

**St. Aidan’s Catholic Primary School**

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Throughout this document, by ‘Director’ we mean Director/Trustee of BBCET and by ‘Governor’ we mean a member of the schools Local Governing Committee.

**Review Procedures**

This Policy will be reviewed regularly and revised as necessary. Any amendments required to be made to the policy as a result of a review will be presented to the LGC for acceptance.

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**BBCET Statement of Intent**

The Directors believe that ensuring the health, safety and welfare of staff, students and visitors is essential to the success of the school.

We are committed to:

* Complete first aid needs risk assessments for every significant activity carried out.
* Providing adequate provision for first aid for students, staff and visitors.
* Ensuring that students and staff with medical needs are fully supported at school, and suitable records of assistance required and provided are kept.
* First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
* Procedures for administering medicines and providing first aid are in place and are reviewed regularly.
* Promoting an open culture around mental health by increasing awareness, challenging stigma, and providing mental health tools and support.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the school is appropriately insured, and that staff are aware that they are insured to support students in this way.

In the event of illness, a staff member will accompany the student to the school office. In order to manage their medical condition effectively, the school will not prevent students from eating, drinking or taking breaks whenever they need to.

The school also has a Medical Conditions Policy and a Control of Infections Policy which may also be relevant, and all staff should be aware of.

This policy has safety as its highest priority: safety for the children and adults receiving first aid or medicines and safety for the adults who administer them

This policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

# Roles and Responsibilities

## 2.1 The Local Governing Committee

2.1.1. The Local Governing Committee has ultimate responsibility for health and safety matters - including First Aid in the school.

2.1.2. Ensure the first aid risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.

2.1.3. Provide first aid materials, equipment and facilities according to the findings of the risk assessment.

## 2.2 The Headteacher

2.2.1. To carry out First Aid needs assessment for the school site, review annually and/or after any significant changes.

2.2.2. Carry out an assessment of first aid needs appropriate to the circumstances of the workplace, review annually and/or after any significant changes.

2.2.3. Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are always present in the school and that their names are prominently displayed throughout the school.

2.2.4. Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.

2.2.5. Ensuring all staff are aware of first aid procedures.

2.2.6. Ensuring appropriate risk assessments are completed and appropriate measures are put in place.

2.2.7. Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.

2.2.8. Ensuring that adequate space is available for catering to the medical needs of students.

2.2.9. Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

## 2.3 The Senior First Aider

2.3.1. Administer first aid and medicines in line with current training and the requirements of this policy.

2.3.2 Work with the Headteacher to determine the training needs of school staff.

2.3.3. Periodically check the contents of each first aid box and any associated first aid equipment (e.g. Defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.

2.3.5. Assist with completing accident report forms and investigations.

2.3.6. Notify manager when going on leave to ensure continual cover is provided during absence.

## 2.4 Appointed person(s) and first aiders

2.4.1. The appointed persons are responsible for:

1. Taking charge when someone is injured or becomes ill
2. Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
3. Ensuring that an ambulance or other professional medical help is summoned, when appropriate

2.4.2. First aiders are trained and qualified to carry out the role and are responsible for:

1. 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.
2. Sending students home to recover, where necessary
3. Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
4. Keeping their contact details up to date.

## 2.5 Mental Health First Aider (ELSA trained staff member)

2.5.1. The appointed persons are responsible for:

1. Provide mental health first aid as needed, at their level of competence and

training.

1. Providing help to prevent mental health issues from becoming more serios before

professional help can be accessed

1. Promoting the recovery of good mental health
2. Providing comfort to an individual with a mental health issue
3. also act as an advocate for mental health in the workplace, helping reduce stigmas

 and enact positive change.

1. Escalate and document any matters if required within a suitable timeframe.
2. Ensure they maintain confidentiality as appropriate.
3. Be carried away from their normal duties at short notice
4. Listen non-judgmentally

## 2.6 Staff Trained to Administer Medicines

2.6.1. See Medical Conditions Policy.

## 2.7 Other Staff

2.7.1. Ensuring they follow first aid procedures.

2.7.2. Ensuring they know who the first aiders in school are and contact them straight away.

2.7.3. Completing accident reports for all incidents they attend to where a first aider is not called.

2.7.4. Informing the Headteacher or their manager of any specific health conditions or first aid needs.

# 3. Arrangements

## 3.1 First Aid Boxes

3.1.1. The first aid posts are located in:

* The School Office

##  First Aid Needs Risk Assessment

* + 1. The school will ensure a first aid needs risk assessment is completed to establish if there is adequate and appropriate first aid provisions in place.
		2. The school will ensure this assessment is reviewed when significant changes occur.
		3. A sufficient number of staff will be trained in First Aid At Work and/or Emergency First Aid A Work as per the outcome of the first aid risk assessment. Re-fresher training will be provided as required.
		4. A sufficient number of staff will receive specialist training as identified with the first aid needs risk assessment or as required within student’s individual health care plans.

## 3.3 Early Years Requirements

3.3.1. The school ensures first aid requirements set out in the statutory framework for early years foundation stage are in place.

3.3.2. The school ensure enough paediatric first aiders are in place as per the school’s first aid needs risk assessment and early years requirements.

3.3.3. The school will ensure all staff who obtained a level 2 or level 3 qualification on or after 30 June 2016 have either a full PFA or an emergency PFA certificate within 3 months of starting work to be included in the required staff to child ratios at level 2 or level 3 in an early years’ setting.

3.3.4. The school will ensure paediatric first aid training is renewed every 3 years.

3.3.5. The school will aim to achieve the Millie’s Mark Award (<https://www.milliesmark.com/>). The aim of Millie’s Mark is to keep children safe and minimise risk and accidents by:

* Raising standards in paediatric first aid.
* Increasing number of paediatric first aid trained staff.
* Increasing confidence and competencies in applying paediatric first aid – no matter what the situation.
* Enabling trained staff to respond quickly in emergencies.
* Raising the quality and skills of the early years’ workforce and helping them with day-to-day first aid issues, such as allergies.
* Providing reassurance to parents.

## First Aid Provision

3.4.1 In the case of a student accident, the procedures are as follows:

1. The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first-aid post and calls for a first aider.
2. The first aider administers first aid and records details in our treatment book.
3. If the child has had a bump on the head, they must be given a “bump on the head” note.
4. Full details of the accident are to be recorded in the BBCET prescribed recording system.
5. If the child has to be taken to hospital or the injury is `work-related’ then the accident is reported to the Governing Body.
6. If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then this should be completed by the school and with the guidance and support of the Estate Manger if necessary.
7. The first aider who has administered the first aid check will inform the parent/carer of any accident or injury sustained by the student, and any first aid treatment given or if the student refused to have first aid assistance, on the same day.

## Insurance Arrangements

3.5.1. Insurance for the school is to be with the DfE’s Risk Protection Arrangement (RPA).

## Educational Visits

3.6.1. In the case of **residential and day excursions out of school**, the school should ensure appropriate first aid arrangements are in place at all times. This may be through the provision available at the venue, or ensuring a trained school First Aider is part of the excursion in which case they will carry a first aid travel kit in case of need.

## Accidents/Illnesses requiring Hospital Treatment

* + 1. If a student has an incident, which requires urgent or non-urgent hospital treatment, The school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany a child taken to hospital by ambulance if required.
		2. Parents will then be informed, and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

## Allergies

* + 1. Allergy is the response of the body’s immune system to normally harmless substances, such as foods, pollen, and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a ‘threat’ and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the ‘first line’ emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI). Emergency instructions are shown at Appendices 6 & 7.
		2. Arrangements should be in place for school staff awareness training on allergies.

## Defibrillators

3.9.1. Defibrillators are available within the school as part of the first aid equipment. First aiders are trained in the use of defibrillators.

3.9.2 Procedures are in place to maintain the equipment in accordance with manufacturers recommendations.

3.9.3 The equipment is regularly checked by Mrs Jacqueline Shortt/Mrs Laura Jobling

## 3.10 Accident Recording and Reporting

3.10.1. First aid and accident recording

1. An accident form will be completed on the BBCET prescribed recording system by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury.
2. As much detail as possible should be supplied when completing the accident form – which must be completed fully.
3. Records will be retained by the school 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.
4. The nature and/or severity of the accident/incident will determine the level of investigation required and is shown at Appendix 1.

3.10.2. Reporting to the HSE

1. The Headteacher 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).
2. The Headteacher will notify the BBCET Estate Manager of any RIDDOR reportable incidents.
3. The Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences 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)
		+ 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
		+ Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
	* Where an accident leads to someone being taken to hospital
	* Near-miss events that do not result in an injury, but could have been done. Examples of near-miss events 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.
4. Information on how to make a RIDDOR report is available here:

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

3.10.3. Reporting to Ofsted and child protection agencies

a) Registered Early Years Providers will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in their care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

b) The Headteacher will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the school care.

## Mental Health First Aid

* + 1. The school is committed to ensuring mental health first aid is provided to staff. A mental health first aider’s role in the school is to act as the first point of contact for people with mental health issues, providing support and guidance to staff. The school’s mental health first aiders will also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.
		2. The school mental health first aiders support individuals who are struggling with mental health. They have been trained to actively listen without judgment and signpost staff to appropriate services where necessary.
		3. The school recognises that respecting the privacy of information relating to individuals who have received mental health first aid or may be experiencing a mental health problem or mental health crisis at work is of high importance.
		4. All mental health first aiders and human resources representatives are obligated to treat all matters sensitively and privately in accordance with the school’s confidentiality policy.
		5. Where a mental health first aider assesses there is a risk of harm to another individual, they must escalate the matter to HR/Line Manager who will advise on the next steps to be taken.
		6. All staff are encouraged to speak to a mental health first aider at any time should they feel they may be developing a mental health problem, experiencing a worsening of an existing mental health illness or experiencing a mental health crisis.
		7. If at any time a member of staff forms a belief that another colleague may be developing a mental health problem, suffering from a mental illness or experiencing a mental health crisis, they should contact a mental health first aider or HR/Line Manager.

# 4. Conclusions

4.1. This First Aid and Medicine policy reflects the school’s serious intent to accept its responsibilities in all matters relating to the management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

4.2. The storage, organisation, and administration of first aid is taken very seriously. The school carries out regular reviews to check the systems in place meet the objectives of this policy.

# Further Guidance

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or the BBCET appointed Health & Safety Advisor portal. The H&S lead in the school will keep under review to ensure links are current.

* HSE

<https://www.hse.gov.uk/>

* The Health and Safety (First-Aid) Regulations 1981

<https://www.legislation.gov.uk/uksi/1981/917/regulation/3/made>

* Department for Education and Skills

[www.dfes.gov.uk](http://www.dfes.gov.uk)

* Department of Health

[www.dh.gov.uk](http://www.dh.gov.uk)

* Disability Rights Commission (DRC)

[www.drc.org.uk](http://www.drc.org.uk)

* Health Education Trust

<https://healtheducationtrust.org.uk/>

* Council for Disabled Children

[www.ncb.org.uk/cdc](http://www.ncb.org.uk/cdc)

* Contact a Family

[www.cafamily.org.uk](http://www.cafamily.org.uk)

**Resources for Specific Conditions**

* Allergy UK

<https://www.allergyuk.org/>

[https://www.allergyuk.org/information-and-advice/for-schools](https://www.allergyuk.org/information-and-advice/for-school/academys)

* The Anaphylaxis Campaign

[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

* SHINE - Spina Bifida and Hydrocephalus

[www.shinecharity.org.uk](http://www.shinecharity.org.uk)

* Asthma UK (formerly the National Asthma Campaign)

[www.asthma.org.uk](http://www.asthma.org.uk)

* Diabetes UK

[www.diabetes.org.uk](http://www.diabetes.org.uk)

* Epilepsy Action

[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

* National Society for Epilepsy

[www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)

* Hyperactive Children’s Support Group

[www.hacsg.org.uk](http://www.hacsg.org.uk)

* MENCAP

[www.mencap.org.uk](http://www.mencap.org.uk)

# Appendix 1 - Action Guide for Accident and Incident Reporting

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**Accident/Incident/Dangerous occurrence management and investigation**

