



# FIRST AID POLICY

This policy is informed by the Christian values which are the basis for all of CDAT's work and any actions taken under this policy will reflect this.

*'Blessed are those who act justly, who always do what is right'*

*Psalm 106:3*

## 1. Introduction

From time to time whilst children are in school (or taking part in school-activities outside of school) they will get injured or become unwell and so require first aid. When this happens, any member of staff is considered to be in 'loco parentis' and so will act accordingly to offer the care and help that could reasonably be expected of a 'caring parent' in those circumstances.

As well as fulfilling this core role, all CDAT schools also have members of staff who have been trained in first aid at different levels. These staff have a key role to play in ensuring that all CDAT schools provide a high standard of first aid care. Appropriate first aid equipment is available in school, to be used in the child's best interest and with great care. Where it is judged necessary the emergency services will be called or the child will be escorted to hospital. Our first aid practice is informed by current government guidance on best practice in first aid in schools, as laid out here: <https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education>

While school staff may take on the role of parent 'in loco parentis', all CDAT schools recognise that it is essential that parents/carers are kept fully informed whenever a child has received first aid. Schools all have suitable systems for recording accidents/first-aid incidents and for informing parents. In some schools, these systems are electronic.

All CDAT schools will ensure that:

- First aid procedures are clearly communicated to all staff,
- Procedures for dealing with specific severe conditions (such as asthma and anaphylaxis) are kept up-to-date and staff kept aware of any pupils in school who are particularly at risk of medical emergencies
- Sufficient staff hold appropriate first aid qualifications at any time
- Additional training is provided in a timely manner to ensure that staff are able to support any child with a known medical condition that may require specific first aid (e.g. epilepsy)
- First aid kits are available in school and on all school trips: these will be regularly checked to ensure that they are appropriately stocked and that all materials are within use-by dates. Schools will take account of HSE guidance in deciding appropriate stock for first aid kits.

## 2. Our aims

- Through thorough planning and preparation, to minimise the likelihood of first aid being required without stopping children from taking part in a full range of activities both in and out of school
- To provide safe and appropriate care for children and staff in the event of an accident or medical crisis
- To ensure that we have sufficient trained first aid staff available to care for children or adults if the need arises.
- To ensure that we have at least two members of staff with paediatric first aid training, as required for the care of EYFS pupils.
- To ensure that all staff members know what to do if a child needs first aid treatment and how they should respond in those circumstances.
- To ensure that any child with known severe allergic reactions (anaphylaxis) is recognised by staff and where they have an EpiPen, it is available and staff know how to use it in an emergency
- To ensure that any child with a known medical condition is recognised by staff and they know the immediate steps to take in the event of that child entering crisis (e.g. an asthma attack)
- To ensure that we have appropriate first aid kit easily available in school with portable kits to take when children go off site on visits etc.
- To ensure that a member of staff with a current first aid certificate is present on all trips off site
- To ensure that members of staff are given training and that those with first aid certificates (including paediatric first aid certificates) are kept up-to-date.
- To ensure that all staff know how to involve the emergency services if they are needed.
- To ensure that appropriate medical support/attention and treatment is given to children for all but minor injuries.
- To keep parents and carers fully informed if their child has been given first aid treatment.

## 3. Provision of first aid

This section should be read in conjunction with each individual school's specific first aid procedures. These will typically cover situations including (but not confined to):

- dealing with anaphylaxis
- asthma procedures
- procedures for dealing with head injuries

In providing first aid:

- The first member of staff on scene will deal with the initial emergency 'in loco parentis' while seeking support as quickly as possible from a trained first aider; if the first member of staff on the scene is a trained first aider, they should still seek additional support to help deal with other pupils etc.
- A qualified first aider will assess the situation and decide whether qualified medical and emergency assistance is required (e.g. by contacting qualified medical/emergency services (999) or arranging for the child to be escorted to the nearest casualty facility). In doing this, they will use the 'better safe than sorry' principle and err on the side of caution
- Where a child is taken to hospital or emergency services are contacted, parents must be informed as early as possible.
- If an injury is sustained whilst the child is on a visit or other off-site activity, the senior member of staff present must notify the school as soon as the child's needs are met.
- If the child is not taken to hospital/emergency services contacted, but the first aider dealing with the situation feels it would be prudent to have the child 'checked out' by a medical professional (e.g. hospital or GP), parents will be told this and this recommendation will be recorded in the first aid log.
- All instances requiring first aid will be logged in line with school procedures.

## 4. First Aiders

Schools are responsible for ensuring that they have sufficient, appropriately trained first aiders in school, and on excursions out of school. As minimum expectation, in every CDAT school there should be:

- At least 2 members of staff with current, up to date paediatric first aid certificates – one of whom should be available at all times to support staff and pupils in EYFS

- At least 2 other members of staff with current, up to date first aid certificates (e.g. first aid at work) – in larger schools the number of first-aid trained staff should be proportionately larger
- Staff trained to deal with any known specific conditions that may leave a pupil vulnerable to a medical emergency (e.g. trained to use an EpiPen if a child is known to be prone to severe allergic reactions)

At all times, the level of qualified first aiders working in a school will be at least in line with the government's most recent recommendations.

The names of the school's first aiders should be displayed in a number of places around school, including the staffroom, the school hall and any doors used as entrances/exits to/from playgrounds. This is to ensure that anyone who needs to find a first aider can quickly check the up-to-date list, and that lists are displayed in the most appropriate areas.

A named member of staff will be responsible for ensuring that first aid qualifications are maintained and re-training takes place when needed.

## 5. Impact

Children and adults in this school will be kept safe but on the rare occasion when they need first aid treatment, the school will see that appropriate treatment is given by members of staff with appropriate levels of training and knowledge of first aid . Where medical and emergency treatment is needed, medical help will be sought quickly. All staff will carry out their duty of care professionally at all times and parents will be kept fully informed if their child has needed first aid treatment.

## 6. Policy Review

This policy was updated and agreed by the CDAT Board in September 2023. In line with recommended best practice, it will be reviewed again in September 2024.