



Ashton House School

FIRST AID POLICY

2.5



Ashton House School

Policy Title:	First Aid Policy
Version:	2.5
Policy Summary:	Ashton House School is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors. This policy outlines the practical arrangements we follow for applying first aid, staff qualifications and their responsibilities, the administration of medication, arrangements for pupils with a healthcare plan, recording of incidents and reporting to parents and RIDDOR.
Policy Owner:	Proprietor
Relevant to:	All staff, volunteers, contractors and service providers, parents and guardians
Date introduced:	January 2019
Next review date:	August 2023
Related School Documents:	<ul style="list-style-type: none">• Educational Visits Policy
Date(s) modified/reviewed:	<ul style="list-style-type: none">• Comprehensively Reviewed 15.1.2019.• Sept 2020 (AS)• Reviewed March 2021, Updates made to First Aider Qualifications (KH)• Reviewed October 2022 GMS• Reviewed with new qualified staff Jan 2023 GMS



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General Statement

This policy is based upon the Health and Safety at Work Act 1974 and First Aid Provisions Regulations 2001 which require building owners to complete and agree:

- Risk Assessments of Events and Current systems/procedures
- Schedule of trained staff
- Training Programme
- A First Aid Register

Ashton House School is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors. We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.
- To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
- To have a minimum of 2 trained First Aiders on site at any one time, including a person with a paediatric first aid qualification whenever EYFS pupils are present. Such people will be able to responsibly deliver or organise emergency treatment.
- To ensure that a trained first aider accompanies every off-site visit and activity. In visits involving EYFS pupils, such a person will have a current paediatric first aid qualification.
- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013).
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
- To record and make arrangements for pupils and staff with specific medical conditions.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly and promptly with parents or guardians if a child has sustained a bump to the head at school, however minor, and to communicate clearly and promptly in relation to every instance of accident or first aid or the administration of medication for pupils in EYFS.

Responsible Staff

The School staff who have responsibilities for the provision of First Aid training are:

Head Teacher	Mrs A Stewart
Proprietor	Mr S Turner



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Details of Trained First Aiders

Ashton House complies with statutory requirements for First Aid at Work and Paediatric First Aid training and has at least two named first aiders and at least 2 named paediatric first aiders.

In addition, all Ashton House staff receive regular School's first aid training, including the use of an auto-injector, from a qualified provider, plus in-house informal refresher training on various First Aid skills.

Those staff who have First Aid responsibilities will receive appropriate formal requalification training.

Staff with First Aid Responsibility



Name and Position	Location / Telephone	Date of Qualification	Qualification gained	Expires
Liza Quinn School Secretary First Aid Lead	Pre-prep Ext 218/247	17 th Jan 2023	Paediatric First Aid	Jan 2026
Jasmin Deol HLTA/DDSL	Year 2 Ext 212	Sept 2020	Paediatric First Aid	Sept 2023
Salina Ahmed Lunch Staff/ASC	Canteen Ext 219	31 st Jan 2023	Paediatric First Aid	Jan 2026
Elena Rezemeyer ASC	Ext 219	Pending	Paediatric First Aid	
Lucy Williams Lunch Staff/ASC	Canteen Ext 217 & 219	Dec 2020	Paediatric First Aid	Dec 2023
Nisha Mangal Lunch Staff/ASC	Canteen Ext 219	Pending	Paediatric First Aid	
Jaswinder Dosanjh Year 1 TA	Year 1 Ext 217	31 st Jan 2023	Paediatric First Aid	Jan 2026
Georgia Sapsani EY Lead	Pre-Prep Ext 218	6 th Sept 2022	Paediatric First Aid	Sept 2025
Krina Damania	Pre-Prep Ext 218	6 th Sept 2022	Paediatric First Aid	Sept 2025
Graeme Smith Deputy Head/ DDSL	Ext 244	April 2021	Emergency First Aid at Work	April 2024
Angela Stewart, Vivienne Frampton, Simon Turner, Niamh Quigley, Muny Thach, Lindsay Brown, Kayleigh Diaz, Janet Humphries, Charlie Fry-Jones, Ceyda Mustafa,	Ext 209 Ext 216 Ext 210 Ext 213 Ext 211 Ext 212 Ext 217 Ext 215 Ext 242 Ext 214	6 th Sep 2021	Emergency First Aid at Work Inc. Auto-injectors	Sept 2024
Dawn Turner, George Dawson, Iwona Barkworth, Tanvi Christian, Eve Tremble, Atika Shaikh	Ext 202 Walkie Talkie Ext 215 Ext 241 Ext 222 Ext 241	4 th Jan 2023	First Aid at Work	Jan 2026

Appointed Trainers

Ashton House School has appointed St John Ambulance as their specialist advisers and trainers for First Aid.



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Practical Arrangements at Ashton House School

- The medical room is located near the staff room for first aid treatment and for pupils or staff to rest/recover if feeling unwell. This includes: a locked Medical Cabinet, first aid supplies, a water supply and sink and hygiene supplies such as gloves and paper towels. An adjacent staff bathroom is made available exclusively to children when the medical room is in use. There is a sign on the back of the door, which will be displayed if a sick child needs to use it, indicating that adults should use other facilities.
- First aid kits are located in the medical room and in the Activity Base (this kit is used for play times)
- There is a separate locked Medical Cabinet and first aid kit in the EYFS setting.
- A portable first aid kit must be taken on all school visits.
- In cases where pupils are known to have severe allergies two (where possible) auto-injectors (Epi-pen) are kept in school, one in the locked cupboard in the Medical Room the second in a bag which is carried by the child. Auto-injectors are taken off-site when pupils are playing sport, swimming or participating in an educational visit. All staff will have training in the use of an auto-injector.

Responsibilities of the Trained First Aiders

- Provide appropriate care for pupils of staff who are ill or sustain an injury
- Record all accidents in an *accident book* (to be found in the playground first aid kit, the school office, or the EYFS department).
- In the event of any injury to the head, however minor, ensure that a call is made from the office to parents/guardians and that the class teacher is aware of the injury.
- In the event of any accident or administration of first aid involving a pupil in EYFS, ensure that the parents/guardians are informed and an opportunity to speak to EYFS staff at collection is available.
- Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.

Responsibilities of the Lead First Aider (School Secretary)

- Ensure that all staff and pupils are familiar with the school's first aid and medical procedures.
- Ensure that all staff are familiar with measures to provide appropriate care for pupils with particular medical needs (eg. Epi-pens, inhalers).
- Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.
- Ensure that the school has an adequate number of appropriately trained First Aiders.
- Maintain adequate facilities.
- Ensure that correct provision is made for pupils with special medical requirements both in school and on offsite visits.
- On a half-termly basis, review First Aid records to identify any trends or patterns and report to the Health and Safety committee



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- Fulfil the school's commitment to report to RIDDOR, as described below
- Liaise with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
- Contact emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies

What to do in the case of an accident, injury or illness

A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider (see above). The school office should be contacted if the location of a trained first aider is uncertain.

Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed.

The pupil or member of staff should not be left unattended.

The first aider will organise an injured pupil's transfer to the sick room if appropriate and to hospital in the case of an emergency.

Parents should be informed as necessary by telephone by a First Aid Lead or School Officer. A record of all accidents and injuries is maintained in the First Aid Log.

Contacting parents

Parents should be informed by telephone as soon as possible after an emergency or following a serious/significant injury including:

- Head injury (a head injury advice sheet should be given to any pupil who sustains a head injury – available from the Lead First Aider)
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Severe bleeding injury
- Loss of consciousness
- If the pupil is generally unwell

A member of staff will care for the pupil in the Medical Room until a parent arrives. Parents can be informed of smaller incidents at the end of the school day by the class teacher.

In the EYFS, parents should sign the EYFS Accident, Incident and Injury log confirming that they have been notified.



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Accident reporting

An Incident Form (Pink form) must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors. The Incident Form will be monitored by a Lead First Aider as certain injuries require reporting (RIDDOR requirements). Serious accidents and major incidents are submitted to the Head Teacher within 24 hours. Health and Safety is a standard item on Staff Meeting Agendas and any incidents are discussed by the staff.

Contacting the Emergency Services

An ambulance should be called for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a pupil becoming unconscious (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

Pupils who are unwell in school

If a pupil becomes unwell they should be moved to the medical room and made comfortable. A member of staff should stay with them and a First Aid Lead must be informed of the situation. There is a sign in the nearby toilet, which will be displayed if a sick child needs to use it, indicating that adults should use other facilities. A parent should be contacted as soon as possible by the School Officer or a First Aid Lead. In the event a parent is unavailable, the school should attempt to contact the named emergency contacts. Anyone not well enough to be in school should be collected as soon as possible by a parent. Staff should ensure that the parents of a pupil who goes home ill remembers to sign out at the school office.

First aid for school trips

The Group Leader must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (paediatric certificate for trips involving EYFS pupils) and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance. A First Aid kit for school trips must be collected from the Medical Room. This must be returned to the main office for replenishing on return. Any accidents/injuries/administration of medication must be reported to a Lead First Aider and to parents and documented in the First Aid Log in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed.

Emergency care plans, Allergies and Medical Conditions

Class teachers and the School office hold details of pupils who have certain allergies or medical conditions which may require local immediate treatment, e.g. food allergies or diabetes. The Lead First Aiders ensure that staff are made aware of any pupil with an emergency care plan. These care plans are displayed in the medical room. Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the First Aid Leads and parents. Emergency treatment must always be taken when a pupil is participating in an off-site activity.



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Pupils using crutches or having limited mobility - Parents must inform the school of the nature of injury and the anticipated duration of immobility. The class teacher will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school. Parents must inform the school of any particular difficulties.

Staff are asked to annually self-declare any known medical conditions and necessary care plans to the Head Teacher; this information is retained in personnel files and treated confidentially.

Dealing with bodily fluids

In order to maintain protection from disease, all bodily fluids should be considered infected.

To prevent contact with bodily fluids the following guidelines should be followed.

- When dealing with any bodily fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following bodily fluids must be cleaned up immediately.
- Bodily fluids include:
- Blood, Faeces, Urine, Nasal and eye discharges, Saliva, Vomit

Process

- The site manager should immediately be sent for if possible.
- Absorbent Powder (preferred) or disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution
- Never use a mop for cleaning up blood and bodily fluid spillages
- All contaminated material should be disposed of in the closest waste bin and the bin liner changed immediately
- Avoid getting any bodily fluids in your eyes, nose and mouth or on any open sores.
- If a splash occurs, wash the area well with soap and water.

Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the Lead First Aider who will follow the Public Health England guidelines below to reduce the transmission of infectious diseases to other pupils and staff:

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
Chickenpox	5 days from onset of rash, once last spot is crusted or healed	Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
Covid - 19	Until fully recovered	
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing



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Measles	5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed
Hepatitis A	Exclusion may be necessary	Consult Public Health England
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatment is recommended for the pupil and family members
Mumps	5 days from onset of swollen glands	
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better
Influenza	Until fully recovered	
Cold sores	None	Avoid contact with the sores
Warts, verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Tonsillitis	None	

Administration of Medication in School

The school aims to support as far as possible, and maintain the safety of, pupils who require medication during the school day. However, it should be noted that:

- No child should be given any medication without their parent’s written consent.
- No Aspirin products are to be given to any pupil at school.
- Wherever possible the timing and dosage should be arranged so that the medication can be administered at home.

Parents must give written instructions for any medication to be administered at school. *Administration of Pupil Medication* forms are available from the school office. A separate form must be used for each medication if there is more than one.

i. Non-Prescription Medication

These are only to be administered by a Lead First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained.



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Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course. The school will accept medication from parents only if it is in its original container.

A teacher may administer non-prescription medication on a residential school trip provided that written consent has been obtained in advance. This may include travel sickness pills or pain relief.

ii. Prescription-Only Medication

Prescribed medicines may be given to a pupil by a Lead First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained. Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course. The school will accept medication from parents only if it is in its original container, with the original dosage instructions. *Administration of Pupil Medication* forms are available from the school office.

iii. Administration of Medication

Any member of staff administering medication should be trained to an appropriate level, this includes specific training e.g. use of Epi-pens

- The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.
- It is advisable that a second adult is present when administering medicine to EYFS.
- Wash hands.
- Confirm that the pupil's name matches the name on the medication
- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document any refusal of a pupil to take medication and also inform the child's parents
- Document, date and sign for what has been administered.
- Ensure that the medication is correctly stored in a locked medical cabinet, out of the reach of pupils.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge in the staff kitchen. All medication should be clearly labelled with the pupil's name and dosage.
- Parents should be asked to dispose of any out of date medication.
- At the end of the school year all medication should be returned to parents. Any remaining medication belonging to children to be disposed of via a pharmacy or GP surgery.
- Used needles and syringes must be disposed of in the sharps box kept in the sick room.



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iv. Long Term Medication Conditions and Emergency Medication

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a *Pupil Healthcare Plan Form* should be completed and agreed with parents.

Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

By law any of the following accidents or injuries to pupils, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety Executive by phone, fax, email or letter.

Major injuries from schedule 1 of the regulations:

1. Any fracture, other than to the fingers, thumbs or toes.
2. Any amputation.
3. Dislocation of the shoulder, hip, knee or spine.
4. Loss of sight (whether temporary or permanent)
5. A chemical or hot metal burn to the eye or any penetrating injury to the eye.
6. Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
7. Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours
8. Any other injury lasting over 3 days
9. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
10. Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
 - i. Acute illness requiring medical treatment; or
 - ii. Loss of consciousness
11. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
12. Death
13. A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

Distribution

This Policy is issued to all staff.