



KINGSTONE ACADEMY TRUST
APPROVED POLICY DOCUMENT

First Aid Policy	
Relevant School/s:	Kingstone Academy Trust: <ul style="list-style-type: none">- Kingstone & Thruxton Primary School- Kingstone High School
Policy Officer:	Jo Kent
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First Aid Policy

Kingstone Academy Trust will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for students, staff and visitors and will make sure that procedures are in place to meet that responsibility.

Introduction and Context

Kingstone Academy Trust will conform to all statutory legislation and recognises and accepts its responsibility as an employer for providing so far as reasonably practicable, a safe and healthy work place and working environment, both physically and psychologically, for all its employees, volunteers, and other workers.

Aims

Kingstone Academy Trust recognises that its responsibility for the safety and welfare of all the students at the School is paramount.

Under the Health and Safety (First Aid) Regulations 1981, employers are responsible for providing adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work; at Kingstone Academy Trust all school sites have nominated medical accommodation and provide sufficient and appropriate resources and facilities

First aid provision must be available while people are on school premises and it must also be available when staff, pupils and students are working elsewhere on school activities including any off-site activity such as educational visits. Please note this does not apply to work placements as work experience students are employed by the placement provider.

Kingstone Academy Trust, will:

- Appoint the appropriate number of suitably trained people as First Aiders and Appointed Persons to meet the needs of the school and to maintain current qualifications for those people.
- Inform staff and parents of the first aid arrangements and display First Aid notices around the school site
- Keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

- Ensure that, under Transport Regulations, minibuses have on board a first-aid container.
- 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 medicines are administered at the school only when express permission has been granted for this and in accordance with their approved usage
- Ensure that all medicines are appropriately stored
- Promote effective infection control

This Policy conforms to the DfE Guidance on First Aid in Schools. Kingstone Academy Trust (KAT) follows Health Protection Agency guidance on health control in schools and other student care settings, and Health and Safety Guidance for Schools - Infection Control Herefordshire Council.

KAT follows the procedures recommended by Herefordshire Council for reporting Accidents and Injuries that occur during school time, and records any reportable incidents using the recommended forms.

Roles and Responsibilities

The CEO and Headteachers of each school have overall responsibility for ensuring that the school has adequate and appropriate first aid equipment, facilities and first-aid personnel, and for ensuring that the correct first-aid procedures are followed.

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 welfare of the pupils.

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

There will be enough trained staff to meet the statutory requirements and assessed needs.

Adequate and appropriate training and guidance is given to staff who volunteer to be First Aiders/Appointed Persons. First aiders must complete a training course approved by the Health and Safety Executive (HSE) and ensure they receive refresher training every 3 years.

At least one First Aider will be on site whenever the school is open (including parents' evenings and other out of hour's events) and one will accompany off site visits.

First-aiders

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 School Manager. The School will maintain a record of employees who have undergone first-aid training, which can be requested from the School office. Paediatric (PFA) first aiders' training must be renewed every three years and be relevant for carers working with young children.

First-aiders will complete an approved training course; they should give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at School; when necessary, they should ensure that appropriate medical assistance is called, e.g., ambulance.

Risk assessments will be completed by relevant teachers, not necessarily a first aider, including the science lab and playground equipment.

First-aiders will be kept informed of any changes.

As a Trust we will only use a recognised, accredited PFA training provider to deliver our First Aid training; this ensures consistency and quality in training delivery.

Information and Consent

Medical History: Upon joining KAT parents are asked to complete all parts of the 'My Child at School' data collection section that includes medical history and medical conditions. Parents are asked to inform the school if the information needs to be amended or added to. Allergies can also be noted on the MCAS platform. Permission is sought from parents or carers to administer paracetamol, ibuprofen or antihistamines.

Permission is sought from parents for students to participate in activities off site. This includes permission for emergency medical and dental treatment if required.

First-aid provision at Kingstone Academy Trust

First-aid boxes are located around the school sites, as listed below; first-aid travel bags are available for the first aid room and in the main office and can be taken out as and when required; At least one first-aid kit will be taken on all off-site activities along with individual pupil medication such as inhalers and EpiPens. Contact details, including medical information, will be taken on all School trips

A Paediatric First Aider must be present during meals.

Kingstone High School

- First Aid room
- Science block and side classrooms (M22 and M23 adjoining room)
- Food Teaching room (M2)
- Sports Block
- DT Block
- Staff room
- Main office

Kingstone and Thruxton Primary School

- First aid room
- Every classroom (this is to ensure that each teacher has access to a first aid kit when on outside playground activities)

Defibrillator (AED)

There is a defibrillator kept in a case in individual school offices

Kingstone High School – Main office and Sports Block

Kingstone and Thruxton Primary School – Main office

Procedure in case of accident or injury to a student

If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate next course of action, which may involve calling immediately for an ambulance or calling for a first aider.

If summoned, a first aider will assess the situation and take charge of first aid administration.

First-aiders should be contacted according to availability, if the first aider does not consider that he/she can adequately deal with the presenting condition by the administration of first aid,

he/she should arrange for the injured person to access appropriate medical treatment without delay.

If the injuries cannot be treated at the school arrangements should be made for transportation to hospital.

Any items used in first aid should be reported to the school office so that they can be restocked.

If a pupil or member of staff suffers from illness, then the following guidelines must be followed:

- Anyone who suffers from vomiting and diarrhoea is required to stay absent from School until at least 48 hours after their symptoms have gone.
- Anyone who suffers from vomiting alone is required to stay absent from School until at least 24 hours after their symptoms have gone.

A Paediatric First Aider must be present during meals.

Ambulances

The first-aider/appointed person must call an ambulance on the following occasions:

- In the event of a serious injury, e.g. a broken bone
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

If an ambulance is called the first aider in charge should make arrangements for the ambulance to have access to the injured person.

Arrangements should be made to ensure that any pupil is accompanied in an ambulance, or followed to hospital, by a member of staff until one of the pupil's parents, guardian or their named representative is present.

A member of staff will remain with the pupil until one of the pupil's parents, guardian or a named representative appointed by a parent arrives at the hospital.

Logging and Reporting Accidents and Injuries

First aid reporting is completed and recorded via SharePoint. All incidents are logged and reported. If a student or member of staff is injured or involved in an incident, they must report the details on the accident reporting log.

All witnesses must complete an Accident Report; Accident Reports can be found in the Admin Office.

KAT keeps a record of any first aid treatment given by first aiders/appointed persons:

- ✓ 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.

Except for the most trivial injuries the parent/guardian should be contacted by telephone and a report of the accident/injury and treatment given, explained. If telephone contact cannot be made then an accident report letter should be completed and sent home with the student. In all cases of a head injury, if not hospitalised, the students should be sent home with a 'head injury' letter.

There is sometime the need and requirement to investigate accidents more thoroughly. Such investigations can be initiated by the Headteacher or by the Estates Manager upon receipt of the completed Accident form.

If the incident falls under RIDDOR the completed accident report must be forwarded to the Headteacher and Estates Manager for review; if the incident is a RIDDOR this will be reported to the HSE by the Headteacher or Estates Manager within 10 days (see Appendix 1)

Monitoring and Review

An accident report book or log is a place to record accidents and what treatment was provided. The record of each incident should be kept for six years from the date of the incident. The casualty's personal information must be protected.

Records and logs will be analysed to look for trends and patterns and may be used for reference in future first-aid needs assessments and for insurance and investigative purposes.

Hygiene and infection control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment

Illness and disease

When a student is unwell the best place for them is at home with an adult. If a student becomes ill at school the parents/host family should be contacted through the main office and arrangements made for the student to be collected.

Some infectious diseases are notifiable. The student's doctor / Public Health England should inform the school of any precautionary measures to be implemented.

Prescribed medicines can be dispensed provided that a written request, with details of the medicine involved, frequency of administration and dosage, is obtained from the parent. The parent must be responsible for providing the medicine in question in a suitable container, clearly labelled with the student's name and directions for administration, and for replenishing supplies as necessary.

The medicine will be kept locked in the admin office. KAT reserves the right not to administer medicines for any reason as they deem appropriate.

Special arrangements

In some cases, students with medical needs may be more at risk than other students. Staff may need to take additional steps to safeguard the health and safety of such students. In a few cases individual procedures may be needed and these will be detailed in an individual Risk Assessment; some pupils may need to have access to life saving prescription drugs in an emergency, the details will be recorded in the pupil's individual healthcare plan and identified staff members will be aware of what to do.

The Heads of Year and Pastoral leads are responsible for making sure that all relevant staff know about and are if necessary trained to provide any additional support these students may require.

- Students with asthma need to have immediate access to their reliever inhalers when they need them, and carry them with them. Spare inhalers must be provided by parents, these are kept in an unlocked grab box in the main office. (see Asthma Guidance).
- Students with epilepsy - concerns about safety should be discussed with the student and parents as part of their health care plan.
- Students with diabetes should be able to manage their own medication. This should be discussed with student and parent as part of their health care plan. Additional diabetic equipment and resources are kept in labelled containers in the first aid cupboard in the main office.
- Anaphylaxis – Pre-loaded injection devices should be provided by the parents in the correct container, labelled with their student's name and updated medicines. If the School has to give this injection an ambulance must always be called. Due to the rural location of the School sites it will be discussed with the emergency call room if it would be appropriate and more timely for a staff member to transport the child to the emergency services room, this will only be done on the advice of the emergency call room.

We will request an individual health care plan for students with specific medical needs: anaphylaxis, diabetes, asthma, epilepsy etc. and ensure that explicit permission is given for the administration of any medications. Parents have the prime responsibility for their student's health and should provide the school with information about their student's medical condition.

Medication

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; 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.

Where appropriate, individual pupils will be given responsibility for keeping equipment such as asthma inhalers and EpiPens, or equipment associated with diabetes management. The first-aiders will have access to, and administer where necessary, an inhaler or EpiPen for all

pupils deemed not to be sufficiently competent to carry this themselves. In other cases, such equipment and medicines will be securely kept, suitably labelled, in the First Aid Room.

All medicines will be returned to the parent when no longer required to arrange for safe disposal.

Students' individual medical containers must be clearly marked on the outside and contain their health care plan (if required) plus up to date medicines provided by the parents.

Physical contact with students

The treatment of students for minor injuries, illness or medical conditions may involve members of staff in physical contact with students.

Any treatment should:

- Not involve more contact than necessary
- Be undertaken by staff who have volunteered to be designated to the task
- Be carried out wherever possible, in front of other adults
- Be recorded in appropriate methods
- Parents informed

Mental health

Kingstone Academy Trust, at all school sites, have Pastoral Leads who support with the wellbeing of students; they support their school to make the best use of existing resources and effort to help improve the wellbeing and mental health of students.

Education staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one but only appropriately trained professionals should attempt to make a diagnosis of a mental health condition.

All staff have access to support through their immediate line manager and employee support services. Kingstone Academy Trust also has access to Occupational Health services through the Hoople staff support SLA.

School staff are not mental health professionals. Where pupils and students experience more serious mental health problems, schools will report concerns to families/guardians and support

services which include professionals working in specialist Children and Young People's Mental Health Services (CYPMHS), voluntary organisations and local GP practices (please also see the Safeguarding Children and Young People Policy).

Notes to the Policy

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 students are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the students 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.

All staff are reminded that they are responsible for any defects in the equipment or damage to their classrooms and should report such to the Site Team. Any damage to the building that could be dangerous should also be reported to the Site Team or Headteacher immediately.

If any concerns are raised that have Safeguarding implications (e.g., unexplained marks or scars), whilst a person is being treated for first aid, the First Aider must inform the Designated Safeguarding Lead who will then take appropriate action.

This policy should be read in conjunction with the Health and Safety Policy and Safeguarding Policy.

Appendix 1: RIDDOR

If someone has died or has been injured because of a work-related accident, this may have to be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

Reportable injuries

The following types of injury must be reported under RIDDOR.

- The death of any person
- fractures (other than to fingers, thumbs, and toes)
- amputation of an arm, hand, finger, thumb, leg, foot or toe
- any injury likely to cause permanent blinding or reduction in sight in one or both eyes
- any crush injury to the head or torso causing damage to the brain or internal organs in the chest or abdomen
- serious burns (including scalding) which:
 - cover more than 10% of the body
 - cause significant damage to the eyes, respiratory system, or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness
 - requires resuscitation or admittance to hospital for more than 24 hours

Over-7-day incapacitation of a worker

Work-related accidents must be reported where they result in an employee being away from work, or unable to do their normal work duties, for more than 7 consecutive days as the result of their injury.

Where the worker's injury or condition does not become apparent until some time after the accident, it must be reported as soon as it has prevented them from doing their normal work duties for more than 7 consecutive days.

This 7-day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

Some situations will include days when the injured person would not normally have been expected to work. You must take those days into account when deciding whether they were unable to do their normal duties for 'more than 7 consecutive days'.

Over-3-day incapacitation

Accidents must be recorded where they result in a worker being away from work, or unable to do their normal work duties, for more than 3 consecutive days.

Non-fatal accidents to people other than workers

Accidents to members of the public or others who are not at work (such as customers or volunteers) must be reported if:

- they involve work activity
- they result in an injury
- the person is taken directly from the scene of the accident to hospital for treatment to that injury

Examinations and diagnostic tests, such as X-rays, do not count as 'treatment'. However, you must report treatment that involves the person having:

- a dressing applied
- stitches
- a plaster cast
- surgery

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

If the accident occurred at a hospital the report only needs to be made by the responsible person at the hospital if there is a specified injury.

Occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work. These diseases include:

- carpal tunnel syndrome (where the person's work involves regular use of hand-held percussive power tools involving repetitive blows, such as jackhammers, or vibrating power tools such as sanders, grinders or chainsaws)
- cramp of the hand or forearm (where the person's work involves prolonged periods of repetitive movement of the fingers, hand or arm)
- occupational dermatitis (where the person's work involves significant or regular exposure to a known skin sensitiser or irritant)
- hand-arm vibration syndrome (where the person's work involves regular use of percussive power tools, vibrating power tools, or holding materials which vibrate while being processed by powered machinery)
- occupational asthma (where the person's work involves significant or regular exposure to a known respiratory sensitiser)
- tendonitis or tenosynovitis of the hand or forearm (where the person's work is physically demanding and involves frequent, repetitive movements)

Appendix 2: Supporting pupils with medical conditions: links to other useful resources

1. Departmental guidance and advice

- [Special educational needs and disability code of practice 0 to 25](#)
- [The early years foundation stage](#) - sets out specific requirements on early years settings in managing medicines for children under 5 years of age
- [Working together to safeguard children](#) - statutory guidance on inter-agency working
- [Safeguarding children: keeping children safe in education](#) - statutory guidance for schools and colleges
- [Ensuring a good education for children who cannot attend school because of health needs](#) - statutory guidance for local authorities
- [Drug advice for schools](#) - published by DfE/Association of Chief Police Officers, this document provides advice on controlled drugs
- [Home to school transport](#) - statutory guidance for local authorities
- [Equality Act 2010: advice for schools](#) - to help schools understand how the Act affects them
- [School Admissions Code 2012](#) - statutory guidance that schools must follow when carrying out duties relating to school admissions
- [Health and safety](#) - advice for schools covering activities that take place on or off school premises, including school trips
- [Alternative provision](#) - statutory guidance for local authorities and headteachers and governing bodies of all educational settings providing alternative provision
- [First aid](#) - departmental advice on first aid provision in schools
- [Automated external defibrillators \(AEDs\)](#) - how schools can buy, install and maintain an automated external defibrillator
- [School exclusion](#) - statutory guidance for maintained schools, academies and pupil referral units (PRUs)
- [School premises](#) - departmental advice to help schools and local authorities understand their obligations in relation to the School Premises Regulations 2012
- [Mental health and behaviour in schools](#) - departmental advice to help schools identify and support those pupils whose behaviour suggests they may have unmet mental health needs
- [Department for Education](#) - contact details

2. Associated resources and organisations - wider government

- [NHS Choices](#) - provides an A to Z of health conditions and medicines
- [Managing children with health care needs: delegation of clinical procedures, training and accountability issues](#) - published by the Royal College of Nursing in 2008, this document highlights the clinical procedures which could be safely taught and delegated to unregistered health and non-health qualified staff
- [Getting it right for children, young people and families](#) - provides information on the Department of Health vision for the role of the school nurse

- [The NHS Information Prescription Service](#) - part of NHS Choices, this service provides personalised information on health conditions that parents may wish to share with schools
- [Health and Safety Executive](#) - this website covers schools (state-funded and independent), further education establishments and higher education institutions.
- [School trips and outdoor learning activities: dealing with the health and safety myths](#) - provides information for managers and staff in local authorities and schools
- [Standards for medicines management \(2010\)](#) - produced by the Nursing and Midwifery Council this document sets standards for nurses, including over delegation of the administration of medicinal products
- [Healthy child programme 5 to 19](#) - this good practice guidance sets out the recommended framework of universal and progressive services for children and young people to promote health and wellbeing
- [Directors of children's services: roles and responsibilities](#) - statutory guidance for local authorities with responsibility for education and children's social services functions
- [Commissioning regional and local HIV sexual and reproductive health services](#) - guidance for commissioners of HIV, sexual and reproductive health services: includes prevention, treatment, information, advice and support
- [Protocol for emergency asthma inhalers in schools](#)
- [Department of Health](#) - contact details

3. Associated resources and organisations - external

- [Advice about emergency healthcare plans](#)
- [The School and Public Health Nurses Association \(SAPHNA\)](#) is dedicated to the health of children and young people in their communities
- [HeadMeds](#) - provides information about mental health medication for young people and to answer the difficult questions that young people may have about their medication but may not feel comfortable asking an adult or professional about
- [Medical conditions at school partnership](#) - includes an example school policy, a form for a healthcare plan, other forms for record keeping, and information on specific health conditions
- [The Council for Disabled Children \(2014\)](#) has published 2 practical handbooks to help local authorities, schools, early years settings and health providers develop policies and procedures to ensure that children with complex health and behavioural needs can access education, healthcare and childcare:
 - [Dignity and Inclusion: making it work for children with complex health care needs](#)
 - [Dignity and Inclusion: making it work for children with behaviour that challenges](#)
- [The Health Education Trust \(HET\)](#) - promotes the development of health education for young people
- [Mencap](#) provides support to people with learning disabilities, their families and carers

- [Contact a Family](#) provides support to the families of disabled children whatever their condition or disability
- [UNISON](#) - offers advice, support and help for school support staff at work, as well as providing training opportunities and welfare services
- [Medicines for Children](#) provides information about a wide range of medicines prescribed to children. It is run by the Royal College of Paediatrics and Child Health (RCPCH), the Neonatal and Paediatric Pharmacists Group (NPPG) and WellChild

4. Associated resources and organisations - medical conditions

- [Diabetes UK](#) – supports and campaigns for those affected by or at risk of diabetes
- [Children’s Heart Federation](#) - a children’s heart charity dedicated to helping children with congenital or acquired heart disease and their families in Great Britain and Northern Ireland
- [Education and Resources for Improving Childhood Continence \(ERIC\)](#) supports children with bladder and bowel problems and campaigns for better childhood continence care
- [Anaphylaxis Campaign](#) - supports people at risk from severe allergic reactions (anaphylaxis)
- [British Heart Foundation](#) - supporting those suffering from heart conditions
- [Little Hearts Matter](#) - offers support and information to children, and their families, with complex, non-correctable congenital heart conditions
- [CLIC Sargent](#) - a cancer charity for children and young people, and their families, which provides clinical, practical and emotional support to help them cope with cancer
- [Sickle cell and Young Stroke Survivors](#) - supports children and young people who have suffered a stroke or at risk of stroke as a result of sickle cell anaemia
- [Coeliac UK](#) - supports those with coeliac disease for which the only treatment is a gluten-free diet for life. The Coeliac UK website offers guidance and advice to everyone involved with supporting a child with coeliac disease in school, including training and tips for caterers as well as parents
- [The Association of Young People with ME](#) - supports and informs children and young people with ME (myalgic encephalomyelitis)/CFS (chronic fatigue syndrome), as well as their families, and professionals in health, education and social care
- [The Migraine Trust](#) - a health and medical research charity which supports people living with migraine
- [Migraine Action](#) - an advisory and support charity for children and adults with migraine and their families
- [Stroke Association](#) - supports families and young people affected by stroke in childhood
- [Young Epilepsy](#) - supports young people with epilepsy and associated conditions
- [Asthma UK](#) - supports the health and wellbeing of those affected by asthma
- [Epilepsy Action](#) - seeks to improve the lives of everyone affected by epilepsy
- [East of England Children and Young People Diabetes Network](#) - provide diabetes guidelines for schools, colleges and early years settings