



# First Aid Policy

[This policy applies to the whole school.](#)

## 1. Introduction

The aim of this policy is to provide clear guidance and information on how the School fulfils first aid requirements, manages illness and accidents and the reporting process within the school. The policy has been reviewed in line with the principles set out by the Department for Education in Guidance on First Aid in Schools, 2022.

The policy covers for the following areas:

- First Aid
- Illness & Accidents
- Guidance for dealing with head injuries
- Guidance on when to call for an ambulance
- Reporting incidents
- Hygiene procedures for spillage of body fluids

## 2. First Aid

The arrangements for first aid provision will be adequate to cope with all foreseeable major incidents.

Whilst there are no hard and fast rules on how many trained first aiders you should have the school will not, at any time, be less than 1:50, and will include paediatric first aiders located in the Pre-Preparatory Department. At least one qualified first aider will be available on each school site when children are present, to include one certified Paediatric First Aider in the Pre-Preparatory Department. Training will be updated every three years, as required, to include an in school annual refresher to maintain basic skills.

In response to the statutory Health Education Guidance September 2022, we will implement a basic first aid training programme for primary aged children, and a further first aid training programme for pupils in secondary school. This will not be certificated.

At the discretion of the Governors, delegated to the Head, Headteacher of Junior School and Director of Operations, other staff will be given such training in first aid techniques as is required to give them a basic, minimum level of competence. This level will be agreed by the Head, Headteacher of the Junior School & Director of Operations after seeking appropriate advice. The number of such trained but uncertificated first aiders will be determined by the Head, Headteacher of the Junior School and Director of Operations as that being sufficient to meet the needs of all foreseeable circumstances, particularly with regard to those subjects considered to be of higher risk. Notices listing the trained first aiders are placed in appropriate locations in all buildings.

Supplies of first aid material will be held at various locations throughout the School (see paragraph 9 below). A Defibrillator is provided at each school site, and their locations will be communicated to all staff and students. These locations will be determined by the Head, Headteacher of the Junior School and Director of Operations. They will be prominently marked and all staff will be advised of their position. The materials will be checked regularly by the local first aiders and the School Nurses will provide and any deficiencies without delay.

Adequate and appropriate first aid provision will form part of the arrangements for all out-of-School activities.

A record will be made using the Accident / Medical Incident Report Form, of each occasion any member of staff, pupil or other person receives first aid treatment either on the School premises or as part of a School-related activity, and the record will include details of the advice given to parents of pupils as appropriate. There will be a termly review of all reported accidents which will enable the school to ensure there is appropriate First Aid provision across the sites and to address any health & safety issues.

The School Nurses' facilities are located centrally in JAGS on the ground floor at the bottom of the main staircase.

The School Nurses are also Qualified First Aiders having completed the appropriate three-day qualifying course). They are supported by further Qualified First Aiders in the Senior School, the Junior School and Paediatric Qualified First Aiders in the Pre-Prep. Additionally, further staff have completed the 'Appointed Person' one-day course. After-school-hours arrangements for first aid are in place via JAGS Sports Centre the JAGS Reception staff. The School Nurses would normally decide whether or not to call an ambulance. In their absence, the Qualified First Aider in attendance will make the decision.

Location	No of First Aid Boxes	Location	No of First Aid Boxes
Art	4	Prep School First Aid bags inc PE	5
Biology	5	Pre Prep School First Aid cupboard/box	1
Bursary	1	JASSPA	1
Chemistry	5	Kitchens	2
Physics	4	Library	1
DT	3	Mini Bus	2
Drama	1	Music Dept Plus 1 FA bag	1
General Office	1	Nurses Bag (medical Room)	1
Groundsmen	2	PE First Aid bags	5
Botany and Gardening club	1	PE Office box	1
Prep School First Aid cupboard	1	Reception	1

Prep School, DT, Music, Science & art	4	School Keepers	1
Prep School First Aid bags inc PE	5	Sixth Form office (also used by Sat' Reading Scheme)	1

CPOMS, staff meetings and individual briefings for appropriate Class Teachers/Tutors are the medium whereby staff are informed of significant illnesses/conditions of pupils for risk assessment purposes.

Separate health and safety policies raise awareness of hazards specific to the teaching of different subjects and to possible hazards in different working areas. Various subsidiary guidance is available in relation to anaphylaxis, asthma, diabetes, spillage and body fluids and administration of medicines.

First aid arrangements for School Trips are contained in the [Health & Safety on Outside Trips Policy](#).

### 3. Illness & Accidents

In the event of a pupil becoming ill or having an accident the following procedures are to be followed:

- When a pupil feels ill at School, they should be sent to the School Nurse who will decide on what action should be taken. Staff with First Aid qualifications may be asked to administer aid but it is the School Nurse, or, in her absence, a member of the Senior Management Team, who is responsible for deciding whether the pupil should be allowed to go home or be sent to Hospital.
- If the School Nurse is not available, a pupil requiring treatment should report to Reception who will arrange for a First Aider to be summoned.
- Parents or carers should be informed of any accident or injury sustained by a pupil on the same day, or as soon as reasonably practicable.
- If the illness is not severe and does not require treatment, the pupil may be invited to rest in the nursing bay within the Medical Centre
- If the School Nurse or a member of SLT decides that a pupil should go home, then a parent or guardian must be contacted to make appropriate arrangements for the pupil. .
- Staff, pupils or visitors involved in accidents should be taken to the School Nurse where the same procedures as given above will apply. However, if the accident is of such a nature that the victim should not or cannot be moved the School Nurse and/or a qualified First Aider should be contacted immediately.

The Head or Senior Deputy Head must be contacted immediately if the injury is of a serious nature.

### 4. Guidance on head injury

A minor head injury is a frequent occurrence in the school playground and on the sports field. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children do suffer from a severe injury to the brain. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. How much damage is done depends on the force and speed of the blow.

Any injury involving the head that occurs during sporting activities requires the child to cease play immediately and sit out for the rest of that lesson or the duration of the match.

All children who suffer a head injury at school should initially be seen by the School Nurse or a First Aider for assessment and to plan ongoing care. After any head injury, even when none of the worrying signs are

present, it is important that the child's parents or carers are informed about the head injury and given written information about how to monitor their child using the school [Head Injury Form](#). Staff should consider whether referral to the school nurse or medical practitioner is required using the information in this document. This guidance is to help staff to treat head injuries when they happen and recognise signs which mean that a child requires further medical assessment or hospital treatment following a head injury.

In rare cases there may be a serious head injury and staff should look out for the following danger signs:

#### **SIGNS THAT MEAN AN AMBULANCE SHOULD BE CALLED (DIAL 999)**

- Unconsciousness or lack of consciousness (for example problems keeping eyes open)
- Problems with understanding, speaking, reading or writing
- Numbness or loss of feeling in part of body
- Problems with balance or walking, general weakness
- Any changes in eyesight
- Any clear fluid running from either or both of the ears or nose
- Bleeding from one or both ears
- New deafness in one or both ears
- A black eye with no associated damage around the eye
- Any evidence of scalp or skull damage, especially if the skull has been penetrated
- A forceful blow to the head at speed (for example a pedestrian struck by a car, a car or bicycle crash, a diving accident, a fall of less than 1 metre or a fall down any number of stairs)

If the child does not have any of the problems listed in the box above, but has any of the problems in the following list, there is the possibility of complications and the child should be taken by a responsible adult to the Accident and Emergency department straight away. It is ok to transport the child in a car or using a taxi but if in doubt or there is a delay then call an ambulance.

#### **SIGNS THAT A CHILD SHOULD BE TAKEN TO AN A+E DEPARTMENT STRAIGHT AWAY**

- Any loss of consciousness (being 'knocked out') from which the child has now recovered
- Any problems with memory
- A headache that won't go away
- Any vomiting or sickness
- Previous brain surgery
- A history of bleeding problems or taking medicine that may cause bleeding problems (for example Warfarin)
- Irritability or altered behaviour such as being easily distracted, not themselves, no concentration or no interest in things around them, particularly in infants and young children (younger than 5 years)

## 5. Guidance on when to call for an ambulance

An emergency 999 ambulance should be called when a qualified First Aider has assessed a casualty and deemed it necessary to do so based upon the knowledge acquired through their training. Usually this will be for casualties with the following problems:

- any instance in which it would be dangerous to approach and treat a casualty
- unconscious
- not breathing
- not breathing normally and this is not relieved by the casualty's own medication
- severe bleeding
- neck or spinal injury
- injury sustained after a fall from a height (higher than 2 metres)
- injury sustained from a sudden impact delivered with force (e.g. car knocking a person over)
- suspected fracture to a limb
- anaphylaxis (make sure to use this word when requesting an ambulance in this case)
- seizure activity that is not normal for the casualty, especially after emergency medication has been administered
- symptoms of a heart attack or stroke
- rapid deterioration in condition despite the casualty not initially being assessed as requiring an ambulance

**IF IN DOUBT, IT IS BETTER TO CALL FOR AN EMERGENCY AMBULANCE THAN NOT**

A report of all accidents will be made to the School Nurse (Senior School) or Head's PA (Junior School) as appropriate on the approved report form and copied to the Director of Operations. The Finance Manager is responsible for reporting serious accidents to insurers and in conjunction with the School Nurse is responsible for reporting serious accidents to the Health & Safety Executive.

## 6. Hygiene Procedures for Spillage of Body Fluids

The aim is to decrease the exposure risk to blood-borne and body fluid pathogens. Adherence is the responsibility of all staff who may come into contact with spillages of blood or other body fluids. All staff need to be aware of their personal responsibilities in preventing the spread of infection.

Disinfection aims to reduce the number of micro-organisms to a safe level. Whilst a variety of chemical disinfectants is available, high concentration chlorine releasing compounds provide an effective method of treating body fluid spills with activity against a range of bacteria and viruses.

The School has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:

- Blood
- Respiratory and Oral Secretions
- Vomit
- Faeces
- Urine

PPE is available from the Deputy Facilities Manager or School Nurse. All staff dealing with a biohazard spill are to ensure that they:

- Wear appropriate personal protective equipment.
- Cover spillage with disposable paper towels.
- Remove sodden material and dispose as per waste segregation policy.
- Clean area with detergent and warm water.
- Following spillages of faeces or vomit then disinfect using a chlorine releasing solution of 1,000ppm or equivalent according to manufacturers' instructions, rinse and dry.
- Dispose of protective clothing as per waste segregation policy.
- Perform hand hygiene

All biohazard spills are to be reported to the School Health & Safety Co-ordinator (the Facilities & Estates Manager).

All staff dealing with a biohazard spill are to:

- wear appropriate PPE
- take precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular blood or body fluids reaching the eyes or the areas inside the mouth and nose should be avoided.
- use the Body Fluid Disposal Kits provided by the Facilities Manager, School Nurse or cleaning staff, or located at the First Aid Stations 17
- place all soiled paper towel and gloves into a yellow clinical waste bag to dispose of in an approved manner
- wash hands, including arms to the elbow, with warm water and soap immediately after every clean-up of blood or body fluid. This should be performed even if gloves have been worn.
- wash all areas that have come into contact with blood

## 7. Monitoring & Review

Accidents, absence and near misses are reported and discussed at termly Risk & Compliance Committee meetings. Trends and lessons learned are shared via the Health & Safety Committees and the Director of Operations reviews each accident and near miss.

This policy is reviewed annually as a Statutory policy and published on the school website.