Policy Document:	FIRST AID POLICY
School's Lead Member of Staff:	HEADTEACHER
Lead Governors (monitoring):	FULL GOVERNORS
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Chair of Governors signature:

1. EXECUTIVE SUMMARY

As a School we are committed to ensuring that we follow all statutory and best practice guidelines in relation to First Aid.

This policy sets out how data is secured and how we monitor processes and address data breaches in accordance with the latest legislation and guidance.

Key messages:

➢ CFS has legal responsibilities to its pupils, staff, volunteers and visitors to be equipped and experienced in the provision of general first aid and medical assistance where appropriate and necessary

➢ This Policy sets out the context and overarching provision of First Aid cover and the legal/best practice guidance that underpins our Policy and Procedures

➢ Key aspects of the Policy include (a) list of First Aid trained staff (b) Accident reporting (c) Administration of FA (d) Education/communication of/to staff (e) Recording

➢ There are several specific aspects identified in the Policy including Head Injuries, Asthma and Allergies

The Policy also sets out the various key roles and responsibilities (Section 5).

First Aid Policy

The school has a responsibility to its pupils, staff volunteers and visitors to be equipped and experienced in the provision of general first aid and medical assistance where appropriate and necessary. Specifically, all Lower School staff are trained in accordance with the EYFS statutory framework and all staff delivering practical subjects where there is an increased possibility of injury. This policy applies while people are on school premises, when staff or pupils are working elsewhere on school activities including any off-site activity such as educational visits. It does not apply to work placements as work experience students are employed by the placement provider.

This policy has been developed with reference to:

- First aid in schools, early years and further education - GOV.UK
- Health and Safety (First Aid) Regulations 1981
- Health and Safety at Work etc. Act 1974 and associated regulations
- School Premises (England) Regulations 2012
- Education (Independent School Standards) Regulations 2014

Named First Aid and Medical Officer: Rohan Bald, First Aid at Work Level 3 - NCQ10472419 - valid until 22/03/2027. Full Paediatric First Aid & EFAW, valid until 03/06/2025.
Named First Aid and Medical Communications: Vicky Cooke Full Paediatric First Aid & EFAW, valid until 04/06/2027.

Other trained staff:

Name	Qualification	Expiry Date
Attwell, Sarah	Emergency first aid at work/ Full Paediatric first aid	**04/06/2027**
Bald, Rohan	FAA Level 3 First Aid at Work (RQF)	**22/03/2027**
Batyreva, Nataliia	Paediatric First Aid	**04/03/2029**
Browne, Laura	Emergency first aid at work/ Full Paediatric first aid	**04/06/2027**
Cheung, Anna	Emergency first aid at work/ Full Paediatric first aid	**04/06/2027**
Dowrick, Clare	Emergency first aid at work/ Full Paediatric first aid	**04/06/2027**
Fairclough, Kath	Paediatric First Aid	**27/02/2029**
Garside, Rachel	Paediatric First Aid	**25/10/2028**
Gray, Sarah	Emergency first aid at work/ Full Paediatric first aid	**04/06/2027**
Harrison, Ben	Emergency first aid at work/ Full Paediatric first aid	**04/06/2027**
Harrison, Hayley	Emergency first aid at work/ Full Paediatric first aid	**04/06/2027**
Johnson, Rachel	Emergency first aid at work/ Full Paediatric first aid	**04/06/2027**
Kennedy, Hannah	Emergency first aid at work/ Full Paediatric first aid	**04/06/2027**
Lawrence, Jane	Emergency first aid at work/ Full Paediatric first aid	**04/06/2027**
Lewis, Anna	Emergency first aid at work/ Full Paediatric first aid	**04/06/2027**
McVeigh, Keri	Paediatric First Aid	**18/01/2029**
Redondo-Smith, Ester	Paediatric First Aid	**25/10/2028**
Sammons, Tracey	Emergency first aid at work/ Full Paediatric first aid	**04/06/2027**
Sharples, Steph	Emergency first aid at work/ Full Paediatric first aid	**04/06/2027**
Taylor, Anne	Paediatric First Aid	**04/03/2029**
Virr, Ben	Paediatric First Aid	**04/03/2029**

Virr, Paula	ITC Level 3 award in outdoor first aid	**04/04/2028**

The above details will be posted on the staff noticeboard for immediate reference by all staff.

1. AIMS

- To be aware and recognise all children with life threatening allergies and potential medical emergencies and to maintain a list thereof to be displayed in the main staffroom.
- To recognise the signs and symptoms of a medical emergency and to provide the appropriate treatment.
- To provide support and reassurance to any person with a medical need.
- To provide advice to the pupils and staff in the safe way to carry out activities.
- To provide a safe method and environment for the administration of essential medication during school hours.

2. IMPLEMENTATION

- The management of the school shall appoint a First Aid & Medical Officer and a Communications officer.
- Both the First Aid & Medical Officer and the Communications Officer will hold a current, recognised qualification in the administration of first aid.
- The First Aid & Medical Officer shall be available for consultation in the administration of basic first aid by staff members.
- The First Aid & Medical Officer or delegated person with appropriate training shall be in attendance at major school sporting functions.
- In circumstances where further medical treatment is required (doctor, hospital etc.) then the head teacher will be consulted.
- Any first aid treatment administered will follow the guidelines of a nationally recognised manual
- The First Aid & Medical Officer will be responsible for providing and maintaining a permanent First Aid cupboard in various locations around the School and a portable one to be taken out on all school trips.

3. ACCIDENT REPORTS.

A report documenting the date, time and a summarised description of the accident together with the pupil's name, age and injuries and any other outcome of the accident will be filled in by the first member of staff to be on the scene of the accident. All actions including description of First Aid administered shall be documented together with details of staff members involved and details of contact made with parents or carers. Blank forms for this will be kept in the staff room and when filled in will be filed in the office and a copy sent/given to parents or carers the same day as the accident or as soon as reasonably practicable.

4. ADMINISTRATION OF FIRST AID

- All First Aid shall follow the guidelines set out in the Tiger Lily manual.
- General First Aid will be administered in the foyer or medical room. A bed is available in the medical room. If pupils need to be collected by parents they will wait in the medical room or foyer as appropriate, where they can be monitored by the office staff.
- In circumstances where the pupil is unable to continue with school activities, the accident book shall be completed, and parents or carers will be contacted immediately. If contact is not made immediately, then repeated attempts should be made in order to contact and to inform of the accident. The pupil's emergency contact should be tried if contact with parents is not possible.

- In circumstances where the pupil is able to continue with school activities the parents will be contacted by the office on the approval of the Head of School, if deemed necessary, and the Head Teacher will be informed.
- In circumstances where the pupil is taken to hospital for further treatment then the pupil will be escorted by a member of staff who will stay with the pupil until the pupil's parents arrive.
- All members of staff, where needed, shall fulfil the role of support personnel.

Following an accident requiring a pupil's absence from school the following day, the pupil's class teacher shall make contact with the pupil's parent or carer in order to make enquiries as to the pupil's wellbeing.

5. EDUCATION

Class teachers, as part of safe school practice instruction shall educate on:

- The recognition of the need for First Aid.
- The prevention of accidents.
- The prevention of the spread of infectious diseases.
- The need for pupils to go straight to the nearest teacher and not to the office.

6. REGISTER

The Pupil Asset MIS online database should be referenced by First Aiders to ensure that all known medical conditions are taken into consideration. The MIS shall contain all of the details of the needs, the likely symptoms and the agreed plan for treatment. This register will be accessible by staff and updated regularly with any changes.

7. FIRST AID KIT

The main school first aid kit will be on the staff room wall and will be regularly stocked and maintained by the First Aid & Medical Officer. Spares will be kept in the medical room of all of the stock in order that the stock may be replenished without delay. A portable first aid kit will be maintained and kept in the Medical room to be taken on all school trips. See Appendix for details of the recommended content of the first aid kits.

8. ASTHMA

All pupils who have been prescribed an inhaler are to have their inhaler on their person at all times. For sporting activities, the teacher or instructor needs to be informed. In the event of any pupil suffering from an attack and not having an inhaler, spare inhalers are kept in the first aid kit in the staff room and also in the portable first aid kit. If a pupil does not respond to the inhaler or the attack is severe/worsening/the child is blue/unable to talk or exhausted, then an **ambulance is to be called for immediately on 999/112** and the parents informed.

9. DEFIBRILLATOR

All First Aid trained staff have received defibrillator training as part of their First Aid certification, and have familiarised themselves with the location and use of the school's equipment.

10. DISPENSING MEDICATION.

Please refer to the 'Administration of Medication Policy'

11. HEAD INJURY AND CONCUSSION

The following has been developed in accordance with:

- Head injury: assessment and early management | Guidance | NICE
- Concussion_guidelines_for_the_education_sector_June2015.pdf
- Concussion Guidance | World Rugby
- Child-SCAT3™
- SCAT3™

11.1. OVERVIEW

Injuries to the head can occur in many situations in the school environment, when a pupil's head comes into contact with a hard object such as the floor, a desk, or another pupil's body. The potential is greatest during activities where collisions can occur such as on the playground, during sport and PE. Some head injuries result in concussion - a traumatic brain injury. Children and adolescents are more susceptible to concussion, take longer to recover and are reported to have more significant memory or mental processing issues. They are also more susceptible to rare and dangerous neurological complications, including death. Concussion can also occur when blows to other parts of the body result in rapid movement of the head, e.g. whiplash type injuries.

Any knock to the head from the base of the neck up should be considered a potential head injury and must be reported to parents and through the school accident reporting procedure.

11.2. DEFINITIONS

Children, particularly those of primary school age or those engaged in contact sports, often bump their heads and it can be difficult to tell whether an injury is serious or not.

An incident is treated as a **'bump to the head'** rather than a 'head injury' if the person is asymptomatic (i.e. there is no bruising, swelling, abrasion, significant mark, dizziness, headache, nausea or vomiting) and the person appears well.

Head injuries are classified as mild, moderate or severe. See table below for the symptoms of each.

Concussion occurs when the impact of a head injury causes a mild traumatic **brain** injury that alters the way the brain functions. Effects of concussion are usually temporary, but can include altered levels of consciousness, headaches, confusion, dizziness, memory loss of events surrounding the injury, and visual disturbance.

Loss of consciousness – when a person is unable to open their eyes, speak or follow commands. They have no awareness of stimulation from outside their body and cannot remember the immediate periods before and after the injury.

11.3. HEAD & BRAIN INJURY SYMPTOMS

<table>
<tr><td>Mild head injury</td><td rowspan="6">KEY SIGNS OF CONCUSSION

Headache
Disorientation or confusion (inability to respond appropriately to question)
Altered levels of consciousness
Loss of memory about events surrounding incident
Nausea
Dislike of noise or light
Balance
Visual disturbance
Blurred vision
Feeling groggy
Difficulty concentrating
Blank or vacant look
Balance or motor incoordination (stumbles, slow or laboured movements)

Failure to answer any of these questions correctly is a strong indicator of concussion:
● Where are we now?
● Is it before or after lunch?
● What was your last lesson?
● What is your teacher’s name?</td></tr>
<tr><td>Minor bleeding
Bruising
Mild headache
Feeling sick
Mild dizziness</td></tr>
<tr><td>Moderate head injury</td></tr>
<tr><td>Loss of consciousness for a short period of time
Confusion or distraction
Vomiting
Lasting headache
Temporary changes in behaviour
Memory problems
Loss of balance</td></tr>
<tr><td>Severe head injury</td></tr>
<tr><td>Significant bleeding
Loss of consciousness for a prolonged period of time
Seizures
Problems with vision, sense of taste or smell
Difficulty staying alert or awake
Clear fluid or blood coming out of nose or ears
Bruising behind the ears
Weakness or numbness
Difficult speaking</td></tr>
</table>

11.4. ACTION TO BE TAKEN IN SCHOOL

11.4.1. ‘Bump to the head’

- The person should be assessed by:
    - the member of staff supervising the child (eg class teacher in classroom or person on duty on the yard) or
    - a first aider in the case of an adult
- A cold compress (ice-pack) should be applied.
- In the case of a child who is asymptomatic, complete an Accident Report form for parents and inform the class or form teacher. For Middle School pupils going to different subject teachers, give them a ‘bump to the head’ card from the first aid box to take to their next teacher. See Appendix 2 for template.

- Teacher to observe child during subsequent activities.
- If the person begins to display Minor Head Injury or concussion symptoms, follow actions as detailed below. If unsure, always consult a colleague or if offsite, contact school for advice.

11.4.2. Minor head injury

- Ice pack/cold compress to swelling.
- Injured person should not continue to play or participate in sporting or other activities.
- Injured person should not be expected to take part in lessons or other activities but should sit quietly in a comfortable place.
- Accident form to be completed.
- Inform class / form teacher and Head of School or Head Teacher in the case of an adult.
- Head of School or Head Teacher to arrange for parent or emergency contact to be informed by phone call.
- Observation and monitoring – person should not be left alone.

11.4.3. Moderate to severe head injury

- Suspect there is a neck injury if unconscious and do not move the person..
- CALL 999 FOR AMBULANCE or alert another member of staff or older pupil to go to office to call 999.
- Do not leave the person alone.
- Arrange for office to notify parent or emergency contact by phone.
- Complete accident form.

11.4.4. When to call an ambulance?

- Unconsciousness or lack of full consciousness, (for example, problems keeping eyes open).
- Any noticeable symptoms since the injury (examples include problems understanding, speaking, reading or writing; loss of feeling in part of the body; problems balancing; general weakness; any changes in eyesight; and problems walking).
- Any suspicion of a skull fracture or penetrating head injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eye, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull).
- Any seizure (‘convulsion’ or ‘fit’) since the injury.
- Always call an ambulance for a high-energy head injury (for example struck by motor vehicle, a fall from a height)

11.4.5. Concussion

If concussion is suspected:

- Continually observe the person and ensure they are easily roused at all times.
- Notify designated first aider and member of SLT if any changes to the person's condition are observed.
- Ring 999 if you think there might be moderate to severe head injury.
- Otherwise make arrangements for the parents or emergency contact to collect the person
- Parent/emergency contact should be advised that a prompt examination by a medical professional should be arranged.

A person may appear well immediately after sustaining a head injury but show signs of complications later in the day. School staff and third party sports/swimming teachers must remain vigilant and take the appropriate action if the person develops a problem.

11.5. AFTER CARE

- A person with a symptomatic Head Injury or Concussion should not be allowed back outside to play or join in with sports.
- Rest is the cornerstone of concussion treatment. This involves not only resting the body but also resting the brain. The injured person should avoid physical activities such as running, cycling or swimming and also mental activities such as school work, homework, reading, video games, texting or watching TV until all symptoms resolve.
- A person who has sustained a brain injury or concussion should not return to school for 48 hours unless advised by a medical professional.

Head injuries and the risk of concussion must be taken extremely seriously.

12. Allergies

12.1 The management of Allergies is complex - the rarity of serious conditions requiring specialist knowledge make management and awareness a particular challenge. However, there is an enormous amount of information and guidance available so this Policy points to resources rather than attempts to replicate or precis vital information.

12.2 With these complexities in mind, Allergy UK has created a "Model Policy" for schools

APPENDIX 1

Recommended contents for on-site and travelling first aid kits

There is no mandatory list of items to be included in a first-aid container and the First Aid Officer will make a needs assessment, referring to British Standard 8599 and the HSE guide for first-aid items for low hazard work activities and travelling first aid kits

On-site first aid kit

- a leaflet giving general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work)
- 20 individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary)
- two sterile eye pads
- two individually wrapped triangular bandages, preferably sterile
- six safety pins
- individually wrapped moist cleansing wipes
- two large, sterile, individually wrapped unmedicated wound dressings
- six medium-sized sterile individually wrapped unmedicated wound dressings
- at least three pairs of disposable gloves (HSE has guidance on selecting latex gloves – https://www.hse.gov.uk/skin/employ/latex-gloves.htm)

Off-site first-aid kit

- a leaflet giving general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work)
- six individually wrapped sterile plasters (hypoallergenic plasters can be provided, if necessary)
- two individually wrapped triangular bandages, preferably sterile
- two safety pins
- one large, sterile, unmedicated dressing
- individually wrapped moist cleansing wipes
- two pairs of disposable gloves (HSE has guidance on selecting latex gloves – https://www.hse.gov.uk/skin/employ/latex-gloves.htm)
- two foil blankets (if there is any likelihood of pupils getting cold and wet)
- asthma inhaler(s)
- medication for headaches, period pain - eg paracetamol and ibuprofen
- medication for hayfever, allergies, etc

For hiking activities in areas where there is a risk of Lyme's disease, the travelling first aid kit should additionally contain:

- tick remover.

Appendix 2

I've had a bump on my head today

I need to rest my body and my brain for a while

I need to avoid screens until I'm all better

Please keep an eye on me!

I've had a bump on my head today

I need to rest my body and my brain for a while.

I need to avoid screens until I'm all better.

Please keep an eye on me!

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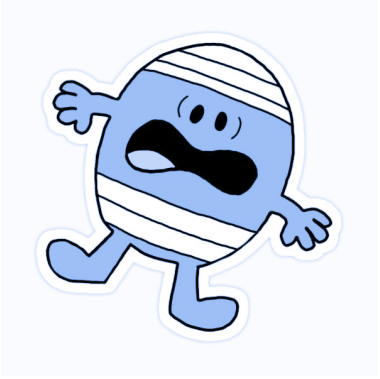

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