



Hardenhuish School

First Aid Policy

If you would like any policy in a more accessible version, please contact the Administration Manager

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1. Statement of Intent

The Governing Body of Hardenhuish School acknowledge and accept its responsibilities under the Health and Safety (First Aid) Regulations 1981, will provide equipment and facilities that are adequate and appropriate for enabling first-aid to be administered to employees, pupils and visitors in the school.

Our First Aid Policy is successfully implemented through the delivery of the following aims and objectives:

- Undertaking a First Aid Needs Assessment to determine the requirements for the provision of first-aid within the school premises.
- Ensuring that there are suitable facilities and equipment to administer first-aid, where necessary.
- Ensuring that there is a sufficient number of staff trained in first-aid on duty at all times.
- Ensuring that the requirements of this policy are clear and appropriately circulated, including the location of first-aid equipment, facilities and personnel.

The appointed person, with overall responsibility for first-aid, is the School Business Manager. They are assisted in the day-to-day administration of this policy by the Medical Officer. Where the appointed medical officer is unavailable, the following person(s) will deputise in their stead: Administration Manager, Leadership Team Support Manager.

2. Legal Framework

This Policy ensures compliance with, the following legislation and regulations:

- Health and Safety at Work Act 1974;
- Health and Safety (First Aid) Regulations 1981;
- The Management of Health and Safety at Work Regulations 1992;
- The Education (School Premises) Regulations 1999;
- Health and Safety (The Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)) Regulations 2013.

This Policy will also have regard to the following statutory and non-statutory guidance:

- First Aid for Schools (February 2014).
- Advice on Standards for School Premises (March 2015).
- Incident reporting in schools (accidents, diseases and dangerous occurrences) (October 2013).

3. Risk Assessment

The Medical Officer will ensure that a risk assessment of first-aid needs is undertaken annually or as appropriate to the circumstances of Hardenhuish School.

Where a minimum number of trained first-aiders is set, this is monitored to ensure that the needs identified in the risk assessment are met.

The Medical Officer will organise First Aid training to ensure that the required minimum number of accredited staff are in place.

4. Facilities

Wherever possible first-aid will be administered in the medical room, situated in the House, which meets the requirements of the DfE guidance. Specifically, to:

- Be large enough to hold the necessary equipment;
- Have washable surfaces and adequate heating, ventilation and lighting;
- Be kept clean and tidy at all times;
- Be positioned as near as possible to a point of access for transport to hospital;
- Display a notice on the door advising of the names, locations and telephone numbers of first-aiders;
- Have a sink with hot and cold water;
- Have drinking water and reusable, washable cups;
- Have soap and paper towels;
- Have a suitable container with disposable waste bags.

5. Fixed and portable first-aid containers

- First-aid containers are identified by a white cross on a green background.
- The school has first aid boxes in all areas of the school.
- The school has 15 travelling first-aid containers for use during school trips and off-site visits, which are stored in the medical room in the House.
- No medicinal substances or materials are permitted within a first-aid container.
- Blue adhesive dressings in food prep areas

5.1. Fixed

Fixed first aid-containers will contain, at a minimum in line with current guidance:

- 10 x antiseptic wipes, foil packaged;
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- Two sterile eye pads;
- Four individually wrapped triangular bandages (preferably sterile);
- Six safety pins;
- Six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
- Two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
- One pair of disposable gloves.

NB. The following are also included in first aid kits depending on their location:

- Emergency foil blanket
- Sick bags
- Steripads
- Tape
- Non adhesive dressings

5.2. Portable

Portable first-aid boxes will contain, at a minimum:

- 10 x antiseptic wipes, foil packaged;
- Six individually wrapped sterile adhesive dressings;
- One large (approximately 18cm x 18cm) sterile unmedicated wound dressing;
- Two triangular bandages;
- Two safety pins;
- Individually wrapped moist cleaning wipes;
- One pair of disposable gloves.

6. Minibuses

The school minibuses will have on board a first-aid container with the following items:

- Ten antiseptic wipes, foil packaged;
- One conforming disposable bandage (not less than 7.5cm wide);
- Two triangular bandages;
- One packet of 24 assorted adhesive dressings;
- Three large (no less than 15cm x 15cm) sterile unmedicated ambulance dressings;
- Two sterile eye pads, with attachments;
- Twelve assorted safety pins;
- One pair of rust free blunt-ended scissors.

7. First-aid containers are:

- Prominently marked as a first-aid container;
- Maintained in a good condition;
- Suitable for the purpose of keeping the items referred to above in good condition;
- Readily available for use.

8. Selection of first-aiders

When selecting first-aiders, the Medical Officer will liaise with the Business Manager and/or Administration Manager to consider an 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 immediately in an emergency.

Unless first-aid cover is part of a staff member's contract of employment, people who agree to become first-aiders should do so on a voluntary basis.

9. Training

The Medical Officer is responsible for organising first-aid training.

The school keeps a record of who is trained in first-aid and the date that their certificates expire.

Where possible first-aiders will be re-trained within 3 months prior to the end of the third year, when their first-aid certificates expire. If trained first-aiders have left, the Medical Officer will find a replacement in consultation with the Business Manager and/or the Administration Manager and arrange training for that person.

10. Roles and responsibilities

The main duties of the appointed person are to oversee provision for first aid and provide guidance to the school Medical Officer where required.

10.1. The main duties of the school Medical Officer are to:

- Provide first aid as and when required, responding promptly to any calls for first aid;
- Take charge of first-aid arrangements, including looking after equipment and calling the emergency services, where necessary;
- Facilitate the replacement of out-of-stock or expired first-aid material or equipment;
- Complete the 3-day First Aid at Work course and subsequent refresher training, in addition to any other training relevant to the role.

10.2. The main duties of first-aiders are to:

- Complete an EFAW (Emergency First Aid at Work) training course ;
- Give immediate help to casualties with common injuries and those arising from specific hazards at the school;
- Ensure that an ambulance or other professional medical help is called, where appropriate.

11. Reporting incidents and record keeping

The School Business Manager will ensure that records are kept of any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR.

11.1. Reportable injuries include:

- 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 cover more than 10 percent of the body or cause 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.

11.2. Reportable occupational diseases include:

- Carpal tunnel syndrome.
- Severe cramp of the hand or forearm.
- Occupational dermatitis e.g. from work involving strong acids or alkali, including domestic bleach.
- Hand-arm vibration syndrome.
- Occupational asthma e.g. from wood dust or soldering.
- Tendonitis or tenosynovitis of the hand or forearm.
- Any occupational cancer.
- Any disease attributed to an occupational exposure to a biological agent.

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR, as a reportable injury has to have resulted from a work-related incident.

11.3. Dangerous occurrences include:

- 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.

11.4. Injuries to pupils and visitors who are involved in an accident at school, or an activity organised by the school are only reportable if the accident results in:

- The death of a person which arose out of or in connection with a work-related activity.
- An injury that arose out of or in connection with a work-related activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

11.5. Records will be also be kept of all occupational injuries where a staff member is away from work or incapacitated for more than three consecutive days, although this doesn't need to be reported.

11.6. The school does not have to report injuries where the pupil remains at school, is taken home or is simply absent from school for a number of days.

11.7. First-aiders will ensure that they comply with the reporting procedures of the school after administering treatment, including recording:

- The date, time and place of the incident;
- The name (and tutor group) of the injured or ill person;
- Details of the injury/illness and what first aid was given;

- What happened to the person immediately afterwards? (e.g. 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.

11.8. In accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 and the School's Retention Schedule (RIDDOR), records of incidents involving staff will be maintained for six years from the date of the incident and for pupils until they are 25 years of age. If the incident is serious, a further retention period may be applied.

11.9. The accident reporting book is kept in the medical room in the House. All medical incidents and accidents will be recorded in CPOMS.

12. Circulation

The Medical Officer will inform all staff of the location of the first-aid equipment, facilities and personnel.

13. Defibrillators

All defibrillators are checked weekly by the Medical Officer. Defibrillators are located in E Centre, S Centre, L Centre and the Medical Room.

14. Appendix 1: Student accident management

Confirmation of process in case of potential broken limb:

- When a student sustains a potential injury, regardless of whether we know this to be true or not, they are not to be moved from the site of the accident.
- An ambulance is called, regardless of category 3 or 4 ambulance wait times (currently 2 or 3 hours dependent upon the category). The request for an ambulance can only be cancelled/overridden by someone with parental responsibility.
- An after-care phone call is made home to the family the following day (or Monday if the accident happens on Friday) by the First Aid Officer and by the appropriate Pastoral Manager. This will ensure that a call is made should one of these members of staff be absent.
- No-one is to attend the incident/accident unless they have first aid training.
- A RIDDOR report is made to support best practice, regardless of links to a *work activity*.