



# First Aid Policy (Including Asthma Policy)

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 regards to health and safety; provide a framework for responding to an incident and recording and reporting the outcomes.

Date agreed by Governors	September 2020
Signed on behalf of Governors	<i>Louise Atkins</i>
Date for next review:	September 2021

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### In this policy you will find the following acronyms:

Acronym	Meaning
HSE	Health and Safety Executive
DHT	Deputy Headteacher
SENDCo	Special educational needs coordinator

## 1. Aims

1.1 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 regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

## 2. Legislation and guidance

2.1 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:

- 2.1.1 [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
- 2.1.2 [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
- 2.1.3 [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
- 2.1.4 [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
- 2.1.5 [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- 2.1.6 [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

### 3. Appointed person(s) and first aiders

3.1 The school's appointed person is **Tina James**. 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 replenishing the contents of these kits;
- Ensuring that an ambulance or other professional medical help is summoned when appropriate, if assistance is requested from another first aider.
- In the absence of **Tina James**, the leadership team will direct injured or ill children to another qualified first aider.
- 

3.2 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
- Keeping their contact details up to date

3.2.1 Our school's current First Aiders are listed around the school. Their names will be displayed prominently around the school (staff room and medical room & EYFS building).

#### **3.3 The local authority and governing board**

3.3.1 Lewisham Council holds responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing body.

3.3.2 The governing body delegates operational matters and day-to-day tasks to the headteacher and staff members.

#### **3.4 The Headteacher**

3.4.1 The Headteacher is responsible for the implementation of this policy, including:

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- Ensuring that an appropriate number of first aid trained staff 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)

### **3.5 Staff**

#### 3.5.1 School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Informing the Headteacher/Deputy Headteacher or their manager of any specific health conditions or first aid needs

## **4. In-school procedures**

#### 4.1 In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents

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- If emergency services are called, the office staff (ideally first aider) will contact parents immediately
- The school will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

#### **4.2 Off-site procedures**

4.2.1 When taking pupils off the school premises, staff will ensure they always have the following:

- Access to a mobile phone
- Information about the specific medical needs of pupils
- Access to parents/carer contact details
- Any medication as mentioned in pupil records on Arbor

4.2.2 Risk assessments will be completed by the identified class teacher prior to any educational visit that necessitates taking pupils off school premises.

4.2.3 In relation to EYFS trips: there will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

## 5. First aid equipment

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

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Disposable gloves
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

#### **5.2 No medication is kept in first aid kits.**

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### 5.3 First aid kits are stored in:

- The medical room
- The school kitchens
- Basic kit (plasters) stored in individual classrooms

## 6. Record-keeping and reporting

### 6.1 First aid and accident record book

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form

6.1.2 The School Business Manager 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).

6.1.3 The School Business Manager (alongside the first aider) will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

6.1.4 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 scalping 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

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- 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

## **6.2 Notifying parents**

6.2.1 The school 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.

## **6.3 Reporting to Ofsted and child protection agencies**

6.3.1 The Headteacher 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.

6.3.2 The Headteacher will also notify Lewisham Council of any serious accident or injury to, or the death of, a pupil while in the school's care.

## **7. Training**

7.1 All school staff are able to undertake first aid training if they would like to do so – this ensures John Ball School has an adequate number of first aid trained staff.

7.2 All first aiders must have completed a training course, and must hold a valid certificate of competence to show this.

7.3 The school will keep a register of all trained first aiders, what training they have received and when this is valid until. This is kept centrally by the School Business Manager.

7.4 Staff are encouraged to renew their first aid training when it is no longer valid.

7.5 In relation to the EYFS department: 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 and is updated at least every 3 years.

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## 8. Links with other policies

8.1 This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions

## 9. Policy for managing asthma

9.1 Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs.

9.2 Asthma symptoms include hunched shoulders, coughing, wheezing, nasal flaring, a tight chest, and getting short of breath, inability to talk – but not every child will get all these symptoms.

9.3 Children with asthma have airways that are almost always red and sensitive (inflamed). These airways can react badly when someone with asthma has a cold or other viral infection or comes into contact with an asthma trigger.

9.4 The known common triggers of asthma: colds, viral infections, pollen, cigarette smoke, animals and birds, exercise, stress and cold air, dust, dust mites and small air-borne particles.

9.5 All parents are asked to complete a medical form on admission. There is a central register in the Medical Room- this will be reviewed at the end of the transitions between EYFS and Y1 and KS1 and KS2. Tina James and Vikki Amner will send out request for information each September for updates on medication and the child's condition.

## 10. Managing asthma at John Ball School

10.1 At John Ball School we:

- welcome all pupils with asthma
- encourage and help children with asthma to participate fully in all aspects of school life
- recognise that asthma is an important condition affecting many school children
- recognise that immediate access to inhalers is vital
- ensure that all staff have a clear understanding of what to do in the event of a child having an asthma attack
- ensure that children who have mild asthma symptoms (e.g. wheeziness, dry irritating cough) are encouraged to use their inhalers
- ensure that inhalers are always taken on school **trips, to the swimming pool** etc
- ensure that everyone involved in physical education is aware of the needs of children with asthma

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- are aware of the signs of an attack: these can include breathlessness, coughing, wheezing, tightness around the chest and shortness of breath and ensure that, as far as possible, asthma triggers are kept to a minimum
- ensure that other children understand asthma so that they can support their friends
- work in partnership with parents, school governors, health professionals, school staff and children to ensure the successful implementation of this asthma policy
- teachers and TAs will monitor the children's use of the pump. To do this there will be a table of use kept in the classroom medical cabinet. If there is excessive use of the pump the classroom staff will notify the Lead first aider, **Tina James**.
- in emergencies and the event of a serious emergency the class teacher will call the main office signifying the need for help (children who are experiencing an attack should not be sent to the medical room); **'pump to child NOT child to pump'**.

## 11. School Procedures

11.1 Up to date records of all children with asthma are kept both centrally and in classrooms, a list of asthmatic children will be kept in the classroom medical safe. LAs will update and check the supply of pumps - spare pumps will be stored in the medical room. Tina James will maintain a regular audit of all pumps.

11.2 A list of children with medical requirements will be kept in the medical safe in each classroom.

11.3 In KS2 all asthma pumps are kept in the classroom with the child or on the child's person to enable easy access at all times. They are encouraged to judge their own symptoms and use medication accordingly.

11.4 KS1 inhalers are to be kept in the medical room and in classroom safe. Access for younger children is adult-supported. 2 puffs may be given, unless otherwise directed. This is done with the aid of a volumizer. TAs and teachers will monitor the use of the pump and should notify the lead First Aider if it is excessive; parents/carers will be informed if this is the case. EYFS children will bring their pumps etc when they come into the main building.

11.5 The severity of asthma will vary from child to child. Also, an individual's condition can vary from day to day. Children are encouraged to use their inhalers for mild symptoms (wheeziness or dry cough). There is little danger if a child accidentally over-doses on medication.

11.6 Each pump will be clearly labelled with the child's name and expiry date.

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11.7 In the event of a child suffering an asthma attack:

- A message will be sent to the Office. A First Aider is contacted immediately.
- A child who is experiencing a severe attack will not be sent to collect an inhaler. The inhaler will be brought to the child.
- A child who is experiencing mild asthma symptoms will be accompanied to the medical room, should an inhaler not be available in the classroom.
- The child will be helped with his / her inhaler.
- This should take effect within several minutes.
- The child will be reassured and helped to stay as calm as possible
- The child will be made comfortable; sitting slightly forward is best. They should not lie down. They will be encouraged to take slow deep breaths
- The inhaler may be administered further as necessary- a member of staff will remain with the child at all times during the attack.
- If there is no immediate improvement, continue to give 2 puffs every two minutes ,up to a maximum of 10 puffs.
- If within 10 minutes the child recovers from the attack, they will be allowed to return to class and the incident will be recorded in the accident book and the parent will be notified of the incident.
- If symptoms do not improve, the situation will be treated as an emergency and an ambulance will be called - the office staff will also immediately send for a parent /guardian.
- The inhaler will continue to be administered in the same way up to another 10 puffs until the ambulance arrives.
- The child's breathing will be checked regularly.
- Resuscitation will be given if a child stops breathing.
- Brown inhalers (control) will not be given in school unless there is a written instruction from a doctor.
- Blue inhalers (rescue) will, where possible, be used with spacers.

## 12. School Clubs

12.1 All additional adults will have the necessary information regarding the children at the club. Miss Windham, as club administrator, is responsible for this.

## 13. Parental responsibility

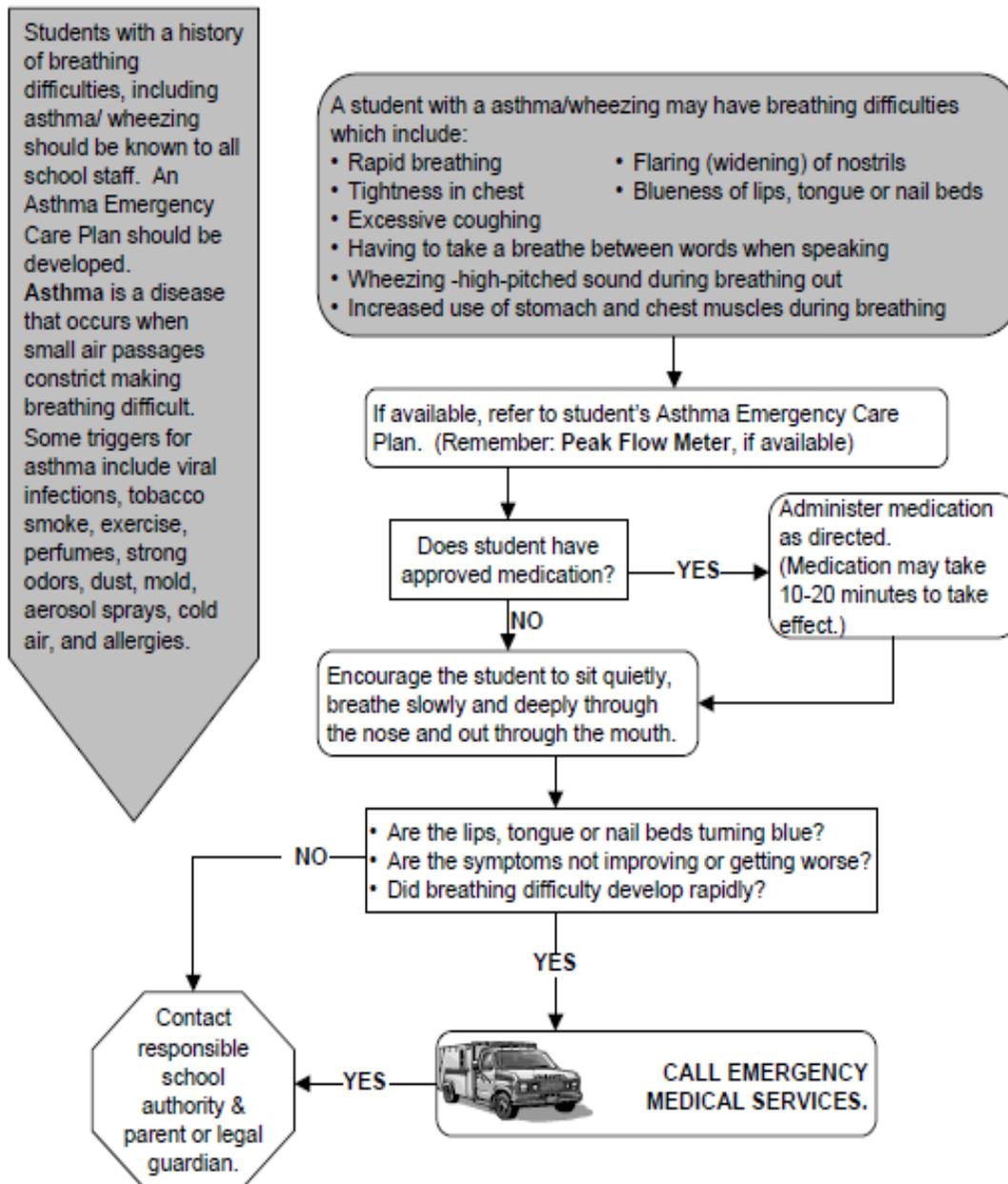
13.1 All medication is provided by the parent. The school does not take responsibility for the provision of any medication.

13.2 It is the responsibility of the parent / guardian of an asthmatic child to ensure that:

- The school is accurately advised about the child's current condition
- The school is accurately advised about medication and usage
- All medication is clearly labelled with the child's name
- The medication is up to date (and not out of date)
- Suitable contacts are provided for emergencies and kept up to date
- Medication should be handed to a member of staff & collected from a member of staff by the parent/carer and not left with the child at any point

## 14. Asthma flowchart

### ASTHMA/WHEEZING OR DIFFICULTY BREATHING



## 15. Appendix 1: Emergency Inhaler

Emergency pumps must be taken on all trips – including swimming.

When swimming, inhalers must also be taken and be stored in a see-through plastic bag and placed poolside.

**From 1<sup>st</sup> October 2014 the Human Medicines Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.**

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can only be used if the pupils inhaler is not available (for example, because it is empty or broken)

John Ball Primary School has access to emergency inhaler packs, these include:

- One salbutamol inhaler and two spacers, which are all clearly labelled.
- Register of Parental Consent
- School Emergency inhaler usage logbook – Staff must record usage

**STAFF MUST ALSO RECORD THE USAGE IN THE MAIN ASTHMA REGISTER LOCATED IN THE SCHOOL OFFICE STATING THAT IT IS THE SCHOOLS EMERGENCY INHALER THAT HAS BEEN USED**

**TO AVOID POSSIBLE RISK OF CROSS INFECTION THE PLASTIC SPACER MUST NOT TO BE RE-USED AND MUST BE SENT HOME WITH THE CHILD (FOR FUTURE PERSONAL USE)**

Staff must inform the Lead First Aider if a school emergency inhaler has been used so that a new spacer can be ordered (if applicable).

# Signature Certificate

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