First aid policy ReFocus



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1. Aims

The aims of our first aid 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

2. Legislation and guidance

- 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

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed first aiders are listed in Appendix 1. They are responsible for:

- > Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- > Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and 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

Sending pupils home to recover, where necessary

Filling in an accident report on the same day as, or as soon as is reasonably practicable after, an incident (see the template in appendix 2) Keeping their contact details up to date

3.2 The local authority and governing board

Northants North has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board. The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel 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
- Undertaking, or 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 (see section 6)

3.4 Staff

School staff are responsible for:

- > Ensuring they follow first aid procedures
- > Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 2) 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

4. First aid procedures

4.1 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 the 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 senior team 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 an injury

4.2 Off-site procedures

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

- > A school mobile phone
- > A portable first aid kit including, at minimum:

 \circ A leaflet giving general advice on first aid \circ 6

individually wrapped sterile adhesive dressings \circ 1

large sterile unmedicated dressing

• 2 triangular bandages – individually wrapped

and preferably sterile \circ 2 safety pins

Individually wrapped moist cleansing wipes o 2

pairs of disposable gloves

- Information about the specific medical needs of pupils
- > Parents' contact details

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- > 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
- > 2 sterile eye pads, with attachments
- > 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least 1 first aider on school trips and visits.

5. First aid equipment

A typical first aid kit in our school will include the following:

- > A leaflet giving general advice on first aid
- > 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- > 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- > 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- Reception (at the desk)
- All design and technology classrooms
- The school kitchens

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- For accidents involving pupils, a copy of the accident report form will also be added to the pupil's educational record by their mentor
- Records held in the first aid and 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.

> 6.2 Reporting to the HSE

The Health and safety officer 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).

The DSL will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These 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) which:

 \circ Covers more than 10% of the whole body's total surface area; or \circ Causes

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
- 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
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the DSL will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - \circ $\,$ Carpal tunnel syndrome \circ Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - $\circ~$ Hand-arm vibration syndrome \circ Occupational asthma, e.g from wood dust $~\circ~$

Tendonitis or tenosynovitis of the hand or forearm \circ Any occupational cancer

- o Any disease attributed to an occupational exposure to a biological agent
- 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

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment

*An accident "arises out of" or is "connected with a work activity" if it was caused by:

- > A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- > The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- > The condition of the premises (e.g. poorly maintained or slippery floors) Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE http://www.hse.gov.uk/riddor/report.htm

7. 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 (see appendix 3).

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

8. Monitoring arrangements

This policy will be reviewed by the Headteacher annually

At every review, the policy will be approved by the Headteacher

9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- > Risk assessment policy
- > Policy on supporting pupils with medical conditions

Appendix 1: list of first aiders

STAFF MEMBER'S NAME	ROLE	CONTACT DETAILS
Paula Tucker	Executive Headteacher	
Hayley Perry	Deputy head teacher	
Liam Kerr	Deputy head teacher	
Darren Wade	Head of Trades	
Katie Close	Deputy head teacher	

Ар	pendix	2:	accident	report	form
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NAME OF INJURED PERSON		ROLE/CLASS			
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT			
INCIDENT DETAILS					
Describe in detail what hap	ppened, how it happened and what	injuries the person inc	eurred.		
ACTION TAKEN					
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.					
FOLLOW-UP ACTION REQUIRED					
Outline what steps the scho the incident happening aga	ool will take to check on the injured iin.	l person, and what it w	<mark>ill do to reduce the risk o</mark> ʻ		
NAME OF PERSON ATTENDING THE INCIDENT					
SIGNATURE		DATE			

Appendix 3: first aid training log

NAME/TYPE OF TRAINING	STAFF WHO ATTENDED (INDIVIDUAL STAFF MEMBERS OR GROUPS)	DATE ATTENDED	DATE FOR TRAINING TO BE RENEWED (WHERE APPLICABLE)
E.g. first aid			
E.g. paediatric first aid			
E.g. anaphylaxis			

Administrating medicines in school

DO

- Remember that any member of school staff may be asked to provide support to pupils with medical conditions, but they're not obliged to do so
- Check the maximum dosage and when the previous dosage was taken before administering medicine
- Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it
- ✓ Inform parents if their child has received medicine or been unwell at school
- Store medicine safely
- Make sure the child knows where their medicine is kept, and can access it immediately

DON'T

- Sive prescription medicines or undertake healthcare procedures without appropriate training
- Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions

- **X** Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances
- Sive medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor
- X Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers
- Force a child to take their medicine. If the child refuses to take it, follow the procedure in their individual healthcare plan and inform their parents