



Sunninghill
PREP SCHOOL DORCHESTER

First Aid Policy

Sunninghill Prep School
February 2025

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1 Aims

- 1.1 This is the first aid policy for pupils of Sunninghill Prep School (**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, September 2021);
 - 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 2022);

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 procedures in the events of an accident or injury;

3.3.4 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 School Office 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 qualified First Aiders and 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 **Medical 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 treatment. This is located on the ground floor next to the front door and is clearly signposted and identifiable with a white cross or white writing on a green background. This is used for the provision of medical, 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	Bursar	As required, and at least termly
Monitoring the implementation of the policy, relevant risk assessments and any action taken in response and evaluating effectiveness.	Bursar	As required, and at least termly
Seeking input from interested groups (such as pupils, staff, parents) to consider	Head/Bursar	As required, and at least annually

Task	Allocated to	When / frequency of review
improvements to the School's processes under the policy		
Maintaining up to date records of all information created in relation to the policy and its implementation as required by the GDPR	Bursar	As required, and at least termly
Formal annual review	Proprietor	As required, at least every 2 years

- 6.3 The Bursar 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 School Administrator 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

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

7.2 The following individuals are First Aiders including those who hold paediatric First Aid certificates:

<i>Name</i>	<i>Department</i>	<i>Attended</i>	<i>Course Expires</i>
Paediatric Course			
Katie Beasley	Nursery	Jun-19	Nov -25
Laura Fazarkaley	Nursery		Training 4.3.25
Harmony Neaves	Nursery	Jan 24	Jan 27
Laura Pitman	Nursery	March 22	Refresher 4.3.25
Janine Sales	Nursery		Training 4.3.25
Emma Sleightholme	Reception	May 21	Refresher 4.3.25
Jo Thorpe	Teacher	Jan 24	Jan 27
3 day course			
Claire Delaney	School Administrator	Jan 25	Jan 28
Danielle Bushnell	Receptionist	Mar 23	Mar 26
1 day course			
Sarah Baker	Learning Assistant	Jan 24	Jan 27
Sophie Blair	Learning Assistant	Feb 2023	Feb 26
Hannah Brown	Learning Assistant	Jan 22	Refresher 22.4.25
Ant Buik	Estates Manager /Bus Driver		
Dave Clarke	Sports Coach	Feb 23	Feb 26
Joanie Culshaw	Learning Assistant	Jan 24	Jan 27
Kerry Davies	Kitchen	April 23	April 26
Lucy Davies	Teaching	Jan 24	Jan 27
Margaret Evans	Teaching	June 22	June 25
Stuart Holland	Learning Assistant	Feb 21	Feb 24
Catherine Livesey	Teaching	Jan 24	Jan 27
David Newberry	Head	April 23	April 26
Tammy Newberry	Admin	April 23	April 26
Maurice Read	Bus Driver	Jan 24	Jan 27
Lesley Nolan-Stone	Teaching	Feb 23	Feb 26

Jonathan Salisbury	Teaching	Feb 23	Feb 26
Sarah Smith	Teaching	Mar 22	Refresher 22.4.25
Ian Stazicker	Deputy Head	Mar 22	Refresher 22.4.25
Liz Stein	Head Gardener	Jun 21	June 24
Jo Telfer	Teaching	June 21	June 24
Claire Thomasson	Teaching	Oct 22	Oct 25
Jeanette Wedge	Receptionist	April 23	April 26
Kevin Willemse	Teaching	Mar 22	Refresher 22.4.25
Michael Willemse	Sports Coach	Oct 22	Oct 25
Sue Wilson	Teaching	March 22	Refresher 22.4.25

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 School Administrator.

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

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 Bursar 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 the School Administrator who has been properly trained in, and 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;⁵

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;

8.3.6 annual leave and other absences of First aiders / Appointed person.

9 First Aid boxes

- 9.1 First Aid boxes are marked with a white cross on a green background. The content of the First Aid boxes 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 1 of the First Aid Guidance.⁶
- 9.2 First Aid boxes are located at these positions around the School site and are as near to hand washing facilities as is practicable:
- 9.2.1 medical Room;
 - 9.2.2 reception;
 - 9.2.3 school kitchen;
 - 9.2.4 science laboratory;
 - 9.2.5 design and technology classroom;
 - 9.2.6 art room;
 - 9.2.7 sports department;
 - 9.2.8 teachers' staff room
- 9.3 If First Aid boxes are used, they should be taken to the School Administrator who will ensure that the First Aid box is properly re-stocked. The School Administrator will examine the First Aid box(es) at this point and otherwise regularly in order to dispose of items safely once they have reached their expiry date.
- 9.4 All requirements for the First Aid kits are supplied by the School Administrator and are regularly stocked at request of individual departments.
- 9.5 **School minibuses:** The School's minibuses should have a prominently marked First Aid box on board which is readily available for use and which is maintained in a good condition. The First Aid box should be stocked in accordance with part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078) which is set out in **Error! Reference source not found..**
- 9.6 **Off-site activities:** First Aid boxes for any off-site activities are kept in the Medical Room.

10 Information on pupils

- 10.1 Parents are requested to provide written consent for the administration of First Aid, medical treatment and medication when joining the School. 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. This information is updated annually on a regular basis by the School Administrator, or when parents advise the school of any changes to their child's medical condition.
- 10.2 The School Administrator will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or

⁶ Recommended but not compulsory.

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 School Administrator where a pupil will require either prescription or non-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 a 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 or non-prescription medication 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.⁷

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's, 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, in the Medical Room by the School Administrator .
- 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 from the School Administrator and can be found in 0.
- 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.⁸

⁷ EYFS only

⁸ Recommended but not compulsory see: <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

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.⁹

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* guidance¹⁰, 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 School Administrator in the Medical 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 School Administrator in the Medical Room. The School Administrator will provide the First Aid as required and decide on the next course of action.

14.2 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.¹¹

15 Procedure in the event of an accident or injury

15.1 If an accident occurs, then the member of Staff in charge should be consulted. That member of Staff will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. If necessary, the School Administrator should be called as soon as is possible. First Aiders can also be called, if necessary, and should be called if the School Administrator is not available immediately.

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 School Administrator or 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:

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;

⁹ Recommended but not compulsory see: <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

¹⁰ See <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

¹¹ EYFS only.

- 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, the School Administrator must be informed. The School Administrator will then 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 School Administrator and take medical advice if appropriate.
- 17 First Aid in the physical education department**
- Location of first aid equipment:** The department is responsible for providing First Aid boxes and bags for the relevant sporting areas within the School. These are kept in the Medical Room.
- 17.1 There are bags which can be used by Staff and team managers for home and away fixtures.

17.2 **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 Aider. 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 School Administrator. Any incident of treatment must be reported to the School Administrator on return to School.

18 Reporting

18.1 In the event of an accident, injury or illness requiring First Aid the relevant First Aider should complete a records of First Aid provision, as set out in **Error! Reference source not found.**

18.2 All injuries, accidents and illnesses, however minor, must be reported on an accident report forms and logged on to ISAMS and a copy is provided to parent(s) or guardian(s). The Health and Safety Executive (**HSE**) are kept informed as necessary.

18.3 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.

18.4 **Reporting to Parents:** All injuries, accidents and illnesses, however minor, must be reported on an accident report forms and logged on to ISAMS and a copy is provided to parent(s) or guardian(s).

18.5 **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.¹²

18.6 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.¹³ 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.¹⁴

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

18.7.1 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
- (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

¹² EYFS requirement (3.50).

¹³ All EYFS providers(3.51)

¹⁴ Registered EYFS only

- (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).

18.7.2 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.

18.7.3 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>.

18.7.4 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, and/ or to other relevant statutory agencies and/ or regulators.

19 Automated external defibrillators (AEDs) ¹⁵

- 19.1 The School's AED(s) is located outside the main door of the School Hall.
- 19.2 The AED should only be used where a person is in cardiac arrest. It should not be used where a person is conscious, breathing and / or his or her heart is still beating.
- 19.3 If a person is suffering from a cardiac arrest, the first person on the scene should immediately call the emergency services and commence CPR. If possible, a First Aider who is trained in the use of AEDs should be called for. However, AEDs are designed to be used by any person by following the step by step instructions on the AED.
- 19.4 The person administering the AED should ensure that the area around the casualty is clear before administering the AED. He or she should then stay with the casualty until the emergency services arrive.

20 Training

- 20.1 The School ensures that regular guidance and training is arranged on induction and 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.
- 20.2 The level and frequency of training depends on role of the individual member of staff.

¹⁵ It is not compulsory for schools to have AEDs and it does not currently form part of the EFAW or FAW courses but if there is an AEDS at the School it is recommended that staff are given instruction / training see DfE guidance: <https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools>.

- 20.3 The School maintains written records of all staff training.
- 20.4 All staff will be informed of what to do in an emergency, which will include reference to who the designated First Aiders / Appointed Persons are and the identity of those who are trained to administer emergency medication, such as AALs.
- 20.5 Where there are specific training programmes in place, these are set out below:
- 20.5.1 First aiders will undergo updated training at least every three years to maintain their qualification.
- 20.5.2 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 3.¹⁶

21 Record keeping

- 21.1 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.
- 21.2 Where there are specific record keeping requirements under this policy, these are set out below:
- 21.2.1 **School accident recording:** All injuries, accidents, illnesses and dangerous occurrences must be recorded on an accident form. 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.
- 21.2.2 **Accident report form:** The First aider responsible for the child will fill in an accident report form for every serious or significant accident that occurs on or off the School site if in connection with the School's activities. The School will keep a written record of **all** accidents or injuries and First Aid treatment provided.¹⁷ Accident report forms will be kept by the School Administrator once they have been recorded on ISAMS. 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.**
- 21.2.3 **Accident to Staff causing personal injury:** The School Administrator 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 School Administrator for at least three years or if the person injured is a minor (under 18), until they are 21.¹⁸

¹⁶ 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.

¹⁷ EYFS requirement paragraph 3.50.

¹⁸ 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).

- 21.3 Any significant accidents or RIDDOR must be reported to the Board level lead for health & safety.
- 21.4 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.

22 **Version control**

Date of adoption of this policy, by or on behalf of the Proprietor	February 2025
Date of last review of this policy	February 2025
Date for next review of this policy	February 2027
Policy owner School	SLT
Policy owner (Proprietor)	Amit Mehta




APPENDIX 1

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

First Aid Kit requirements

- (i) Ten antiseptic wipes, foil packed;
- (ii) One conforming disposable bandage (not less than 7.5 cm wide);
- (iii) Two triangular bandages;
- (iv) One packet of 24 assorted adhesive dressings;
- (v) Three large sterile unmedicated ambulance dressings (not less than 15.0 cm × 20.0 cm);
- (vi) Two sterile eye pads, with attachments;
- (vii) Twelve assorted safety pins; and
- (viii) One pair of rustless blunt-ended scissors.

APPENDIX 2 - FIRST AID BOX – CONTENTS LIST

CONTENTS	Kit size/type					
	Small 1-24 	Medium 25 – 100 	Large 100+ 	Sport	Personal issue/Bum- bags	Vehicle
Assorted Plasters	40	60	100	40	10	20
Conforming Bandage	1	2	2	2	0	0
Medium dressing	2	4	6	3	1	1
Large dressing	2	3	4	2	0	0
Adherent dressing	4	6	8	4	0	1
Triangular bandage	2	3	4	3	1	1
Eye pad	2	3	4	3	0	0
Cleansing wipes	10	30	30	30	5	10
Tape	1	2	3	1	0	0
Gloves (pairs)	6	9	12	9	3	4
Finger dressing	2	3	4	3	0	0
Resus face shield	1	1	2	1	1	1
Foil blanket	1	2	3	2	0	1
Burn dressing	1	1	2	0	0	1
Shears	1	1	1	1	0	1
Clinical waste bag (yellow)	1	1	2	1	0	1

The following departments should have ‘Medium’ kits as a minimum:

- Science
- DT
- Art
- Grounds/Estates
- Sport

Catering environments should ensure that the contents are suitable for these locations. Such contents should include blue plasters and additional burns treatment where needed.

APPENDIX 3 -Record of First Aid ¹⁹

Accidents/ injuries to pupils and adults are recorded on the First Aid Treatment Record form which are kept in the Medical Room or in EYFS. Where appropriate, a copy of the form is either given directly to the parent or scanned and emailed.

Completed forms are retained by the Bursar and reported to the Health & Safety Committee.

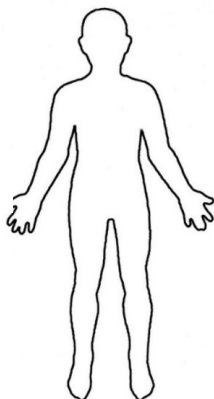
Details of the child	
Name of child:	Form:
Details of the accident	
Date it happened:	Time:
Where it happened:	
How the accident happened:	
Treatment given:	
After care (i.e. sent back to class, ten minutes in Medical Room, sent home):	
Parent telephoned by:	Time:
Copy of form emailed to parent by:	
Logged into iSAMS by:	Date:

Signed by First Aider: _____ Date: _____

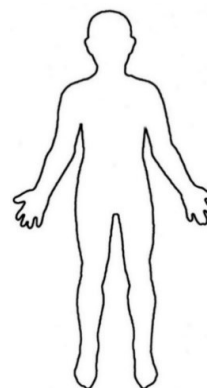
Print Name: _____

Completed form to be given to the Bursar

FRONT



**Please indicate where
injury occurred**

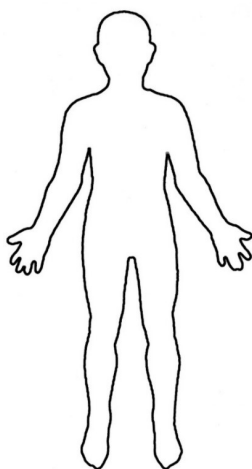


BACK

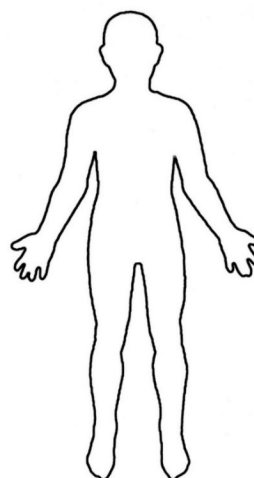
¹⁹ In EYFS settings it is mandatory for a written record to be kept see 3.50.

APPENDIX 4 - Accident/ First Aid Treatment Record for Staff

Details of Staff member	
Full name:	Address:
Date of birth:	
Job title:	
Details of the accident	
Date it happened:	Time:
Where it happened:	
How the accident happened:	
Treatment given:	
After care (ie. Rested in staff room, sent home):	



Please indicate
where the injury
occurred



FRONT

BACK

The Bursar should retain a copy of this form with the School accident book and provide a copy to the Head for the purposes of any investigation.

APPENDIX 5 - Medical consent

First Aid: I / We consent to appropriately trained and qualified members of the School staff to administer First Aid to my / our child where appropriate.

Medical treatment: I / We hereby give my consent for the School to act on my / our as necessary for my child's welfare if he /she requires a medical examination, medical testing or minor medical treatment such as attendance at a local GP, doctor or optician.

Emergency medical treatment: I / We give my / our consent for the Head to act on our behalf to authorise emergency medical treatment as necessary for my child's welfare in the event I / we cannot be contacted in time.

The administration of medicines: I / We hereby give my consent for appropriately qualified members of the School staff to administer prescription medication as listed in the medication section of the medication and treatment section of the medical information form or as subsequently notified to the School.

If there is any medication or remedies you would prefer your child not to receive please indicate these in the box below.

	First signatory	Second signatory
Signature		
Title (e.g. Mr, Mrs, Ms)		
Name in full (please include all names)		
Relationship to child		
Date		

APPENDIX 6 - 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 should be informed as soon as practicable.

The School Administrator and the Bursar²¹ 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 School Administrator will have overall responsibility for restocking a supply²² AAI (which may be bought without prescription). The School Administrator and another qualified First Aider 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.²³

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 School Administrator 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 regularly at least annually²⁴ 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: <https://www.nhs.uk/conditions/anaphylaxis/>

b) Asthma

Asthma register and emergency inhalers²⁵

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.

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 There is no prescribed amount will depend on practice and size of the School.

²³ The guidance recommends that at least two named volunteers are responsible for checking the stock.

²⁴ Best practice but not a requirement.

²⁵ See Inhalers Guidance: keeping an emergency inhaler (and adopting the procedures in the Inhalers Guidance) is optional but recommended.

The School Administrator and the Bursar²⁶ are responsible for ensuring that *Guidance on the use of emergency salbutamol inhalers in schools (Inhalers Guidance)* is properly implemented and followed.

The School Administrator will hold and be responsible for restocking a supply²⁷ of emergency inhalers (which may be bought without prescription). 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.

Only pupils who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler may use an emergency inhaler. The School Administrator 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 at least annually²⁸ 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. Notification should be accompanied by a completed consent form signed by the parents in the form set out at Annex B of the Inhalers Guidance, a copy of which is available from the School Administrator on request. Completed consent forms should be stored on the pupil's file and, where appropriate, the ICHP updated accordingly.

If an emergency inhaler is used by a pupil the School Administrator will notify 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: <https://www.nhs.uk/conditions/asthma/treatment/>

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

²⁶ The Inhalers Guidance requires at least two people to be responsible for ensuring the Guidance is followed.

²⁷ There is no prescribed amount will depend on practice and size of the School.

²⁸ Best practice but not a requirement.

- change in normal behaviour-weepy/aggressive/quiet
- agitated/drowsy/anxious
- tingling lips
- sweating
- hunger
- dizzy
- 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 the 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 Administrator 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: <https://www.nhs.uk/conditions/diabetes/>

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 Administrator
- 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: <https://www.nhs.uk/conditions/epilepsy/treatment/>