



ST CUTHBERTS CATHOLIC PRIMARY SCHOOL



FIRST AID POLICY

INCORPORATING A SYSTEM AND GUIDANCE FOR THE INVESTIGATION & REPORTING OF ACCIDENTS AND INCIDENTS

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INTRODUCTION

This Policy is written in the context of the Trusts Mission Statement and conforms to the DfE Guidance on first aid in schools. *St Cuthberts* will conform to all statutory legislation and recognises and accepts its responsibility as an employer for providing, so far as reasonably practicable, a safe and healthy workplace and working environment, both physically and psychologically, for all its employees, volunteers, visitors and other workers. *St Cuthberts* also recognises that its responsibility for the safety and welfare of all pupils at *St Cuthbert's* is paramount and will take every reasonable precaution to ensure their safety and well-being

Links to other policies:

- Health and Safety Policy
- Behaviour Policy
- Safeguarding Policy
- Medical Conditions Policy
- Food Hygiene Policy and Procedures
- Educational Visits and School Trips Policy

AIMS AND OBJECTIVES

The aim of this policy is to:

- Ensure first aid needs are in line with the The Health and Safety (First Aid) Regulations 1981
- Ensure that first aid provisions are available at all times. Including educational visits.
- Appoint the appropriate number of suitably trained people as Appointed First Aiders to meet the needs of the school and to maintain a record of that training and review it annually.
- Provide sufficient and appropriate resources and facilities.
- Provide awareness of health and safety issues within the school, including educational visits, to prevent where possible potential dangers or accidents
- Inform staff and parents of the school's first aid arrangements.
- Report, record and where appropriate investigate accidents.
- Keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Ensure that all staff read and be aware of this policy, know who to contact in the event of any illness, accident or injury
- Ensure this policy is adhered to, in relation to the administration of first aid.
- Ensure that the school has adequate, safe and effective first aid provision in order for every pupil member of staff and visitor to be well looked after in the event of any illness, accident or injury; no matter how severe.
- Ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are stored and administered in line with the administration of medications policy.

Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a life-threatening medical emergency.

FIRST AID PROVISION

- a) A dedicated medical space located in the *main downstairs corridor*
- b) A suitably stocked and labelled first-aid container situated in the *main downstairs corridor*.

- c) Information for employees, *pupils*, parents/carers on first-aid arrangements.
- d) Qualified First Aiders who have received training approved by the HSE, updated every 3 years, to take charge of First aid arrangements.
- e) On-going risk assessment carried out periodically.
- f) An appointed person to take charge of first-aid arrangements.
- g) First-aid provision available at all times while people are on school premises including out of school hours arrangements e.g., lettings & parent evenings, and on off-site visits where a risk assessment has indicated this might be necessary (e.g., sports activities).
- h) A stocked first aid box in the minibus and a portable one for outside visits.

RESPONSIBILITIES

Directors

Directors as employers are responsible, under the Health and Safety at Work etc Act 1974 (HASWA), for making sure that its schools have a health and safety policy. This should include arrangements for first aid, based on a risk assessment of the school.

Directors ensure that insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment. It is their responsibility to make sure that the statutory requirements for provision of first aiders are met, that appropriate training is provided and that correct procedures are followed. They must be satisfied that any training has given staff sufficient understanding, confidence and expertise.

Governors

The Local Management Board is required to develop policies to cover their own school. This must be based on a suitable and sufficient risk assessment carried out by a competent person. Within the approved scheme of delegation governors are required to ensure the health, safety and well-being of staff, *pupils* and visitors and ensure that adequate and appropriate resources, equipment and facilities are allocated to provide a safe environment including the provision of qualified first aid personnel.

The Headteacher

The **Headteacher** is responsible for putting the Local Management Board's policy into practice and for developing detailed procedures. The **Headteacher** must make sure that parents are aware of the school's health and safety policy, including arrangements for first aid. The **Headteacher** must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/appointed persons and ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.

Teachers and other school staff

Teachers' conditions of employment do not explicitly include giving first aid, although any member of staff may volunteer to undertake this. Teachers and other staff in charge of *pupils* are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the *pupils* at the school **in the same way that parents might be expected to act towards their children**. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

First Aiders

A first aider will be on site whenever the school is open (including parents' evenings and other out of hour's events). A trained first aider will normally accompany off-site visits. Individual Health

Care plans for *pupils* with specific medical needs will be carried (anaphylaxis, diabetes, asthma, epilepsy etc.) to ensure that explicit permission is given for the administration of any medications. Parents have the prime responsibility for the child's health and should provide the school with information about their child's medical condition so that care plans can be updated as required.

Adequate and appropriate training and guidance is given to staff who volunteer to be first aiders/appointed persons. There will be sufficiently trained staff to meet statutory requirements and assessed needs- see [HSE First Aid Needs Assessment](#).

The main duties of a first aider are to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- when necessary, ensure that an ambulance or other professional medical help is called.

Unless first-aid cover is part of a member of staff's contract of employment, people who agree to become first-aiders do so on a **voluntary basis**. When selecting first aiders, governing bodies/head teachers should consider the individual's:

- reliability and communication skills.
- aptitude and ability to absorb new knowledge and learn new skills.
- ability to cope with stressful and physically demanding emergency procedures.
- normal duties. A first aider must be able to leave to go immediately to an emergency.

Trained First Aiders

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called, especially in the case of a head injury or loss of consciousness.
- Enter details of injuries and treatment outcome in the appropriate record.
- Administer medication and keep appropriate records.(Admin role)
- Take charge when someone is injured or becomes ill.
- Look after the first-aid equipment e.g., restocking the first-aid container.(admin role)
- Check contents of the first aid container each half term and restock as necessary.(admin role)

Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, details of allergies and chronic conditions, and consent for the administration of emergency first aid – these forms will be updated periodically.

Assessment of need

The Management of Health and Safety at Work Regulations 1992 require employers to make a suitable and sufficient assessment of the risks to the health and safety of their employees at work, and others who may be affected by their undertaking, to identify what measures they need to take to prevent or control these risks. These risks are assessed by the Trust's appointed Health & Safety Advisor who reviews the Trusts arrangements for Health & Safety on an annual basis. The review includes:

- Making recommendations, particularly after any changes to the school estate, for a minimum number of trained first aiders, their required training needs and the proposed frequency of their training.

- Review and make recommendations for the delivery of first aid courses and the selection /appointment of suitably qualified first aid training providers.
- A review of first-aid material & containers, equipment and first aid facilities ensuring that minimum standards are met including those recommended by the Health & Safety Executive, Transport Regulations and the Education (School Premises) Regulations 1996 which require every school to have a suitable room that can be used for medical or dental treatment when required, and for the care of pupils during school hours.
- Review of the first aid policy and supporting reporting procedures.

Chronic Medical conditions:

First aiders must be trained to recognise and respond appropriately to the emergency needs of children with chronic medical conditions, the most common one's asthma, diabetes, epilepsy and severe allergic reaction.

Treatment of Asthma

Asthma is a common condition which affects the airways in the lungs, symptoms occur in response to a trigger e.g., dust, pollen or exercise.

St Cuthbert's recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school aged children.

All staff that come into contact with these children are given the opportunity to receive training from the school nursing team; it is recommended that this training takes place every two years.

School staff are not required to administer asthma medication to students unless in an emergency. Any administration of medicine should always follow the administration of medicines policy.

All school staff will allow students immediate access to their own asthma medication when they need it.

Generally, only reliever inhalers should be kept in school. On occasions, students may have a white and red inhaler called a 'Symbicort' which may also be used as an inhaler.

Students should carry their own inhaler with them at all times. The school should also request that a spare inhaler is kept in the school by a designated first aider. The inhaler should never be locked away or kept in the school office.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Spare inhalers must be provided by parents and kept in an unlocked cabinet by the school.

Epilepsy:

Concerns about safety should be discussed with the child and parents as part of the care plan. Children with epilepsy should be able to manage their own medication. This should be discussed with the child and parent as part of the care plan.

If a child with epilepsy has a fit, then the following advice should be observed:

1. Keep the surrounding area clear of hard/sharp objects

2. Send for help immediately from the student support Office and clear the area of 'spectators'
3. Cushion the head with something soft –e.g., a cardigan
4. Don't attempt to interrupt the seizure unless the head has fallen too far back, and breathing has stopped, or the child has turned blue.
5. Do not attempt to bring the child round
6. Once fitting has stopped, put the child into the recovery position

A fit should not usually last more than five minutes. If this is the case, this is the first known time a child has fitted, there are repeated fits or the child has banged their head/gone blue, then an ambulance must be called.

Anaphylaxis:

Parents and child should discuss allergies as part of the care plan. Pre-loaded injection devices (e.g., Epi-pens) should be provided by the parents in the correct container, labelled with their child's name and updated medicines.

(Applicable to Primary Schools Only) It is recommended that schools should ensure that there are designated members of staff responsible for overseeing the protocol for use of the pre-loaded injection device, monitoring its implementation and are responsible for the storage care and disposal. Staff will be trained annually on how these should be administered. If a child is in a state of anaphylactic shock an urgent message must be given to a designated member of staff in the first instance.

If the school has to give this injection an **ambulance must always be called.**

Diabetes:

(Applicable to Secondary Schools Only) Most children in college are in a position to self-medicate if necessary. Arrangements for this to happen should be made through discussions and reflected in the Care Plan. Blood sugar drops and other food/drink items are stored in the student support Office. If a child appears to be 'low' in class s/he should be sent to the *Student Support Office*, accompanied by a member of staff or another student.

(Applicable to Primary Schools Only) Children may need adult supervision to carry out the test and/or interpret test results. Every child with diabetes should have an individual healthcare plan, which details exactly what their needs are and who will help them. When designated staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional, but all school staff should know what to do in case of emergency. Each child may experience different symptoms, and this should be discussed when drawing up a health care plan and risk assessment but if a child appears to be 'low' in class it is very important that the child is not left alone a designated staff member is informed immediately and that blood sugar drops and other food/drink items are brought to the child.

Record Keeping

The school must keep a record of any first aid treatment given by first aider/appointed persons in the Accident Book and where relevant the Accident / Incident Report Form. This includes:

- The date, time and place of incident.
- The name (and class) of the injured or ill person.

- Details of the injury/illness and what first aid was given.
- What happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital).
- Name and signature of the first aider or person dealing with the incident.

All records of first aid will be kept for a minimum of 7 years. They will be analysed to look for trends and patterns and may:

- Be used for reference in future first-aid needs assessments.
- Be helpful for insurance and investigative purposes.
- help the school identify accident trends and possible areas for improvement in the control of health and safety risks.

In line with the Health & Safety Policy, all employees are reminded that they are responsible for any defects in the equipment or damage to their classrooms and should report such damage to the Business Manager. Any damage to the building that could be dangerous should also be reported to the Business Manager immediately.

Retention of Accident Paperwork

- Accident Reports for Adults will be kept from the date of the incident + 12 years
- Accident Reports for pupils will be kept from their date of birth + 25 years
- In the case of serious accidents then a further retention period will be applied

SPECIAL ARRANGEMENTS

In some cases, children with medical needs may be more at risk than other children. Staff may need to take additional steps to safeguard the health and safety of such children. In a few cases, individual procedures may be needed, and these will be detailed in an individual **care plan**. The *Head Teacher* is responsible for making sure that all relevant staff know about and are, if necessary, trained to provide any additional support these children may require.

CHILD PROTECTION

If any concerns are raised that have safeguarding implication (e.g., unexplained marks or scars), whilst a person is being treated for first aid, the First Aider must inform the designated Child Protection Officer who will then take appropriate action.

PHYSICAL CONTACT WITH CHILDREN

The treatment of children for minor injuries, illness or medical conditions may involve members of staff being in physical contact with children.

Any treatment should:

- Not involve more contact than necessary.
- Be undertaken by staff who have been designated to the task
- Be carried out wherever possible, in front of other children or adults
- Be recorded in appropriate methods
- Parents informed

FIRST-AID MATERIALS, EQUIPMENT AND FACILITIES

First-aid equipment must be clearly labelled, easily accessible and up to date.

Pupils individual medical containers must be clearly marked on the outside and contain their health care plan plus up to date medicines provided by the parents.

First-aid containers:

All first-aid containers contain the correct contents (as recommended by the DfE Guidance) to provide first aid to our client groups. The First Aider/Appointed Person is responsible for examining the contents of first aid containers. They are checked frequently and restocked as soon as possible after use. Items are discarded safely after the expiry date has passed. Out of date medicines should be disposed of via a local pharmacy.

Travelling first-aid containers:

Before undertaking any off-site activities, the responsible person assesses what level of first aid provision is needed. A portable first aid container is maintained in a good condition and readily available for use; prominently marked as a first aid container.

Minibus first-aid containers:

Transport Regulations require that the minibus has a first-aid container on board.

HYGIENE AND INFECTION CONTROL

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

Hands must always be washed before and after giving first aid.

Single-use disposable gloves must be worn if treatment involves blood or other body fluids. Any soiled dressings must be put in a yellow clinical waste bag and disposed of in a clinical waste box.

Exposed cuts or abrasions should always be covered.

In the event of widespread viral/bacterial infections across the school the following actions will be taken:

The school will report the situation to parents via the website, newsletters and text messages with guidance regarding avoidance, recognition, treatment and guidance on school attendance.

The guidance materials will also be used to communicate the information to students.

SHARING OF INFORMATION

Parents will be asked to complete and sign a medical consent form when their child admitted to the school, which includes emergency numbers, details of allergies and chronic conditions, and consent for the administration of emergency first aid – these forms will be updated periodically.

At the start of the academic year, the relevant members of staff will be given a list of students who are known to have medical problems (to include Asthmatics, Diabetics, Epileptics and others with serious illnesses). This will be reviewed annually or at any change of circumstances as communicated by parents/carers or other appropriate agencies.

Any member of staff organising visits/trips and visits should request from parents/carers an update of medical conditions for those pupils taking part. Any concerns should be reported to the First Aider.

This policy will be reviewed every 3 years by the *Head Teacher* in conjunction with the Governing body any changes made to this policy will be communicated to all members of staff

GUIDANCE FOR THE INVESTIGATION & REPORTING OF ACCIDENTS AND INCIDENTS

Purpose

The recording of accidents, incidents and ill health is one of the most effective ways of managing health and safety. Information from the facts gathered during accident reporting and investigations will highlight trends and patterns. As a result of this information, measures can be put into place which will reduce the frequency and severity of accident rates.

Nationally the HSE collects accident statistics. To facilitate this, they are supported by the legal requirements of RIDDOR, the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Therefore, all schools within the Trust are duty bound to report accidents that fall within the remit of RIDDOR 2013.

Scope

This procedure refers to accidents to staff, students/pupils and visitors or and accidents caused by their acts or omissions. Much will also apply if personnel are closely involved in any aspect of an accident. Agency staff working for the Trust must also be included as they are considered to be employees under health and safety law.

Responsibilities

The *Head Teacher* has overall responsibility for the appropriate level of reporting; however, this duty is delegated to supporting members of staff. RIDDOR notification will be completed by the Trusts Health and Safety Advisor (Tracy Metcalfe). Accidents to students/pupils, staff and visitors will be recorded by the school administration staff.

Initial investigation of incidents and accidents is usually the responsibility of the class teacher who may call upon assistance from the Trusts Health and Safety Advisor depending on the severity of the accident. From time to time because of the nature of an incident it will be the Health and Safety Advisor who leads the investigation. *Head Teacher* will liaise with the Health and Safety Advisor where required.

All dangerous occurrences and lost time injuries must be reported to the *Head Teacher* who will report such events to the Trusts Health and Safety Advisor.

The Trusts Health and Safety Advisor has responsibility to retain correspondence from the HSE with regards RIDDOR reportable accidents and present such information as requested by auditing authorities.

Abbreviations

RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
HSE.	Health and Safety Executive.

Accident Definitions

First Aid Treatment - A minor injury requiring treatment by a qualified first aider (minor cuts/bruises, foreign matter in the eye etc.) and resulting in no lost time beyond the school day or shift on which it occurs.

Minor Accident - A work related injury resulting in absence from work of between 1 and 7 days beyond the school day or shift on which it occurs

Lost Workday Case (Reportable Accident) - A work related injury, which causes incapacity for more than seven days beyond the day on which it occurs

Accident Reporting

In the event of any injuries being sustained on the Schools premises, the injured person shall notify an appointed First Aider. All injuries and treatment given will be recorded in the Schools Accident Book.

On receipt of any Accident Reports the Schools administration staff will decide whether the Accident requires further investigation i.e.

1. If the accident is required by law to be reported to the Health and Safety Executive (HSE.)
2. If the accident could have resulted in serious consequences (what could have happened), and
3. If the accident may result in a civil claim.

Investigation findings are recorded on an Accident/Incident Investigation Report Form (See Appendix 1). Accidents involving students will be investigated by the Headteacher or deputy headteacher, currently *Joanne Wilson or Emma Daly*, and accidents involving staff and other stakeholders will be investigated by Joanne Wilson, Headteacher.

In the event that the accident/ incident was witnessed, a statement is to be recorded on witness statement form (see Appendix 2).

If an accident report form is deemed necessary, the *Headteacher* will ensure that a copy of the report is forwarded to the Trust Health and Safety Advisor by email tracy.metcalfe@avec-partnership.com

All the above mentioned reports are collated and kept readily available for inspection by the HSE or the Schools Loss Assessor.

- In the event of a minor accident or illness, the trained member of staff in first aid [**applicable to secondary schools only**] usually the Student Support Officer, will make an initial assessment and appropriate first aid administered in the Accident Book. The Pastoral Learning Manager (PLM) should be informed of this and a record kept.
- In the event of a child needing to be sent home due to illness or minor accident, the consent of the PLM (or Senior Leader if they are unavailable) must be sought before parents/carers are contacted and the child collected. (**applicable to secondary schools only**) A child **must never** be sent home without adult supervision being assured beforehand.
- In the event of a head injury, a Senior Leader must be informed immediately (*Joanne Wilson, Emma Daly or Fiona Colley*) in the first instance and if unavailable, then another member of the Senior Team. The Headteacher's admin **must** also be informed so that they can be notified. A 111 phone-call should be made upon the approval of a Senior Leader. A written record should be kept on the Accident / Incident Investigation Report.

- In the event that an ambulance is to arrive on premises, it is imperative that a Senior Leader is informed (*Joanne Wilson* in the first instance). The Headteacher should also be made aware of this via their PA.
- A child **must never** leave the premises in an ambulance unaccompanied. They should always be accompanied by a responsible adult – usually a member of the teaching/support staff. Arrangements should be made in advance with a parent/carer for the child to be met at the hospital as soon as possible.
- Under no circumstances should a child in distress be left alone (**[applicable to Secondary schools only]**) or the Student Support Office left unsupervised.) Liaison between the two first-aid trained members of staff who work in that area is therefore essential whilst approval and support is being sought.
- If a PLM or Senior Leader is contacted, it is expected that s/he will stay with the child until appropriate actions/decisions have been made.

[Applicable to primary schools only]

- If a child shows signs of illness in the classroom, the teacher should send him/her accompanied by a member of staff, to the dedicated medial room and the designated first aid staff member informed immediately. A note should be recorded in the attendance register in Sims.
- When a child becomes ill during the day and is not fit/able to remain in school, the parents/carers will be contacted and asked to pick their child up from school as soon as possible

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Some incidents that happen in schools, or during education activities out of school, must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). These Regulations require employers and other people to report accidents and some diseases that arise out of or in connection with work. The School Health and Safety Advisor is responsible for reporting to the HSE all Accidents/Incidents that fall under the requirements of RIDDOR.

Staff must report the following work related accidents, including those resulting from physical violence, if they injure either the School's Staff, or self-employed people working on the Schools premises:

- accidents which result in death or major injury* must be reported immediately.
- accidents which prevent the injured person from continuing at his/her normal work for more than seven days.

***A major injury is classed as one of the following:**

- fracture other than to fingers, thumbs or toes
- dislocation of the shoulder, hip, knee or spine
- loss of sight (temporary or permanent)
- a chemical or hot metal burn to the eye or any penetrating injury to the eye

- any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- any other injury leading to
 - hypothermia, heat-induced illness or unconsciousness
 - resuscitation or requiring admittance to hospital for more than 24 hours
 - acute illness requiring medical treatment and/or loss of consciousness
- acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material
- any amputation

Students and other people who are not at work

You should inform the Schools Health and Safety Advisor if an accident that happens to someone who is not at work, e.g., a pupil or visitor, if: the person involved is killed or taken to hospital and the accident arises out of or in connection with the work activity.

How does the School decide whether an accident ‘arises out of or is in connection with work’?

An accident will be reportable if it is attributable to:

- work organisation (e.g., the supervision of a field trip)
- plant or substances (e.g., lifts, machinery, experiments etc)
- the condition of the premises

Sports activities

Accidents and incidents that happen in relation to curriculum sports activities and result in students being killed or taken to hospital for treatment are reportable.

Playground accidents

Playground accidents due to collisions, slips, trips and falls are not normally RIDDOR reportable unless they happen out of work or in connection with work, e.g., because of:

- the condition of the premises or equipment
- inadequate supervision.

Accident/ Incident frequency rates

The accident/incident reports and near misses are reviewed by the School’s Health & Safety Committee on a termly basis.

Accident/ incident rates are not required by any form of legislation, however, they are to monitor trends and provide a comparison to previous safety performance.

ACCIDENT/ INCIDENT INVESTIGATION REPORT
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Student Name:	
Form:	
Brief account of accident:	
Date and time of accident/ incident:	
Name of person reporting (if not student above):	
Location of accident/incident:	Lesson: Teacher:
Name of person conducting Investigation:	
Weather conditions at the time of the incident:	
Particulars of injured person:	
Male/female:	Date of birth:
Previous medical condition if known and relevant:	
Home address. Include Postcode and Tel number:	
First Aid treatment given: Y/N Taken to hospital: Y/N Collected by Parent Y/N	

Nature of Injury if applicable:

**ACCIDENT/ INVESTIGATION REPORT
(TO BE COMPLETED BY THE INVESTIGATOR)**

Factors believed to have contributed to the accident: (footwear, weather, lack of attention, etc)

Recommendations to prevent a recurrence:

Comments by Health and Safety Advisor if appropriate:

Comments by *Head Teacher*:

Signed:		Date:	
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WITNESS STATEMENT

Ref accident to:

Describe fully the sequence of events leading up to the accident:
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Name:	Signature:
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Role in connection with the School:	Date:
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