

First Aid

Secondary Phase

Policy

Approved by:	GFM Board	Date:	27 February 2023
Maintained by:	Kerry Payne	Next review due:	February 2025

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Intent

Our collective and moral accountability is to provide a fully inclusive education with the best quality learning for all so everyone in the school community makes progress, achieves their best, and is happy and well. GFM schools recognise their primary responsibility to safeguard and promote the welfare of all its learners and is therefore committed to ensuring a thoughtful and responsible approach to first aid.

We support youngsters with first aid needs in a prompt and caring manner to minimise impact on their learning, engagement in lessons and the opportunity for them to engage in extracurricular activities.

Our provision includes:

- Thoughtful and responsible decision making around first aid as a responsibility of all staff
- The commitment to accessing expert support, advice and guidance in a timely and appropriate way
- Suitably stocked first aid provision across the school
- Support, guidance and information provided for employees on all aspects of this policy and practices associated with this policy
- Pastoral staff and school leadership colleagues available throughout the school day to provide 'back-up' support to a member of staff providing a thoughtful and responsible approach to first aid.
- Designated Qualified First Aiders to oversee storage of first aid equipment and kits and to coordinate planned activity that may involve the need for designated or qualified first aiders.

An annual assessment of first aid resources and provision is carried out annually by a Team of staff to inform this policy. (appendix A.) This review ensures each school in the GFM is meeting statutory and advisory responsibilities:

- Overseeing and enabling an ethos and culture of inclusivity for all in the school community
- enabling a culture where all staff act thoughtfully and responsibly to secure the well being and safety of students and staff
- Ensuring appropriate insurance arrangements are in place and up to date (in liaison with the GFM Executive)
- Overseeing the training and development of staff working with children in line with policy requirements for first aid
- Reviewing policy, and policy into practices - providing guidance on any updates or amendments to current policy, practices and procedures
- Ensuring an up to date record of first aiders and certification dates is maintained and shared with staff at appropriate times.

Legislation and Guidance

This policy complies with the following:

- 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

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- 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 Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

This policy complies with GFM funding agreements and articles of association.

Responsibilities

The Trust Board

This policy is reviewed by the Board in accordance with statutory expectations and advisory guidance.

The Executive

The Executive delegates specific responsibility for policy collation and review, and ensuring policy into practice with detailed procedures to nominated colleagues in the School Leadership Team. The Executive ensures the learning and development of line managers includes thoughtful and responsible decision making around first aid as a responsibility of all staff.

Staff

All staff are responsible for taking action to prioritise the well being and safety of the child, and secures the staff and student's welfare. GFM staff are expected to act thoughtfully and responsibly in their 'in loco parentis' role.

GFM Schools work closely with the School Health Services and School Nursing Service who are able to meet with parents, students and school when supporting students with specific health needs. GFM schools do not employ a Matron or School Nurse. Qualified first aiders and those with specific training are employed to specifically support children and young people with a medical need. The Inclusion team working with Year Offices support young people who cannot attend school because of a medical condition or need. (See: Pupils with medical conditions policy - which includes Children with health needs who cannot attend school policy.)

Policy into practice

Staff are expected to provide an inclusive school environment for all, and act thoughtfully and responsibly in their 'in loco parentis' role. The GFM expects all staff to:

- act thoughtfully and responsibly when finding themselves faced with a situation where a child is hurt or unwell
- provide care and support for the child as a priority
- seek support from another adult when appropriate
- apply the STAR principle (as we do in response to a safeguarding flag or concern) stopping and thinking, before taking action, then reflecting on the situation and action taken; Stop, Think, Act, Reflect
- make prompt contact with the child's parent or carer as appropriate
- follow policy for recording of a first aid incident
- contact the emergency services if the injury or illness is deemed to require immediate or urgent medical attention
- seek the support of their line manager if they feel they need additional support or training in fulfilling their 'in loco parentis' role.

Each GFM school provides appropriate training and guidance to a number of first aiders/appointed persons so that children and staff have easy access to those with additional training in safeguarding, first aid and health and safety.

Each GFM school works with children and young people to support and encourage them keeping themselves safe and well. Children and students are supported and encouraged by staff to keep themselves safe and healthy. This is formally through the curriculum to provide opportunity for learning and reflection that enables children / students:

- To make informed choices and decisions in order to stay healthy, happy and safe
- Be concerned about the welfare of others
- Be responsible in how they act as citizens, and able to successfully deal with significant life changes and challenges
- Be prepared for the challenges and opportunities of adult and working life, in a complex and diverse world.

Contact with parents and carers

Parents and carers will be contacted if their child is unwell or if their child has sustained an injury that needs a parent or carer decision and next stage action.

Contact is made with the child's parent or carer as soon as possible after an injury or when they are unwell. In the event of contact with the emergency services, contact is made with the parent, carer or next of kin as soon as is practically possible.

There is a specific response if a child has received a head injury on site - with the parent and carer being contacted by phone, with a follow up letter Appendix B.

Record keeping

Staff are expected to ensure accurate records are kept of an injury or accident involving a child or a member of staff in the school by making a record on CPOMs and the online accident log.

Each record must include the following information:

- The date, time and place of incident
- The name and year group of the injured or unwell person
- Details of the injury/illness, action taken in loco parentis
- What happened to the person immediately afterwards
- The name of the member of staff dealing with the incident
- The name of any other adults called on to provide support
- Time and summary of contact with parent / carer
- if the injury/accident has been flagged with the health and safety lead.
- For Reportable injuries or dangerous occurrences see: Health and safety policy

Absence from school because of illness

Absence from school because of illness should be rare. Children suffering from infectious or acute illnesses diarrhoea and sickness should be kept at home until they are fully recovered. Children can return to school when they are well but still taking prescribed medicine.

Prescription medication

Managing medicines outside normal school working hours is encouraged with the young person and the family having full responsibility. eg a medicine which is prescribed to be taken three times daily could be taken in the morning, after school and at bedtime.

See: Pupils with medical conditions policy for practice for a child who requires regular or access to medication as a result of a medical condition.

There are times when a young person will need medication following an illness and arrangements can be made directly with the child's teacher or tutor and year office. The school will not authorise or administer medicine without parental or carer permission.

The school's emergency inhaler will only be used by children for whom parental consent has been given verbally or in writing, and where the child has a diagnosis of asthma and prescribed an inhaler. The school's emergency inhaler can be used if the students' inhaler is not available (for example, because it is broken or empty).

Non-prescription Medicines

- Paracetamol or calpol is available in each GFM school, and can be given to children/students when parents/carers have signed a permission form. This can be given for no longer than three days
- School staff will not administer aspirin unless prescribed by a Doctor and provided in packaging (to include the prescriber's instructions)
- If a parent wishes to provide non-prescription painkillers for their child, GFM schools have been advised to only accept the following: paracetamol and ibuprofen
- If a parent wishes to provide non-prescription antihistamines GFM schools have been advised to accept these
- Non prescription painkillers or antihistamines can be given for no longer than three days
- Permission from the parents/carers must be given before non-prescription medication can be accepted by a GFM school.

After the child has been supported in taking the medicines, the register of non-prescription medication administered will be completed by one of the nominated team.

Vaccinations

The School Immunisation Team contacts GFM schools with dates for age appropriate vaccinations and makes arrangements for their administration. Parents and carers are contacted and required to complete relevant forms.

Visits and Trips

First aid kits are issued for all trips and as with each school day, staff accompanying the trip are expected to act thoughtfully and responsibly in their 'in loco parentis' role. A risk assessment will be carried out prior to each trip or visit when medical conditions will be considered (See also: Pupils with medical conditions policy)

Concern or complaint

The GFM Concerns and Complaints policy outlines actions to be taken should there be a concern or a complaint to be raised by a child and / or their family.

Policies and procedures in the GFM

GFM Policies are shared with all GFM staff at induction and at least annually through reminders at staff meetings and through staff communications. Policies are available to staff through school websites, and the GFM staff handbook. It is an expectation of line managers in the GFM to stay up to date with policy and procedure. Professional learning and development opportunities around policy and procedure are provided for all staff on request and/or directed.

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Appendix A

Risk assessment of First Aid Provision on each GFM site to be nominated Executive plus three staff.

Issue	Level of risk	Controls in place
Number of first aiders <i>(link to First Aid Officers, Training and Recommended Numbers (2 - 16/494441))</i>		<ul style="list-style-type: none"> • Number to staff / student ratios • Location of people and sites • Training provided and required Policy 'in loco parentis' and staff self responsibility Calling an ambulance Support in the event of head injury management Covid control (can be applied to other infection control)
No of appointed persons		Rationale with policy and culture
Location of First Aid kits		<ul style="list-style-type: none"> - Number of kits? - Type of kits? - Location of kits? - Other equipment? - Who is responsible for maintenance? - Emergency Medication approach (asthma, anaphylaxis) - Protocols established to mitigate hazards through / with first aid
Arrangements for offsite activities / trips		
Out of school hours arrangements eg parents evening and community events		
Specific hazards		<i>*review list and explore mitigation</i>
Specific need of each site		<ul style="list-style-type: none"> - is it a low risk workplace (office)? - is it a high risk workplace (workshop)? - is there a combination of low risk in some areas and high risk in others? - distance / time to medical treatment
Previous learning		<ul style="list-style-type: none"> - past Injuries/illnesses/incidents - first aid records - anything to learn and consider?
Continuity of provision		

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Hazard	Potential harm including but not limited to:
Sport / PE	muscular sprain/strain, laceration, concussion, fracture
Manual tasks	muscular strain/sprain
Animals	bites, stings, kicks, scratches, diseases
Machinery / equipment	laceration, fractures, amputation, bruises, dislocation, crushing
Biological	infection, allergic reactions.
Working at height	fractures, lacerations, dislocation, concussion
Electricity	electric shock, burns
Hazardous chemicals	poisoning, irritation, chemical burns. Injury resulting from fire or explosion
Extreme temperatures	burns, heat stress, fatigue, hypothermia, frost bite, shock
Built/Natural Environment	bruises, lacerations, slips, trips, falls
Violence	nausea, shock and physical injuries
Medical Conditions	health conditions requiring emergency response/medication (e.g. anaphylaxis, asthma, diabetes, epilepsy)

Appendix B

Advice following a head Injury - email / letter to Parents

Dear Parent / Carer

Following our phone call home to you today (add detail) this is to follow up to share advice and guidance for monitoring a child following a head injury.

Minor Head Injuries

Minor head injuries and knocks to the head are common, particularly in children. Following the injury, if the person is conscious (awake), and there is no deep cut or severe head damage, it is unusual for there to be any damage to the brain.

However, sometimes a knock to the head can cause damage to a blood vessel which may bleed next to the brain. This is uncommon, but can be serious. Symptoms may not develop for several hours, or even days, after a knock to the head. In rare cases, symptoms can develop even weeks after a head injury. This is why 'head injury instructions' are given to people who have visited the emergency department at a hospital. These are the symptoms to look out for following a knock to the head.

Drowsiness

After a knock to the head, children will often cry, be distressed and then settle down. It is quite common for them to want to sleep for a short while. This is normal, however, it will appear to be a 'peaceful' sleep, and they wake up after a nap.

Headache

It is normal after a knock to the head to have a mild headache. Sometimes there is also a tenderness over bruising or mild swelling of the scalp. Some paracetamol will help. A headache that becomes worse which is of more concern.

See a doctor quickly if any of the following occur after a head injury

- Increasing drowsiness
- Worsening headaches
- Confusion or strange behaviour
- Vomiting
- Loss of use to part of the body, for example, weakness in an arm or leg
- Any visual problems, such as blurring of vision or double vision
- Blood, or clear fluid, leaking from the nose or ear
- Unusual breathing patterns

If in any doubt please consult a medical professional or contact 101.

signed