Benjamin Britten School

First Aid Policy

Policy led by: AMc Reviewed: November 2025 Next review: November 2028

Aims

The aims of this 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

Roles and responsibilities

Appointed person(s) and first aiders

The school office regularly issues an updated list of appointed first aiders who 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
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- 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
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits

The Governing Board

The Governing Board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to staff members.

Headteacher

The Headteacher is responsible for, or may delegate to senior members of staff, the following:

- Ensuring that an appropriate number of first aiders 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
- 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

Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident and first aid reports for all incidents they attend to where a first aider is not called.
- Informing the Headteacher or their manager of any specific health conditions or first aid needs

First aid procedures

In-school procedures

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
- If emergency services are called, the pupils Assistant Head of Year (or another member of staff if the Assistant Head of Year is not available) will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in first aid treatment/care being provided.

Off-site procedures

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

- A mobile phone by which the school can contact them on
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details
- Risk assessments will be completed by the trip coordinator prior to any educational visit that necessitates taking pupils off school premises.
- There will always be at least one first aider on school trips and visits.

First aid equipment

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
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings
- No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- The school kitchens
- School vehicles
- The Textiles room
- Art Studio 1
- Art Studio 2
- Expressive Arts office
- Lower School Office
- Upper School Office
- Science Prep room
- PE office
- Exclusion Unit
- Product Design Workshop 1
- Product Design Workshop 2
- Food Technology Kitchen
- The Maths Centre staff room

Paracetamol

It may sometimes be appropriate to give paracetamol to control specific pain such as a headache or period pain, to support a student to remain in school, and minimise lost learning and absence. Despite being a widely used drug for controlling pain and reducing temperature, it can be dangerous if taken inappropriately.

It is a legal requirement that the school has permission from a parent/carer in order to administer any pain relief medication. This is sought via MCAS at the start of the academic year. It is the parent/carer's responsibility to update the school if they wish to retract this permission at a later date during the academic year or update any information previously submitted. It is the parents responsibility to make the school aware of any changes to their child's circumstances such as the development of a new medical condition or allergy). Parents are reminded to provide information about any changes at the earliest opportunity. If consent is not given by the parent, the school will not assume consent and act in

accordance with the current parental consent. Consent must be given as outlined in this policy for an age appropriate dose to be administered.

The school keeps its own stock of 500mg paracetamol in a locked cabinet in the Upper and Lower School Offices. This reduces the risk of students carrying medicines and taking a dose without an adult's supervision. If a student complains of pain as soon as they arrive at school and asks for painkillers, it is not advisable to give paracetamol straight away. There should be at least four hours between any two doses of paracetamol. Therefore, no paracetamol will be administered before 12:30pm to ensure that this 4 hour window has passed. No more than four doses of any medication containing paracetamol should be taken in any 24 hours period. It must always be considered whether the student may have been given a dose of paracetamol before coming to school. It is advised that a student who is experiencing mild pain prior to arriving at school, that they should take their first dose of paracetamol at home before school.

In the event of a first aid incident prior to 12:30pm resulting in a student experiencing mild to moderate pain, verbal permission must be obtained to confirm whether a dose of paracetamol was taken prior to arriving at school.

The student will always be encouraged to get some fresh air/ have a drink/ something to eat/ take a walk/ sit in the shade/ lie down (as applicable) - paracetamol is only considered if these actions do not work.

Members of staff who have completed the relevant training to administer medication must have checked consent and called the parent/carer if this is before 12:30pm to verify any previous doses of paracetamol/regular medication or combination medicines in the last 24hours. The dosage will be confirmed in this discussion.

Recommended dose of paracetamol by age (NHS guidance 2025):

Child 10-11 years 500mg every 4-6 hours Maximum 4 times in 24 hours

Child 12-15 750mg every 4-6 hours Maximum 4 times in 24 hours

Child 16-17 1g every 4-6 hours Maximum 4 times in 24 hours

The member of staff administering the paracetamol must have considered that paracetamol cannot be given in the following circumstances:

• Following a head injury

• If hospital admittance might be required

• When the student has already had paracetamol/combination drug within a 4 hour period

• More than 4 doses of any paracetamol combination drug have already been taken within a 24 hour period

Administering paracetamol

Students will only be given one age-appropriate dose during the school day. If this does not relieve the pain, the member of staff will contact the parent/carer/emergency services if the student is still too ill to remain in school.

The trained member of staff must witness the student taking the medication and make a record of the date/time/dosage/staff initials in the student's health background on Bromcom in a timely manner. A text message must be sent to the parent/carer to confirm the time the medication was taken and the dose.

After giving the student paracetamol

The member of staff will send the student back to class, inform parents/carers and log the medication on Bromcom.

The First Aid Lead and year teams will monitor administration of dispensation and where patterns or frequency of request causes concern contact with be made with the parent/carer and a member of the pastoral team.

Paracetamol on residential visits

If a pupil becomes unwell during a residential visit, it may be appropriate to administer paracetamol. The general guidance on paracetamol should be followed but on a residential visit, it may be appropriate to administer more than one dose. Dosage must be strictly according to the instructions on the packaging.

Should paracetamol fail to alleviate symptoms and/ or should staff have any concerns about a pupil's condition, they should not hesitate to contact parents/carers and to get professional medical attention. An additional permission form for the administering of paracetamol on a school trip must be completed. Parents/carers must be informed of all doses of paracetamol taken whilst on the school trip.

Use of plasters

In order to provide effective and efficient medical support for students requiring first aid treatment, in the event of a minor cut, students will be provided with a plaster and return to their lesson. Following an annual reminder sent to parents, consent for the use of a plaster will be assumed. Parents can withdraw consent and inform the school that they do not want their child to be provided with a plaster due to an allergy or alternative reason at any time. It is the parents responsibility to inform the school of any changes to their child's circumstances which may result in a change to the consent to administer a plaster.

Record-keeping and reporting

Accident record book

An online first aid log will be completed by the first aider on the same day or as soon as possible after an incident resulting in first aid treatment/care being provided. As much detail as possible should be supplied when reporting an accident.

Records held in the accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

Reporting to the HSE

Senior staff 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).

They will also report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

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
- 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

Information on how to make a RIDDOR report is available here:

http://www.hse.gov.uk/riddor/report.htm

Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until.

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

All staff will regularly complete first aid awareness training in order to ensure the effective care of students when responding to emergency incidents.

Where appropriate, specific training will be completed related to high-risk medical conditions of students within the school community.

Monitoring arrangements

This policy will be reviewed by Governors every three years, or when there are significant changes.

Legislation and guidance

This policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- 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
- 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 our funding agreement and articles of association.