



First Aid Policy

Including

Asthma Procedures

Safeguarding Statement

West Heath Primary will continuously strive to ensure that everyone in our school is treated with respect and dignity. Each person in our school will be given fair and equal opportunity to develop their full potential with positive regard to gender, ethnicity, cultural and religious background, sexuality or disability. West Heath Primary School is committed to safeguarding and promoting the welfare of children and young people, and expects all staff to share this commitment.

Approved by: Headteacher

Next review due by: September 2024

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1. Aims

The aims of our first aid policy are to:

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

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](#) 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 School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed persons are

1. Paediatric First Aid:

Dean Taylor-Bryant, Sarah Ellis, Louise Baker & Reece Blair

2. First Aid at Work:

Dean Taylor-Bryant & Lorraine Elms

They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and ensuring staff replenish the content when used
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

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
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident

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

3.2 The local authority and governing board

Birmingham City Council has ultimate responsibility for health and safety matters in the school, but delegate's responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the head teacher and staff members.

3.3 The head teacher

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 present in the school at all times
- 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
- Reporting specified incidents 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 person(s) in school are
- Informing the head teacher or their manager of any specific health conditions or first aid needs

4. First aid procedures

4.1 In-school procedures

First Aid and Illness

- Children who feel unwell during lessons should be dealt with by the Teaching Assistant in their class. If needed, they will then be taken to the medical area/school office.
- If the class doesn't have a Teaching Assistant (TA), the class teacher would send a child to a class with a TA who would administer first aid.
- Monitoring of unwell children will be the responsibility of the Senior Leadership Team (SLT).
- If a child needs to be sent home a member of the SLT will be consulted first.
- Staff will be made aware of any children in their class who have an individual health plan. Care plans are available in the red medical folder in each classroom.
- The head teacher acting on behalf of the Local authority can exclude a child from school with the purpose of separation from others. This could be due to them having a potentially dangerous or infectious disease, thus stopping the infection spreading.
- Every classroom has a basic first aid kit and record book, also emergency sick bowls.
- Full emergency first aid kits are available around school, Medical rooms, School Office.
- At playtimes/lunchtimes, qualified first aiders will be on duty in the playground at all times.
- Children on the playground will initially be dealt with by the first aider if further aid is needed, they will be taken to the first aid area by the year 6 stairs.

Accident Procedure

The injured person will be seen by a first aider on duty. If the first aider requires further assistance they will ask for either a Paediatric or First aid at work trained member of staff to support them depending on the age of the casualty.

- If they believe hospital treatment is required, they will liaise with a member of the SLT who will:
 1. Arrange for emergency services (999) to be called
 2. Arrange Parent /carers to be informed
 3. Arrange child/adult to be transported to the appropriate hospital by Taxi or car, taking another adult as a driver (insured only).

All accidents must be fully recorded in the Accident/Illness register by the person who dealt with the incident.

Bumped Heads

Any bumped head is to be treated as serious, no matter how minor. All bumped heads are treated with an ice pack. First aid slips will be sent home, and the child is given a bumped head sticker as a visual reminder. The class teacher should be informed and a close eye kept on the child. Parents **MUST** always be informed at the end of the school day. If the bump is substantial then parents must be informed immediately by telephone.

The first aider will liaise with a senior leader in school if they feel a parent needs to collect their child and seek further medical advice.

Cuts

All open cuts should be covered after they have been treated with a medical wipe. The child must be asked if they can wear plasters before one is applied.

ANYONE TREATING AN OPEN CUT MUST WEAR GLOVES.

All blood waste is disposed of in the appropriate bin (yellow) located in the medical rooms.

Accident Register

The accident registers are located in the medical rooms. If a child is administered first aid they must be given an accident slip to take home to their parents. If a child is taken to hospital after an accident in school, then a form needs to be submitted to the local authority within seven days. The school office will be responsible for managing this task.

All old accident registers will be kept centrally and stored until the child reaches 21 years of age. If this relates to an adult, the form will be kept for three years from the date of the injury.

Vomiting and Diarrhea

If the child vomits or has diarrhea on site, they will be sent home. Children will not be allowed back to school for 48 hours after the last symptom has elapsed.

Rashes

If a child is suspected of having chicken pox or any infectious disease their parents will be contacted and asked to take their child to the GP for a full examination and diagnosis.

If your child has any sign of infectious disease they need to stay off school for a prescribed period of time. Members of staff will be informed of infectious diseases in school.

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
- 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, the minimum equipment required. This will be checked each term.

Risk assessments will be completed by the Trip Leader prior to any educational visit that necessitates taking pupils off school premises. The risk assessment will identify arrangements for first aid.

- For Early Years there will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits. This is a requirement of the statutory framework for the Early Years Foundation Stage.
- For all other groups a qualified first aider must always be present.

5. First aid equipment

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

- 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)
- 2 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- The medical cupboard (bottom of Year 6 stairs)
- All classrooms
- The school kitchens
- School minibuses
- Forest School area

6. Record Keeping and reporting

6.1 First aid and accident record book

- An accident form 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 (appendix 2)
- As much detail as possible should be supplied when reporting an accident
- A copy of the accident report form will also be stored securely in school
- Records held in the first aid and accident book will be retained by the school for a minimum term set out by the Local Authority. All records disposed of securely.

6.2 Reporting to the HSE

The medical officer will keep a record 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 Medical officer will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences 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)
 - Any scalding 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
- Where an accident leads to someone being taken to hospital
- 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

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)
<http://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying parents

The First aider or school office 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.

6.4 Reporting to Ofsted and child protection agencies

The Head teacher will notify Ofsted 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, and no later than 14 days after the incident.

The Head teacher or Designated Safeguarding Lead (DSL) will also notify the Local Authority / Birmingham Children's Trust of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

All school staff are able to undertake first aid training if they would like to.

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 expires (see appendix 1).

The school will arrange for first aiders to retrain before their first aid certificates expire. 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.

8. Monitoring Arrangements

This policy will be reviewed by the Senior Leadership team and the Governing Body every 12 months.

At every review, the policy will be approved by the Governing Body.

9. Links with other Policies

This first aid policy is linked to the:

- Health and Safety policy
- Policy on supporting pupils with medical conditions

10. Asthma Procedures

All parent/carers will be asked to complete the Asthma consent form (**see appendix 3**) giving full details of their child's asthma needs. Regular medication, emergency contact, family GP and reliever details. This form will also allow staff to administer the school's emergency inhaler if the need arises.

This form will ask information such as.

- Known triggers
- How many puffs
- Emergency plan

Every child with an asthma diagnosis **MUST** have a reliever (blue) in school. Clearly labelled with name and class.

- It is the **PARENTS** responsibility to keep records up to date and inhalers expiry date and checked it is full.
- The school has an emergency Salbutamol Inhaler in school and will be used if needed. All parents would have consented to this when completing the initial asthma form. If this is used a record of this will be kept and the parents informed.

Storage and Disposal of Inhalers

- All inhalers need to be clearly labelled with the child's name.
- Inhalers are kept in the classroom in a suitable, clearly labelled medical Box. It should be easily accessible and visible to staff and pupils.
- Older pupils are encouraged to become self-managing by the end of year 6, and may if requested by parents, carry their own inhalers.
- Ideally 2 inhalers should be in school for emergency use.
- Emergency reliever inhalers are kept in the main office, medical room, PE office.
- Technique concerns should be referred to the school nurse.
- Most children do not use relievers on a daily basis, therefore if a child experiences prolonged symptoms and needs to use their inhaler excessively, parents will be informed.
- Every time an inhaler is used, it will be noted on the child's asthma record.
- Spacers should be sent home at least half termly to be washed and returned at the start of term with the child again. They must be clearly labelled.

Activities and Exercise

- If pupils leave the premises e.g. school trips, swimming, etc. The Asthma box/inhaler must go with them.
- Pupils with asthma are encouraged to participate in PE lessons.
- Some pupils with asthma may need to use their reliever inhaler, before, during or after exercise.
- Reliever inhalers are readily available at all times and are taken into the PE lessons.

Asthma Attack

- Staff are trained to spot and know how to manage a child experiencing an asthma attack. They are trained about when and how to call an ambulance and what to do whilst waiting for the ambulance to arrive.
- Staff will follow the procedure outlined in the "Asthma Attack Flow chart" this is visibly displayed in the medical cupboard and in the class medical folders. (**Appendix 4**).
- Staff will reassure the child to keep them calm and sit them in a comfortable position.
- Sit comfortably and try to keep calm.
- Take one puff of your reliever inhaler every 30-60 seconds. You can take up to 10 puffs.
- If your symptoms improve, you still need to contact your GP, nurse or out-of-hours service the same day.
- **If you feel worse while you're using your inhaler or you don't feel better after 10 puffs or you're worried, call 999.**

In this case, take 10 more puffs after 15 minutes, if you need to

Appendix 1: list of appointed persons for first aid

STAFF MEMBER'S NAME	STAFF MEMBER'S NAME	EXPIRY DATE
Joanne Sullivan	Kirsty Hodgson	March 2026
Kim Benton	Adam Hooper	
Natalie Bosworth	Steven Jackson	
Craig Ellicott	Kira Jones	
Amber Fay	Megan Lippett	
Claire Andrews	Tracey Reading	
Reiss Barker	Jade Westwood	
Kate Woodcock	Kelly Vale	
Marjorie Clews	Tom Angel	
Ben Collis	Kim Hatch	
Kirandeep Flora		
Lucinda Foster		

The school will receive ongoing support from the school nursing team who will help and support with ongoing medical needs. The school nursing team will also carry out training for staff which includes:

- Epi pen
- Epilepsy
- Asthma
- Diabetes awareness

This training last took place in September 2023 and will be renewed in September 2024 or sooner if the need arises.

Appendix 2: accident report form

NAME OF INJURED PERSON		ROLE/CLASS	
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT	
INCIDENT DETAILS			
ACTION TAKEN			
FOLLOW-UP ACTION REQUIRED			
<p>Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again.</p>			
NAME OF PERSON ATTENDING THE INCIDENT			
SIGNATURE		DATE	

Appendix 3: asthma consent form

Asthma Consent Form

The school will not administer medicine unless this form has been completed and signed by a parent/guardian.

All inhaler use will be overseen or administered by a member of staff.

Pupil Details:

Name..... Class.....

Medication:

Name/Type of medication

Known triggers Possible side effects

How many puffs How often (as directed by your doctor)

Additional information:

.....

1. I understand that it is my responsibility for my child's inhaler/spacer to be in school at all times. This should be cleaned and returned to school every half term.
2. I will also keep the school fully informed of any change to my child's condition.
3. I am aware the school will contact me, if there are any concerns regarding my child's medication.
4. In the event that my child's Inhaler stops working or cannot be accessed I authorise the use of the school's emergency Salbutamol inhaler to help relieve my child's asthma symptoms.

Parent/guardian Signature Date

Print Name Relationship to child

Staff SignatureDate

Appendix 4: asthma attack flow chart

HOW TO RECOGNISE AN ASTHMA ATTACK?

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Guidance on the use of emergency salbutamol inhalers in schools

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.