Richmond Hill School

FIRST AID POLICY AND PROCEDURES

Approved by[1]	
Name:	Rachel Blair
Position:	Head Teacher
Signed:	
Version Date:	9.10.26
Review date[2]**:**	9.10.27

[1] This document requires approval from the Governing Body.
[2] This document must be reviewed annually.

REVIEW SHEET

Each entry in the table below summarises the changes to this Policy and procedures made since the last review (if any).

Version Number	Version Description	Date of Revision
1	Original	March 2022
2	Minor updates: Review Sheet guidance on version control, a section numbering error, removed Independent school standards and withdrawn KAHSC M01 guide from s10 in favour of UKHSA guidance, and updated links. Technical update: s6.3 changed all references from letting/s to hire.	September 2022
3	Minor update to include reference to the DfE Advice on standards for school premises document as it refers to medical accommodation.	May 2023
4	Minor updates to some words and links to the KAHub. Significant updates on facilities, AEDs and risk assessment, sporting and head injuries, and cuts to administering medicines, referring instead to the procedures on it.	September 2023
5	Reviewed	February 2025
6	New: Reference to safer eating plans and first aid responsibilities (EYFS statutory framework). Optional commitment to doing the same for older pupils with SEND and a special vulnerability to choking or unintentional allergen exposure. Updated: First Aid Needs Assessment Form with new review log and trained personnel log. 'First Aid Management Roles Summary' withdrawn in favour of the all-in-one assessment. Added information in relation to Allergy Safety and the fact that a First Aid qualification is not sufficient to meet the requirements of an emergency allergy response.	October 2026

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Form: First Aid Needs Assessment

Poster: First Aid Notice Template (Paediatric) (non-Paediatric)

Summary: British Standard BS 8599-1:2019: 'Specification: contents of workplace first aid kits'

Letter: Head Bump Note template

POLICY STATEMENT

Richmond Hill School is committed to caring for, and protecting, the health, safety and wellbeing of its pupils, staff, and visitors.

Under the Health and Safety (First Aid) Regulations 1981, employers are responsible for providing adequate and appropriate equipment, facilities, and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work.

While the regulations do not require us to provide first aid for anyone other than our own employees, we recognise that it is strongly recommended by the Health & Safety Executive (HSE) and the Department for Education (DfE) that all educational settings consider the needs of non-employees such as pupils, and visitors when making provision because they are owed a 'duty of care'.

In addition, we must take into account the first aid requirements of the EYFS statutory framework for group and school-based providers for our pupils aged 5 or under.

All state-funded schools in England have been required to teach Health Education since September 2020 and we understand that this should include 'basic' first aid for primary school children, for example dealing with common injuries.

This First Aid Policy and associated procedures has been put in place to help us meet our legal duty and to ensure we can provide effective first aid in the event of an accident, illness, or injury during school activities.

Aims

The aim of first aid is to reduce the effects of injury or illness suffered at work, whether caused by the work itself or not. First-aid provision must be "adequate and appropriate in the circumstances." This means that enough first-aid facilities, equipment, and personnel should be available at all times, taking account of working patterns, to:

- give immediate assistance to casualties with both common injuries or illnesses and those likely to arise from specific hazards at work.
- summon an ambulance or other professional help.

To help us meet our legal duties and commitment to protect the health, safety, and wellbeing of the adults, children, and young people who work or learn with us, this Policy and associated procedures aims to:

- ensure a suitable and sufficient assessment is in place which considers a suitable and consistent level of first aid provision including facilities, trained staff, and equipment both on and off-site during all school activities;
- ensure we consider the specific medical or health needs of staff, pupils, and other visitors, where known, when deciding on provision;
- ensure we communicate clearly to staff, pupils, and other visitors where they can find first aid assistance, facilities, and supplies if someone becomes ill or injured during school activities;
- clearly outline the responsibilities of governors/trustees, staff, contractors, and other adult visitors regarding all areas of first aid;
- provide a framework for responding to an incident that may require first aid;
- clearly outline how and when to summon medical help;
- provide a framework for the recording and reporting of all incidents where first aid has been administered, including to parents and carers, and if a specified injury or condition, to the Health & Safety Executive (HSE) and local child protection agencies where relevant, and Ofsted;
- clearly outline safe procedures for carrying out first aid including hygiene and waste management.

This Policy complies with our funding agreement and articles of association.

This Policy will be reviewed annually in line with the Health and Safety Policy and updated as necessary.

Roles and Responsibilities

1. Governing Body

The Governing Body is responsible for drawing up and ensuring the effective implementation of this written first aid Policy. They do this by:

- approving and regularly reviewing the Policy and associated procedures;
- ensuring that first aid needs are assessed and then resourced within the budget; and,
- monitoring Policy implementation as part of their regular governance monitoring.

2. Head teacher

The Head teacher 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 at all times during school activities;
- first aiders have an appropriate qualification, keep training up to date, and remain competent to perform their role;
- all staff, pupils, and visitors are made aware of first aid procedures;
- appropriate risk assessments are completed, and suitable control measures are put in place to manage first aid provision;
- facilities and equipment are suitable and maintained;
- relevant legal requirements are met, and other school policies are followed as necessary when a first aid incident has occurred e.g., regarding reporting appropriately to the HSE under the Reporting of Injuries Diseases, and Dangerous Occurrences Regulations (RIDDOR) 2013 and relevant child protection agencies, and Ofsted if children under the age of 5 in registered provision are involved.
- first aid arrangements are reviewed periodically and when there has been a significant change in activities, staffing, workplace layout etc.

3. Staff

Any member of staff may be asked to undertake first aid tasks, but they cannot be required to do so. Teachers and other staff working with pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils in education in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

In the event of a claim alleging negligence by a member of staff, action is more likely to be taken against the employer rather than the employee. All employer liability insurance policies cover claims arising from the actions of staff acting within the scope of their employment, including those trained to administer first aid as part of their role.

Different staff may have different responsibilities at different times, but in general all staff are required to:

- understand school procedures for the provision of first aid and their role and follow them;
- understand the school procedures for allergy safety and their response to an emergency;
- be alert to the signs of choking and allergic reaction when vulnerable pupils are eating and a safer eating plan is in place;
- explain first aid arrangements to:
  - pupils as necessary e.g., to a new class or at a new location that pupils have not been to before.
  - any external visitor they welcome into school.
- get first aid supplies from a qualified first aider on duty and not help themselves unless there is an urgent need, and no first aider is immediately available. This is so that we can ensure first aid supplies are used appropriately and are always available and that we keep good records about injuries at school;
- appropriately complete an accident, incident, or first aid treatment record as soon as possible afterwards;

- inform a relevant manager if they become aware that a pupil, colleague, or visitor has a specific health or medical condition that might significantly impact the provision of first aid or an emergency response e.g. anaphylaxis or acute asthma, so that appropriate action can be taken to reduce risks.

In addition, all newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, must also have either a full paediatric first aid (PFA) or an emergency PFA certificate within three months of starting work in order to be included in the required staff-to-child ratios at level 2 or 3. We will make available to parents via the school office a list of staff who have a current PFA certificate.

There are first aid notices in all work areas and first aid arrangements are part of the induction process for all new pupils, staff and regular volunteers.

4. Appointed Person

When our first aid needs assessment determines that a first aider is not required, we must still appoint someone to take charge in an incident. This person is known as the Appointed Person for first aid, and we will ensure they are available to undertake their duties at all times when people are working.

The Appointed Person is responsible for:

- taking charge when someone is injured or becomes ill which may include ensuring onlookers are kept away from the scene;
- looking after first aid equipment and facilities e.g., ensuring the date on supplies has been checked, used supplies will be replaced, or enhanced cleaning is arranged if necessary;
- ensuring that an ambulance or other professional medical help is summoned when appropriate which may include leading an ambulance crew to the casualty and finding out where the injured person will be taken.

An Appointed Person does not require formal training but will receive an induction on the requirements of the role and their duties when they are asked to take it on.

Our appointed persons are – Alison Cattanach/ Rachel Blair.

5. First Aider

When our first aid needs assessment determines that a first aider is necessary, the minimum training requirement is the Emergency First Aid at Work (EFAW) 6-hour qualification covering the prescribed content required by the HSE. We might need some staff to have the First Aid at Work (FAW) 18-hour qualification covering the HSE syllabus. We might also ask certain staff to do a first aid qualification more suited to their specific work activities such as the 12-hour PFA or the 12-hour outdoor qualification.

Assigned first aiders are responsible for:

- never leaving the area when vulnerable pupils are eating and a safer eating plan is being implemented;
- acting as first responders to incidents where first aid may be required;
- assessing the situation where there is an injured or ill person and providing immediate and appropriate first aid assistance in line with their training;
- understanding when a pupil's religious beliefs may conflict with emergency medical treatment and what to do;
- sending pupils home or triggering the process to send pupils home to recover, where necessary;
- filling in the incident report on the same day, or as soon as is reasonably practicable, afterwards;
- informing parents or carers or triggering the process to ensure someone else informs them;
- reporting all head injuries, no matter how minor to parents or carers using the appropriate "bump note";
- keeping their contact details up to date;

Our first aiders are – see page 21

6. Paediatric First Aider

When pupils aged 5 or under are on or off-site during nursery or school activities, there must be at least one member of staff with them who holds a Paediatric First Aid (PFA) 12-hour qualification which covered the mandatory syllabus required by the DfE outlined in Annex A of the 'EYFS statutory framework for group and school-based providers'.

Paediatric first aiders have the same role and duties as other first aiders, as outlined above, for children within the scope of their specific training.

Our paediatric first aiders are – see page 21

PROCEDURES

1. First Aid Needs Assessment

Our first aid needs are determined by our assessment (see link in contents page outlining our considerations), and include:

- designated workplace first aiders (names displayed on first aid notices in suitable locations);
- adequate numbers of suitably qualified staff (including names of specialist first aid qualifications like the 12-hour outdoors or 12-hour paediatric first aiders where required).
- identified locations of first aid boxes with complete contents that are not past their expiry dates;
- suitable accommodation for the medical and therapy needs of pupils, including for the medical examination and treatment of pupils; and the short-term care of sick and injured pupils, which includes a handwashing facility (with soap, disposable hand towels and hot and cold running water) and is near to a toilet facility;
- adequate equipment or kits e.g., suitable playground bum-bag kits to maintain supervision outdoors;
- first aid considerations for off-site visits including travelling first aid kits.

These arrangements are reviewed at least annually in line with the needs of the September intake of pupils.

If there are concerns about a pupil's health or wellbeing, appropriate action will be taken in the circumstances, e.g., asking parents or carers to take them home or seek medical advice when they are not well enough to be in school or contacting the emergency services for urgent medical help.

If medical help is required but an ambulance is inappropriate and a parent or carer cannot be contacted, a member of staff will take a pupil to the nearest NHS walk-in urgent care facility or hospital emergency department.

2. Facilities

To fully cater for the medical and therapy needs of our pupils, comply with the School Premises Regulations (SPR) 2012, and follow the DfE Advice on Standards for School premises on medical accommodation, this school has a suitable roomthat can be used for medical or dental examination and treatment when required, and for the short-term care of pupils who become ill or injured during school activities.

We recognise that designated medical rooms are permitted to be used for other purposes but never for teaching activities, so we ensure that when they are used for other things, they are still always readily available to meet the examination, treatment, or short-term care needs of our pupils.

All designated medical rooms have appropriate signage on the door and are located.

Each designated medical room is large enough to hold an examination or medical couch, has washable surfaces and adequate heating, ventilation, and lighting, contains or is close to a sink with hot and cold running water and a toilet, and is kept clean, tidy, accessible, and available at all times when people are working and learning. We ensure that each room used to provide short-term care for pupils has hand washing facilities inside it and a toilet nearby.

It is made clear to all trained first aiders during their induction to the role what first aid facilities and equipment is available to them but that first aid activities are *not* restricted to the medical room, and they can perform their duties anywhere at work as the need arises.

3. Equipment and Supplies

The supplies and equipment in the medical room and the contents of school first aid kits are based on our first aid needs assessment and further informed by any health or disability information that staff provide and by the Education Health and Care Plans (EHCP) or Individual Health Care Plans (IHCP) in place for individual pupils.

Kits do not have to comply with British Standard BS 8599-1:2019: 'Workplace first aid kits: specification for the contents of workplace first aid kits', but we look for compliance with this standard in the products we buy.

Suitable supplies for the provision of first aid are in appropriate locations throughout the site and when required, are available for off-site visits and playground or other duties away from buildings in suitable travel packs. For more information about where kits are located and what they have in them. All classrooms, staffroom have first aid kits.

If items are missing or stocks running low, the person appointed responsible for stocking first aid containers and ensuring stock past its expiry date is discarded and replaced should be informed. (Alison Cattanach)

3.1 Automated External Defibrillators (AEDs)

Sudden cardiac arrest is when the heart stops beating, and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest.

Modern defibrillators are easy to use and safe **however, the emergency services must always be called where an AED is used on a person or requires using.**

On the basis of our first aid needs risk assessment this school was supplied with 1 Automated External Defibrillator by the Dfe which, following a risk assessment we sited at the main entrance.

Staff who may need to use an AED have been identified and provided with the additional knowledge and skills necessary to use it and develop their confidence.

The person responsible for ensuring that the AED is monitored and maintained according to the manufacturer's instructions, including that we hold suitable stocks of consumables like the pads, and that identified staff maintain their AED training is Peter Irving (site manager).

4. Mental Health

This school recognises that pupils' mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. Persistent mental health problems may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age. We refer to the DfE Mental health and behaviour in schools guidance to help us identify whether a child or young person's behaviour may be related to an underlying mental health problem, and how to support them in these circumstances.

The mental health and wellbeing of our staff can also affect children, so we have taken a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise.

This includes:

1. Creating an ethos, policies, and behaviours that support mental health and resilience that everyone understands.
2. Helping pupils to develop social relationships, support each other and seek help when they need to.
3. Helping pupils to be resilient learners.
4. Teaching pupils social and emotional skills and an awareness of mental health.
5. Early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services.
6. Effectively working with parents and carers.
7. Supporting and training staff to develop their skills and resilience.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues. We aim to be a 'talking school' with an 'Open Door Policy.'

Our arrangements include:

- A senior mental health lead (Rachel Blair) with strategic oversight of the whole school approach to help us make the best use of existing resources and efforts to help improve the wellbeing and mental health of pupils and staff.
- Staff trained in Mental Health First Aid so that they can recognise warning signs of mental ill health and develop the skills and confidence to approach and support someone, while keeping themselves safe.

- Publishing links to external sources of support on our website and signposting to reliable information in other ways.
- Developing specific teaching or support activities e.g., pupil-led campaigns or awareness raising, seeking out materials to use across the whole curriculum to explore positive mental health like books about bereavement or bullying, transition support, group activities like class worry boxes or kindness/compliments boards, friendship or lunch support clubs, sanctuary spaces.
- Directing those with serious mental health issues and their families to support from sources which include professionals working in specialist Children and Young People's Mental Health Services (CYPMHS), voluntary organisations and local GP practices.
- Providing further information for staff from the HSE on mental health conditions, work and the workplace, the Education Support charity which provides free 24 hours a day telephone counselling to all serving and retired education staff, and our own occupational health services.

5. Training

First aiders will be trained to the level that the first aid needs assessment determines we need them to be trained to and as described in the section on Roles and Responsibilities above, and we will keep accurate training records.

When a first aid qualification expires, the member of staff can no longer be considered competent to carry out the role until they requalify, and they will not be assigned first aid duties. This should not deter staff from employing their best endeavours to secure the welfare of pupils in an emergency when the consequences of taking no action are likely to be more serious than those of trying to assist.

It is not mandatory that the shorter 2-day (12-hour) FAW refresher course must be undertaken within 28 days of the previous FAW qualification expiring. It is for us as the employer to determine if too much time has passed, and the member of staff needs to repeat the full course rather than do the shorter refresher.

Where possible, qualified first aiders will also complete the three-hour basic skills first aid update training annually in line with HSE Recommendations.

The person responsible for ensuring that enough first aiders maintain their qualifications to meet the needs we identified in our risk assessment is Rachel Blair.

6. First Aid Procedures

The first aid system we have developed includes:

- an annual assessment of our first aid needs to prepare for the new intake;
- the identification, training, and ongoing management of first aiders and cover arrangements;
- First aid notices displayed in all suitable locations advising who the duty first aider is and how to contact them;
- the provision of first aid information to visitors as part of the signing in process (or welcome address for events where visitors do not sign in e.g., audiences at performances), and to pupils, staff (and temporary staff like supply teachers) and volunteers through suitable notices and/or induction;
- the provision of suitable first aid facilities, equipment, and supplies for both on and off-site activities;
- simple procedures and monitoring of their implementation as set out below.

Young children, those with Special Educational Needs or Disabilities (SEND), and those in a lot of pain may not be able to give a full description of symptoms so additional care is necessary so that injuries or illnesses are not overlooked. If any doubt or concern exists, staff handling the situation should consult other first aiders, key staff, and senior management.

If doubt still exists, the parent or carer should be contacted to ask them to collect their child. If the child remains on the premises, they should be kept under observation for the rest of the day and all relevant supervising staff, and a parent or carer informed.

6.1 On-site procedures

In the event of an incident that results in an injury or ill-health on the premises:

- The nearest member of staff present will assess the seriousness of the incident and seek any necessary assistance from a qualified first aider. If the situation obviously requires an ambulance, the member of staff who is first on the scene does **not** need to wait for first aid assistance before calling the emergency services. Using the school switchboard, staff must dial 9 for an outside line and then 999.
- The first aider will assess an injury or ill-health in line with their training and decide if further assistance is needed from a colleague or the emergency services and will remain on the scene until help arrives.
- The first aider will provide first aid assistance and treatment in line with their training.
- If an injured person needs to be moved, or a technique like the recovery position used with them, the first aider should make those decisions and act accordingly.
- If the injured person cannot be moved safely and without risk of further injury, arrangements must be made to ensure they are comfortable whilst awaiting the emergency services. Access to blankets, other warm clothing and shelter (pop-up gazebo) may be required if the injured person is outside and exposed to adverse elements.
- If the first aider judges that a pupil is too unwell or injured to remain in school, parents or carers will be contacted and asked to collect their child. The first aider should do this as soon as possible after they make the decision, or they should trigger the procedure that ensures someone else does. Where parents/carers are not able to attend school immediately or there is likely to be a significant delay, arrangements must be made for the pupil to be either taken to the nearest urgent care facility for assessment or emergency services should be contacted.
- If emergency services are called, a member of the senior leadership team will contact parents immediately to inform them.
- If the first aider is aware that enhanced cleaning may be required after providing first aid e.g. body fluids have splashed, or the person they treated is likely to have had a serious airborne infection, then they should take steps to prevent access to the area and clean it appropriately or trigger the enhanced cleaning process to ensure someone else will do it *before* returning to normal duties.
- The first aider or other relevant member of staff will complete an accident report form the same day or as soon as is reasonably practical after an incident resulting in an injury or ill-health. The accident report form will be added to CPOMS by Mrs Cattanach.
- The Head teacher should ensure an official report is made to the HSE under RIDDOR and, where relevant, to local child protection agencies, as soon as possible and within the required timeframe for any incident or outcome that requires it (see also for the HSE school specific guidance we will follow).

6.2 Off-site procedures

In the event of an incident that results in an injury or ill-health during school activities off-site, first aid procedures are identical to procedures on site except for some aspects of preparation and communication.

When taking pupils off the school premises the visit leader is expected to ensure they:

- consider the known health and care needs of individual pupils as well as the likelihood of injury or ill-health considering the activities and locations when deciding appropriate first aid arrangements e.g., Education Health and Care Plans, Individual Health Care Plans, allergies, religious requirements;
- consider what first aid provision is included by activity providers, or the facilities being used, and always consider the needs on any journeys when deciding the first aid needs on a trip;
- take steps to protect the medical privacy of pupils where possible e.g., not placing pupils in groups supervised by volunteers who would need such information to ensure the pupil stays safe;
- carry appropriate first aid supplies within the group(s) during all school activities, especially if separating into sub-groups;
- check that they and all trip supervisors have suitable and reliable means to communicate with the emergency services and school with them at all times off site (and can keep it charged, will have good signal, have more than one phone available on different mobile networks etc.);
- carry or be able to access in an emergency, any consent information medical professionals might need about a child receiving necessary emergency medical treatment;

- carry emergency contact information for parents and carers and strictly follow the protocol on informing them when something has happened;
- use the appropriate tools to help them keep good records of first aid administration and accidents that occur off site, on the same day they happened if possible.

6.3 Visitors, contractors, and hirers of our facilities

We have included visitors in our first aid provision e.g., parents attending a parents' evening or performances and we make announcements at events and display notices in the work areas that they visit to tell them about arrangements. This includes contractors who visit us briefly e.g., the fire alarm maintenance contractor.

When a contractor is working on our site for a period of time, we expect their employer to make arrangements for their first aid cover and we require confirmation from the contractor at any pre-contract meeting with managers that suitable arrangements are being made. This does not mean that it is unreasonable to expect our staff to provide aid in an emergency if, for some reason, the contractor's arrangements fail.

6.4 Contacting parents or carers

Following a minor injury successfully managed in school, parents or carers who collect their children daily directly from their classroom will be told in person by the class teacher.

The parents or carers of all EYFS pupils must also be given a written first aid slip.

The parents or carers of all other pupils will receive a verbal notification at the end of the day by class teacher/support staff. Parents of all children with head bumps will be given a head bump slip and spoken to.

Following a serious injury, parents will be notified as soon as possible and within 24 hours by the Head teacher or another appropriate member of SLT.

When parents are contacted about a head injury no matter how slight it may have seemed, they must receive information about symptoms of concussion that they might observe their child experiencing in the 24 hours afterwards and when they might need to seek urgent medical attention (see below).

6.5 Sporting and head injuries

When a child has sustained an injury (that does not seem obviously very minor like a graze), a first aider should assess the seriousness of the situation and decide on treatment or further action such as whether an ambulance is necessary (if not already summoned), whether parents should be contacted to collect their child so that they can seek medical treatment, or whether staff need to take the child to the nearest urgent care or minor injuries unit.

This can all take time while a child or young person is in pain and distress.

The NHS recommends ongoing PRICE therapy for minor injuries like those commonly sustained during sports activities (or sometimes children's play) such as sprains and strains as follows:

- **Protection** – protect the affected area from further injury – for example, by using a support.
- **Rest** – avoid exercise and reduce daily physical activity. Use crutches or a walking stick if weight bearing on the ankle or knee is difficult. A sling may help with shoulder injuries.
- **Ice** – apply an ice pack to the affected area for 15-20 minutes every two to three hours. A soft gel pack or bag of frozen peas, or similar, will work well. Wrap the ice pack in a towel so that it doesn't directly touch the skin and cause an ice burn.
- **Compression** – use elastic compression bandages during the day to limit swelling.
- **Elevation** – keep the injured body part raised above the level of the heart whenever possible. This may also help reduce swelling.

Ice packs are not part of any first aid kit that meets the requirements of the voluntary, but recommended British Standards, on appropriate kit contents for employers that we use. Our first aid needs assessment identifies that staff, children, or other visitors are likely to sustain the type of injuries that might benefit

from the ice element of PRICE therapy e.g. potentially soothing distress, relieving pain, and reducing swelling, and have decided that the benefits of providing ice packs do outweigh the costs in time to implement and tell/train staff to use, money to buy, and effort to manage safely and hygienically.

We will:

- add packs to the first aid equipment monitoring schedule to ensure they are checked regularly for cleanliness or damage;
- have a clear sanitising procedure that is followed after each use which prevents contamination of the storage place and does not damage the plastic exterior, especially if the pack has been in contact with any body fluids.

Any head injury can be potentially serious. A head injury to a child or young person, however minor it might appear, must be assessed by a first aider, and treated in accordance with current first aid guidance and advice available from Head injury and concussion - NHS.

Research suggests that concussion, particularly as a result of a significant sporting incident or repeated lesser impacts to the head during sports and play, may result in significant and long-lasting brain injury if not prevented, and when it happens, if not treated correctly.

To reduce the risks of a traumatic brain injury in PE, School Sports, & Physical Activity (PESSPA), this school follows national guidelines such as from the Football Association which advise coaches that there should be "no heading [the ball] in training in the foundation phase" (for primary school children or under-11 teams) and puts limits on how much heading older children should do.

We also follow the latest UK Concussion Guidelines for Grassroots Sport | Sport and Recreation Alliance which builds on the Scottish sports concussion guidance that we were following.

Anyone suspected of sustaining a concussion should be assessed in-person by an appropriate healthcare professional or remotely by contacting the NHS on 111 **within 24 hours of the injury**. If there are concerns about other significant injury or the presence of 'red flags' (see UK guidance above) then they should receive an urgent medical assessment at a hospital which may mean taking them there or calling 999 for a paramedic to attend.

Even if the injured person seems to have fully recovered from the incident but there has been evidence of impaired consciousness, they **must** be assessed by a medical practitioner.

If the injury is assessed as minor and there was no loss of consciousness so, it does not require referral to a medical practitioner, then the injured person must be kept under observation for the next 24 hours for signs of deterioration and the parent or carer informed of the nature of the injury. A written notification with this advice must be sent home with the child.

It can be normal, even after a minor head injury that did not need any treatment, for the person to experience symptoms such as a slight headache, or feeling sick or dazed, for as long as 2-4 weeks after.

Everyone is unique in their recovery duration, but most symptoms of a concussion resolve within two to four weeks, although some can take longer.

The first aider who dealt with a minor head injury incident must ensure that they trigger the process to inform relevant other staff that a pupil **did not** lose consciousness but they should still avoid intense exercise, challenging work, or sport for the next 24-48 hrs and that they may continue to have mild symptoms (and what the symptoms are and what to do if concerned) for as long as 2-4 weeks.

The first aider who dealt with a more serious head injury incident must ensure that they trigger the process to inform relevant other staff that a pupil **did** lose consciousness and they must avoid intense exercise, challenging work, or sport for the next 24-48 hrs before they begin following a personal 6-stage "graduated return to education, work, and sport programme" over the next 2-4 weeks based on their symptoms (and what the symptoms are and what to do if concerned).

This is so that the members of staff who need to will know:

- how the injury and symptoms might impact the pupil's participation in the curriculum and other activities like rough play;

- that they need to adjust planned activities where necessary;
- what signs or symptoms to look for;
- to report concerns immediately to the Head Teacher – Rachel Blair.

Arrangements to manage pupils using the graduated return will allow us to identify when a pupil's symptoms have persisted for more than 28 days, and we may need to ensure parents or carers have been advised they need to take their child to their GP for further assessment.

6.6 Dental emergencies

Dental emergencies are likely to fall into two categories:

- A pupil arrives already experiencing dental pain or sepsis, or they develop either during school activities.
- Injuries to the teeth and mouth.

Where a child arrives at school with dental pain or sepsis, the parents or carers will be contacted by the class teacher or the school office by telephone/text to find out whether they are aware and have taken, or will be taking, appropriate action. If the child is too distressed or uncomfortable to be in school, parents or carers will be asked to collect them to take them home and seek the appropriate dental care through their own dentist or by calling 111 for advice on finding a dentist if they do not have one.

In cases of dental accident, such as teeth being fractured or knocked out, parents or carers will be contacted to ask them to take their child for potentially urgent dental treatment.

Regardless of the cause, if a pupil is experiencing severe dental pain, heavy dental bleeding, or injuries to the face, mouth, or teeth, they should be taken to the Accident & Emergency (A&E) department of a hospital for assessment and treatment.

If teeth have been knocked out or fractured, every effort should be made to find any missing teeth or pieces. These will be put into a container and covered over with milk or saliva (but **only** the saliva of the person whose teeth they are and **never** anybody else's). On no account should anyone attempt to put back in a child's mouth a tooth or part of a tooth.

If parents or carers cannot be reached or staff are unsure what action to take next, we will seek NHS advice on 111 or we will take the pupil to the nearest A&E.

6.7 Transporting ill or injured pupils

Emergency response

In an emergency that requires immediate professional medical assistance, an ambulance will be summoned. Using the school switchboard, staff must dial 9 for an outside line and then 999.

If an injury is thought to be serious but there is some doubt, the person in charge at the scene should not hesitate to summon emergency services. In this situation, staff should not attempt to take a pupil who is potentially seriously injured to hospital in a private vehicle.

The emergency contacts procedure for the injured pupil will be activated and parents or carers will be advised to come to the school or go directly to the hospital their child will be or is being taken to. Where a parent or carer is able to accompany the pupil in the ambulance, a school employee will not usually need to be further involved. If the parent or carer will be meeting the pupil at hospital, a school employee will accompany the pupil in the ambulance and wait with them until the pupil's parent or carer arrives. Travel arrangements for the member of staff who accompanies a pupil to hospital to be able to return to school will also be made.

Site access for emergency services

Access to the school site for the emergency services needs to be available at all times without delay. Where access is restricted for security reasons, the procedures for summoning help will include details of the designated people who can do this task very quickly.

If the response will be an Air Ambulance, it will be the responsibility of the helicopter pilot to determine the safety aspects of any landing site (atmospheric conditions, adjacent buildings, overhead cables, trees,

people on the ground etc.) and school staff will need to keep the area clear or provide support to any ambulance crew on the ground directing other aspects of the emergency response.

Non-emergency response

In situations that do not require immediate professional medical assistance but where a pupil needs to go home to recover or it is felt that medical advice should be sought by parents or carers, we will contact the pupils' listed emergency contact to advise what has happened and request that they arrange to collect their child from school.

Use of staff vehicles

If parents or carers do not have access to suitable transport and a taxi is not appropriate or available, or there is likely to be a significant delay in the parents or carers attending, the Head teacher has the discretion to arrange for a school employee to use their own private vehicle to take the injured pupil (and, where required, their parent or carer) to the nearest urgent care facility and a mileage allowance will be payable. The Head teacher will first consider:

- the personal safety of the employee;
- the condition of the injured pupil and whether it is likely to deteriorate during the journey;
- weather/road conditions at the time;
- whether the duties of the absent employee will be adequately covered;
- whether the employees' car is insured for business use including the carriage of people;
- the condition/roadworthiness of the employees' vehicle.

Drivers are not able to actively supervise or care for ill or injured passengers while driving so it may be necessary for another adult to also accompany them. This may mean waiting for a parent to arrive at school before setting off or taking another member of staff.

Use of taxis

In limited emergency circumstances where a parent or carer needs and cannot arrange transport for their child, school can arrange for a pupil to be transported home in a taxi. A member of staff will accompany the pupil in the taxi if their parents or carers are unable to.

Handover and decision-making

The Head teacher or senior Manager on duty will endeavour to contact the parent or carer of an injured pupil to make arrangements for the necessary treatment.

If the parent/carer cannot be reached, it is the responsibility of the Head teacher or Manager to make appropriate arrangements and to contact the parent/carer at the earliest opportunity. Until that has been done, the Head teacher or Manager is responsible for the pupil. It should not be left to the hospital, doctor, or police to notify the parents, although they may wish to do so.

The responsibility for deciding whether medical treatment, such as an operation is required rests with the medical professionals treating a child. However, if it has not been possible to contact the parent or carer, school staff should present any written consent for the child to receive necessary emergency medical treatment obtained from parents.

Where a child or their family is known to hold beliefs or follow customs which limit the kind of medical treatment, they can receive e.g., Jehovah's Witness, we are obliged to do no more than ensure medical staff are aware of this. Whether a child receives such treatment is a decision that, in the absence of anyone with parental rights and responsibilities, rests with the medical professional and the child, dependent on their assessment of the child's competence to make such a decision.

In circumstances where staff return an ill or injured pupil home, but the parent or carer is not in a position to seek the appropriate treatment, staff must satisfy themselves before leaving, that suitable arrangements can be made for adequate treatment.

7. Infection Control

7.1 General precautions

The following hygiene precautions are recommended as safe practice for all staff. They are common sense precautions that will protect against blood borne viruses and other infections that may be transmitted via blood or body fluids. For more information refer to KAHSC Safety Series - Medical: M06 - Protection against Blood Borne Infections/Viruses (BBIVs) and the UK Health Security Agency (UKHSA) guidance 'Health protection in children and young people settings, including education'.

- Always keep cuts or broken skin covered with waterproof dressings.
- Wear disposable vinyl gloves when contact with blood or body fluids is likely.
- Avoid direct skin contact with blood or body fluids.
- If blood is splashed onto the skin, it should be washed off immediately with soap and water.
- Splashes into the eyes or mouth should be washed immediately with plenty of water.
- If a sharps injury is sustained or blood is splashed into the eyes or mouth, or onto cut or broken skin, medical advice should be sought promptly.
- Always wash and dry hands after removing gloves.
- Always wash and dry hands before and after giving first aid.
- Educate employees as well as children and young people of the need to avoid contact with other people's blood and body fluids and to wash and dry their hands before meals and after using the toilet.

First aiders who believe they are at significant personal risk of contracting the Hepatitis B virus through their first aid duties may wish to consider additional protection against it through vaccination. Requests must be directed to Rachel Blair who may arrange a vaccine or approve reimbursement of the costs for employees who arrange it themselves (on provision a receipt).

When there are significant risks from an airborne infection such as during a local or large-scale public health incident, there may be additional protective hygiene precautions that a first aider needs to take when being in close contact with someone they are providing first aid treatment to. This might include protective clothing like a gown, a medical grade water-resistant face mask, and a face visor to prevent infection spread from body fluids getting onto clothing or into the eyes, nose, or mouth through coughing, spitting, vomiting etc. When additional precautions need to be taken, all first aiders will be informed and provided with access to suitable resources and training in how to use them safely.

7.2 Dealing with spills of body fluids

All spillages of blood, urine, faeces, saliva, vomit, nasal, eye or other discharges of body fluid should be cleaned up immediately. Staff present during an incident involving a body fluid spill should:

- cordon off the affected area to keep people away;
- cover the spill with an absorber e.g., paper roll, hand towels etc. to prevent germs becoming airborne before it can be cleaned properly;
- trigger the cleaning procedure immediately i.e., clean it up or arrange for it to be cleaned as soon as possible.

Staff cleaning up a body fluid spill must:

- wear the correct Personal Protective Equipment (PPE) such as an apron and gloves when dealing with spillages and don it properly;
- clean up the spillage i.e., remove the absorber, double bag the waste, and place it in general waste bin outside where possible;
- clean the area carefully with warm soapy water, using either disposable cloths or wipes;
- clean the wider affected area, ensuring this includes places like the underside and legs of desks/tables/chairs etc.;
- disinfect surfaces and soft furnishing where possible where necessary by wiping, steaming or laundering them with a product that claims to kill bacteria and viruses;
- clean contaminated cleaning equipment afterwards in accordance with the manufacturer's instructions e.g., wash and dry buckets, wash reusable mop heads separately from other laundry items;
- remove or doff PPE carefully and dispose of it appropriately;
- Wash (with soap) and dry hands thoroughly.

The spill kits are kept in the cleaner's cupboard for easy access but secure from unauthorised access at all times.

A kit should always comprise:

- kitchen roll or similar paper to place on spillage or absorbent granules;
- at least 2 or more plastic bags (without vent holes);
- apron and gloves (and a medical face mask and eye protection or information about getting a face mask and eye protection if concerned about splashing and airborne transmission of infection).

Carpets and upholstery

Where a spillage has occurred on carpets or upholstery that cannot be laundered, it should be treated as outlined above e.g., remove solids, absorb liquids, and apply a suitable cleaning solution considering first whether the fabric is chlorine resistant and will not be damaged significantly.

The spillage should then be cleaned using a vacuum carpet and upholstery or steam cleaner obtained from the cleaner's cupboard.

Equipment used to clean the spill of body fluids should then be cleaned in accordance with the manufacturer's instructions.

7.3 Disposal of waste

Waste involving body fluids falls under the definition of 'clinical waste' and its disposal is regulated. The small quantities produced through ordinary school activities should mean that no special clinical waste collection is required if waste is disposed of carefully in the general waste as follows:

- All flushable waste such as faeces, vomit, small quantities of tissue (not paper towels) etc. should be disposed of in appropriate amounts down the foul water system via a toilet taking care not to block it.
- Used paper towels and other non-flushable solid waste materials together with gloves and aprons etc., should be placed in a plastic waste bag or sack (without vent holes in it), top tied and placed in another bag and tied again i.e., double bagged, before being placed in the outside general waste collection bin.

When using bespoke absorbing materials such as those in hazard disposal packs, the manufacturer's instructions for storage, use and disposal must be adhered to.

If, for any reason we begin to produce large quantities of clinical waste, we will review waste collection arrangements and may institute a contractual disposal arrangement with a suitably licensed waste contractor.

8. Recording and Reporting

This school will keep a record of any first-aid treatment given. The record will include:

- the date, time, and place of the incident.
- the name (and class) of the injured or ill person.
- details of the injury/illness and what first-aid was given.
- what happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital).
- the name and signature of the first-aider or person dealing with the incident.

All accidents/first aid to be completed on Medi tracker and an email will automatically be sent to parents/ carers, this will automatically be uploaded to CPOMS when staff toggle the upload option.

First aiders are expected to record the first aid they have given the same day they gave it or as soon afterwards as is reasonably practical.

Parents or carers should be informed of any accident or injury sustained by their child and any first aid treatment given on the same day, or as soon as reasonably practicable afterwards (see section 6.5).

When the reason for the administration of first aid is an accident, staff are expected to also follow the school Policy on accident recording and reporting which may include to the HSE under the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations (RIDDOR 2013), to relevant local child protection agencies, and to Ofsted if children under the age of 5 attending registered provision are involved.

9. Administering Medicines

Although there may be times off site when a first aider will carry necessary medicines inside a travel first aid kit for safe carriage and convenient access reasons, medicines are never kept in other first aid containers and administering medicines is not part of first aid duties or standard first aid training.

We might arrange for staff to attend first aid training courses that include administering an adrenaline auto-injector or salbutamol inhaler, but this is additional to the first aid element and not part of it. Once they are also trained in school procedures, such staff can be authorised to administer school supplies of those medicines. In an emergency, any member of staff, even those who are not trained or authorised, can administer adrenaline or salbutamol to a pupil including when we do not hold written parental consent but only under the direction of an appropriate medical professional e.g., a paramedic after calling 999 or an NHS advisor on 111.

The management of pupils at school with medical conditions is outlined separately in our Policy and procedures on Supporting Pupils at School with Medical Conditions found on the website.

All staff undergo awareness training on our Policy and procedures for Supporting Pupils at School with Medical Conditions and Allergy Safety and the most common conditions they might be involved in managing e.g., anaphylaxis, asthma, diabetes and epilepsy. Some staff will receive more specific training (delivered by a competent health professional where necessary) if they also administer medicines or carry out medical procedures like gastrostomy care.

Details of pupils with food allergies are adequately communicated to all school staff (and relevant volunteers) and in particular, school meal providers, teachers especially of food technology, and wraparound care providers e.g., breakfast and after school clubs. Those pupils diagnosed with anaphylaxis or acute asthma who may require an emergency response have an individual Health and Care Plan which will be shared with appropriate staff or meals contactors in school. Where necessary, anaphylaxis and acute asthma will be included in existing IHCPs.

The management of medicines is outlined separately in our Administration of Medicines Procedures and our Allergy Safety Policy and procedures which is published on the school website.

It is not the responsibility of trained first aiders to administer routine medicines, although a first aider may be additionally trained and authorised to do so in accordance with our administration of medicines procedures and all staff will be trained in allergy awareness and emergency response in addition to their general First Aid training.

Any medicine, whether prescription or not, may only be administered by authorised staff and only on the written instruction of the parent/guardian. Pupils who suffer from severe migraines, severe period pain or other conditions that routinely cause pain that needs to be managed so they can learn may be given paracetamol-based pain relief following written, or in urgent cases, verbal consent from the parent/guardian.

10. References

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 assess 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 be provided to cater for the medical and therapy needs of pupils.

DfE statutory guidance for group and school-based providers, EYFS Statutory framework for group and school-based providers.

DfE statutory guidance for all state funded schools (excluding maintained nursery schools), Allergy Safety in schools

DfE statutory guidance for *all state funded* schools and recommended for any organisation that provides support to children, Supporting pupils at school with medical conditions and our Supporting Pupils at school with Medical Conditions Policy & procedures.

DfE non-statutory guidance for all schools on Mental health and behaviour in schools.

DfE statutory guidance for all schools on Relationships Education, Relationships and Sex Education and Health Education and the optional supporting HTML Teaching about relationships, sex and health.

Anna Freud National Centre for Children and Families guidance on becoming a Mentally Healthy School.

UKHSA guidance Health Protection in children and young people settings, including education

Controlled drugs lists: Schedule 2 to the Misuse of Drugs Act 1971 and Schedules 1 to 5 to the Misuse of Drugs Regulations 2001

The NHS website – First Aid

HSE guidance, Blood Borne Viruses in the Workplace

KAHSC Model Administration of Medicines procedures

KAHSC Model Supporting Pupils at school with Medical Conditions Policy and procedures

KAHSC General Safety Series G02: Managing First Aid in Schools and Childcare Settings

KAHSC Medical Safety Series M06: Protection against Blood Borne Infections/Viruses (BBIVs)

KAHSC Medical Safety Series M07: Managing Head Injuries