

# COGNITA



## **First Aid Policy**

**September 2024**

**UK**

### 1 General Statement

- 1.1 The definition of First Aid is as follows:
  - In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until help is obtained; and,
  - Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.
- 1.2 This policy provides an overview of the statutory requirements and how these are met in school. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered.
- 1.3 The responsibility for drawing up and implementing the First aid policy is delegated to the Head, including informing staff and parents. However, implementation remains the responsibility of all staff in our school to keep children healthy, safeguarded and protected whenever they are in our care.

### 2 Current Procedure

- 2.1 Our appointed person (First aid co-ordinator) undertakes and records an annual review. A first aid needs assessment is carried out at least annually to ensure that adequate provision is available given the size of our school, the staff numbers, our specific location and the needs of individuals.
- 2.2 Our first aid needs assessment includes consideration of pupils and staff with specific conditions and major illnesses, such as life-threatening allergy, asthma, diabetes and epilepsy, takes account of an analysis of the history of accidents in our school, as well as the identification of specific hazards. It also includes careful planning for any trips and visits, including residential and higher risk trips which always include a suitably trained first aider and a member of staff trained in the administration of medicine, in keeping with our Educational Visits policy.
- 2.3 Our procedure outlines when to call for help when necessary, such as an ambulance or emergency medical advice from professionals and outlines the requirements for documenting necessary treatment once applied. The main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- 2.4 We ensure that first aid provision is always available, including out of school trips, during PE, and at all other times when the school facilities are used.
- 2.5 We keep an electronic record of all accidents or injuries and first aid treatment on Medical Tracker (Accident reporting software tool) or a written record where Medical Tracker is not available. We must inform parent(s)/carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, of any first aid treatment. Records are stored confidentially in Medical Tracker. The recording of an accident is always carried out in confidence by the person administering first aid.

### 3 First Aid Training

- 3.1 We carefully consider, and review annually, the training needs of our staff to ensure that suitable staff are trained and experienced to carry out first aid duties in our school. In particular, we consider the following skills and experiences:
- Reliability, communication and disposition,
  - Aptitude and ability to absorb new knowledge and learn new skills,
  - Ability to cope with stressful and physically demanding emergency procedures,
  - Normal duties are such that they may be left to go immediately and rapidly to an emergency
  - The need to maintain normal operations with minimum disruption to teaching and learning.

- 3.2 First aiders in our school have all undertaken appropriate training. They have a qualification in either:

First Aid at work (FAW, 3 days or 18 hours) or  
Emergency First Aid at work (EFAW, 1 day or 4-6 hours) or  
Paediatric First Aid (PFA, 2 day face to face or blended) or  
Emergency Paediatric First Aid (EPFA, 1 day or 4-6 hours).

EYFS paediatric first aiders hold a clearly recognised certificate or a renewal (minimum of 12 hours tuition). Before the certificates expire, first aiders need to undertake a requalification course as appropriate, to obtain another three-year certificate.

In relation to the FAW/EFAW/EPFA training courses, providers will follow the current guidelines issued by Resuscitation Council (UK) 2021.

- 3.3 Training will be updated every three years and will not be allowed to expire before retraining has been achieved.
- 3.4 The need for ongoing refresher training for any staff will be carefully reviewed each year to ensure staff basic skills are up to date, although we are aware that this is not mandatory. Online annual refresher training is available on My Cognita.

### 4 Key Personnel

First aid co-ordinator (appointed person) - responsible for looking after first aid equipment and facilities, as well as calling the emergency services as required.	Fiona Smith
Responsible for maintaining First Aid Training Matrix/Log	Nicola McGinley
Responsible for RIDDOR submissions to HSE	Adam Matthews/Nicola McGinley

**See Appendix A – First Aiders at St Clare’s School**



**5 Contents of our First Aid Box**

- 5.1 Our minimum provision, as recommended by HSE is to hold a suitably stocked first aid box, to nominate an appointed person (see 3.1 above), as well as the provision for staff of relevant information on first aid arrangements.
- 5.2 In our suitably stocked First Aid box we provide the following, or suitable alternatives:-

<b>CONTENTS OF FIRST AID BOX</b>	
<b>ITEM</b>	<b>No.</b>
First Aid Guidance	1
Disposable gloves (S, M, L)	3
Assorted plasters (individually wrapped sterile adhesive dressings)	20
Eye pads sterile	2
Triangular bandages	2
Safety pins	6
Small dressing (Finger bandage) 5cm x 4cm	2
Medium dressing 12cm x 12cm	1
Large dressing 18cm x 18cm	1
Conforming bandage 10cm x 4 cm	1
Conforming bandage 5cm x 4 cm	1
Non-adherent dressing 5cm x 5cm	2
Non-adherent dressing 10cm x 10cm	2
Microporous tape	1
Sterile cleansing wipes	10
Scissors	1
Antibacterial wipes (small pkt)	1
Saline solution for irrigation	2
Ice pack	1
Sick bag	1
Medical Tracker incident reporting forms (1 of each)	4

- 5.3 The First Aid coordinator is responsible for examining the contents of the first aid boxes. These are checked at least termly and restocked as soon as possible after use. Details of these checks are recorded. Extra stock is held within the school and items discarded safely after the expiry date has passed. We do not keep tablets, creams or medicines in the first aid box.

5.4 Our first aid boxes are kept in the following places:

					
PREPARTORY SCHOOL		LOCATION	SENIOR SCHOOL		LOCATION
		<b>Ground Floor</b>			<b>Ground Floor</b>
Nursery		Room 2 & 3	Cleaning Services Store		Room 11
Reception		Room 12	Bothy (Main Hall)		Room 17
Year 1		Room 9	Art Studio		Room 45
Year 2		Room 10			<b>Upper floor</b>
Year 4		Room 23	Staff Room		Room 26
Kitchen		Room 7	PE Room		Room 33
		<b>Upper Floor</b>			<b>Science (Lower Floor)</b>
Year 5		Room 36	Chemistry Lab 1		Room 53
Year 6		Room 38	Prep. Room		Room 54
Staff Room		Room 35	Chemistry Lab 2		Room 55
					<b>Science (Upper Floor)</b>
<b>ADMIN. BUILDING</b>		<b>LOCATION</b>	Physics		Room 59
		<b>Upper Floor</b>	Physics		Room 61
First Aid Room/Sick Bay		Room 20	Biology		Room 62
		<b>Outside Admin.</b>			
Garage/Workshop		Room 33	<b>DINING HALL BUILDING</b>		<b>LOCATION</b>
			Dining Hall		Dining Hall
			Kitchen		Dining Hall
			Food Technology		Dining Hall Annexe

5.5 We take great care to prevent the spread of infection in school, particularly in the event of spillages of bodily fluids which we manage effectively by washing off skin with soap and running water, out of eyes with tap water and or an eye wash bottle, wash splashes out of nose with tap water, record details of any contamination, and seek medical advice where appropriate. For further information please see our Prevention and Control of Communicable and Infectious Diseases Procedures.

5.6 First aiders take careful precautions to avoid the risk of infection by covering cuts and grazes with a waterproof dressing, wearing suitable powder free vinyl or nitrile gloves, using suitable eye protection and aprons where splashing may occur, use devices such as face shields when giving mouth to mouth resuscitation and wash hands before and after every procedure. They also ensure that any waste products are disposed of in a yellow clinical waste bag or box in line with procedures in 5.5.

5.7 We ensure that any third party lettings or providers, including transport, have adequate first aid provision which complies with our standards. For example, visiting sports clubs or schools.

5.8 We ensure that any third party contractors, including catering and cleaning, working with us are aware of our policy and procedures

### 6 Early Years

- 6.1 No offsite activities from school are undertaken without the presence of at least one person with a current paediatric first aid qualification (PFA).
- 6.2 We keep an electronic record of all accidents or injuries and first aid treatment on Medical Tracker or a written record where Medical Tracker is not available. We must inform parent(s) and/or carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, as well as any first aid treatment. Records are stored confidentially in Medical Tracker. The recording of an accident is always carried out in confidence by the person administering first aid.
- 6.3 We must notify our local child protection agency Bridgend County Borough Council of any serious accident or injury to, or the death of, any child in our care. We always act on their advice, if given to us.

### 7 Recording Accidents and First Aid Treatment

- 7.1 Pupils will inform their teacher or nearest staff member, or fellow pupils, when they are not feeling well or have been injured. They will let a member of staff know if another pupil has been hurt or is feeling unwell.
- 7.2 All accidents are recorded immediately after the accident, including the presence of any witnesses and details of any injury or damage. Records are stored confidentially in Medical Tracker. The recording of an accident is always carried out in confidence by the person administering first aid. An accident investigation may be required so that lessons are learnt, and actions taken to prevent reoccurrence. A Serious Incident Reporting Form may require completion for any serious accident, incident or occurrence.
- 7.3 Any first aid treatment is recorded by the person who administered first aid. We will record the date, time and the environment in which the accident or injury occurred. Details of the injury and what first aid was administered, along with what happened afterwards is always recorded.
- 7.4 The First Aid Co-ordinator is responsible for the maintenance of accurate and appropriate accident records, including the evaluation of accidents, and regular reporting to the H&S committee for monitoring purposes.
- 7.5 We adopt the definition of Ofsted with regard to serious injuries (2022) as follows:-
  - Anything that requires resuscitation
  - Admittance to hospital for more than 24 hours
  - A broken bone or fracture
  - Dislocation of any major joint, such as the shoulder, knee, hip or elbow
  - Any loss of consciousness
  - Severe breathing difficulties, including asphyxia
  - Anything leading to hypothermia or heat-induced illness
  - Any loss of sight, whether temporary or permanent; any penetrating injury to an eye and a chemical or hot metal burn to the eye
  - Injury due to absorption of any substance by inhalation, ingestion or through the skin
  - Injury due to an electrical shock or electrical burn
  - Injury where there is reason to believe it resulted from exposure to a harmful substance, a biological agent, a toxin or an infected material

- 7.6 We adopt the definition from Ofsted for minor injuries (2022), of which we always keep a record, as follows:
- Animal and insect bites, such as a bee sting that does not cause an allergic reaction
  - Sprains, strains and bruising, for example if a child sprains their wrist tripping over their shoelaces
  - Cuts and grazes
  - Minor burns and scalds
  - Dislocation of minor joints, such as a finger or toe
  - Wound infections
- 7.7 We follow the guidelines on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 2013) for the reporting of serious and dangerous accidents and incidents in school. These include work-related and reportable injuries to visitors as well as certain accidents, diseases and dangerous occurrence arising out of or in connection with work. Where accidents result in an employee being away from work or unable to perform their normal duties for more than seven consecutive days because of their accident a RIDDOR report is required. This seven-day period does not include the day of the accident but does include weekends and rest days. The report must be made within 15 days of the accident.

### 8 Recording Incidents and Near Misses

- 8.1 We record on Medical Tracker any near misses which are occurrences where no-one has been harmed and no first aid was administered but have the potential to cause injury or ill health. We record any incidents that occur on the premises, and these may include a break in, burglary, theft of personal or school's property; intruder having unauthorised access to the premises, fire, flood, gas leak, electrical issues.

### 9 Hospital Treatment

- 9.1 If a pupil has an accident or becomes ill and requires immediate hospital treatment, the school is responsible for either:
- calling an ambulance for the pupil to receive treatment; or
  - taking the pupil to an Accident and Emergency department
  - and in either event immediately notifying the pupils parent/carer
- 9.2 When an ambulance has been called, a first aider will stay with the pupil until the parent arrives or accompany pupil to hospital by ambulance if required.
- 9.3 Where it is decided that pupil should be taken to A&E Department a first aider must either accompany them or remain with them until the parent/carer arrives.
- 9.4 Where a pupil must be taken to hospital by a member of staff they should be taken in a taxi or school vehicle and not use their own car.

### 10 Prescription and Non-Prescription Medication

- 10.1 Staff will only administer prescribed medication (from a doctor, dentist, qualified nurse or pharmacist) brought in by the parent/carer, for the pupil named on the medication in line with the stated dose.

- 10.2 Staff may administer non-prescription medication such as paracetamol and allergy medication where parents have provided written consent for this to happen. The School will supply this non-prescription medication. Where medication is administered, parents should be informed.
- 10.3 Medicine containing aspirin or ibuprofen will not be administered to any pupil unless prescribed by a doctor for that pupil. Ibuprofen is usually used for the treatment of mild to moderate acute pain and usually only for short term use. It is usually given every 8 hours and so for most children this can be administered at home before and after school.
- 10.4 We encourage pupils to manage their own asthma inhalers from a very young age. Asthma medication is always kept in or near children's classrooms until children can use it independently and it must always be taken on school trips/events.
- 10.5 If pupils are to self-medicate in school on a regular basis, then a self-medicator's risk assessment form will be carried out.
- 10.6 For pupils that are on Individual Healthcare Plans, parental consent will be sought regarding details of what medication they need in school and who will administer it to them on a regular/daily basis. Refer to Pupil Health & Wellbeing Policy for further guidance.
- 10.7 Most antibiotics do not need to be administered during the school day and parents should be encouraged to ask their GP to prescribe an antibiotic which can be given outside of school hours, where possible. If, however, this is not possible then please refer to the Storage of Medicine paragraph.
- 10.8 This school keeps an accurate record on Medical Tracker of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, date and time are recorded as well as details of the medication given. If a pupil refuses to have medication administered, this is also recorded, and parents are informed as soon as possible. Parents/carers are notified when the pupil has been administered medicine on the same day or as soon as is reasonably practical.
- 10.9 All school staff who volunteer or who are contracted to administer medication are provided with training. The school keeps a register of staff who have had the relevant training. The school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.
- 10.10 For members of staff only and not pupils, Aspirin tablets will be held at the school in line with the 11th Revised Edition of the First Aid Manual, whereby should a member of staff have a suspected heart attack, the emergency services may recommend the casualty take 1 full dose of aspirin tablet (300mg). This will be kept in a locked cupboard in the medical room.
- 10.11 In accordance with Standard 11 of The National Minimum Standards for Regulated Childcare for children up to the age of 12 years, the obtaining, storing and administration of Liquid Paracetamol is acceptable for the relief of pain or a high temperature under certain circumstances. In situations where a child becomes unwell whilst in school, the pupil should be collected by a parent/carer. However, in circumstances where there may be a delay in the parent/carer collecting the pupil, arranging collection by someone else or the parent/carer is not immediately contactable, it is appropriate for the pupil to be given a **single (age appropriate) dose of Liquid Paracetamol** whilst the pupil is waiting to be collected.

The pupil's parent/carer **must** have given prior consent to their child being given Liquid Paracetamol.



Either the pupil's parent/carer is contacted, has given consent for the single dose of Liquid Paracetamol to be given, a period of 4 hours has passed since a last dose of Paracetamol was given to the pupil and the parent/carer has undertaken to collect their child from school as soon as is practicable

### OR

The school has attempted to contact the pupil's parent/carer but they cannot be contacted, the school will then contact NHS111. On contacting NHS111, a healthcare professional there has advised that it would be appropriate for a single dose of Liquid Paracetamol to be given and the school makes subsequent contact with the parent/carer to arrange for the pupil to be collected from school as soon as is practicable

All administration of Liquid Paracetamol must be administered in line with the 8 rights of administration and recorded on Medical Tracker.

## 11 Storage of Medication

- 11.1 Medicines are always securely stored in accordance with individual product instructions, paying note to temperature. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
- 11.2 We will carry out a risk assessment to consider any risks to the health and safety of our school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.
- 11.3 All medicines shall be received and stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.
- 11.4 If a pupil is prescribed a controlled drug, it will be kept in safe custody in a locked, non-portable container within a locked cupboard and only named staff will have access. Controlled drugs must be counted in/out and witnessed if they are not administered by a qualified nurse or practitioner. The Controlled Drug Recording Book must be signed by two people with at least one being the First Aid Coordinator and the records must indicate the amount of remaining medication.
- 11.5 Parents should collect all medicines belonging to their child at the end of the school day. They are responsible for ensuring that any date-expired medication is collected from the school. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays. If parents do not pick up out-of-date medication or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- 11.6 We will keep medicines securely locked away and only named staff will have access, apart from Adrenaline Auto-injectors (AAIs), Asthma inhalers and Diabetes 'hypo' kits which need to be with or near pupils who need them. Three times a year the First Aid Coordinator/School Nurse will check the expiry dates for all medication stored at school and the details will be stored on Medical Tracker.

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11.7 Sharps boxes are used for the disposal of needles. All sharps' boxes in the school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent. Collection and disposal of sharps boxes is arranged by the school biannually.

### 12 Defibrillators (AED)

12.1 The school has 1 defibrillator – located in the School Office.

12.2 The defibrillator is always accessible, and staff are aware of the location and those staff who have been trained to use it. They are designed to be used by someone without specific training and by following the accompanying step by step instructions on it at the time of use. The manufacturer's instructions are available to staff and use promoted should the need arise.

12.3 The First Aid Coordinator is responsible for checking the AED termly, recording these checks and replacing any out-of-date items.

### 13 Monitoring and Evaluation

13.1 Our school's senior leadership team monitors the quality of our first aid provision, including training for staff, and accident reporting on a termly basis. Our policy will be reviewed annually or with significant change. Compliance will be reported formally to the school's termly H&S Committee. Minutes of these meetings are submitted in a timely fashion to the Head of Health & Safety – Europe. The Head of Health & Safety will report to the Cognita Europe H&S Assurance Board.

13.2 Reports may be provided to our Safeguarding committee which includes an overview of first aid treatment to children including the identification of any recurring patterns or risks and lessons learned with the management actions to be taken accordingly including the provision of adequate training for staff.

## Appendix A

FULL PAEDIATRIC FIRST AID		
NAME	CERTIFICATE EXPIRY DATE	LOCATION
Mrs Laura Bowen	26 <sup>th</sup> June 2027	Prep School
Mrs Laurie Burgess	6 <sup>th</sup> January 2028	Senior School
Mrs Kelly Burns	26 <sup>th</sup> June 2027	Senior School
Mrs Bethan Cheverton	26 <sup>th</sup> June 2027	Senior School
Mrs Susan Clark	26 <sup>th</sup> June 2027	Prep School
Mr Matthew Cole	26 <sup>th</sup> June 2027	Senior School
Mr Jamie Corsi	26 <sup>th</sup> June 2027	Senior School
Mrs Anne Davidson	20 <sup>th</sup> June 2027	Nursery
Mr Huw Davies	11 <sup>th</sup> July 2025	Senior School
Mrs Fran Domachowski	6 <sup>th</sup> January 2028	Admin. Building
Mrs Lucy Edy	6 <sup>th</sup> January 2028	Prep School
Mr Chris Emanuel	6 <sup>th</sup> January 2028	Prep School
Mr Craig Evans	11 <sup>th</sup> July 2025	Senior School
Mrs Anna Farrow	26 <sup>th</sup> June 2027	Senior School
Mrs Sophie Griffiths	6 <sup>th</sup> January 2028	Senior School (ALN dept)
Mrs Lucy Harris	6 <sup>th</sup> January 2028	Prep School
Mr Alan Jenkins	26 <sup>th</sup> June 2027	Senior School

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Miss Loraine Ledwell	6 <sup>th</sup> January 2028	Prep School
Mr Thomas Lewis	6 <sup>th</sup> January 2028	Prep School
Mrs Nicola McGinley	7 <sup>th</sup> January 2028	Admin. Building
Mrs Josie Morgan	11 <sup>th</sup> July 2025	Prep School
Mrs Laure Parsons	26 <sup>th</sup> June 2027	Senior School
Miss Kirstie Phillips	16 <sup>th</sup> February 2025	Prep School
Mrs Sarah Runnalls	6 <sup>th</sup> January 2028	Prep School
Mrs Kate Schofield	6 <sup>th</sup> January 2028	Prep School
Mrs Beth Simons	8 <sup>th</sup> January 2027	Prep School
Mrs Rachel Smart	26 <sup>th</sup> June 2027	Senior School
Mrs Fiona Smith	8 <sup>th</sup> January 2027	Admin Block
Mr Jason Staddon	11 <sup>th</sup> July 2025	Senior School
Ms Diane Trenoweth	26 <sup>th</sup> June 2027	Senior School
Dr Jessica Webb	11 <sup>th</sup> July 2025	Senior School
Mrs Louise Williams	26 <sup>th</sup> June 2027	Senior School

<b>FIRST AID AT WORK</b>		
<b>NAME</b>	<b>CERTIFICATE EXPIRY DATE</b>	<b>LOCATION</b>
Mr Chris Coupland	18 <sup>th</sup> December 2026	School Site
Mrs Anne Davidson	8 <sup>th</sup> March 2026	Nursery
Miss Loraine Ledwell	29 <sup>th</sup> November 2025	Prep School
Mr Adam Matthews	18 <sup>th</sup> December 2026	Senior School
Mrs Fiona Smith	24 <sup>th</sup> August 2026	Admin Block

<b>EMERGENCY FIRST AID AT WORK</b>		
<b>NAME</b>	<b>CERTIFICATE EXPIRY DATE</b>	<b>LOCATION</b>
Mrs Laura Bowen	28 <sup>th</sup> September 2025	Senior School
Mrs Lowri Chwieseni	4 <sup>th</sup> March 2027	Senior School