

First Aid Policy

It is the responsibility of all Cathedral Schools Trust employees, governors and volunteers to familiarise themselves with the contents of all Trust policies and any amendments hereafter.

**Cathedral Schools Trust
Henleaze Infant School**

September 2024

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Introduction:

Cathedral Schools Trust is committed to ensuring the health and safety of its pupils, employees and visitors within each school. This First Aid Policy outlines the procedures and responsibilities implemented across each school, and how we will manage and reduce risk.

1. Aims

The aims of the First Aid policy are to:

- Ensure the health and safety of all staff, learners and visitors.
- Ensure that staff, governors and Trust central team members are aware of their responsibilities with regards to First Aid.
- Provide a framework for responding to an incident and recording and reporting the outcomes.

2. Legislation and Guidance

2.1 - 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 Health and Safety at Work Act 1974
- 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 learners.

3. Roles and Responsibilities

3.1 Trustees /Local Governing Body / CEO:

The Trustees / Local Governing Body / CEO have ultimate responsibility to ensure arrangements are put in place, such as First Aid procedures, risk assessments and appropriate support for pupils with medical conditions and the implementation of this policy.

3.2 The Headteacher

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

- Ensuring that there are appropriate numbers of trained first aid staff on site at all times and they have received suitable training and are competent before they are responsible for supporting children with medical conditions.

- 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 in order to cater to the medical needs of learners.
- Reporting specified incidents to the HSE via Delegated Services, when necessary via the correct processes (see section 6).

In practice these responsibilities may be carried out through directing others within the management chain of the school. However, Headteachers remain ultimately responsible for ensuring those persons with delegated responsibility carry out the requirements in full. The Headteacher will therefore need to monitor that the required actions are being undertaken on their behalf.

3.3 - Health and Safety Lead – Lauren Oram

The Health and Safety lead is the delegated responsible person for health and safety and their role is to ensure that this policy is implemented day to day and the procedures are followed.

They are also responsible for undertaking investigations following incidents as well as following the appropriate process for reportable incidents (RIDDOR) and ensuring that First Aid training is implemented in conjunction with other staff members as required and new training qualifications are instigated.

3.4 - Principal First Aider - Jodie Nichols

The Principal First Aider is the “Appointed Person” who is appointed to lead day-to-day First Aid, ensuring the provision is supported and effective management of the provisions is supplied.

The Principal First Aider is responsible for:

- Communication between the school and parents/carers to ensure that students with ongoing medical needs are supported in school in line with their Individual Health Care Plans.
- The administration of approved medication to students and for maintaining records and reports, including those required for statutory requirements.
- Undertaking 6 monthly stock checks of First Aid Kits, ensuring items are in date, adequately supplied and in good condition.
- Liaising with the Health and Safety Lead to investigate incidents.

- Ensuring all incidents are logged via the appropriate process, and to the appropriate quality.
- Ensuring that the first aid provision is adequate and appropriate.
- Carrying out appropriate risk assessments in liaison with the Head Teacher / Health and Safety Lead.
- Ensuring that appropriate training is provided and monitoring the competence of first aiders.
- Ensuring that the equipment and facilities are fit for purpose and first aid kits are regularly re-stocked;
- Ensuring that an ambulance or other professional medical help is summoned when required;
- Ensuring that all staff know the procedures for calling for first aid and their duties towards any person requiring first aid; and
- Regularly keeping the Head Teacher / Health and Safety Lead informed of the implementation of the policy.
- Attending Health and Safety Committee meetings, when the agenda dictates.

Should the Principal First Aider be absent from site, then appropriate arrangements must be made to ensure the school is supported via an appointed deputy should an emergency situation arise.

3.5 First Aiders

All schools should have trained First Aiders (First Aid at Work, Emergency First Aid at work and Paediatric first Aiders for EYFS). Their names and photographs should be displayed prominently around the school.

They are responsible for:

- Ensuring they are training and qualified to carry out the role.
- Taking charge when someone is injured or becomes ill.
- Informing the Principal First aider if any first aid provisions need restocking, or whether there is a concern with the provided provision.
- 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.
- Filling in an incident report and recording the incident on the electronic system on the same day or as soon as is reasonably practicable, after an incident and assisting in further investigations if required. [See section 6](#)

3.6 Further staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know who the First Aiders are in their setting.

- Ensuring they familiarise themselves with pupils deemed to require further support / medical arrangements.
- Completing incident reports and ensuring they are recorded on the electronic system as per process outlined in section 6 adding any additional information as it is received.
- Informing the Headteacher or their manager of any specific health conditions or first aid needs.

4. First Aid Procedures

4.1 In the event of an incident 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.
- If the First Aider judges that a person is too unwell to remain in school, next of kin will be contacted and asked to collect the person. Upon their arrival, the First Aider will recommend next steps to the next of kin.
- The relevant member of staff will complete an incident report on the same day or as soon as is reasonably practicable (no longer than 3 working days) after an incident resulting in an injury.
- If emergency services are called, a member of the school Senior Leadership Team will contact parents/carers immediately.
- Should the incident result in immediate hospital attendance, the Health and Safety Lead will be notified immediately.

4.2 In the event of a life threatening incident

Where an incident is deemed to be life threatening, Emergency Services will be contacted by the school, with communication made to the CST Estates Manager **(07818 252 502 - Personal)** in the first instance, who will coordinate communication to wider support networks. The CST Estates Manager will then

contact members of the central team and Delegated Services on their emergency contact number.

The Headteacher (or in their absence, the next most senior member of staff), is to contact the parents / guardians of the pupils to inform them of the situation.

4.3 Off Site Procedures

Where an incident is deemed to be life threatening, communication should be made in line with the Educational Visits policy. Risk assessments will be completed by the Trip Leader and supporting equipment should be taken as per the Educational Visits policy. In line with the Educational Visits policy the Trip Leader will risk assess the level of first aid required for a particular visit.

5. First Aid Equipment

5.1 A typical school first aid kit 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.
- Antibacterial (Non Alcohol) wipes.
- Plasters of assorted sizes.
- Scissors.
- Cold compresses.

No medication or tablets are to be kept in first aid kits. This includes antiseptic creams.

Unless in emergency situations, Staff not in receipt of a valid / in date First Aid Certificate are not to access or utilise first aid kits / contents.

5.2 A list of first aid equipment locations should be held in the school office.

6. Incident Recording and Record Keeping

6.1 Incident Reporting

An Incident form is to be completed for all administration of First aid, irrelevant of severity. Incident Forms are to be completed via iAMCompliant, providing as much detail as possible to create a full account of the incident, outlining the situation prior to the incident, which part of the body was injured and first aid measures provided post incident.

The Health and Safety lead will have appropriate access levels to view all Incidents logged on iAMCompliant, and will receive email notification when a new Incident is logged.

For primary phase pupils who bump their heads, [a bumped head note](#) and [sticker](#) (For Primary Phase) should be given to the child and the parents/carers informed by way of phone call or text message.

Incident Log records are to be retained by the school in accordance with Regulation 25 of the Social Security (Claims and Payments) Regulations 1979 and the [CST Data retention policy](#) for a minimum of

- For Children: D.O.B + 25 years,
- For Adults: Date of Incident + 6 years

6.2 Departmental Incident Books

Physical incident books are to be held within each High Risk Department (Science, DAT, PE and Drama) to create an internal log, that is referenced in departmental meetings to improve practice, pupil management and support risk assessment review.

6.3 Reporting to the HSE (Via Delegated Services)

- The Trust 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).
- Incidents are to be reported to Delegated Services via the 'Go-To' Portal if (A) External Medical Support comes to the school site or (B) if someone (pupil, visitor or staff member) goes to External Medical Support - This includes if a pupil has been sent home on the recommendation to visit external medical support. Delegated Services will provide 2 actions for school, firstly triage the RIDDOR report (if necessary) and secondly, support and undertake any initial required conversations should a civil claim be made.

- The Health and Safety lead will report any incidents reported to Delegated Services, to the Trust Estates Manager within 1 Day of the incident being reported.
- Delegated Services will determine whether the incident is a 'Specified Injury', and will complete submission to the HSE on the behalf of the organisation.
- School / Trust staff are not to determine whether incidents are RIDDOR reportable, and should solely utilise Delegated Services to undertake the assessment of the incident.

6.4 - Near Miss Events

Near Miss Events are 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.

Near Miss Events are to be reported via the same process as Incident reporting, utilising iAMCompliant.

7. Administering Medication

Medication will only be administered by staff who have received Administration of Medication Training, dated within 3 years.

Before administering any medication , it must be confirmed that parents/carers have provided written consent that the school may administer non-prescription medication.

It is appropriate for over-the-counter medicines (e.g. paracetamol) to be administered by a member of staff in the school, or self-administered by the pupil during school hours.

Medication can only be administered if the following stipulations are met:

For non prescription e.g. over the counter medications:

- A log must be completed for all administration of medication, including: Date, Pupils Name, Time, Dosage Given, Any reactions, Signature and Print Name of Staff
- Medication should not be administered without first checking maximum dosages and when the previous dose was taken. Children under the age of 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- The log must include which medication has been administered.
- The medication must only be administered providing it is taken and returned in original packaging which clearly states expiry date.
- If the medication has expired, it must not be administered.
- The medication packaging must not be damaged or show evidence of tampering (e.g. torn foil).
- Communication must be made to parents / carers following administration, outlining time and dosage of medication.

For prescription medication:

- It should be supplied to the school by the parent/carer in its original container / wrappings as dispensed by the pharmacist.
- Clearly labelled with the pupil's name.
- Include instructions for administration, dosage and storage.
- It must be stored locked away, unless it is for emergency response purposes (e.g. Inhalers / Epi Pens)
- A permission to administer form is completed by the parent/carer and received by the school (and held with the medication). ([See Appendix A](#))
- The log/record must include which medication has been administered.

For Secondary settings, learners who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHCPs.

Learners will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a learner to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHCP and inform parents so that an alternative option can be considered, if necessary.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

Learners under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

8. Management and Storage of Medication

Learners will be informed about where their medicines are at all times and be able to access them immediately.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to learners and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

8.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A learner who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another learner to use.

All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

8.2 Epi Pens

EpiPen are an auto-injector that contains epinephrine, a medication that can help decrease your body's allergic reaction by relaxing the muscles in the airways to make breathing easier.

Given their essential life saving nature, a spare Epi pen must be stored within the main office within the school, and readily accessible should it be required.

Staff / Parent / Carers are asked to notify the school should they have a severe allergy requiring an epi, to support composition of effective management documents.

Any Epi pens stored must be regularly checked for expiry termly (6 term year) and refreshed annually any epi pens provided to the school must be in original packaging, and clearly labelled with names any identifying information.

Parents / Carers must provide 2 epi pens - one to remain in possession of the student and one in possession in the main reception.

Further support for deployment of Epi- pens must be identified via a risk assessment or IHCP, and be communicated to all stakeholders who support medical needs within the school / any staff supporting students throughout the day

Epi-Pen training must be completed and refreshed annually, for any staff who support the student / member of staff (e.g. all first raiders, admin staff and class teachers / LSA's of the person).

9. Training In each school.

The Health & Safety Lead will complete a first aid needs risk assessment and review this annually to determine the required number of first aiders and to what level of support is required

All school staff are to be encouraged to undertake first aid training.

All First Aiders must have completed a training course, and must hold a valid certificate of competence to show this. This will be held on record by the school office.

The schools 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 staff member will have a current paediatric first aid (PFA) certificate in a primary setting or Emergency First Aid at work (EFAW) for a secondary setting which is updated as per the time frames below

Each organisation should have 1 First aider (First Aid at Work - FAW or Emergency First Aid at Work - EFAW) for every 50 persons on site, with a ratio of 1:3, FAW:EFAW trained staff.

Please see below a table below, outlining appropriate qualifications and refresher training:

Course	How Often	Duration	Requalification
First Aid At Work	New Trainee	3 days	Every 3 years -(2 days)
Emergency First	New Trainee	1 day	Every 3 years - (1

Aid at Work			day)
Paediatric first aid	New Trainee	1 day	Every 3 years -(2 days)
First Aid At Work - Refresher Training	Annual	½ day to 1 day depending on the provider.	
First Aid At Work - Requalification	3 Yearly	2 days	

10. Monitoring Arrangements

This policy will be reviewed by the Trust's Central Team in conjunction with the Risk and Audit Committee annually.

11. Links to Other Policies

This First Aid Policy is linked to the:

- Health and Safety Policy
- Supporting Children with Medical Conditions Policy
- Educational Visits Policy

12. Version Control

Version	Date	Amended by	Recipients	Purpose
1	September 2024	Risk and Audit Committee	Members of CST, every Trustee, each Local Governor, all Cathedral Schools Trust employees and volunteers and others at the discretion of the Chairman of the Trustees	Annual Review

2			of CST. CST Website updated and emailed to parents.	
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13.Approvals (Annual)

Version	Date	Approved by
1	September 2024	CST Risk and Audit Committee/Trustees
2		
Date for next review of this policy		

Appendix A: Parental / Guardian Agreement for Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Name:

Relationship to child:

Signature(s):

Date:

Daytime telephone number:

Date	Name/type of medicine <i>(as described on the container)</i>	Amount supplied	Form (eg tablets/capsules, dosage and method)	Expiry date	Dosage/frequency	Special precautions/ other instructions	Are there any side effects that the school needs to know about?	Self-administration - y/n	Procedures to take in an emergency

Medicines must be in the original container as dispensed by the pharmacy

Expire date - ensure that you check the box and the medicine itself

Dosage - Always go by the printed prescription label only. This should never be handwritten. Parents cannot make amendments.

Appendix B: Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature: _____

Signature of parent : _____

Date	Medication	Amount given	Amount left	Time given	Name of member of staff administer by (if self-delivered student to sign)	Staff /student initials	Comments (inc supervised by if necessary)

Appendix C: Staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date

Appendix D: Contacting Emergency Services

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.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone