

First Aid Policy

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

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#) and guidance from the Health & Safety Executive (HSE) on [incident reporting in schools](#) 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 School Premises \(England\) Regulations 2012](#), 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 person is Katie Stanley and first aid trained staff. 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, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

List of current first aiders are available and given to key personnel in the school.

3.2 The local authority and governing board

Surrey County Council 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 key personnel know who the first aiders are in school, where to obtain first aid and how to call for a first aider through the radio system or calling Student Services.
- 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 appointed person/first aider or a member of student services will contact parents immediately
- The first aider/relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury
- Where the accident involves blood or bodily fluids, precautions should be taken for the first aider and other students, staff and visitors to protect them from cross contamination. This includes access to PPE, clearing and cleaning areas where blood/bodily fluids have covered areas and disposing of clinical waste appropriately. See appendix 3 for more procedures.

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:
 - A leaflet giving general advice on first aid
 - 6 individually wrapped sterile adhesive dressings
 - 1 large sterile unmedicated dressing
 - 2 triangular bandages – individually wrapped and preferably sterile
 - 2 safety pins
 - Individually wrapped moist cleansing wipes
 - 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 x 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the trip leader and Educational Visits Coordinator prior to any educational visit that necessitates taking pupils off school premises.

There is no requirement for schools to have a first aider on trips, but to have someone competent who can deliver basic first aid, be calm under pressure and seek appropriate assistance. Best practice is to have a first aider on trips.

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 science prep rooms
- All design and technology classrooms
- The school kitchens

- School vehicles
- Various classrooms and offices in addition

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury via SIMS.
- 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
- A copy of the accident report form will also be added to the pupil's educational record by a member of Student Services.
- 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.
- Any injury requiring 3rd party intervention e.g. A&E, GP etc. will be recorded on Surrey County Council's reporting system OSHENS by a member of Student Services. The School Business Manager will review the incident and sign off the report from the school. Surrey County Council will review and determine if any further reporting e.g. under RIDDOR is required.

6.2 Reporting to the HSE

The School Business Manager 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) via reporting on OSHENS.

Surrey County Council will report these to the HSE 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 scalding 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 e.g.
 - chest pain
 - difficulty with breathing or speaking
 - numbness

Other symptoms necessitating an immediate response may include:

- severe bleeding that can't be stopped by applying direct pressure
- unconsciousness
- lack of awareness of their immediate surroundings
- severe allergic reactions accompanied by breathing difficulties
- a fit/seizure, even if they seem to recover

This list is not exhaustive and you should respond according to how the person is presenting at the time.

- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - 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 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) <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 (see appendix 2). All first aiders will have attended a one day First Aid Course with a recognised provider.

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 SENCo annually.

At every review, the policy will be approved by the Finance, Premises & Policy Committee.

9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Policy on supporting pupils with medical conditions
- Educational Visits Policy

Appendix 1: 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)
First Aid Training	All First Aid Qualified Staff	Rolling 3 year programme expiring on date of last certificate.	3 yearly from date of last training
Epilepsy Training	All First Aid Qualified Staff	2 nd September 2021	
Anaphylaxis Training	See separate list	12 th September 2022	

Appendix 2: List of Qualified First Aiders

Victoria Roundell
Lucie Korousova
Jess Williams
Harry Hearn
Linda Sieber
Melissa Rogers
Kevin Milligan
Angela Dawson
Cathy Wilson
Chantal Dufour
Ross Bryant
Vicky Retter
Kate Stanley
Erin McCann

Appendix 3: Procedures for Blood and Bodily Fluids

PRECAUTIONS

- A First Aid Trained member of staff or Premises Team member should handle all body fluids.
- The immediate area should be cleared of people using hazard signs as necessary.
- Appropriate protective garments should be worn. These include Disposable gloves and apron.

- Organic matter should be removed using disposable absorbent paper towels.
- The area should then be cleaned using hot water and detergent followed by the appropriate disinfectant taking into account the surface where the incident happened.
- The area should be dried thoroughly.
- Disposal and cleaning precautions: All spillages of body fluids and material used during clearing up should be treated as “clinical waste” and be disposed of appropriately. Clinical waste should be disposed of in a securely sealed YELLOW bag. This is to distinguish them from other refuse. All Clinical Waste (yellow bag) should be disposed of appropriately. Non-disposable cleaning equipment, such as mops and buckets should be disinfected and dried after use.

CONTAMINATION

- Contaminated clothing should be laundered separately on a hot wash. Carpets, soft furnishing and upholstery should be steam cleaned when possible.

CLEANING UP BODY FLUIDS

- Use the appropriate body fluids disposal kit supplied in the above areas.
- Open the bag and put on the protective clothing (gloves, apron).
- Sprinkle the powder supplied over the spillage. This should turn into a gel like substance.
- Using the scraper supplied, scoop up the gel and place in the yellow bag provided.
- In case of small areas of spillage (e.g. - spots of blood) soak up the spillage using absorbent paper towels and place these in the Yellow bag provided.
- Wash the area using hot water and detergent with the identified equipment.
- Ensure the area is dry.
- Place all disposable items into the yellow bag provided.
- All non-disposable equipment should be washed thoroughly and disinfected using bleach.
- The yellow bag should be sealed tightly for appropriate disposal.
- Wash hands thoroughly.

MANAGING ACCIDENTAL EXPOSURE TO BLOOD

Accidental exposure to blood and other body fluids can occur by: Percutaneous injury (e.g. from needles, instruments, bone fragments, significant bites that break the skin) Exposure of broken skin (e.g. abrasions, cuts and grazes) Exposure of mucous membranes, including the eyes and mouth.

The following action should be taken immediately following accidental exposure:
Immediately stop what you are doing.

- In case of a wound, encourage bleeding of the wound by applying gentle pressure- do not suck.
- Wash thoroughly under running water.

- Dry and apply a waterproof dressing.
- If Blood and body fluids splash into eyes, irrigate with cold water.
- If blood and body fluids splash into your mouth, do not swallow.
- Rinse out several times with water.
- Report the incident to the school First Aider (if this is not you) and A & E.
- Complete an accident form The Health and Safety officer should carry out a risk assessment in order to reduce further occurrences.