

The Ellesmere Port C of E College



First Aid Policy

Policy Information:

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Approved by Principal:

Cath Green

Approved by Chair of Governors:

Gordon McGuinness



Frank Field
Education Trust

Our Vision

To act justly, to love with mercy and to walk humbly with our God - Micah 6:8

At Ellesmere Port Church of England College, we seek to build a community of faith where our students have the cultural capital to follow unlimited ideas and dreams. Above all else, we want our students to experience the fullness of life, where the sort of person they become is of paramount importance.

To **BE MORE** is to be a community which aspires to act justly in all situations; to be kind towards those inside and outside the College; and to be open to God's guidance in all areas of our lives.

Links with other policies

This policy has obvious links with the wider safeguarding agenda and specifically all policies that make up the safeguarding suite of documents. It should be read in conjunction with the Safeguarding Policy. When ratifying or reviewing the policy, links should be made with the other relevant policies.

Principles

This policy attempts to ensure it is consistent with the College's Mission Statement: ***“To act justly, to love with mercy and to walk humbly with our God” (Micah 6:8)*** and our Trust motto: ***“Aspire not to have more but to be more”*** and ***Matthew 18:21, 22.***

“Peter came up and said to him, “Lord, how often shall my brother sin against me, and I forgive him? As many as seven times?” Jesus said to him, “I do not say to you seven times, but seventy times seven.”

It is important that all adults working with children understand that the nature of their work and the responsibilities related to it, places them in a position of trust. This practice guidance provides clear advice on appropriate and safe behaviours for all adults working with children in paid or unpaid capacities, in all settings and in all contexts.

Moral Virtues

We believe our First Aid policy is underpinned by our Moral Virtues within our Christian context:

Justice - “Grant justice and do what is fair” Colossians 4:1

Definition: Our College rules are fair and reasonable.

Example: Showing that you know when you need to stand up for what is correct and appropriate with the context of our moral virtues and Consistency Across the College.

Humility - “Humble yourselves in the sight of the Lord” James 4:10

Definition: we aim to ensure that everyone in our community has a place and a voice that will be heard.

Example: To celebrate all our achievements in a respectful manner.

Respect - “Do to others as you would have them do to you” Luke 6:31

Definition: treat others how you would wish to be treated yourself.

Example: Holding the door open for any member of our community.

Courage - “Be strong and courageous. Do not be afraid” Joshua 1:9

Definition: the quality of having strength in the face of difficulty.

Example: Being confident to express opinions and ideas within the College.

Integrity - “The godly walk with integrity” Proverbs 20:7

Definition: the quality of having strong moral virtues.

Example: Knowing that we should all try and do the right thing when faced with adversity.

Compassion - “Clothe yourselves with compassion” Colossians 3:12

Definition: the quality of having concern for others.

Example: Showing kindness and care for others within the College and our community.

Honesty - “He delights in those that tell the truth” Proverbs 12:22

Definition: the quality of being truthful.

Example: Telling the truth in all situations even when it is hard to do so.

Gratitude - “Give thanks to the Lord, for he is good: his love endures forever” Psalm 107:2

Definition: the quality of being thankful and showing appreciation.

Example: Saying please and thank you wherever possible.

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Aims

The aims of this 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.

Legislation and Guidance

This policy is based on 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 assess 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 School Premises (England) Regulations 2012, which require that suitable space is provided to cater for the medical and therapy needs of pupils

Roles and Responsibilities

The Appointed Senior Leader is responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits on a termly basis
- Ensuring that there is appropriate equipment, facilities and qualified first-aid personnel.
- Ensure that provision for pupils and others complies with other relevant legislation and guidance.
- Informing the Principal via the Accident Record when an incident needs to be reported to HSE
- Reporting to the HSE when required on behalf for the Principal if appropriate

First aiders are trained and qualified to carry out the role (see section 10) and are responsible for:

- Acting as first responders to any incidents
- Assessing the situation where there is an injured or ill person
- Giving immediate and appropriate help to casualties with common injuries or illnesses and those arising from specific hazards at school
- When necessary, ensuring that an ambulance or other professional medical help is called
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day after an incident Their names are also displayed around the school.

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 identified staff members.

The Principal:

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

- Ensuring that an appropriate number of appointed persons and trained first aid personnel are always present in the school
- 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 identified staff 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

Staff School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in School are via referring to lists/posters
- Informing the Headteacher or their manager of any specific health conditions or first aid needs

Risk Assessment

The Ellesmere Port Church of England College reviews the risk assessment in relation to first aid annually, alongside the review of this policy. Changes in staffing, students, premises, and the curriculum are considered in this.

The risk assessment results in decisions on:

- The number of appointed people needed
- The number of first aiders needed
- The number and locations of first-aid containers
- Arrangements for off-site activities/trips
- Out of school hours arrangements e.g. lettings, parents' evenings, clubs
- Adequate provision for leave and in case of absences

Liability and Indemnity:

The Governing Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. Staff who undertake responsibilities within this policy are covered by the School's public liability insurance.

First Aid Procedures:

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are always expected to use their best endeavours, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

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.
- If assistance from a first aider is required, this will be obtained by clicking the appropriate first aid button in Class Charts.
- 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.
- If emergency services are called for a student (see appendix 3), the First Aider or relevant Learning Coach will contact parents immediately, dependent on the situation.
- If emergency services are called for an adult (see appendix 3), their emergency contacts will be informed immediately by the most appropriate member of staff. At an appropriate point during the care of the member of staff, the Principal will be informed that the emergency services have been contacted.
- If emergency services are called for a student (see appendix 3), and a parent/carer is not available, a member of staff or parent/carer must accompany the person to hospital and remain there. At an appropriate point during the care of the student, the Principal will be informed that the emergency services have been contacted.
- If further assistance is not required, the first aider will provide the required first aid treatment.
- Before administering first aid, consideration should be given to potential allergies (for example with plasters). Reference can be made to the student as secondary school students should be considered competent and fully aware of their allergies.

- In the event of a head injury, the first aider will ascertain:
 - a) how it happened
 - b) when it happened
 - c) where it happened
 - d) how the patient feels.

- Patients should be monitored in the first aid room for 20 minutes for signs of concussion. The student can return to lesson but told to return to the First Aid room if they feel faint/dizzy/sick. If the student is to be collected, the parents should be advised to seek medical advice if the condition deteriorates etc. For any head injury, the parents must be informed.
- The first aider will 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. Reference should be made by the first aider to the Health Protection Agency (HPA) Guidance on Infection Control in Schools and other Childcare Settings to advise on timescales for periods off school in case of illness (for example: nausea/vomiting/diarrhoea – 48 hours from last bout).
- The first aider will complete an accident report form on the same day after an incident resulting in an injury and the accident form must be taken to reception to be logged.

In the event of an asthma attack:

- **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE PERSON:**
 - a) Appears exhausted
 - b) Has a blue/white tinge around lips.
 - c) Is going blue.

d) Has collapsed

- If emergency services are called for a student (see appendix 3), the First Aider or relevant Learning Coach will contact parents immediately, dependent on the situation.
- If emergency services are called for an adult (see appendix 3), their emergency contacts will be informed immediately by the most appropriate member of staff. At an appropriate point during the care of the member of staff, the Principal will be informed that the emergency services have been contacted.
- If emergency services are called for a student (see appendix 3), and a parent/carer is not available, a member of staff or parent/carer must accompany the person to hospital and remain there. At an appropriate point during the care of the student, the Principal will be informed that the emergency services have been contacted.
- The closest member of staff present will seek the assistance of a qualified first aider by either clicking the appropriate first aid button in Class Charts.

- The closest member of staff will:
 - a) Keep calm and reassure the person
 - b) Encourage the person to sit up and slightly forward
 - c) Ask the person to use their own inhaler
 - d) Stay with the person
 - e) If needed, obtain emergency asthma kit

- The first aider (or closed member of staff who is trained to do so) will:
 - a) Keep calm and reassure the person
 - b) Encourage the person to sit up and slightly forward
 - c) Ask the person to use their own inhaler
 - d) Stay with the person
 - e) If needed, obtain emergency asthma kit
 - f) If their own inhaler is not available, use the emergency inhaler
 - g) Immediately help the person to take two separate puffs of the salbutamol via the spacer. A student may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these students if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.
 - h) If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. Shake the inhaler between puffs
 - i) If worried at ANYTIME before reaching 10 puffs, CALL 999 FOR AN AMBULANCE
 - j) If an ambulance does not arrive within 10 minutes give another 10 puffs as described above
 - k) If there is improvement, stay with the person until they feel better, then return the person to school activities.

- 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.
- The first aider will complete an accident report form on the same day as an asthma attack

In the event of a mild allergic reaction:

- The closest member of staff present will seek the assistance of a qualified first aider by either clicking the first aid button in Class Charts.

- The closest member of staff will:
 - a) Keep calm and reassure the person
 - b) Encourage the person to sit up and slightly forward
 - c) Stay with the person
 - d) Watch for signs of anaphylaxis

In the event of a severe allergic reaction:

- CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE SEVERE ALLERGIC REACTION PROCEDURE WITHOUT DELAY IF THE PERSON SHOWS SIGNS OF ANAPHYLAXIS
- ALWAYS use adrenaline auto injector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present
- If emergency services are called for a student the First Aider or appropriate Learning Coach will contact parents immediately.
- If emergency services are called for an adult (see appendix 3), their emergency contacts will be informed immediately by the most appropriate member of staff. At an appropriate point
- during the care of the member of staff, the Principal will be informed that the emergency services have been contacted.
- If emergency services are called for a student (see appendix 3), and a parent/carer is not available, a member of staff or parent/carer must accompany the person to hospital and remain there. At an appropriate point during the care of the student, the Principal will be informed that the emergency services have been contacted.
- The closest member of staff present will seek the assistance of a qualified first aider by either clicking the appropriate first aid button in Class Charts.

- The closest member of staff will:
 - a) a. Keep calm and reassure the person
 - b) b. Encourage the person to sit up and slightly forward
 - c) c. Stay with the person
 - d) d. Ask the person to use their own Auto-Adrenaline Injector (AAI)
 - e) e. Obtain emergency AAI.

- The first aider (or closed member of staff who is trained to do so) will:

Keep calm and reassure the person

 - a) Encourage the person to sit up and slightly forward
 - b) Stay with the person
 - c) Lie the person flat with legs raised: (if breathing is difficult, allow person to sit)
 - d) Use AAI without delay *** IF IN DOUBT, GIVE AAI ***. If their own AAI is not available, use the emergency AAI
 - e) Stay with the person
 - f) Do NOT stand person up
 - g) Commence CPR if there are no signs of life
 - h) If no improvement after 5 minutes, give a further dose of adrenaline using another AAI device, if available
 - i) Stay with the person until emergency services arrive.

- When emergency services are called for a student (see appendix 3), and a parent/carer is not available, a member of staff must accompany the person to hospital, and remain there
- The first aider will complete an accident report form on the same day, or as soon as is reasonably practical after an allergic reaction

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 including the asthma emergency kit and AAI if appropriate
- Information about the specific medical needs of pupils
- Parents' contact details
- Risk assessments will be completed by the Group Leader prior to any educational visit that

necessitates taking pupils off school premises. A qualified first aider may not always be needed on an off-site visit, but this should be determined by the initial risk assessment and pre-visit planning in line with the Off-Site Visits procedures as per the handbook. However, there must always be an 'appointed' supervising adult who will take charge of a situation and organise assistance in the event of a first aid incident.

First Aid Equipment

First Aid kits are clearly labelled with a green background and a white cross. A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- 2 Sterile eye pad bandages
- 4 individually wrapped triangular bandages
- Adhesive tape
- 6 safety pins
- Disposable gloves
- Antiseptic wipes
- 20 individually wrapped plasters of assorted sizes
- Scissors (rounded blades)
- 6 medium individually wrapped sterile unmedicated wound dressings
- 2 large individually wrapped sterile unmedicated wound dressings
- Cold compresses
- Eye irrigation tube

No medication is to be kept in the first aid kits.

In addition to first aid kits, the school holds emergency asthma kits in the English work area and First Aid room and emergency AAI's in the first aid room.

Contents of the first aid kits are checked and re-stocked termly. The check is logged and documented. In addition, members of staff can request additional supplies as required from the Appointed Person.

First aid kits are located in the following areas:

Ground Floor:

- Reception
- First Aid Room
- Main Office
- FFET Office
- PE Office
- Food Technology
- Art
- Site Team Office
- Kitchen
- Filling Station

First Floor:

- F2 – Pastoral Office
- Staff Room
- Maths Staff work area
- F8
- F11

- F16
- Music

Second Floor:

- Aspire
- English Staff work area
- ICT Office
- Sixth Form Office

Defibrillator:

The emergency defibrillators are located in the main reception. This can be used in an emergency by following the verbal instructions and visual prompts on the defibrillator.

The defibrillator is checked and maintained on a daily basis.

Wheelchair:

The College has a transit wheelchair which is stored in the First Aid room and can be used when it is necessary to move a patient from one location to another, providing it is safe to do so. The wheelchair is checked over for safety on a termly basis and a log kept of the check.

Eye Irrigation:

The Science Department has specific eye irrigation stations in each lab in case of eye contact with chemicals.

First Aid Facilities

Every school must have a suitable room that can be used when required for the assessment of students who are injured or who report they are unwell during school hours. The area must contain a washbasin and be reasonably near to a WC. At EPC the room used for this purpose is next to the Student Entrance.

Record-Keeping and Reporting

Accident Recording - An accident form will be completed by the first aider on the same day of an incident resulting in an injury in as much detail as possible.

This includes:

- the date, time and place of incident
- the name and form of the injured or ill person
- details of the injury/illness and what first aid was given
- what happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital)
- name and signature of the first aider or person dealing with the incident
- to whom the incident has been reported

A blank copy of the Accident Report Form is held in the staff shared drive in the Forms folder. A copy of the Accident Report Form is given to Reception to log the incident. The receptionist will report any major incidents to the appointed person to investigate and report to the HSE as necessary.

Paper 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. All first aid incidents are recorded on a central electronic log.

Reporting to the HSE

The nominated member of staff at EPC is a member of the Senior Leadership Team. The nominated member of staff co-ordinates the accident reporting system and is responsible for ensuring that the correct incident report form is used and is properly completed and that the various categories of accident below are reported in line with this guidance. The nominated responsible person must be fully aware of the Accident/Incident Reporting Procedures and have received training where necessary. The nominated member of staff keeps 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). Reporting Procedures in the Policies folder for information.

Notifying Parents

Students do not contact their parents directly in the event of them feeling unwell or if they are injured. The first aider, relevant Learning Coach will inform parents/carers of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day.

The following events must be notified to parents/carers:

- Contagious rash
- A sting or bite from an animal or insect
- An injury to the head (Phone call and letter to go home with pupil)
- A non-accidental injury

There is no need to inform parents for:

- Minor cuts and grazes
- A headache that goes away

Students are expected to take responsibility for their own health. They are also expected to be resilient and responsibly assess their need for adult assistance in terms of first aid. Students are then expected, if possible, to inform an adult if they need first aid assistance.

Where the school does not contact parents (see above), the student is expected inform their parent/carer of any minor injury/illness that has occurred during the school day.

Training

All school staff can 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 keeps a register of all trained first aiders, what training they have received and when this is valid until (see appendix 1). Staff are encouraged to renew their first aid training when it is no longer valid.

Monitoring Arrangements

This policy will be reviewed annually. At every review, the policy will be approved by the Principal and the Governors.

A report from SIMS for Medical Events is run regularly by the Assigned Person to review and analyse incidents in order to spot trends, identify training needs and areas for improvement.

Appendix 1: List of First Aiders

- Megan Dalton
- Luke Camden
- Stephen Murphy
- Mark Reed
- Sophie Roscoe
- Sarah Moore
- Emma Westwater
- Rosie Whitmore-Gill

Appendix 2: First Aid Risk Assessment

First Aid Risk Assessment Template

School	
Appointed Person for First Aid Date	
Date	
Assessors	

How many first aiders does the school have currently, and what is their level of training?					
How many staff work on site between 8.00am and 5.30pm (approximately)?					
How many staff work on site outside work hours (incl. weekends)?					
Are there any staff with medical conditions or disabilities? If so, what are these conditions/disabilities?					
Is lone working carried out in school?					
Does the school have (or plan to have over the next year) any work experience trainees, volunteers, or honorary staff?					
How many students work on site between 8.00am and 5.30pm (approximately)?					
Are there any students with medical conditions or disabilities? If so, what are these conditions/disabilities?					
Is the school spread out e.g. Are there several buildings on the site or multi-floor buildings?					
What is the distance and travel time to nearest major hospital?					
What is the maximum distance an incident could be to the location of existing first aid kits?					
What are the most common injuries, times, locations, and activities in school according to past accident statistics?					
Has there been any major incidents over the last year? If so, what were they? What are the specific hazards on site? (for example, slips & trips, work at height, plant or machinery, moving objects, electricity, radiation, chemicals, dust, manual handling)	<table border="1"> <tr> <td>Hazard:</td> <td>Location:</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Hazard:	Location:		
Hazard:	Location:				
Are there hazards for which an extra first aid kit or specialised treatment is required? (for example, chemicals, potential for burn, eye injuries, field trips)	Details:				

Recommendations

Contents of a school first aid kit	
Number and location of first aid kits	
Number and names of first aider at work	
Number and names of emergency first aider	
Number and names of first aid names person(s)	

Additional recommendations

Action list

Items for Action	Completion Date	Date signed off	Initials

Guidance on the first aid risk assessment

For low risk areas such as offices the minimum requirement is for a first aid appointed person and a suitably stocked first aid box. For higher risk activities the recommended numbers of first aiders will need to be increased.

For larger numbers of employees, consideration needs to be given to providing a suitable number of EFAW or FAW trained first aiders and suitably placed first aid boxes


Number of staff	Recommended minimum provision
<25	First Aid appointed person
25-50	first aider (EFAW)
>50	first aider (FAW), plus one more for every 100 employed

Appendix 3: Emergency Services

To request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked:

- Your telephone number – 0151 350 6000
- Your name
- Your location - The Ellesmere Port Church of England College, 164 Whitby Road, CH65 6EA
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.

Appendix 4: Risk Assessment

First Aid Risk Assessment Form			
Part A: Assessment Details			
Team/School name: Address & Contact details:		Name of Person(s) undertaking Assessment:	
Line manager/Head Teacher (Name & Title):		Date of Assessment:	
Signature:		Planned Review Date: (Minimum 24 months)	
How communicated to staff:		Date communicated to staff:	

Part 2: Hazard Identification and Control Measures			
Step 1: Identify significant hazards	Step 2: Identify who might be harmed and how		Step 3: identify precautionary measures already in place
List of significant hazards (something with the potential to cause harm)	Who might be harmed?	Type of harm	Existing controls (Actions already taken to control the risk)
Inadequate Emergency Response	Employees, Agency or Casual Staff Visitors, Contractors, Pupils	Serious injury	School is situated on the outskirts of Chester and the Wirral with an estimated time for an ambulance to arrive on site is within 20 minutes.

<p>Inadequate provision of first aid</p>	<p>Employees, Pupils, Agency or Casual Staff Visitors, Contractors</p>	<p>Serious injury</p>	<ul style="list-style-type: none"> • The numbers of first aiders within the school establishment are monitored to ensure adequate provision is retained during the normal working hours of 07:30am - 16:45pm hours. This includes Breakfast and After School Clubs. • Managers are responsible for ensuring staff working outside these hours have adequate provision. • Managers are responsible for assessing whether the current arrangements within the school are adequate for their staff and the areas of work for which they are responsible and, if not, take action to fulfil any gaps in local arrangements e.g. arrange specialist first aider training. • A number of staff have First Aid training. First Aid lists displayed in office, around the College and First Aid room.
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			<ul style="list-style-type: none"> Regular specialist training for administration of Auto-Adrenaline Injector for Anaphylaxis. Up to date lists displayed in office, staff room and First Aid room.
Inadequate first aid treatment	Employees, Pupils, Agency or Casual Staff Visitors, Contractors	Serious injury	<ul style="list-style-type: none"> All first aiders included on the list for the school have successfully completed a 2 day re-qualification course (or three days for newly trained First Aiders) to ensure certificates and knowledge are kept up-to-date.
Unaware of how to summon first aid provision or an ambulance	Employees, Agency or Casual Staff Visitors, Contractors	Serious injury	<ul style="list-style-type: none"> Managers are responsible for ensuring any new staff are made aware of first aid arrangements by performing an induction which includes this. Adequate information must also be provided to contractors and visitors for whom managers are responsible. Managers are responsible for a list of first aiders to be prominently displayed in each work area, office, staff room and medical room. Employees' Responsibilities: In the event of someone being injured, if it is considered serious and that an ambulance is required, you must ring for an ambulance using the procedure laid out below. <ul style="list-style-type: none"> Locate the nearest qualified first aider (via Class Charts). Give the location and symptoms if known to the first aider. Keep the casualty warm, comfortable and above all as still as possible. On arrival, the first aider will take control and issue instructions accordingly. Ambulance Procedure: <ul style="list-style-type: none"> Dial 999 ask for ambulance service, give brief details of type of casualty and ask for the ambulance to attend main entrance. Ensure reception/office staff are aware advising them that an ambulance has been called to an incident in the school/Nursery. Arrange for someone to meet the ambulance at the main vehicle gate and escort the ambulance crew to the location of the incident. Child specific protocols are in place for Anaphylaxis. Copies of this protocol are kept with child's medication in First room. Should an ambulance need to be called for one of these children with a protocol, very specific information on the protocol is to hand.
Insufficient first aid supplies	Employees, Agency or Casual Staff Visitors, Contractors	Serious injury	<ul style="list-style-type: none"> Managers are responsible for providing first aiders with an appropriately stocked kit to enable them to undertake their role. The supplies must be suitable to deal with the type of injuries likely to be received within that area. The H&S web site provides advice and guidance on this subject. First Aiders are responsible for keeping check on the stock levels and expiry dates on supplies and for requesting any replenishment

			<p>via their Accountable Person, through the ordering procedure.</p> <ul style="list-style-type: none"> • The First aid kits are to be stocked with the contents of a protection kit as standard to reduce the risk of transfer of contaminated bodily fluids. • In addition, first aid supplies are available at controlled and identified points within the school establishment.
Trips, falls & Bumps to the head	Pupils	Minor Injury	<ul style="list-style-type: none"> • All injured children to see a First Aider. • Children to receive First Aid treatment as required. • ALL children to receive a phone call from the school office for injuries involving the head & face. • Minor accidents to be recorded on an Accident Record Form. • Serious accidents e.g. broken bones, stitches to be recorded on Accident Record Form (First Aid Room). Principal MUST be informed. • Phone calls to parents/carers as required. • If in doubt, check injuries with Principal or SLT in their absence. • Parents/Carers to inform school of any medical conditions. • Parents/Carers to inform school of up-to-date emergency contact details. • Injured children are not to be left unsupervised.

Appendix 5: Accident Report Form



First Aid Record

To act justly, love with mercy and to walk humbly with our God' Micah 6:8

A separate record should be filed for each person involved. This document should then be taken to reception to be logged and stored as per GDPR documentation.

About the person First Aid was requested for				
Name:				
Year:		Form:		
First Aid details				
Name of First Aider attending:				
Date:		Time:		
Description of incident and treatment:				
Pupil sent home?	Yes (tick)		No (tick)	
First Aid called home?	Yes (tick)		No (tick)	
SLT and Pastoral team emailed if sent home?	Yes (tick)		No (tick)	
Incident type	Minor (tick)		Major (tick)	
Risk assessment required? Inform SLT	Yes (tick)		No (tick)	
Recorded on log?	Yes (tick)		No (tick)	
Office staff signature				
Is this incident reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations? (RIDDOR)				
Yes (tick)		No (tick)		Date reported:

Appendix 6:

Asthma Signs and Symptoms Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough These symptoms are usually responsive to use of a person's own inhaler and rest (e.g. stopping exercise). They would not usually require the person to be sent home from school, or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The student complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

Appendix 5:

Allergic Reaction and Anaphylaxis Signs and Symptoms Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour Anaphylaxis
- Airway: Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
- Breathing: Difficult or noisy breathing Wheeze or persistent cough
- Consciousness: Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious
- IF ANY ONE (or more) of these signs are present, treat as anaphylaxis
- Anaphylaxis may occur without initial mild signs

Links to other policies

This Policy will be read in conjunction with other policies regarding the safety and welfare of children.

These together make up the suite of policies to safeguard and promote the welfare of children in this school.

The policies listed below are all available on the website:

- Child Protection and Safeguarding Policy
- Staff Conduct Policy
- Anti-Bullying policy
- Behaviour policy
- Sexual Violence and Sexual Harassment in Schools policy
- Equality and Diversity Policy
- ICT Acceptable Use Policy
- Whistleblowing Policy
- Managing allegations against staff Policy
- E-Safety Policy
- First Aid Policy
- Attendance and Punctuality Policy
- Relationships and Sex Education
- Safer Recruitment