

First Aid Policy

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1. Aims

The school aims to provide a level of first aid cover and expertise that ensures a swift and competent response to any accident or illness suffered by a pupil, member of Staff (while they are in school or engaged on a school activity out of school) or by visitors (parents, contractors and others). First-aid provision must be available at all times when there are pupils on school premises and also when attending activities off site.

'First-aid' means:

- cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimizing the consequences of injury and illness until such help is obtained, and
- treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse

H&S (First Aid) Regulations 1981

The aims of our first aid policy are to:

- Ensure the health and safety of all Staff, pupils and visitors
- Ensure that Staff and governors 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 is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and Responsibilities

3.1 Appointed persons and first aiders

The Directors delegate operational matters and day-to-day tasks to the Headteacher and Staff members.

The school's nominated first aiders are Sian Hoskins, Jenni Magloire and Judy Loblack. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Looking after first aid equipment and facilities and arranging for the emergency services to be called
- Ensuring staff are trained and qualified first aiders

First aiders are trained and qualified to carry out the role 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
- Assessing whether pupils need to go home to recover if necessary
- Filling in an accident report on the same day after an incident (see the template in Appendix 2)
- Keeping their contact details up to date

HHS is committed to ensuring there are an adequate number of Staff trained as first aiders. First aid provision will be reviewed on a regular basis to ensure that provision remains appropriate.

Our school's appointed first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

3.2 The Founding Principal

The Founding Principal has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Headteacher and Staff members.

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 members of SMT 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

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 for all incidents they attend to
- Informing a member of SMT and/or SLT 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 necessary, 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
- The first aider will call an ambulance if the injury or illness is beyond basic first aid
- The first aider will ensure communication with the appointed persons and the Founding Principal or the Headteacher if pupils are taken to A&E
- The first aider will assess the situation and decide whether the injured person should be moved or placed in a recovery position
- If emergency services are called or the pupil is taken to A&E, a member of Staff will contact parents immediately
- All pupils are to be accompanied to hospital by an adult (parent, guardian and/or a member of Staff)
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their pupil. Upon their arrival, the first aider may recommend next steps to the parents
- The first aider will complete an accident report form on the same day 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

- Medication required by pupils such as inhalers and EpiPens
- Parents' contact details

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box.

Risk assessments will be completed by the trip organiser prior to any off-site activity and any educational visit that necessitates taking pupils away from school premises.

In the Lower School, there will always be at least one first aider with a current paediatric first aid certificate on school visits, as required by the statutory framework for the Early Years Foundation Stage.

In the Upper School, there will always be at least one first aider on school trips and visits.

4.3 Administering medication

Sian Hoskins, Jenni Magloire and Judy Loblack are responsible for administering non-emergency medication.

5. First Aid Equipment

5.1 Defibrillators

The defibrillator in the upper school is located on a shelf in the entrance to the left of the kitchen.

The defibrillator in lower school is kept in the main hall to the right of the Reception Blue class.

The defibrillator is registered with The Circuit, a service that connects AED's to the NHS emergency network. Further it allows for a member of Staff to regularly manage and inspect the school defibrillators. The school defibrillators are inspected termly by the appointed first aider, Judy Loblack and the Health & Safety Officer, Shelby Clouthier.

5.2 First aid kit

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

- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Disposable gloves
- Antiseptic wipes
- Disposable cold packs
- Calpol sachets
- Burns gel sachets
- Foil blanket
- Face shield
- Adhesive tape
- Burn dressing
- Hypoallergenic plasters

- Please note that the use of plasters should be minimised where possible and should only be used for situations such as splinters, hangnails, deep wounds that do not require stitches, cuts susceptible to infection or irritation and cuts that have prolonged bleeding.

First aid kits are stored in:

- The Lower School
 - Medical cabinet in corridor outside School Coordinator's office
 - First aid kits are found in every classroom on a hook at or above 1.8 metres
 - Where applicable, individual pupil's medical bags are also found in the classroom on a hook at or above 1.8 metres.
- The Upper school
 - First aid kits are found in every classroom on a hook at or above 1.8 metres
 - Where applicable, individual pupil's medical bags are also found in the classroom on a hook at or above 1.8 metres.
 - Additional first aid equipment is stored in the Upper School Office and in the cupboard in the corridor across from the Upper School Officer.

5.3 Bodily Fluids

Bodily fluids, such as vomit and blood, will be cleaned with absorbent granules. Staff members should wear gloves when handling any bodily fluids or potentially infectious substances. Once the fluids have been absorbed, they should be swept into a yellow medical waste bag (stored in the medical exam room), along with any gloves or towels used, then disposed of properly. A disinfecting cleaning substance will then be used on the areas in which the bodily fluids were in contact with.

6. Accidents and Reporting

6.1 First aid and accident record book

- An accident form will be completed by the relevant member of Staff on the same day the accident occurred.
- Accident forms should be clearly completed, giving as much information as possible (see Appendix 2).
- Completed Accident report forms should be given to the School Administrator or the School Coordinator within 24 hours of the accident taking place. They will be securely stored in the respective offices.

Note: If a pupil comes to school with a pre-existing injury (that did not take place at school), the relevant Staff member should speak with the parents to clarify how the injury happened. This is to ensure proper monitoring of the injury and to document that the injury happened while the pupil was not in the care of the school.

6.2 Reporting to the Health and Safety Executive

The Health and Safety Officer 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 Health and Safety Officer and/or the School Co-ordinator 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:

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

6.3 Notifying parents

- The class Teacher or a relevant member of Staff will inform parents/guardians of any accident or injury sustained by a pupil, and any first aid treatment given on the same day of the incident
- If a pupil suffers an injury to their head, parents will be telephoned as soon as possible after the accident has been reported

6.4 Reporting to ISI and child protection agencies

The School Co-ordinator will notify ISI 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 School Coordinator will also notify Camden Safeguarding Children Partnership of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. EYFS First Aid Requirements

According to the EYFS Statutory Framework:

- Parents must keep a child home for 48 hours after symptoms of vomiting and diarrhoea have ceased. See the Illness Policy for more information.
- Parents must inform the school if their child contracts a notifiable disease. See the Illness Policy for more information.
- The School must obtain medical information when a pupil joins the school and parents must keep this information regularly up to date
- Written permission is required from parents for any medication to be administered
- Administration of medication and its timing must be reported to parents the same day or as soon as reasonably practicable

8. Anaphylaxis Care Plan

Pupils with medication, such as inhalers or EpiPens, or pupils with severe medical needs have individualised care plans. Relevant Staff members have received training in administering EpiPens.

Anaphylaxis may occur without skin symptoms. Anaphylaxis should always be considered in someone with a known allergy who has sudden breathing difficulty.

Symptoms of a mild/moderate reaction are swollen lips, face or eyes, itchy/tingling mouth, hives or itchy skin rash, abdominal pain or vomiting, and/or sudden change in behaviour. A Staff member will stay with the pupil, call for help if necessary, locate the adrenaline autoinjector, and give antihistamine.

The acronym, ABC, can be used to check if a life-threatening reaction is taking place.

- A: Airway
 - Persistent cough, hoarse voice, difficulty swallowing, and/or swollen tongue
- B: Breathing
 - Difficult or noisy breathing, wheezing, and/or persistent cough
- C: Consciousness
 - Persistent dizziness, pale or floppy, suddenly sleepy, and/or collapse/unconsciousness

If one or more of the signs above are present, lie the pupil flat with legs raised, use the adrenaline autoinjector, and dial 999. After giving adrenaline, the Staff member will stay with the pupil until the ambulance arrives, commence CPR if there are no signs of life, phone the parent/emergency contact, and give a further adrenaline dose if there is no improvement after 5 minutes.

To administer the EpiPen, pull off the blue safety cap and grasp the EpiPen. Hold the leg still and place the orange end against the mid-outer thigh (with or without clothing), then push down hard until a click is heard or felt. Hold it in place for 3 seconds and then remove the EpiPen. If wheezy, an asthma reliever may be administered after the EpiPen, if a pupil is prescribed it.

9. Medical Exam Room

The medical room for Upper School is located to the left of the kitchen. This space also serves as the accessible and adult toilet. Should a pupil or Staff member need medical attention, medication administration, or a private space, the medical room will be used. The medical exam room for Lower School is the School Coordinator's office.

10. Training

At all times, at least 1 Staff member, within each year group, 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. This policy is also applicable to HHS's KS1 – however, the Staff undertake Emergency First Aid in Schools Course. HHS acknowledges that it is best practice to have most, if not all Staff first aid trained to the appropriate level.


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. The list of external trainings is available upon request. Staff online trainings are stored digitally on our CPD platform – SSS CPD Training.

Staff will be notified when their first aid training needs to be refreshed. First aid training records will be monitored by the School Administrator, School Co-Ordinator and Health & Safety Officer.

11. Links with Other Policies and Documents

This policy links to our policies on:

- Medication Policy
- Child Illness Policy
- Risk Assessment Policy
- Health and Safety Policy

Last Review	May 2024
Next Review	May 2025
Name	 Anne Napier Headteacher

Appendix 1: Nominated First Aiders and Medication Administrators

Hampstead Hill School Nominated First Aiders & Medication Administrators

Lower School



Sian Hoskins

Emergency First Aid in Schools

Upper School



Jenni Magloire

Emergency First Aid in Schools



Judy Loblack

IQL Level 2 Lifeguard

Appendix 2: Accident Report Form

Full Name: _____	MALE / FEMALE (circle one)
DOB: _____	
Accident Date: _____	CHILD / ADULT / STAFF MEMBER (circle one)
Time: _____	Place: _____

Circumstances prior to accident/incident: (ex: activity in progress, condition)
How the accident/incident happened: (detailed description of what occurred)
Injuries and emotional state: (details of ALL injuries – please mark where injuries are on pictures & specify LEFT/RIGHT) (Please include a statement on the person's emotional state/wellbeing)
<p style="text-align: center;">FRONT BACK</p>

Treatment: (detail of ALL treatment given – ex: ice pack, disinfectant wipe, plaster) Was medical aid sought (ex: Advanced First Aider, Hospital): YES / NO. If YES, include details.	
Treatment administered by: (name & position of ALL persons who administer any treatment)	
Additional Information (ex: weather conditions, follow-up checks)	
Contact (INC: name of person, time & method of contact, whether contact was successful, follow-up notes)	
Person who dealt with accident: _____ (Print name) _____ (Sign) _____ (Position) _____ (Date)	Person who witnessed treatment: _____ (Print name) _____ (Sign) _____ (Position) _____ (Date)
Parent/Carer signature: _____ (Print name) _____ (Sign) _____ (Date)	Year Leader signature: (for staff accidents) _____ (Print name) _____ (Sign) _____ (Position) _____ (Date)

Is this an accident that should be reported under RIDDOR? YES / NO

Reportable accidents include fractures, amputations, permanent loss of sight, serious burns, crush injuries to head/torso, scalping, loss of consciousness, hypothermia, resuscitation or admittance to hospital for more than 24 hours.

If the incident occurred due to an underlying medical issue, or the accident resulted in a hospital visit, please return to this form and include any relevant information provided by parents/carers or medical professionals.
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