

WEST GRANTHAM

Church of England Secondary Academy

FIRST AID POLICY

Review cycle:	Annual
Reviewed by:	Operations Manager
Approved by:	Interim Executive Board

VERSION	DATE	AUTHOR	CHANGES
	28 April 2023	Julie Swatton/Tracy Willows	Full policy review

Contents

2
2
3
4
4
6
6
6
7
8
9
12

I. 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 <u>first aid in schools</u> and <u>health and safety in schools</u>, and guidance from the Health and Safety Executive (HSE) on <u>incident reporting in schools</u>, 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
- 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

This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed person(s) are Tracy Willows and Julie Swatton. 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
- Keeping their contact details up to date

Our school's first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

3.2 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Principal and staff members.

3.3 The Principal

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

Ensuring that an appropriate number of appointed persons and 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 and/or appointed person(s) in school are
- Informing the Principal 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, parents will be contacted immediately by the administration team.
- The first aider will complete an Student Accident Report Form (Appendix 2) on the same day or as soon as is reasonably practical after an incident resulting in an injury. The first aid accident reporting log is located in the main office.
- A F-45 Accident and Incident Form (Appendix 3) will be completed for head injuries or injuries resulting in a visit to a GP or hospital, and all injuries to either a member of staff or visitor, by the first aider on the same day or as soon as possible after an incident resulting in an injury and the form handed to the Operations Manager.
- In the event of a head injury a Head Injury Assessment (Appendix 4) should be completed and given to the parent/carer.

4.2 Off-site procedures

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

- A mobile phone
- A portable first aid kit including, at minimum:
 - o A leaflet giving general advice on first aid
 - 6 individually wrapped sterile adhesive dressings
 - o I large sterile unmedicated dressing
 - o 2 triangular bandages individually wrapped and preferably sterile
 - o 2 safety pins
 - o 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
- I conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- I 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
- I pair of rustproof blunt-ended scissors

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

There will always be at least I 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
- Main office
- Science
- Food Technology
- Canteen
- School vehicles
- Pastoral
- English

6. Record-keeping and reporting

6.1 First aid and accident record book

- An Student Accident Report Form (Appendix 2) will be completed in the first aid log.
- A F-45 Accident and Incident Form (Appendix 3) will be completed for head injuries or injuries resulting in a visit to a GP or hospital, and all injuries to either a member of staff or visitor, by the first aider on the same day or as soon as possible after an incident resulting in an injury and the form handed to the Operations Manager. The Operations Manager will record the F-45 Accident and Incident Form in F-45 Accident and Incident Notification Log and will upload a copy of the F-45 Accident and Incident Form to the West Grantham Secondary folder on Teams to SNMAT Operational Support Health and Safety F45 Accident Reporting.
- As much detail as possible should be supplied when reporting an accident
- 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 Operations 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).

The Operations Manager 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:
 - O Covers more than 10% of the whole body's total surface area; or
 - o 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 Operations Manager 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:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - o Hand-arm vibration syndrome
 - Occupational asthma, e.g from wood dust
 - o Tendonitis or tenosynovitis of the hand or forearm
 - 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 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: <u>How to make a RIDDOR report, HSE http://www.hse.gov.uk/riddor/report.htm</u>.

6.3 Notifying parents

The first aider will inform parents of any accident or injury sustained by a pupil to the head or needing further medical intervention, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents will also be informed if emergency services are called.

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 I).

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 Operation Manager annually. At every review, the policy will be approved by the governing body.

9. Links with other policies

This first aid policy is linked to the:

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

Appendix 1: First Aid Trained Members of Staff

STAFF MEMBER'S NAME	CONTACT DETAILS	ROLE	TYPE OF TRAINING	TRAINING EXPIRY DATE
Chloe Archdale	carchdale@wgacademy.org.uk Extension 1022	Pastoral	Schools First Aid	3 January 2025
Helen Blakey	hblakey@wgacademy.org.uk Extension 1019	Pastoral	Schools First Aid	3 January 2025
Dom Brown	dbrown@wgacademy.org.uk	Teacher	Emergency First Aid	10 November 2025
Belinda Hicks	bhicks@wgacademy.org.uk	TA	Emergency First Aid	10 November 2025
Justin Parsons	iparsons@wgacademy.org.uk Extension 4003	Site	Schools First Aid	3 January 2025
Sam Paton	spaton@wgacademy.org.uk	TA	Schools First Aid	3 January 2025
Louise Potterton	Ipotterton@wgacademy.org.uk Extension 1021	TA	Schools First Aid	3 January 2025
Jo Rollinson	irollinson@wgacademy.org.uk Extension 1002	Admin	Schools First Aid	3 January 2025
Sophie Slack	sslack@wgacademy.org.uk	Teacher	Schools First Aid	I April 2025
Tracy Willows	twillows@wgacademy.org.uk Extension 1003	Admin	First Aid at Work	27 January 2026

Appendix 2: Pupil Accident Report Form

Name of pupil	
Date of birth	

Date	Time	Nature of injury	First aid given	F-45 Y/N	First Aider

Appendix 3: F-45 Accident and Incident Form

Part A: Please complete all sections of this form. If necessary conf	inue on nage 3 or attach furth	her information	
Type of incident: (If you are unsure of the category, leave blank. Inputter to refe		Ref No. (Entered by	
	Inputter):		
Work related injury Work related disease/illness Medical issue (not arising from work) Recreational/sporting accident Road traffic collision Physical violence Physical intervention			
Verbal abuse or threat Anti-social behaviour Damage to eco-system D	amage to Property		
HSE Dangerous occurrence(under RIDDOR)	amage to respond		
Reporting Department:	Service:	Group/Team:	
Name & phone no. of person completing report:		Date and time of	
Traine a priorio noi oi porosii compioning roporti		incident:	
Description of what happened (please do not add any names in this field): A	ctivity taking place and what happe	ned, including	
possible causes. Please give as much detail as possible			
Where did it happen? Give full address and location in building/site/area	Are these NCC prem	ises? Yes No	
There are it happens one rail address and research in building energical	7.10 thousand prom		
Person 1 Involved: e.g. affected person	3 N 1 (D 1) (D 2)		
Employee	DII Member of Public Visitor		
Service Oser 🗆			
Involvement: Affected person ☐ Affected person (no injury) ☐ Perpetrator☐ W	/itness☐ Physically assaulted☐		
Verbally Assaulted ☐First Aider ☐ First on Scene ☐ Line Manager ☐	•		
Enter any comments relevant to the nature of their involvement:			
Name:			
Age:			
Department, Service and Team, Job Title & Phone no: (if employee)			
or if non-employee:			
Address and/or Telephone:			
Injury or ill-health details: Type of injury and exact location on body (e.g. deep of	cut to left index finger, sprain to righ	nt ankle)	
Injury severity : minor \(\square\) serious injury/ill health \(\square\) major injury/ill health	☐ fatal ☐		
Initial treatment: None Treatment offered but refused At scene At loc	cal first aid point 🗌 At Occupations	al Health □At local	
GP surgery ☐ At hospital ☐	. – .		
D. 7. (1 (1			
Details of treatment (who, what, when)			
Did person become unconscious: Yes□ No□ Require resuscitation? Yes□	es No		
Did person remain in hospital more than 24 hours Yes No □			
What happened after incident?			
Returned to work or normal activity Taken to hospital Referred to hospital	☐ Referred to dentist☐ Refer	red to own GP□	
Sent/taken home Not known	Treferred to definish.	ica to own or 🗀	
If leaving site, please state mode of transport:			
Have the Next of kin been informed Yes No No □			
Person 2 Involved : e.g. second affected person, perpetrator, witness			
Employee	oil Member of Public Visitor	☐ Service User ☐	

Involvement: Affected person					
Name:				Age	
Department Service and Team	Joh Title & Bhone not /if omr	Javas)		Male 🗌	
Department, Service and Team,	Job Title & Phone no: (if emp	noyee)		Female	
or if non-employee: Address and/or Telephone:				Temale_	
Injury or ill-health details: Type	of injury and exact location on b	odv (e.a. deep cut	to left index fin	ger, sprain to right ankle)	
Injury severity : minor ☐ serie	. ,			g, - ₋	
Initial treatment: None ☐ Trea	atment offered but refused A	scene At loca	I first aid point [☐ At Occupational Health ☐At local	
Details of treatment (who, what, w	hen)				
Did person become unconsciou Did person remain in hospital m		uscitation? Yes[□ No□		
What happened after incident?					
Returned to work or normal activit Sent/taken home Not known		erred to hospital	Referred to	dentist Referred to own GP	
If leaving site please state mode	e of transport:				
Have the Next of kin been inform	-				
Property Damage: (Item and brie Premises ☐	of description plus cost estimate	if possible) Gend	eral ∐ Enviror	nmental	
Other Information:					
Describe actions taken at the so	cene and by whom:				
Was any machinery or equipme	nt involved in this incident?	/es No If so	, was it powered	d? Yes□ No□	
Details:					
Were any hazardous substances/materials involved in this incident? Yes No If yes is there a safety data sheet? Yes No N/A Details of hazardous substance or material:					
Indicate how exposure occurred:					
Was any PPE being worn or use Details of PPE:	ed at the time of the incident?	Yes□ No□			
Were the Police called? Yes No What time did Police attend? Crime reference no: Is there any photographic of CCTV footage? Yes No If yes where is it held? What does the CCTV footage show?					
Name: Si	ignature:	Date:	Job Title:		
I consent to the information pro	vided being shared with NCC	Trade Union Rep	oresentatives	Yes	

The following types incidents are RIDDOR reportable. The HSE must be notified via the online reporting system of all work related RIDDOR incidents. If you need dangerous occurrence or case of disease you will need to use one of the links on the online system RIDDOI that data recorded through these links is NOT stored within this system and a copy should be provided to the Team.	R page. Please note
	Tick if reportable under RIDDOR
An employee (or self-employed person working under NCC control) suffers one of the HSE specified injuries.	
Anyone is killed as a result of NCC activities.	
A member of public (incl. students & service users) is taken straight to hospital from an NCC site or activity. There must be some suggestion that NCC was in some way at fault for the incident.	
An employee (or self-employed person working under NCC control) is absent from work OR unavailable for their	
normal work duties as a result of this incident, for more than SEVEN consecutive days (including non-working	Absent from:
days but not the day of the incident).	Absent to:
An employee is diagnosed (by a medical professional) with a specified occupational disease that is associated with the work the employee does.	
The incident <u>could have</u> resulted in any of the reportable injuries described above (a "HSE Dangerous Occurrence	
- see RIDDOR regulations")	1

HEAD INJURY OBSERVATION GUIDANCE

Name	
Your child has sustained a head injury at school today at approximatelyam/pm and has been monitored since the accident. We have not identified anything that caused concern up to the time of them going home.	
Details	
If any of these symptoms are present, particularly loss of consciousness (even for a short period of time), you should call an emergency ambulance (999/112) or NHS Direct on 111/0845 4647.	

- Lasting headache that gets worse or is still present over six hours after the injury;
- Extreme difficulty in staying awake, or still being sleepy several hours after the injury. It is fine to let children go to sleep after a slight bump to the head, but you should check on them regularly and make sure you are able to wake them.
- Nausea and vomiting several hours after the injury;
- Unconsciousness or coma;
- Unequal pupil size;
- Confusion, feeling lost or dizzy, or difficulty making sense when talking;
- Pale yellow fluid or watery blood, coming from the ears or nose (this suggests a skull fracture);
- Bleeding from the scalp that cannot be quickly stopped;
- Not being able to use part of the body, such as weakness in an arm or leg;
- Difficulty seeing or double vision;
- Slurred speech; and
 - Having a seizure or fit.