

Shropshire Gateway Educational Trust

First Aid Policy

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1 Statement of intent

1.1 Shropshire Gateway Educational Trust (“the Trust”) has overall responsibility for the provision of first aid to the Head Teachers, teachers, non-teaching staff, pupils and visitors (including contractors). The Trust understands that decisions about first aid are of paramount importance and will endeavour to ensure that any first aid incidents are dealt with appropriately and in accordance with this policy.

1.2 Together, we are committed to achieving the following objectives:

1.2.1 to provide an accessible first aid policy;

1.2.2 to ensure all first aid policies and procedures are based on an up-to-date risk assessment;

1.2.3 to ensure all first aid equipment and facilities are suitable for purpose.

2 Responsibilities for Health and Safety

2.1 Overall and final responsibility for health and safety

The Board of Directors, Chair of Directors, Executive Headteacher and Head Teachers carry the key responsibilities for assessing, recording and implementing the correct first aid procedures. They will do this by:

- leading by example on all matters relating to First Aid,
- promoting and following this First Aid Policy,
- dedicating budget to the academies First Aid provision (including appropriate training),
- communicating effectively with parents, staff and pupils,
- monitoring and reviewing First Aid procedures and practice.

2.2 Responsibility for ensuring this policy is put into practice

The SGET Board of Directors has ultimate responsibility for health and safety matters in the schools, but delegates responsibility for the strategic management of such matters to the school’s local governing body.

The local governing body delegates operational matters and day-to-day tasks to the headteacher and staff members.

The Board of Directors, Chair of Trustees Executive Headteacher and Head Teachers have assigned health and safety responsibilities as follows:

2.2.1 The Trust Estates, Facilities and ICT Infrastructure Lead is available to support and advise school Health and Safety Representatives. They will also report to Directors on key information across the Trust.

2.2.2 Each school to have a Health and Safety Representative (this maybe the Headteacher or other senior staff member) to:

- (a) report back on first aid issues in Local Governing Body Meetings ([template in Headteacher report](#)).
- (b) They will take the lead in carrying out the required first aid risk assessment and periodic review of compliance with the first aid policy. They will seek support and professional advice from the Trust Estates, Facilities and ICT Infrastructure Lead as necessary.

2.2.3 Senior Leadership Team and Head Teachers have the following responsibilities:

- to lead by example
- ensuring that all new employees are given the appropriate first aid induction training, relating to both whole-school and any specific provision relating to their role in the school
- ensuring that any school activity, either on- or off-site, is risk assessed and consideration has been given to first aid in terms of the wider school policy
- keeping up to date with any changes to arrangements surrounding activities and the implications of these on first aid
- ensuring that all the relevant checks are done on relevant equipment
- ensuring the competency of contractors that come into the school
- ensuring that all staff and pupils are aware of their first aid responsibilities, including what to do in case of a fire, emergency, or medical emergency, and that all those taking part in any given activity are given proper training
- managing their particular budgets to cover first aid maintenance, checks and provision for activities under their department

2.2.4 All other members of staff have the following responsibilities:

- ensuring that they are familiar and up to date with the school's first policy and standard procedures
- keeping their managers informed of any developments or changes that may impact on the first aid of those undertaking any activity, or any incidents that have already occurred
- ensuring that all the correct provisions are assessed and in place before the start of any activity
- making sure that the pupils taking part in the activity are sure of their own first aid responsibilities
- co-operate fully with the Senior Leadership Team to enable them to fulfil their legal obligations. Examples of this would be ensuring that items provided for first aid purposes are never abused and that equipment is only used in line with manufacturers' guidance
- co-operate in the implementation of the requirements of all relevant legislation, related codes of practice and safety procedures /instructions

2.2.5 Pupils

While school staff carry the main responsibility for the first aid provision, and the correct implementation of school policy and procedure, it is vital that pupils understand their role and responsibilities when it comes to the whole-school and themselves in order for staff to be able to carry out their roles effectively. As members of the school community, and allowing for their age and aptitude, pupils are expected to:

- take personal responsibility for themselves and others
- observe all the first aid rules of the school and in particular the instructions of staff given in an emergency
- use and not wilfully misuse, neglect or interfere with things provided for their first aid
- behave sensibly around the school site and when using any equipment
- report first aid concerns or incidents to a member of staff immediately

- act in line with the school code of conduct / school behaviour policy

2.2.6 Contractors

All Contractors working on Trust premises, or elsewhere on their behalf, are required to comply with relevant rules and regulations governing their work activities. Contractors are legally responsible for ensuring their own safety on Trust premises or elsewhere on the Trust's behalf, the safety of their workforce and for ensuring that their work does not endanger the safety or health of others. Contractors will be required to demonstrate their competence and adequate resources to carry out specific hazardous work, prior to their engagement.

3 Arrangements for Health and Safety

3.1 First Aid Needs assessment

3.1.1 An appropriate and effective first aid needs assessment needs to be undertaken to assess what procedures need to be in place. The Trust will support to ensure that a risk assessment is carried out by a competent person or persons, and that the risks are recorded and communicated. (See [HSE guidance – using the further guidance is essential](#)).

3.1.2 First Aid Needs assessments will be reviewed:

- at regular intervals
- after serious accidents, incidents and/ or near misses
- after any significant changes to workplace, working practices or staffing
- following any identified trends or accident statistics

3.1.3 Risk assessments will be based on the size and location of the school, any specific hazards or risks on site, specific needs and accident statistics.

3.1.4 Specific needs include hazardous substances, dangerous machinery, staff or pupils with special health needs or disabilities.

3.1.5 Temporary hazards, such as building or maintenance work, should also be considered and suitable short term measures put in place.

Covid-19 update

The government has moved away from stringent restrictions and targeted interventions to reduce the risk of the spread of Covid 19 and the operational guidance for schools from the government has been withdrawn.

The Academy will now consider Covid 19 as one risk amongst others in relation to health and safety risk assessments and managing risk. This will be reviewed as any guidance changes.

[Coronavirus \(COVID-19\) – Advice for workplaces \(hse.gov.uk\)](#)

3.2 First aiders

3.2.1 The first aid needs assessment will determine the minimum number of trained first aiders required and the Head teacher will monitor this to ensure that these standards are being met.

3.2.2 The number of first aiders will include at least one person who has a Paediatric First Aid certificate (PFA) in settings which offer Early Years Foundation Stage (EYFS). The Trust must take into account the number of children, staff and layout of the premises to ensure that the PFA is able to respond to emergencies quickly.

- 3.2.3 First aiders will be recruited on a voluntary basis or as part of their job description. The school will seek to advertise the position of first aiders to members of staff.
- 3.2.4 The school will ensure that all first aiders have undertaken the appropriate training with an organisation approved by the HSE and have the necessary qualifications (i.e. First Aid at work certificate or PFA). If required training will also include resuscitation procedures for children.
- 3.2.5 First Aiders will also be required to have an understanding of the reporting requirements set out in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and in the guidance for notifiable diseases in the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010. (Please see 3.6 and Appendix 3)

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

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

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

Copies of any Riddor reports should also be sent to the Trust Estates and Facilities Lead for review

- 3.2.6 The School will monitor the expiration date of each first aider's training and seek to arrange refresher training prior to this date.
- 3.2.7 Paediatric first aid training will be renewed every three years and will be relevant for workers caring for young children and where applicable, babies. Staff who obtain a level 2 or 3 qualification on or after 30 June 2016 must also have a full PFA, or an emergency PFA certificate within three months of starting work in order to be included in the required staff to children ratios.
- 3.2.8 All volunteer first aiders must report to the Health and Safety representative / Head teacher with any questions or concerns in relation to their post.
- 3.2.9 A list of current volunteer first aiders will be displayed in the main reception/office of the school and other appropriate areas and updated when necessary.
- 3.2.10 The roles and responsibilities for first aiders are as follows:
 - (a) acting as first responder to incidents that require first aid;
 - (b) administering immediate and appropriate treatment;
 - (c) contacting the emergency services when the situation requires;
 - (d) ensuring that the first aid boxes are adequately supplied;
 - (e) ensuring their first aid qualifications are up to date;
 - (f) keeping their contact details up to date;
 - (g) filing an accident report as soon as possible after the incident (See appendix 3);
 - (h) reporting the incident to the HSE if required (see paragraph 3.6 below and appendix 3);
 - (i) consenting to having their names displayed around the school on the first aid list.
 - (j) the PFA should be on the premises and available at all times when children are present in settings where the academy offers EYFS.

3.3 Equipment

- 3.3.1 The school will have at least one fully stocked first aid container [or at least one on each floor of the premises where there is more than one floor of the premises] which will be marked with a white cross on a green background. The location of first aid equipment will be displayed around the school.

- 3.3.2 The contents of the first aid kit will be checked at regular intervals to ensure it is fully stocked and any expired or damaged supplies are discarded and replaced.
- 3.3.3 Each first aid container will contain, as a minimum, the following:
- (a) leaflet giving general advice on first aid (see HSE website);
 - (b) 20 individually wrapped sterile adhesive dressings (assorted sizes);
 - (c) two sterile eye pads;
 - (d) four individually wrapped triangular bandages (preferably sterile);
 - (e) six safety pins;
 - (f) six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
 - (g) two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
 - (h) one pair of disposable gloves.
- 3.3.4 A travel first aid container must be taken on any off site visits or trips. This includes sporting events, school trips and site visits. A travel first aid container must include the following as a minimum:
- (a) leaflet giving general advice on first aid (see HSE website);
 - (b) six individually wrapped sterile adhesive dressings (assorted sizes);
 - (c) two individually wrapped triangular bandages (preferably sterile);
 - (d) two safety pins;
 - (e) one large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
 - (f) individually wrapped moist cleansing wipes;
 - (g) one pair of disposable gloves.
- 3.3.5 All public service vehicles used by schools e.g. minibuses must have on board a first aid container with the following items contained:
- (a) ten antiseptic wipes, foil packaged;
 - (b) one conforming disposable bandage (not less than 7.5 cm wide);
 - (c) two triangular bandages;
 - (d) one packet of 24 assorted adhesive dressings;
 - (e) three large sterile unmedicated ambulance dressings (not less than 15 cm x 20 cm);
 - (f) two sterile eye pads, with attachments;
 - (g) twelve assorted safety pins;
 - (h) one pair of rustless blunt-ended scissors.

Covid-19

The school will ensure that all practicable measures as identified in the Health and Safety risk assessment will be taken regarding the use of equipment, including vehicles, to ensure risk infection control as far as reasonably practicable

3.4 Facilities

- 3.4.1 The school will ensure that there is a suitable room that may be used for medical or dental treatment when required, and for the care of pupils during school hours. The area must contain a wash basin and be reasonably near to a WC, it need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed.
- 3.4.2 Infection control and hygiene are of paramount importance and all staff and pupils will be reminded to follow basic hygiene procedures at all times.
- 3.4.3 Disposable gloves and handwashing facilities will be made available.

Covid-19

The Trust will ensure that all practicable measures as identified in the Health and Safety risk assessment will be taken regarding infection control and hygiene procedures

3.5 Reporting an incident (see Appendix 3)

- 3.5.1 A first aid and accident record book will be completed by a first aider or other relevant member of staff without delay after an incident. This may be completed as a paper version (see example in Appendix 1) or through an online recording ie medical tracker. Not all incidents or accidents will be reportable and first aiders will be trained to identify when a statutory report is required. In most cases a statutory report will be made by the Health and Safety Representative (notification will be as soon as is reasonably practicable, but in any event, within 15 days of the incident occurring)
- 3.5.2 When an incident is reported the following information must be included:-
 - (a) the date;
 - (b) method of reporting e.g. via HSE website for RIDDOR;
 - (c) time and place of the event;
 - (d) personal details of those involved; and
 - (e) a brief description of the nature of the event or disease (factual account only).
- 3.5.3 This record can be combined with other accident records.
- 3.5.4 The records will be kept for a minimum of 3 years.
- 3.5.5 Parents/carers will be notified of any significant accident/injury the same day, , along with notification of any first aid treatment given.
- 3.5.6 Ofsted will be notified of any serious accident, illness or injury to, or death of any child whilst in their care, and of the action taken. Notification will be made as soon as is reasonably practicable, but in any event, within 14 days of the incident occurring. This is for settings which offer EYFS and is required to register the provision separately with OFSTED.
- 3.5.7 Where pupils are registered with a child protection agency/agencies, the agency will be notified of any serious accident, injury or death of any child and action will be taken to follow any advice from the agency/agencies. This is for settings which offer EYFS and where any of those pupils are register with a child protection agency.

3.6 HSE notification

3.6.1 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to schools. Most incidents that happen in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR.

(a) Information on how to make a RIDDOR report is available here: [How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm) <http://www.hse.gov.uk/riddor/report.htm>

3.6.2 Incidents involving contractors working on school premises are normally reportable by their employers. Contractors could be, e.g. builders, maintenance staff, cleaners or catering staff. If a self-employed contractor is working in school premises and they suffer a specified injury or an over-seven-day injury, the person in control of the premises (Principal/Head teacher) will be the responsible person.

3.6.3 The following work-related accidents must be reported to the HSE:

- accidents which result in death or a specified injury must be reported without delay;
- accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

3.6.4 Reportable specified injuries include:

- fractures, other than to fingers, thumbs and toes;
- amputations;
- any injury likely to lead to permanent loss of sight or reduction in sight;
- any crush injury to the head or torso causing damage to the brain or internal organs;
- serious burns (including scalding), which:
 - cover more than 10% of the body; or
 - 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.

3.6.5 Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence. Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work.

3.6.6 Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work. In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

Covid-19

The Trust recognises the duty regarding school-based infections and will follow the guidance issued by the HSE. (Currently [RIDDOR reporting of COVID-19 - RIDDOR reporting of COVID-19 \(hse.gov.uk\)](https://www.hse.gov.uk/covid19/riddor/)).

4 Procedures

4.1 On-site procedures

In the event of an accident or incident the following procedure should be followed:

- 4.1.1 The closest member of staff will seek the assistance of a qualified first aider.
- 4.1.2 The first aider will assess the injury and undertake the appropriate first aid treatment.
- 4.1.3 If appropriate, the first aider will contact the emergency services and remain with the injured person until assistance arrives.
- 4.1.4 If deemed appropriate the first aider will contact the injured person's emergency contact or next of kin.
- 4.1.5 The first aider or relevant member of staff will fill out the first aid and accident record book and include the required details.
- 4.1.6 If it is judged that a pupil is too unwell to remain at school but does not require the assistance of the emergency services the first aider will contact the pupil's parents or next of kin and recommend next steps to them.

4.2 Off-site procedures

A paediatric first aider must always accompany children on off site visits if the academy offers EYFS.

First aid provision must also be available when staff, pupils and students are on off-site activities.

When staff take pupils off the school premises, they should ensure they have the following:

- 4.2.1 a first aid container consistent with paragraph 3.2;
- 4.2.2 a mobile, on which they can contact the school and the school can contact the staff member;
- 4.2.3 a list of the specific medical needs of the pupils and any required equipment;
- 4.2.4 emergency contact details for the pupils.

Covid-19

The procedures above will recognise the risks associated with Covid-19 and will ensure that all practicable measures as identified in the Health and Safety risk assessment will be taken regarding the undertaking of those procedures to protect the health and safety of both parties and to ensure risk infection control so far as is reasonably practicable

Appendix 1: Accident Report Form

Date and time of incident	Name of injured person	Role/Class	Incident details (what happened, where, injuries)	Actions (steps taken, first aid given)	Parents informed x/√	Follow up actions required (any monitoring or actions to reduce risk of accident)	Name/signature of first aider completing the form

Date and time of incident	Name of injured person	Role/Class	Incident details (what happened, where, injuries)	Actions (steps taken, first aid given)	Parents informed x/√	Follow up actions required (any monitoring or actions to reduce risk of accident)	Name/signature of first aider completing the form

Appendix 2 - Principles of Concussion Management

To know the symptoms and signs of concussion and the DANGER SIGNS of potentially more serious brain injury.

Recognising Concussion

After a fall or impact, concussion should be suspected in the presence of, or following, any one or more of the following:

- Symptoms e.g. headache, dizziness, nausea
- Physical signs e.g. unsteadiness, loss of consciousness/responsiveness
- Impaired brain function e.g. being dazed, confusion, memory loss
- Abnormal behaviour e.g. change in personality

Danger Signs

- Deteriorating conscious state (more drowsy)
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double or blurred vision
- Weakness, tingling or burning in limbs
- Midline or severe neck pain
- Increasing or persistent difficulty with walking normally or poor balance

It is important to realise that the signs and symptoms of concussion may only last a matter of seconds or minutes and can easily be missed – IF IN DOUBT SIT THEM OUT.

Remove

If concussion is suspected give first aid and, if it is safe to do so, immediately remove the pupil from play.

Pupils with any symptoms following a head injury must be removed from playing or training and must not return to activity until all symptoms have cleared.

Specifically, they must not return to play on the day of any suspected concussion.

Parents should be notified in all cases of head injury as they need to monitor their child following such an incident and if concerned advised to see a doctor immediately. Head injury instructions should be provided and ideally all children with concussion should be seen by a health care professional, preferably a doctor, that day.

Recover

The majority of cases of concussion recover fully within a few weeks but they must be given the time and opportunity to do so – this means resting the body and resting the brain.

The child or young person should have complete rest until symptom free. This includes rest from physical activities, and brain activities such as; reading, television, computer, video games and smart phones

To ensure complete recovery, it is recommended that even once symptom free they have a relative rest period for a minimum of 14 days from the injury. During this time they should

rest from exercise/sport, activities with a predictable risk of further head injury, and prolonged reading and use of television, computer, video games and smart phones.

If symptoms return, reduce the levels of provoking activity and re-introduce them more gradually

It is reasonable for a child to miss a day or two of school after a concussion if they feel unwell or if on returning to lessons their symptoms return. However, extended absence is uncommon.

Return

Children and young people should return to academic studies before they return to sport.

Concussion and School

Once symptom free, pupils should undertake a graded return to academic studies. Consideration should be given to managed return to full study days and gradual re-introduction of homework.

In a small number of cases, symptoms may be prolonged and this may impact on the child's studies. In such cases, early referral back to their GP and educational support services is advised

Concussion and Participation in Sport

Following the recommended rest period children and young people should return to sport by following a graduated return to play (GRTP) protocol. This should only be started when the child or young person is:

- symptom free at rest
- off all medication that modifies symptoms
- returned to normal studies

Children and young people should have an extended GRTP compared to adults and a minimum of 48 hours for each activity stage is recommended. This means that the minimum

return to play interval is 23 days from injury, unless their recovery is closely supervised by a doctor with expertise in concussion management.

Following a concussion or suspected concussion, where possible children and young people should be reviewed/assessed by a doctor before returning to sport and other activities with a predictable risk of head injury e.g. football, rugby, gymnastics, horse riding, hockey, combat sports, skate boarding etc.

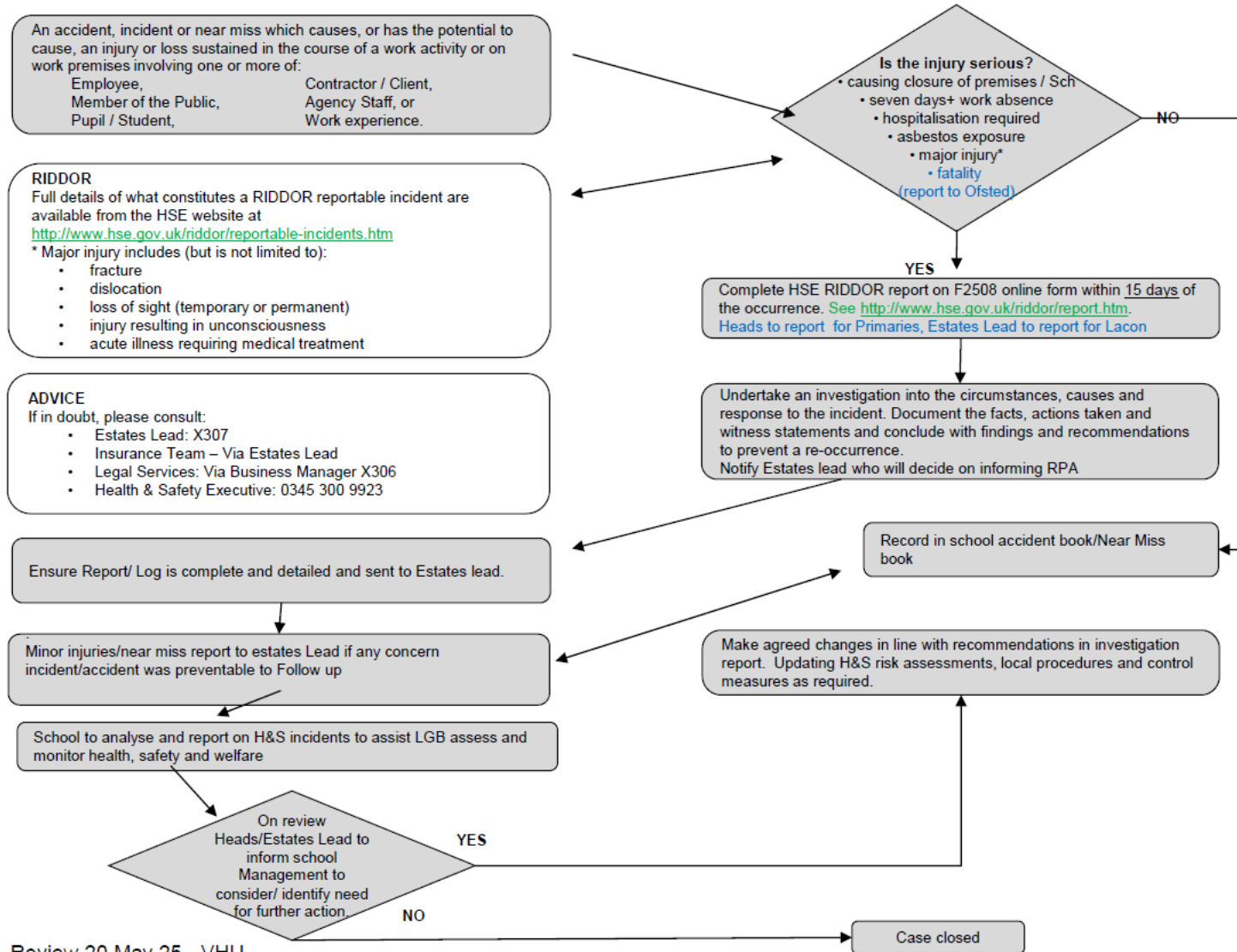
As an additional guiding principle, children and young people should avoid activities that have a predictable risk of further head injury for a minimum of 14 days after their symptoms have resolved, unless their recovery is closely supervised by a doctor with expertise in concussion management.

Children and young people who struggle to return to their studies or who persistently fail to progress through the GRTP because symptoms return should be referred to their doctor.

Children and young people who sustain two or more concussions in a 12-month period should be referred to their doctor for a specialist opinion in case they have an underlying pre-disposition.

Appendix 3

Shropshire Gateway Education Trust - Health & Safety accident / incident reporting flow chart



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