

First Aid, Illness and Injuries in Schools

Category: Health and Wellbeing

Risk Management and Legal Implications

Failure to manage risk may impact on the delivery of Service objectives and the outcomes achieved by Service users. Education and Children's Services aim to mitigate the implications by ongoing management and review of risk in all elements of work activity.

The production of this document is one way in which we aim to reduce our exposure to risk. By providing staff with information on good practice, making reference to other guidance that is available across the Council and providing clarity on how we should do things, we can ensure that the management of risk is intrinsic to what we do.

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First aid, illness and injuries in schools

Contents:

1. Provision of First Aid and First Aid Training
2. Responding to Illness or Injuries in Schools
3. Reporting Injuries to Parents/Carers
4. Reporting and Recording Incidents
5. Providing of First Aid to Pupils
6. Staffing Provision and Payments
7. Administration of Medicines
8. Excursions

Appendices:

A – Example letter informing of an injury

B – Illustrative examples of incident reporting & reporting levels

1. Provision of First Aid and First Aid training

Fife Council's Corporate Health Safety and Wellbeing Team produces guidance on the minimum First Aid standards required in all Council workplaces. Education and Children's Services rely on this as the foundation for First Aid delivery within our own establishments. The scope of this guidance relates to First Aid for employees. The document can be located by following [First aid/De-fibs \(sharepoint.com\)](#)

In summary, the guidance covers the following topics:

- Definitions of First Aid, First Aider (FAW), Emergency First Aider (EFAW) and Appointed Person
- The requirement for First Aid at Work and Paediatric First Aid (FAWP)
- The responsibilities of Persons in Control as well as the posts noted above
- The risk assessment process that identifies First Aid need, including suggested numbers of First Aiders in workplaces
- Incident/Accident reporting
- First Aid equipment and First Aid rooms including suggested contents of a First Aid box, and;
- Training

This document supplements the above for schools, to take account of our duty of care for pupils as well as staff.

2. Responding to illness or injuries in schools

When a pupil becomes ill or is injured in school, the response will vary depending on the location of the school and the initial assessment of the seriousness of the illness or accident. Where a pupil has a known medical condition requiring individual support then the emergency response procedure must take this into account. A copy of the procedure must be appended to the pupil's Education Health Care Plan and Summary.

The following general guidance is given:

- The comfort and well-being of the ill or injured person is the first consideration. Their condition must not be aggravated or his/her wellbeing jeopardised by frequent handling or rough and hurried transportation.
- Decisions on the appropriate action should, where possible, be taken by a qualified First Aider and/or Headteacher.
- The school must contact and inform the parents/carers of the illness or injury.
- Where further medical attention will be required, first aid treatment should be applied only to ensure that the casualty reaches a doctor or hospital without their condition becoming worse.
- After first aid treatment has been carried out, normally the pupil would return to class or continue with class activities.

First aid, illness and injuries in schools

The majority of incidents in schools will result in either no injury being sustained or a minor injury / ailment. In most cases, the attention of a qualified first aider will be sufficient. However, where resuming normal activities is not deemed appropriate, the following steps must be followed:

Step 1 – Further advice

Call 999 - Where the condition is clearly life or limb threatening, staff should call 999 for paramedics to respond and take the casualty directly to a medical centre or hospital by ambulance. The following information should be available when calling 999:

- The exact place where it is required; if necessary give directions.
- The number of casualties.
- The type and seriousness of the accident.

Call 111 - In cases where staff are unsure of the appropriate action to take, then NHS24 can support the correct decision making. They can be contacted by calling 111.

All injuries should be reported to parents/carers following the assessment. See section 3 below.

Step 2 – Getting the casualty home or to a medical centre/hospital

In the interests of safety, the school should not normally send a child under 16 home alone or accompanied by other children. However, at the time of contact with parents/carers they may give permission that the child should go home on his/her own.

Wherever possible parents/carers should come to the school to collect their child and provide the means to transport the casualty to access appropriate medical attention.

If parents/carers cannot come to the school and the advice from NHS24 is that the casualty should be taken to a medical centre or hospital, then transportation by taxi should be arranged. Only as a last option, should staff consider using their own vehicle. This activity would be considered council business and drivers should have appropriate business insurance.

A member of the school staff should accompany the pupil in the taxi/car to the surgery or hospital and should stay with the pupil until the arrival of a parent or their nominated responsible adult. Information regarding the circumstances of the accident and any other relevant personal details or action taken should also be carried to be given to the doctor, nurse or other medical authority if required.

Where the appropriate means of transportation is by ambulance, a member of staff should accompany the casualty as above.

The decision as to which hospital a casualty should be taken would normally rest with the ambulance driver or doctor. However, if it is possible, the Headteacher may recommend that the casualty be taken to the Accident and Emergency Unit more suited to his/her home location.

3. Reporting injuries to parents/carers

It is vital that effective communication with parents and carers is integral to the responses described in section 2 above.

In **all cases of an injury**, parents and carers should be contacted. Subject to the type and scale of injury, school staff should contact parents/carers and advise them of the action proposed or action taken by school staff. This could be either by telephone or by sending a note home with the child (an example template for this is offered at **Appendix A**, although other formats may be used).

If there is the need for active involvement of parents/carers, school staff will make telephone contact with them to arrange this. It is important that when staff are making a call, they **do not** leave a voicemail message in the first instance. They must always seek to speak with one of the emergency contacts. Only if none of the emergency contacts are available should a message be left.

If school staff are in any doubt, they should seek medical advice from NHS24 and arrange for the pupil to be taken to hospital.

4. Reporting and Recording Incidents

All incidents should be recorded in school. Some may only need to be noted in an accident book, others must be recorded formally on the Council's accident reporting system, First Contact. Some incidents, by nature of their scale or type must be reported to the Health and Safety Executive (HSE) and are escalated to them by the Corporate Health, Safety and Wellbeing Team.

The incident details should be input to [First Contact](#) within 48 hours of the occurrence.

Appendix B, although not exhaustive, lists types of incident with examples and where they should be recorded.

5. Providing First Aid to Pupils

The care and welfare of those attending school / nursery is a key priority for the Education and Children's Services and we have to make all reasonable provision to support those who are in our care during the school day and whilst involved in school led activities.

First Aiders are required to provide first aid to pupils as well as adults.

The Council's First Aid guidance states: '*First Aid in the workplace is defined as the treatment given for the purposes of preserving life and minimising the consequences of injury or illness until professional help is available, and the treatment of minor injuries which otherwise would not receive treatment or do not need further treatment from a medical practitioner.*' Please note however, that some instances involving comforting or responding to a child who feels unwell, has been sick or scraped a knee, for example, do not

First aid, illness and injuries in schools

necessarily require the trained input from a First Aider. This level of support may be provided by any member of staff in the school.

All staff should know who the duty First Aider is and who acts as an appointed person in their building. This could be noted on a staff notice board or by other means.

6. Staffing Provision and Payments

Managing the provision of First Aid

It is the responsibility of school managers to retain records of those trained in first aid so that they can manage continuity of certification. Refresher training can be arranged by contacting Caroline Murray in the Business Support Team on VOIP 444160 or caroline.murray@fife.gov.uk.

We aim to have at least one volunteer qualified in first aid at work (FAW) at each establishment (please refer to the table below), regardless of whether an assessment for first aid needs identifies a need or not. All schools must nominate an 'appointed person', who in the absence of a first aider, can take charge and contact the emergency services. If the appointed person is off site, a deputy should be nominated.

Nursery, Primary, Special and Secondary Education

School Roll - pupils	Appointed Person	FAW */ FAWP
Up to 100	1	1
101 to 400	1	2
401 to 700	1	3
Over 701	1	4

* Individuals, not FTE (Exceptions can be agreed to enable cover across facilities with extended operating models)

In the nursery, primary and special sector volunteers should attend the Combined First Aid at Work and Paediatric Course.

Funding for First Aid

The Directorate will continue to meet the cost of training courses for staff up to the levels above. Should schools decide to nominate additional staff to undertake this role, costs for their training courses must be met from the school's devolved budget.

This principle also applies to the ongoing first aid allowance/payment (the payment only applies to those who have undertaken the First Aid at work (FAW) course or Combined First Aid at Work and Paediatric First Aid Course (FAWP), not the Emergency First Aid at Work (EFAW) course). For staff who carry out a first aid role up to the formula quotas above,

First aid, illness and injuries in schools

provision for payments will be built into staffing budgets. Where qualified first aid staff transfer to another school and the new host school already has adequate first aid provision, the Headteacher can either fund the payment for the additional person from their devolved budget, or review the staffing level for first aid and adjust nominations as necessary to ensure they are working within the above levels. It may be most appropriate to decide that staff joining the school are no longer required to undertake formal first aid duties under these circumstances. First aid payments for FAW(P) trained staff are a devolved cost to schools.

Schools have a responsibility to ensure that where they make the decision to either amend the working hours of an existing employee (where this change has an impact on any first aid payment they receive), or when starting/ending a first aid payment, the school should ensure that first aid payment information is included in the First Contact form. This should be done in the allowances section on the form stating code PFA7 and the hours to which this change applies to. In doing so, the appropriate payment linked to post hours will be made.

Enquiries relating to first aid payments should be directed to the Council's payroll team.

7. Administration of Medicines

The administration of medicine is a completely distinct task from administering first aid. Medication in schools is covered by separate guidance which includes operational arrangements in schools, the storage and handling of medicines, specialised staff training, health care plans and parental consent. Please refer to the guidance on the Intranet [Administering Medication in Schools \(sharepoint.com\)](#).

First aiders should not be administering medicines, unless they fall within the scope of this guidance.

8. Excursions

The provision of first aid should be considered as part of the risk assessment process during the excursion planning phase. It will be subject to a number of considerations such as the age profile of pupils attending, the venue, outdoor environment and the activities involved. For further advice, please refer to the [Offsite learning \(sharepoint.com\)](#). For example, where the activities are not adventurous and you have access to a first aider and facilities at the venue visited, there will be no need to take a first aider on the excursion.

First aid, illness and injuries in schools

APPENDIX A - Example Letter Informing of an Injury

Dear Parent/Carer,

Your child suffered an injury at school today.

Name:

Accident place & time:

Brief description of accident and injury:

Time of phone call to parent/carer	Made by:	Successful/unsuccessful Y/N

Signed by:

Name:

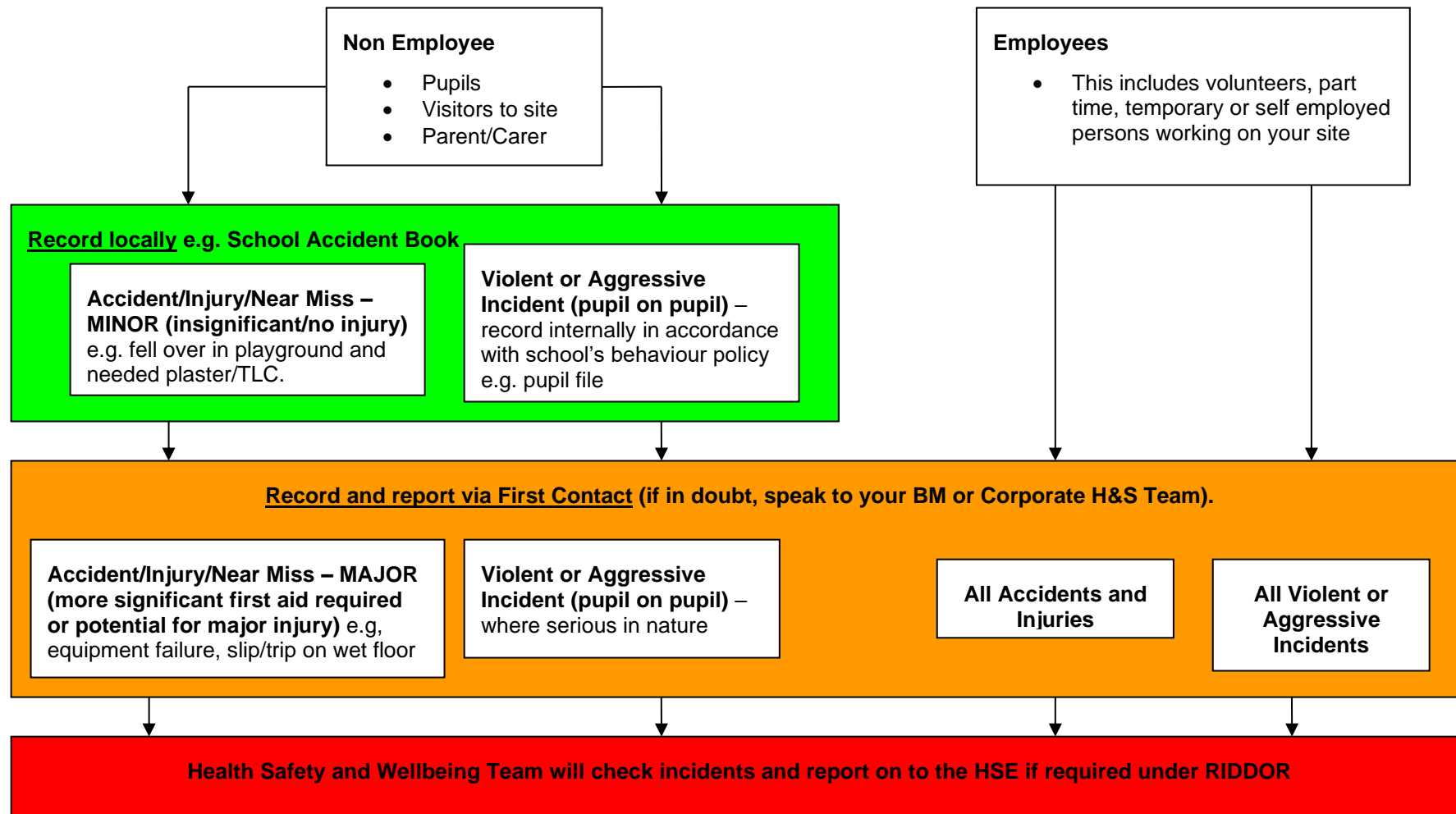
Position:

APPENDIX B (1 of 2) – Illustrative examples (not exhaustive) of incident reporting

Significant incidents (including all fires) should be followed up with a full investigation.

Description/Example:	Record within (days):	Reporting Level:
Monitor and record locally:		
Minor injury requiring minimal intervention (where no obvious contributory factors are identified which could have prevented reoccurrence)	1	School accident book
Falling or tripping for no obvious reason resulting in a grazed knee or similar	1	School accident book
Cut finger on paper	1	School accident book
Two children colliding in the playground resulting in a nosebleed	1	School accident book
Child running in the playground bumping into shed or fixed obstacle	1	School accident book
Behavioural accidents during playtime, pupil collision/fights	1	School accident book
Medical conditions e.g. someone faints without incurring injury	1	School accident book
Incidents that arise out of or in connection with work must be reported on First Contact:		
School organisation (incorrect procedures followed, lack of procedures, insufficient supervision)	2	First Contact
Faulty plant or equipment e.g. sports equipment, chairs, tables etc.	2	First Contact
Substances – pupils accessing chemicals or cleaning materials, science experiments where no safety glasses are worn resulting in a splash to the eye. Incorrect mix of substances e.g. CIF & bleach	2	First Contact
Condition of premises including play/sports grounds (e.g. potholes, uneven flag stones, slippery path due to leaves or snow etc)	2	First Contact
A fracture, including a finger, thumb or toe	2	First Contact
Any school fire	2	First Contact
Loss of sight (temp or permanent)	2	First Contact
Near Misses – should also be reported:		
Unplanned or uncontrolled events that could have caused an injury	2	First Contact
An event that highlights a particular area that might need to be made safe	2	First Contact

Appendix B (2 of 2) – School Accident Reporting



- **Adult (18 years +) accident records need to be kept for at least 3 years**
- **Pupil accident records need to be kept for 3 years from their 18th birthday, therefore until they are 21.**