Self-help Self-responsibility Equity Equality Democracy Solidarity



First Aid Policy (Little Thurrock local version)

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Version Control

Author	Date Created	Version	Notes
L. Coates	June 2020	1.0	Draft
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L. Coates	July 2022	1.1	Removal of Covid-19 Addendum and
			Covid-19 risk assessment for first aid

Osborne Co-operative Academy Trust

Osborne Co-operative Academy Trust is a multi-academy trust (MAT) incorporated around the principles and values of the international co-operative movement. These are Equality, Equity, Democracy, Self-help, Self-Responsibility and Solidarity, along with the ethical values of openness, honesty, social responsibility and caring for others. These values and principles underpin all our actions.

Introduction

People can become injured or be taken ill while at work. Regardless of whether or not the injury or illness is caused by the work they do, it is important that they receive immediate attention and, in serious cases, an ambulance is called.

The Health and Safety (First Aid) Regulations 1981 (amended 2018) cover the arrangements that should be in place to ensure this happens, and in so doing save lives and prevent minor injuries from becoming major ones.

These arrangements include the provision of adequate and appropriate first aid equipment, facilities, and trained staff. Appendix 2 is an assessment of needs tool that should be completed when considering first aid requirements in school or on a visit.

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
- Ensure robust risk assessments are in place regarding first aid needs (Appendix 3, template for risk assessment)

Legislation and guidance

This policy is based on the <u>Statutory Framework for the Early Years Foundation Stage</u>, advice from the Department for Education on <u>first aid in schools</u> and <u>health and safety in schools</u>, advice sought from oneSource and 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 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
- <u>The Education (Independent School Standards) Regulations 2014</u>, which require that suitable space is provided to cater for the medical and therapy needs of pupils

Roles and responsibilities

Appointed person(s) and first aiders

The school's primary first aiders 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 needed

First aiders are trained and qualified to carry out the role 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 treatments
- 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)
- Our school's first aiders are listed in appendix 1. Their names will also be displayed prominently around the school

The Headteacher/Head of School

The Headteacher/Head of School 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 (See appendix 4, first aid staffing flow chart)
- 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 via oneSource accident reporting system when necessary

Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident form (see appendix 5) for all incidents they attend to
- Ensuring the completed accident form is given to the relevant person for reporting online via the oneSource accident reporting system
- Informing the Headteacher/Head of School or their line manager of any specific health conditions or first aid needs

First aid procedures

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 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/carers will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents/carers
- If emergency services are called, a member of the senior leadership team will contact parents/carers 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. The report must include as much detail as possible such as weather
 conditions, surface condition, witnesses (statements to be collected) etc.
- If a child has any specific needs their needs will be met in line with our 'Supporting pupils with medical conditions policy'
- The school has a defibrillator which is located in the finance/admin office. It is the responsibility of the support manager to ensure that the defibrillator pads and batteries are checked on a monthly basis.

Off-site procedures

First Aid kits will be taken on all off-site activities, along with individual pupil's medication such as inhalers, epi-pens etc. Staff who are first aid trained will accompany all off site visits and for some trips with additional risks or hazards, a Paediatric First Aider may also attend.

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

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents'/Carers' contact details (for residential or out of hours trips only)

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

There will always be at least one first aider on school trips and visits. As required by the statutory framework for the Early Years Foundation Stage, for any EYFS trips this person will hold a current Paediatric First Aid Certificate.

First aid equipment

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

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Disposable gloves
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

The medical room opposite the SLT office contains the majority of the school's first aid supplies. Each classroom has some basic first aid supplies.

Each mid-day assistant has a basic first aid kit.

Asthma Pumps/Auto Adrenaline Injectors

Schools purchase asthma pumps/epi-pens to use in an emergency where parental consent has been given.

All Asthma pumps and auto adrenaline injectors are kept in the medical bags in class. These should always be taken on trips and on PE sessions. At lunchtime an LSA in KS1 and one in KS2 gather up all the medical bags and brings the asthma pumps and auto adrenaline injectors to the library to ensure they are readily available in the event of a medical emergency. After lunch they are returned to the classrooms.

The school has purchased spare auto adrenaline injectors and asthma pumps for emergency use.

Record-keeping and reporting

- An accident form will be completed by the primary first aider on the same day or as soon as possible after an incident resulting in an injury.
- For minor injuries to pupils this will be recorded on a paper form and then transferred to the school's medical log which is kept centrally on an Excel Spreadsheet.
- Accidents to staff, visitors and accidents to pupils requiring hospital or medical treatment will be recorded in the official accident book and will be reported using the oneSource online accident reporting system
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form
- A record of the accident will also be added to the pupil's educational record by the first aider.
- Parents and carers will be informed of any accident to their children that resulted in a report being made in the accident book or involves an injury to the head/face.
- Parents and carers may also be informed of other injuries if a member of staff deems it appropriate. Not all injuries e.g. very minor ones may be reported to the parents.

Reporting to the HSE through oneSource

Accidents to staff, visitors and pupils resulting in a visit to hospital or requiring medical treatment should be reported through the oneSource online accident reporting system. OneSource will report any accidents that are RIDDOR reportable to the HSE. HSE guidance on reporting incidents in schools can be found in the HSE information sheet

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 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
- 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

Physical Assault/Injury

Staff should complete an accident form if they or a pupil have been physically assaulted or injured by another pupil. The form should include a timeline leading to the assault, any triggers and resulting behaviours.

Near Miss Events

A Near-miss is something that does not result in an injury but could have done. All near misses should be recorded via the oneSource accident reporting system.

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 Information on how to make a RIDDOR report is available here:

Notifying parents/carers

The Headteacher/Head of School will inform parents/carers of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable (see above).

Training

The Headteacher/Head of School will ensure that the school has adequate first aid trained staff based on the needs of the school following risk assessment.

- The school will keep a register of all trained first aiders, what training they have received and expiry date, this is recorded on the Single Central Register.
- Staff are encouraged to renew their first aid training when it is no longer valid.
- The Headteacher/Head of School will ensure that there are enough staff trained in paediatric first aid in early years to ensure cover for absence. This meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

Contractors working on site

All contractors working on site, whether cleaning staff or tradesmen, must be made aware of the first aid procedures on site including who they should notify if there is an accident.

Monitoring arrangements

This policy will be reviewed by the Headteacher/Head of School every three years or following a change in legislation/school procedure.

At every review, the policy will be approved by the Local Governing Board Committee

Links with other policies

This first aid policy is linked to the:

Health and safety policy

- Risk assessment policy
- Supporting pupils with medical conditions policy

Appendix 1 – First Aid Trained Staff

Legal Surname	Legal Forename	Qualification	Expiry Date
Ahmed	Kamrun	Paediatric First Aid Awareness	5/2/23
		Level 3 Award in Emergency First Aid at Work	17/12/23
Aldwinkle-Povey	Karen	Level 3 Award in Emergency First Aid at Work	17/12/23
Allen	Karen	Role of a First Aid Appointed Person	16/12/23
		Emergencies at work & Basic Paediatric Training	06/01/23
Bail	Janice	Firsat Aid Awareness	07/02/23
Belton	Charlotte	Role of a First Aid Appointed Person	18/12/23
		Level 3 Award in Emergency First Aid at Work	17/12/23
Boonpok	Sayphon	Level 3 Award in Emergency First Aid at Work	17/12/23
Bray	Laura	Paediatric First Aid Awareness	2/2/23
Brazier	Jolene	Paediatric First Aid Awareness	3/2/23
Brewer	Jenny	Paediatric First Aid Awareness	30/12/23
Broyd	lan	First Aid at work Level 3	14/10/202
		Paediatric First Aid Level 3	3
Chamberlain	Amanda	Level 3 Award in Emergency First Aid at Work	17/12/23
Clark	Zoe	Paediatric First Aid Awareness	3/2/23
Collyer	Gillian	Level 3 Award in Emergency First Aid at Work	17/12/23
Deighton	Zoe	Emergencies at work & Basic Paediatric Training	06/01/23
Edmondson	Emma	Level 3 Award in Emergency First Aid at Work	17/12/23
Farrell	Jane	Role of a First Aid Appointed Person	4/1/23
		Emergencies at work & Basic Paediatric Training	06/01/23
Fleming	Lisa	Role of a First Aid Appointed Person	7/2/23
Gardiner	Sarah	Role of a First Aid Appointed Person	15/12/23
		Emergencies at work & Basic Paediatric Training	06/01/23
Jessup	Dawn	Emergencies at work & Basic Paediatric Training	6/01/23
Lewin	Nicola	Role of a First Aid Appointed Person	4/1/23
		Level 3 Award in Emergency First Aid at Work	17/12/23
Marriage	Denise	Paediatric First Aid Awareness	4/2/23

Mulas-Martin	Michela	Role of a First Aid Appointed Person	3/1/23
		Emergencies at work & Basic Paediatric Training	06/01/23
Pinson	Julie	Level 3 Award in Emergency First Aid at Work	17/12/23
Reed	Jane	Paediatric First Aid Awareness	2/2/23
Roberts	Laura	Paediatric First Aid Awareness	27/1/23
Ryan	Suzanne	Role of a First Aid Appointed Person	6/1/23
Sungeelee	Selvana	Paediatric First Aid Awareness	4/2/23
Torzewska	Joanna	Paediatric First Aid Awareness	4/1/23
Tyrrell	Lynne	Role of a First Aid Appointed Person	2/1/23
		Paediatric first Aid Level 3	29/11/23
Wade	Clare	Paediatric First Aid Awareness	17/12/23
Whiteman	Wendy	Emergencies at work & Basic Paediatric Training	06/01/23
Williams	Lauren	Paediatric First Aid Awareness	4/1/23
		Emergencies at work & Basic Paediatric Training	06/01/23
Wright	Vanessa	Role of a First Aid Appointed Person	15/12/23
Kaur	Kawaljit	Paediatric First Aid Awareness	02/05/23

Appendix 2: Assessment of first aid needs checklist.

Issues to consider	Impact on first aid provision	Notes
Hazards: The findings of the risk assessment(s) should be taken require different levels of first aid provision.	into account, along with parts of the workplace that may h	nave different work activities or hazards and may
Are the hazards low level, such as those found in offices?	The minimum provision is: • An appointed person to take charge of first-aid arrangements; • A suitable first aid box.	
Are there higher-level hazards such as dangerous machinery, hazardous substances, or work involving confined spaces?	 Consider: Providing first-aiders; Additional training for first-aiders to deal with injuries resulting from special hazards; Additional first aid equipment; Precise siting of first aid boxes; Providing a first aid room; Informing the emergency services. 	
Does the level of risk vary in different parts of the establishment/building/site?	Consider the provision of each building or site. Where several levels of risks exist, base the provision on the highest level of risk.	
Employees		
How many people are working on site, or in the establishment/building?	 Where there are small numbers of employees, the minimum provision is: An appointed person to take charge of first aid arrangements; A suitably stocked first aid box. Where there are large numbers of employees, consider providing: First-aiders; Additional first aid equipment; A first aid room. 	
Are there any inexperienced staff, or trainees on site?	Consider: • Additional training for first-aiders;	

Are there any staff with disabilities, or particular health problems?	 Additional first aid equipment; Local siting of first aid equipment. The first aid provision should cover any work experience trainees. 	
Non-employees	·	
Do members of the public visit your premises?	Under the Regulations, there is no legal duty to provide first aid for non-employees but the HSE strongly recommends that non-employees be considered in the first aid provision. Where there are small numbers of non-employees, a guide to the minimum provision is: • An appointed person to take charge of first aid arrangements; • A suitably stocked first aid box. • Where there are large numbers of non-	
	 employees, consider providing: First-aiders; Additional first aid equipment; A first aid room. 	
	 Where non-employees have disabilities or particular health problems, consider: Additional first aid equipment; Precise siting of first aid boxes; Providing a first aid room; 	
	 Additional training for first-aiders to deal with disabilities or particular health issues, for example the use of an epi-pen for administration. 	

Accident and ill health record		
What is the record of previous accidents or incidents of ill health? What injuries and illnesses have occurred and where did they happen?	Ensure the first aid provision will cater for the type of injuries and illnesses that might occur. Monitor accidents and ill health and review the first aid provision as appropriate.	
Working arrangements		
Do staff work out of normal office hours or work shifts?	Ensure there is adequate first aid provision at all times people are at work.	
Do staff travel to other sites, work remotely or work alone?	 Consider: The outcomes of the lone working risk assessment; Issuing personal first aid kits; Issuing personal communicators or mobile phones. 	
Does the work involve travel to other sites or locations with members of the public (clients, service users or pupils)?	 Consider: Ensuring the group is accompanied by a first-aider; Taking a first aid kit on the trip; The medical needs of the clients, services users or pupils, particularly if they have a medical care plan. 	

Do staff work at sites of other organisations?	 Consider: Making arrangements with the other organisation(s) to ensure adequate first aid provision; A written agreement between yourself and the other organisation(s). 				
Is there sufficient first aid provision to cover absences of first-aiders, or appointed persons?	 Consider: What first aid provision would be required to cover for annual leave or other planned absences; What would be required to cover for unplanned and exceptional absences? 				
Overall Risk Rating based on information in table above (circle as appropriate):			High	Medium	Low
Maximum number of persons on site, including non-en	nployees:				
Number of 3-day trained first-aiders required:			Number of Emergency f	irst-aiders required:	
Number of First Aid boxes required:			Number of Travelling/N	Nobile first aid kits required:	
Name of person responsible for maintaining the first aid boxes and kits:			Name of person respon	sible for organising refresher	training:
Signed:	igned: Date:			Date of Review:	





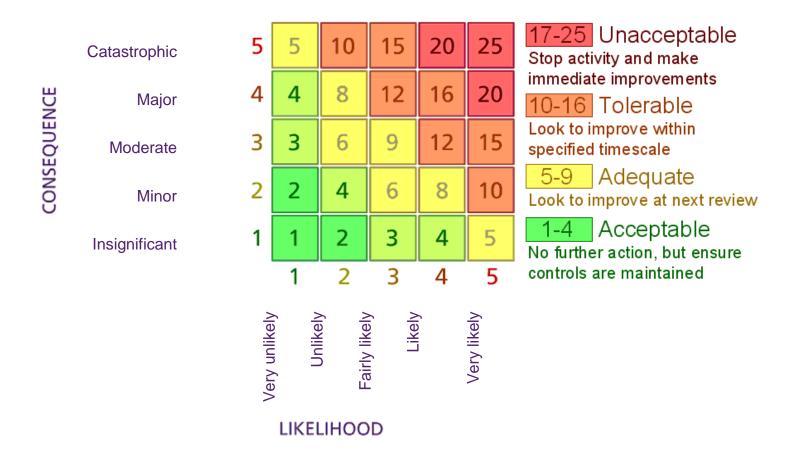
Assessors name:	Date of Assessment:	Activity/Task: Risks to first aiders
Directorate:	Service: Group:	Head Teacher:

Hazards	Who may be harmed & How	Existing Controls	Risk Rating	Further Controls	Residual Risk	Actions by whom & when	Implement ed Y/N
Body fluids	Contact with body fluids (blood, vomit, urine etc.) and the potential risk from HIV, Hepatitis, and other infectious diseases.	Assume all body fluids are infectious and follow strict hygiene procedures: • Wash hands thoroughly before and after administering first aid and use disposable gloves. • Skin that has been in contact with body fluids of another person must be thoroughly washed with soap and warm/hot water as soon as possible. • Splashes into eyes or mouth should be rinsed freely with cold water. • Encourage puncture wounds to bleed freely before thorough rinsing, drying and covering with a sterile dressing. • Body fluid spillages cleaned using available absorbent materials, e.g. toilet paper, paper s cat litter or other	Likelihood: Consequence: Risk Level:		Likelihood: Consequence: Risk Level:		

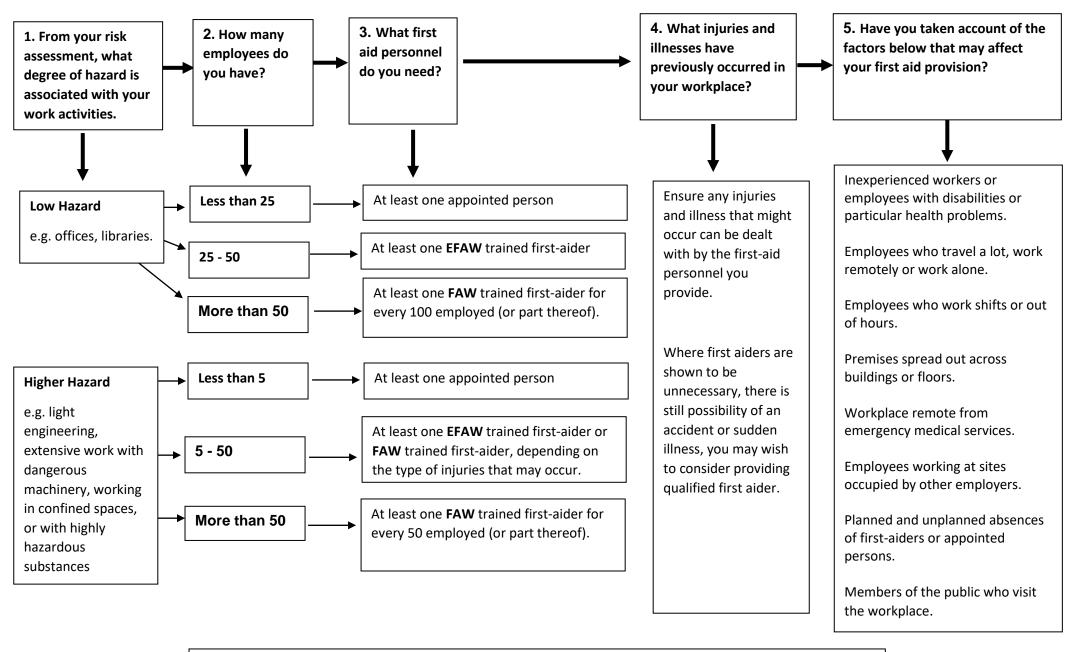
If a new activity/equipment/any changes have been identified then Risk Assessment must be reviewed otherwise it should be reviewed annually.						
Is a safe systen	of work required	Yes / No				
Review date:		Date com	municated to stat	τ:		
Review date:	Substances	Data com:	municated to staf	f .	MISK LCVEI.	
substances	Exposure to hazardous substances	substance was involved and consult the COSHH assessment for first aid information.	Consequence:		Consequence:	
Hazardous	First Aider	Ascertain what hazardous	Likelihood:		Likelihood:	
	Contamination from disposable gloves, aprons etc. contaminated with body fluids	All used disposable gloves, aprons etc. are disposed of in yellow, clinical waste bags marked "Clinical Waste – Bio-hazard". Full bags sealed and disposed of as clinical waste.				
		 Mouth to mouth resuscitation: Mouthpiece used for mouth to mouth resuscitation, A rigid airway only to be used by first-aiders trained in its use. 				
		absorbent granules. Disposable gloves and apron worn when cleaning spillages. Area cleaned with bleach or other chlorine-releasing compound.				

Risk Matrix

The matrix below is designed to help you in identifying a risk level for a given task or activity. Using your experience, the available evidence and existing precautions/ control measures in place you will have already determined the consequence of harm, and the likelihood of the harm being realised. The level of risk for the respective task or activity can now be determined using the following matrix.



Appendix 4 Suggested numbers of first-aid personnel to be available at all times people are at work.



Source: First Aid at Work, The Health and Safety (First Aid) Regulations 1981, (Appendix 3)

Appendix 5

Accident/Incident Record Form Questions (note this form should only be used to record the details of the accident/incident, an online form must be completed using the details gathered)

Person Completing the Form							
Name	Date Completed		Directorate				
Service Area	Contact Number	•					
Gervice Area	Contact Number						
About the Person Affected/Involved							
Name	Date of Birth		Status of Person Affected				
Job Title	Gender						
ood Tillo	Condo						
Address (including Postcode)			Contact Details				
Incident Details							
Date of Incident	Time of Incident		Date Reported				
Address where the incident happened							
Address where the incluent happened							
Description of exerts (include weather	. afaaa liahtiaa	andition info	where are receipted and the circulation of the contract of the circulation of the circula				
a LA vehicle)?	, surface, lighting,	, condition, into	where appropriate, did the incident involve				
a Lit vollidio).							
What happened after the incident e.g. hospital, returned to work Injury sustained Y/N							
Describe Injury	Des	scribe part of the	body affected e.g. left wrist, right leg				
		sale of the	. 222, anotice oig. for mor, fight log				
Was there a witness to the accident?	Y/N	Details of Wi	Details of Witnesses (name and contact details)				

Line Manager to complete

Name		email address				
Was the injured party correctly training in task/activity Y/N		Was the injured party correctly supervised in the task/activity Y/N				
Is there a risk assessment in place for	this task Y/N	Were identified con	ntrol measures in place Y/N			
Is the risk assessment being reviewed Y/N		Is the affected/involved person aware of the outcome of the risk assessment Y/N				
Were there any other factors contributing to the incident						
Did the injured party have time off work as a result of the incident Y/N	Date stopped work	(Date returned to work			
Give details of any measures you have taken or intend to take to prevent recurrence of the incident						
Have the description of events been ve	erified by the affecte	ed/involved person \	//N			