



a revolutionary response to school

First Aid Policy

To be read in conjunction with;

- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Risk Assessment Policy
- Supporting Pupils with Medical Needs 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, 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 Education \(Independent School Standards\) Regulations 2014](#), 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

There will be at least 3 members of staff trained in Paediatric First Aid and one member of staff trained in First Aid at Work. The school business manager will be the appointed person.

The school's appointed person(s) 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 appointed person(s) and/or first aiders are listed in Appendix 1. Their names will also be displayed prominently around the school.

3.2 The Proprietor

- The proprietor has ultimate responsibility for health and safety matters in the school.
- The proprietor delegates operational matters and day-to-day tasks to the head of school and staff members.

3.3 Head of School

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

- Ensuring that an appropriate number of appointed persons and/or 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 2) for all incidents they attend to where a first aider/appointed person is not called
- Informing the head of school 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 or illness and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment. If required, first aid / treatment / medication will be brought to the casualty, or the casualty will be escorted to a treatment room as appropriate. Pupils will never be sent off to seek out first aid treatment or to retrieve their medication alone.
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. For conscious casualties, first aiders will ask the casualty for their consent before touching them and 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 appointed person will contact parents immediately
- The first aider/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

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

Risk assessments will be completed by the head of school prior to any educational visit that necessitates taking pupils off school premises.

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

4.3 Administration of Medicines

This applies to all pupils, including those who do not have an individual health care plan.

Medicines will be safely stored in the locked medical cupboard in the ground floor Treatment Room (G07), which adjoins the School Office (G08).

A written record will be kept by the Office Staff and stored in the medical file in the office. This will include.

Date, time, dosage and name of the member of staff who administers the medicine.

One member of each Class team will take responsibility for this task to ensure that no pupil forgets to take their medication. Provision needs to be in place for when the designated person is out of the office.

- medication is only administered to pupils when the parental consent form has been completed.
- medicine will be administered by one nominated member of staff for each pupil and appropriate records kept.
- **Non prescription medicines includes:** Paracetamol, ibuprofen, hay fever medication, travel sick medication. Medicines must be in date and in the original container with dosage instructions. Parental consent needs to be obtained before each instance of administration.
- **Prescribed medicines** must be in date, prescribed by a NHS doctor and provided in the original container with dosage instructions.
- Medicines are kept in a locked medical cupboard in the Treatment Room (G07).
- The doses administered during the school day are to be kept to the minimum.
- The only exceptions to this are asthma medication and Auto Adrenaline Injectors (following discussion with parents). Inhalers will be kept by older pupils and teachers will look after inhalers belonging to younger pupils, these will be kept in the classroom and will always be brought to a pupil, inhalers will be taken to all outdoor/external activities. Auto Adrenaline Injectors will be kept in appropriate locations, out of the reach of other pupils, as appropriate. Adults who administer Auto Adrenaline Injectors receive appropriate training. During outdoor activities Auto Adrenaline Injectors will be carried by the responsible adult.

No pupil will be given medicine without the parental consent unless there is clear and dire emergency and ambulance / emergency personnel are in attendance.

All excess medicine will be returned to parents to dispose of correctly. At the end of each term the school will return all medicines held for pupils.

The school will not be held responsible for any side-effects due to the correct administration of prescribed or non-prescribed medications.

If the administration of prescribed medication requires medical knowledge, individual training will be provided for the relevant member of staff by a health care professional.

4.4 Arrangements for children who are competent to manage their own medicine in school

A pupil who has been prescribed a medicine may be responsible enough to carry and administer drugs or medical testing equipment e.g. blood sugar testing Kit, Asthma and or Auto Adrenaline Injectors. The school will consult with parents and relevant school staff about the advisability of an individual child or young person taking responsibility for their own treatment. The decision in cases of dispute will rest with the proprietor who has a duty to ensure the safety of all children and young people.

4.4.1 Asthma

All pumps are labelled and kept in the classrooms. In the event of an attack, the inhaler must be taken to the child. Staff members will assist young children.

Parents are responsible to ensure inhalers are in date with sufficient medication. All inhalers should accompany pupils when they are off the school ground e.g. on a trip, swimming, visiting another school, etc. Pupils on the asthma register who have parental consent for the use of the emergency inhaler are clearly indicated.

ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK

4.4.2 Auto Adrenaline Injectors

All Auto Adrenaline Injectors are labelled and kept in the classroom. Parents should ensure they are in date.

Members of staff who are responsible for a pupil with an Auto Adrenaline Injectors will have Anaphylaxis and Auto injector training.

In an emergency anyone can administer an Auto injector should the adult/pupil be unable to do it themselves and their life is a risk.

EMERGENCY 999 SERVICES AND PARENTS MUST BE CONTACTED WHEN AN AUTO ADRENALINE INJECTOR HAS BEEN ADMINISTERED.

4.4.3 Specific individual Medical Conditions

Parents of children who have specific medical conditions need to agree a Medical / Health Care Plan with the school and include any external agency. Training should be provided to any member of staff that will be responsible for the care of the individual and all staff made aware.

4.5 Medical Emergencies

In the event of a medical emergency the school will call an ambulance before contacting parents if a child becomes seriously ill – this applies to all children and not only those with health care plans.

The school will arrange for a competent member of staff to travel to hospital in an ambulance, taking any Medical / Health Care Plan and medication, and act in *loco parentis* until the parents arrive. The member of staff in loco parentis will have the right to sanction emergency procedures as advised by medical staff in the ambulance or at the hospital.

The First Aider should call an ambulance on the following occasions:

- In the event of a significant injury or head injury

- If bleeding cannot be controlled
- In the event of a period of unconsciousness
- Whenever a fracture or break is suspected especially lower limbs
- Whenever the first aider is unsure of the severity of the injuries

4.6 Illness at school

If it is deemed that a pupil is not well enough to be at school, the school will;

- Contact the parents to arrange collection
- Notify relevant members of staff
- Pupils will be able to rest on a bed in the first floor medical room (F11a) until they can be collected and to prevent the spread in case of infectious diseases.
- We do not provide care for pupils, who are unwell, e.g. have a temperature, or sickness and diarrhoea, or who have an infectious disease.

4.7 Sickness

Our policy for the exclusion of ill or infectious children is discussed with parents. This includes procedures for contacting parents – or other authorised adults – if a child becomes ill while in the school. We will follow advice as per the NHS.

Any pupil with

- Vomiting and or diarrhoea will be sent home and expected not to return until 48 hours since last incident. This is in accordance with advice from NHS.
- Childhood infectious diseases e.g. Chicken pox, Scarlet Fever, Impetigo, and any other contagious illnesses the school will follow advice and guidance as per the NHS
- Pupils with a raised temperature in need of paracetamol or ibuprofen to manage it should not be in school until they no longer need medication.

Parents should inform the school if their child has a suspected case of an infectious illness. Where necessary the school will inform other parents if their child has been in contact with a possible suspected infectious condition within the setting.

4.8 Treatment of head injuries to children

Children often fall and bang themselves, and thankfully most bangs to the head are harmless events and can be dealt with by the supervising adult by applying a cold compress (wet tissue or cloth) for the pupil's own comfort.

- Parents/Carers must be contacted if the pupil has a visible or grazed bump to the head.
- All head bumps and injuries above the shoulders must be recorded into the accident book and a letter sent home, informing parents of possible symptoms to look out for. It is the responsibility of the first aider dealing with the head bump to contact the parent and also inform the class teacher.
- Head bump letters will be texted to parents electronically so the school can be sure the parent receives the information and that monitoring can continue.

The bottom section of the letter must also be completed and retained by the school. Under no circumstances, should ICE PACKS be applied to head bumps. It will reduce swelling but it can do more harm if there is a hairline fracture this could result in the child needing additional emergency hospital treatment.

Emergency 999 should be called if a head bump casualty:

- becomes unconscious
- is vomiting or shows signs of drowsiness
- has a persistent headache
- complains of blurred or double vision
- is bleeding from the nose or ear; and/or
- has pale yellow fluid from the nose or ear

If any of the above symptoms occurs in a person who has had a bang to the head, urgent medical attention is needed. Parents should be contacted and the emergency services also.

In the event of an accident in which the casualty cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so and the emergency first aider must be called immediately to assess the situation.

Concussion can develop over time and continuous monitoring is essential.

4.9 Treatment of suspected breaks/fractures

The seven things to look for are:

1. Swelling
2. Difficulty moving
3. Movement in an unnatural direction
4. A limb that looks shorter, twisted or bent
5. A grating noise or feeling
6. Loss of strength
7. Shock

- If it is an open fracture, cover the wound with a sterile dressing and secure it with a bandage. Apply pressure around the wound to control any bleeding.
- Support the injured body part to stop it from moving. This should ease any pain and prevent any further damage.
- Once you've done this, call 999 or 112 for medical help. While waiting for help to arrive, don't move the injured person unless they're in immediate danger.
- Keep checking the casualty for signs of shock.
- First Aid training states that clothing should only be removed if absolutely necessary. Where clothing needs to be removed which could cause a safeguarding issue then two members of staff should be present. Only one needs to be first aid trained. However, if waiting for a second member of staff puts a pupil's life in danger then the first aider should not withhold treatment.

4.10 Disposing of bodily fluids

Good hygiene practice concerning the clearing of any spilled bodily fluids, e.g. blood is carried out at all times by the health and safety coordinator and the first aiders.

Soiled items should be placed in the yellow clinical waste bags and disposed of in the sanitary bin in the female staff toilets.

4.11 Splinters

Splinters can be removed if they are small and you can see the angle it went in but not if they are embedded or in a joint. They must be extracted in the same direction they went in. Sterile single-use tweezers are stored in the first aid boxes located in the first floor medical room (F11a) and ground floor treatment room (G07).

4.12 Ice Packs

Instant ice packs are single-use only and for the treatment of sprains, strains and bruises and must be kept out of pupil's reach. These are stored in the main office cupboard.

Ideally an ice pack should be applied within 5 -10 minutes of the injury occurring. The pack must be wrapped in a cloth to prevent cold burns and applied to the injured area for 20 - 30 minutes and repeated every 2 to 3 hours for the next 24 – 48 hours. Emergency first aiders must check the colour of the skin after 5 minutes of applying the pack. If the skin is bright red or pink, remove the pack.

With injuries older than 48 hours, a heat source can be applied to bring more blood to the injured area to stimulate the healing process.

5. First Aid Equipment

5.1 The Medical Room (F11a)

- Medical provision must comply with the Health and Safety (First Aid) Regulations 1981 and British Standard – BS 8599-1:2011;
- As per requirement by the Education (school premises) Regulations 1999, Atelier21 has a dedicated medical room with adequate space for medical care. The room has access to a WC and wash area with an eyewash station.
- Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times by the health and safety coordinator and the first aiders.
- The school has carried out a first aid risk assessment to ascertain the required number of first aiders and the location / number of first aid kits
- Due to the self-directed study approach undertaken at the school, the student can be dispersed around the school in small groups.
- Portable first aid kits are taken on educational visits
- A qualified first aider will be present on school trips and outdoor activities

First Aid Kits & Locations

First aid kits are stored in:

- First Floor medical room (F11a)
- Ground Floor treatment room (G07)
- Top Floor corridor (S06)
- Design and technology classroom (F01) with eye wash station
- School vehicles
- Every class base room will have a fire bag with first aid kit for emergency evacuations
- Every class base room will have portable first aid kit that is easily accessible during outside play and a kit to take along on educational visits.
- Main Kitchen (G10b)
- Maintenance Shed (Shed 2) due it being the most remote working location on the premises

Kits comply with guidance from DfE First Aid for schools and will typically 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.

Staff will ensure that First Aid kits are;

- regularly checked. Class teachers and support staff are responsible for maintaining the kits in their individual rooms and for woodland excursions. Sufficient stock to be held in the Ground Floor treatment room (G07) to replenish as needed.
- re-stocked as necessary
- easily accessible to adults; and
- kept out of the reach of pupils

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider/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 by the job title of relevant member of staff
- 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.
- If a child arrives at school with a mark or injury, a member of staff will ask the parents/careers how this occurred and will ask for an Existing Injuries Form (EIF see Appendix 4) to be signed to record that the mark / injury did not occur at school. The form should then be filed in the child's Personal File in the main School Office. If the member of staff completing the EIF has any concerns about the injury or explanation given, they should refer the details to the DSL or DDSL.

6.2 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 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 at

<http://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying parents

The Teacher 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 Notifying others

The School Business Manager will notify the HSE of any reportable incident covered by the RIDDOR legislation.

The School Business Manager or Designated Safeguarding Lead will also notify local child protection agencies 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.

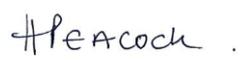
All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 3).

Staff are required 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.

8. Monitoring arrangements

This policy will be reviewed annually or more frequently as required.

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Document Review			
Version	Amendment	By	Date
1.0	Initial Release	D Hearn	22/07/2020
1.1	Update to include arrangements for pupils with particular medical conditions	Danni Hayes	27/04/2021

Appendix 1: list of appointed person and trained first aiders

Staff member's name	Role	Contact details
ATKINSON, Taff	Teacher – Class 1 Adult / Paediatric / Forest First Aider	Staff CB Radio
BUSS, Nicky	Teacher – Reception Paediatric First Aider	Staff CB Radio
CUMMINGS, Mags	Teaching Partner – Class 2 Paediatric First Aider	Staff CB Radio
DODD, Maria	School Administrator Paediatric First Aider	Staff CB Radio
GOODING, Becci	Teacher – Class 2 Adult First Aider	Staff CB Radio
HAYES, Danni	School Business Manager Appointed Person for First Aid Paediatric First Aider	Staff CB Radio
LAUNDER, Kelly	Teaching Partner – Class 1 Paediatric / Forest First Aider	Staff CB Radio
WEBBER, Jodie	Teaching Partner – Reception Paediatric First Aider	Staff CB Radio

Appendix 2: Accident / Incident / Near Miss Report Form



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Accident / Incident / Near Miss Form

Accident Form (please tick) Incident Form (please tick) Near Miss Form (please tick)

Date:		Time:	
First Name:		Surname:	
D.O.B.			
Male/Female	Pupil/Parent/Visitor/Contractor/Employee		
ACCIDENT / INCIDENT / NEAR MISS			
Give a detailed description of the events leading up to the accident/incident and how it happened, or what could have happened in the event of a near miss.			
Where did it happen? Classroom / Corridor / Reception Garden / Playground / Toilets / Forest / Other Please give location including room number if applicable:			
What equipment / fixtures / resources, if any were involved:			
Were there any other injured persons:			
Name of staff member who responded / attended the incident:			
Name(s) of witness(es):			
Details of Injuries, Treatment and Action			
What is the nature of the injury: Complete body map (overleaf)			
Actions taken / treatment given:			
Follow up action required?			
Name and signature of person completing form:			
Casualty / Parent signature:			

Appendix 3: First Aid Training Log

Name/type of training	Staff who attended (individual staff members or groups)	Date attended	Date for training to be updated (where applicable)
ELST – Emergency First Aid at Work	ATKINSON, Taff	04/06/2019	03/06/2022
ELST – Outdoor First Aid including Paediatric First Aid	ATKINSON, Taff	03 & 04/06/2019	02/06/2022
Nuco Training – FAA Level 3 award in Paediatric First Aid	BUSS, Nicky	21/10/2017	20/10/2020
St John Ambulance – Paediatric First Aid	CUMMINGS, Mags	21/06/2019	20/06/2022
Tigerlily First Aid Training – Full Paediatric First Aid	DODD, Maria	17/04/2021	16/04/2024
Tutor Care – Emergency First Aid at Work	GOODING, Becci	19/06/2019	18/06/2022
Tigerlily First Aid Training – Full Paediatric First Aid	HAYES, Danni	17/04/2021	16/04/2024
Tigerlily First Aid Training – Full Paediatric First Aid	LAUNDER, Kelly	10/02/2018	09/02/2021
Nuco Training – FAA Level 3 award in Paediatric First Aid	WEBBER, Jodie	01/12/2018	30/11/2021

Appendix 4



Existing Injury Form

This form is to be completed by a member of staff when a pupil attends school with an existing injury or marks which DID NOT occur whilst attending school

Do NOT use this form to document / record injuries or marks that occur whilst the pupil was attending school. These should be recorded using the Accident, Incident and Near Miss Form

Pupil's full name:	Date this form is being completed:
Pupil's D.O.B.	
Details of existing injury: How did it happen? When did it happen (date)?	
Description of marks:	
Describe location of marks on body: Complete Body map (overleaf) to support the description above	
Parent Name and signature:	
Staff Member completing this form and signature:	
Manager Name and signature:	

Return completed forms to the School Office