

FIRST AID POLICY

This policy covers all pupils including the Early Years Foundation Stage (EYFS)

Introduction

St David's School forms part of the Royal Russell Trust Group of Schools. This policy reflects the standalone nature of the St David's site, but follows ALL processes as outlined in the St David's and Royal Russell Health & Safety Policies.

The employer (Governing Body of the Royal Russell Trust) is responsible under the Health and Safety at Work Act for making sure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace. This policy forms part of the school's Health and Safety requirements and it includes arrangements for First Aid based on a risk assessment of the school (see below).

The Head Teacher is responsible for ensuring that the policy and arrangements are put into practice.

Teachers and other staff in charge of pupils are 'expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils 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' (DfE Guidance on First Aid in Schools, Early Years and Further Education – updated 2022)

For more information on individual responsibilities see below.

Part One: Procedure at St David's School

First Aid Provision

Pupils who require medication or first aid fall into three broad groups:

- Those who are completing a course of prescribed treatment
- Those who have long-term medical conditions
- Those with conditions that can, often without warning, require swift emergency medication.

First Aid provision must be available for everyone at all times while people are on school premises, and also off the premises while on school visits. In the EYFS at least one person on site and on visits must hold a Paediatric First Aid Certificate involving a minimum of 12 hours training.

Adequate and appropriate training for staff that volunteer to be First Aiders (either First Aid at Work or School's First Aid) and EYFS staff (Paediatric) must be arranged to ensure qualifications are kept up to date.

The school has a defibrillator located in the entrance lobby. First Aid boxes are kept in the Nursery/Reception classrooms and at the field. First aid supplies are kept in the School Office and there are two small packs for use in the playgrounds which are kept on the playgrounds during playtime and then stored on the pegs by the trough. There are also small first aid packs in each classroom for minor cuts etc. A mobile pack/rucksack must always be taken on school trips.

The Staff/Duty Person must make sure there is a small first aid pack on the playground. A mobile phone must be taken by a member of staff to the field, and a mobile phone must always be taken on a school trip. First Aid Boxes/packs must be kept stocked and orders placed by the Appointed Person. A sick bucket and necessary equipment together with cold compresses are kept in the Medical Room.

First Aid Procedure Charts are displayed in the following areas: Nursery Classroom, Reception Classroom, Office, Medical Room, Kitchen, Staffroom, Deputy Head's room and Main Hall (see Appendix A)

In the event that a child displays signs and symptoms of either an illness or an injury the following procedure must be followed:

- Remove the source of danger if safe to do so.
- Call for the First Aider or Appointed Person (see below).
- In EYFS notify the teacher/adult in charge. Ensure that the event and all signs and symptoms are clearly explained to the person in charge on the day. By doing this, the person in charge can assess the child and decide what further action to take.
- Any minor injuries should be dealt with in the playground by the Duty Person. Anything other than a minor graze should be referred to the First Aiders. Grazes should be cleansed with a non-alcoholic 'wipe' and dressed accordingly and a note recorded in the accident book which is in the playground pack (Forms 1-6 only). **
- If there is a back, head or neck injury or possible fracture, or if the child or adult is unconscious do not attempt to move them until a First Aider arrives.
- In the EYFS and where a child looks feverish temperatures must be taken and recorded.
- It is the responsibility in school of the Teacher/Office Staff/First Aider to decide whether to inform Parents/ Guardians by telephone and telephone for an ambulance if necessary.
- In the event that a child becomes infectious, the Medical Room must be used to ensure that the child is cared for, on a one to one basis in a room that is comfortable, warm and quiet. This ensures that the spread of infection can be controlled.
- A record of all medical aid must be recorded and completed books should be kept in a secure place for at least three years.

** In the EYFS parents must be informed on the same day (or as soon as is reasonably practicable) that their child has had an accident or injury and be told of any first aid treatment that was given. The accident book (in Nursery, Reception and Office) is to be completed by the person who administers the First Aid. This is signed by the parents when they are informed.

If an adult is injured, an Accident Record must be completed, signed and kept in the School Office which is locked when not in use.

The school will report to RIDDOR any serious injuries or accidents that the law requires it to (see below).

Guidance on calling an ambulance

All staff should know how to call the emergency services (999 or 112) and who is responsible for carrying out emergency procedures in the event of need. A pupil who needs to go to hospital by ambulance should always be accompanied by a member of the school staff, who should remain until the arrival of the pupil's parents.

Call an ambulance immediately if a child:

- Is in anaphylactic shock
- Has been administered an Adrenaline Auto-Injector (AAI) - epipen
- Is having a diabetic hypo and not responding to glucose
- Is having a diabetic hyper and is being sick
- Is having a fit and is not a known epileptic
- Is having a severe asthma attack
- Is unconscious
- Is suspected of having a fracture
- Is bleeding profoundly
- Is vomiting or suffering double vision after a head injury
- Is suffering from a very high temperature (39+) and not responding, particularly EYFS children

Also call an ambulance in any case where there is doubt and where parents cannot be contacted.

Written instructions of what to say to emergency services should the need arise, are near the phones in the School Office, Deputy Head's room, Staffroom and the Kitchen (see Appendix A).

First Aid Responsibilities

First Aiders

First aiders must complete a training course approved by Health and Safety Executive (HSE) and they are required to retrain before expiry of their qualifications.

Their main duties are:

- To give immediate help to casualties with common injuries or illnesses and those rising from specific hazards at school.
- When necessary, to ensure that an ambulance or other professional medical help is called.
- To be able to go immediately to an emergency.

The school has First Aiders who are qualified either as Paediatric First Aid, 3 day First Aid at Work or 1 day First Aid in Schools.

The names of all qualified First Aiders are displayed in the Staffroom and the Office (see Appendix B).

Qualifications are only valid for 3 years.

Staff are aware that they should not give first aid treatment for which they have not been trained.

The Appointed Person

The school's Appointed Person is one of the School Administrators. The Appointed Person is responsible for:

- Maintaining a register of First Aiders, and reminding them when their qualification needs renewing.
- Arranging training and refresher training for staff as required (including for the Early Years staff).
- Ensuring that all first aid boxes/packs are appropriately stocked and maintained in a clean tidy condition, obtaining replacement items as necessary.
- Taking charge when someone is injured or becomes ill.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Recording treatments with specific details of the injury, how it occurred and initial treatment given.

All Staff

All staff are expected to:

- Take charge when someone is injured or becomes ill, until a First Aider arrives.
- Comfort and reassure him/her.
- Ensure that an ambulance or other professional medical help is summoned when appropriate.
- Record all treatments with specific details of the injury, how it occurred and initial treatment given for playground incidents.

Reporting Accidents/Record Keeping/Riddor

The witness/person on duty/Appointed Person must record all EYFS accidents and all significant accidents on the official Accident Form in the relevant Accident Book (pupils or staff), for confidential filing. Accident Books are used to record minor playground injuries and are located in the First Aid packs used on the top and bottom playgrounds and in the one at the field. The classroom First Aid kits also contain Accident Books. There is a separate Accident Book in the First Aid packs in the Nursery and Reception classrooms. These records are kept for 3 years and are regularly monitored by the Health and Safety committee.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) is part of health and safety legislation and is primarily concerned with the adult workforce. Children's accidents on the playground are not reportable to RIDDOR unless caused by negligence of an adult.

Some accidents must be reported to the Health and Safety Executive (HSE) under RIDDOR (this is the law that requires employers and anyone else with responsibility for health and safety within a workplace, to report and keep records). The date, time and place of event should be noted, the personal details of those involved and a brief description of the event/disease. The RIDDOR website contains details and a Form 2508 may need to be completed by the Office staff.

These accidents include:

- Accidents resulting in death or major injury (including as a result of physical violence).
- Accidents that prevent the injured party from doing their normal work (or school) for more than three days (including acts of physical violence).

Fatal and major injuries and dangerous occurrences must be reported immediately (by telephone). This must be followed up within 10 days by a written report on Form 2508. Other reportable accidents do not need immediate notification, but they must be reported to HSE within ten days on Form 2508.

An accident that happens to pupils or visitors must be reported to the HSE as above on Form 2508 if:

- The person involved is killed or is taken from the site of the accident to hospital **and**
- The accident arises out of or in connection with work

These serious accidents must be reported if they:

- occur during any school activity (both on and off the premises)
- relate to the way a school activity has been organised and managed (e.g. the supervision of a field trip)
- involve equipment, machinery or substances
- relate to the design or condition of the premises.

Notifying Parents/Next of Kin/Staff

In the event of more significant incidents, i.e. those requiring medical attention, parents (next of kin for staff) will be contacted immediately by telephone.

- Parents of all pupils receiving a head injury (however minor) will be informed by email that day.
- All staff are informed by e-mail of daily playground incidents that are more than a scraped knee in case the pupils' condition deteriorates during the school day.
- Staff are responsible for keeping their next of kin details held by the school up to date.

First Aid Accommodation

The Medical Room is set aside which can be used for the treatment and care of pupils and adults. The area contains washing facilities and is near to a toilet

First Aid Kits

First Aid supplies are kept in the Medical Room and are replenished half termly by the Appointed Person. The Appointed Person frequently checks the contents of the First Aid containers and restocks them after use.

All First Aid containers are marked with a white cross on a green background. All large and 'travelling' First Aid Kits contain the following:

- A leaflet giving general advice on First Aid
- Individually wrapped sterile adhesive dressings (assorted sizes)
- Sterile eye pads
- Individually wrapped triangular bandages
- Safety pins
- Medium sized (12x12cm) individually wrapped sterile unmedicated wound dressings
- Large (18cmX18cm) individually wrapped sterile unmedicated wound dressings
- Disposable gloves
- Sterile cleansing wipes

The minibus First Aid kits contain the following:

- A leaflet giving general advice on First Aid
- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5 cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15.0 cm x 20.0 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins

- 1 pair of rustless blunt-ended scissors

Playground and Classroom First Aid kits only have sterile wipes, plasters, gloves and wound dressings. Any first aid requiring more intervention should be sent to the Office.

Medical History of Pupils

Staff must ensure that they are aware of the medical history of the children they teach. The Head Teacher must ensure that such information is available to members of staff. It is also essential that staff are aware of any children suffering from potentially life-threatening conditions such as diabetes, asthma or allergies which could give rise to anaphylactic shock, and the action necessary to take in the event of such an attack.

An up-to-date list of medical conditions of all children by class is kept in the School Office and in the Staffroom. It is re-distributed to all staff every time it is updated. A list of pupils with allergies is also kept in the kitchen and the Hall and is updated by the Appointed Person as required. Staff are informed by the Head Teacher if children with serious medical problems join the school and detailed information is displayed on the 'First Aid and Medical Information' board in the Staff Room.

Provision for severe allergic reactions

The school request that two AAI's are provided for children who could have a severe allergic reaction. In Forms 1 - 6 one AAI is kept in the child's classroom and one in the staff room. For EYFS AAI's are kept in the classroom. Generic AAI's are kept in the Medical Room.

Risk Assessment

The Governing Body/Head Teacher annually review the school's First Aid needs and inform staff of the First Aid arrangements i.e. location of equipment, facilities and personnel and the procedure for monitoring and reviewing the school's First Aid needs. This is done by:

- Displaying simple and clear First Aid procedures in the Nursery Classroom, Reception Classroom, Office, Medical Room, Kitchen, Staffroom, Deputy Head's Room and Main Hall (see Appendix A)
- Informing new staff and pupils about First Aid arrangements e.g. in Staff Handbook/on notice boards

Risk assessments consider the size, location and hazardous areas of the school, the age range of pupils and any special needs, and the safety of visitors. Generally, schools fall into a lower risk category, but the school is aware that some areas of activity may fall into the medium risk category. Adequate provision is regularly reviewed for lunchtimes and breaks, off-site activities, areas of the curriculum such as physical education and out-of-hours activities such as clubs etc.

Swimming Pool

Children with open wounds must not swim.

Matches and Off-site Activities

A First Aid bag must be taken on all trips. Grab bags are kept in the School Office and must be taken on all coach trips and to matches. When travelling by minibus it is the responsibility of the member of staff to carry a grab bag in their vehicle.

The class list of pupils' medical conditions should also be taken on all trips together with medication/inhalers, etc.

Where a child is at risk of having an anaphylactic reaction or suffering an asthma attack (see below), two AAI's (epipens) or inhalers are taken off-site with the child. These are stored in individual green bags which also contain a condensed personalised Health Care Plan (summarising the medical condition, symptoms and treatment).

Body Fluids

All body fluids should be cleaned up immediately. The School Maintenance Officer will deal with any spillages and use:

- Disposable rubber gloves (in the Medical Room)
- Hand washing facilities
- Absorption powder/Crystals and spray

Vomit should be covered with absorbent deodorizing powder (kept in the School Office) and then swept up using the supplied dustpan and brush. If vomit is located outside, the area should be cordoned off and covered with liquid spillage absorber.

All items that come into contact with body fluids, including medi-wipes, cleaning cloths, tissues, gloves, etc. are to be disposed of in a plastic bag and tied up and placed in the lidded bin and disposed of accordingly.

Part Two: Conditions requiring swift emergency action

The four most common conditions where swift emergency action is usually necessary are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). Where appropriate staff should take the child to the Medical Room or into the Head Teacher's office if they are having a 'serious' episode.

Staff should always try to preserve the child's dignity by removing children away from a populated area.

Asthma

About one child in 11 has asthma that requires regular medical supervision. An attack is characterised by coughing, wheeziness and difficulty in breathing. In a severe attack the pupil's skin and lips may become blue. Children with asthma must have immediate access to their reliever inhalers when they need them.

In the event of an attack, the person in charge of the group should prompt the pupil to use their inhaler if he or she is not already doing so. The pupil should sit rather than lie down and be reassured. The medication should work after about five or ten minutes, but if there is no noticeable improvement or if the pupil is distressed, medical advice should be sought and/or an ambulance called.

Inhalers are kept in the Staff Room and Early Years classroom. Children take them off site when on an outing/ games session. Generic inhalers are kept in the Staff Room and in the School Office.

Epilepsy

Somewhere between one in 130 and one in 200 UK children have epilepsy and about 80% attend mainstream schools. Not all pupils with epilepsy experience major seizures (commonly called fits) and most of those who do will have them controlled by medication. Pupils should not unnecessarily be excluded from any school activity, but extra care and discreet supervision might be necessary in activities such as swimming.

If a major seizure does occur, unless the pupil is in a dangerous place and could hurt themselves, he or she should not be moved and nothing should be done to stop or alter the course of the seizure, other than to ensure that the pupil's airway is maintained at all times. No attempt should be made to restrain the pupil in any way, or to put anything in his or her mouth. Once the convulsion has stopped the pupil should be put into the recovery position and allowed to recover.

Diabetes

About one school-age child in 700 has diabetes. This condition results if the person's normal hormonal mechanisms are unable to control the amount of sugar in the blood. This level needs to be monitored and insulin is administered as necessary (usually before food). It is also necessary to eat regularly. Any needles are disposed of in a sharps bin located in the Medical Room.

If a meal or snack has been missed, or if the pupil has been taking part in a particularly strenuous activity, he or she might experience a **hypoglycaemia** episode, commonly known as a hypo. This happens when the blood sugar level falls too low. Symptoms will vary and these should be discussed when drawing up the pupils' health plan. It is important that in the event of a hypo some fast acting sugar, such as glucose tablets, a glucose rich gel or a sugary drink (fruit juice) is given immediately. If after 10 to 15 minutes there is no sign of improvement an ambulance should be called.

Some pupils may experience **hyperglycaemia** (high glucose level) and will need to run off energy. They may also have a greater than usual need to go to the toilet or drink. If the pupil is unwell, vomiting or has diarrhoea this can lead to dehydration. If the pupil is giving off a smell of pear drops or acetone, this may be a sign of ketosis and dehydration and the pupil will need urgent medical attention.

Anaphylaxis

This is the name given to an extreme allergic reaction that requires urgent medical treatment.

Nuts, fish and dairy products are the most common causes of allergy, but bee and wasp stings can also cause allergic reactions. In severe cases these reactions can be life threatening, but they can be treated with medication.

The most severe cases are normally treated with an Adrenaline Auto Injector (AAI) - epipen. This is a device that looks like a fountain pen and is pre-loaded with the correct dose of adrenaline. The needle is not revealed, it is easy to use and is normally injected into the fleshy part of the thigh.

For some children the timing of this injection is crucial and procedures must be in place to ensure that this can be swiftly done in the case of an emergency. Responsibility for injecting must be on a voluntary basis and should not be undertaken without training from an appropriate health professional.

Coeliac

This is an allergic reaction to wheat and requires a gluten free diet.

G6PD Deficiency

This is a severe allergic reaction to a wide range of foods, drugs and chemicals and is life threatening.

Sickle Cell Anaemia

This is a blood disorder causing pain in muscles, joints etc., due to sickle shaped cells.

When reviewing this policy, the school refers to the following:

- DfE Guidance on First aid for Schools, Early Years and Further Education (updated 2022)
- DfE guidance: Health and Safety: responsibilities and duties for schools (updated 2022)
- Gov.UK Guidance: Section 19 and 22 permits and obligations: not for profit passenger transport (updated 2020)

This policy is in compliance with the current version of 'Keeping Children Safe in Education' (DfE) and is to be read in conjunction with the following related policies:

Administration of Medicines

Child Protection & Safeguarding

Health & Safety

Offsite Educational Visits

Sick Child Policy (including Guidelines on Infection Control)

Policy reviewed by	B Lee/B Rogers
Approved by SLT	October 2024
Approved by Health and Safety Policy Sub Committee	December 2024
Review date (every year)	October 2025

APPENDIX A

First Aid Procedure

In the event that a child displays signs and symptoms of either an illness or an injury the following procedure must be followed:

- In EYFS notify the teacher in charge. Ensure that the event and all signs and symptoms are clearly explained to the person in charge on the day. By doing this, the person in charge can assess the child and decide what further action to take.
- In the rest of the School contact a First Aider.
- If there is a back, head or neck injury, children should not be moved until a First Aider arrives.
- A record of all medical aid must be recorded. In the EYFS and where a child looks feverish, temperatures must be taken and recorded.
- It is the responsibility in School of the Teacher/Office Staff/First Aider to inform Parents/Guardians by telephone.
- It is also their responsibility to decide whether it is necessary to phone the emergency services if required and to make that phone call.
- In the event that a child becomes infectious, the Medical Room must be used to ensure that the child is cared for, on a one to one basis in a room that is comfortable, warm and quiet. This ensures that the spread of infection can be controlled.

N.B. In EYFS parents must be informed of any accidents or injuries sustained by their child and of any first aid treatment that was given.

GUIDANCE ON CALLING AN AMBULANCE

Call an ambulance immediately if a child is:

- In anaphylactic shock
- Being administered an AAI (epipen)
- Having a diabetic hypo and not responding to glucose
- Having a diabetic hyper and is being sick
- Having a fit and is not a known epileptic
- Having a severe asthma attack.
- Unconscious
- Suspected of having a fracture
- Bleeding profoundly
- Vomiting or suffering double vision after a head injury.
- Suffering from a very high temperature (39 +) and not responding, particularly EYFS children.

Call an ambulance in any case where there is doubt and/or where parents cannot be contacted.

Procedure for calling an ambulance

When you call the emergency services, (999 or 112) ask for an ambulance and give the following information:

- Your name
- School details: St David's School, 23-25 Woodcote Valley Road, Purley, CR8 3AL 020 8660 0723
- Location of accident
- Type of accident/situation
- Details about the casualty's present condition
- Details of hazards
- Details of child(ren): Name
 - Age
 - Gender
 - Medical History
 - Medication
 - Allergies



QUALIFIED IN FIRST AID



PAEDIATRIC TRAINED

Amy Abendroth (*expires 16.08.26*)

Abbie Cortes (*expires 15.09.25*)

Peter Dobson (*expires 05.01.27*)

Colette Haddad (*expires 15.09.26*)

Bethany Lee (*expires 18.01.26*)

Amanda Munt (*expires 09.02.25*)

Aarti Patel (*expires 03.01.27*)

Charmaine Payne (*expires 18.01.26*)

Sarah Syradd (*expires 03.01.27*)

Collette Thomas (*expires 04.06.26*)

Steve Urie (*expires 07.01.27*)

3 DAY TRAINED (First Aid at Work)

Amanda Munt (*expires 25.01.27*)

1 DAY TRAINED (Schools First Aid)

Francesca Cadogan (*expires 08.01.27*)

Craig MacGregor (*expires 03.05.27*)

Emma Marshall (*expires 08.01.27*)

Karen Palfreyman (*expires 03.05.27*)

Brenda Rogers (*expires 04.06.27*)

All staff attended AAI training on 30.10.23

DESIGNATED SAFEGUARDING OFFICERS

Please be aware if any parent or member of staff has a concern about a child the designated Child Protection Officers are:

Mrs S Syradd (DSL)

Mrs J Mitchell (DDSL)

Mrs C Haddad (EYFS DDSL)

Mrs B Lee (DDSL)