

The [Health and Safety \(First Aid\) Regulations 1981](#) sets out requirements that education settings will need to assess and inform staff about:

- The number of first-aiders (trained to paediatric standards if there are pupils under 5 years old)
- Their equipment, accommodation, recording and reporting arrangements

A first-aid assessment should include the likely risks to students, visitors & staff.

Points to consider:

- The size of the setting, and whether it is on split sites or levels
- The location of the setting in relation to the emergency services
- Informing the local **emergency services** in writing of the setting's location and any circumstances that may affect access
- Emergency services should be given clear instructions regarding where and whom to report to on arrival
- Any **specific hazards** or risks on site, e.g. hazardous substances, dangerous tools or machinery, or temporary hazards such as building and maintenance work
- Any specific health needs or disabilities of students and staff
- The age range of students (this can affect the type of first-aid provision and materials required)

All staff and visitors should know how to contact a first aider and locate first aid equipment & facilities.

Procedures should be in place for contacting a student's parents or carers.

The governing body, senior manager or Head Teacher should review the setting's first-aid needs at least annually to ensure the provision is adequate and standards are being met.

National guidance:

- [First Aid in Schools, DfE 2014](#)
- [Health and safety: advice for schools, DfE 2018](#)
- [Early Years Foundation Stage Framework, DfE 2017 \(updated re Covid 19 disapplications\)](#)
- [First Aid at Work, HSE](#)

First-aid personnel:

When considering how many are required you should consider:

- Adequate provision for lunch times and breaks: it is good practice to encourage lunchtime supervisors to undergo first-aid training
- Adequate provision for annual leave and other absences
- First-aid provision for off-site activities, e.g. educational visits, **ensuring adequate provision remains on site**
- Adequate provision for practical areas such as science, technology, home economics and physical education departments
- Provision for 'out-of-school-hours' activities, e.g. sports and clubs
- Agreements with contractors (e.g. meal providers) on joint first-aid provision for their employees
- Provision for trainees working on-site; they have the same status as staff for health and safety purposes
- Agreed procedures for emergencies in isolated areas such as the playing field

At least one person who has a current paediatric first aid certificate must be on the premises at all times when children 5 and under are present, and must accompany said children on outings. ([subject to temporary Covid-19 changes](#))

Settings should keep a record of any first-aid treatment given by first aiders and trained appointed persons. This should include:

- The date, time and place of the illness, incident or injury
- The name (and class) of the injured or ill person
- Details of the injury or illness and what first-aid was given
- What happened to the person immediately afterwards (for example, whether they went home, resumed normal duties, went back to class, or went to hospital)
- The name and signature of the first-aider or person dealing with the incident

Some accidents are reportable to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

Education settings should ensure that all students with medical conditions are properly supported to have full access to education.

Governing bodies/proprietors have a duty to arrange suitable full-time alternative education for pupils who cannot attend school because of illness.

Children with medical conditions and disabilities are more likely to have safeguarding needs & be vulnerable to abuse, and they may be entitled to an assessment as a 'child in need' (Children Act 1989) from Children's Social Care.

It is a statutory requirement for maintained schools and academies to ensure that:

- Policies and procedures are in place to meet the health needs of all students, in full partnership with parents, carers and health professionals; & written records of any medication administered are kept
- They are compliant with national guidance (see below).
- The setting, healthcare professional, parents, carers & student agree, if possible about implementing a healthcare plan
- Clear information about roles & responsibilities is given to **all** staff & volunteers about arrangements for the administration of medicines, support & care
- Staff & volunteers know what to do & respond appropriately when they become aware that a student with a medical condition needs help
- Staff receive appropriate training, instruction & guidance prior to being asked to administer medicine, support or care to students
- Parents & carers' consent should be sought before any medication and care is given
- Students who are competent to manage their own medication and care should be supported to do so with parental consent or if the student is judged to be 'Gillick competent'
- Prescribed controlled drugs must be kept securely (but accessible) in a non-portable container, unless the student is deemed competent & safe to have it in their possession

Parents and carers should:

- Provide the setting with information about their child's medical needs if treatment or special care is required; and be contactable
- Give written consent for the administration of prescribed & non-prescribed medicines by staff
- Give consent before information about a student's health is shared with other staff or other agencies

- Contact a key health worker from the setting to assist, support and advocate understanding around the student's health issues
- Keep the pupil/student at home if acutely unwell or infectious

Emergency situations:

All settings should have arrangements in place for dealing with emergencies for all activities, wherever they take place, including school trips within and outside the UK:

- All emergency medicines must be readily available and clearly marked with the pupil/student's name
- Where possible pupils/students should carry their own medical devices e.g. inhalers, adrenaline pens, blood glucose meters
- All staff & pupils/students should be made aware of the likelihood of an emergency arising and what action to take
- A member of staff should always accompany a pupil/student taken to hospital by ambulance, and should stay until the mother, father or carer arrives

Off-site education or work experience - the school will:

- Be responsible for pupils/students with medical needs who are educated off-site (see [Safeguarding Sheffield Children website, education section, policies, procedures & guidance](#): 'Alternative Provision')
- Conduct risk assessments before off-site education commences
- Be responsible for ensuring that a work place provider has appropriate health and safety and safeguarding policies in place
- Ensure that parents, carers and students give their permission before relevant medical information is shared with the off-site provider.

National guidance:

- [Supporting pupils at school with medical conditions, DfE 2015](#)
- [Special Educational Needs and Disability code of practice, DfE 2015 \(updated re link to Covid19 changes\)](#)
- [Early Years Foundation Stage Framework, DfE 2017 \(updated re covid 19 disapplications\)](#)
- [Ensuring a good education for children who cannot attend school because of health needs, DfE 2013](#)