



Our Lady of Lourdes Catholic Primary School



First Aid Policy			
Date	Review Date	Coordinator	Nominated governor
March 2021	September 2023	James Green	Health and Safety Portfolio Holder

Mission Statement

*Loving like Mary
Serving like Mary
Learning like Mary
Believing like Mary*

Introduction

Health and safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises. In schools this includes responsibility for the head teacher and teachers, support staff, pupils and visitors (including contractors).

The school is responsible, under the Health and Safety at Work Act 1974 (H&S), for ensuring employees follow this health and safety (First Aid) policy and procedure in conjunction with the Intimate Care Policy.

Health & Safety Policy Framework

- Health and Safety Policy
- First Aid Policy and Procedure
- Intimate Care Policy and Procedure

References

Department for Education and Employment: Guidance on first aid for schools (1998) The Health and Safety (First-Aid) Regulations 1981

Health and Safety at Work Act 1974 (H&S)

Early Years Foundation Stage Framework - section 3

Glossary of Terms

Appointed person: someone who takes charge when someone is injured or becomes ill, looks after the first aid equipment and ensures that an ambulance or other medical professional help is summoned when required. Appointed persons are not first aiders. They should not give first aid treatment for which they have not been trained. However, it is good practice to ensure that appointed persons have emergency first aid training/refresher training, as appropriate.

First aider: A qualified person who gives immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school; when necessary, ensure that an ambulance or other professional medical help is called.

Paediatric first aider: A person who administers emergency treatment to any injured or sick children before professional medical care is available and who has a current paediatric first aid (PFA) certificate.

1 - Regulations

1.1 The Health and Safety (First Aid) Regulations 1981 set out what employers have to do with regards to providing adequate and appropriate equipment, facilities and qualified first aid personnel.

1.2 The Regulations do not oblige employers to provide first aid for anyone other than their own staff, but employers do have health and safety responsibilities towards non-employees, in this case young people, contractors and others that visit schools. The Health and Safety Executive (HSE) recommends that organisations, such as schools, which provide a service for others should include them in their risk assessments and provide for them.

1.3 In the light of their legal responsibilities for those in their care, OLOL considers carefully the likely risks to pupils and visitors, and makes allowance for them when deciding on the numbers of first aid personnel above the minimum requirements stated in this policy.

1.4 Our school site **must** have a minimum of three first aiders (First Aid at Work trained staff) and other suitably trained appointed persons. The EYFS Framework requires that a minimum of one Paediatric trained First Aider on the premises at all times where pupils are on site, or on an EYFS educational visit. The first aid annual risk assessment will determine the numbers of first aiders, paediatric first aiders and appointed persons required for each school, during school hours, out of school hours and during holidays.

1.5 Where first aid is provided for staff and pupils, the school should ensure that:

- provision for employees does not fall below the required standard;
- provision for pupils and others complies with other relevant legislation and guidance.

2 - Risk assessment and training provision

2.1 OLOL is responsible, under the Health and Safety at Work etc Act 1974 (HSWA), for making sure that our school is covered by a health and safety policy, of which this policy forms part of. This should include arrangements for first aid, based on a risk assessment of the school, and should cover:

- numbers of first aiders/Emergency first aiders / appointed persons;
- numbers and locations of first-aid containers;
- arrangements for off-site activities/trips;
- numbers of epi-pens, blue asthma pumps and defibrillators.

2.2 The Head Teacher **must** audit annually in June the school's first aid needs and ensure that as a minimum three members of staff that are first aid at work trained and that a minimum of one paediatric trained member of staff is on the premises, or on each EYFS educational visit. The risk assessment for each school should specify how many first aiders and other appropriately trained staff should be on the premises at all time including non-term time.

2.3 A copy of the Department for Education and Employment "Guidance on First Aid for Schools– a good practice guide"

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306370/guidance_on_first_aid_for_schools.pdf.

Appendix 3 has explanatory notes and a practical guide on first aid needs assessment and a simple checklist to follow in respect of the required provision for school settings.

2.4 OLOL **must** arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/appointed persons. A risk assessment must be carried out to ensure that there is an adequate number of trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.

3 - Information to be displayed on school sites and provided to staff

3.1 The head teacher **must** inform all staff (including those with reading and language difficulties) of the first-aid arrangements.

3.2 This should include the location of equipment, facilities and the names of qualified first-aid personnel, and the procedures for monitoring and reviewing the school's first-aid needs.

3.3 First Aid notices **must** be displayed in a prominent place.

3.4 Including this first-aid policy and information in the school staff induction programmes will help ensure that new staff and pupils are advised of the first-aid arrangements. Further information is given in our staff handbook.

4 - Roles of First Aid at work trained staff

4.1 First Aiders (First Aid at Work FAW) qualified staff, following completion of an approved training course (or refresher course), have the following main duties:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- ensure that an ambulance or other professional medical help is called
- assess the situation in an emergency;
- administer first aid to a casualty who is unconscious (including seizure), wounded and bleeding and who is suffering from shock;
- administer cardiopulmonary resuscitation.

4.5.1 The initial first aid qualification (FAW) is valid for 3 years. Prior to expiry, a revalidation of the qualification is required. (This can be undertaken up to three months prior to expiry). This entails a 2-day course, which again is renewable after 3 years. Annual refresher training is available and recommended, but not mandatory, but should be considered as part of the annual risk assessment.

5 - Paediatric First Aid Certificated staff

5.1 Guidance issued by the former Department of Education and Employment (DfEE) states that paediatric training must be undertaken for Early Years Foundation Stage (up to and including Reception).

5.2 The Office for Standards in Education (OfSTED) have recommended to EYFS that having someone holding a paediatric first aid qualification is good practice for those establishments with pupils between 5 and 8 years old.

The Statutory Framework document, Section 3 - The Welfare Requirements, Page 26, states that in terms of illnesses and injuries "At least one person who has a current paediatric first aid certificate must be on the premises at all times when children are present. There must be at least one person on outings

who has a current paediatric first aid certificate.” All newly appointed staff in Early Years **must** hold a Paediatric First Aid certificate.

6 - Emergency First Aid

6.1 Schools should identify a member of staff to act as the ‘appointed person’ for first aid, with responsibility for taking charge when somebody is injured or ill. This person does not have to be first aid trained, providing they do not administer any form of treatment. However, good practise recommends that they receive emergency first aid training/refresher training as appropriate.

Additional duties for an appointed person can include; calling the emergency services, replenishing first aid boxes and completing accident paperwork

An ‘appointed person’ is a person who has attended a one day course for the basic aspects of dealing with emergencies, handling ‘life threatening’ situations as well as recognising and responding to some of the more common ailments that may be encountered in the workplace. Appointed persons are not first aiders. They should not give first aid treatment for which they have not been trained. However, it is good practice to ensure that appointed persons have emergency first aid training/refresher training, as appropriate. These courses do not require HSE approval.

6.2 A person within the risk assessment needs to be appointed to:

- take charge when someone is injured or becomes ill;
- looks after the first-aid equipment, eg restocking the first-aid container and monitoring the expiry dates of Epipens (AAIs);
- ensures that an ambulance or other professional medical help is summoned when appropriate.

7 - First aid information and records

7.1 Schools **must** record injuries, accidents or illnesses of pupils and staff when first aid has been given. Schools may use the record form (Appendix 1) or other suitable record sheet.

7.2 The form **must** be completed for minor pupil and staff accidents, injuries or illnesses where the pupil or member of staff presents himself or herself for first-aid treatment. The following information must be recorded:

- Date, time and location of accident or illness
- Name of pupil / person in receipt of first aid

- If a 'pupil' or an 'employee', or state occupation
- Description of injury sustained or illness and the first aid that was given (e.g. went, home returned to class, resumed duties or went to hospital (how) etc).
- Name of person administering first aid or dealing with the incident/illness.

7.3 The form **must** record when first aid is given to staff/visitors/contractors. However, an incident form **must** be completed if they are injured/assaulted. Please refer to the Dealing with Incidents form for RIDDOR reporting requirements.

7.4 Schools **must** maintain a record of the names, qualifications and the expiry dates of all First Aiders – see example record sheet at Appendix 2.

7.5 The record forms **must** be retained in the school for a period of 10 years from the last entry date.

8 - Training

8.1 Schools and other educational settings can source first aid training wherever they choose, so long as the course provider meets the standards required by the educational setting and the Health and Safety Executive. Paediatric certificate training must always be the full certificate course.

9 - First aid kit contents

9.1 There is not a standard list or contents for a first-aid box. However, the Health and Safety Executive (HSE) recommend that, where there is no special risk identified through the annual first aid risk assessment, a minimum stock of first-aid items would be:

- A leaflet giving general advice on first-aid;
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 Sterile eye pads
- 4 individually wrapped triangular bandages (preferably sterile)
- 6 Safety pins
- 6 medium sized (approximately 12cm x 12cm) individually wrapped sterile un-medicated wound dressings
- 2 large (approximately 18cm x 18cm) sterile individually un-medicated wound dressing

- 1 pair of disposable gloves.

9.2 The school considers, as part of the risk assessment, epi-pens and blue asthma inhalers as part of the first aid provision. The Department of Health issued [guidance](#), setting out how schools should safely keep and administer spare emergency inhalers and spare [epi-pen injectors](#) guidance.

10 – Infection control and dealing with communicable disease

10.0 Schools **must** follow the relevant guidance currently set out in the Public Health England document “Guidance on infection control and communicable diseases in schools” [Guidance document](#). and the Public Health Agency [poster](#).

11 - Administering medicines (including Epipens) in educational establishments

11.0 Please refer to medicines in school policy for those members of staff who can administer medication.

11.1 Our school holds, in a secure location in the office, spare AAIs (Epipens) for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). We hold two AAIs.

11.2 The spare AAI should only be used on pupils known to be at risk of anaphylaxis. When completing a care plan which details the use of an AAI, parental consent is sought for use of the spare AAI and detailed on this document. The spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

11.3 Where an AAI has been used to support a pupil a records **must** be kept in the First Aid book and the parents **must** be informed as soon as possible that the medication has been administered. Any used Epipen must be disposed of in the school’s sharps bin, or given to the ambulance crew for disposal.

12 - Administering medicines (Salbutamol / blue asthma pumps) in educational establishments

12.0 Please refer to medicines in school policy for those members of staff who can administer medication.

12.1 Our school holds, in a secure location in the office, spare emergency salbutamol inhalers for emergency use in children who are at risk of asthma attacks but their own device is not available or not working (e.g. because it is broken, or out-of-date). We hold two spare salbutamol inhalers in the school office.

12.2 The school's spare inhalers should only be used on pupils known to be at risk of asthma attacks, for whom both medical authorisation and written parental consent for use of the spare inhaler has been provided. Schools **must** obtain consent for those pupils known to be at risk of asthma. The school's spare inhaler can be administered to a pupil whose own prescribed inhaler cannot be administered correctly without delay.

12.3 Where an inhaler has been used to support a pupil a records **must** be kept in the First Aid book and the parents **must** be informed as soon as possible that the medication has been administered.

13 - Automated External Defibrillators

13.1 In view of the vital role that AEDs can play in saving the lives of pupils, staff and other users of school premises, the Department for Education is encouraging all schools to consider purchasing these devices as part of their first-aid equipment.

13.2 The AED will analyse the individual's heart rhythm and apply a shock to restart it, or advise that CPR should be continued. Voice and/or visual prompts will guide the rescuer through the entire process from when the device is first switched on or opened. These include positioning and attaching the pads, when to start or restart CPR and whether or not a shock is advised.

1. Procedure in the event of an illness

a. If a pupil falls ill during the school day they should immediately tell a member of staff, who will assess the situation and decide the best course of action. The pupil will be accompanied to the school office if appropriate.

b. A First Aider will administer the appropriate response and parents/carers will be called to pick up their child if they are too unwell to complete the rest of the school day. If a child who is sent home early is still too unwell to attend school the next day, parents should contact the school on the morning of each day of absence.

c. The school aims to reduce the risk of a spread of infection or illness and asks parents to keep their child at home where there is a risk (at least 48 hours after the last bout of sickness or diarrhoea). For prolonged absence due to illness, parents may be asked to provide the school with medical evidence such as a note from the child's doctor, an appointment card, or a prescription paper.

2. Procedure in the event of an accident or injury

a. In the case of an accident or injury, a first aider should be informed immediately.

b. The First Aider will assess the situation and determine whether or not emergency services need to be called. First Aiders are not paramedics, and if they feel they cannot adequately deal with the injury then they should arrange for access to appropriate medical care without delay.

c. The First Aider will give immediate, appropriate treatment bearing in mind that a casualty may have more than one injury and that some casualties will require more urgent attention.

d. The First Aider should arrange without delay for the casualty to be transported to a doctor, hospital or home, according to the seriousness of the condition. The First Aider's responsibility ends when the casualty is handed to the care of the doctor, a nurse or other appropriate person, but should not leave the scene until they have reported to whoever takes charge and have ascertained whether they could be of any further help.

e. The First Aider must complete the First Aid record form, Accident Book and Incident Record.

3. Procedure in the event of a severe allergic reaction in a known EpiPen user

a. In the case of an allergic reaction, an adult should stay with the pupil and a first aider should be informed immediately and be advised that it is an allergic reaction and the name of the pupil.

b. The first aider will obtain the nearest EpiPen kit, or the child's own EpiPen.

c. If using the school's EpiPen the First Aider must have parental consent to do so.

d. If in any doubt administer the EpiPen and dial 999 and state 'Anaphylaxis'.

e. Follow the procedure for calling an ambulance set out in section 5 below.

f. Record the details on the First Aid record form, including the details of the EpiPen used (serial number, expiry date, brand etc).

4. Procedure in the event of an asthma attack in a known salbutamol inhaler user

a. An adult should stay with the child and a first aider informed immediately

b. Keep calm and reassure the child, encourage the child to sit up and slightly forward.

c. Use the child's own inhaler – if not available, use the emergency inhaler

d. Remain with the child while the inhaler and spacer are brought to the.

e. Immediately help the child to take two separate puffs of salbutamol via the spacer

f. If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs

g. Stay calm and reassure the child. Stay with the child until they feel better.

h. The child can return to school activities when they feel better

- i. If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE (follow the procedure in section 5 below)
- j. If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- k. Record the details on the First Aid record form, including the details of the inhaler used (serial number, expiry date, brand etc).

5. Procedure for calling an ambulance

- a. An ambulance should always be called in the following circumstances:
 - i. a significant head injury
 - ii. fitting, unconsciousness, or concussion (subject to care plan)
 - iii. difficulty in breathing and/or chest pains
 - iv. a severe allergic reaction
 - v. a severe loss of blood
 - vi. severe burns or scalds
 - vii. the possibility of a serious fracture
 - viii. in the event that the First Aider does not consider they they can adequately deal with the presenting condition by the administration of first aid, or if they are unsure of the correct treatment.
- b. If an ambulance is called, the member of staff in charge should ensure that *site staff are liaised with to ensure the emergency services are directed to the most appropriate entrance to the school and that* access to the school site is unrestricted so that the casualty can be easily accessed by emergency services when they arrive. Pupils who are taken to hospital in an ambulance will be accompanied by a member of staff unless parents are able to reach the school site in time. Ambulances will not be delayed to wait for parents to arrive at the school. Parents will be informed immediately of any medical emergency and told which hospital to go to.
- c. If an ambulance is required:
 - i. Dial 999 or 112 and tell the operator that you want the Ambulance Service

- ii. Provide the address where help is needed
- iii. Provide details of the type of accident or injury and any further information
- iv. Contact the parents or next of kin

6. Procedure in the event of contact with blood or other bodily fluid

- a. To reduce the risk of cross-contamination the First Aider at the scene of an accident or injury must take the following precautions:
 - i. cover any cuts and grazes on their own skin with a waterproof dressing before supporting the casualty
 - ii. wear suitable disposable gloves when dealing with blood or other bodily fluids; and
 - iii. wash their hands after every procedure
- b. If the First Aider suspects that they or any other person may have been contaminated with blood and /or other bodily fluids that are not their own the following action should be taken:
 - i. wash splashes off skin with soap and running water;
 - ii. wash splashes out of eyes with tap water or an eye wash;
 - iii. wash splashes out of nose or mouth with tap water, taking care not to swallow;
 - iv. record details of the contamination (refer to managing incidents)
 - v. take medical advice if appropriate

7. Procedure in the event of intimate care being provided

See intimate care policy.

8. First Aid on school visits

- a. All school visits are risk assessed and First Aid kits are available from the school office. It is the responsibility of the appointed person to ensure there is an adequate supply of all prescribed materials in the First Aid boxes and kits, and that contents are replenished after use, and not used after the expiry date. School visit leaders **should** inform the office staff of any items used during a school visit and **must** record any incident in the accident book.
- b. Refer to the Educational Visits Policy for further guidance, however care plans and related medication must be considered as part of the trip risk assessment.

9. Procedure for recording, reporting and investigation accidents, emergencies and First Aid administration

- a. any member of staff who has administered First Aid must complete a form in the accident book.
- b. Records of all reportable injuries, accidents and dangerous occurrences must be kept.
- c. A record should be kept of any intimate care given
- d. A note should be provided to parents/carers where a pupil sustains a head injury which is reported to a First Aider

8. Procedure for dealing with head injuries

It is common practice that where a pupil sustains a head injury, which is reported to a first aider and subsequently recorded then the parent/carer should be informed in order to reduce the risk of further complication. A sample letter is attached in Appendix 5, which can be adapted for use as appropriate, however best practice would be to telephone or send a text message to ensure that the parent receives the notification.

Appendix A - [Log sheet for first aid](#)

Appendix 2 - First aid needs risk assessment and effect on first aid provision

1. Are there any specific risks? E.g. working with:-
 - Hazardous substances, machinery, bodily fluids and loads
2. Are there parts of your environment where different levels of risk can be identified?
3. What is your record of accidents and assaults? What type are they and where did they happen?
4. Are there employees or young people in your setting with disabilities or special health problems?

5. Is our setting spread out? e.g. several or multi-floor buildings on the site?
6. Is there evening, weekend or out-of-term time working?
7. Do we have employees who travel a lot or work alone?
8. Do we have any work experience trainees?
9. Do employees have difficulty with reading problems or do not speak English?

You may need to:-

- Locate your provision in certain areas
- Review contents of the first aid boxes You will need to consider:-
 - Special equipment
 - Local siting of equipment
 - Extra training
 - Salbutamol asthma inhalers
 - Epi-pen / AAI users

You will need to consider provision on several floors/places

Remember that there are needs to be first-aid provision at all times people are at work

You will need to consider:-

- Issuing personal first-aid kits and training staff in their use
- Issuing mobile phones to employees
- Consider the use of location checks (i.e. phoning in when reaching a location)

Remember your first-aid provision must cover them

You will need to make special arrangements to give them first-aid information.

Don't forget that first aiders take leave and may be absent from the setting for other reasons. You must appoint sufficient people to cover their absences to enable first-aid personnel to be available at all times people are at work. This must cover any staff who works outside term time.

N.B. Before and after sessions, during holidays – because there are no pupils on site a one-day “appointed person” may be enough to cover.