



Clovelly House School  
Stay safe, respect, achieve

# First Aid Policy

**January 2024**



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Clovelly House School Policy



## FIRST AID POLICY

### 1. Statement of Intent

The **First Aid procedures** at Clovelly House School are in operation to ensure that every student, member of staff and visitors will be well looked after and safeguarded in the event of an accident, no matter how minor or major. Clovelly House school intends to Ensure that the Principal and staff are aware of their responsibilities with regards to health and safety.

Whilst all schools have risk assessments in place and all staff members are trained in risk management, there may be occasions when accidents occur.

In the event of an accident all members of the school community should be aware of the support available and the procedures available to activate this.

### 2. Legislation and Guidance

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and 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

### 3. Purpose

**The purpose of the Policy is therefore:**

- To provide effective, safe First Aid cover for students, staff and visitors.
- To ensure that all staff and students are aware of the systems in place.
- To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.



**FIRST AIDER** refers to those members of the Care or Education Staff who are in possession of a valid First Aid at work certificate or equivalent. (See appendix 1.)

#### 4. Roles and responsibilities

##### 4.1 Appointed person(s) and first aiders

The school's appointed First Aider are Nicola Sansom, Vicky Green and Karen Boobyer, in addition to all staff who are trained first aiders. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Advising all staff members on first aid matters
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

Our school's First Aider is listed in appendix 1. Their names will also be displayed prominently around the school.

##### 4.2 The headteacher

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

- Ensuring that an appropriate number of appointed persons and/or 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)

##### 4.3 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are.
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider/appointed person is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs



## 5. First aid procedures

### 5.1 In-school procedures

- A qualified First Aider is on site at all times during the day
- The name of the first aider/appointed person is displayed on the wall in the school offices.
- First aid kits are available in the office or classroom. There is a kit in the 'Westerlies' and the 'Easterlies' classroom blocks. Persons requiring first aid should be taken to the nearest First Aider for treatment
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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 will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the Family Liaison Officer or keyworker of the child will contact parents immediately
- The first aider/relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury
- The person(s) responsible for administering the accident reporting procedure is teacher on duty.
  - The First Aider will immediately report the incident to the Clovelly House School Safeguarding Officers, (Hayley Smitham Hopewell, and Jennifer Collighan), and then inform the home manager, social workers and/or the parents of the children involved.
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  - Staff members are required to update all documentation and records as soon as possible after an accident has occurred.
- The accident book and report forms are kept in the office/classroom.
- The notification of serious accidents causing major injury and dangerous occurrences is undertaken according to Clovelly House School procedures and is reported to the Head of Education immediately.

### 5.2 Off-site procedures

The arrangements for first aid for sports, outdoor pursuits and field trips are the responsibility of the supervising staff and will be accounted for in the risk assessment and management.

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

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the teacher in charge 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.

## 6. 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 3).

Staff are encouraged to renew their first aid training when it is no longer valid.

Each school site will have a nominated First Aider and Deputy First Aider who have undergone First Aid Training. The names of the First Aiders are displayed on the wall in the office/school.

All education staff members will undergo first aid training every three years. One member of staff at each school site will do the following training:

'Emergency First Response, First Aid at Work Course'. (three full days)

All other staff will do:

'First Aid at Work' (one day course)

### **7. 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
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings
  - Sterile wound dressings (medium, large, and extra large)
  - Moist cleaning wipes, individually wrapped
  - Disposable gloves (non latex)

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- The meetings room
- School vehicles



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The nominated first aider for the school site will monitor the contents of the first aid kit each month and sign in the Medical Recording File. First Aid equipment which is out of date will be disposed of according to guidance received and new equipment will be purchased and placed in the first aid kit.

### 8. Record-keeping and reporting

#### 8.1 First aid and accident record book

- An accident form will be completed by the first aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- A copy of the accident report form will also be added to the pupil's educational record by the key worker
- 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

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#### • 8.2 Reporting to the HSE

The Health and Safety Officer 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 Health and Safety Officer will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - Any 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
- 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





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

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)  
<http://www.hse.gov.uk/riddor/report.htm>

### **8.3 Notifying parents**

The Family Liaison Officer will inform parents 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.

### **8.4 Reporting to Ofsted and child protection agencies**

The Principal will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Principal will also notify the child's Local Authority of any serious accident or injury to, or the death of, a pupil while in the school's care.

**See also:** Policy on 'Administering Medication in School'

Staff training matrix and records

Policy on Children who become ill at school

## **Appendix 1**

### **First Aiders**

January 2024 – All staff members:

Victoria Green

Nicola Sansom

Karen Boobyer



## Appendix 2

### Life-threatening Conditions

In an emergency that the first aider is not able to deal with, calls should be made to 999 stating the emergency, the location and condition of the patient as soon as possible.

The following conditions require emergency services:

- \* Serious bleeding
- \* Serious burn
- \* Shock
- \* Spinal injury
- \* Suspected heart attack, cardiac arrest and stroke, non-breathing Patient, (whilst doing CPR)
- \* Blocked airway (whilst trying CPR)



- \* Any situation needing CPR
- \* Loss of consciousness
- \* Serious bone fracture
- \* Serious asthma attack
- \* Epileptic seizure of more than twenty minutes
- \* Any other situation where is considered to be life-threatening

### Appendix 3

## Clovelly House Body Fluids Policy

### 1 Policy Statement

Clovelly House School and Clovelly House staff members are committed to managing risks to its staff, Young Persons and locum workers.

### 2 Purpose

Clovelly House School staff recognise their obligation and strive to ensure that there are proper working practices for staff, Young Persons locum workers in all aspects of their work. This policy defines those practices in the case of *occupational exposure to blood / body fluids*.

### 3 Scope

The definitions of 'body fluids' and 'exposure' are as follows.

#### BODY FLUIDS:

Any blood or bloody body fluid/tissue, vaginal secretions, seminal secretions, cerebrospinal fluid, synovial fluid, pleural fluids, peritoneal fluid, pericardial fluid, amniotic fluid, non-bloody saliva, tears, nasal secretions, sputum, sweat, vomitus, urine and faeces

#### EXPOSURE

Means contact with mucosal membrane (eye, mouth or lining of nose) **or** contact with non-intact skin (chapped or abraded skin, skin with dermatitis or eczema) **or** contact arising from a biting incident.

### 4 Procedure



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In the event of anyone being exposed to blood or body fluids *as per this policy*, the following procedure must be followed IMMEDIATELY.

### 4.1 Person exposed to blood / bodily fluids:

1. Don't panic. Seek assistance.
2. Treat the exposure appropriately:
  - a. If you are splashed on the skin wash the area well with soap and water.
  - b. If you have been bitten wash the area well with soap and water.
  - c. If you are splashed in the eyes, mouth or nose rinse well with water.
3. Ensure a manager is informed
4. A manager will designate a staff member to accompany the person exposed to Hospital.

### 2. Remaining Staff:

Clean *any* spillage of bodily fluid using the Biohazard Kit. The process for this is:

- a. Protect yourself by wearing appropriate gloves. Generally, this will be disposable gloves. If there is broken glass / other sharp material, treat this as hazardous and wear needle-stick gloves. If there is a risk of splashing, use the protective eye wear.
- b. Use the powder in the biohazard kit to treat the spill.

Clean up the spill using the scoop in the Biohazard Kit and absorbent kitchen towel.

Clean the surface using soap and water to remove any remaining blood or body fluids. Wipe up with absorbent kitchen towel.

Wipe contaminated surfaces with a disinfectant solution. Mixing 1 part of household bleach to 50 parts of water makes a good solution. Wipe up with absorbent kitchen towel.

Place the gloves, glasses (if used), broken glass / other sharp material (if present), kitchen paper and scoop in a biohazard bag and put in a sharps disposal unit.

Wash your hands thoroughly with soap and water

2. If possible, identify the donor (the individual whose blood / body fluids it was), meet with them and:

- a. Inform them that there has been an incident involving blood / body fluids that may belong to them
- b. Ask them if they will consent to share the following information:
  - i. HIV and HEP.C status (if known)
  - ii. Name
  - iii. Date of Birth
- c. If the donor does not consent to sharing information on their HIV and HEP.C status such information **MUST NOT** be shared outside the organisation. This applies even where we have such information on file.

3. Ask the donor if they are willing to give a blood sample at the hospital for the purposes of testing for Blood Borne Viruses (BBVs). Make it clear to them that they are in no way obliged to do this - it is their choice.

4. If the donor is willing to be tested for BBVs, liaise with the manager at the hospital and see if it is feasible to bring them to A & E in Hospital immediately.

5. Record the event in writing and pass this record on to a manager

### 4.3 At the hospital



**The following procedure is likely:**

- You may have to wait in A&E
- Hospital staff will explain the procedure to you

Blood samples may be taken

You may get a tetanus injection

You may get other injections

You may be given an appointment for the GUIDE' clinic

- You may be given medication to take according to the hospital's protocol.
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- These will probably consist of a short course of medication to cover you until you attend the GUIDE clinic.

#### **4.4 Recording (for the person exposed)**

If possible, the exposed individual should provide a written report of the incident to a manager within 24 hours. Alternatively, the person exposed may dictate a report of the incident to a manager. In either case, this incident statement should be signed and dated.

#### **4.5 Support**

The exposed individual's supervisor (if applicable) should offer regular and sustained support to the exposed individual following the incident. If the individual has no supervisor, this role will be carried out as directed by the Director. Clovelly House School, will ensure that any person who is exposed to blood / bodily fluids at work has access to external debriefing sessions, if required.

#### **4.6 Management Issues**

##### **4.6.1 Process**

Management should ensure the follow process is followed:

- ESCORT the exposed individual to the hospital
- SUPPORT the exposed individual as per this policy statement
- REPORT the incident appropriately and ensure that witnesses do likewise. This includes informing the hospital staff of the type of body fluid to which the individual was exposed. In the event that the exposed individual refuses assistance or medical attention, ensure that they sign a statement saying support was offered but refused.

##### **4.6.2 Incident reporting**

You are obliged to report the incident to:

Jennifer Collighan – Director



## Appendix 4

### RECOGNIZING A STROKE

Thank God for the sense to remember the '3' steps, STR. Read and Learn!

Sometimes symptoms of a stroke are difficult to identify. Unfortunately, the lack of awareness spells disaster. The stroke victim may suffer severe brain damage when people nearby fail to recognize the symptoms of a stroke.

Now doctors say a bystander can recognize a stroke by asking three simple questions:

S \*Ask the individual to SMILE.

T \*Ask the person to TALK and SPEAK A SIMPLE SENTENCE (Coherently) (i.e. It is sunny out today.)

R \* Ask him or her to RAISE BOTH ARMS.

If he or she has trouble with ANY ONE of these tasks, call emergency number, 999, immediately and describe the symptoms to the dispatcher.

#### **New Sign of a Stroke ----- Stick out Your Tongue**

NOTE: Another 'sign' of a stroke is this: Ask the person to 'stick' out his tongue. If the tongue is 'crooked', if it goes to one side or the other, that is also an indication of a stroke.

A cardiologist says if everyone who gets this message sends it to 10 people; you can bet that at least one life will be saved.



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