Eton End

I am • I can • I ought • I will

First Aid Policy

January 2025

ETON END SCHOOL

35 Eton Road, Datchet

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1 Aims

1.1 This is the first aid policy for pupils of Eton End 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 Eton End 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;

1.2.4 to ensure that first aid is administered in a timely and competent manner.

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 Eton End 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 Eton End 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, December 2023);

3.1.3 Education and Skills Act 2008;

3.1.4 Childcare Act 2006;

3.1.5 Equality Act 2010;

3.1.6 Data Protection Act 2018 (DPA) and General Data Protection Regulation (UK GDPR); and

3.1.7 Health and Safety at Work etc. Act 1974.

3.2 This policy has regard to the following guidance and advice:

3.2.1 First aid at work: the Health and Safety (First Aid) Regulations 1981 and guidance on Regulations (2013, last amended 2024);

3.2.2 Guidance on first aid for schools (DfE, February 2022);

3.2.3 Automated external defibrillators (AEDs): a guide for schools (DfE, December 2023);

3.2.4 Guidance on the use of emergency salbutamol inhalers in schools (Department of Health, March 2015);

3.2.5 Guidance on the use of adrenaline auto-injectors in schools (Department of Health, September 2017);

3.2.6 Incident reporting in schools (accidents, diseases and dangerous occurrences): guidance for employers (Health and Safety Executive, October 2013);

3.2.7 Guidance on contents of workplace first aid kits (Health and Safety Executive).

3.3 The following School policies, procedures and resource materials are relevant to this policy:

3.3.1 health & safety policy;

3.3.2 policies relating to data protection and information security;

3.3.3 individual plans and procedures for pupils with medical conditions such as anaphylaxis, asthma, epilepsy, diabetes etc;

3.3.4 procedure in the event of illness;

3.3.5 procedure in the event of an accident or injury.

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 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 **First Aid** means the treatment of minor injuries which do not need treatment by a medical practitioner as well as treatment of more serious injuries prior to assistance from a medical practitioner 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.

5.1.2 References to **FAW** means First Aid at Work, and **EFAW** means Emergency First Aid at Work.

5.1.3 References to **PFAW** means Paediatric First Aid at Work, and **EPFAW** means Emergency Paediatric First Aid at Work.

5.1.4 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, EFAW or PFA, or an approved alternative qualification which meets the requirements of the First Aid Guidance and the needs of the pupils in the School.

5.1.5 References to **First Aid Guidance** is the guidance identified in paragraph 3.2.

5.1.6 References to **RIDDOR** are to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

5.1.7 References to **staff** means any person employed by the School, volunteers at the School and self-employed people working on School premises.

5.1.8 The **Medical Room** is used for the provision of medical treatment, including First Aid, when required and contains essential First Aid facilities and equipment. As far as is possible, the School reserves this room for the provision of medical treatment, including First Aid, when required. This is located above the staff room and is clearly signposted and identifiable with a white cross or white writing on a green background.

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	First Aid coordinator	As required, and at least annually
Monitoring the implementation of the policy, relevant risk assessments and any action taken in response and evaluating effectiveness.	First Aid coordinator	As required, and at least annually
Formal review	Proprietor	As required, and at least once every 2 years

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

6.3.1 ensuring that there is adequate First Aid equipment, facilities and suitably qualified First Aiders 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 members of staff who have received training in accordance with this policy.

6.5 Other staff or appointed persons who are not qualified First Aiders may be responsible for looking after the First Aid equipment and facilities and calling the emergency services if required.

7 First Aid provision in the School

7.1 The number and qualifications of First Aiders required will be risk assessed by the School. This is largely dependent on factors such as the age range and number of pupils, any specific medical conditions that pupils or staff may have, and whether there are multiple buildings on the site.

7.2 There will be at least one First Aider on the school site when children are present, including before and after school clubs.

7.3 In the Early Years Foundation Stage (**EYFS**) setting at least one person who has a current Paediatric First Aid (PFA) certificate[1] must be on the premises at all times when these children are present.[2] On outings, including children from the EYFS, there must be at least one person who has a current paediatric First Aid certificate.[3]

7.4 A current list of First Aiders can be found in Appendix 1.

7.5 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.

7.6 First Aiders are responsible for ensuring that their First Aid certificates are kept up to date, and a copy sent to the School for record keeping. They will undergo updated training at least every three years to maintain their qualification.

7.7 All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of First Aid. All staff will use their best endeavours, at all times, to secure the well-being and welfare of the pupils.

8 Risk assessment

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

8.2 Day to day responsibility to carry out risk assessments will be delegated to the persons running the specific activity who have been properly trained in, and tasked with, carrying out the particular risk assessments required.

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

[1] 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.
[2] EYFS requirement only.
[3] EYFS requirement only

8.3.1 required first aid provision for staff, pupils and others;[4]

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 the remoteness of the School site from emergency medical services;

8.3.7 annual leave and other absences of First Aiders.

9 First Aid boxes

9.1 First Aid boxes or kits are marked with a white cross on a green background. Their contents will be appropriate for use with children and will be determined by the School's First Aid needs assessment.

9.2 First Aid boxes are kept in key positions around the School site, as near to hand washing facilities as is practicable, including in the Early Years, boarding facilities and where higher-risk activities may take place.

9.3 First Aid boxes can be found in the following locations:

9.3.1 school office;

9.3.2 kitchen;

9.3.3 Jubilee building;

9.3.4 art and Science room;

9.3.5 assembly hall;

9.3.6 Main building (Lower, ground and upper floor, teachers' staff room)

9.4 If First Aid boxes are used, they should be restocked using equipment found in the medical cupboard via the teacher's staff room. First aid coordinator will examine the First Aid box(es) regularly in order to dispose of items safely once they have reached their expiry date.

9.5 There is no mandatory contents list for First Aid boxes, however it will be based on the School's First Aid needs assessment. The main provision of items generally includes the following:

- antiseptic wipes
- individually wrapped sterile plasters of assorted sizes
- large and medium-sized sterile, individually wrapped, unmedicated wound dressings
- triangular bandages
- sterile eye pads
- micropore
- blunt ended scissors
- safety pins

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

- gloves

9.6 First Aid boxes are regularly re-stocked and can include specific items at the request of individual departments.

9.7 Spare inhalers and emergency adrenaline auto-injectors (AAIs) can be found in the following locations: Main office and teacher staff room.

9.8 **School minibuses**: School's minibuses will have a prominently marked First Aid box on board which is readily available for use and re-stocked as needed.

9.9 **Off-site activities**: First Aid boxes for any off-site activities are kept in the medical cupboard.

10 Information on pupils

10.1 Parents are requested to provide written consent for the administration of First Aid, medical treatment and medication. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.

10.2 The First aid coordinator will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the School to relevant staff 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 Form teacher and main office 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 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 their 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.[5]

12 Procedures in the case of specific medical conditions

12.1 The School has procedures in place to deal with specific medical conditions such as anaphylaxis, asthma, epilepsy and diabetes. Guidance can be found in Appendix 5.

12.2 The information held by the School will include details of pupils or staff who need to have access to asthma inhalers, AAIs, injections or similar and this information should be circulated to teachers and First Aiders.

12.3 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 child's classroom as well as spares in the main office and staff room.

[5] EYFS only

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.[6]

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 their own AAI.[7]

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 guidance[8], 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 paediatric first aider on duty 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. Staff will provide any First Aid as required and decide on the next course of action.

14.2 Staff may visit the First aider as and when necessary, but appropriate cover must be arranged.

14.3 The School will discuss with parents the procedures for children who may become ill or infectious and take necessary steps to prevent the spread of infection and illnesses. [9]

15 Procedure in the event of an accident or injury

15.1 If an accident occurs, the member of staff in charge should be consulted. That person will assess the situation and decide on the next course of action, which may involve calling a First Aider or an ambulance if required. However minor the injury, the first aid coordinator should always be informed, even if not called.

15.2 In the event that a First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance or making arrangements to transport the injured person to A & E or access other appropriate medical services.

15.3 **Ambulances**: If an ambulance is called, the First Aider in charge should make arrangements for the ambulance to have access to the accident site. Where necessary GPS co-ordinates should be provided and arrangements should be made for the ambulance to be met.

15.4 Staff should always call an ambulance when there is a medical emergency and / or serious injury.

15.5 Examples of medical emergencies may include:

15.5.1 a significant head injury;

15.5.2 fitting, unconsciousness or concussion;

[6] Recommended but not compulsory see: https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools
[7] Recommended but not compulsory see: https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools
[8] See https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities
[9] EYFS only.

15.5.3 difficulty in breathing and / or chest pains;

15.5.4 exhaustion, collapse and / or other signs of an asthma attack;

15.5.5 a severe allergic reaction;

15.5.6 a severe loss of blood;

15.5.7 severe burns or scalds;

15.5.8 the possibility of a serious fracture.

15.6 Arrangements should be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact the pupil's parents or guardians in time.

16 Hygiene and infection control

16.1 If a spillage of blood or other bodily fluids occurs, the Office Staff must be informed. They 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 office Administrator and take medical advice if appropriate.

17 First Aid in the physical education department

17.1 **Location of first aid equipment**: The department is responsible for providing suitably equipped First Aid boxes and bags for the relevant sporting areas within the School. The fixed positions are as follows:

17.1.1 Staff room

17.1.2 Sports Shed

17.2 There are many bags which can be used by staff and team managers for home and away fixtures.

17.3 **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 Aiders. 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 PE staff. Any incident of treatment must be reported to the [• insert job title] on return to School.

18 Automated external defibrillators (AEDs)

18.1 The nearest AED is located at the main hall

18.2 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 their heart is still beating.

18.3 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.

18.4 The person administering the AED should ensure that the area around the casualty is clear before administering the AED. They should then stay with the casualty until the emergency services arrive.

19 Reporting

19.1 In the event of an accident, injury or illness requiring First Aid the relevant First Aider should complete a report as provided by the School, an example of which is set out in Appendix 2.

19.2 All injuries, accidents and illnesses, however minor, must be reported to the First Aid Coordinator who is the person responsible for ensuring that the accident report form is filled in correctly and that parents or guardians are informed as necessary.

19.3 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.

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

19.5 **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.[10]

19.6 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.[11] [• The School (as a registered provider) must notify Ofsted of any serious

[10] EYFS requirement
[11] All EYFS providers

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.[12]]

19.7 **Reporting to HSE**: Schools are legally required under RIDDOR to report certain accidents to the HSE, as set out in Appendix 4.

19.8 **Reporting to others**: The School will ensure that it complies with any other reporting obligations triggered by an accident, injury or illness. Any significant accidents to pupils, staff or visitors, including those related to RIDDOR, must be reported as soon as practicable to the Board level lead for health & safety. They are responsible for reporting to the School's insurers and/or other relevant statutory agencies or regulators.

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.

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 are and the identity of those who are trained to administer emergency medication, such as AAIs.

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.[13]

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 book**: All injuries, accidents, illnesses and dangerous occurrences (unless very minor in the view of the First Aider) must be recorded in the School accident and illness book. 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.

[12] Registered EYFS only

[13] 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.

21.2.2 **Accident report form**: An accident form must be completed for every serious or significant accident that occurs on or off the School site if in connection with the School's activities. A written record of **all** accidents or injuries will be kept where First Aid treatment has been provided, including Early Years. 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.

21.2.3 **Accidents to staff causing personal injury**: The First aid coordinator] will fill in an accident report form in respect of any accident causing personal injury to staff in the form set out in Appendix 3, and provide a copy of this accident report form to the Head. The Head will take reasonable steps for the circumstances of such accidents to be investigated. If it is found that there are discrepancies between the information reported and the investigation findings, these should also be recorded on the form. These records will be kept for at least three years. The Board level lead for health & safety must also be informed.

21.3 The records created in accordance with this policy may contain personal data. The privacy notice for parents and pupils is published on the School's website. In addition, staff must ensure that they follow the School's data protection and information security policies and procedures when handling personal data created in connection with this policy.

22 Version control

Date of adoption of this policy	June 2025
Date of last review of this policy	
Date for next review of this policy	June 2026
Policy owner (School)	Head

Appendix 1 List of First Aiders

This list includes all current qualified First Aiders as at the time of reviewing the First Aid policy. To be displayed in key places across the School.

NAME	JOB TITLE	TYPE OF QUALIFICATION (eg. PFA, EFAW)	EXPIRY DATE
Alice Nunn	Teaching Assistant	Emergency Paediatric First Aid Level 3 (VTQ) 5th January 2029	5th January 2029
Charlotte Preston	Teacher	Paediatric Infant and Child First Aid Level 3	September 2026
Dawn Clark	SEN Learning Support Assistant	Paediatric Infant and Child First Aid Level 3 Emergency Paediatric First Aid Level 3 (VTQ)	September 2026 5th January 2029
Elaine Henwood	Teaching Assistant	First Aid for Schools Level 2	6th January 2028
Gail Bacon	Nursery Practitioner	Paediatric Infant & Child First Aid Level 3	1st January 2029
Ivy Gumbs	Teaching Assistant	Paediatric Infant & Child First Aid Level 3	1st January 2029
Katie Bond	UEYP	Paediatric Infant & Child First Aid Level 3	1st January 2029
Lauren Chester	Teacher	Emergency Paediatric First Aid Level 3 (VTQ)	5th January 2029
Leanne King	Teacher	Paediatric Infant and Child First Aid Level 3 Emergency Paediatric First Aid Level 3 (VTQ)	September 2026 5th January 2029
Lisa Stritch	Teaching Assistant	Paediatric Infant & Child First Aid Level 3	1st January 2029
Lola Owolabi	Teacher	Paediatric Infant & Child First Aid Level 3	1st January 2029
Manisha Ghafadgi	Teacher	Paediatric Infant and Child First Aid Level 3	1st January 2029
Meeta Rehinsi	Teacher	First Aid for Schools Level 2	6th January 2028
Nina Bharma	Teacher	First Aid for Schools Level 2 Paediatric Infant and Child First Aid Level 3	6th January 2028 1st January 2029
Olivia Squires	Teacher	Paediatric Infant and Child	1st January 2029

		First Aid Level 3	
Peter Wood	Teacher	Emergency Paediatric First Aid Level 3 (VTQ)First Aid Level 3	5th January 2029
Raheema Makhani	Deputy Head	Full Paediatric First Aid	October 2026
Sarah Bond	Headteacher	Full Paediatric First Aid	October 2026
Sarah Stanforth	Teacher	Schools First Aid	April 2027
Sandeep Kaur	Teaching Assistant	First Aid for Schools Level 2	6th January 2028
Sonia Khan	Nursery Practitioner	Paediatric Infant & Child First Aid Level 3	1st January 2029
Will Cross	Sports Assistant	First Aid for Schools Level 2 (VTQ)	1st September 2028
Verity Powell	Teaching Assistant	Paediatric Infant & Child First Aid Level 3	1st January 2029
Zoe Logan	Designated Safeguarding lead	Full Paediatric First Aid	January 2027
Charlie Hester	Teacher	Paediatric Infant & Child First Aid Level 3	November 2026

NOTE: The nearest AED is located in the Main Hall

Appendix 2 Example Record of First Aid (optional)

It is good practice for a book to be kept to record incidents, but other recording methods may be used. Where there are a number of First Aiders, it is advisable that there is one central book or recording system if possible. Any accident records must be kept in accordance with GDPR requirements.

Record of First Aid	
Date and time	
Name of pupil who required First Aid	
Location of administration of First Aid and location of incident (if applicable)	
Details of the injury / illness / event and what First Aid was administered	
What happened to the person immediately afterwards (did they go home / to hospital etc)?	
If hospital treatment was required, what was the outcome? Are any arrangements required for their needs to be met in school?	
Were the pupil's parents or guardians informed?	
Was the HSE informed? (if so, please provide details of the date and method of reporting)	
Name of First Aider	
Signature	
Date of signature	

Appendix 3 Record of accident-causing personal injury to staff

This form can be used for these types of accidents, but other recording systems can be used.

Record of accident-causing personal injury to staff	
Date and time of report	
Date and time of accident	
Full name (staff member)	
Occupation (staff member)	
Location of administration of First Aid (if applicable) and location of accident	
Details of the injury / illness / event and what First Aid was administered (if applicable)	
Cause of injury	
What happened to the person immediately afterwards (did they go home / to hospital etc)?	
If hospital treatment was required, what was the outcome? Are any arrangements required for their needs to be met in school?	
Was the HSE informed? (if so, please provide details of the date and method of reporting)	
Name of First Aider	
Name of person making the report	
Occupation of person making the report	
Signature	
Date of signature	

Appendix 4 Guidance on RIDDOR reporting

The School is obliged to report certain accidents, diseases and dangerous occurrences or near misses under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (**RIDDOR**):

Accidents involving staff

The School will report:

- work-related accidents resulting in death or "specified' injury" (including as a result of physical violence) must be reported immediately (major injury examples include: any loss of consciousness caused by head injury or asphyxia; amputation)
- work-related accidents which prevent the injured person from continuing with their normal work for more than seven days
- certain work-related diseases
- certain dangerous occurrences or near misses (reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

Specified injuries for accidents involving staff and pupils which must be reported include the following:

- 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

NOTE: Many incidents that happen in schools or on school trips won't be RIDDOR reportable, but it's important to consider this, and record and report cases as required. Accidents involving visitors or other non-workers may be reportable. Seek guidance as outlined below.

Further HSE guidance can be found on https://www.hse.gov.uk/riddor/specified-injuries.htm and forms can be found on https://www.hse.gov.uk/riddor/report.htm
RIDDOR Incident Contact Centre **0345 300 9923** (opening hours Monday to Friday 8.30 am to 5 pm)

Appendix 5 Guidance and protocols for specific medical conditions

a) Anaphylaxis

Adrenaline auto-injectors [14]

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

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. Parents or guardians should be informed as soon as practicable.

Guidance on the use of adrenaline auto-injectors in schools must be 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 AAIs, including but not limited to appropriate training, use and record keeping.

Stock of AAIs will be regularly checked to ensure that the AAIs are in date, and that replacements are obtained in good time.

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

An up to date register of pupils and staff at risk of anaphylaxis will be kept, which includes those 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 where needed. The register should be regularly reviewed to take into account changing needs. A copy of the register is to be stored with the spare AAIs.

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

Similarly, staff are to notify the School as soon as practicable if they are at risk of anaphylaxis.

If a spare AAI is used by a pupil, the School will notify parents or guardians as soon as practicable.

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

b) Asthma

Asthma register and emergency inhalers [15]

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.

Guidance on the use of emergency salbutamol inhalers in schools must be properly implemented and followed.

[14] See https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools
[15] See Inhalers Guidance: keeping an emergency inhaler (and adopting the procedures in the Inhalers Guidance) is optional but recommended.

Emergency inhalers can be kept in the School, which can be purchased without prescription. An emergency inhaler may be used if a prescribed inhaler is not available (for example, because it is broken, or empty) or in the event of an asthma attack. Only pupils or staff who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler may use an emergency inhaler.

An up to date register of pupils and staff 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 as needed. The register should be regularly reviewed to take into account changing 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 their child 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. Completed consent forms should be stored on the pupil's file and, where appropriate, the ICHP updated accordingly.

Similarly, staff are to notify the School as soon as practicable if they have been diagnosed with asthma and / or has been prescribed a reliever inhaler.

If an emergency inhaler is used by a pupil, the School will notify parents or guardians as soon as practicable.

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

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

c) Diabetes

Signs and symptoms of low blood sugar level (hypoglycaemia)

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

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

- leading to unconsciousness

Action

- The pupil should be administered with fast acting glucose (lucozade drink or glucose tablets) or use their own emergency supply.
- After 5 - 10 minutes, the pupil should be given further snacks as advised by parents or guardians. 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 or guardians 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 or guardians as soon as possible
- Accompany the pupil to hospital and await arrival of parents or guardians

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

A First Aider must be informed if the pupil's health declines, and parents or guardians informed as soon as possible. 999 should be called and the pupil must be accompanied to casualty, where they will await the arrival of their parents or guardians.

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

d) Epilepsy

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 other pupils
- call the School Admin or a First Aider
- cover the pupil with a blanket as soon as possible in order to hide any incontinence
- stay with the pupil throughout duration of the seizure
- as the seizure subsides place the pupil into recovery position
- inform Parents as soon as possible
- send for ambulance if this is the pupil's first seizure or, if a pupil, known to have epilepsy has a seizure lasting for more than 5 minutes, or if an injury occurs as a result of the seizure. The pupil must be accompanied until their Parents arrive
- allow the pupil to rest for as long as necessary
- reassure the other pupils and staff

For further information and guidance:
http://www.nhs.uk/Conditions/epilepsy/Pages/treatment.aspx

Those highlighted in yellow