



Lawford CE Primary School

First Aid Policy

First Approved by FGB– March 2021

Reviewed May 2024

Annual review

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, 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

3.1 Appointed person(s) and first aiders

The school will aim to have 1 person trained on the 3 day H&S@W course (not essential with a workforce below 50 personnel), at least 2 trained paediatric first aiders and 2 trained in Forest school outdoor first aid. They are responsible for:

- Taking charge when someone is injured or becomes ill
 - 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 1). The 'MySafety' portal should be used where an accident needs more than a plaster or an ice pack. This site advises when RIDDOR should be

completed. The accident form on 'MySafety' can be completed through the admin/secretary/finance and Headteacher accounts.

- Keeping their contact details up to date

3.2 The local authority and governing body

The governing body ultimate responsibility for health and safety matters in the school. The governing board delegates operational matters and day-to-day tasks to the Headteacher and staff members and the Consortium Premises manager (who will report issues to the Resources committee).

3.3 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)

3.4 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 1) 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
- Notifying the school office where the class based first aid kits are running low or other First aid bags are low.
- The school secretary will ensure there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits.

4. 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 main office and 'old first aid room'.

5. First aid procedures

5.1 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 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 Headteacher or if not available, the Deputy Headteacher team 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

5.2 Pupils using crutches or having limited mobility

Parents must inform the school of the nature of injury and the anticipated duration of immobility. The class teacher will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Parents must inform the school of any particular difficulties.

5.3 Emergency care plans and treatment boxes

The school secretary will ensure that staff are made aware of any pupil with an emergency care plan. These care plans are held in the class rooms and a copy is also kept in the school office. Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the appointed person (school secretary with SENCO/Class Teacher/HT) and parents.

5.4 Pupils with medical conditions

A list is available in each class and in the school kitchen as well as the school office of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk

assessments prior to a school trip. If staff become aware of any condition not on these lists please inform the appointed person.

5.5 Dealing with body fluids

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed.

- When dealing with any body fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately.

Bodily fluids include:

- Blood, Faeces, Nasal and eye discharges, Saliva, Vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available through the office) then placed in the waste bin in the accessible toilet near school office. Avoid getting any body fluids in your eyes, nose, mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

5.6 Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other pupils and staff.

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
COVID 19	Advice: Children 3 days from testing positive – may return as soon as well enough after day 3. Adults 5 days from testing positive , may return as soon as well enough after day 5	Symptoms: high temperature Persistent coughing, loss of taste and smell.
Chickenpox	5 days from onset of rash until spots start to scab over.	Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer/who are immunosuppressed/on high doses of steroids should also seek medical advice.
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact

Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing
Measles	5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed
Hepatitis A	Exclusion may be necessary	Consult the Health Protection Agency
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatment is recommended for the pupil and family members
Mumps	5 days from onset of swollen glands	Reportable disease.
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better

Influenza	Until fully recovered	
Cold sores	None	Avoid contact with the sores
Warts, verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Glandular fever	None	
Tonsillitis	None	

5.7 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
- Access to parents' contact details – through BROMCOM app

Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises (see Educational Visits Policy).

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

6. Record-keeping and reporting

6.1 First aid and accident record book

- A minor accident form is completed if the injury needs only very minor first aid- a wipe, cold compress, plaster or ice pack for a short time. An email is sent home to the parents sing 'medical Tracker'.
- An MySafety accident form (Accident/Near Miss/Violence at Work) will be completed by the relevant member of staff on the same day or as soon as possible after a major incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident.
- A copy of the accident report form will also be added to the pupil's educational record by the school administrative team – is should be put onto Medical Tracker.
- 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, an AIRS 1 form will be kept until the child is 21 years old.

6.2 Reporting to the HSE

The Headteacher 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 Headteacher 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 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 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>

6.3 Notifying parents

The school office will complete an accident form (Medical Tracker) and this will be sent home to parents the same day or as soon as reasonably practicable.

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 (Admin assistant) will keep a register of all trained first aiders, what training they have received and when this is valid until and ensure that new training is booked/Headteacher is consulted to check if new training should be booked.

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.

8. Monitoring arrangements

This policy will be reviewed by the Head teacher in conjunction with the Resources Committee annually. It will recommend approval by the FGB.

9. Links with other policies

This first aid policy is linked to the

- Health and safety policy
- Policy on supporting pupils with medical conditions
- Educational Visits Policy

APPENDIX

ACCIDENT FORM

APPENDIX – ACCIDENT FORM (if not using Medical Tracker)

LAWFORD CofE (VA) PRIMARY SCHOOL

The Avenue, Lawford, Manningtree, Essex, CO11 2FR

Pupil Accident / Injury in School – Report to Parents

Name of child:	Year group:	Date of accident / injury:	Time of accident / injury:
Cause of injury / accident:			
Location:		Member of staff present at time of accident / injury:	
Treatment given:			
Where did the pupil go to afterwards?			
Head Injury: Yes/No <i>Other:</i> _____ Any injury to the head is treated in accordance with our school procedures. Your child has been checked and has shown signs of: Dizziness <input type="checkbox"/> Drowsiness <input type="checkbox"/> Nausea / Sickness <input type="checkbox"/> Headache <input type="checkbox"/> Loss of Vision <input type="checkbox"/> Unconsciousness <input type="checkbox"/> Bump / Bruising <input type="checkbox"/>			
First Aider / Teacher to whom the accident / injury was reported to:			
Signature of First Aider:		Signature of Heateacher / Deputy:	
Date report given to child:		Parent / Carer informed: Time Called:	
Other relevant information:			

Please check your child's injury and seek professional advice if you are concerned. A copy is retained in school.

Please tear off this slip and return it to the School Office

Sign and print below that you have received the accident / injury report

Signature of Parent / Carer Name of Child

Name of Parent / Carer Year Group