



## THE SHROPSHIRE GATEWAY EDUCATIONAL TRUST First Aid Policy

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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 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

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

## 3. Roles and responsibilities

In schools with Early Years Foundation Stage provision, at least one person who has a current paediatric first aid certificate must be on the premises at all times.

In all settings – and dependent upon an assessment of first aid needs – employers must usually have a sufficient number of suitably trained first aiders to care for employees and children in case they are injured at work/school.

### 3.1 First Aiders

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

- 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 (see the template in appendix 2)
- Keeping their contact details up to date

School's first aiders qualifications will be tracked and displayed in each school.

### **3.2 The governing board**

The SGET Board of Directors has ultimate responsibility for health and safety matters in the schools, but delegates responsibility for the strategic management of such matters to the school's local governing body. The local governing body 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 (See [HSE guidance](#))
- 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 to where a first aider is not called
- 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
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- Anyone receiving a blow to the head should be assessed for concussion. If they have no signs or symptoms they may be able to continue with their previous activity; however, they should continue to be monitored because symptoms may develop at a later time. See Appendix 3 for further information.
- 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 office will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practicable 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 school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the trip leader prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider on school trips and visits.

There will always be at least one first aider with a current paediatric first aid certificate on Early Years trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

## **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
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Sterile cleaning wipes

- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

Storage of first aid kits and persons responsible for checking these and reordering supplies will be made clear in each setting.

## **6. Record-keeping and reporting**

### **6.1 First aid and accident record book**

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- A copy of the accident report form will also be added to the pupil's educational record by the office if it is reported to RIDDOR
- Records held in the first aid and accident book will be retained by the school for a minimum of child DOB + 25 years and then securely disposed of.

### **6.2 Reporting to the HSE**

The office 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) on the pupil or staff educational record.

The office and the first aider 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 in the Early Years**

The keyworker or first aider 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.

### **6.4 Reporting Early Years Serious Incidents 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. They will also notify The Shropshire Safeguarding Board 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 an approved 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.

At all times, at least one Early Years 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 business management every year.

At every review, the policy will be approved by the head's board/local governing body/board of directors.

## **9. Links with other policies**

This first aid policy is linked to the



- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions



## Appendix 1: Accident Report Form

Date and time of incident	Name of injured person	Role/Class	Incident details (what happened, where, injuries)	Actions (steps taken, first aid given)	Parents informed x/v	Follow up actions required (any monitoring or actions to reduce risk of accident)	Name/signature of first aider completing the form



Date and time of incident	Name of injured person	Role/Class	Incident details (what happened, where, injuries)	Actions (steps taken, first aid given)	Parents informed x/v	Follow up actions required (any monitoring or actions to reduce risk of accident)	Name/signature of first aider completing the form

## Appendix 2 - Principles of Concussion Management

Know the symptoms and signs of concussion and the DANGER SIGNS of potentially more serious brain injury.

### Recognising Concussion

After a fall or impact, concussion should be suspected in the presence of, or following, any one or more of the following:

- Symptoms e.g. headache, dizziness, nausea
- Physical signs e.g. unsteadiness, loss of consciousness/responsiveness
- Impaired brain function e.g. being dazed, confusion, memory loss
- Abnormal behaviour e.g. change in personality

### Danger Signs

- Deteriorating conscious state (more drowsy)
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double or blurred vision
- Weakness, tingling or burning in limbs
- Midline or severe neck pain
- Increasing or persistent difficulty with walking normally or poor balance

It is important to realise that the signs and symptoms of concussion may only last a matter of seconds or minutes and can easily be missed – IF IN DOUBT SIT THEM OUT.

### Remove

If concussion is suspected give first aid and, if it is safe to do so, immediately remove the pupil from play. Pupils with any symptoms following a head injury must be removed from playing or training and must not return to activity until all symptoms have cleared.

Specifically, they must not return to play on the day of any suspected concussion.

Parents should be notified in all cases of head injury as they need to monitor their child following such an incident and if concerned advised to see a doctor immediately. Head injury instructions should be provided and ideally all children with concussion should be seen by a health care professional, preferably a doctor, that day.

### Recover

The majority of cases of concussion recover fully within a few weeks but they must be given the time and opportunity to do so – this means resting the body and resting the brain.

The child or young person should have complete rest until symptom free. This includes rest from physical activities, and brain activities such as; reading, television, computer, video games and smart phones

To ensure complete recovery, it is recommended that even once symptom free they have a relative rest period for a minimum of 14 days from the injury. During this time they should

rest from exercise/sport, activities with a predictable risk of further head injury, and prolonged reading and use of television, computer, video games and smart phones.

If symptoms return, reduce the levels of provoking activity and re-introduce them more gradually

It is reasonable for a child to miss a day or two of school after a concussion if they feel unwell or if on returning to lessons their symptoms return. However, extended absence is uncommon

### **Return**

Children and young people should return to academic studies before they return to sport.

### **Concussion and School**

Once symptom free, pupils should undertake a graded return to academic studies.

Consideration should be given to managed return to full study days and gradual re-introduction of homework.

In a small number of cases, symptoms may be prolonged and this may impact on the child's studies. In such cases, early referral back to their GP and educational support services is advised

### **Concussion and Participation in Sport**

Following the recommended rest period children and young people should return to sport by following a graduated return to play (GRTP) protocol. This should only be started when the child or young person is:

- symptom free at rest
- off all medication that modifies symptoms
- returned to normal studies

Children and young people should have an extended GRTP compared to adults and a minimum of 48 hours for each activity stage is recommended. This means that the minimum return to play interval is 23 days from injury, unless their recovery is closely supervised by a doctor with expertise in concussion management.

Following a concussion or suspected concussion, where possible children and young people should be reviewed/assessed by a doctor before returning to sport and other activities with a predictable risk of head injury e.g. football, rugby, gymnastics, horse riding, hockey, combat sports, skate boarding etc.

As an additional guiding principle, children and young people should avoid activities that have a predictable risk of further head injury for a minimum of 14 days after their symptoms have resolved, unless their recovery is closely supervised by a doctor with expertise in concussion management.

Children and young people who struggle to return to their studies or who persistently fail to progress through the GRTP because symptoms return should be referred to their doctor.

Children and young people who sustain two or more concussions in a 12-month period should be referred to their doctor for a specialist opinion in case they have an underlying pre-disposition.

## Equality impact assessment screening form

Section one: screening for impact				
Name of policy		First Aid Policy		
Project lead completing assessment:		Gill Bradley		
Position:		Business Manager		
1. What is the main purpose of the strategy/project/policy?				
Describes SGET approach to First Aid				
2. Who will be the main stakeholders/users of the policy? Please consider the impact of the policy on the different groups of stakeholder /users.				
Staff and Pupils				
3. Use the table to show:				
<ul style="list-style-type: none"> <li>■ Where you think that the policy could have a negative impact on any of the equality strands, that is, it could disadvantage them – if no impact please note the evidence for this.</li> <li>■ Where you think that the strategy/project/policy could have a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relationships within equality characteristics.</li> </ul>				
	Positive impact	Negative impact	No impact	Reason and evidence (provide details of specific groups affected even for no impact)
Age			✓	The policy seeks to apply first aid to all staff, pupils and visitors to the school irrespective of their background.
Disability			✓	The policy seeks to apply first aid to all staff, pupils and visitors to the school irrespective of their background.
Gender			✓	The policy seeks to apply first aid to all staff, pupils and visitors to the school irrespective of their background.
Gender identity			✓	The policy seeks to apply first aid to all staff, pupils and visitors to the school irrespective of their background.
Sexual orientation			✓	The policy seeks to apply first aid to all staff, pupils and visitors to the school irrespective of their background.

Race			✓	The policy seeks to apply first aid to all staff, pupils and visitors to the school irrespective of their background.
Religion or belief			✓	The policy seeks to apply first aid to all staff, pupils and visitors to the school irrespective of their background.
4. If you have indicated there is a negative impact on any group, is that impact:				
Legal? (not discriminatory under anti-discriminatory legislation)		Yes <input type="checkbox"/>		No <input type="checkbox"/>
Intended?		Yes <input type="checkbox"/>		No <input type="checkbox"/>
Level of impact?		High <input type="checkbox"/>		Low <input type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact you must complete a full equality impact assessment. If not, complete the rest of section one below.				
5. Could you minimise or remove any negative impact that is of low significance? Could you add any additional action to have a positive impact rather than no impact?				
Policy can be available in large print or different language if required; however, it is not considered that this will make any material difference.				
6. If there is no evidence that the strategy, project or policy promotes equality, equal opportunities or improved relations – could it be adapted so that it does? If so, explain how.				
7. Please list the outcome following this equality impact assessment (this could be no changes, some changes, further work needed around particular groups or cease development of the policy).				
Policy can be available in large print or different language if required; however, it is not considered that this will make any material difference.				
Signed:			Date:	