



# LUX MUNDI

LIGHT OF THE WORLD ~ CATHOLIC ACADEMY TRUST

## First Aid Policy **CARDINAL POLE CATHOLIC SCHOOL**

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**APPROVED BY THE LOCAL GOVERNING BODY ON: ...28<sup>th</sup> January 2026.....**

**CHAIR OF GOVERNOR'S SIGNATURE:...**

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## **Mission Statement**

Cardinal Pole Catholic School is a community of **service** guiding young people on a path to **opportunity, aspiration** and **reward**, founded on Catholic values.

## **Introduction**

This policy has regard to the statutory framework: the Health and Safety (First-Aid) Regulations 1981, DfE statutory guidance 'Supporting pupils at school with medical conditions' (2015, updated 2017), and the Equality Act 2010.

The First Aid procedure at Cardinal Pole Catholic School is in operation to ensure that every student, member of staff and visitor will be well looked after in the event of an accident. It is assumed that all students attending school are healthy and fit to cope with the school day without leaving lessons for medical attention. The school First Aiders or appointed persons are there for accidents, emergencies and illnesses that occur during the course of the school day.

If a student is too unwell to remain in school then the First Aider will contact their parents/carers so that they may be taken home, or to inform parents/carers if he needs to be taken to hospital. The school First Aider or a responsible adult nominated by the school will accompany the students to the hospital in the case of an emergency but parents/carers are asked to attend the hospital at the earliest possible time after contact from the school. In the event that parent/carers are unable to attend they must arrange for a suitable responsible person to attend in their place. Staff will never take pupils to hospital in their own vehicle; a school vehicle, taxi, or ambulance will be used in accordance with safeguarding requirements.

## **Aims**

- To ensure that the school has adequate, safe and effective first aid provision in order for every student, member of staff and visitor to be well looked after in the event of any illness, accident or injury; no matter how major or minor.
- To ensure that all staff and students are aware of the procedures in the event of any illness, accident or injury.
- To ensure that medicines are only administered at the school when express permission in writing has been granted for this.
- To ensure that all medicines are appropriately stored.
- To ensure reasonable adjustments are made for pupils with disabilities or medical conditions in accordance with the Equality Act 2010, including provisions for Individual Healthcare Plans (IHPs)
- Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 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 on the school site.

To achieve the policy Aims, the school will:

- Have suitably stocked first aid boxes.
- Carry out a suitable and sufficient assessment of the risks posed to persons in the event that they suffer an accident, injury or ill health.
- The school will conduct a first aid needs assessment annually to determine adequate numbers of first aiders, as required by the Health and Safety (First-Aid) Regulations 1981.
- Appoint sufficient First Aiders (qualified by training) to take charge of first aid. The certification will be reviewed regularly to ensure that it is current. The school will maintain a record of employees who have undergone first aid training. At least one first aider will receive training specific to conditions prevalent in the school (e.g., epilepsy, diabetes, anaphylaxis) as per DfE guidance on supporting pupils with medical conditions.
- Provide information to employees, students and parents/carers on the arrangements for

first aid.

- Have a procedure for managing accidents, including immediate liaison with emergency services, medical staff and parents.
- Ensure that an accident record file is maintained in the school office by the Lead First Aider and every incident that requires first aid is recorded and filed including any treatment given. The forms will be reviewed and analysed regularly and remedial action put in place.
- Ensure notices are clearly visible throughout the school indicating the location of the first aid boxes and the names of the school's First Aiders.
- Ensure that appropriate hygiene is observed at all times and rubber surgical gloves will be provided and used in any instance involving blood/bio spill.
- Review and monitor arrangements for first aid, as appropriate, on a regular basis (and at the very least on an annual basis).
- Adequate training and guidance is available for all First Aiders including three fully trained first aiders and the school nurse.

## **First Aiders**

The main duties of First Aiders are to give immediate first aid to students, staff or visitors when needed, in line with the training they have received and to ensure that an ambulance or other professional medical help is called when necessary.

First Aiders are to ensure that their first aid certificates are kept up to date through liaison with the HR Officer. First Aiders complete an accident incident report (IRIS report).

The nominated person with responsibility will ensure all first aid kits are properly stocked and maintained. They will periodically check the contents of each first aid box and that each kit meets the minimum requirements, quantity and is in-date. The H&S Coordinator will be responsible for maintaining supplies and monitoring this action.

First Aiders will highlight to the nominated person the need for replacement of any first aid supplies which have been used or are out of date.

All First Aiders are fully indemnified by the local authority against claims for negligence provided that they are suitably trained and are acting within the scope of their employment and within the school's guidelines for the administration of first aid.

## **First Aid Appointed Person**

The current First Aid Appointed Persons" (official HSE terminology) are:

**Ms Duffy (School Office Manager) Oversight**

**Ms Toma (SENCO for SEND Students is responsible for EHC Plans)**

The First Aid Appointed Person will:

- Work directly with the H & S coordinator in ensuring the first aid policy is fulfilled.
- Facilitate first aid in line with training.
- Arrange for emergency first aid treatment either from local nominated first aiders / emergency first aiders or through emergency services.
- Arranges for individualised medical cards for students
- Report relevant incidents to HSE under RIDDOR 2013 (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) within required timeframes of relevant incidents as per <https://www.hse.gov.uk/riddor/reportable-incidents.htm>
- The Appointed Person does not need first aid training but must undertake emergency first aid awareness training and understand how to call emergency services."

## **First Aid Materials, Equipment and Facilities**

Lead first aiders are supplied with a first aid kit for selected areas within the school. Please see the list of designated First Aiders on Page 8.

Lead first aiders will periodically check the contents of first aid containers. Where additional/replacement materials or equipment is required, local procedures for the ordering of these items must be established.

It is the duty of the nominated first aider to examine the contents of the first aid kits (containers) for minimum requirements, content and expiration dates on a basis identified by the frequency of use and restocked when necessary. Care should be taken to dispose of items safely once they reach their expiry date.

## **Administration of Prescription Medication**

The school will ensure that pupils with medical conditions are supported in accordance with Section 100 of the Children and Families Act 2014 and DfE statutory guidance 'Supporting pupils at school with medical conditions' (2015). For pupils with long-term or complex medical needs, an Individual Healthcare Plan (IHP) will be developed in partnership with parents/carers, the pupil (where appropriate), relevant healthcare professionals, and school staff. Only essential medicines should be brought into school. That is, only if it would be detrimental to a child's health if they were not administered. The school encourages families to administer the prescribed medicine out of school hours whenever this is possible and not detrimental to the health of the child. "Written parental consent must be obtained using the school's 'Parental Agreement for School to Administer Medicine' form before ANY medication is administered. This applies to prescription and non-prescription medication. The student must report to the First Aider who will keep the medicine in the medical room. Emergency medications (e.g., adrenaline auto-injectors, asthma inhalers) may be administered without prior parental consent in life-threatening emergencies.

## **Administration by Students**

Pupils who are competent to self-administer medication (as assessed with parents and healthcare professionals) will be supported to do so, in accordance with their Individual Healthcare Plan. This promotes independence whilst ensuring safety.

Students are allowed to take responsibility for self-administration of medicines but only at parental request and under the supervision of the school First Aider/key worker supporting diabetic or SEND students.

## **Action to be Taken in the Event of a Notifiable Disease and Infection Control (Public Health Requirements)**

The school will follow guidance from UK Health Security Agency (UKHSA, formerly Public Health England) regarding infection prevention and control. The school has a duty to report notifiable diseases to UKHSA under the Health Protection (Notification) Regulations 2010.

The school takes great care in ensuring the routine immunisation and high standards of personal hygiene and practise, maintaining a clean environment are in place. There are however, some notifiable infections and diseases, which should be assessed by medically trained staff. A list of these is included on the Appendix. There may be other occasions when advice is sort or provided by NHS and/or the Local Authority in the cases of infectious diseases or pandemics. The school ensures that it takes note of this advice and acts upon it. Whenever there is a case of notifiable disease or infection in a school amongst pupils or staff, the consultant in communicable disease control (CCDC) must be notified. When there are infectious diseases, the CCDC should also be contacted and their advice followed.

## **Emergency Procedure in the Event of An Accident, Illness or Injury**

If an accident, illness or injury occurs, the member of staff in charge will immediately call for a First Aider. When summoned, a First Aider will assess the situation and take charge of first aid

administration. In the event that the First Aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they should arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the designated First Aider indicates a moderate to serious injury has been sustained then one or more of the following actions will be taken:

- Administer emergency help and first aid to all injured persons. The purpose of this is to keep the accident victim(s) alive and, if possible, comfortable, before professional medical help can be summoned. Also, in some situations, action how they can prevent the accident from getting more serious, or from involving more victims
- Call an ambulance or take the accident victim(s) to the nearest hospital/A&E. Moving the victim(s) to medical help is only advisable if the person doing the moving has sufficient knowledge and skill to make the move without making the injury worse.
- Make sure that no further injury can result from the accident, either by making the scene of the accident safe, or reporting to the H&S Co-ordinator (much easier if they are fit to be moved), by removing people from the scene.
- When the above action has been taken, the incident must be reported to:
  - H&S Co-ordinator
  - First Aid Leads
  - Parents (or other closest relatives) of the victim(s), and The police, if a criminal offence may have occurred.
  - Complete an 'Accident Report Form' and the First Aid Lead will allocate staff resources carefully between helping the victim(s) (e.g. by accompanying them to hospital), dealing with the direct aftermath of the accident and looking after students not affected by the accident. All three activities are important.
  - Report it also to the local authority, (IRIS system) which may be able to give advice and assistance, especially if there is media interest shown.

If the initial assessment indicates a minor injury has taken place, then one or more of the following actions will be taken:

- First Aid administered as necessary by designated First Aider.
- Complete an 'Accident/Incident/Illness Report Form'.
- Parents/carers informed (immediately).

### **Ambulances**

The First Aid Lead is to always call an ambulance on the following occasions:

- In the event of a serious injury;
- In the event of any significant head injury;
- In the event of a period of unconsciousness from an accident or epilepsy;
- Whenever there is the possibility of a significant fracture or where this is suspected;
- Whenever the first aider is unsure of the severity of the injuries; Whenever the first aider is unsure of the correct treatment.

If an ambulance is called then the First Aid Lead in charge should make arrangements for the ambulance to have access to the injured person. Arrangements should be made to ensure that any student is accompanied in an ambulance, or followed to hospital, by a member of staff until one of the student's parents, guardians or their named representative is present. A member of staff will remain with the student until one of the student's parents/carers, guardians or a named representative appointed by a parent arrives at the hospital.

## **Procedure in the Event of Contact with Blood or Other Bodily Fluids**

First Aiders should take the following precautions to avoid risk of infection:

- Cover any cuts and grazes on their own skin with a waterproof dressing;
- Wear suitable disposable gloves when dealing with blood or other bodily fluids;
- Use suitable eye protection and a disposable apron, where splashing may occur;
- Use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- Wash hands after every procedure.

If a First Aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids which are not their own, the following actions should be taken without delay:

- Wash splashes off skin with soap and running water;
- Wash splashes out of eyes with tap water and/or an eye wash bottle;
- Wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
- Record details of the contamination;
- Take medical advice (if appropriate).

## **Reporting to Parents**

In the event of accident or injury to a student, at least one of the student's parents/carers must be informed as soon as practicable. Parents/carers are informed of any major injury to the head. In the event of serious injury or an incident requiring emergency medical treatment, the student's parents will be contacted as soon as possible.

## **Visits and Events Off Site**

Before undertaking any off-site events, the teacher organising the trip or event will assess level of first aid provision required by undertaking a suitable and sufficient risk assessment of the event and persons involved. This will be reviewed by the Educational Visits Coordinator before the event is organised.

## **Storage of Medication**

Medicines are always securely stored in accordance with individual product instructions, save where individual students have been given responsibility for keeping such equipment with them. All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine. All medicines will be returned to the parent/carer when no longer required to arrange for safe disposal.

An emergency supply of medication should be available for students with medical conditions that require regular medication. Parents/carers should advise the school when a child has a chronic medical condition so that staff can be trained to deal with any emergency in an appropriate way. Examples of this would be epilepsy and diabetes.

In general, staff will not administer any form of medication unless there is an emergency and then on the advice of the emergency services/on-call doctor. For these emergency situations only written, signed consent has been sought and it is stored on student file. Controlled drugs (as defined by the Misuse of Drugs Act 1971) may only be administered with specific written permission and must be stored in a locked, non-portable container with only named staff having access.

## **Illness**

A quiet area will be set aside for withdrawal and for students to rest while they wait for their parents/carers to arrive to pick them up (this is located off the main office. This area has easy access to a toilet and hand washing facilities. Students will be monitored during this time. When

a child becomes ill during the day the parents/carers will be contacted and asked to pick their child up from school as soon as possible.

## **Accident Reporting**

Accident records contain personal data and will be processed in accordance with GDPR (2018) and Data Protection Act 2018. Records will be stored securely with access limited to authorized personnel only. Records will be retained in line with IRMS (Information and Records Management Society) guidance: pupil accident records retained until the pupil reaches age of majority.

Accidents (to students, staff and visitors) are recorded using the accident reporting form and subsequently entered onto the LBH online system. More trivial accidents (resulting in no injury or minor injuries such as bruises and grazes), to students will be recorded locally.

Serious accidents, i.e. any fatality, major injury, accident where a student is taken directly to hospital, reportable disease or dangerous occurrence, must be reported immediately by telephone to the Health and Safety Advisor (Education). These will also be reported using the appropriate method outlined above.

It is important that incidents and accidents, other than trivial accidents, are investigated to allow causes to be identified and control measures to be put in place. The incident investigation process is detailed in Chapter 4 of the Health and Safety manual.

Relevant incidents are reports to RIDDOR.

## **Records**

- Any incidents requiring first aid treatment must be recorded in the assigned Accident Report Books or online and should be completed promptly following a first aid incident.
- Records must will be kept of equipment and facilities inspections and annual reviews of the first aid risk assessment.
- Records will be kept of first aid training by staff, to help ensure that re-certification is completed within the three-year maximum limit.

## **Conclusion**

We have a section in our enrolment form which asks for medical conditions.

Staff do not act in loco parentis in this instance as this has no basis in law. Staff always aim to act and respond to accidents and illness based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the child in mind. Guidelines are issued to staff in this regard.

## **Relevant Legislation and Policies**

Equality Act 2010 compliance

SEND Policy (referencing Children and Families Act 2014)

Data Protection and GDPR Policy

Health and Safety Policy (including risk assessments)

Supporting Pupils with Medical Conditions Policy (statutory requirement)

Safeguarding and Child Protection Policy

Educational Visits Policy

Health and Safety Policy / Supporting Students with Medical Needs

<https://www.gov.uk/government/publications/first-aid-in-schools>

## **Defibrillator Provision**

The school has an Automated External Defibrillator (AED) located at main reception. This provision aligns with British Heart Foundation guidance for schools

### **Full List of Designated First Aiders**

<b>Name</b>	<b>Expiry Date</b>	<b>Course Provider</b>
Charlotte Clauker	20 <sup>th</sup> September 2026	St John's Ambulance
Michelle Duffy	2 <sup>nd</sup> September 2028	St John's Ambulance
Robert Bielicki	2 <sup>nd</sup> September 2028	St John's Ambulance
Francis Engerer	2 <sup>nd</sup> September 2028	St John's Ambulance
Laura Hughes	2 <sup>nd</sup> September 2028	St John's Ambulance
Gabriela Magurean	2 <sup>nd</sup> September 2028	St John's Ambulance
Neil McDaid	2 <sup>nd</sup> September 2028	St John's Ambulance
Dominika Peczkowska	2 <sup>nd</sup> September 2028	St John's Ambulance
Brendan Power	2 <sup>nd</sup> September 2028	St John's Ambulance
Ciara Purdue	2 <sup>nd</sup> September 2028	St John's Ambulance

## APPENDIX A

# Guidance on infection control in schools and other childcare settings



March 2017

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency **Health Protection Duty Room (Duty Room) on 0300 555 0119** or

visit [www.publichealth.hscni.net](http://www.publichealth.hscni.net) or [www.gov.uk/government/organisations/Public-health-england](http://www.gov.uk/government/organisations/Public-health-england) if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* (and paratyphoid*) (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance

### Good hygiene practice

**Handwashing** is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

**Coughing and sneezing** easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

**Personal protective equipment (PPE).** Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

**Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance.** For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

**Cleaning of blood and body fluid spillages.** All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

**Laundry** should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

**Clinical waste.** Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

**Sharps, eg needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards.** Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

### Sharps injuries and bites

If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact CP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

### Animals

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.

**Animals in school (permanent or visiting).** Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

**Visits to farms.** For more information see <https://www.hseni.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions>

### Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

### Female staff\* – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a notifiable infectious rash, this should be investigated by a doctor who can contact