff 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.
- 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 School 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 School 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 School 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

- o 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 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 (early years only)**

The Class Teacher and / or member of the Leadership Team 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 Headteacher or delegated person 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 or delegated will also notify LADO of 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.

Training includes Emergency First Aid at Work which is provided to pupil support staff and First Aid at Work training to appointed staff.

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 School Business Manager every year.

At every review, the policy will be approved by the Full Governing Board.

## **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

### Appendix 1: list of appointed persons for first aid and trained first aiders (First Aid at Work)

STAFF MEMBER'S NAME	ROLE	CONTACT DETAILS
Nikky Poulter	Appointed Person / SBM	
Lucy Taylor	First Aider / Deputy Headteacher	
Diane Smith	First Aider / Epilepsy Trainer / Teamleader	
Jayne Arnold	First Aider / Teacher	
Marie Regan	First Aider / Family Liaison Officer	
Mireille Birchenough	Epilepsy Trainer / Teamleader	

### Appendix 2: first aid training log

NAME/TYPE OF TRAINING	STAFF WHO ATTENDED (INDIVIDUAL STAFF MEMBERS OR GROUPS)	DATE ATTENDED	DATE FOR TRAINING TO BE RENEWED (WHERE APPLICABLE)
Emergency First Aid at Work			
Paediatric First Aid			
Epilepsy Awareness			