

First Aid Policy

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1. The Policy

- 1.1. This policy applies to the schools of The Stephen Perse Foundation (the 'Foundation') including Early Years and boarding.

2. Introduction

- 2.1. The Foundation is mindful of the need to safeguard the wellbeing of all pupils, staff and visitors to their schools and will ensure, as far as is reasonably practicable, that First Aid arrangements will be managed in compliance with the management of The Health and Safety (First Aid) Regulations 1981 (revised 2013) and The Education (Independent School Standards) (England) Regulations 2014 and takes account of the Guidance for first aid in schools, early years and further education (February 2022) .

3. Provisions for First Aid

- 3.1. Each site within the Foundation, including each boarding house, is risk assessed to ensure appropriate levels of first aid provision. These risk assessments are carried out by a competent person and reviewed annually and updated as necessary as a result of a statutory or other significant change.
- 3.2. As well as the minimum provision required, the risk assessments set out in detail any additional provision required specific to each boarding house and each School's needs.
- 3.3. The risk assessments identify needs for each of the sites, high risk areas and activities and (when required) individuals requiring specific or specialist provision. They also take into consideration out-of-hours activities and provision for those on site out of term time. Provision for first aid for expeditions is risk assessed separately by the Trip Leader.

4. Qualifications and Training

- 4.1. The aim of training is to give staff sufficient understanding, confidence and expertise in first aid. Staff trained in first aid will respond to incidents that extend beyond initial welfare, such as might include cleaning a small wound or applying a basic dressing and there are no other signs of injury or distress.

5. Responsibilities

- 5.1. The role of the first aider is to provide care after an accident or injury including preserving life, minimising further injury and making the patient as comfortable as possible until professional help is available. It is not to give treatment. This document sets out the procedures to be followed for the provision of first aid when the schools are open, when holiday courses are

running and when a school is open to staff and visitors during the holidays. It also gives general guidance for the provision of first aid for students and staff on sports fixtures and visits away from the school. There is always a trained first aider on duty during the school day situated around school.

5.2. **The Foundation Healthcare Practitioner**

5.2.1. The Foundation's Healthcare Practitioner, primarily based at the Senior School site, is responsible for overseeing health promotion and can provide first aid advice on a variety of different areas for pupils. The Foundation's Healthcare Practitioner, when on duty, can be contacted to deal with first aid emergencies where practicable and give advice over the telephone. In the event of a serious first aid incident, contacting the healthcare practitioner must not delay providing first aid.

5.3. **First Aiders**

5.3.1. Trained first aiders are responsible for:

- Providing immediate care for common injuries or illnesses and those arising from specific hazards within the Foundation and its undertakings.
- Responding to any incidents as they arise – during the school day, during sports fixtures, when attending trips away from school. First aiders can either provide immediate and appropriate treatment, signpost the injured or unwell pupil/person to the appointed person or request that appointed persons are called to attend to the injured or unwell student/person.
- When a student or member of staff requires first aid when they are away from school, first aid should be provided by a trained first aider and professional medical help sought in the case of an emergency.
- Filling in an accident form (IRF) on the same day, or as soon as is reasonably practicable, after an incident

5.3.2. When necessary, First Aiders will be responsible for ensuring that an ambulance or other professional medical assistance (including the Healthcare Practitioner, if appropriate) is contacted.

5.3.3. First Aiders must have completed a training course, and refresher training as required, approved by the Health and Safety Executive (HSE) and appropriate for the role. A list of qualified First Aiders is available in the Health and Safety shared drive. All boarding staff complete a first aid qualification.

5.4. **Paediatric First Aiders**

5.4.1. Paediatric First Aiders will have the relevant First Aid Qualification which enables them to provide first aid to those pupils who fall within the Early Years age group. We ensure that we meet the minimum required number of paediatric first aiders and we aim to train as many EYFS as

possible. At least one person who has a current paediatric first aid certificate must be on the premises and available at all times when Early Years children are present, and must accompany Early Years children on outings.

5.5. Appointed Persons

5.5.1. The Foundation employs Appointed Persons in addition to First Aiders. Such persons will have received formal training and their duties include:

- taking charge when someone becomes ill or is injured;
- looking after first aid equipment and provisions, e.g. restocking of supplies;
- ensuring that an ambulance or other professional medical help is called when appropriate; and
- reviewing pupil's confidential medical records and providing essential medical information regarding allergies, recent accidents or illness, or other medical conditions which may affect a pupil's functioning at the School to relevant staff on a need-to-know basis.

5.5.2. First Aiders, including paediatric First Aiders, and Appointed Person training, such as administration of medicine, will be renewed at least every 3 years.

5.6. Off-site procedures

When taking students off the school premises (sports fixtures or trips), staff will ensure they always have the following:

- A mobile phone, fully charged, with relevant contact details stored.
- A portable first aid kit and where needed, a basic medicine box.
- Information about the specific medical needs of pupils and staff.
- Parents' contact details/staff next of kin information.

For trips, risk assessments will be completed by the Trip Leader with support from the appointed person prior to any educational visit that necessitates students being off school premises.

For away sports fixtures, a transport assessment is carried out and sports staff carry individual first aid kits, with most sports staff first aid trained. There is one first aider at away sports fixtures, on school trips and visits unless other arrangements are in place to provide first aid.

6. Anaphylaxis training for staff

6.1. All staff are required to have training on anaphylaxis on induction to the Foundation and every three years, which includes:

- recognising the range of signs and symptoms of an allergic reaction;
- understanding the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild symptoms;
- appreciating the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse;
- awareness of the anaphylaxis procedures;
- how to check the allergies on the MIS;
- how to access the emergency AAls;
- who the appointed persons who have responsibility for helping to administer an emergency AAI are, and the policy and procedures on how to access their help; and
- practical instruction in how to use the different AAI devices available.

7. Access to First Aid

- 7.1. Information concerning first aid arrangements will be given to all staff and pupils during induction training and lists of First Aiders and Appointed Persons will be displayed in hard copy in various locations around the Foundation. The information displayed will be updated by the Appointed Persons each half term, as a minimum.

8. First Aid Equipment

- 8.1. The Foundation has made provision at each School site for first aid rooms/areas in line with the Education (School Premises) Regulations, which require every school to have a suitable room that can be used for medical treatment when required and for the care of pupils during school hours.
- 8.2. In respect of the boarding houses, boarding students either have their own individual en-suite room or there is a good quality room in the boarding house which can be used for medical treatment when required.
- 8.3. There are First Aid Kits available throughout the Foundation, including on school vehicles. All First Aid Kits will be clearly marked FIRST AID. Nominated members of staff will check first aid equipment such as First Aid Kits on a termly basis and replenish them as necessary. A First Aid Kit will be taken when pupils leave the school on organised trips or participate in sports activities, away from the main sites.
- 8.4. All medicines are stored and administered within guidelines laid out in the Foundation's Medicines Policy. Nominated members of staff will also ensure that any medicine held in school for pupils with medical conditions is available to appropriate members of staff for trips and that they are competent in administering this medicine.

9. Emergency First Aid Equipment

9.1. *Automated External Defibrillators*

9.1.1. Automated External Defibrillators (**AEDs**) are located at Salisbury Villas, Shaftesbury, Madingley, the Junior School at the Fitzwilliam Building, next to the medical room, in the Sports Hall at the Senior School, the Sixth Form, Bateman Street Reception, Dame Bradbury's, in the foyer of the Rainey Hall and Latham Road and in the offices at Scholars House and St Barnabas boarding houses. The AEDs are tested by the relevant Appointed Person on a weekly basis in accordance with the Department for Education's "[Automated external defibrillators \(AEDs\) - A Guide for Schools](#)" (November 2014, updated August 2023) and the results recorded.

9.1.2. All qualified First Aiders have also been trained in the use of AEDs.

9.1.3. Assisting someone who has suffered a cardiac arrest can be a stressful experience for the rescuer. Should a rescuer need support after an incident, they may be able to request a debriefing from the local ambulance service or seek help from their GP. They will also be informed on how to contact our Mental Health Aiders and directed to the support available through the mental health gov.uk page, including Education Support's free 24-hour helpline dedicated to staff working in education.

9.2. *Emergency salbutamol inhalers*

9.2.1. The Foundation has emergency salbutamol inhalers at the following Foundation sites which are located as follows:

- Dame Bradbury's (Front Office)
- Salisbury Villas (Reception)
- Madingley (Medical Room)
- Shaftesbury House (Front office)
- The Junior School at the Fitzwilliam Building (Medical Room)
- Senior School (Medical Room and Staff Room)
- Sixth form, Bateman Street (Reception)
- Latham Road pavilion (Staff Office)
- The Visual Arts Centre (the **VAC**) (disabled facilities)
- Scholars House (Staff Office)
- St Barnabas (Room 1)

9.3. *Emergency adrenaline auto injectors*

9.3.1. The Foundation has emergency adrenaline auto injectors (**AAIs**) at the following Foundation sites which are located as follows:

- Dame Bradbury's (Front Office)
- Madingley (Medical room)
- Salisbury Villas (Reception)
- Shaftesbury House (Front Office)
- the Junior School at the Fitzwilliam Building (Medical Room)
- Senior School (Staff Room)
- Latham Road pavilion (Staff Office) and
- The Visual Arts Centre (the **VAC**) (disabled facilities)
- Sixth Form, Bateman Street (Reception)
- Scholars House (Staff Office)
- St Barnabas (Room 1)

9.3.2. Please see the Foundation's Emergency Adrenaline Auto Injectors Protocol in Annex 3 and Emergency Asthma Inhaler Protocol in Annex 4 of the Foundation's Supporting Pupils with Medical Conditions policy for further information. These protocols have been drafted by reference to the Department of Health 'Guidance on the use of emergency adrenaline auto-injectors in schools', September 2017 and 'Guidance on the use of emergency salbutamol inhalers in schools', March 2015.

9.3.3. Guidance on when to call an ambulance or access urgent medical care services can be found at Annex 1 to this Policy below.

10. Mental Health First Aid

10.1. Following the Foundation's first aid needs assessment, the decision was made that it will be beneficial to have personnel trained to identify and understand symptoms and be able to support pupils, students and staff who might be experiencing a mental health issue. Both adult and youth mental health first aiders are deployed across all schools of the Foundation and there is a Senior Mental Health Lead for each school. Please refer to the Mental Health Policy

11. Accident Reporting

11.1. All accidents and incidents requiring first aid should be reported and recorded in the MIS, on MyConcern where there may be wider welfare concerns, on the Incident Report Form (**IRF**) where applicable, and a notification sent to parents via the MIS. In the nursery, parents are also informed via the Care Diary in Tapestry.

11.2. Accidents and incidents requiring first aid, relating to boarding students, should be notified to the relevant Appointed Person in boarding who will notify parents, as appropriate.

- 11.3. Incidents including those reportable under RIDDOR must also be logged through the management information system. Incidents reportable under RIDDOR also need to be reported through the IRF.
- 11.4. Please see the Foundation’s Accident, Incident and Near Miss Reporting Policy and Procedures for further information.

12. Medical Care

- 12.1. This policy is limited to the provision of first aid, but the Foundation has arrangements in place for:
- dealing with pupils who have special educational needs or particular medical conditions (for example asthma, epilepsy, allergies and diabetes); and
 - dealing with medicines and treatments brought to school for pupils.

13. Related policies and procedures

- 13.1. Please also refer to the following Foundation policies and procedures:
- First Aid Procedures (Annex 2 to this policy)
 - Head Injury Procedures
 - Ill Health Procedures
 - Medicines Policy
 - Supporting Pupils with Medical Conditions Policy
 - Mental Health Policy

Reviewed: October 2023

Review History

Date of adoption of this policy	30th October 2023
Date of last review of this policy	20th October 2023
Date for next review of this policy	Autumn Term 2024
Policy owner	Healthcare Practitioner
Authorised by	The Foundation Welfare, Health and Safety Committee

ANNEX 1

Guidance on when to access urgent and emergency care services

NHS 111

Call NHS 111 if you are worried about an urgent medical concern.

NHS 111 advisers can also assess if an ambulance is required and will send one immediately if necessary.

999

Call 999 in a medical emergency. Medical emergencies can include (but are not limited to) where staff reasonably suspect:

- Unconsciousness
- Heart attack or chest pain
- Fitting or convulsions that are not stopping
- Persistent, severe chest pain
- Unable to breathe
- Severe bleeding that cannot be stopped
- Severe allergic reactions, including anaphylaxis or suspected anaphylaxis
- Severe burns or scalds
- Choking
- Serious traumatic injury including major blood loss or bone fractures

Below is a poster from the East of England Ambulance service to guide our staff evaluating the situation they are facing. Where they reasonably suspect a medical emergency such as those on the poster they should call an ambulance and be guided by the call handler.

An ambulance must be called for any episode of anaphylaxis requiring treatment with an AAI, any asthma attack in which the initial use of the pupils inhaler does not relieve the symptoms, any diabetic coma, any seizure or any medical emergency/injury requiring paramedic support (eg. Immobilisation).

In the event of a student requiring treatment at a hospital a member of Foundation staff will accompany the student until a parent/carer, or a member of boarding staff where appropriate, can reach the hospital.

School's edition: When should you call 999?

Make sure that the person calling 999 is with the patient
We will be asking questions about their condition and giving advice on what you need to do to help them while help is on the way.



You do not have to be first aid trained!
All instructions will be given to you by our call handler. They will talk you through it.



Do not stop CPR
when the ambulance crew arrives
They will require a moment to assemble any equipment. Keep going until they tell you to stop and take over.



Is there a defibrillator on site?
If so, can someone go and get it for you?
Should you need it, they are easy to use and show you how step-by-step.

CONTACTING 999 IF YOU ARE SPEECH OR HEARING IMPAIRED
You can contact us by a text message from your mobile phone. EmergencySMS is available in any type of emergency for people who can't use the standard 999 voice services. Register at <http://www.emergencysms.org.uk/>

ANNEX 2
Practical arrangements at point of need
Procedures

Accessing first aid

If you need to contact a first aider please call:

- **Madingley** (Ext 5003)
- **Salisbury Villas** (Ext 7100)
- **Shaftesbury Road** (7201)
- **Fitzwilliam Building** (Ext 2240)
- **Dame Bradbury's** (Ext 4005)
- **Senior School** (Healthcare Practitioner 07970852358/ Ext 1172) or the School Office (1156)
- **Sixth Form** (Ext 3432)
- **Scholars House** (Ext 7970)
- **St Barnabas House** (Ext 7980)

Pupil Illness

If a pupil feels unwell, it is the responsibility of the class teacher or member of staff on duty in the first instance to try to establish the cause. The member of staff (or a pupil if deemed appropriate) should escort the pupil to the medical room, if safe to do so and particularly with suspected infectious diseases, and seek the assistance of an appropriately first aid trained member of staff/the Appointed Person. The nominated member of staff or member of the senior leadership team will decide whether to contact the child's parents and send the child home.

Boarding students

If a boarding student is not well enough to attend School/Sixth Form they should speak to the boarding staff at the first welfare check each morning. The boarding staff will contact the Appointed Person (Matron) to inform them of any boarding students who are not well enough to attend school/Sixth Form and the Appointed Person (Matron) will notify the relevant School/Sixth form office of this.

Where reference is made to the Appointed Person below, these duties will be delegated, by the Head of Boarding to a member of boarding staff, as appropriate, where the Appointed Person is not on duty or available.

If a boarding student is reported absent from class, the office will ring the student and/or boarding staff and if they say they are sick, the Appointed Person (Matron) will be informed and they will arrange to see the boarding student. The Appointed Person (Matron) will communicate the outcome (e.g. coming into School/Sixth Form, boarding student ill in bed, boarding student going to doctors etc) to the School/Sixth Form office in due course and the information will be recorded in iSAMS.

The Appointed Person will speak to the boarding student to assess his or her needs, treat the boarding student as appropriate and will monitor as necessary. The member of the boarding staff will remind the boarding student to let the boarding staff know if symptoms worsen. The boarding student will also be reminded to stay in the house that evening. If necessary the Appointed Person (Matron) will make a doctor's appointment for the boarding student and, if they are too ill to go unaided, a member of the boarding staff will accompany them. If a boarding student requires a GP appointment, they can be accompanied by a member of the boarding house if they wish.

The boarding staff will update other boarding staff, as part of their handover, and the School/Sixth Form office staff, as appropriate. The Appointed Person (Matron) and other boarding staff on duty will check on ill boarding students during the course of the day, in the evening and at curfew time, and will provide food and drink as necessary, depending on the severity of the illness. There are two designated medical rooms, one in each boarding house.

During School/Sixth Form hours, any boarding student who is told by the doctor to go to the hospital or who is involved in an accident will be taken by the Appointed Person/boarding staff or another designated member of staff by taxi, unless an ambulance is called. The member of staff will stay with the boarding student at least until they have been seen by the doctor, had x-rays or other assessments and been admitted to a ward. The member of staff accompanying the student will communicate with the Head of Boarding to determine who should ring parents and to decide who will visit during the evening/provide support to the boarding student during their stay in hospital.

Boarding students should never be told to make their own arrangements for emergency treatment and should always be accompanied by a member of Foundation staff.

Boarding students who become ill during the evening or weekends

If a boarding student is unwell during these times, they should let the boarding staff on duty know as soon as possible.

The doctor's surgery is open from Monday to Friday from 8.30 – 6.00 Monday to Friday. Outside these times, if the boarding staff and student feel that the problem cannot wait they should call 111. NHS Direct Cambridge will usually get a doctor to call back and speak to the patient and then give advice on what to do next. If they advise hospital treatment the boarding staff should immediately speak to the Head of Boarding to decide which member of the boarding staff should accompany the boarding student to the hospital. Procedures then follow the pattern above.

If a student obviously needs emergency treatment, the boarding staff should ring 999 for an ambulance and ring the Head of Boarding as soon as possible. If a boarding student receives treatment at the hospital during the evenings or at weekends, boarding staff will be informed as part of the handover and a record will be created in iSAMS.

"Gillick" competence

“Gillick competence” is used in medical law to determine whether a child (aged 15 or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge. A child will be deemed “Gillick competent” if they have sufficient age and understanding to make an informed decision, including both the nature and the implications of that decision. A student aged 16 years and above will be assumed to be competent and therefore Sixth Form students (i.e. those aged 16 or over) may give or withhold their own consent for medical treatment. Although there is no lower age limit for Gillick competence to be applied, it would rarely be appropriate or safe for parents not to be involved in decisions relating to a child of under 12. The Foundation will therefore assess the competence of any students aged under 16 on a case by case basis, with reference to the facts and in accordance with the test for Gillick competence. A student who is deemed to be “Gillick competent” may also give or withhold their own consent for medical treatment.

Spillage of Bodily Fluids

For any spillage of bodily fluids (eg bleeding, vomiting or other), the Maintenance Team is to be contacted immediately. They will arrange for the spillage to be cleaned up. Disposable gloves must be worn when dealing with such spillages.

Protecting from Blood-Borne Viruses

The Foundation aims to prevent or control the risks to staff from blood-borne viruses (BBVs) that they may encounter during the course of their work, the main viruses of concern being human immunodeficiency virus (HIV, which causes AIDS), Hepatitis B virus and Hepatitis C virus. BBVs are carried in the blood of infected people (it is possible for a person to be infected but be unaware of it). They are also carried in other body fluids. Some bodily fluids such as saliva and urine may contain one or more of the viruses but are unlikely to be an infection risk unless they contain visible blood.

Risk Assessment and Control

Tasks where staff could be exposed to BBVs will be assessed and controls introduced to eliminate or reduce the risks to the lowest reasonably practicable level. The findings of these risk assessments will be communicated to the staff concerned and training in the use of the control measures will be provided. The procedures that should be followed if a member of staff is exposed to blood that may contain a BBV will also be explained.

- Staff identified as being particularly at risk from Hepatitis B virus may be vaccinated.
- Where risks from BBVs cannot be reduced to acceptable levels by other means, staff will be provided with suitable personal protective equipment (PPE) and trained in its use.
- All potentially infected materials and equipment (e.g. clinical waste, soiled clothes, syringes and needles) will be identified and arrangements made for them to be handled and disposed of safely.
- All needle-stick injuries, puncture wounds and incidents involving exposure to blood or bodily fluids will be investigated by Management and the relevant risk assessments reviewed and, if necessary, amended.

All staff are responsible for using the control measures described in the risk assessments for tasks that they carry out.

Procedures

Where there is a risk of exposure to blood or bodily fluids, equipment or materials contaminated with these, the following precautions must be adopted:-

- cover all cuts, sores, chapped skin or other open wounds with a waterproof dressing;
- when collecting abandoned sharps always wear gloves;
- wherever possible, use litter tongs to pick up rubbish and abandoned sharps;
- when litter picking, wear safety boots; place discarded sharps in a yellow sharps box. When three-quarters full, yellow sharps boxes must be disposed of as contaminated waste by a licensed waste carrier;
- do not use teeth when putting on/removing gloves;
- wear disposable gloves when administering first aid;
- pull off gloves so that they are inside out;
- hands must be washed with soap before and after applying dressings;
- hands and other parts of the body must be washed immediately with soap and water after contact with blood, other bodily fluids and after removing gloves;
- blood and bodily fluids (except urine) should be cleaned up by using absorbent materials and a solution of one part bleach to ten parts water; N.B. DO NOT use bleach on urine spillages - use soap and water;
- when handling needles and other sharp equipment take care to avoid accidentally cutting or piercing the skin. Used needles must be placed immediately into a sharps container found in medical room and disposed of by incineration;
- if a needlestick injury or puncture wound occurs or you come into contact with blood or bodily fluids that may contain a BBV, please seek advice from the Healthcare Practitioner in the first instance.

Needlestick or Sharps Injury Protocol

If a needlestick injury or puncture wound occurs or you come into contact with blood or bodily fluids, the procedure below should be followed:

- Encourage cuts and wounds to bleed.
- Wash the affected area thoroughly with soap and running water.
- After bleeding the wound and holding it under running water, if available, clean the affected area with a Mediswabs or medicated hand wash.
- If mucous membranes or eyes are affected, wash the affected area with copious quantities of running water.

Attend the nearest hospital Accident and Emergency Department immediately and advise the following information:

- the date, time and location of the incident;
- a description of the incident.

As soon as possible report the incident following the Incident Reporting Procedure.