



**Biggleswade**Academy

# First Aid Policy

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## 1. Introduction

- 1.1 Biggleswade Academy ('The School') is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting employees, children and visitors.
- 1.2 The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out in regards to all staff, pupils and visitors.
- 1.3 The School will take every reasonable precaution to ensure the safety and wellbeing of all staff and pupils.
- 1.4 This policy complies with our funding agreement and articles of association.

## 2. Legislation and Guidance

This policy is based on the [Early years foundation stage \(EYFS\) statutory framework](#), 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 The Trust Board has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the Academy Principal.
- 3.2 The Academy Principal is responsible for the implementation of this policy, including:
  - 3.2.1 Ensuring that an appropriate number of trained first aid personnel are present in the school at all times

- 3.2.2 Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- 3.2.3 Ensuring all staff are aware of first aid procedures
- 3.2.4 Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- 3.2.5 Undertaking, or ensuring that staff undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- 3.2.6 Ensuring that adequate space is available for catering to the medical needs of pupils
- 3.2.7 Reporting specified incidents to the HSE when necessary
- 3.3 The Academy must have a sufficient number of suitably trained first aiders to care for employees, pupils and visitors in case they are injured on the premises. However, the minimum legal requirement is to have an 'appointed person' to take charge of first aid arrangements (see Section 6). When assessing the first aid needs of the Academy, taking into account the nature of employees' work, the number of staff and pupils, and the location of the school, the Academy has a sufficient number of trained first aiders. The appointed person does not need to be a trained first aider.
- 3.4 All staff should read and be aware of this Policy, know who to contact in the event of any illness, accident or injury and ensure this Policy is followed in relation to the administration of first aid. All staff will use their best endeavours, at all times, to secure the welfare of the pupils.
- 3.5 Anyone on the Academy premises is expected to take reasonable care for their own and others' safety.

## 4. Aims of this Policy

- 4.1 To ensure that the Academy has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury; no matter how major or minor.
- 4.2 To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- 4.3 To ensure that medicines are only administered at the Academy when express permission has been granted for this.
- 4.4 To ensure that all medicines are appropriately stored.
- 4.5 To promote effective infection control.
- 4.6 Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy, and make clear arrangements for liaison with ambulance services on the School site.

## 5. To achieve the Policy Aims, the Academy will:

- 5.1 Carry out a suitable and sufficient assessment of the risks posed to persons in the event that they suffer an accident, injury or ill health (play equipment will be regularly monitored in order to minimise the likelihood of accident or injury).
- 5.2 Appoint sufficient First Aiders (qualified by training) to take charge of first aid. The certification will be reviewed regularly to ensure that it is current. The Academy will maintain a record of employees who have undergone first aid training, which can be requested from the Business Support Manager.
- 5.3 Provide information to employees, pupils and parents on the arrangements for first aid.
- 5.4 Have a procedure for managing accidents, including immediate liaison with emergency services, medical staff and parents.
- 5.5 Ensure that an accident/incident record log is maintained in the office and every incident that requires first aid is recorded including any treatment given. Parents to be notified where any child has had an accident at school. The log will be reviewed and analysed for patterns regularly and remedial action put in place.
- 5.6 Ensure that a nominated first aider accompanies all trips, walks and field trips. A portable first aid kit will be taken on all such trips.
- 5.7 Ensure that appropriate hygiene is observed at all times and rubber surgical gloves will be provided and used in any instance involving blood and bodily fluids.
- 5.8 Review and monitor arrangements for first aid as appropriate on a regular basis (and at the very least on an annual basis).

## 6. Appointed Person and First Aiders

- 6.1 The Academy's appointed person is the Business Support Manager. The expectations of appointed persons, as set out in the 1981 first aid regulations and the DfE guidance listed in section 2, are:
  - 6.1.1 Taking charge when someone is injured or becomes ill
  - 6.1.2 Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- 6.2 First aiders are trained and qualified to carry out the role and are responsible for:
  - 6.2.1 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
  - 6.2.2 Ensuring that an ambulance or other professional medical help is called when appropriate
  - 6.2.3 Sending pupils home to recover, where necessary
  - 6.2.4 Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident
  - 6.2.5 Ensuring their first aid certificates are kept up to date through liaison with the Business Support Manager.

## 7. Emergency Procedure in the event of an accident or injury

- 7.1 If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate next course of action, which may involve calling for a First Aider.
- 7.2 If summoned, a First Aider will assess the situation and take charge of first aid administration.
- 7.3 If the initial assessment indicates that a minor injury has taken place then one or more of the following actions will be taken:
  - a) First Aid administered as necessary by designated First Aider.
  - b) Parents informed by most appropriate means (see Section 10).
  - c) Accident/incident recorded on the first aid log.
- 7.4 If the First Aider is unsure of the correct treatment, 111 must be called to obtain medical advice.
- 7.5 In the event that the First Aider does not consider that he/she can adequately deal with the presenting condition by the administration of first aid, then he/she should arrange for the injured person to access appropriate medical treatment without delay.
- 7.6 Where an initial assessment by the designated First Aider indicates a moderate to serious injury has been sustained, then one or more of the following actions will be taken:
  - a) Administer emergency help and first aid to all injured persons.
  - b) Call for further assistance or for an ambulance, as required.
  - c) Deciding whether the injured person(s) should be moved or placed in a recovery position. Moving the injured person(s) to medical help is only advisable if the person doing the moving has sufficient knowledge and skill to make the move without making the injury worse.
  - d) Make sure that no further injury can result from the accident, either by making the scene of the accident safe, or (much easier if they are fit to be moved), by removing people from the scene.
  - e) See to any children who may have witnessed the accident or its aftermath and who may be worried, or traumatised, in spite of not being directly involved. They will need to be taken away from the accident scene and comforted. Younger or more vulnerable children may need parental support to be summoned immediately.
  - f) Allocate staff resources carefully between helping the victim(s) (e.g. by accompanying them to hospital), dealing with the direct aftermath of the accident and looking after pupils not affected by the accident. All three activities are important.
  - g) Without delay, begin to consider ways of preventing such an accident from happening again and implement those preventative measures.
  - h) Make arrangements for the return to school of the accident victim(s) and of those worried or traumatised by the accident.
  - i) See Section 9 regarding Reporting of incidents/accidents.

## 8. Ambulances

- 8.1 The designated First Aider is to always call an ambulance on the following occasions:
- a. In the event of a serious injury;
  - b. In the event of any significant head injury;
  - c. In the event of a period of prolonged unconsciousness;
  - d. Whenever there is the possibility of a serious fracture;
  - e. Whenever the first aider is unsure of the severity of the injuries;
  - f. In the event of an epileptic fit or seizure, unless advised otherwise, in writing, by a parent or medical practitioner.
  - g. In the event of anaphylaxis.
- 8.2 If an ambulance is called then the First Aider in charge should make arrangements for the ambulance to have access to the injured person. Arrangements should be made to ensure that any pupil is accompanied in an ambulance, or followed to hospital, by a member of staff until one of the pupil's parents/carers/guardians is present.

## 9. Reporting

- 9.1 In the event of serious accident or injury, when the action in Section 7 has been taken, the incident must be reported by the first aider to:
- a. the Business Support Manager and Senior Leadership Team
  - b. the parents (or other closest relatives) of the victim(s) – see Section 10
  - c. the Academy Trustees and if relevant the Academy's insurers
  - d. the police, if a criminal offence may have occurred
  - e. the Health and Safety Executive, if the accident results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) 2013 legislation – see 9.5
  - f. Ofsted and the local child protection agency, for any serious accident, illness or injury to, or death of, a pupil while in the Academy's care. This will happen as soon as is reasonably practicable and no later than 14 days after the incident
  - g. the local authority, which may be able to give advice and assistance, especially if there is media interest shown
- 9.2 In the event of a serious accident or injury, require (in so far as it is reasonable to do so) all adult witnesses and older children who are witnesses (including those arriving on the scene after the accident), to write down in their own hand and in their own words exactly what they saw and heard.
- 9.3 Complete an Accident/Incident Form.
- 9.4 Decide whether the whole school needs to be informed and, if so, what to say in class or assembly and when to say it.
- 9.5 Reporting to the Health and Safety Executive:
- a. Reportable injuries, diseases or dangerous occurrences include:
    - i. Death
    - ii. 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
- iii. 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)
- iv. Where an accident leads to someone being taken to hospital
- v. 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
- b. 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)
- c. The report will be made as soon as practicable and in any event within 10 days of the incident.

## 10. Reporting to parents

- 10.1 In the event of an accident or injury to a pupil, at least one of the pupil's parents must be informed by the end of the school day, for minor injuries and illnesses.
- 10.2 Parents must be informed in writing of any injury to the head, minor or major, and be given guidance on action to take if symptoms develop.
- 10.3 In the event of serious injury or an incident requiring emergency medical treatment, the office will telephone the pupil's parents as soon as possible.

## 11. Procedure in the event of contact with blood or other bodily fluids

- 11.1 First Aiders should take the following precautions to avoid risk of infection:
- a. Cover any cuts and grazes on their own skin with a waterproof dressing;
  - b. Wear suitable disposable gloves when dealing with blood or other bodily fluids;



- c. Use a disposable apron, where splashing may occur;
  - d. Use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
  - e. Wash hands after every first aid.
- 11.2 If a First Aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids which are not their own, the following actions should be taken without delay:
- a. Wash splashes off skin with soap and running water;
  - b. Wash splashes out of eyes with tap water and/or an eye wash bottle;
  - c. Wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
  - d. Record details of the contamination;
  - e. Take medical advice (if appropriate).

## 12. Visits and events off site

- 12.1 Before undertaking any off-site events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the event and persons involved.
- 12.2 When taking pupils off the school premises, staff will ensure they always have the following:
- a. A school mobile phone
  - b. A portable first aid kit
  - c. Information about the specific medical needs of pupils
  - d. Parents' contact details
- 12.3 For Early Years school trips and visits, there will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

## 13. Administering medicine in school

- 13.1 At the beginning of each academic year, any medical conditions are shared with staff and a list of these children and their conditions is kept in the staff room, in pupil files and in the office.
- 13.2 Children with certain Medical conditions have to have a care plan, signed by parents/guardians. These need to be checked and reviewed with the frequency set out in the care plan, between the parent, school nurse and SENDCo.
- 13.3 Medications can be administered only if the parent/guardian fills out the parental consent form for administering medicine. The form can be obtained from the school office. Parents need to give the completed form to the school office together with the medication. A completed copy of the 'Parental consent form for administering medicine' must be kept in the relevant First Aid and Medicine file.
- 13.4 Only prescription medication can be administered in school to pupils in pre-school to Year 4. We will however, give over the counter medicines to pre-school to Year 4 if accompanied by a GP letter or if it is on the child's Care

Plan. Non-prescription medication can be administered in school to pupils in Year 5 to 8.

- 13.5 Where possible, medication should be prescribed in dose frequencies which enable them to be taken outside school hours. Antibiotics will only be administered if prescribed 4 times per day.
- 13.6 Parents must confirm on the administering medicine consent form that either a child has been administered the medication in the past, without any adverse effect, or at least two doses of any new medication have been given prior to administration at school (except epipens).
- 13.7 Anyone giving a pupil any medication will first check maximum dosages and when the previous dose was taken. Parents will be informed for adhoc medication but not for daily medication unless required. Parents will be informed of this.
- 13.8 Medicines are always securely stored in accordance with individual product instructions. Medications that need to be kept in the fridge can be stored in the office. Fridge temperatures will be checked once a day.
- 13.9 All medicines shall be stored in the original container in which they were dispensed by the pharmacist, together with the prescriber's instructions for administration and properly labelled, showing the name of the pupil and the date of expiry of the medicine.
- 13.10 All medicines will be returned to the parent when no longer required to arrange for safe disposal. Any uncollected medication will be disposed of at a local pharmacy.
- 13.11 A supply of medication should be available for pupils with medical conditions that require regular medication. Parents should advise the school when a child has a chronic medical condition so that staff can be trained to deal with any emergency in an appropriate way.
- 13.12 Please see the Supporting Pupils with Medical Conditions Policy for further information.

## 14. Controlled Drugs

- 14.1 Controlled Drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.
- 14.2 A pupil who has been prescribed a controlled drug must leave it at the school office with the relevant paperwork from the parent/carer or guardian. All controlled drugs are kept in a secure cupboard in the school office and only named staff have access.
- 14.3 Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

## 15. Illness

- 11.1 Where possible, a quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parents/guardians to arrive to pick them up. This

area has easy access to a toilet and hand washing facilities. Pupils will be monitored during this time.

## 15. Conclusion

- 15.1 Parents will be asked to complete and sign a Pupil Admission Form when a child is enrolled to the school, which includes emergency numbers and consent for the administration of emergency first aid. Details of allergies and chronic conditions must be notified on this form.
- 15.2 Staff always aim to act and respond to accidents and illness based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the child in mind.

## 16. Record Retention

- 16.1 Minor first aid records will be kept for a minimum of 3 years.
- 16.2 Child accident/incident records will be kept until they are 25 years old.
- 16.3 Adult visitor accident/incident records will be for 6 years.
- 16.4 Accident/injury at work records will be kept for 12 years.

## 17. Early Years Requirements

- 17.1 At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and must accompany children on outings. The certificate must be for a full course consistent with the criteria set out in Annex A. PFA training<sup>19</sup> must be renewed every three years and be relevant for people caring for young children and babies.
- 17.2 Providers should take into account the number of children, staff, and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly.
- 17.3 All staff who obtained a level 2 and/or level 3 qualification since 30 June 2016 must obtain a PFA qualification within three months of starting work in order to be included in the required staff:child ratios at level 2 or level 3 in an early years setting<sup>20</sup>. To continue to be included in the ratio requirement the certificate must be renewed every 3 years.
- 17.4 Providers should display (or make available to parents) staff PFA certificates or a list of staff who have a current PFA certificate.