

FIRST AID POLICY

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GDST First Aid Policy Statement

This policy is designed to promote the health, safety and welfare of pupils, staff and visitors at GDST schools through the provision of first-aid equipment and trained personnel in accordance to the requirements of The Health and Safety (First Aid) Regulations, and relevant DfE guidance.

'First-aid' means:

- (a) in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimizing the consequences of injury and illness until such help is obtained, and
- (b) treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse;

H&S (First Aid) Regulations 1981

1. School Provision

The aim of first aid is to save lives and to ensure that minor injuries and illnesses do not escalate into major ones. Therefore, in accordance with good practice, ISI and DfE requirements, Norwich High School and all GDST schools will ensure that:

- A first aid risk assessment (See appendix 3) is carried out to ascertain the needs of the school and the level of provision required. It will take into account:
 - The number of staff / students on the site
 - The location of sites and higher risk parts of the school site
 - The full range of activities undertaken by staff and pupils on the school premises during the normal school day, and as appropriate off-site and outside normal school hours, e.g. before / after the school day, at weekends and during the school holidays;

As a minimum, at least one person with an HSE approved 'First Aid at Work' qualification (3-day training) must be present on each identifiably separate school site when pupils are present. It may be sufficient for an 'Emergency First Aider in the Workplace' (1-day training) to be present at

other times, e.g. early mornings, evenings, weekends and holidays, low risk after school clubs when employees are on the site, however this must be determined by risk assessment. When EYFS pupils are present, one person with a current Paediatric First Aid certificate (2 day) will always be on the premises, and will always accompany children on outings. This must always be determined by risk assessment. If there is any doubt about the level of risk of the activity, someone with a current 3 day FAW should be present on site.

Appropriately qualified and equipped first aiders will accompany/be present on all off-site sporting activities, fixtures, matches and events and educational visits/school trips.

- The necessary first aid equipment and facilities are provided at appropriate locations throughout the school, as well as an adequate number of appropriately qualified First Aiders (see Appendix 1 & 2)
- Adequate training and guidance is provided for First Aiders, including refresher training at appropriate intervals and, where appropriate, specialist first aid training, for example:
 - Paediatric First Aid for Early Years Provision,
 - First Aid for Lifeguards,
 - Sports First Aid training for PE staff
 - Schools First Aid / First Aid for staff accompanying pupils on lower risk educational visits
 - Activity First Aid / Outdoor First Aid / Rescue & Emergency training for staff accompanying pupils on higher risk educational visits or visits to remote locations;
 - Forest Schools
- Lists of First Aiders' names, qualifications are kept on a spreadsheet as a live document (all heads of department are aware of who in their department are trained) (see appendices 2 & 3); these will up dated by the School Nurse as and when training takes place.
- All staff are made aware of first aid arrangements and such information is included in the induction process for new staff (see Teaching Staff Induction Policy);
- Parents are made aware of the school's first aid arrangements and the procedures for informing them if their daughter has received first aid treatment at school; (see Parents Handbook). NB wherever possible the parents of EYFS pupils must be informed on the same day as the accident/treatment.
- A record is kept of first aid treatment administered if more than minor on Sphera accident reporting software where appropriate and all first aid is added to CPOMS for all minor accidents and parents are informed by planner if minor and/or by telephone/email if needed.
- A record is kept of all injuries to staff and pupils occurring both on and off the school premises as a result of school activities. Records will be kept in accordance with the Trust's policy on the retention of documents. In practice this means that records relating to pupils are kept until pupils attain the age of 25, and records for all other categories of people should be kept for a minimum of 6 years;
- The HSE is informed of injuries that are reportable under RIDDOR without delay.

- All injuries to staff, and pupils requiring treatment beyond that provided by the School Nurse/First Aider, are reported to the H&S team at Trust Office. This happens automatically as the school is recording accidents on the Sphera Safeguard Accident Reporting System.
- 'Dangerous occurrences' and significant 'near misses' are also recorded; detailed guidance on how and where to do this is given in the accident recording and reporting section in H&S Oracle.
- First-aid and accident reporting arrangements are regularly reviewed (reported termly to H & S committee meetings).

For more detailed information, see the first aid and accident recording and reporting section in H&S Oracle.

2. Norwich High School Practice

All Norwich High School staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the safety and welfare of pupils.

Staff are invited to volunteer to become appropriately qualified, and provide the necessary training to enable them to administer first aid, or to organise an injured person's transfer to hospital in the case of an emergency (see Risk Assessment). The number of first aiders required is determined by the annual risk assessment (Appendix 3).

The School Nurse, as part of her responsibilities, will administer first aid and organise an injured person's transfer to hospital in the case of an emergency.

There are a wide range of first aid qualifications. Which courses staff should attend will be determined by the minimum requirements set down by the DfE, Trust policy and the Trust's insurers, and the school's first aid risk assessment.

A register of First Aiders is maintained to ensure that staff undertake refresher training at appropriate intervals, and new First Aiders are appointed as necessary. Copies of training certificates must be kept by the School Nurse.

All First Aiders are covered by the Trust's insurance against claims for negligence provided that they are suitably trained, and are carrying out their duties for the school/Trust. For administration of medicines, see Appendix 4.

3. First Aid Equipment and Materials

Detailed information regarding first aid equipment and materials can be found in the first-aid section of H&S Oracle.

A list of the location of defibrillators (AED's) and first aid equipment, stored in containers marked with a white cross on a green background, is kept, and notices alerting people of this fact are prominently displayed in appropriate areas. Travel first aid kits, kits in minibuses or school vehicles,

mobile first aid kits carried by specific personnel, and first aid kits in outlying buildings, e.g. pavilions are included.

Heads of Departments in areas where boxes are located are asked to notify the Nurse when supplies have been used in order that they can be restocked without delay.

The School Nurse is responsible for stocking and checking the first aid kits on a regular basis, and making records of when the boxes have been checked. Additional supplies are available from her if necessary.

All First Aiders should be aware of and implement the guidance on infection control, and provision and use of personal protective equipment which can be found in section 4.1 of the GDST 'Medical Manual'.

Procedures in the Event of an Emergency

Examples of emergencies which require immediate first-aid assistance include:

- Severe allergic reactions
- Asthma attacks
- Epileptic fits
- Difficulty in breathing
- Fainting
- Hypoglycaemia in diabetics
- Bleeding
- Breaks or sprains
- Concussion

All staff and pupils are made aware of the procedures to take in the event of a first aid emergency, the advice given below being included in the medical booklet to staff and being communicated to pupils via assemblies:

If you witness an incident and the injured person is able to walk, take them to the medical room. If the School Nurse is not there send a message to Reception to ask them to contact a First Aider. Do not leave the person unattended.

If you witness an incident and the injured person does not seem able to move, do not try to help them move; stay with them and send a message to Reception to ask them to contact a First Aider.

If a first aider is not available, or the situation requires urgent medical assistance, do not hesitate to call an ambulance by dialling 999 from any mobile or land-line telephone.

Further information on the action to take in the event of anaphylaxis, asthma attacks, seizures and hypoglycaemia/hyperglycaemia can be found in the 'Chronic Illness' and 'Allergy' Protocols available in the pupil health section of H&S hub and in the School Medical Procedures manual.

4. Procedures for Pupils who are unwell

Parents are given guidance about what to do if a pupil is not well enough to attend school in the parental handbook; if she becomes ill at school and needs to be taken home, the school nurse or a member of SLT will call home.

5. Further Information and Guidance

- Oracle - Health & Safety - '[First Aid](#)'
- Oracle - Health & Safety - '[Accident Recording and Reporting](#)'
- Oracle - Health & Safety - '[Pupil Health](#)'
- GDST '[Medical Manual](#)'
- GDST '[Administration of Medicines Protocol](#)'
- GDST '[Allergy and Anaphylaxis Protocol](#)'
- GDST '[Chronic Illness Protocol](#)'
- [SharePoint](#) – Medical and H&S sites
- Guidance on First Aid for Schools - A Good Practice Guide - DfE- 1998
- Approved Code of Practice and Guidance to the H&S (First Aid) Regulations 1981 - L74 - HSE (revised 2009)

- As at 30/09/21. A live updated version is available from Sr Edwards.

Appendix 1: List of First-Aiders

[HERE](#)

Appendix 2

Location of Defibrillators and First Aid Boxes

Defibrillators

Churchman Centre – outside PE Office
 Eaton Grove – outside Deputy Head, Academic Office
 Lanchester House – Café Valerie
 Outside Medical Centre in a heated cabinet – code to enter

Eaton Grove *Staff Room, Biology Labs, Chemistry Labs, Physics Labs, Art Rooms, DT Studios, Kitchens. Admin Photocopy area.*

Stafford House *Science Room. Medical Room, Art Room, PE cupboard*

Lanchester House *Common Room. Head of 6th form office, Café Valerie*

Music School *Staff Room.*

Swimming Pool

Plant room, Caretakers shed

Churchman Building *PE Office, Kitchen. DBS. Head of Year 7 Office. Fitness Room. Sports Hall.*

Nursery

Mini Buses x9

Appendix 3:

First-aid Risk Assessment – Link below

[HERE](#)

Appendix 4:

Administration of Medicines Protocol

No child under 16 should be given medicines without their parent’s written consent which, for prescribed medicines, is normally provided on the medical questionnaire prior to starting school, the ‘Annual Consent to Administer ‘Over-the-Counter’ Medications’ form, or the ‘Administration of Medication While at School’ form. Any member of staff giving medicines should check:

- the child’s name;
- prescribed dose / time;
- expiry date; and
- written instructions provided by the prescriber on the label or container.

If in doubt about any procedure the member of staff should not administer the medicines but check with the parents or school nurse before taking any further action. If staff have any other concerns

related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or the school nurse.

All staff must complete and sign a record each time they give medicine to a child. In some circumstances, such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult. This should be agreed individually with parents.

PRESCRIBED MEDICINES

Prescribed medicines, e.g. antibiotics, insulin and analgesia other than what is held in school routinely, should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Staff will complete and sign a record each time they give medicine to a child. Where the pupil is in Early Years (EYFS), the school will ensure as soon as practicable, preferably on the same day, that the parents/carer are informed that the medication has been administered to the pupil as directed on the 'Administration of Medication While at School' form.

CONTROLLED DRUGS

The supply, possession and administration of some medicines, e.g. morphine, are controlled by the Misuse of Drugs Act 1971 and its associated regulations. This is of relevance to schools because they may have a child that has been prescribed a controlled drug. The Misuse of Drugs (Amendment No.2) (England, Wales and Scotland)

Regulations 2012 allows 'any person' to administer the drugs listed in the regulations. Staff administering medicine should do so in accordance with the prescriber's instructions.

The school will keep controlled drugs in a locked non-portable container and only named staff should have access. A record is kept for safety and audit purposes. A controlled drug should be returned to the pupil's parents/carer when it is no longer required to arrange for safe disposal.¹

NON-PRESCRIPTION MEDICINES

Non-prescription or 'over-the-counter' medicines include Piriton or Cetirizine, Nurofen, Gaviscon, Paracetamol.

- Non-prescription medicines should be given by nominated staff only. Staff will be nominated by the School Nurse and authorised by the Deputy Head, Pastoral.
- Nominated staff should never give a non-prescribed medicine to a child unless there is a specific prior written permission from the parents. This is on the medical questionnaire and documented on SIMS
- Criteria, in the national standards² for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered.

¹ Managing medicines in schools and early years settings. DFES / Dept of Health March 2005

² National standards for under 8s day care and child-minding (DFES/0649/2003)

- Where a non-prescribed medicine is administered by nominated staff to a child it should be recorded on SIMS/CPOMs and the parents informed.
- A child under 16 should never be given aspirin unless prescribed for medical purposes.

Staff should be aware that despite obtaining written permission from the child's parent/carer allowing the School to administer the medication does not relieve the School of possible negligence in the unfortunate event of a child's death or injury. Any liability incurred by staff for injury arising from non-prescription medicine will be covered by the GDST's insurance.

Girls should not be sent to the school nurse in lessons for paracetamol unless an emergency.

SELF - MANAGEMENT FOR EMERGENCY MEDICINES

Generally, pupils should not carry medicines whilst at school. However, pupils will be encouraged to carry and be responsible for their own emergency medicines, when staff in conjunction with parents (bearing in mind the safety of other children and medical advice) judge that they are sufficiently capable and competent to do so. Other non-emergency medicines are kept in a secure place, not accessible to pupils.

REFUSING MEDICINES

If a child refuses to take medicine, staff should not force them to do so, but should note this in their records. Parents should be informed on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

RESPONSIBILITIES

Parental / Carer Responsibilities

Parents should provide details regarding any medicines their child requires administering during the school day (including school trips). The parents must ensure that the prescribed medication is presented in the original packaging with the prescription information on it. This should provide the details of the medicine to be taken, the child's name and date of birth in addition to the dosage required.

This information should be provided to the school on the GDST' Administration of Medication Whilst at School' form.

It is also the responsibility of the parents/carer to ensure that the school is kept informed of any changes to a pupil's medical needs.

Teachers and Other Staff Administering Medicine

DURING THE SCHOOL DAY

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a pupil should have appropriate guidance, including an awareness of any possible side effects of the

medicine and what to do if they occur. It is suggested that the school nurse or in her absence a named first aider to undertake this responsibility during the normal school day.

It is also important that staff who are on medication themselves ensure that their medicines are securely locked away especially in EYFS.

The School Nurse will act in accordance with the Nursing and Midwifery Council (NMC) Code of Professional Conduct (NMC 2002a) and Guidelines for the administration of medicines (NMC 2112b). In administering any medication, or assisting or overseeing any self-administration of medication, the nurse must exercise her professional judgement and apply her knowledge and skill in the given situation.

EDUCATIONAL VISITS

Arrangements for taking any necessary medication will need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. A copy of health care plans should be taken on visits in the event of the information being needed in an emergency.

Medication required on Junior School visits will be held by the trip leader and given when appropriate.

Senior School pupils are responsible for bringing emergency medicines with them on visits. However, staff must check that pupils have this medication before departing on the visit especially if the pupil has an allergy or is diabetic.

All pupils who have Anaphylaxis must carry their own adrenaline with them at all times and the trip leader must hold a second adrenaline for use in an emergency - if the student does not have x2 adrenaline with them they will not be able to go on the trip.

Competency of staff to administer emergency medicines should be taken into account when preparing risk assessments for educational visits and the appropriate training is provided by the School Nurse where identified i.e. adrenaline training.

SPORTING ACTIVITIES

Some children may need to take precautionary measures before or during exercise and may need immediate access to their medicines such as asthma inhalers. See the Chronic Illness Protocol.

Staff Duty of Care

Anyone caring for children including teachers or other school staff have a common law duty of care to act like any reasonably prudent parent. In some circumstances the duty of care could extend to administering medicine and /or taking action in an emergency. This duty also extends to staff leading activities off site, such as visits, PE fixtures, outings or field trips.

Certain medicines can be given or supplied without the direction of a doctor for the purpose of saving life. For example the parental administration of adrenaline (1mg in 1ml), chlorpheniramine and hydrocortisone are among those substances listed under Article 7 of the POM order for

administration by anyone in an emergency for the purpose of saving life (Prescription Only Medicines (Human use) Order 1997).

Staff assisting in an emergency in good faith and acting reasonably and responsibly, whilst carrying out their duties, will be covered by the GDST's insurance against claims of negligence.

Record keeping

Parents should inform the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required.

Parents should complete the 'Administration of Medication While at School' form to record the details of any medicines required at school. Staff should check any details provided are consistent with the instructions on the container.

Although there is no legal requirement for schools to keep records of medicines given to pupils, administration of medication is recorded via the CPOMs Management Information System for non-prescription medicine and on pupil records for prescription medicine.

Storing Medicines

Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container and an individual Administration of Medication While at School' form provided to the school.

Staff who take regular medication themselves must also ensure that their medicines are securely stored.

Children should know where their medicines are stored. All emergency medicines, such as asthma inhalers and adrenaline should be readily available and should not be locked away, although they should be kept in a lockable room with restricted access. It is recommended that schools make special access arrangements for the emergency medicines that it keeps. Some pupils may carry their own emergency medicines, see the 'Self-Management' section above. All spare adrenaline and inhalers are kept in the nurse's office. Staff able to access as needed.

Schools should keep controlled drugs in a locked, non-portable container and only named staff should have access to it. Prescribed and non-prescription medicines should be kept in a locked cupboard or fridge.

Some medicines must be stored in a refrigerator because they may break down or 'go off'. The patient information leaflet supplied with the medicine will state whether the medicine needs to be stored in a refrigerator. Local pharmacists can also give advice.

There should be restricted access to a refrigerator holding medicines. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. A separate refrigerator is not necessary unless there is a constant need to refrigerate medicines that a pupil takes regularly, for example insulin. However, if vaccines are stored then the refrigerator must be used for this purpose solely. The temperature of the medicine refrigerator should be between 2° and 8°C and monitored daily when it is in use, and recorded. A maximum/minimum thermometer is recommended for this. In the event of the refrigerator breaking down, it is important to identify the fault quickly, otherwise medicines may be wasted. Medicines must be returned and parents informed if this occurs. The refrigerator should be cleaned and defrosted regularly.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that expired medicines are returned to the pharmacy for safe disposal. If parents do not collect medicines, they should be taken to a local pharmacy for disposal. Some hospitals also have disposal containers for old medicines.