First Aid Policy

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Type of Policy:	**DCAT Statutory Policy**

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3	Dec24	JW/JS, Advice sought from Handsam as Competent Person	A&R		Handsam addition; Mental Health Needs of Employers
2	Dec 23	JH/JS			Key Model policy & UK concussion guidelines for grassroots sport
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Type of Policy	*Tick* ✓
DCAT Statutory Policy	✓
DCAT Non-statutory Policy	
DCAT Model Optional Policy	
Academy Policy	
Local Authority Policy	

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Introduction

Our **vision** for our Trust is we exist to:

Help every child achieve their God-given potential

Our **aims** are clear. We aim to be a Trust in which:

Developing the whole child means pupils achieve and maximise their potential

Continued development of staff is valued and improves education for young people

All schools are improving and perform above national expectations

The distinct Christian identity of each academy develops and is celebrated

Our work as a Trust is underpinned by shared **values**. They are taken from the Church of England's vision for Education and guide the work of Trust Centre team. They are:

Aspiration
I can do all things through Christ who strengthens me
(Philippians 4 vs 13).

Wisdom
Listen to advice and accept discipline, and at the end you will be counted among the wise
(Proverbs 19 vs 20)

Respect
So in everything do to others what you would have them do to you
(Matthew 7 vs 12)

Our vision of helping every child achieve their God-given potential is aligned with the Church of England's vision for education and is underpinned by the Bible verse from John: *I have come that they may have life, and have it to the full*.

1. Policy Aims

The aims of our first aid policy are to:

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

This policy covers first aid for pupils, staff and visitors. In the case of staff and visitors, the school will endeavour to contact their emergency contact if necessary.

2. Legislation and Guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety (First-Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to
  carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

Equal Opportunities
Sedlescombe CE Primary School will take particular care with the first aid provision for its disabled staff and pupils and have due regard to the Equality Act 2010 and the Education Act 2014, as well as the relevant statutory guidance.

Appropriate risk assessments will be carried out by Mandy Hardes (SBM) and suitable provision will be made in liaison with Caroline Harvey (Headteacher).

Definitions

- **Accident**: an event that results in injury or ill health
- **Dangerous occurrence:** one of a number of specific, reportable adverse events, as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- **Emergency Services –** The fire brigade, the police, and the ambulance service collectively, especially when mobilised to deal with emergencies
- **First aid** Basic emergency medical treatment given to somebody who is ill or injured, given before more thorough medical attention can be obtained
- **First Aider** someone who has successfully completed a Health and Safety Executive (HSE) approved training course and holds a current first aid certificate and is qualified to give first aid
- **Incident:**
    - **near miss**: an event not causing harm, but has the potential to cause injury or ill health (in this guidance, the term near miss will include dangerous occurrences)

This policy complies with our funding agreement and articles of association.

3. Roles and Responsibilities

In schools with Early Years Foundation Stage provision, at least 1 person who has a current paediatric first aid (PFA) certificate must always be on the premises.

Beyond this, in all settings – and dependent upon an assessment of first aid needs – employers must usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. However, the minimum legal requirement is to have an 'appointed person' to take charge of first aid arrangements, provided your assessment of need has taken into account the nature of employees' work, the number of staff, and the layout and location of the school. The appointed person does not need to be a trained first aider.

Section 3.1 below sets out the expectations of appointed persons and first aiders as set out in the 1981 first aid regulations and the DfE guidance listed in section 2.

Schools must consider the arrangements for first aid for any staff who work outside of the core hours (such as cleaners and site managers). First aid arrangements for people working when the school is shut should be covered in the Health and Safety Policy (section 2.14)

3.1 Appointed Person(s) and First Aiders

The school's appointed are Caroline Harvey and Mandy Hardes. They are responsible for:

- A risk assessment of first aid needs of pupils, staff and visitors.
- Taking charge when someone is injured or becomes ill

- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Ensuring that first aid arrangements in school are clearly on display in prominent and high risk areas which include the process for summoning a first aider. (please see appendix 3)

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

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Complete an accident or incident report on the same day, or as soon as is reasonably practicable, after an incident on the Handsam incident reporting system.
- Keeping their contact details up to date

Our school's appointed person(s) and first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

3.2 The Trust and Local Governing Body

The Diocese of Chichester Academy Trust (DCAT) has ultimate responsibility for health and safety matters in the school, but delegates responsibility for monitoring of local arrangements to the school's Local Governing Body (LGB).

The Trust delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The Headteacher

The Headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and trained first aid personnel are always present in the school
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils (please see appendix 3)
- Ensuring that specified incidents are reported to the HSE when necessary (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders and appointed persons in school are
- Reporting to appointed person any accident or incident that requires an accident or incident report to be completed on the Handsam incident reporting system on the same day, or as soon as is reasonably practicable, after an incident.
- Informing the headteacher or their manager of any specific health conditions or first aid needs

4. First Aid Procedures

4.1 In-school Procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the decision is to call an ambulance, the First Aider is to arrange for a second person to call the emergency services and inform the Responsible Person. The First Aider should be the one to speak to the emergency services to ensure full information about the injury can be accurately relayed. If emergency services are called, the Headteacher or Deputy Headteacher will contact parents immediately.
- The first aider will complete an accident report form, on the Handsam incident reporting system, on the same day or as soon as is reasonably practical after an incident resulting in an injury. Please see appendix 4.
- There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.
- If the first aider judges that a pupil is too unwell to remain in school, they must be collected by the appropriate emergency contact (adult) on their pupil file. Upon their arrival, the first aider will recommend next steps to the parents. If the school is unable to contact the parents, the school will call in each of the named contacts on file in order until contact is made.
- If any staff member is advised to leave work due to ill-health or injury, after receiving First Aid, an assessment should be made of the patient's fitness to drive. If deemed unfit they should be collected by an appropriate person or provided with suitable alternative transport.

Concussion

Concussion can be caused by a direct blow to the head but can also occur when knocks to other parts of the body result in rapid movement (e.g. whiplash type injuries).

Loss of consciousness (being "knocked out") occurs in less than 10% of concussions and is not required to diagnose concussion, however, anyone who loses consciousness because of a head injury has had a concussion

Concussion can affect people in 4 main areas:

- **Physical** e.g. headaches, dizziness, vision changes
- **Mental Processing** e.g. not thinking clearly, feeling slowed down
- **Mood** e.g. short tempered, sad, emotional
- **Sleep** e.g. not being able to sleep or sleeping too much

The first symptoms of concussion typically appear immediately or within minutes of injury, but may be delayed and appear over the first 24-48 hours following a head injury. Over the next several days, additional symptoms may become apparent (e.g. mood changes, sleep disorders, problems with concentration)

The Handam Quick Guide AM15 Concussion, is a useful resource in relation to a concussion, or suspected concussion.

Symptoms of Concussion

As per the Handsam Quick Guide AM15, this list should be a guide and not comprehensive or inclusive. Always treat the individual and do not dismiss symptoms because they do not appear on this list. All head injuries are potentially serious because they can damage the brain and make someone lose responsiveness. The severity of a head injury depends on how someone hit their head and how hard the impact was. It is important that members of staff are aware of pupils' individual healthcare plans (IHPs). Handsam advises that first aiders in schools familiarise themselves with pupils with Special Educational Needs and Disabilities (SEND) to establish any requirements for first aid provision – quick guides are available in the Medicines and Care (AM) and Special Educational Need (SEND) sections to assist with this.

Signs of a concussion usually appear within a few minutes or hours of a head injury. Occasionally they may not be obvious for a few days, so it is important to look out for any problems in the days following a head injury. Symptoms include:

- A headache that does not go away or is not relieved with painkillers;
- Dizziness;
- Feeling sick or vomiting;
- Feeling stunned, dazed or confused;
- Memory loss – an inability to remember what happened before or after the injury;
- Clumsiness or trouble with balance;
- Unusual behaviour – irritated easily or demonstrating sudden mood swings;
- Changes in vision – such as blurred vision, double vision or "seeing stars";
- A short loss of consciousness or struggling to stay awake; and

- Scalp wounds.

To assess the severity of the head injury, check for:

- Evidence of a seizure or fit
- A reduced level of response
- A loss of responsiveness
- A leakage of blood or watery fluid from the ear or nose
- Unequal pupil sizes

While the UK Concussion Guidelines for Non-Elite (Grassroots) Sport have been developed with sporting injuries in mind, they should be followed in relation to any potential concussion, using the strapline "if in doubt, sit them out". The guidance includes the visible clues (signs) and symptoms of concussion.

All instances of suspected or confirmed concussion, even if the child or staff member is alert or responsive, should be reported on the Handsam incident log.

Following a head injury, if the child is showing no symptoms of concussion and deemed well enough to return to class, adults in class must continue to observe them all day. If there are signs of concussion, the child needs to be taken to hospital. No one should return to sport (including training or PE lessons) within 24 hours of a suspected concussion. Anyone with a suspected concussion should NOT drive a motor vehicle or operate machinery within 24 hours of a suspected concussion. Following this period, the UK Concussion Guidelines for Non-Elite (Grassroots) Sport should be followed when returning a child with confirmed concussion back to school and physical activity, based on the medical advice for, while also taking into account any medical advice for the specific student.

Students with suspected concussion should:

- Immediately cease playing if experiencing any concussion symptoms.
- Report symptoms honestly and promptly to a teacher.
- Seek assessment by a Healthcare Professional within 24 hours through school or NHS (dial 111).
- Delayed or underreported symptoms may prolong recovery and risk incomplete brain recovery.
- Rest and prioritize sleep for the initial 24-48 hours to aid recovery.
- Engage in light daily activities and walking as tolerated.
- Reduce smartphone, screen, and computer usage for at least 48 hours, as it can expedite recovery.
- Refrain from training or sports activities if symptoms persist until evaluated by a Healthcare Professional.
- Notify school about the incident immediately.
- Return to the school's and sports programmme gradually

Administration of Medicines

Please refer to the Supporting Children with Medical Conditions Policy for more information on this.

Defibrillators (AEDs)

A defibrillator is a machine that administers a controlled electric shock to the chest or heart to correct a critically irregular heartbeat that cannot drive the circulation. The DfE has plans to ensure there is a device in every school by the end of the 2022/23 academic year. For further information, please click here – *Automated External Defibrillators (AEDs) – A guide for Schools.*

AEDs are designed to be used by someone without any specific training, following step by step instructions on the AED at the time of use. If a school decides to provide a defibrillator it is important that those who use it are appropriately trained. It may be sufficient for schools to circulate manufacturer's instructions to all staff and to provide a short general awareness briefing session in order to meet their statutory obligation. However, DCAT encourages all schools to access free or local training in the use of AEDs and CPR.

Further information on voluntary organisations that also offer training can be found in the above guidance. It will be the school's responsibility to identify which staff attend this training.

4.2 Off-site Procedures

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

- A mobile phone
- A portable first aid kit - please see appendix 2
- Information about the specific medical needs of pupils
- Parents' contact details (hard copy)

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box - see appendix 2.

Risk assessments will be completed as per the educational and off site visits policy prior to any educational visit that necessitates taking pupils off school premises.

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

For all other trips there will always be at least 1 first aider on school trips and visits.

5. First Aid Equipment

Please see appendix 2 for what a typical first aid kit in our school will contain. No medication is kept in first aid kits.

First aid kits are stored in the following locations:

- School Office
- Staffroom / school kitchen
- All classrooms
- Mobile Classroom
- Discovery Den

6. Record-Keeping and Reporting

Sedlescombe CE Primary School uses Medical Tracker to record first aid incidents and accidents. This is in addition to the recording of serious incidents and accidents on the Handsam incident reporting system.

6.1 First aid/medical log and accident report records

- A first aid/medical log or accident record will be completed by the first aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury. As much detail as possible should be supplied when recording.
- For accidents involving pupils, a copy of the accident report form will also be added to the pupil's educational record by the Mandy Hardes (SBM).
- A copy of the first aid/medical log or accident record 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.

6.2 Reporting to the HSE

The School Business Manager will keep a record on the Handsam incident reporting system of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

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

School staff: reportable injuries or dangerous occurrences

These include:

- Death

- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding) which:

    - Covers more than 10% of the whole body's total surface area; or
    - Causes significant damage to the eyes, respiratory system or other vital organs
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

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

- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
  - Carpal tunnel syndrome
  - Severe cramp of the hand or forearm
  - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
  - Hand-arm vibration syndrome
  - Occupational asthma, e.g from wood dust
  - Tendonitis or tenosynovitis of the hand or forearm
  - Any occupational cancer
  - Any disease attributed to an occupational exposure to a biological agent

- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment
  - The accidental release of a biological agent likely to cause severe human illness
  - The accidental release or escape of any substance that may cause a serious injury or damage to health
  - An electrical short circuit or overload causing a fire or explosion

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

These include:

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

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

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

- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

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

- How to make a RIDDOR report, HSE
- http://www.hse.gov.uk/riddor/report.htm

6.3 Communicable and Notifiable Diseases

Communicable diseases are illnesses that spread from one person to another or from an animal to a person, or from a surface or a food. Diseases can be transmitted through:

- Direct contact with a sick person
- Respiratory droplet spread from a sick person sneezing or coughing
- Contact with blood or other body fluids
- Breathing in viruses or bacteria in the air
- Contact with a contaminated surface or object
- Bites from insects or animals that can transmit the disease
- Ingestion of contaminated food or water

Children, pupils and staff who are showing the symptoms of an infectious disease or have been diagnosed by a health professional should be advised to stay away from school for the minimum period recommended, if required, and until well enough. This includes COVID-19 and pupils and staff should self-isolate based on government guidance.

Reporting to the UK Health Security Agency (UKHSA)
The UK Health Security Agency (UKHSA, formerly Public Health England) aims to detect possible outbreaks of disease and epidemics as rapidly as possible. Contact the relevant UKHSA HPT for advice if you are concerned and/or have seen:

- a higher than previously experienced and/or rapidly increasing number of staff or student absences due to the same infection[footnote 2]
- evidence of severe disease due to an infection, for example if a child, young person or staff member is admitted to hospital[footnote 3]
- more than one infection circulating in the same group of children, young people and staff for example chicken pox and scarlet fever
- an outbreak or serious or unusual illness for example:
-
    - E.coli 0157 or E. coli STEC infection
    - food poisoning
    - hepatitis
    - measles, mumps, rubella (rubella is also called German measles)
    - meningococcal meningitis or septicemia
    - scarlet fever (if an outbreak or co-circulating chicken pox)
    - tuberculosis (TB)
    - typhoid
    - whooping cough (also called pertussis)

If you do need to contact your HPT, please contact DCAT Head of Operations and Governance prior to making the report so that you can prepare information in advance to help them to support you. Find out what information you need in:

- What to expect from contacting your HPT.

For your local HPT, please click here.

6.4 Notifying Parents

In the normal course of events, it is not practical for the School to contact parents every time their child hurts themselves. The first aider will make a judgement as to whether the injury/illness is of sufficient seriousness to need further medical treatment or cause distress to the child if they were to remain at the School. Depending on the seriousness of the injury pupils will:

- Have their injury attended to and be sent back to class/play
- The first aider will add the injury and first aid administered to Medical Tracker and parents will receive an automated email notification of the injury.
- In the case of head bumps, parents will be contacted so they are aware of the injury in case of delayed concussion once the child gets home. Parents will be advised by an automated email notification sent from Medical Tracker.

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

6.5 Reporting to DCAT, Ofsted and Child Protection Agencies (early years only)

A member of SLT will notify DCAT's Head of Operations and Governance by telephone, in the first instance of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable. The Head of Operations and Governance will then report the incident to Ofsted no later than 14 days after the incident.

The Trust will also notify local child protection agencies of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

It is the school's responsibility to identify the level of training each member of staff receives on First Aid. All staff are required to complete e-learning health and safety induction for staff via the Handsam system, which includes first aid and medicines information. Additionally, there is an e-learning module available on First Aid Awareness.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 1). All school staff are able to request to undertake first aid training if they would like to.

The school will arrange for first aiders to retrain before their first aid certificates expire. Schools have the option of using the e-learning module available by Handsam or making arrangements for in-person training. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

Induction

All staff are required to complete e learning health and safety induction for staff via the Handsam system, which includes first aid and medicines information. As part of induction all staff should be given school specific information on first aid information and procedures.

8. Mental Health Needs of Employees

In the past, workplace first aid guidance primarily focused on addressing physical health needs. However, DCAT considers both the physical and mental health of their employees when assessing and implementing first aid measures.

Mental Health First Aiders

The Trust encourages all schools to have a Mental Health First Aider who has undertaken appropriate training e.g, DfE or Local Authority.

Aligning Training with Mental Health Needs

When conducting workplace first aid assessments, schools should also evaluate the mental health training needs of their staff. This ensures that first aid training is tailored to address the specific mental health challenges faced by DCAT staff.

9. Monitoring Arrangements

This policy will be reviewed by the Head of Operations and Governance every year.

At every review, the policy will be approved by the Trust Board. Each school will be responsible for personalising this policy to their individual circumstances.

10. Links with other Policies

This first aid policy is linked to the:

- Health and safety policy
- Policy on supporting pupils with medical conditions
- Off site and educational visits policy

Appendix 1: List of Appointed Person(s) for first aid, Trained First Aiders and Educational Visits Co-ordinator (EVC)

Staff Member's Name	Role	First Aid Training Information	Date Training to be Renewed	Contact details
Mrs Mandy Hardes	School Business Manger	First Aid at Work	02/05/2027	finance@sedlescombe.school
Mrs Caroline Harvey	Headteacher	First Aid At Work	02/05/2027	head@sedlescombe.school
Miss Elise Brogan	Deputy Headteacher	First Aid at Work with Paediatric First Aid	20/09/2027	01424 870585
Mrs. Marilena Balan	EYFS TA	First Aid at Work with Paediatric First Aid	14/02/2028	01424 870585
Miss Kay Miriam	TA	Emergency First Aid at Work / Paediatric First Aid	05/01/2029	01424 870585
Mrs Alison Spray	TA	Emergency First Aid at Work / Paediatric First Aid	05/01/2029	01424 870585
Mrs Jo Lacey	TA	Emergency First Aid at Work / Paediatric First Aid	05/01/2029	01424 870585
Mrs Shelly Ashdown	TA	Emergency First Aid at Work / Paediatric First Aid	05/01/2029	01424 870585
Mrs Alex Lawrence	TA	Emergency First Aid at Work / Paediatric First Aid	05/01/2029	01424 870585
Mrs Louisa Best	TA	Emergency First Aid at Work / Paediatric First Aid	05/01/2029	01424 870585
Mrs Teresa Morell	TA	Emergency First Aid at Work / Paediatric First Aid	05/01/2029	01424 870585
Miss Summa Pennygar	INA	Emergency First Aid at Work / Paediatric First Aid	05/01/2029	01424 870585
Miss Emily Thorpe	INA	Emergency First Aid at Work / Paediatric First Aid	05/01/2029	01424 870585
Mrs Sharon Sinden	TA	Outdoor First Aid	25/01/2027	01424 870585

The Educational Visits co-ordinator (EVC) is Caroline Harvey (Headteacher)

Appendix 2: Suggested Contents of First Aid Boxes

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

The following is based on the HSE's recommendation for a minimum first aid kit:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

The following are based on the HSE's recommendation for a minimum travelling first aid kit:

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

- Information about the specific medical needs of pupils
- Parents' contact details

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

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Appendix 3: Sedlescombe First Aid Arrangements

Although the statutory requirements stipulate that you must ensure that your medical room has the following the school does not currently have a designated medical room. At lunchtime the mobile classroom is used as a medical room, and this has the following available:

- Is suitable for medically examining and treating pupils
- Is suitable for short term care of sick and injured pupils
- Has a washing facility
- Is near a toilet

General First Aid Provision:

- Every classroom has its own First Aid box, this must be taken out to the playground during playtimes and outside PE lessons.
- A member of staff at Breakfast and After School Twilight club is first aid trained.
- At lunchtime children requiring first aid are taken to the mobile classroom on the playground where there are a sink and toilets available and a trained first aider is allocated to work in this area.
- Lone workers are made aware of where first aid supplies and the defibrillator are and must always have a mobile phone on them and have informed a member of the SLT that they are lone working.

CHECKLIST FOR MEDICAL FACILITIES ON SITE (HSE recommended requirements noted in bold)	✓ / ×
Washing facilities with soap and hot and cold running water	No
Located near to a toilet	Yes
Drinking water and disposable cups available	No
Foot-operated refuse containers, lined with disposable, yellow clinical waste bags or a container suitable for the safe disposal of clinical waste	No
Washable surfaces	Yes
Clean and tidy	Yes
Adequate heating, ventilation and lighting	Yes
Can be readily accessed at any time *(even if used for other purposes)*	Yes
Positioned as near as possible to a point of access for transport to hospital	Yes
Adequate privacy	Yes

Telephone or other communication equipment	No
Examination medical couch with enough space at each side for people to work	No
Plenty of chairs to accommodate multiple people (there may be days when multiple people are taken ill, such as in the hot weather)	Yes
A record for recording incidents attended by a first aider or appointed person	Yes
Notice displaying names, location and, if appropriate, telephone extensions of first aiders and how to contact them	No
Safe and secure **storage for** medication and **first aid provision** that is out of reach of pupils	No
Ample first aid equipment that is in date	Yes
Safe and secure fridge/freezer to store any medication that needs to be refrigerated, as well as ice packs for injuries	No
Adequate supervision to ensure ill or injured pupils/staff are given assistance when needed	Yes
Details of Individual Healthcare Plans (IHPs) or Emergency Health Care Plans (EHC) accessible or signposted	No

The following staff have access to the medical room and medicines:

- There is no medical room on the school premises, but mobile classroom doubles as medical room at lunchtime.
- SBM, Snr Admin Assistant and Headteacher are Administration of Medicines trained and have access to the first aid box in the school office.

The following provisions are in place for the needs of pupils with medical conditions:

- Currently have one pupil with Diabetes and staff have been trained to give medical support and support with managing this condition.
- Library area outside the classroom can be used for eating snacks and checking readings.

The following provisions are in place for the needs of staff with medical conditions:

- N/A

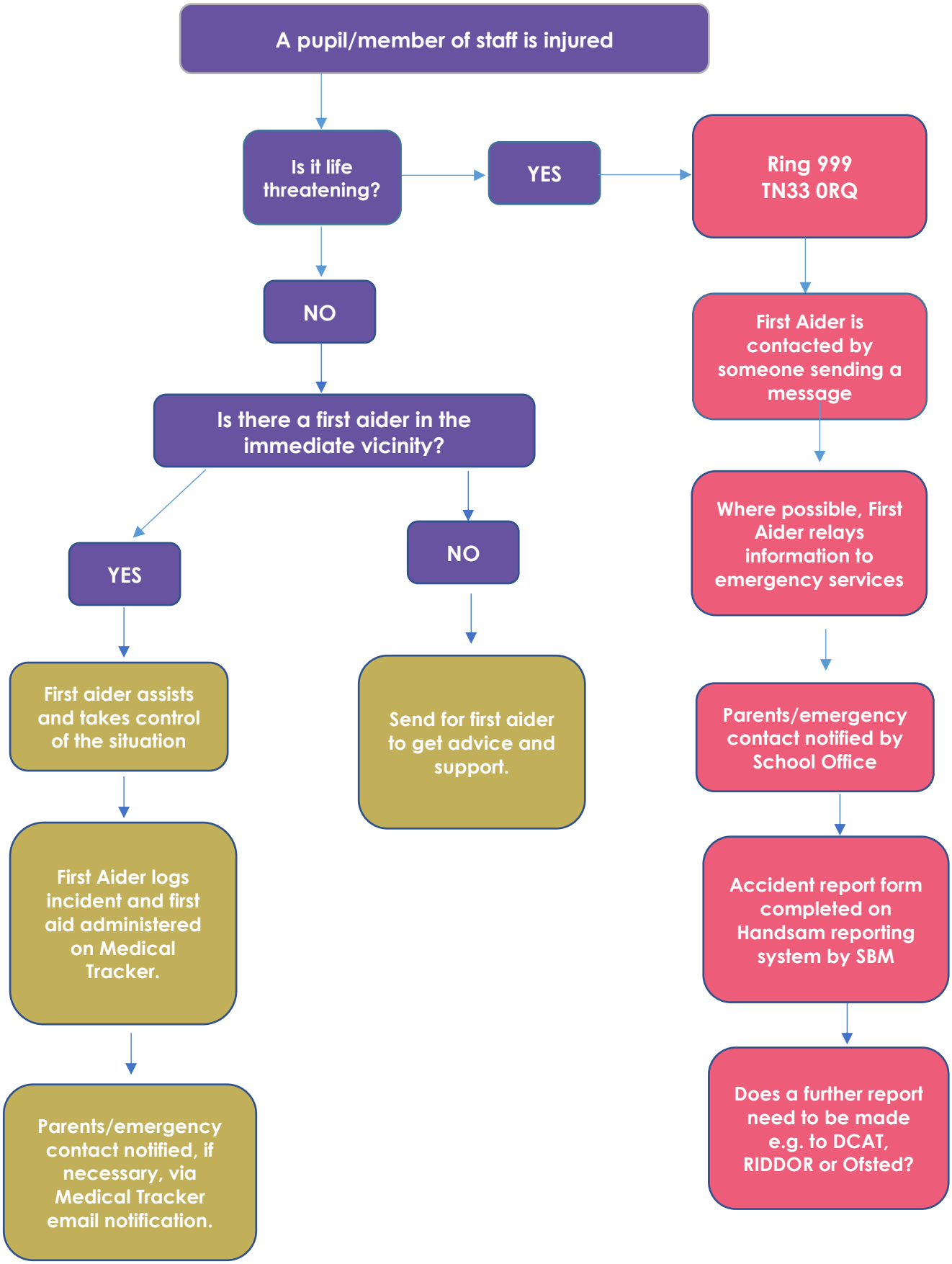
Medical Room Location:

- There is no medical room onsite, however the mobile classroom doubles as a medical room at lunchtime when most injuries occur.

Defibrillator Location

- Hanging on the wall in the school entrance.

First Aid Flow Chart



Appendix 4: Accident/Incident Reporting Information Required

All accidents and incidents must be recorded on the Handsam system. Please see below the information that will be required.

ACCIDENT/INCIDENT REPORT – INFORMATION REQUIRED TO LOG ON HANDSAM INCIDENT LOG		
Details of Incident		
Date/time:		
Near Miss or Accident?		
Type of Accident:		
Description of incident and events leading to it:		
Is this incident RIDDOR Reportable?	YES / NO	
If RIDDOR Reportable, who has reported to RIDDOR and what is the RIDDOR number?		
Details of Person(s) Affected		
On-site or off-site?		
Specific location of Incident:		
Did the Incident Occur During a School Activity?	YES / NO	
Activity:		
Activity Leader:		
Details of Person(s) Affected		
Name(s):		
Staff or pupil?		
Class:		
Age(s):		
Gender(s):		
Details of Any Injuries (type of injury and body part)		
Details of Any First Aid Treatment		
By whom:		
Time:		
Outcome:		No treatment
		Sent home/Parent Collection
		Returned to Class
		Stayed in Medical Room
		Emergency Services
		Resumed work

Was the parent contacted? If so, by whom and when?	YES / NO
Were the emergency services called? If so, how long did they take to arrive?	YES / NO
Witnesses and witness statements:	
Action Taken Following the Incident	
Impacts	
Lessons Learnt	