



# First aid policy

The Hub Educational Services

**Approved by:** Vanessa Brooks **Date:** 25/9/23

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### 1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

### 2. Legislation and guidance

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](#), guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and guidance from the Health and Safety Executive (HSE) on [incident reporting 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 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

## 3. Roles and responsibilities

### 3.1 Appointed person(s) and first aiders

The AP's appointed persons are Vanessa Brooks and Jessica Smith They are responsible for:

- Taking charge when someone is injured or becomes ill

- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits

- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- 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

- Sending pupils home to recover, where necessary

- Filling in an accident report on the same day as, or as soon as is reasonably practicable after, an incident (see the template in appendix 2)

- Keeping their contact details up to date

### 3.2 The Directors

The Directors are responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons are present in the AP at all times

- 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 for catering to the medical needs of pupils

- Reporting specified incidents to the HSE when necessary (see section 6)

### 3.3 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures

- Ensuring they know who the First Aiders in the AP are

- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider is not called

- Informing the Directors of any specific health conditions or first aid needs

## 4. First aid procedures

### 4.1 In-school procedures

In the event of an accident resulting in injury:

The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, 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 the 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 pupil is too unwell to remain in the AP, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents

If emergency services are called, the appointed first aider will contact parents immediately

The First Aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times. Please see supporting pupils with medical needs policy for specific information about storing and administering of medication.

### 4.2 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

A mobile phone

A portable first aid kit including, at minimum:

- A leaflet giving general advice on first aid
- 6 individually wrapped sterile adhesive dressings
- 1 large sterile unmedicated dressing
- 2 triangular bandages – individually wrapped and preferably sterile
- 2 safety pins
- Individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves

Information about the specific medical needs of pupils

Parents' contact details

When transporting pupils using a minibus or other large vehicle, the AP will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

10 antiseptic wipes, foil packed

1 conforming disposable bandage (not less than 7.5cm wide)

2 triangular bandages

1 packet of 24 assorted adhesive dressings

3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)

2 sterile eye pads, with attachments

12 assorted safety pins

1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the staff prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

## 5. First aid equipment

A typical first aid kit in our school will include the following:

A leaflet giving general advice on first aid

20 individually wrapped sterile adhesive dressings (assorted sizes)

2 sterile eye pads

2 individually wrapped triangular bandages (preferably sterile)

6 safety pins

6 medium-sized individually wrapped sterile unmedicated wound dressings

2 large sterile individually wrapped unmedicated wound dressings

3 pairs of disposable gloves

No medication is kept in first aid kits.

First aid kits are stored in:

The main Hub room

## 6. Record-keeping and reporting

### 6.1 First aid and accident record book

An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury

As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2

For accidents involving pupils, a copy of the accident report form will also be added to the pupil's educational record by the first aider

Records held in the first aid and accident book will be retained by the AP for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

**Medicines onsite:** All medicines are kept in a double locked cabinet with keys being held by directors. Any medicines that are onsite must be accompanied by a medicine administration form signed by parents. When a medicine is administered it is recorded and double signed in the controlled drugs record. Some medications require the use of a mars form ie adhd medications. In this instance the mars form is locked away with the medication and can only be administered by staff that have completed the relevant training. The medication should always be checked and double checked by a second member of staff.

### 6.2 Reporting to the HSE

The Directors 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).

The Directors will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

### **Staff: reportable injuries, diseases or dangerous occurrences**

These include:

Death

Specified injuries, which are:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:
  - Covers more than 10% of the whole body's total surface area; or
  - Causes 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, or requires resuscitation or admittance to hospital for more than 24 hours

Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Directors will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident

Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
- Hand-arm vibration syndrome
- Occupational asthma, e.g. from wood dust
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to Ap's 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

### **Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences**

These include:

Death of a person that arose from, or was in connection with, a work activity\*

An injury that arose from, or was in connection with, a work activity\* and where the person is taken directly from the scene of the accident to hospital for treatment

\*An accident “arises out of” or is “connected with a work activity” if it was caused by:

A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)

The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or

The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

### **6.3 Notifying parents (early years only)**

The Directors will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents will also be informed if emergency services are called.

## **7. Training**

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The AP will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 3).

The AP will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the AP will arrange for staff to retake the full first aid course before being reinstated as a first aider.

## **8. Infectious Diseases and control**

- To minimise risk of infection whilst administering first aid (for example, from hepatitis B and HIV), first-aid personnel must cover all exposed cuts/abrasions on their own bodies with a waterproof dressing before administering treatment.
- They must also wash their hands before and after applying dressings. If the casualty is bleeding from the mouth the blood must be wiped away using a clean cloth or handkerchief.
- Although mouthpieces are available for administering mouth-to-mouth resuscitation, they should only be used by trained personnel as incorrect use may cause bleeding.

- Disposable nitrile/vinyl gloves and aprons must be worn whenever blood, or other body fluids are handled, and disposable materials, such as paper towels must be used to mop up any substances. Contaminated work areas must be suitably disinfected and soiled clothing should be washed on a hot cycle or advice given to this effect if washing sent home.
- If contact is made with any other person's body fluids the area should be washed immediately and medical advice sought

Link for dealing with infectious diseases:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z>

#### Individual Diseases - Exclusion from Work

The following table gives advice on the minimum period of exclusions from work for staff members:

- Suffering from infectious disease (cases); or
- Have had close contact with transmissible infection or communicable disease.

Disease	Ineffective Period	Minimum Exclusion Period	
		Case	Contact with Infection/Disease
Chicken Pox	From 2 days before until the last of the lesions are dry	6 days from onset of rash	None Special case - Pregnant women should seek medical advice
Conjunctivitis	While a purulent discharge is present	Until discharge stops	None
COVID-19	See the latest Five Rivers Risk Assessment for your area/team	See the latest Five Rivers Risk Assessment for your area/team	See the latest Five Rivers Risk Assessment for your area/team
Cryptosporidium	Whilst has diarrhoea	Until 48 hrs after first normal stool	None
Erythema Infectiosum (Slapped Cheek Syndrome)	4 days before until 4 days after onset of rash	Until clinically well	None Special case - Pregnant women should seek medical advice
Gastro Enteritis (including Salmonellosis and Shigellosis)	As long as organism is present in stools, but mainly whilst diarrhoea lasts	Until clinically well and 48 hrs without diarrhoea or vomiting, GP or EHO may advise a longer period of exclusion	EHO will advise on local policy
Glandular Fever	When symptomatic	Until clinically well	None
Giardia Lamblia	Whilst has diarrhoea	Until 48 hrs after first normal stool	None
Hand, Foot and Mouth Disease	As long as active ulcers are present	1 week or until open lesions are healed	None
Head Lice	As long as lice or live eggs are present	Exclude until treated	Exclude until treated
Hepatitis A	1 week before until 1 week after onset of jaundice	1 week after onset of jaundice	None Immunisation may be advised (through GP)
HIV	For life	None	None
Impetigo	As long as purulent lesions present	Until skin has healed or 48 hours after treatment started	None
Measles	Up to 4 days before	4 days from onset of rash	None
Meningitis	Varies with organism	Until clinical recovery	None

Disease	Ineffective Period	Minimum Exclusion Period	
		Case	Contact with Infection/Disease
Mumps	1 week before until 10 days after swelling appears	10 days after onset of swelling	None
Ringworm Tinea Capitis (Head)	As long as active lesions are present	Exclusion not always necessary unless an epidemic is suspected	None
Ringworm Tinea Corporis (Body)	As long as active lesions are present	None	None
Ringworm Tinea Pedis (Athletes Foot)	As long as active lesions are present	None	None
Rubella (German Measles)	1 week before until 5 days after onset of rash	5 days from onset of rash	None
Scabies	Until mites and eggs have been destroyed	Until day after treatment is given	None (GP should treat family)
Shingles	Until after the last of the lesions are dry	Until all lesions are dry – minimum 6 days from onset of rash	None
Streptococcal Sore Throat and Scarlet Fever	From up to 7 days before the symptoms start, until 24 hours after you take the first antibiotic tablet or 2 weeks after symptoms start - if you don't take antibiotics	Until clinically improved (usually 48 hours after antibiotic started)	None
Tuberculosis	Depends on part infected. Patients with open TB usually become non-infectious after 2 weeks treatment	In the case of open TB, until cleared by TB clinic. No exclusion necessary in other situations	None, but needs medical follow up
Threadworm	As long as eggs present on perianal skin	None but requires treatment	Treatment necessary
Typhoid Fever	As long as case harbours the organism	Seek advice from GP	Seek advice from GP
Verrucae (Plantar warts)	As long as wart is present	None (warts should be covered with waterproof dressing for swimming and barefoot activities)	None
Whooping Cough	1 week before until 3 weeks after onset of cough (or 5 days after start of antibiotic treatment)	Until clinically well, but check with GP	None

## Infection Control

### Isolation of Young People with Infectious Diseases

	Ringworm Scabies Lice & Fleas	Hepatitis B carrier Hepatitis C carrier HIV and Aids	Infected Wounds Impetigo Cold Sores	Food Poisoning Diarrhea infective Diarrhea unknown Hepatitis A	Flu and flu like illnesses Chicken pox Shingles, Measles MRSA, COVID-19
Is a single room necessary?	No	No, unless necessary because of other factors, e.g. infective diarrhea	Not normally required	Yes, if possible	Yes with the door closed
Can Young Person share toilet facilities?	Yes	Yes	Yes	No	No
Can Young Person mix and dine with other Young People?	Yes	Yes	Yes	No	No
Is special crockery or cutlery required?	No	No, unless there is obvious bleeding from the mouth	No	No – wash in dishwasher	No – wash in dishwasher
Is it necessary for staff to wear protective clothing?	Yes, for skin to skin contact in scabies	Yes, when handling body substances	Normal body substance precautions	Yes when handling excreta	Yes when handling body substances or to direct contact
Does linen require special treatment?	Hot wash	Body substance contaminated	Body substance contaminated linen must undergo hot wash	All linen must undergo a hot wash	All linen to undergo a hot wash
Comments	Precautions apply until effective treatment given	Label specimens – Danger of infection, take special care with sharps	Special instructions may be given for antibiotic resistant organisms	n/a	n/a

## 9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy

- Risk assessment policy

- Supporting pupils with medical conditions

This policy will be reviewed by the Directors and shared with staff every year.

## Appendix 1: list of First Aiders

STAFF MEMBER'S NAME	ROLE	CONTACT DETAILS
Vanessa Brooks	Director	Via The Hub
Jessica Smith	Science Lead	Via The Hub
Scott Brooks	Manager	Via The Hub
Emily Neale	Deputy Manager	Via The Hub
Claire Pyper	English Lead	Via The Hub
Fiona Wood	Maths lead	Via The Hub
Eloise Flinders	Student wellbeing lead	Via The Hub
Sydney Maude	Outreach Lead	Via The Hub
Cassie Cocker	Child Champion	Via The Hub
Molly Barker	Child Champion	Via The Hub

Date reviewed: 19/4/24

Date of next review 19/4/25

## Appendix 2: accident report form

NAME OF INJURED PERSON		ROLE/CLASS	
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT	
INCIDENT DETAILS			
ACTION TAKEN			
FOLLOW-UP ACTION REQUIRED			
NAME OF PERSON ATTENDING THE INCIDENT			
SIGNATURE		DATE	