



Bellevue Place

EDUCATION TRUST

First Aid Policy

Signed:	
Chair of Trust Board:	Claire Delaney
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1. Bellevue Place Education Trust – Our commitment

Learn. Enjoy. Succeed.

Every BPET child and staff member enjoys a broad (LEARN) and enriched (ENJOY) learning experience, enabling them to achieve far greater individual success (SUCCEED) than they might previously have thought possible.

Our Mission

To grow hubs of like-minded, autonomous schools with a strong support network, all of which combine academic rigour with highly enriched opportunities that deliver a personalised approach to education and exceptional outcomes for all.

Our Difference

We are leading the way in delivering high quality education through skills-based and knowledge rich curricula, applying the best of the independent and state sectors to deliver breadth of opportunity and pupil enrichment. We empower all our schools as individual entities that best meet the needs of the communities they serve and have a strong relationship with families, who are our key partners in delivering the vision.

Our Promise

Every child is an individual. Our role is to nurture pupils' potential through a personalised approach to learning. BPET children are happy, independent, confident all-rounders. Our focus is ensuring an exceptional provision for all our children with supportive, accessible learning that enables every child to make progress, including high quality inclusion for children with Special Educational Needs. We encourage a 'be interested and be interesting' attitude in children and staff alike. We don't just teach; we want our pupils to have a passion to learn.

2 Statement of intent

For the avoidance of doubt, staff should dial 999 (or 112 from a mobile phone) for the emergency services in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services at the site of the incident.

- 2.1 Bellevue Place Education Trust ("BPET") has overall responsibility for the provision of first aid to the Headteacher, teachers, non-teaching staff, pupils and visitors (including contractors). BPET understands that decisions about first aid are of paramount importance and will endeavour to ensure that any first aid incidents are dealt with appropriately and in accordance with this policy. The BPET First Aid Policy is supported with the BPET Supporting Children with Medical Conditions Policy - including the Administration of Medicines.
- 2.2 Together, we are committed to achieving the following objectives:
 - 2.2.1 to provide an accessible first aid policy;
 - 2.2.2 to ensure all first aid policies and procedures are based on an up-to-date risk assessment;
 - 2.2.3 to ensure all first aid equipment and facilities are suitable for purpose.

3 Responsibilities for Health and Safety

3.1 Overall and final responsibility for health and safety

The Board of Trustees, Chair of Trustees, Chief Executive and Headteachers carry the key responsibilities for assessing, recording and implementing the correct first aid procedures. They will do this by:

- leading by example on all matters relating to First Aid,
- promoting and following this First Aid Policy,
- dedicating budget to the school's First Aid provision (including appropriate training),
- communicating effectively with parents, staff and pupils,
- monitoring and reviewing First Aid procedures and practice.

3.2 Responsibility for ensuring this policy is put into practice

All staff have assigned health and safety responsibilities as follows:

3.2.1 Senior Leadership Teams, Headteachers and senior Central Team member have the following responsibilities:

- to lead by example
- ensuring that all new employees are given the appropriate first aid induction training, relating to both whole-school and any specific provision relating to their role in the school
- ensuring that any school activity, either on- or off-site, is risk assessed and consideration has been given to first aid in terms of the wider school policy
- keeping up to date with any changes to arrangements surrounding activities and the implications of these on first aid
- ensuring that all the relevant checks are done on relevant equipment
- ensuring the competency of contractors that come into the school
- ensuring that all staff and pupils are aware of their first aid responsibilities, including what to do in case of a fire, emergency, or medical emergency, and that all those taking part in any given activity are given proper training
- managing their budgets to cover first aid maintenance, checks and provision for activities under their department

3.2.2 All other members of staff have the following responsibilities:

- ensuring that they are familiar and up to date with the school's first policy and standard procedures
- keeping their managers informed of any developments or changes that may impact on the first aid of those undertaking any activity, or any incidents that have already occurred
- ensuring that all the correct provisions are assessed and in place before the start of any activity
- making sure that the pupils taking part in the activity are sure of their own first aid responsibilities
- co-operate fully with the Senior Leadership Team to enable them to fulfil their legal obligations. Examples of this would be ensuring that items provided for first aid purposes are never abused and that equipment is only used in line with manufacturers' guidance
- co-operate in the implementation of the requirements of all relevant legislation, related codes of practice and safety procedures /instructions

3.2.3 Pupils

While school staff carry the main responsibility for the first aid provision, and the correct implementation of school policy and procedure, it is vital that pupils understand their role and responsibilities when it comes to the whole-school and themselves in order for staff to be able to carry out their roles effectively. As members of the school community, and allowing for their age and aptitude, pupils are expected to:

- take personal responsibility for themselves and others
- observe all the first aid rules of the school and in particular the instructions of staff given in an emergency

- use and not wilfully misuse, neglect or interfere with things provided for their first aid
- behave sensibly around the school site and when using any equipment
- report first aid concerns or incidents to a member of staff immediately
- act in line with the school code of conduct / school behaviour policy

3.2.4 Contractors

All Contractors working on Trust premises, or elsewhere on their behalf, are required to comply with relevant rules and regulations governing their work activities. Contractors are legally responsible for ensuring their own safety on Trust premises or elsewhere on BPET's behalf, the safety of their workforce and for ensuring that their work does not endanger the safety or health of others. Contractors will be required to demonstrate their competence and adequate resources to carry out specific hazardous work, prior to their engagement.

4 Arrangements for Health and Safety

4.1 Risk assessment

4.1.1 An appropriate and effective risk assessment needs to be undertaken to assess what procedures need to be in place. The school will take steps to ensure that a risk assessment is carried out by a competent person or persons, and that the risks are recorded and communicated.

4.1.2 Risk assessments are stored in the school office and will be reviewed:

- at regular intervals
- after serious accidents, incidents and/ or near misses
- after any significant changes to workplace, working practices or staffing
- following any identified trends or accident statistics

4.1.3 Risk assessments will be based on the size and location of the school, any specific hazards or risks on site, specific needs and accident statistics.

4.1.4 Specific needs include hazardous substances, dangerous machinery, staff or pupils with special health needs or disabilities.

4.1.5 Temporary hazards, such as building or maintenance work, should also be considered and suitable short term measures put in place.

Covid-19 update

The government has moved away from stringent restrictions and targeted interventions to reduce the risk of the spread of Covid 19 and the operational guidance for schools from the government has been withdrawn.

The school will now consider Covid 19 as one risk amongst others in relation to health and safety risk assessments and managing risk. This will be reviewed as any guidance changes.

[Coronavirus \(COVID-19\) – Advice for workplaces \(hse.gov.uk\)](https://www.hse.gov.uk/coronavirus/)

4.2 First aiders

4.2.1 The risk assessment will determine the minimum number of trained first aiders required and the Headteacher will monitor this to ensure that these standards are being met.

- 4.2.2 The number of available first aiders, including on off-site visits for pupils in the EYFS, will include at least one person who has a Paediatric First Aid certificate (PFA). The school must take into account the number of children, staff and layout of the premises to ensure that the PFA is able to respond to emergencies quickly.
- 4.2.3 First aiders, except PFA's (see 4.2.6) will be recruited on a voluntary basis, training will be reviewed every 3 years. Schools will seek to advertise the position of first aiders to members of staff to maintain the required ratios.
- 4.2.4 The school will ensure that all voluntary first aiders have undertaken the appropriate training with an organisation approved by the HSE and have the necessary qualifications (i.e. First Aid at work certificate). If required training will also include resuscitation procedures for children. First Aiders will also be required to have an understanding of the reporting requirements set out in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and in the guidance for notifiable diseases in the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010.
- 4.2.5 The school will monitor the expiration date of each first aider and seek to arrange refresher training prior to this date. If this is not possible the first aider will be able to administer first aid for a reasonable period until the refresher training is complete and a new certificate administered.
- 4.2.6 Paediatric first aid training will be reviewed every three years and will be relevant for workers caring for young children. Staff who obtain a level 2 or 3 qualification on or after 30 June 2016 must also have a full PFA, or an emergency PFA certificate within three months of starting work in order to be included in the required staff to children ratios.
- 4.2.7 All volunteer first aiders must report to the Headteacher with any questions or concerns in relation to their post.
- 4.2.8 A list of current volunteer first aiders is included in Annex A.
- 4.2.9 This list will be displayed in the main reception of the school and other appropriate areas and updated when necessary.
- 4.2.10 The roles and responsibilities for first aiders are as follows:
- (a) acting as first responder to incidents that require first aid;
 - (b) administering immediate and appropriate treatment;
 - (c) contacting the emergency services when the situation requires;
 - (d) ensuring that the first aid boxes are adequately supplied;
 - (e) ensuring their first aid qualifications are up to date;
 - (f) keeping their contact details up to date;
 - (g) filing an accident report as soon as possible after the incident;
 - (h) reporting the incident to the HSE if required (see paragraph 3.6 below);
 - (i) consenting to having their names displayed around the school on the first aid list.
 - (j) First Aiders and PFA's, where relevant, should be available on the premises and off-site visits at all times when children are present.

4.3 Equipment

- 4.3.1 The school will have at least one fully stocked first aid container which will be marked with a white cross on a green background. The location of first aid equipment will be displayed around the school. i.e. In the main office on the wall; in every classroom, by the fire exit; first aid room. These are checked and replenished by the office staff.
- 4.3.2 Each first aid container will contain, as a minimum, the following:
- (a) leaflet giving general advice on first aid (see HSE website);
 - (b) 20 individually wrapped sterile hypo allergenic adhesive dressings (assorted sizes), including blue adhesive dressings in kitchens and food areas;
 - (c) 10 individually wrapped moist cleaning wipes
 - (d) adhesive tape
 - (e) two sterile eye pads;
 - (f) four individually wrapped triangular bandages (preferably sterile);
 - (g) six safety pins;
 - (h) six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
 - (i) two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
 - (j) three pairs of disposable gloves.
 - (k) yellow clinical waste bag
- 4.3.3 A travel first aid container must be taken on any off site visits or trips. This includes sporting events, school trips and site visits. It is the responsibility of the visit/trip leader to ensure this is checked and collected. A travel first aid container must include the following as a minimum:
- (a) leaflet giving general advice on first aid (see HSE website);
 - (b) six individually wrapped sterile adhesive dressings (assorted sizes);
 - (c) two individually wrapped triangular bandages (preferably sterile);
 - (d) two safety pins;
 - (e) one large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
 - (f) individually wrapped moist cleansing wipes;
 - (g) two pairs of disposable gloves.
- 4.3.4 All public service vehicles used by schools e.g. minibuses must have on board a first aid container with the following items contained:
- (a) ten antiseptic wipes, foil packaged;

- (b) one conforming disposable bandage (not less than 7.5 cm wide);
- (c) two triangular bandages;
- (d) one packet of 24 assorted adhesive dressings;
- (e) three large sterile unmedicated ambulance dressings (not less than 15 cm x 20 cm);
- (f) two sterile eye pads, with attachments;
- (g) twelve assorted safety pins;
- (h) one pair of rustless blunt-ended scissors.

Covid-19

The school will ensure that all practicable measures as identified in the Health and Safety risk assessment will be taken regarding the use of equipment, including vehicles, to ensure risk infection control as far as reasonably practicable

4.4 Facilities

- 4.4.1 The school will ensure that there is a suitable room that may be used for medical or dental treatment when required, and for the care of pupils during school hours. The area must contain a wash basin and be reasonably near to a WC, it need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed.
- 4.4.2 Infection control and hygiene are of paramount importance and all staff and pupils will be reminded to follow basic hygiene procedures at all times.
- 4.4.3 Disposable gloves and handwashing facilities will be made available.

Covid-19

The school will ensure that all practicable measures as identified in the Health and Safety risk assessment will be taken regarding infection control and hygiene procedures

4.5 Reporting an incident

- 4.5.1 A first aid and accident record keeping system will be completed by a first aider or other relevant member of staff without delay after an incident. Not all incidents or accidents will be reportable and first aiders will be trained to identify when a statutory report is required. In most cases a statutory report will be made by the Headteacher.
- 4.5.2 When an incident is reported the following information must be included:-
 - (a) the date;
 - (b) method of reporting e.g. via HSE website for RIDDOR;
 - (c) time and place of the event;
 - (d) personal details of those involved; and
 - (e) a brief description of the nature of the event or disease (factual account only).

- 4.5.3 This record can be combined with other accident records.
- 4.5.4 The records will be kept for a minimum of 3 years.
- 4.5.5 Parents/carers will be notified of any accident/injury the same day, or as soon as reasonably practical afterwards, along with notification of any first aid treatment given.
- 4.5.6 Where pupils are registered with a child protection agency/agencies, the agency will be notified of any serious accident, injury or death of any child and action will be taken to follow any advice from the agency/agencies.

4.6 HSE notification

- 4.6.1 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to schools. Most incidents that happen to pupils in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR.

BPET recognises the duty regarding incidents and will follow the guidance issued by the HSE. (Currently [Incident reporting in schools \(accidents, diseases and dangerous occurrences\)](#)). A useful guide to support whether an accident requires a RIDDOR report is contained [here](#).

- 4.6.2 Incidents involving contractors working on school premises are normally reportable by their employers. Contractors could be, e.g. builders, maintenance staff, cleaners or catering staff. If a self-employed contractor is working in school premises and they suffer a specified injury or an over-seven-day injury, the person in control of the premises Headteacher will be the responsible person.

- 4.6.3 The following work-related accidents must be reported to the HSE (please see 4.6.1):

- accidents which result in death or a specified injury must be reported without delay;
- accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

- 4.6.4 Reportable specified injuries include:

- 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), which:
 - cover more than 10% of the body; or
 - cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury or asphyxia.

- 4.6.5 Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence. Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work.

- 4.6.6 Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work. In relation to RIDDOR, an accident is a discrete, identifiable,

unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

Covid-19

BPET recognises the duty regarding school-based infections and will follow the guidance issued by the HSE. (Currently [RIDDOR reporting of COVID-19 - RIDDOR reporting of COVID-19 \(hse.gov.uk\)](https://www.hse.gov.uk/covid19/riddor)).

5 Procedures

5.1 On-site procedures

In the event of an accident or incident the following procedure should be followed:

- 5.1.1 The closest member of staff will seek the assistance of a qualified first aider.
- 5.1.2 The first aider will assess the injury and undertake the appropriate first aid treatment.
- 5.1.3 If appropriate, the first aider will contact the emergency services and remain with the injured person until assistance arrives.
- 5.1.4 If deemed appropriate the first aider will contact the injured person's emergency contact or next of kin.
- 5.1.5 The first aider or relevant member of staff will fill out the first aid and accident record book and include the required details.
- 5.1.6 If it is judged that a pupil is too unwell to remain at school but does not require the assistance of the emergency services the first aider will contact the pupil's parents or next of kin and recommend next steps to them.

5.2 Off-site procedures

A First Aider/Paediatric First Aider must always accompany children on off-site visits.

When staff take pupils off the school premises, they should ensure they have the following:

- 5.2.1 a first aid container consistent with paragraph 3.2;
- 5.2.2 a mobile, on which they can contact the school and the school can contact the staff member;
- 5.2.3 a list of the specific medical needs of the pupils and any required equipment;
- 5.2.4 emergency contact details for the pupils.

5.3 Bodily Fluid Spillage

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is, therefore, vital to protect both yourself and others from the risk of cross infection. In order to minimise the risk of transmission of infection, both staff and pupils should practise good personal hygiene and be aware of the procedure for dealing with body spillages.

Bodily Fluid Spillage Clean-Up Procedure

- 5.3.1 cordon off the area until clean-up is completed.
- 5.3.2 put on disposable gloves and a disposable plastic apron from the nearest First Aid kit.

- 5.3.3 ensure that any cuts or abrasions are covered with a plaster.
- 5.3.4 never use a mop or similar equipment to clean up bodily fluids – use only disposable items.
- 5.3.5 place absorbent towels or sand/proprietary powders over the affected area and allow the spill to absorb.
- 5.3.6 wipe up the spill immediately, using these and then place in a bin (which has a bin liner).
- 5.3.7 put more absorbent towels over the affected area and then contact the Facilities Manager for further help.
- 5.3.8 if a Body Fluid Disposal Kit is available, then the instructions for use should be followed. All contaminated materials need to be placed in a yellow clinical waste bag, placed in the designated clinical waste bin in the medical room and later disposed of correctly.
- 5.3.9 avoid getting any bodily fluids in your eyes, nose, mouth or on any open sores.
- 5.3.10 if a splash occurs onto the body, wash the area well with soap and water or irrigate with copious amounts of saline.
- 5.3.11 if the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.
- 5.3.12 the area must be cleaned with disinfectant following the manufacturer's instructions.
- 5.3.13 an appropriate hazard sign needs to be put by the affected area.
- 5.3.14 the area should be ventilated and left to dry.

Anyone involved in cleaning up the spillage must wash their hands thoroughly afterwards with soap and water.

Please note that:

- The bin that has had the soiled paper towels put in needs to be tied up and ideally placed in the yellow bin or double bagged and put in an outside bin.
- Any article of clothing that has been contaminated with the spill should be wiped clean and then put in a plastic bag and tied up for the parents to take home.
- Any soiled wipes, tissues, plasters, dressings, etc. must ideally be disposed of in the clinical waste bin (yellow bag). If not available, then the gloves being used need to be taken off inside out, so that the soiled item is contained within them. This can be placed in a sanitary waste disposal bin, which is regularly emptied.

Further information and guidance can be found [here](#).

Guidance on When to Call an Ambulance

In a life-threatening emergency, if someone is seriously ill or injured, and their life is at risk, always call 999. A detailed procedure for calling an ambulance can be found at Appendix B. Examples of medical emergencies include (but are not limited to):

- chest pain
- difficulty in breathing such as a severe asthma attack
- unconsciousness

- severe loss of blood
- severe burns or scalds
- choking
- concussion
- drowning or near-drowning incidents
- severe allergic reactions
- diabetic emergencies
- fitting

In an emergency, an ambulance will be called by the School Secretary, First Aider or another nominated person. Schools should add here any specific instructions to be given to the ambulance driver, such as how to access the school site, directions to the playing fields, etc.

Annex B – Contacting Emergency Services

A qualified first aider or another nominated person will dial 999 (or 112 from a mobile phone), ask for an ambulance and then speaking clearly and slowly and be ready with the following information:

1. The school/nursery telephone numbers: 020 7504 0548.
2. The location as follows:
3. The postcode of the building where the ambulance needs to come to:
 - a. 52-58 Arcola Street, London, E8 2DJ
 - b. Give exact location in the school/nursery of the person needing help.
4. The name of the person needing help.
5. The approximate age of the person needing help.
6. A brief description of the person's symptoms (and any known medical condition).
7. Inform ambulance control of the best entrance to the school/nursery and state that the crew will be met at this entrance and taken to the person in need of help.

Do not hang up until the information has been repeated back.

Please note that the person calling should be with the person in need of help, as the emergency services may give first aid instructions over the telephone.

Send a member of staff to wait at the entrance to guide the ambulance service to the person needing help.

Also, ensure that one or more of the following members of staff are informed that an ambulance has been called to the school/nursery: Mr Toby Mills-Bishop, Ms Elizabeth Waite, Ms Melanie Lewis.

Ensure that the child's parents/guardians have been contacted.

Never cancel an ambulance once it has been called.