



St. Anthony's Catholic Primary School



We are His body, living and learning as one.

FIRST AID POLICY

Let your words teach and your actions speak

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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 and Early years foundation stage: coronavirus disapplications guidance, advice from the Department for Education on first aid in schools, health and safety in schools and actions for schools during the coronavirus outbreak, 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

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 persons for first aid is Ruth Lindsey and Ged Stevens.

There are four designated first aiders who oversee the replenishing of first aid stock:

Current

Area of School	Location to replenish portable first aid kits	Designated First Aider
EYFS:	Reception Corridor	Diane Buchanan
KS1:	ICT suite on Year 1 corridor	Cheryl Cloake
LKS2:	Upstairs between 4LH & 4MS classrooms	Laura Hayward
UKS2	Block: Foyer (Y6)	Ruth Lindsey

From September 2024:

Year Group	Location to replenish portable first aid kits	Designated First Aiders
Nursery	Reception Corridor	Nursery TA4
Reception		Reception TA4
Year 1	Year 1 corridor	Year 1 TA4
Year 2		Year 2 TA4
Year 3	Upstairs between 4HC & 3VP classrooms	Year 3 TA4
Year 4		Year 4 TA4
Year 5	Block: Foyer (Y6)	Year 5 TA4
Year 6		Year 6 TA4
Nurture	Upstairs between 4HC & 3VP classrooms	Nurture Lead and Nurture 2nd TAs

The above will be monitored by Ruth Lindsey, in liaison with the SBM.

They are responsible for:

- Ensuring there is an adequate supply of medical materials in their area of school, and replenishing the contents of the storage unit.
- Being available to first aiders to provide additional support and guidance when required.
- Ensure they know the children in their Key Stage who have asthma, EPIPENS, individual care plans etc.
- Ensure that each class teacher has an up to date list of these children.

- Ensure that all inhalers, EPIPENS and medicines that need to be in class, are in class and are stored correctly

The TA3 for the year group and Lunchtime Organiser is responsible for replenishing their portable first aid kit from the storage unit. This will be monitored by the TA4 in the year group.

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
- 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

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 headteacher and staff members.

3.4 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 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)

3.5 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 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
- If the adult is on their own with pupils, and it is a medical emergency with further assistance being required, a red triangle is located on the back of each classroom door. Two pupils can be directed to take this to the next nearest adult either in a neighbouring classroom or main office. The red triangle will alert them to an emergency. The Designated First Aider will be involved at this point.
- The Designated First Aider will assess the injury and decide if further assistance is needed from the emergency services. They will remain on scene until help arrives
- The Designated First Aider will also decide whether the injured person should be moved or placed in a recovery position
- If the Designated First Aider judges that a pupil is too unwell to remain in school, they will inform a member of the SLT and 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 staff will contact parents immediately and the Designated First Aider will remain with the child, if appropriate
- The Designated First Aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

Medical Conditions Emergency

In the event of a medical emergency where pupils have known medical conditions, staff will support the pupil as per their healthcare plan and follow the first aid procedures above as necessary. All pupils with a serious medical condition will have a healthcare plan (see separate medical policy). The Designated First Aider is expected to know all pupils with medical conditions, including asthma and Individual Care Plans, in their year group.

Asthma and Emergency Inhalers

All teaching staff will have regular asthma training and be prepared to deal with an asthma related incident. Training will be delivered by the school nurse team.

A 'what to do in asthma attack' notice is on display in each classroom. (See appendix 3)

Individual pupil inhalers will be stored in an accessible and easy to reach place for each child. The inhaler will be labelled with the name of the pupil. It is the responsibility of the parent to replace the inhaler when it is out of date.

Each asthmatic pupil has a log book that is stored in the classroom. Each time the pupil uses the reliever inhaler, the number of puffs and time of day is recorded. This log book goes with the pupil to hospital if they have an asthma attack.

School has an emergency inhaler stored in the medicine cabinet in the main office. See appendix 4 for the protocol for emergency use of inhaler.

The Designated First Aider is expected to ensure all medicine is in place and up to date.

4.2 Off-site procedures

When taking pupils off the school premises, the Designated First Aider, together with a member of staff with basic first aid qualifications, will be expected to go on trips for their year group, unless unreasonably practicable. There will always be a first aid trained member of staff on the trip. They 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 visit leader prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

There will always be at least one first aider on all trips for infants and juniors and, where appropriate a Designated First Aider will be present.

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
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- In each classroom
- Reception (at the desk)
- The school kitchens
- School minibuses

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
- For accidents of a more serious nature, a copy of the accident report form will be added to the pupil's educational record by the appointed persons
- 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. Accident recordings of a more serious nature will be archived for 25 years.

6.2 Reporting to the HSE

The appointed persons 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 appointed persons 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.

How to make a RIDDOR report, HSE

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

6.3 Notifying parents

The school staff 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.

St Anthony's operate a wrist band system to monitor first aid procedures in school. If your child comes home wearing a wrist band, it means they have received first aid at school and the colour of the wrist band signifies the level of injury.

If it is red, it will mean that your child has bumped their head and will have a bumped head letter in their bag. You will also receive a phone call from school.

If it is yellow, they have had a minor injury such as a grazed knee and will have received first aid treatment, but it is deemed that a phone call home is not necessary.

6.4 Reporting to Ofsted and child protection agencies

A member of the SLT 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.

A member of the SLT will also notify Manchester LA 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 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 (see appendix 1).

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

At all times, at least 1 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 headteacher every 3 years.

At every review, the policy will be approved by the school 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 pupils with medical conditions

Appendix 1

First Aiders and Training Log:

ITC Level 3 Award in Outdoor First Aid:

FULL NAME	ROLE	FIRST AID TRAINING	EXPIRY DATE
Mrs Lindsey	PE Teacher and Forest School	29/10/2023	28/10/2026
Mrs Hopwood	Teaching Assistant and Forest School	06/08/2023	05/08/2026

Paediatric First Aid:

FULL NAME	ROLE	FIRST AID TRAINING	EXPIRY DATE
Miss Allen-Crosswaite	Teaching Assistant	06/10/2023	05/10/2026
Mrs Buchanan	Teaching Assistant	05/10/2023	04/10/2026
Mrs Cloake	Teaching Assistant	05/10/2023	04/10/2026
Mrs Elliott	Teaching Assistant	05/10/2023	04/10/2026
Mr Goodwin	Teacher	05/10/2023	04/10/2026
Miss Gordon	Teaching Assistant	05/10/2023	04/10/2026
Miss Hanbury	Teacher	05/10/2023	04/10/2026
Miss Hayward	Teacher	05/10/2023	04/10/2026
Mrs Hopwood	Teaching Assistant	06/08/2023	05/08/2026
Mrs Hyland	Teaching Assistant	05/10/2023	04/10/2026
Mrs Johnson	Teaching Assistant	05/10/2023	04/10/2026
Mrs Kenna	Teaching Assistant	05/10/2023	04/10/2026
Mrs Lee	Teaching Assistant	05/10/2023	04/10/2026
Mrs Lindsey	Teacher	29/10/2023	28/10/2026
Mrs Matloob	Teacher	05/10/2023	04/10/2026
Miss O'Reilly	Teaching Assistant	05/10/2023	04/10/2026
Miss Owen	Teaching Assistant	05/10/2023	04/10/2026
Miss Parkinson	Teaching Assistant	05/10/2023	04/10/2026
Miss Pearson	Teacher	05/10/2023	04/10/2026
Mrs Raynes	Teacher	05/10/2023	04/10/2026
Mr Stevens	Teacher	05/10/2023	04/10/2026
Mrs Torowin-Borowicz	Teaching Assistant	05/10/2023	04/10/2026
Miss Ward	Teaching Assistant	05/10/2023	04/10/2026

Appendix 2

Accident Report Form

Accident Reference Number:	
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About the Person Who Had the Accident	
Name:	
Address:	St Anthony's Catholic Primary
Postcode:	M220NT
Name of Service:	St Anthony's Catholic Primary
Name of Directorate:	
SAP ID Number:	
Date of Birth:	
Age:	
Sex:	
Occupation / Trade:	
Usual Workplace:	
Telephone Number:	
Nature of Business with MCC:	<input type="checkbox"/> Employee <input type="checkbox"/> Trainee <input type="checkbox"/> Member of the Public <input type="checkbox"/> Work Experience <input type="checkbox"/> Contractor <input type="checkbox"/> Agency <input type="checkbox"/> Pupil / Student <input type="checkbox"/> Other, Please Specify:

About the Accident	
Date of Accident:	
Time of Accident:	
Address of the Accident (including room / place):	
How the Accident Happened:	

Details of Injuries

Describe the nature of the injuries, indicating the part(s) of the body affected:

Treatment of Injuries

Have any other injuries been subsequently notified?:

☐ No

☐ Yes, Please Explain:

Please record any first-aid treatment given, and by whom:

Was Hospital Treatment Required?:

☐ No

☐ Yes:

Name of Hospital:

Was the hospital stay over 24 hours:

Was resuscitation required:

Did the person lose consciousness:

Absence & Management

Has the injured person ceased work?:

☐ No

☐ Yes - Date they ceased work:

If the person has since returned to work, please state the date they returned:

Manager Completing this Form

Manager / Supervisor Name:

Manager / Supervisor Tel:

Name of Team & Strategic Directorate:

Work Location & Address:

Manager / Supervisor Signature:

	(only applicable if sending via internal mail. If sending via email, please leave blank)
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Please return to Health and Safety at:	
Email	<u>Health.and.safety@manchester.gov.uk</u>
Address	Internal Audit and Risk Management, Manchester City Council, Floor 5 (Mount Street Elevation), Town Hall Extension, Albert Square, Manchester, PO Box 532. M60 2LA

Appendix 3

What to do in asthma attack

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an attack. Where possible a spacer is the best form of delivery.

Step 1 What to do

- Encourage the child or young person to sit and slightly bend forward- do not lie them down
- Make sure the child or young person takes 2 puffs of reliever inhaler (blue) immediately- preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child
- If symptoms do not improve in 5-10 minutes go to step 2

Step 2 If there is no immediate improvement in symptoms:

- Continue to make sure the child or young person takes one puff of reliever inhaler (blue) every minute for six minutes (6 puffs). Children under the age of 2 years 4 puffs. If symptoms do not improve in 5-10 minutes go to step 3.
- Continue to reassure child

Step 3 Call 999:

- Continue to make sure the child or young person takes one puff every minute of reliever (blue) until the ambulance arrives.
- Call parents/ carer
- Keep child or the young person as calm as possible

If the child/ young person has any symptoms of being too breathless or exhausted to talk, lips are blue or being unusually quiet you may need to go straight to step 3. If you are ever in doubt at any step call 999.

Common signs/ symptoms of an asthma attack are:

- ❖ Coughing
- ❖ Shortness of breath
- ❖ Tightness in the chest
- ❖ Being unusually quiet
- ❖ Difficulty speaking in full sentences

- ❖ Sometimes younger children express the feeling of a tight chest as a tummy ache

After a mild to moderate asthma attack

Mild to moderate attacks should not interrupt the involvement of a pupil with asthma in school

When the pupil feels better they can return to school activities

The parents/carers must always be told if their child has had an asthma attack

Important things to remember in an asthma attack

- ❖ Never leave a pupil having an asthma attack
- ❖ If the pupil does not have their inhaler and/or spacer with them send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/ or spacer
- ❖ IN an emergency situation school staff is required under common law, duty of care, to act like any reasonably prudent parent
- ❖ Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- ❖ Send another pupil to get another teacher/ adult if an ambulance needs to be called.
- ❖ Contact the pupil's parents or carers immediately after calling the ambulance/ doctor.
- ❖ A member of staff should always accompany a pupil take to hospital by ambulance and stay with them until their parent or carer arrives.
- ❖ Generally, staff should not take pupils to hospital in their own car.

Appendix 4

Protocols for use of emergency inhalers in school

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used)

Salbutamol

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

Storage and care of the inhaler

Mrs Booth and Mrs Bone are the two named staff who have responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The emergency inhalers and spacers are labelled and kept in the school office. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs. To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after

use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. If the inhaler has been used without a spacer, it should also not be re-used but disposed of.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place, how much medication was given, and by whom. The record book is kept in the medicine's cupboard in the office. The child's parents must be informed in writing so that this information can also be passed onto the child's GP. These letters are kept in the asthma folder, also located in the medicines cupboard.