



Wellington Place

Primary School

Learn, Lead, Achieve, Succeed

First Aid Policy

2024 - 2026

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1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors.
- Ensure that staff and Advisory Board are aware of their responsibilities with regards to health and safety.
- Provide a framework for responding to an incident and recording and reporting the outcomes.

2. Legislation and guidance

This Policy follows UK government Concussion guidelines for non-elite sport (April 2023)

<https://www.sportandrecreation.org.uk/policy/research-publications/concussion-guidelines>

3. Roles and responsibilities

The school has 40 trained first aiders including 11 paediatric. They are responsible for:

- Taking charge when someone is injured or becomes ill.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Sending pupils home to recover, where necessary.
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (copy books and Assessnet form where applicable)

Our school's paediatric first aiders are listed in appendix 1. Their names will also be displayed around the school for staff to access readily.

There is a designated member of staff who is responsible for ensuring there is an adequate supply of medical materials in first aid kits and replenishing the contents of these kits.

There are designated first aiders who have completed First Aid at work course Level 3. (See appendix 1)

3.2 The local authority, the Trust and Advisory board

The head teacher has ultimate responsibility for health and safety matters in the school. The LA and Trust regularly complete audits which are reported to the Advisory Board.

3.3 The Headteacher

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

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times.
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Ensuring all staff are aware of first aid procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of pupils.
- Reporting specified incidents to the HSE when necessary (see section 6).

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders in school are.
- Completing accident reports (see appendix 2) for all incidents they attend where necessary.
- Informing the Headteacher or their manager of any specific health conditions or first aid needs.

4. First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment.
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- If the injury is to the head, the first aider should follow the protocols set out in appendix 3 – Concussion protocol.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.
- If emergency services are called, the Headteacher or if not available the School Administrator team will contact parents immediately.
- If the pupil is well enough to remain in school, the class teacher and any other relevant staff who work with the child should be notified so that they can be monitored throughout the rest of the day.
- The relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

4.2 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Access to parents' contact details

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

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.

There will always be at least one first aider on school trips and visits in Key Stage 1 and 2.

5. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Eye wash
- Triangular bandages
- Adhesive tape
- Wound closure strips
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Gauze dressings
- Foil blankets
- An accident reporting book

No medication is kept in first aid kits.

First aid kits are stored in:

- The main office
- The staff room
-
- In each classroom

6. Record-keeping and reporting

6.1 First aid and accident record book

- A minor accident form is completed if the injury needs only very minor first aid- a wipe, cold compress, plaster or ice pack for a short time. A copy of the form is sent home to parents. A wrist

band is given to the child to show that a minor accident has occurred. If the child has had a head bump, parents will be notified via a telephone call or text message.

- An Assessnet form will be completed by the relevant member of staff on the same day or as soon as possible after a major incident resulting in an injury.
- As much detail as possible should be supplied when reporting an accident.
- A copy of the Assessnet accident report form will be stored electronically.
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, an AIRS 1 form will be kept until the child is 21 years old.

6.2 Reporting to the HSE

The Headteacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

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

6.3 Notifying parents

The class teacher or teaching assistant will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Where a head bump has occurred parents will be informed by a member of staff as soon as possible. This could be in the form of a phone call or text message.

6.4 Reporting to Ofsted and child protection agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher will also notify local authority child protection agencies (MASH team) of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 1).

Staff are encouraged to renew their first aid training when it is no longer valid.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

8. Monitoring arrangements

This policy will be reviewed by the Head teacher in conjunction with the Advisory Board every 2 years.

At every review, the policy will be approved by the Advisory Board.

9. Links with other policies

This first aid policy is linked to the

- Health and safety policy
- Risk assessments
- Policy on supporting pupils with medical conditions (Medication and Management appendices).

Appendix 1: list of paediatric trained first aiders

Appendix 2 – Reporting form

School Accident / Illness Report Slip		
Report Issued by:		Pupil's Name:
Date:		Time:
		Class:
Location and details of accident/incident/illness		
<input type="checkbox"/> Head injury	<input type="checkbox"/> Vomiting/Nausea	<input type="checkbox"/> TLC applied
<input type="checkbox"/> Asthma	<input type="checkbox"/> Sprain/Twist	<input type="checkbox"/> Collected from school
<input type="checkbox"/> Bump/Bruise	<input type="checkbox"/> Nosebleed	<input type="checkbox"/> Parent/Carer contacted
<input type="checkbox"/> Cut/Graze	<input type="checkbox"/> Stomach pain/Upset tummy	<input type="checkbox"/> Unable to contact parent
<input type="checkbox"/> Headache/High temperature	<input type="checkbox"/> Mouth injury/Toothache/Loose or missing tooth	<input type="checkbox"/> Well enough to stay in school after first aid
Details of treatment and additional comments:		Authorised signature:

Supplied by Cherry Printers Tel: 01482 370670

REF: CP_SCHOOLACCREP_2PART_210X99

IMPORTANT: Please consult your doctor or local hospital if your child suffers any drowsiness, vomiting, impaired vision or excessive pain after returning home.

Appendix 3 – Concussion Protocols

What is concussion?

Concussion is a traumatic brain injury resulting in disturbance of brain function. It affects the way a person thinks, feels and remembered things.

Loss of consciousness (being 'knocked out') occurs in less than 10% of concussions and is not required to diagnose concussion. However, anyone who loses consciousness because of a head injury has had a concussion.

Concussion can be caused by a direct blow to the head but can also occur when knocks to other parts of the body result in rapid movement of the head.

Initial assessment

Any pupil who is suspected of sustaining a concussion should be assessed by an appropriate onsite first

aided or by accessing the NHS by calling 111 within 24 hours of the injury. If there are concerns about other significant injury or the presence of 'red flags' then the pupil should receive urgent medical care onsite or in a hospital accident and emergency department.

Visible clues (signs) of concussion		Symptoms of concussion at or shortly after injury	
<i>What you see</i>		<i>What you should ask about</i>	
Anyone or more of the following visible clues can indicate a concussion:		Present of any one or more of the following signs and symptoms may suggest concussion:	
<ul style="list-style-type: none"> • Loss of consciousness or responsiveness • Lying motionless on ground/slow to get up • Unsteady on feet/balance problems or falling over/incoordination • Dazed, blank or vacant look • Slow to respond to questions • Confused/not aware of plays or events 	<ul style="list-style-type: none"> • Grabbing/clutching of head • An impact seizure/convulsion • Tonic posturing – lying rigid/motionless due to muscle spasm (may appear to be unconscious) • More emotional/irritable than normal for that person • Vomiting 	<ul style="list-style-type: none"> • Disoriented (not aware of their surroundings e.g. opponent, period, score) • Headache • Dizziness/feeling off-balance • Mental clouding, confusion or feeling slowed down • Drowsiness/feeling like 'in a fog'/ difficulty concentrating • Visual problems 	<ul style="list-style-type: none"> • Nausea • Fatigue • 'Pressure in head' • Sensitivity to light or sound • More emotional • Don't feel right • Concerns expressed by parent, pupil or staff member
Red flags – requiring urgent medical assessment			
If any of the following 'red flags' are reported or observed, then the pupil should receive urgent medical assessment from an appropriate Healthcare Professional onsite or in a hospital Accident and Emergency (A&E) Department using emergency ambulance transfer if necessary:			
<ul style="list-style-type: none"> • Any loss of consciousness because of the injury • Deteriorating consciousness (more drowsy) • Amnesia (no memory) for events before or after the injury • Increasing confusion or irritability • Unusual behaviour change • Any new neurological deficit e.g. <ul style="list-style-type: none"> —Difficulties with understanding, speaking, reading or writing —Decreased sensation —Loss of balance —Weakness —Double vision 		<ul style="list-style-type: none"> • Seizure/convulsion or limb twitching or lying rigid/motionless due to muscle spasm • Severe or increasing headache • Repeated vomiting • Severe neck pain • Any suspicion of a skull fracture (e.g. cut, bruise, swelling, severe pain at site of injury) • Previous history of brain surgery or bleeding disorder • Current 'blood-thinning' therapy 	
What staff should do		What parents should do	
<ul style="list-style-type: none"> • Remove the pupil to a place that they can be assessed • Observe the pupil or assign a responsible adult to monitor the individual once the pupil is removed. • Contact parents to inform of the suspected concussion and make arrangements for pick up • Arrange for a responsible adult to supervise the pupil over the next 24-48 hours. • Complete accident report form 		<ul style="list-style-type: none"> • Obtain full details of the incident. • Do not leave your child alone for the first 24 hours. • Have your child assessed by an appropriate Healthcare Professional onsite within 24 hours or by accessing the NHS by calling 111. • Monitor your child for worsening signs and symptoms of concussion for at least 24-48 hours. • Encourage initial rest/sleep as needed and limit smartphone/computer and screen use for the first 24-48 	

hours.

- Inform school/sports clubs of the suspected concussion.
- Support your child to follow a graduated return to activity (education/work) and sport programme.

UK government Concussion guidelines for non-elite sport (April 2023)

<https://www.sportandrecreation.org.uk/policy/research-publications/concussion-guidelines>