



**challenger**  
multi-academy  
trust

**embrace  
challenge:  
expect  
excellence**

## **Kempston Challenger Academy**

### **First Aid Policy**

Version: CMAT – pending Board approval 20.09.17

## **Contents:**

### Statement of intent

1. Legal framework
2. Aims
3. First aiders
4. Emergency procedure in the event of an accident, illness or injury
5. Reporting to parents
6. Visits and events off-site
7. Storage of medication
8. Illness
9. Consent
10. Monitoring and review
11. PESS

## Statement of intent

Kempston Challenger Academy is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting employees, children and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regards to all staff, pupils and visitors.

Kempston Challenger Academy will take every reasonable precaution to ensure the safety and wellbeing of all staff and pupils. Details of such precautions are noted in the following policies:

- Health and Safety Policy
- Behaviour Policy
- Safeguarding Policy
- Medical Policy
- Food Hygiene Policy and Procedures
- Educational Visits and School Trips Policy

The Admin Team and First Aiders have overall responsibility for ensuring that the school has adequate and appropriate first aid equipment, facilities and personnel, and for ensuring that the correct first aid procedures are followed.

Signed by:

## 1.0 Legal framework

This policy has due regard to statutory legislation, including, but not limited to the following:

- The Health and Safety (First Aid) Regulations 1981 and approved code of practice and guidance.
- Health and Safety at Work etc. Act 1974 and subsequent regulations and guidance.

## 2.0 Aims

2.1 All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury, and ensure this policy is followed in relation to the administration of first aid.

2.2 All staff will use their best endeavours, at all times, to secure the welfare of the pupils.

2.3 Anyone on the school premises is expected to take reasonable care for their own and others' safety.

2.4 The aim of this policy is to:

- Ensure that the school has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury; no matter how major or minor.
- Ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

2.5 Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this policy, and make clear arrangements for liaison with ambulance services on the school site.

2.6 To achieve the aims of this policy, the school will have suitably stocked first aid boxes. Where there is no special risk identified, a minimum provision of first aid items would be:

- A leaflet giving general advice on first aid;
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- Two sterile eye pads;
- Four individually wrapped triangular bandages (preferably sterile);
- Six safety pins;
- Six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
- Two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings; and

- One pair of disposable gloves.

2.7 Equivalent or additional items are acceptable.

2.8 AN AED - Automated external defibrillator is in school (will be located in the Administration corridor in a lockable cupboard asap)

2.9 The lead first aider is responsible for examining the contents of first aid boxes. These should be checked frequently and restocked as soon as possible after use. Items should be discarded safely after the expiry date has passed.

2.10 First aid boxes are located in the following areas:

- Science – in Science Prep Room Block S Far Wall
- Enterprise Centre – in kitchen mounted on wall.
- Main Office – Reception under counter
- Site Agents' Office – mounted on wall. Admin Block
- Main kitchen – mounted on wall. Canteen Area C Block
- Staff Kitchen Food Technology – in cupboard marked First Aid. P12 D&T
- P1 – Teacher's desk drawer marked First Aid. D&T
- P2 – Teacher's desk drawer marked First Aid. D&T
- P7 – Technician's work room (Art). D&T
- Mini bus – one in each. Car Park Area
- PE – Office, Fitness Suite and Sports Hall Office
- Learning Support Office – above sink
- Music Office Music Area
- Reception – Travel Medical Box for use of by 1st Aiders on rota/call Admin Block
- Student Support Office on shelf
- Primary Office
- Engagement Hub – near smart board

If any locations change, the list will be updated.

2.11 Annually All Staff will be emailed the First Aid Protocol to ensure they are familiar and fully aware with the locations of the First Aid Boxes and First Aid Staff.

2.12 **LOCATION OF BLOOD SPILLAGE KITS**

- Main Office – by Reception desk.
- Science Prep Room – by fire extinguisher.
- Staff Kitchen in Food Technology – in cupboard marked First Aid.

### **3.0 First aiders**

3.1 The main duties of first aiders are to give immediate first aid to pupils, staff or visitors and to ensure that an ambulance or other professional medical help is called, when necessary.

- 3.2 First aiders are to ensure that their first aid certificates are kept up-to-date through liaison with the School Operations Manager.
- 3.3 Each classroom's first aiders have a responsibility to ensure all first aid kits are properly stocked and maintained. The first aid appointed person(s) will be responsible for maintaining supplies.
- 3.4 The current first aid appointed person(s) are:

<b>Surname</b>	<b>Forename</b>	<b>Location in school</b>	<b>Certificate Valid to :</b>	<b>Defibrillation course</b>
Allison	Sean	Classroom	Mar-18	
Bleakley	Cheryl	Office	Dec-18	YES
DiCarlo	Rita	Office	Mar-10	YES
Fisk	Janet	P Block	Jun-19	
Harvey	Monica	Office	Jun-20	YES
Kelly	Nathaniel	Aspen	May-20	
King	Suzanne	TA	Jan-19	YES
Miles	Jane	C Block office	Feb-16	
Moffat	Julie	Science	May-20	YES
Molyneux	Ken	P Block	May-20	
Musselle	Wendy	P Block	Dec-17	
Nunn	Nat	Engagement Hub	Apr-18	
Reed	Carol	Primary Unit	Dec-17	YES
Wisson	Stef	B Block office	Jan-18	

#### **4.0 Emergency procedure in the event of an accident, illness or injury**

- 4.1 If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.
- 4.2 If called, a first aider will assess the situation and take charge of first aid administration.
- 4.3 In the event that the first aider does not consider that he/she can adequately deal with the presenting condition by the administration of first aid, then he/she should arrange for the injured person to access appropriate medical treatment without delay.
- 4.4 Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, one or more of the following actions will be taken:

- Administer emergency help and first aid to all injured persons. The purpose of this is to keep the accident victim(s) alive and, if possible, comfortable, before professional medical help can be called. Also, in some situations, action now can prevent the accident from getting more serious, or from involving more victims.
- Call an ambulance or a doctor, if this is appropriate – after receiving a parent's clear instruction, take the accident victim(s) to a doctor or to a hospital. Moving the victim(s) to medical help is only advisable if the person doing the moving has sufficient knowledge and skill to make the move without making the injury worse.
- Make sure that no further injury can result from the accident, either by making the scene of the accident safe, or (if they are fit to be moved) by removing injured persons from the scene.
- See to any children who may have witnessed the accident or its aftermath and who may be worried, or traumatised, in spite of not being directly involved. They will need to be taken away from the accident scene and comforted. Younger or more vulnerable children may need parental support to be called immediately.
- When the above action has been taken, the incident must be reported to:

The Executive Principal  
The parents/carer of the victim(s)

## **5.0 Reporting to parents**

- 5.1 In the event of incident or injury to a pupil, at least one of the pupil's parents must be informed as soon as practicable.
- 5.2 Parents must be informed in writing of any injury to the head, minor or major, and be given guidance on action to take if symptoms develop.
- 5.3 In the event of serious injury or an incident requiring emergency medical treatment, the pupil's class teacher will telephone the pupil's parents as soon as possible.
- 5.4 A list of emergency contact details is kept at reception/admin office.

## **6.0 Visits and events off-site**

- 6.1 Before undertaking any off-site events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the event and persons involved. This will be reviewed by the school Operations Manager before the event is organised.
- 6.2 Please see the separate Educational Visits and School Trips Policy for more information about the school's educational visit requirements.

## **7.0 Storage of medication**

- 7.1 Medicines are always securely stored in accordance with individual product instructions, save where individual pupils have been given responsibility for keeping such equipment with them.
- 7.2 All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine.
- 7.3 All medicines will be returned to the parent to arrange for safe disposal when they are no longer required.
- 7.4 An emergency supply of medication should be available for pupils with medical conditions that require regular medication.
- 7.5 Parents should advise the school when a child has a chronic medical condition so that staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy and diabetes. A disclaimer will be signed by the parents in this regard.

## **8.0 Illness**

- 8.1 When a child becomes ill during the day, the parents/carer will be contacted and asked to pick their child up from school as soon as possible.

A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parents/carer to arrive to pick them up. Pupils will be monitored during this time.

## **9.0 Consent**

- 9.1 Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, details of allergies and chronic conditions, and consent for the administration of emergency first aid – these forms will be updated periodically.
- 9.2 Staff do not act 'in loco parentis' in making medical decision as this has no basis in law – staff always aim to act and respond to accidents and illness based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the child in mind – guidelines are issued to staff in this regard.

## **10.0 Monitoring and review**

- 10.1 This policy is reviewed annually by the Executive Principal in conjunction with the governing body; any changes made to this policy will be communicated to all members of staff.

- 10.2 All members of staff are required to familiarise themselves with this policy as part of their induction programme.

## **11.0 PESS (Physical Education and School Sport)**

- 11.1 This chapter is concerned with a contextual aspect of risk management. It clarifies the nature and scope of first aid provision required within the context of PESS and recommends a range of procedures for the effective management of accidents and injuries.

- 11.2 The Health and Safety (First aid) regulations 1981 require employers to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given to employees if they are injured or become ill at work. These statutory requirements for first aid provision apply specifically to employees- the school staff – but the duty of care that is owed to pupils means, in practice, that provision is also made for pupils or any other visitor involved with and injured in any situation organised by school.

- 11.3 PESS involves movement, often in confined spaces, necessitating control in changing direction quickly, sometimes with the need to manipulate an object such as a ball, and, in some activities, physical contact. In such a context, injuries may occasionally occur. This alerts school staff to the need for appropriate first-aid expertise if teaching physical education or school sport.

### **11.4 What staff should know - Managing injury situations**

- 11.4.1 All school should be able to fulfil the requirements set out in the Approved Code of Practice and Guidance for the Health and Safety (First Aid) Regulations 1981, subsequently updated in 1997. The content of this guidance is basic common sense, and is not threatening to anyone delivering physical education or school sport.

- 11.4.2 The guidance defines first aid as the initial management of any injury or illness suffered at work. It does not include the giving of tablets or medicines to treat illness, but the Regulations do not prevent staff specially trained beyond the initial level of his/her qualification or experience, but all are expected to manage the initial situation.

- 11.4.3 The minimum requirements for first aid in “low-risk categories”, such as schools, are as follows:

- To provide at least one suitably stocked, identifiable and easily accessible first-aid container. This would be augmented according to the particular circumstances of the school, such as a split-site arrangement or where the PESS facilities are somewhat distant from the centre of the school.
- For and “appointed person” to take charge of first aid arrangements and the management of first aid situation, and for there to be a qualified first aider if there are more than 50 employees (ie staff, as pupils are visitors to the school)

or if the school leadership deems it necessary to have trained first-aiders available.

- To provide information, such as notices, for employees on first-aid arrangements.
- To make provision for those working away from the main site by taking (as a minimum) a travelling first-aid kit.
- To maintain records of incidents requiring first aid to be given.

11.5 Further arrangements should arise from a risk assessment of the needs of the particular establishment. The greater the risk, the more specialised the provision, such as more appointed persons, more first aiders, more first aid kits, a medical room, additional equipment or specialist equipment. In practice, this could be as straightforward as a large school needing to provide more first aid kits. Records of past injuries, and the range of provision for PESS, should influence and inform the particular level of need.

11.6 This guidance thus expects the school to:

- Assess the needs for first aid appropriate to the circumstances of the school.
- Establish the procedures for dealing adequately with injuries sustained in any event organised by the school (on or off site, in lesson time or out of school hours).
- Inform the staff of the procedures to be followed, and ensure that these are applied; it is likely that the staff may be involved in determining the school procedures.
- Appointed persons are not first aiders. They should not give first aid treatment for which they have not been trained. Appointed persons often decide to become trained in emergency aid, but this is not a requirement. They are responsible for taking charge when someone is injured or becomes ill. They look after the first-aid equipment, ensuring that it is regularly checked and replenished when needed. They also ensure that an ambulance or other professional medical expertise is called when deemed appropriate. They often then ensure that the parents of pupils are informed if their child has been unwell or injured while the school's responsibility. They often collate the recording and reporting of necessary information.
- Staff must manage the initial injury situation and summon the assistance of the appointed person for first aid. Contribution to dealing with the first aid situation then depends on competence beyond the basic required level.
- What does this mean for those teaching PESS? All involved in this specialist area should know the school accident/emergency procedures, and the name and usual location of the appointed person. In the event of being involved in a situation where an injury occurs, this could require:
  - Sending for the appointed person to deal with the injury beyond the initial management state.
  - Ensuring the rest of the group is safe and free from the possibility of injury.
  - If the injured person is conscious, then calming, reassuring and checking for signs of shock.

- Knowing the symptoms of shock and how to deal with it, such as keeping the injured person warm.
- Not moving the injured person unless essential to prevent further serious harm.
- Nothing and recording whether the injured person loses consciousness at any time.
- Completing any necessary records of event.

11.7 Some staff may choose to develop their competence beyond the basic management requirements for professional reasons. This could include being able to deal with incidents when away from the school site, be it at a level required for teaching at locations somewhat detached from the school, or when taking groups of pupils to remote areas.

11.8 Many adults delivering PESS obtain qualifications in first aid in order to enable them to take groups of pupils away from the school site with confidence. This is the individual choice of those adults. Because of the relatively isolated context of many physical-education lessons, it is highly recommended that staff have competence in resuscitation and the arrest of bleeding.

11.9 It is a school responsibility to ensure that the contents of first-aid kits are replenished as soon as possible after use in order to ensure that there is always an adequate supply of materials. Items should not be used beyond the expiry date shown on the packets. First aid kits should be checked frequently to make sure there are sufficient quantities and that all items are still usable.

11.10 If an employee has received additional training in the treatment of specific hazards that require the use of special antidotes or equipment, these may be stored near the hazard are or kept in or with the first aid kit.

11.11 The school is required to provide access to first-aid provision at all times. Thus, when groups travel off site, a travelling first aid kit must be taken as a minimum provision for injury situations. Also an appointed person should be available even when groups travel off site. This is easily accomplished by recognising at least one of the accompanying staff as an appointed person, providing they have the skills to fulfil the requirements of the job.

11.12 Good practice in school procedures for first aid when working off site may also require the staff to maintain records of who is in the party, emergency contact numbers for school leadership staff or parents and facility to contact the emergency services should this be required. Mobile phone reception at the location of the activity may be poor and alternative systems of communication may need to be planned for.

11.13 In order to develop safe practice for schools, it is good practice to enable discussion by staff (and pupils if appropriate) of all accidents in order to inform future practice.

11.14 Employers are responsible for arranging first aid training and retraining as required and through courses recognised by the Health and Safety executive (HSE). First aiders should be appropriately trained in techniques relevant to the circumstances in which physical-education activities will take place. Additional training should be arranged for adults involved in activities in which specific

hazards are possible. For example, school staff undertaking ventures with pupils in remote areas should consider attending a relevant mountain first aid course.

11.15 Specific guidance on the organisation of first aid provision for events that are planned to occur in public places is contained in the Good Practice and Safety Guide for Small and Sporting Events Taking Place on the Highway, Roads and Public Places (Home Office, 2006).

11.16 The following extract outlines the view of the Department for Children, Schools and Families (DCSF) on children with the human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS) attending school:

-Children with HIV and AIDS

11.17 Since on all present evidence, the risk of transmitting HIV in the school setting is minimal, and since the benefits to a child with HIV or AIDS of attending school and enjoying normal social relationships far outweigh the risks of him or her acquiring harmful infections, such children should be allowed to attend school freely and be treated in the same way as other pupils.

11.18 It follows from this that the fact of HIV infection or AIDS should not, in the Department's view, be a factor taken into account by local education authorities, governing bodies and head teachers in discharging either their various duties concerning school admissions, transfers and attendance (in respect of an infected child or otherwise), or their powers of exclusion from school.

HIV and AIDS: A Guidance for the Education Service  
(Department for Education 1991)

11.19 School staff should consider the following points in relation to pupils with HIV or AIDS:

- Pupils may take part in physical education, sport and outdoor and adventurous activities, providing they do not have any other medical condition that prevents them from participating.
- Swimming pools and splash pools should be chlorinated or suitably treated according to standard practice. Normal precautions should be taken.
- Barefoot work presents no risks.
- Bleeding resulting from accidents should be dealt with immediately. First aiders should wear disposable waterproof gloves and rinse wounds with water only.
- No cases have been recorded of HIV being transmitted as a result of direct mouth to mouth resuscitation, although there is a theoretical risk when there are bleeding cuts or sores in the mouth. In an emergency, direct mouth to mouth resuscitation should therefore be withheld. Rigid airways for resuscitation may only be used by first aiders who have received appropriate training.

11.19 **Recording injury situation**

11.19.1 It is important that accidents are recorded on the employer's official report form or accident book as soon as is reasonably possible. This aids the reporting process and is useful in the event of a liability claim.

11.19.2 An official accident report form invariably provides a brief report of an accident. It may not contain all the information that a school may be required to submit in the event of a liability claim. Schools may therefore wish to design their own accident report form, which prompts the user to provide all the details of an accident. It is advisable for this form to be completed for all accidents that result in hospital or medical treatment.

11.19.3 Schools may be required to provide relevant information several years after an accident occurred. Procedures for the storage and retrieval of such information should therefore be established.

## 11.20 **Reporting injury situations**

11.20.1 The school should have a system for submitting an official accident report form to its employer or directly to HSE as soon as is reasonably possible in order that the employer can comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

11.20.2 RIDDOR regulations apply when major injuries or death are caused by accidents. They cover workplace or work-related accidents (both on and off site) involving pupils and employees.

11.20.3 A major injury is defined as any resulting in death or injury requiring hospital treatment for any length of time, or injury that prevents the injured person attending work (or school) for more than three days. Notifiable injuries include fractures (other than to the bones of the hands and feet); unconsciousness resulting from electrical shock or lack of oxygen, and acute illness caused by a pathogen, a substance or infected material.

11.20.4 RIDDOR requires that notifiable accidents be reported to the HSE by phone and, within seven days, in writing using the appropriate form. Some LAs may do this on behalf of the schools for which they are responsible, but in many cases, individual schools will be responsible for fulfilling RIDDOR requirements themselves. This would be a school-leadership responsibility and not one imposed on the individual member of staff.

11.20.5 Individual members of staff are responsible for ensuring that they fulfil the school's system for the recording of accidents on the necessary forms. It is the employer's responsibility to ensure that the statutory requirements for recording and reporting notifiable accidents are fulfilled.

## 11.21 **What pupils should know**

11.21.1 Who to report to, should anyone be injured.

11.21.2 Not to administer first aid to someone who is injured unless an adult gives permission or, if working independently, without staff close by to take responsibility, is qualified to administer first aid.

11.21.3 Not to move anyone who is injured unless it is clearly an emergency