



Buxlow Preparatory School

First Aid Policy

Reviewed: September 2018 by D May - Headteacher

Review date: September 2019

Buxlow Preparatory School is committed to equal treatment for all regardless of sex, disability, religion or belief, sexual orientation, gender reassignment, age, race, ethnic origin, marital status, pregnancy or maternity. We aim to create a friendly, caring and perceptive environment in which every individual is valued. We endeavor to contribute positively towards the growing autonomy, self-esteem and safety of each pupil.

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1 Aims

- 1.1 This is the first aid policy for pupils of Buxlow Preparatory School
- 1.2 The aims of this policy are as follows:
 - 1.2.1 to provide a culture of safety, equality and protection;
 - 1.2.2 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;
 - 1.2.3 to ensure that all Staff and pupils are aware of the procedures in the event of any illness, accident or injury.

2 Scope and application

- 2.1 This policy applies to the whole school including the Early Years Foundation Stage (EYFS).
- 2.2 This policy applies at all times when the pupil is in or under the care of the School, that is:
 - 2.2.1 in or at school;
 - 2.2.2 on school-organised trips;
 - 2.2.3 at a school sporting event.
- 2.3 This policy shall also apply to pupils at all times and places in circumstances where failing to apply this policy may:
 - 2.3.1 affect the health, safety or well-being of a member of the School community or a member of the public; or
 - 2.3.2 have repercussions for the orderly running of the School.
- 2.4 **Nothing in this policy should prevent any person from contacting 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.**

3 Regulatory framework

- 3.1 This policy has been prepared to meet the School's responsibilities under:
 - 3.1.1 Education (Independent School Standards) Regulations 2014;
 - 3.1.2 *Statutory framework for the Early Years Foundation Stage* (DfE, March 2017);
 - 3.1.3 Education and Skills Act 2008;
 - 3.1.4 Childcare Act 2006;
 - 3.1.5 Equality Act 2010;
 - 3.1.6 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
 - 3.1.7 Data Protection Act 2018 and General Data Protection Regulation (GDPR);
 - 3.1.8 Health and Safety at Work etc. Act 1974; and
 - 3.1.9 Health and Safety (First-Aid) Regulations 1981.

- 3.2 This policy has regard to the following guidance and advice:
- 3.2.1 Automated external defibrillators (AEDs): a guide for schools (DfE, June 2017);
 - 3.2.2 Guidance on the use of emergency salbutamol inhalers in schools (Department of Health, March 2015);
 - 3.2.3 Guidance on the use of adrenaline auto-injectors in schools (NHS Choices);
 - 3.2.4 Guidance on first aid for schools (DfE, February 2014);
 - 3.2.5 Incident reporting in schools (accidents, diseases and dangerous occurrences): guidance for employers (Health and Safety Executive (HSE) EDIS1 (revision 3), October 2013);
 - 3.2.6 First aid at work: the Health and Safety (First-Aid) Regulations 1981 guidance on Regulations (2013);
 - 3.2.7 *Workplace first aid kits. Specification for the contents of workplace first aid kits*, BS 8599-1:2011, (2011).
- 3.3 The following school policies, procedures and resource materials are relevant to this policy:
- 3.3.1 data retention;
 - 3.3.2 procedures for pupils with medical conditions such as asthma, epilepsy, diabetes etc;
 - 3.3.3 procedure in the event of illness;
 - 3.3.4 procedures in the events of an accident or injury;
 - 3.3.5 hygiene and infection control.

4 **Publication and availability**

- 4.1 This policy is published on the school website.
- 4.2 This policy is available in hard copy on request.
- 4.3 A copy of the policy is available for inspection from the staff room policies board during the school day.
- 4.4 This policy can be made available in large print or other accessible format if required.

5 **Definitions**

- 5.1 Where the following words or phrases are used in this policy:
 - 5.1.1 References to **Appointed Persons** mean members of staff who are not qualified First Aiders but who are responsible for looking after the First Aid equipment and facilities and calling the emergency services if required.
 - 5.1.2 References to **EFAW** means Emergency First Aid at Work.
 - 5.1.3 References to **First Aid** means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the

only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack.

- 5.1.4 References to **FAW** means First Aid at Work.
- 5.1.5 References to **First Aiders** mean the members of staff who have completed an approved First Aid course and hold a valid certificate of competence in FAW or EFAW [• and PFAW or EPFAW] or an approved alternative qualification which has been identified in place of FAW or EFAW [• and PFAW or EPFAW] which meets the requirements of the First Aid Guidance.
- 5.1.6 References to **First Aid Guidance** is the guidance identified at paragraph 3.2.
- 5.1.7 References to **First Aid Personnel** means First Aiders or Appointed Persons or both.
- 5.1.8 References to **PFAW** means Paediatric First Aid at Work.
- 5.1.9 References to **EPFAW** means emergency Paediatric First Aid at Work.
- 5.1.10 References to **RIDDOR** are to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471).
- 5.1.11 References to **Staff** means any person employed by the School, volunteers at the School and self-employed people working on School premises.
- 5.1.12 The **First Aid room** is used for the provision of medical or dental treatment, including First Aid, when required and contains essential First Aid facilities and equipment. As far as is possible, the school reserves this room exclusively for giving medical or dental treatment. This is located in our main reception and is clearly signposted and identifiable with a white cross and white writing on a green background. This is used for the provision of medical or dental treatment, including First Aid, when required.

6 Responsibility statement and allocation of tasks

- 6.1 The Proprietor has overall responsibility for all matters which are the subject of this policy.
- 6.2 To ensure the efficient discharge of its responsibilities under this policy, the Proprietor has allocated the following tasks:

Task	Allocated to	When / frequency of review
Keeping the policy up to date and compliant with the law and best practice	D May	As required, and at least termly
Monitoring the implementation of the policy, relevant risk assessments and any action taken in response and evaluating effectiveness.	D May	As required, and at least termly
Seeking input from interested groups (such as pupils, staff, parents) to consider improvements to the School's processes under the policy	D May	As required, and at least annually

Task	Allocated to	When / frequency of review
Maintaining up to date records of all information created in relation to the policy and its implementation as required by the GDPR	D May	As required, and at least termly
Formal annual review	Proprietor	Annually

6.3 The Head has formal oversight of the administration of First Aid within the school, including:

6.3.1 ensuring that there is adequate First Aid equipment, facilities and First Aid Personnel available to the school and on site at all times;

6.3.2 ensuring that staff have the appropriate and necessary First Aid training as required and that they have appropriate understanding, confidence and expertise in relation to First Aid;

6.3.3 ensuring that the medical information and consent forms and up to date medical information for each pupil is collated and that the forms and information are accessible to staff as necessary;

6.3.4 monitoring and carrying out regular reviews of the school's systems and management of First Aid and medical welfare, including any trends in accidents, injuries and illnesses at the school, in order to identify whether a change in welfare practice is needed to ensure that the school's First Aid provision is appropriate.

6.4 The Head may delegate duties as appropriate to the First Aid Coordinator and other members of staff who have received training in accordance with this policy.

7 First Aid provision in the school

7.1 There will be at least one First Aider on each school site when children are present. ¹ Also in the Early Years Foundation Stage (EYFS) setting at least one person who has a current paediatric First Aid certificate² must be on the premises at all times when children are present.³ On outings including children from the EYFS there must be at least one person who has a current paediatric First Aid certificate.⁴

7.2 An up to date list of First Aiders including those who hold paediatric First Aid certificates can be found in the staff room on the medical board.

7.3 The main duties of First Aiders are to give immediate First Aid to pupils, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the Head.

7.4 First Aiders will have annual refresher training and⁵will undergo updated training at least every three years to maintain their qualification.

¹ ISI Handbook suggests this is best practice in respect of all independent schools (see paragraph 148 ISI Handbook)

² The certificate must be for a full course consistent with the criteria set out in Annex A of the Statutory Framework for the Early Years Foundation Stage.

³ EYFS requirement only. See para 3.25 of Statutory Framework for the Early Years Foundation Stage.

⁴ EYFS only

⁵ Not compulsory but recommend by HSE that first aiders receive annual refresher training of less than half a day.

7.5 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. All Staff will use their best endeavours, at all times, to secure the well-being and welfare of the pupils.

8 Risk assessment

8.1 The Head has overall responsibility for ensuring that the School's first aid needs are adequately risk assessed and for ensuring that the relevant findings are implemented, monitored and evaluated.

8.2 Day to day responsibility to carry out risk assessments will be delegated to First Aid Coordinator who has been tasked with, carrying out the particular assessments required.

8.3 Factors which may be taken into account in assessments may include:

8.3.1 required First aid provision for staff, pupils and others;⁶

8.3.2 any specific first aid, medical or health needs that may affect the school community or its members e.g. if those with specific medical conditions or known allergies;

8.3.3 the hazards and risks associated with the school's operations and activities;

8.3.4 any changes to the school's activities or operations;

8.3.5 any relevant history of accidents;

9 First Aid boxes

9.1 First Aid bags are assigned to each class and located in each classroom. The content of the First Aid bags will be appropriate for use with children and will be determined by the school's First Aid needs assessment and will usually be stocked in accordance with Appendix 2 of the First Aid Guidance or in accordance with *Workplace first aid kits. Specification for the contents of workplace first aid kits*, BS 8599-1:2011, June 2011.⁷

9.2 First Aid boxes/bags are located at these positions around the school site:

9.2.1 First Aid room;

9.2.2 All classrooms which are form rooms

9.2.3 Year 6 classroom – for access from the playground

9.2.4 Nursery (EYFS setting)

9.2.5 teachers' staff room.

9.3 The First Aid coordinator will examine the First Aid bag regularly (every two weeks) in order to re-stock and to dispose of items safely once they have reached their expiry date.

9.4 The school also has an emergency anaphylaxis kit which contains a spare adrenaline auto-injectors (**AAIs**) and which is located in the First Aid room cupboard.⁸

9.5 **Off-site activities:** First Aid bags for any off-site activities are kept in the classrooms within the black ruck sacs.

⁶ Recommended that the School has regard to Regulation 3 of the Health and Safety (First-Aid) Regulations 1981 and Appendix 3 of the First Aid Guidance.

⁷ Recommended but not compulsory.

⁸ Recommended but not compulsory - see section 3 of the Guidance on the use of AAIs in schools.

10 Information on pupils

- 10.1 Parents are requested to provide written consent for the administration of First Aid, medical treatment and medication. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.
- 10.2 The First Aid coordinator will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the school to the Head, class teachers and First Aiders on a "need-to-know" basis. This information should be kept confidential but may be disclosed on a need-to-know basis where necessary to safeguard or promote the pupil's welfare or to avert a perceived risk of serious harm to pupils or to other persons at the School.

11 Administration of medication at School

- 11.1 Parents should inform the First Aid coordinator or school secretary where a pupil will require prescription medication to be taken at school and of any changes to the medication required.
- 11.2 The school requests that medication is only taken at school if it is essential, that is where it would be detrimental to the pupil's health not to administer the medication during the school day. Where possible, medicines should be taken at home, before and after attending school.
- 11.3 Parents of all pupils at the school are required to complete the medical information and consent form to agree to the school administering medicine before medication is administered to the relevant pupil.
- 11.4 Staff at the school will not administer any medication to a pupil without obtaining prior written permission from his or her parents. This requirement will not prevent a pupil of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.
- 11.5 Unless in exceptional circumstances, no pupil under the age of 16 will be given prescription without parental consent.
- 11.6 Staff will ensure that parents are informed in writing on each and every occasion that any medication was administered and, for any reason, medication has not been administered parents will be informed and will be given an explanation.⁹

12 Procedures for pupils with medical conditions such as asthma, epilepsy, diabetes etc

- 12.1 The information held by the school will include details of pupils who need to have access to asthma inhalers, AAI, injections or similar and this information should be circulated to teachers and First Aiders.
- 12.2 Where appropriate, individual pupils will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis. In other cases, the equipment will be kept, suitably labelled, the First Aid room.

⁹ EYFS only

- 12.3 The school has guidance and protocols in place to deal with common medical conditions such as anaphylaxis, asthma, epilepsy and diabetes. Copies of the guidance and protocols are available on the school's website and can be found in Appendix 2.
- 12.4 **Asthma:** The school adopts the inhalers guidance in respect of the use of emergency salbutamol inhalers and holds stock salbutamol inhalers which can be used when a pupil is not able to access his or her own inhaler.¹⁰
- 12.5 **Anaphylaxis:** The school adopts the *Guidance on the use of adrenaline auto-injectors (AAIs) in schools* and holds spare / back up devices which can be used when a pupil is not able to access his / her own AAI.¹¹

13 Infectious conditions

- 13.1 Where a pupil is suffering, or suspected to be suffering, from an infectious condition, the school will follow the *Health protection in schools and other childcare facilities* guidance¹², as appropriate, and may require pupils to remain away from school until they are no longer infectious.

14 Procedure in the event of illness

- 14.1 Pupils may visit the **First Aid coordinator or school secretary** in the First Aid room during break or lunch. If a pupil is unwell during lessons then they should consult the member of staff in charge who will assess the situation and decide on the next course of action. Where necessary, the pupil will be accompanied to see the **First Aid coordinator or school secretary** in the First Aid Are. The **First Aid coordinator or school secretary** will provide the First Aid as required and decide on the next course of action.
- 14.2 Staff may visit the **First Aid coordinator or school secretary** as and when necessary, but appropriate cover must be arranged.
- 14.3 The school will discuss with parents the procedures for children who may become ill or infectious and take necessary steps to prevent the spread of infection and illnesses.¹³

15 Procedure in the event of an accident or injury

- 15.1 If an accident occurs, First Aiders must be called.
- 15.2 In the event that a First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance or making arrangements to transport the injured person to A & E or access other appropriate medical services.
- 15.3 **Ambulances:** If an ambulance is called then the First Aider in charge should make arrangements for the ambulance to have access to the accident site. Where necessary GPS co-ordinates should be provided and arrangements should be made for the ambulance to be met.
- 15.4 Staff should always call an ambulance when there is a medical emergency and / or serious injury.
- 15.5 Examples of medical emergencies may include:

¹⁰ Recommended but not compulsory see: <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

¹¹ Recommended but not compulsory see: <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

¹² See <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

¹³ EYFS only.

- 15.5.1 a significant head injury;
 - 15.5.2 fitting, unconsciousness or concussion;
 - 15.5.3 difficulty in breathing and / or chest pains;
 - 15.5.4 exhaustion, collapse and / or other signs of an asthma attack;
 - 15.5.5 a severe allergic reaction;
 - 15.5.6 a severe loss of blood;
 - 15.5.7 severe burns or scalds;
 - 15.5.8 the possibility of a serious fracture.
- 15.6 Arrangements should be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of Staff if it is not possible to contact the pupil's parent(s) (or legal guardian(s)) in time.
- 16 Hygiene and infection control**
- 16.1 If a spillage of blood or other bodily fluids occurs then the **First Aid coordinator or school secretary** will arrange for the proper containment, clear up and cleansing of the spillage site.
- 16.2 All staff should take precautions to avoid infection and to follow basic hygiene procedures (such as regular hand washing).
- 16.3 The First Aider should take the following precautions to avoid risk of infection:
- 16.3.1 cover any cuts and grazes on their own skin with a waterproof dressing;
 - 16.3.2 wear suitable single use disposable gloves when dealing with blood or other bodily fluids;
 - 16.3.3 use suitable eye protection and a disposable apron where splashing may occur;
 - 16.3.4 use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
 - 16.3.5 wash hands after every procedure.
- 16.4 If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:
- 16.4.1 wash splashes off skin with soap and running water;
 - 16.4.2 wash splashes out of eyes with tap water or an eye wash bottle;
 - 16.4.3 wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
 - 16.4.4 record details of the contamination;
 - 16.4.5 report the incident to the **First Aid coordinator or school secretary** and take medical advice if appropriate.
- 16.5 The First Aid bags can be used by staff for home and away fixtures.

16.6 **Away fixtures:** A medical bag should be taken with the travelling team. If an incident occurs medical treatment should be sought from the visiting school First Aid Personnel. If necessary, the pupil should be taken to the nearest casualty by a member of staff. Treatment and aftercare should then be followed up by the Any incident or treatment must be reported to the **First Aid coordinator or school secretary** on return to School.

17 Reporting

17.1 In the event of an accident, injury or illness requiring First Aid, the First Aider should complete an accident form.

17.2 All injuries, accidents and illnesses, must be recorded by the First Aider on the accident form and handed to the the First Aid Coordinator or school secretary and he /she is responsible for ensuring that the accident report form is copied and a copy given to the class teacher for direct forwarding to parent/carer on pick up. The original is given to the First Aid Coordinator or school secretary. An email is also sent by the **First Aid coordinator or school secretary to the parent/carer, to ensure dual communication.** If the child is due to attend an after school club or after school care, the class teacher will hand the supervising adult the accident report form to be handed to the parent/carer at dismissal.

17.3 Where the accident, injury or illness could give rise to potential safeguarding concerns, the school's safeguarding and child protection policies and procedures will be followed as appropriate. Staff are particularly reminded to be alert to indicators of sexual violence and female genital mutilation where in each case there are specific reporting procedures under the school's safeguarding and child protection policy and procedures.

17.4 **Reporting to Parents:** In the event of serious accident, injury or illness parents or guardian(s) must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Head if necessary.

17.5 **EYFS pupils:** The school will inform parents of any accidents or injury or First Aid treatment that is given to pupils in the EYFS setting on the same day or as soon as is reasonably practicable.¹⁴

17.6 The school must notify local child protection agencies, as appropriate, of any serious accident or injury to, or the death of, any child whilst in their care and act on any advice given.¹⁵ The school (as a registered provider) must notify Ofsted of any serious accident, illness or injury to, or death of, any child whilst in their care, and of the action taken in respect of it. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.¹⁶

17.7 **Reporting to HSE:** Schools are legally required under RIDDOR to report the following to the HSE:

17.7.1 Accidents involving Staff

- (a) work related accidents resulting in death or "specified" injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or
- (b) work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days; or

¹⁴ EYFS requirement (3.50).

¹⁵ All EYFS providers(3.51)

¹⁶ Registered EYFS only

- (c) cases of work related diseases that a doctor notifies the school of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
- (d) certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

17.7.2 Accidents involving pupils or visitors

- (a) accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:
 - (i) any school activity (on or off the premises);
 - (ii) the way a school activity has been organised or managed (e.g. the supervision of a field trip);
 - (iii) equipment, machinery or substances; and / or
 - (iv) the design or condition of the premises.

17.7.3 More information on how and what to report to the HSE, can be found in *Incident reporting in schools (accidents, diseases and dangerous occurrences)* (EDIS1 (revision 3)) and at <http://www.hse.gov.uk/riddor/resources.htm>. It is also possible to report online via the following link: <http://www.hse.gov.uk/riddor/index.htm>.

17.7.4 Reporting to others

- (a) The school will ensure that it complies with any other reporting obligations triggered by the accident, injury or illness including, but not restricted to, making a report to the school's relevant insurers, to the Charity Commission¹⁷ and/ or to other relevant statutory agencies and/ or regulators.

18 Training

- 18.1 The school ensures that regular guidance and training is arranged at regular intervals thereafter so that staff and volunteers understand what is expected of them by this policy and have the necessary knowledge and skills to carry out their roles.
- 18.2 The school maintains written records of all staff training.
- 18.3 Where there are specific training programmes in place, these are set out below:
 - 18.3.1 First aiders will undergo updated training at least every three years to maintain their qualification.
 - 18.3.2 Newly qualified entrants must have either a PFA or an EPFA certificate in order to be included in the required staff: child ratios at EYFS level 2 or level 3.¹⁸

¹⁷ Charitable schools should consider whether a serious incident report is required

¹⁸ Providers are responsible for identifying and selecting a competent training provider to deliver their PFA training. Providers can make an exception to this requirement where a newly qualified entrant to the workforce is unable to gain a PFA certificate if a disability would prevent them from doing so. Such a newly qualified entrant can still be included in the staff : child ratios if otherwise competent to carry out their childcare duties. Where possible, such staff should attend a relevant PFA training course and obtain written evidence of attendance.

19 Record keeping

- 19.1 All records created in accordance with this policy are managed in accordance with the school's policies that apply to the retention and destruction of records.
- 19.2 Where there are specific record keeping requirements under this policy, these are set out below:
- 19.2.1 **School accident log:** All injuries, accidents, illnesses and dangerous occurrences (unless very minor) must be recorded in the school accident and illness log. These are completed by the supervising First aider/adult on site and offsite, following the same procedure of handing the copy to the teacher (or parents directly if off site and after school) and original to the **First Aid coordinator or school secretary**. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness and what First Aid was given. What happened to the injured or ill person immediately afterwards should also be recorded.
- 19.2.2 Records will be retained in accordance with the school's normal practices. Where there is a risk of claim, records will normally be retained for at least three years or if the person injured is a minor (under 18), until they are 21. A template form is set out at **Error! Reference source not found.**
- 19.2.3 **Accident to Staff causing personal injury:** The First Aid Coordinator or school secretary will fill in an accident report form in respect of any accident causing personal injury to staff in the form set out in **Error! Reference source not found.** and provide a copy of this accident report form to the Head. The Head will take reasonable steps to investigate the circumstances of such accidents once (s)he receives notice of it. If it is found that there are discrepancies between the information reported and the Head's findings these should also be recorded on the form. These records will be kept by the First Aid Coordinator for at least three years or if the person injured is a minor (under 18), until they are 21.¹⁹
- 19.3 The records created in accordance with this policy may contain personal data. The school has a number of privacy notices which explain how the school will use personal data about pupils and parents. The privacy notices are published on the school's website. In addition, staff must ensure that they follow the school's data protection policies and procedures when handling personal data created in connection with this policy. This includes the school's data protection policy and information security policy.

20 Version control

Date of adoption of this policy, by or on behalf of the Proprietor	November 2018
Date of last review of this policy	February 2019
Date for next review of this policy	November 2019
Policy owner (SMT)	D May
Policy owner (Proprietor)	Amit Mehta

¹⁹ Requirements under Social Security (Claims and Payments) Regulations 1979, see regulations 24 and 25 - a requirement for employers who employ more than 10 members of staff (i.e. most Schools).

Appendix 1 Part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078)

First Aid equipment:

- antiseptic wipes, foil packed
- one conforming disposable bandage (not less than 7.5 cm wide)
- two triangular bandages
- assorted adhesive dressings
- sterile un-medicated ambulance dressings (not less than 15.0 cm × 20.0 cm)
- sterile eye wash podsunt-ended scissors.
- Disposable gloves
- Safety pins
- Strip thermometer

Appendix 2 Guidance and protocols for specific medical conditions

a) Anaphylaxis

Adrenaline auto-injectors²⁰

Delays in administering AAI have been associated with fatal outcomes. **AAIs MUST be administered without delay** to pupils if there are **ANY signs of anaphylaxis present** to those pupils who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of AAI have been provided.

School staff must always call 999 and request an ambulance if an AAI is used and keep a detailed record including, where the reaction took place and how much medication was given. Relevant parents or guardian(s) should be informed as soon as practicable.

The First Aid coordinator and the Head²¹ are responsible for ensuring that the *Guidance on the use of adrenaline auto-injectors in schools* (the **AAI Guidance**) is properly implemented and followed.

AAIs are to be stored, cared and disposed of in accordance with Part 3 of the AAI Guidance and the other requirements of this policy apply to AAI, including but not limited to appropriate training, use and record keeping.

The First Aid coordinator will have overall responsibility for re-stocking at least 1 AAI (which may be bought without prescription). The First Aid coordinator will check the stock on a monthly basis to ensure that the AAI are present and in date and that replacement AAI are obtained in good time.²²

Spare AAI should only be used on pupils who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of AAI have been provided.

The First Aid coordinator will maintain an up to date register of pupils at risk of anaphylaxis this includes pupils who have been prescribed a AAI and those who have been provided with a medical plan confirming this, but who have not been prescribed AAI and in respect of whom parental consent to the use of the spare AAI has been obtained. The register should be reviewed at least annually²³ to take into account pupils' changing needs. A copy of the register is to be stored with the spare AAI.

Parents are to notify the school as soon as practicable that a particular pupil is at risk of anaphylaxis and in that case provide their consent to use the spare AAI. Completed consent forms should be stored on the pupil's file and, where appropriate, the ICHP updated accordingly.

Further guidance and general information on how to recognise and respond to an anaphylaxis can be found at: <http://www.nhs.uk/conditions/Anaphylaxis/Pages/Introduction.aspx>

b) Asthma

Asthma register and emergency inhalers²⁴

The other requirements of this policy apply to emergency inhalers, including but not limited to appropriate training, use, supply, storage, care, disposal and record keeping.

The First Aid coordinator and the Head²⁵ are responsible for ensuring that *Guidance on the use of emergency salbutamol inhalers in schools* (**Inhalers Guidance**) is properly implemented and followed.

²⁰ See <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

²¹ The Inhalers Guidance requires at least two people to be responsible for ensuring the Guidance is followed

²² The guidance recommends that at least two named volunteers are responsible for checking the stock.

²³ Best practice but not a requirement.

²⁴ See Inhalers Guidance: keeping an emergency inhaler (and adopting the procedures in the Inhalers Guidance) is optional but recommended.

Only pupils who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler may use an emergency inhaler, which may belong to another pupil. This course of action is only to be taken in a severe emergency (An emergency inhaler may be used if a pupil's prescribed inhaler is not available (for example, because it is broken, or empty) or in the event of an asthma attack) and it is expected that the school holds a spare inhaler per child. The First Aid coordinator will maintain an up to date register of pupils who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler and in respect of whom parental consent to the use of the emergency inhaler has been obtained. The register should be reviewed regularly at least annually²⁶ to take into account pupils' changing asthma care needs. A copy of the register is to be stored with the emergency inhalers.

Parents are to notify the school as soon as practicable that a particular pupil has been diagnosed with asthma and / or has been prescribed a reliever inhaler.

If an emergency inhaler is used by a pupil the First Aid coordinator or school secretary will notify the relevant parents or guardian(s) as soon as practicable.

Emergency inhalers are also to be stored, cared and disposed of in accordance with Part 3 of the Inhalers Guidance.

Further guidance and general information on how to recognise and respond to an asthma attack can be found at: <http://www.nhs.uk/Conditions/Asthma/Pages/Treatment.aspx>

c) Diabetes

Signs and symptoms of low blood sugar level (hypoglycaemia)

Onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, more exercise, warm weather, too much insulin and stress. Individuals should test their own blood sugar levels if testing equipment available. Symptoms include:

- Pale
- glazed eyes
- blurred vision
- confusion/incoherent
- shaking
- headache
- change in normal behaviour-weepy/aggressive/quiet
- agitated/drowsy/anxious
- tingling lips
- sweating
- hunger
- dizzy

²⁵ The Inhalers Guidance requires at least two people to be responsible for ensuring the Guidance is followed.

²⁶ Best practice but not a requirement.

- leading to unconsciousness

Action

- The pupil should be administered with fast acting glucose (lucozade drink or glucose tablets) - the pupil should have their own emergency supply in [• School Office]. This will raise the blood sugar level quickly.
- After 5 - 10 minutes the pupil should be given further snacks as advised by the Parents. Do not leave the pupil unaccompanied at any time.
- The pupil should be allowed access to regular snacks and check blood sugar level again and as necessary.
- The pupil's Parents should be informed about the incident as soon as possible.

Action to be taken if the pupil becomes unconscious

The pupil must be placed in the recovery position. Glucose must not be administered by mouth as this may cause choking.

- Telephone 999
- Inform Parents as soon as possible
- Accompany the pupil to hospital and await arrival of Parent

Signs and symptoms of high blood sugar level (hyperglycaemia)

This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal. Symptoms may include:

- feeling tired and weak
- feeling thirsty
- passing urine more often
- nausea and vomiting
- drowsy
- breath smelling of acetone
- blurred vision
- unconsciousness

Action

The [• School Secretary] must be informed. Arrangements will be made for blood glucose testing, if possible. The pupil's Parents should be informed about the incident as soon as possible. 999 should be called and the pupil must be accompanied to casualty, where they will await the arrival of the pupil's Parents.

For further information and guidance: <http://www.nhs.uk/Conditions/Diabetes/Pages/Diabetes.aspx>

d) Epilepsy etc

How to recognise a seizure

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- the pupil may appear confused and fall to the ground
- slow noisy breathing
- possible blue colouring around the mouth, returning to normal as breathing returns to normal
- rigid muscle spasms
- twitching of one or more limbs and/or face
- possible incontinence

Action

The following actions should be taken to assist the pupil:

- try to help the pupil to the floor if possible but do not put yourself at risk of injury
- move furniture etc. away from the pupil in order to prevent further injury
- place a cushion or something soft under the pupil's head
- clear the area of pupils
- call [• School Secretary]
- cover the pupil with a blanket as soon as possible in order to hide any incontinence
- stay with the pupil throughout duration of the seizure
- as the seizure subsides place the pupil into recovery position
- inform Parents as soon as possible
- send for ambulance if this is the pupil's first seizure or, if a pupil, known to have epilepsy has a seizure lasting for more than 5 minutes, or if an injury occurs as a result of the seizure. The pupil must be accompanied until their Parents arrive
- allow the pupil to rest for as long as necessary
- reassure the other pupils and staff

For further information and guidance:

<http://www.nhs.uk/Conditions/epilepsy/Pages/treatment.aspx>