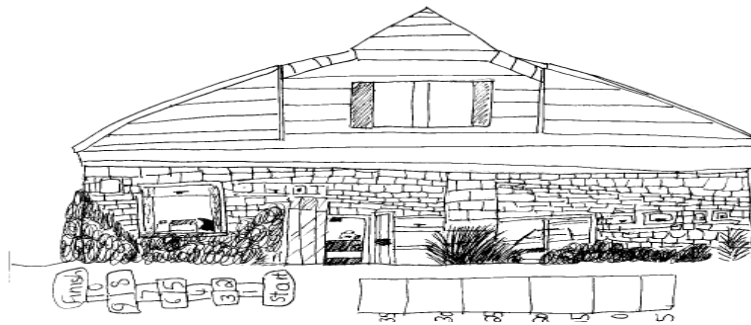


# **Graveley Primary School**

## **A Church of England (VC) School**



## **First Aid Policy**

<b>Date of policy</b>	<b>Autumn Term 2024</b>
<b>Ratified by the Governing Board on</b>	<b>20/11/2024</b>
<b>Date of next review</b>	<b>Autumn Term 2026</b>

## **Policy Statement**

At Graveley School, we recognise the importance of providing adequate and appropriate first aid equipment and facilities for all children, teaching, non-teaching staff and visitors to the school, and will take all reasonable practical steps to fulfil our responsibility. We have duly risk-assessed our site to meet and often exceed the HSE guidance.

## **Aims**

- 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.
- During normal school hours, to have a minimum of 3 trained First Aiders on site at any one time, including at least 1 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, the Local Authority (via SOLERO) and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995).
- 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 deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- 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 in writing to parents or guardians if a child has sustained any injury requiring medical treatment whilst at school.

## **Details of First Aid Practitioners at Graveley Primary School**

Appendix one outlines the training details of First Aid Practitioners at Graveley School.

## **Practical Arrangements at Graveley Primary School**

### **Location of First Aid Facilities**

- The designated sick room is in the staff room for first aid treatment and for pupils or staff to rest/recover if feeling unwell. This includes; first aid supplies, a water supply and sink, an adjacent bathroom, ice/cold packs and hygiene supplies such as gloves and paper towels.
- Minor first aid treatment (for small grazes, scrapes and bumps) may take place on the playground or in Squirrels conservatory.
- A fully stocked first aid kit is kept in the staff room.
- Mini-first aid kits (plasters, wipes, gloves) are kept in each classroom and in the playground box.
- A portable first aid kit must be obtained from the staff room for school visits, which contains the same contents as the main first aid kit.

## **Responsibilities of the Trained First Aiders**

- Provide appropriate care for pupils or staff who are ill or sustain an injury
- Record all accidents in the A5 duplicate accident book (to be found in the staff room) or if of a minor nature in the playground smaller duplicate accident book. The top copy is given to the child's class teacher, to be sent home to parents and the bottom copy passed to the school secretary who will make a copy for individual pupil files.
- In the event of any injury to the head, an accident slip from the duplicate accident book is completed. However if the bump results in a mark or bump, as the result of a fall from height, a call is also made to the child's parents to ensure they are aware. If in doubt of whether a call is needed, please liaise with the Head or Deputy Head teacher.
- Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day, having first consulted the Head or Deputy Head Teacher.
- Inform the appointed person of all incidents where first aid has been administered, other than to treat minor grazes, cuts and bumps.

## **Responsibilities of the Appointed Person(s)**

- 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. Diabetic needs, 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, ordering through the school office and ensure that first aid kits are replenished.
- Ensure that the school has an adequate number of appropriately trained First Aiders.
- Co-ordinate First Aiders and arrange for training to be renewed as necessary.
- Maintain adequate facilities.
- Ensure that correct provision is made for pupils with special medical requirements both in school and on off-site visits.
- On a monthly basis, review First Aid records to identify any trends or patterns and report to the Head Teacher and/or Governors.
- Fulfil the school's commitment to report to RIDDOR, as described below
- 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 staff room if possible and appropriate and to hospital in the case of an emergency. Parents should be informed as necessary by telephone by the first aider or school secretary, having first alerted the Head or Deputy Head Teacher. This will be followed up in writing, via the school duplicate accident book, which parents will be asked to sign when collecting their child, and a record kept at school.

**FIRST AID  
PROCEDURES  
FLOW CHART**

A pupil, member of staff is injured.

Is it life threatening?

Yes

No

**Ring 999**  
Postcode: SG4 7LJ  
Call for the nearest First Aider to administer emergency first aid.  
Alert the Headteacher/Deputy Headteacher, who will then call parents.  
When emergency services have arrived First Aider will complete the main school duplicate accident book and follow the school's reporting procedures. If ambulance arrives before parents, the appointed person will accompany the casualty to the hospital, until parents arrive.

Is the injury of a minor nature (e.g. small cut, graze, bump) and the casualty still mobile?

No

Yes

Alert/call for the nearest First Aider who will treat the casualty and complete the small duplicate accident form and feedback to the class teacher, ensuring accident slip is in child's bookbag.

Alert/call for the nearest First Aider, who will assess the casualty and take action as follows:

**FIRST AIDER NOW ON THE SCENE**

Having assessed the casualty is it safe to move the them?

Yes

No

Ensure that the casualty is comfortable and in the appropriate position, dependent on injury. Administer necessary First Aid.

Contact the Appointed Person who will call 111/999 for further advice, whilst the Head Teacher/Deputy Headteacher contacts parents to alert them of the situation.

Support the casualty to the Staff Room, for first aid treatment and complete the small duplicate accident form.  
Is the injury a significant bump to head? Is the child particularly distressed or will it likely require further medical treatment?

Yes

No

Return child to class and feedback to teacher. Ensure accident slip is in bookbag.

Is an ambulance required?

No

Yes

Having alerted the Head or Deputy Head Teacher, contact the parents to ask them to come up to school to assess their child. Ensure that the large duplicate accident form has been completed and request that parent sign it before signing out their child.

When emergency services have arrived First Aider will complete the large school duplicate accident book and follow the school's reporting procedures. If ambulance arrives before parents, the appointed person will accompany the casualty to the hospital, until parents arrive.

‘With God, all things are possible. Matthew 19:26’ 4

The following day the Appointed Person contacts the parent to see what medical treatment (if any) was required and follows the appropriate reporting procedures.

## Contacting Parents

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

- Head injury, which involves a cut to the head, visible mark, any swelling or bump.
- 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
- Bleeding injury (uncontrolled)
- Loss of consciousness
- If the pupil is generally unwell

Parents can be informed of **smaller incidents** at the end of the school day in person, in addition to the copy of the duplicate mini-accident book page.

## 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 unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital. **IF A SITUATION IS LIFE THREATENING THEN AN AMBULANCE SHOULD BE CALLED AT THE EARLIEST OPPORTUNITY WITHOUT WAITING FOR THE APPOINTED PERSON OR HEAD/DEPUTY HEAD TO BE ALERTED.**

## Accident Reporting

The duplicate accident book must be completed for any accident or injury occurring at school or on a school trip. This includes any accident involving staff or visitors. The accident book will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirements).

## Pupils who are unwell in school

Any pupil who is unwell cannot be left to rest unsupervised in the staff room. If a pupil becomes unwell, a parent should be contacted as soon as possible by the appointed person, or the school secretary having alerted the Head or Deputy Head Teacher. This includes sickness and/or diarrhea, the appearance of a rash and showing signs of a fever.

## First Aid Equipment and Materials

The appointed person is responsible for stocking and checking the first aid kits. Staff are asked to notify the appointed person when supplies have been used in order that they can be restocked.

The first aid boxes contain:

- A first aid guidance card
- At least 20 adhesive hypo allergenic plasters
- 4 triangular bandages (slings)
- Safety pins
- Cleaning wipes
- Adhesive tape
- 2 sterile eye pads
- 6 medium sized unmedicated dressings
- 2 large sized unmedicated dressings
- 6 large sterile gauze pads

- Disposable gloves
  - 1 resuscitator mask
  - Yellow clinical waste bag
  - Foil emergency blankets
  - Scissors
- *Ice packs are kept in the freezer in the small fridge in the hall.*

### **Mini First Aid Kits**

Each classroom and the playground box has a mini-first aid kit inside, for dealing with minor bumps and scratches. These contain:

- At least 12 hypo allergenic plasters
- Disposable gloves
- Cleaning wipes
- 4 medium sized gauze pads
- Foil emergency blanket

### **First aid for school trips**

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (pediatric 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 portable First Aid kit for school trips must be collected from the staff room. This must be returned to the staff room, alerting the appointed person if it needs replenishing. Any accidents/injuries must be reported to the appointed person and to parents and documented in the duplicate accident book 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.

### **Pupils using crutches or having limited mobility**

Parents must meet with the Head or Deputy Head Teacher prior to their child's return to school to discuss arrangements and complete and sign a risk assessment. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Parents must inform the school of any particular difficulties.

### **Emergency care plans and treatment boxes**

The appointed person ensures that staff are made aware of any pupil with an emergency care plan. These care plans are displayed in the staff room, with an up-to-date photo (updated each September or when plan established) on both the plan and box containing any medication. Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the appointed person and parents. Emergency treatment boxes must always be taken if the pupil is out of school. The boxes are kept in the staff room.

### **Pupils with medical conditions**

A list is available in the staff room of all pupils who have a serious allergy or medical condition. Medicine is administered by staff, on a voluntary basis, in accordance with our policy 'Supporting Children with Medical Needs'. Medication required is kept in an individual box, in the classroom with an up-to-date photograph of the child attached and a copy of the signed parental consent form inside. Asthma inhalers and epipens are kept in individual boxes (labelled with the child's name and photo) in the child class, in the teachers cupboard or on a high shelf. This information is useful for lesson planning and for risk assessments prior to a school trip. Individual boxes must be taken on school trips and then returned to the staff room/classroom on completion of the trip. If staff become aware of any condition not on these lists please inform the appointed person.

## **Dealing with body fluids**

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed.

- When dealing with any body 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 body fluids must be cleaned up immediately, making use of sani-granules

Bodily fluids include:

- Blood, Faeces, Nasal and eye discharges, Saliva, Vomit

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 body fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available in all 1st aid boxes) then placed in the waste bin in the staff room. Avoid getting any body fluids in your eyes, nose, mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

## **Infectious Diseases**

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other pupils and staff. The most up to date guidance can be found at <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources#exclusion-table>, however the table in Appendix 2, detailing specific periods of exclusion from school required was correct at time of reviewing this policy.

The school will notify Public Health England – East of England Health Protection Team on 0300 303 8537 (option 3) if they suspect an outbreak (an incident in which 2 or more people experiencing a similar illness are linked in time or place) of any of the infectious diseases listed below to discuss the situation and agree if any actions are needed.

- Diphtheria
- Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningitis
- Scarlet Fever
- tuberculosis
- typhoid
- whooping cough (also called pertussis)

## Diarrhea and Vomiting

In the case of an outbreak of diarrhea and vomiting the appointed person will complete the checklist in Appendix 3 (diarrhoea and vomiting outbreak – schools, nurseries and other childcare settings action checklist) and liaise with the East of England Health Protection Team, if required.

### Appendix 1

Course completed	Member of staff	Course Provider	Date completed renewal date
Paediatric First Aid	Tracey Tooley	Herts for Learning	November 2023 Renewal November 2026
	Leanne White	Herts for Learning	November 2023 Renewal November 2026
	Michelle Lingwood	Herts for Learning	November 2024 Renewal November 2027
	Sheena Leonard	Herts for Learning	March 2024 Renewal March 2027
	Jayne Geary		Renewal September 2025
First aid in the work place	Sheena Leonard	Hearn Training (3 days)	May 2022 <i>Renewal May 2025</i>
Emergency First Aid at work	Amanda Otto	Hearn Training	November 2024 <i>Renewal November 2027</i>

## Appendix 2 - Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other pupils and staff. The most up to date guidance can be found at [Exclusion table - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/exclusion-table), however the table in Appendix 2 was correct at time of reviewing this policy.

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over	Pregnant staff contacts should consult with their GP or midwife
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT)
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped	If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A For more information see chapter 3

**"With God, all things are possible."  
Matthew 19.26**

Diphtheria*	Exclusion is essential. Always consult with your <a href="#">UKHSA HPT</a>	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT For more information see chapter 3
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your <a href="#">UKHSA HPT</a> for more advice
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period

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Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your <a href="#">UKHSA HPT</a> will advise on any action needed
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your <a href="#">UKHSA HPT</a> for more
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Ringworm	Not usually required	Treatment is needed

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Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment

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Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB)</p> <p>Exclusion not required for non-pulmonary or latent TB infection</p> <p>Always consult your local HPT before disseminating information to staff, parents and carers</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread</p> <p>Your local HPT will organise any contact tracing</p>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	<p>Preventable by vaccination.</p> <p>After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing</p>

\*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA health protection team of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.

The NHS website has a [useful resource](#) to share with parents.

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### Appendix 3. Diarrhoea and vomiting outbreak – schools, nurseries and other childcare settings action checklist

Date Completed:			
Checklist Completed By (Print Name):			
Name & Tel No of Institution:			
Name of Head Teacher/Manager:			
	Yes	No	Comments:
Deploy 48 hour exclusion rule for ill children and staff			
Liquid soap and paper hand towels available			
Staff to check/encourage/supervise hand washing in children			
Check that deep cleaning, ie twice daily (min) cleaning and follow through with bleach/Milton/ appropriate disinfectant is being carried out, (especially toilets, frequently touched surfaces eg handles and taps and including any special equipment and play areas). Ensure that all staff/contractors involved in cleaning are aware of, and are following, the guidance			
Disposable protective clothing available (ie non-powdered latex/synthetic vinyl gloves & aprons)			
Appropriate waste disposal systems in place for infectious waste			
Advice given on cleaning of vomit (including steam cleaning carpets/furniture or machine hot washing of soft furnishings)			
Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys			
Suspend use of soft toys plus water/sand play and cookery activities during outbreak			
Segregate infected linen (and use dissolvable laundry bags where possible)			
Visitors restricted. Essential visitors informed of outbreak and advised on hand washing			
New children joining institution suspended			
Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers.			
Check if staff work elsewhere (restrict) and that all staff are well (including agency). Exclude if unwell (see above re 48 hour rule)			
HPT informed of any planned events at the institution			
Inform School Nurse and discuss about informing OFSTED, if applicable.			

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