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**First Aid Policy**

**Recommended by: Principal / Damian Belshaw**

**Recommendation Date: 30 September 2022**

**Ratified by: LAGB**

**Signed:** **T. Forty**

**Position on the Board: Acting Chair of LAGB**

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# 1. Aims

The aims of our first aid policy are to:

* Ensure the health and safety of all staff, students 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 advice from the Department for Education on [first aid in schools](https://www.gov.uk/government/publications/first-aid-in-schools), [health and safety in schools](https://www.gov.uk/government/publications/health-and-safety-advice-for-schools) and [actions for schools during the coronavirus outbreak](https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak), and the following legislation:

* [The Health and Safety (First Aid) Regulations 1981](http://www.legislation.gov.uk/uksi/1981/917/regulation/3/made), 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](http://www.legislation.gov.uk/uksi/1992/2051/regulation/3/made), 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](http://www.legislation.gov.uk/uksi/1999/3242/contents/made), 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](http://www.legislation.gov.uk/uksi/2013/1471/schedule/1/paragraph/1/made), 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](http://www.legislation.gov.uk/uksi/1979/628), which set out rules on the retention of accident records
* [The Education (Independent School Standards) Regulations 2014](http://www.legislation.gov.uk/uksi/2014/3283/schedule/made), which require that suitable space is provided to cater for the medical and therapy needs of students

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

# 3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school’s appointed First Aid Lead is 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

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 students home to recover, where necessary
* Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
* Keeping their contact details up to date

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

3.2 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Principal and staff members.

3.4 The Principal

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

* Ensuring that an appropriate number of first aiders 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 students
* Reporting specified incidents to the HSE when necessary (see section 6)

3.5 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 to where a first aider is not called
* Informing the Principal 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
* 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 student 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 First Aid Lead or first aider in their absence, will contact parents immediately
* The First Aid Lead or first aider in their absence, will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

**During coronavirus**: first aiders will follow Health and Safety Executive (HSE) guidance for [first aid during coronavirus](https://www.hse.gov.uk/coronavirus/first-aid-and-medicals/first-aid-certificate-coronavirus.htm). They will try to assist at a safe distance from the casualty as much as possible and minimise the time they share a breathing zone. Treating any casualty properly will be the first concern. Where it is necessary for first aid provision to be administered in close proximity, those administering it will pay particular attention to sanitation measures immediately afterwards including washing their hands.

4.2 Off-site procedures

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

* A school mobile phone
* A portable first aid kit
* Information about the specific medical needs of students and any medication needed
* Parents’ contact details

Risk assessments will be completed by the Trip Leader prior to any educational visit that necessitates taking students off school premises.

**During coronavirus**: we will take account of any government advice in relation to educational visits during the coronavirus pandemic.

* 1. Advice to parents and administering medication in school
* Students should not be sent into school if they have a raised temperature, diarrhoea or vomiting in the last 24 hours.
* Records of general illness are recorded daily on sheets held in the Medical Room, from which the MIS (SIMS) is updated.

Please refer to the policy on supporting students with a medical condition. 'Advice to Parents' on first aid issues is contained in Appendix 3 below.

**Medication**

Legally schools are not compelled to administer medication to students because of the risks involved and possible legal consequences. However, it is WHHS policy, wherever possible, to work in partnership with parents/carers, students and governors by allowing the safe administration of medicines during school hours by the appointed First Aiders.

WHHS believes that to allow students to receive medication in school will help minimize the risk of disruption to their education brought about by early return to home or by performing below expectation in class due to feeling unwell. Only drugs kept in the medical room which are supplied by parents/carers and accompanied by a signed consent will apply.

The medications will only be administered to students if:

* Prior written permission has been given by the student’s parents/carer, via completed student medical forms
* Allergies are recorded on the student files and a photo list of students with allergies is displayed on the inside of the medical door in the medical room.
* Copies of this list are also displayed in the Staff Room and the Medical Room.  
  Any medication administered will be recorded by the First Aider on the daily record sheets held in the Medical Room

**Student’s Own Medication**

If students take regular medication during the school hours, they are permitted to bring in a small amount of the medication to be administered at the appropriate time under medical supervision. These medications are to be kept in a locked storage cupboard in the Medical Room. Each student has allocated a small container, clearly labelled, where their medication is kept, to avoid confusion and mistakes occurring with storage and administration; students are required to collect unused medicine from staff at the end of the school day. Any medication brought from home, should be labelled correctly with the student's name, retain the pharmacist's label, and recoded and secured in the Medical room.

Each Epi-pen for students is stored within the Medical Room in a transparent box with a lid and clearly labelled with the student's name on it and a copy of the student’s medical record.

The student's parent/carer must provide a letter to the school confirming;

* The name of the medication
* The reason for the medication
* How long the student will be on the medication
* How often it is required to be given in school
* What time it should be given
* Any special instructions – e.g. before or after food etc.

This letter will be kept with the student’s medical records to safeguard the student and for legal reasons. During the administration period of a student's medication, any changes to the dosage or requirement must be put in writing to the school by the parent/carer of the student of concern.

**Staff Responsibilities**

Staff at school, are not obliged to administer medication to students. However those trained in first aid may be called upon to administer basic medications (that they are confident in administering). All other teaching and support staff are unlikely to be required to give out medicines but they should be made aware that a student is taking medication so they can look out for side effects. All teachers and other staff will need to be aware of emergency procedures and their general duties under the policy. They should also have sufficient information provided by parents or health professionals to allow them to deal with the needs of individual students.

**Disposal of Medication**

Tablets and capsules are occasionally dropped on the floor or spat out. Under no circumstances should it be flushed down the toilet or thrown in the bin in the medical room. Instead each tablet should be sealed and folded in an envelope or small container and disposed of safely in a staff toilet bin or staff room bin.   
  
A student's own medication where the student has left the school, or ceased to need the drug, or it has expired, should be returned to the student's parent via the First Aid Lead and not via the student. If this is not possible it can be taken to any pharmacy for disposal.

**Medication Administration Errors**

Where a dose has been given too early, or too large a dose has been given, it is important that the student is monitored for any reactions and medical advice is sought immediately.

It is vital that the student's medical file on SIMS is updated with the details of the occurrence and it is entered in the incident book. Parents should be contacted and the mistake explained to them and the Principal must be informed.

**Medicines and the Law**

There are a number of relevant laws that affect the way you deal with medicines in schools.  
  
Disability Discrimination Act 1995 (as amended by the SEN and Disability Act 2001)

Makes it a requirement for schools not to unjustifiably discriminate against students with disabilities, which includes those with medical needs.

Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999

School managers have a responsibility to ensure that safety measures are in place to cover the needs of all staff, visitors, and students in the school. This may mean conducting risk assessments and making special provision for students with particular health needs.

Control of Substances Hazardous to Health Regulations 2002

COSHH covers the use and storage of hazardous substances and some medicines fall into this category.  
  
Medicines Act 1968

This covers all aspects of the supply and administration of medicines. It allows any adult to administer a medicine to a third party as long as they have consent and administration is in accordance with the prescriber’s instruction. This includes the administration of some forms of injection (with appropriate training).

Misuse of Drugs Act 1971.

This act and its associated regulations cover the supply, administration, and storage of controlled drugs. At times schools may have a student who has been prescribed a controlled drug.

# 5. First aid equipment

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

* A leaflet with general first aid advice
* 2 crepe bandages – 1 x 5cm width, 1 x 7.5 cm width
* 1 sterile eye pad
* 1 triangular bandage
* 2 pairs of disposable gloves
* 10 Antiseptic wipes
* Plasters of assorted sizes
* 1 medium sterile dressing
* 1 large sterile dressing

No medication is kept in first aid kits.

First aid kits are stored in:

* The medical room
* Main Office
* Library
* Science labs x 7
* Design and technology / Food technology
* Staff room
* Canteen
* School minibus
* Student Support Centre

# 6. Record-keeping and reporting

6.1 First aid and accident record book

* Every visit to the Medical room or whenever a First Aider has been called will be logged in the Medical logbook (X:\Staff Shared Area\MEDICAL\Medical Room Log Book) and then entered in SIMS by the First Aid Lead as soon as possible
* When required, an accident form will be completed by the first aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury
* A copy of the accident report form will also be added to the student’s educational record by the First Aid Lead
* 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, and then securely disposed of
* Where applicable, the member of staff discovering / witnessing the accident / incident is required to complete a Student Accident Form (PAF01) held in the Medical Room.
* The PAF01 has to be signed and dated by the Principal.

The First Aid Lead is responsible for sending the original to Worcestershire County Council (now online via **WCC Online Accident Reporting System, Cority** due to coronavirus restrictions)

6.2 Reporting to the HSE

The First Aid Lead 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 First Aid Lead 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 scalding 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

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

# 8. Monitoring arrangements

This policy will be reviewed by the Designed Safeguarding Lead every two years.

At every review, the policy will be approved by the full governing board.

# 9. Links with other policies

This first aid policy is linked to the

* Health and safety policy
* Risk assessment policy
* Policy on supporting students with medical conditions

### Appendix 1: Advice to Parents

**Coughs and Colds**

At some time or other we all get coughs and colds and on the whole there is no reason to keep your child off school. The only exceptions are if they have a raised temperature or if you think he/she looks too unwell to attend school.

**Diarrhoea and Vomiting**

If your child has diarrhoea and/or vomiting please do not send to school for 24hrs after the last symptom has fully subsided. This ensures that the infection has passed and  
allows your child time to recover. Should your child develop diarrhoea and vomiting while at school they will automatically be sent straight home.

**Norovirus** (winter vomiting bug)

This is highly contagious, with symptoms as above. Your child should be kept away from school for 72 hours after the last symptom.

**Head Lice**

Where this is suspected you need to check your child’s hair on a 2 weekly basis. A quick check along the hairline at the nape of the neck and behind the ears is usually all that is needed as these are the commonest areas of the head to find lice. If you do find head lice please do not send your child to school until they have had the initial shampoo treatment and inform the school as soon as possible.

**Verruccas and Athlete’s Foot**

Please check your child's feet regularly for signs of cracks between the toes (athlete's foot) or small cauliflower-like swellings anywhere on the sole of the foot (Verruccas.) Such infections spread quickly and thrive in warm and moist conditions such as changing rooms, trainers, socks, and damp towels. Please ensure that your child always brings their own PE kit to school so that they do not share kit. If you suspect your child has any of these infections please ensure they wear a protective sock while swimming.

**Chicken Pox**

Due to its long incubation period we do occasionally have outbreaks of chicken pox in the school. If you think your child has chicken pox please contact the school immediately. They should not return to school until **all** the blisters have dried into a scab, this usually takes about 5 to 7 days.

**Coronavirus (CO-VID19)**

The most important symptoms of coronavirus (COVID-19) are recent onset of any of the following:

* a new continuous cough
* a high temperature
* a loss of, or change in, your normal sense of taste or smell (anosmia)

For most children, coronavirus (COVID-19) will be a mild illness. However, if a child has any of the symptoms above they must stay at home and arrange to have a test to see if they have COVID-19.

If a child has symptoms of coronavirus (COVID-19), however mild, OR has received a positive coronavirus (COVID-19) test result, the clear medical advice is to immediately self-isolate at home for at least 7 days from when symptoms started. Do not go to a GP surgery, pharmacy or hospital. Parents/carers should arrange to have a test to confirm COVID-19.

Following a positive test result, parents will receive a request by text, email or phone to log into the NHS Test and Trace service website and provide information about recent close contacts.

After 7 days, or longer, if the child still has symptoms other than cough or loss of sense of smell/taste, you must continue to self-isolate until the child feel better.

If a child has symptoms of coronavirus (COVID-19), then they must stay at home for at least 7 days. All other household members who remain well must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the household became ill.

**Antibiotics**

Should your child be unwell and need antibiotics please keep them at home for the first 24 hours to allow the antibiotics to work. After that there is no reason why they should not return to school as normal, providing you feel they are well enough.

**Medication**

If your child needs to be given medicine during school time then please provide a letter clearly stating what the medicine is and what it is treating, what time it is to be given and how much is needed. The medicine and authorisation letter should be given to the Head of Year at the beginning of school to be distributed as required and a copy made available to the Medical Room. Without a letter of authority from a parent/guardian the medication cannot be given to your child.

**Days Off School**

If you feel that your child is too ill to attend school then please ring the school office first thing each day to inform and update us on their condition. On return to school please provide a letter of explanation to the Head of Year.