

CITY OF ROCHESTER SCHOOL
FIRST AID AND THE ADMINISTRATION OF MEDICATION POLICY

This policy, which applies to the whole school, and upon request a copy (which can be made available in large print or other accessible format if required) may be obtained from the School Office. This policy is also publically available on the school website

In the City of Rochester School, the term 'staff' is inclusive of all staff and it also applies to students on placement, contractors, agency staff, volunteers, the Trustees and Board of Trustees.

Monitoring and Review: This policy is subject to regular monitoring, refinement and audit by the Headteacher and the Trustees. There will be a full annual review of this policy and procedures, including implementation, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require. This discussion will be formally documented in writing. As such, staff can contribute to and shape this policy and its appendices. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay. All staff will be informed of the updated/reviewed policy which will be made available to them in either a hard copy or electronically.

Signed:

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Alicja Emmett
Headteacher



Claire Cooper
Chair of Trustees and Safeguarding Trustee

City of Rochester School has an Appointed Person with responsibility for the First Aid, inclusive of first aid with reference to the School's employees, students and any other persons on the premises. This includes all teaching and non-teaching staff, volunteers, children and visitors (including contractors). The appointed person must ensure that relevant risk assessments regarding the Medical Centre and first aid undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.

Policy Statement: The School will undertake to ensure compliance with all the relevant legislation with regard to the provision of First Aid for students, staff, parents and visitors. We will ensure that procedures are in place to meet that responsibility. This policy should be read in conjunction with the City of Rochester School Medical Protocol and Practice, Health and Safety policy, and policy on Safeguarding - Child Protection.

Appropriate first aid arrangements include the provision of adequately trained staff, sufficient first aid facilities and requisites, the familiarisation of appropriate practices and procedures including recording the administration of first aid within the school. We recognise that a good First Aid policy and its implementation will involve the prevention of accidents as well as dealing with the effects of accidents and illnesses. Section 100 of the Children and Families Act 2014 places a duty on Governing bodies of schools to make arrangements for supporting pupils at their schools with medical conditions. They must ensure that arrangements are in place to support students with medical conditions to ensure they can access and enjoy the same opportunities as any other student at the school.

Our Trustees must focus on the individual needs of the student and how their medical condition impacts on their school life. The governing body must ensure parents and students have the confidence in the schools' abilities to provide effective support for medical conditions in the school. This should include an understanding of how the medical conditions impact on the student learning ability and well as increase their confidence and promote self-care.

Staff should be properly trained to provide the support the student's needs. Where Students that have a medical condition which means they are disabled, the governing body must comply with their duties under the Equality Act 2010. Some also will have SEN needs and this guidance must be read alongside the SEN code of practice.

Schools do not need to wait for a formal diagnosis before providing support to students with medical conditions. Where there is a difference of opinion or the condition is unclear, then support should be offered on the evidence available. Where evidence conflicts then some degree of challenge may be necessary to ensure the right support is in place.

Aims and Objectives These are to:

- ensure that First Aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits;
- provide First Aid treatment when required for all users of the school (with particular reference to students and staff) and seek professional medical help where necessary;
- treat a casualty, relatives and others involved with care, compassion and courtesy;
- appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school;
- provide sufficient and appropriate resources and facilities;
- inform staff and parents of the School's First Aid arrangements and
- provide awareness of Health and Safety issues within School and on school trips, to prevent, where possible, potential dangers or accidents.

Roles and Responsibilities: It is the role of the proprietor (trustees) to agree the First Aid policy along with all other policies. In practice, most of the day to day functions of managing health and safety, including first aid, are delegated to the headteacher. Proprietors must also ensure that arrangements are in place in schools to support students with medical needs.

The Headteacher: The headteacher is responsible for putting the proprietor's policy into practice and for developing detailed procedures. The headteacher must also ensure parents are aware of the arrangements for first aid and the support to students with medical needs. The headteacher is also responsible for ensuring that the school staff are appropriately insured and are aware that they are insured to support students. The head teacher is responsible for ensuring that enough suitably trained staff are on site and that the training is kept up to date. Also that Cover staff or Agency staff are aware of the schools policies on first aid and medical conditions and any students with medical needs.

School Administrator in conjunction with the School Nurse: Is responsible for the Healthcare plans for students with medical needs and ensuring that all staff are informed of these students. When the school is notified that a student has a medical need will ensure that the Healthcare plan is in place either by the start of a term or within two weeks for students starting within term time and that staff are aware, including students who are visiting for short periods of time. Also that the school nominated First Aid Leads, Sandra Pilcher and Brian Obay and Michelle Homer, are made aware of any medical conditions that they may not of been brought to their attention.

Teachers and Other School Staff: Teachers conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Staff are to ensure that risk assessment for trips and visits and other activities outside of normal school hours are completed for individual students and the activity as an entity. It is important that staff are competent and know what to do to support students with medical needs and can respond accordingly.

Teachers and other staff in charge of students are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the students in the same way that parents might be expected to act towards their children. The general rule referred to in paragraph 17 of Guidance on First Aid for Schools (DfE 1998) is recognised: "In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency." However, it is equally recognised that a first aider should be called to assist as no member of staff should administer first aid unless he or she has received proper training. Unless it cannot possibly be avoided, no member of staff should administer first aid without a witness who should, preferably, be another member of staff.

It is sensible that non-teaching staff are trained in first aid as they are often the first port of call for students and also can deal with an accident without leaving the classroom.

PE staff are also required to be first aid trained due to the nature of their role and the trips they undertake. Other staff may also be trained in emergency aid. As many staff as possible will be trained in the use of the Epi-Pen to ensure immediate assistance to staff or students in need.

Practical Arrangements at the Point of Need: City of Rochester School will:

- provide the appropriate number of first-aid containers, which are marked with a white cross on a green background;
- provide the names of those qualified in First Aid and ensure their training is regularly updated;
- have at least one qualified person on the School site when students are present;
- show how accidents are to be recorded and parent(s) and/or guardian(s) informed;
- follow hygiene procedures for dealing with the spillage of body fluids;
- provide guidance on when to call an ambulance;
- refer to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 9923)
- ensure first aid supplies are also kept near hand washing facilities;
- have arrangements in place for the checking and replenishment of First Aid supplies/kits as necessary;
- check medication such as inhalers and EpiPens regularly to ensure they have not passed the expiry date and new medication requested to replace any due to expire;
- share a list of all student allergies and medical conditions with all staff to ensure they are aware of students' needs.

Classification for First Aiders: There are now three levels of workplace first aider:

- Emergency First Aider at Work (EFAW) – 6-hour course
- Paediatric First Aider – 12-hours paediatric course
- First Aider at Work (FAW) – 18-hour course.

Identified staff (both teaching and non-teaching) are required to complete either EFAW or FAW or the Paediatric First Aider course.

The Nature of the Workforce: During term time, there will be at least one First Aider on duty. Before a student with specific health problems/disability (such as heart conditions, asthma, diabetes etc) is accepted to the school, a care plan will be completed, who will consider the training needs for the teachers/First Aiders within the school. The Headteacher is responsible for ensuring that there is adequate first aid cover available at all times, including if staff are away on a training course, a lunch break or other foreseeable absences. It is not acceptable to provide an 'Emergency First Aider at Work' (6-hour course) to cover foreseeable absences of 'First Aider at Work' (18-hour course).

Définitions

First Aid: The arrangements in place to initially manage any injury or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out. First Aid does not include giving of any tablets or medicine to treat illness.

Full First Aider: A person who has completed a full (18-hour) FAW course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

Emergency First Aider: A person who has completed a 6-hour EFAW course of emergency first aid from a competent trainer and holds a current certificate.

Paediatric First Aider: A person who has completed a 12-hour Paediatric First Aid Course and who can administer first aid to any child up to the age of 8.

(Appointed Person): qualified medical personnel who can administer first aid, medication and provide advice and treatment.

First Aid Equipment

First Aid Boxes: Each first aider is responsible for ensuring the restocking of First Aid Boxes by being allocated to check a particular box in their area. The school follows the HSE recommendations and boxes contain at least the following equipment:

- a leaflet giving general guidance on first aid, eg HSE's leaflet: Basic advice on first aid at work;
- individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters, if necessary);
- two sterile eye pads;
- two individually wrapped triangular bandages, preferably sterile;
- six safety pins;
- two large, individually wrapped, sterile, unmedicated wound dressings;
- three medium-sized, individually wrapped, sterile, unmedicated wound dressings;
- a pair of latex free, disposable gloves.
- A foil blanket
- Sterile wipes

Travelling First Aid Kits & trips: It is the responsibility of staff in charge of a trip to collect a travelling First Aid container and check its contents prior to departing. The stock contained in these is the same as a standard First Aid box. These are checked every time they are returned.

When a student with a recognised condition and/or a Healthcare plan attends an activity outside of the school a member of staff trained in first aid should also accompany the student on the activity. All trips/visits of site should include a risk assessment.

Other Equipment: The other equipment that is available in the medical room includes soap and water, blunt-ended scissors, contaminated waste bags, gloves, support bandages and hot and cold packs.

Home to School Transport: The local authority are responsible for transportation of students between home and school however the school must provide information regarding any emergency first aid treatments that will be required to be conducted/maintained during the journey. The school minibus staff should be made aware of any students with medical needs and their plans.

First Aid Accommodation: The school meets the needs of the Education (School Premises) Regulation 1996 by providing a room that is used for medical or dental treatment. We have a Medical Room and is also adjacent to unisex toilets. It is equipped with one bed. Any visiting school nursing team are either offered the use of the Medical room or an alternative on request. Students are not allowed into the Medical Room without reporting to staff first and a record is kept of students who use the Medical Room.

Record of Administration of First Aid: The school keeps Accident Forms to record all accidents except those deemed to be very trivial. A form is completed by the member of staff who observed or dealt with the accident; it is copied to student or staff files accordingly after being signed by the headteacher. The original is filed in student services.

Other First Aid. The school also keeps a record of any First Aid treatment given by First Aiders and appointed persons. This is included on the accident form. The records are held in the Administration Office and are completed by the First Aider. The information in both the Accident Forms and the First Aid Record Book can help the school to identify accident trends and possible areas for improvement in the control of Health & Safety risks. It is also used as a reference in future First Aid needs and assessments and may be helpful for insurance and investigative purposes.

In an emergency, the school has procedures for contacting a child's parent, carer or named contact as soon as possible. A significant or serious incident is also reported to the parent, either by a telephone call or face to face. Staff will stay with the student until a parent arrives including accompanying a student to hospital if required.

We recognise the need to report some accidents to the HSE, following the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995 (RIDDOR). Accidents which would be reported to the HSE include accidents to the school's

employees resulting in death or major injury or an accident which prevented the injured person from doing their normal work for more than three days (including acts of physical violence). In the tragic event of a fatal or major injury to an employee, a student or a visitor, notification would be made to the HSE immediately by telephone and followed up within ten days with a written report.

Near Miss Accidents. Although it is not a statutory regulation, the school endeavours to keep a track of near miss accidents to inform its Health & Safety Policy and prevent the possibility of a real accident occurring in the future.

In the event of afterhours activities, staff are responsible for First Aid provision to visitors in the school. It is recommended for larger events that a member of school staff is on site for any first aid emergencies.

Health Care Plans

The administration of healthcare plans will be assessed by the headteacher and where necessary organise for a health care plan to be completed. She will provide clarity in what needs to be done, when and by whom.

The school will consult with healthcare professional and the parents based on the evidence whether a healthcare plan is necessary, with the headteacher having the overall final view.

Students should be involved wherever practical.

Healthcare plans need to be reviewed regularly.

When a student returns to the school after a long period of absence or a medical condition, consideration should be given to a Healthcare plan being completed to allow the student to integrate effectively.

A healthcare plan should include the following;

- Medical condition, its triggers, signs, symptoms and treatments
- The students resulting needs, including medication and other treatments
- Specific educational support and social and emotional needs
- Level of support needed
- Who provides the support (this person(s) should be involved with the discussions and be suitably trained)
- Who needs to be aware of the condition and support
- Arrangements for medication administration including written consent from parents and the headteacher for the administration of the medication by student or a member of staff
- Confidentiality at all times of the condition
- What to do in an emergency and contingency plans

It is important to recognize it is not the responsibility of one person to support the students during school hours or events.

Working with other agencies and other partners including the parents and the student are important.

Any complaints reference the support given to a student with a healthcare plan should in the first instance be referred to the headteacher.

Training: The appointed first aider fully First Aid trained and has had specific instruction regarding some other health conditions. The list of staff with current First Aid Certificates is available in Appendix One and the School Office. All First Aid qualifications are updated in accordance with regulations. Additionally, staff members able to administer medication will receive accredited training to do so.

First Aiders' responsibilities:

- To summon an ambulance through the School Office when necessary.
- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible.
- Help fellow First Aiders at an incident and provide support during the aftermath where required.
- To insist that **any** casualty who has sustained a head injury is seen by professionals at the hospital.
- To inform the School Office when students are too unwell to stay in class. The School Office will inform parents, when required, of illness or accident.
- The school will keep records of medications with dates, times and treatment given.

Notices will be displayed in prominent locations throughout the establishment identifying how to summon first aid in an emergency, and who the first aiders are within school'

Contractors: The Health and safety Officer (in consultation with the appointed first aider), will ensure contractors have suitable or sufficient first aid provision, or that the contract may include their use of the School's first aid facilities.

Administration of Medicines:

Administration of medicines is most appropriately done by the non-teaching staff in the Medical Room and therefore is included as part of their work activities and their job description. In this way, those who administer the medicines are covered by Employers' Liability Insurance. Parents and students who choose not to follow these guidelines but allow students to take medication without informing the school do so at their own risk. Staff should only give out medication once they have received the appropriate training (a first aid certificate does not constitute appropriate training).

Whole school training will be given at regular intervals in use of medication such as the Epi-pen.

Awareness of medical needs and the school policy on first aid and medication will be part of the induction process for all staff. Where longer-term administration needs are identified, for example with asthma inhalers or where medication needs to be administered in an emergency, for example adrenalin injections, then specific arrangements can be made via the use of either a hospital care plan or a school Health Plan. Parents would provide/complete the health plan and it would be discussed with either the headteacher. No member of staff should administer or be expected to administer any medication unless he or she has received the proper training to do so.

- We do not provide paracetamol on demand.
- Plasters will be issued without parental permission.

Students who are competent to administer their own medication (Gillick Competent) should be allowed to do so after consultation with parents and will be reflected in the healthcare plan.

Managing medicines of the premises

- Medicines will only be administered at the school when it would be detrimental to their health not to do so.
- No student under the age of 16 years should be given prescription or non-prescription medicines without the parents written consent, except in exceptional circumstances where medicine has been prescribed without parental knowledge.
- Students under 16 years should never be given medicine containing aspirin unless prescribed by a doctor.
- Medicines should be in date and labelled.
- Medicines should be stored safely and the students should know where they are. Medicines such as asthma inhalers etc should not be locked away but be readily available. This is particularly important on trips etc
- No student will be given another students medication
- The school will record the administer of medication
- Once no longer required medication should be returned to the parent to arrange safe disposal.

Records of Medical Conditions or Illness

All medical records which relate to staff and students are confidential and are kept in staff personnel files or student files. The school is mainly informed of student medical conditions through the emergency contact form which is completed when a student joins. This is discussed at either the preliminary interview when a student joins the school mid-year or by telephone on receipt of the information. It is the responsibility of parents to keep the school informed of any alterations to health care. Where appropriate the headteacher will meet with parents to discuss major concerns. The school endeavours to ensure that all staff have the relevant information needed.

Unacceptable practices

- Prevent students from easily accessing their medication such as inhalers
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student, parents or medical advice
- Send students with medical conditions home frequently or prevent them from taking part in school activities
- If the student becomes unwell send them to the medical room unaccompanied or with someone unsuitable
- Penalise students attendance records if their absences are related to their medical condition ie hospital appointments
- Prevent them eating or drinking, or taking a toilet break whenever they need to manage their condition
- Require parents (or suitable and agreed adult) to attend the school to administer medication or provide medical support.
- Prevent students from participating in any aspect the school life.

The First Aiders' procedure for dealing with sick or injured students:

- Ascertain by inspection and discussion with student or staff member the nature of the injury or illness.
- Comfort or advice as necessary. This may be sufficient and students can return to class or break. Inform staff member of nature of any concerns if appropriate.
- The First Aider will treat the injury or illness if required. Depending on the nature of the wound/injury, clean wound with saline or running water, apply pressure until the bleeding has stopped (or reduced) and cover with a plaster if still bleeding and no allergy exists.
- The First Aider will record action taken in the Accident Report Book as necessary.
- If the student is then well enough he/she will return to class.
- If problem persists or there are doubts as to the seriousness of any injury then, for day students, parent(s) and/or guardian(s) will be telephoned and asked what they would like to do. If parent(s) wish to collect their child appropriate arrangements are made.
- If a severe illness or injury is suspected, then the emergency services will be called (or the most appropriate member of staff will take the student to hospital if deemed more efficient) and administrative staff will contact the parent(s) and/or guardian(s) to inform them. No student will travel in an ambulance unaccompanied.
- If any issue arises during treatment or discussion with the student that the Headteacher feels should be taken further, she will telephone or speak to the parent(s) and/or guardian(s).

N.B. The First Aiders will have up to date Emergency First Aid training and some will have a full and current First Aid at Work Certificate. They are not, however, medically qualified and hence cannot give medical advice. Only nursing staff can provide medical advice.

Guidance on when to call an ambulance: The following is guidance only and cannot be considered to be comprehensive, however a paramedic should be called if:

- if there are signs of a stroke, poisoning, drug overdose or evidence of a suicide attempt
- if a casualty is trapped, unconscious, has sudden or severe back pain, chest pain or broken bones
- if there is any sign of a heart attack such as severe chest pain or pain in the patients arm or jaw
- if a casualty has suffered a fall from height
- there is a serious head injury
- there is severe bleeding
- there is a severe or growing allergic reaction (anaphylaxis)
- there is an asthma attack continuing despite using an inhaler,
- there is a seizure
- there are signs of stroke
- there is a rash which does not blanch when using the 'tumbler test'
- there is any neck injury (particularly sustained in a sport such as rugby).

It should be re-emphasised that these examples are only illustrative, **if in doubt get professional help.**

Guidance on how to call an ambulance: Follow the steps below.

From all landlines in the School phone 999. From a mobile phone 112/999.

- They will ask you what service you require. Say 'ambulance'.
- They will ask where you are located. Be as precise as possible: the School postcode (for satnav) is ME3 8UJ.
- They will ask you how many casualties. If a child, state 'a child'
- They will ask what is wrong with casualty. Tell them what you are sure of: they are likely to ask for further information such as the casualty's name, date of birth, GP surgery etc. If the casualty is not near a telephone, you will find it helpful to enlist another member of staff to help you with making the call and relaying details.
- They will give you a reference number; note this down in case you need to call back and update them.
- They will ask if other services required.
- After you hang up you must wait with the casualty until the ambulance arrives, and send someone to direct the ambulance.

Hygiene/Infection control/HIV Protection: Staff should take precautions to avoid infection and must follow basic hygiene procedures:

- protective garments such as aprons, masks, gloves and overshoes, should be worn as appropriate to the situation. Travel biohazard body spill kits are available for school trips
- Absorbent granules should be spread over spillage to form a gel-like substance. Blood and body fluids should be covered with paper towels to help prevent airborne spread of infection.
- The gel is scooped up and disposed of in yellow biohazard bags using a scoop or allocated body fluid dustpan and brush provided
- The area should be disinfected with disinfectant and hot water, taking account of the surface where the incident happened. Carpets may need steam cleaning. The area should be thoroughly dried before use.

Advice from Public Health England relating to gastroenteritis is as follows: 'Both norovirus and *Clostridium difficile* spores are very hardy and disinfectants such as alcohol have little or no effect. The recommended disinfectant is Hypochlorite at 1000 parts per million. This should already be available within the school, as it is the disinfectant recommended for use after a spillage of blood or body fluid. Hypochlorite is a bleach solution, which must be made up freshly in order to be effective (examples of chlorine releasing tablets are *Haztabs* and *Sanichlor*). Instructions on how to make the solution to the correct strength can be seen on the packet and some manufacturers provide a mixing container to accurately mix the solution in. An alternative to these chlorine releasing tablets is Milton solution. Manufacturers of the disinfectants should supply COSHH (Control of Substances Hazardous to Health) Data Sheets that specify the requirements for safe use.

Disposal of contaminated products

All body fluids should be treated as 'clinical waste' and disposed of appropriately in a securely sealed yellow bin to be collected by a nominated waste disposal company for incineration. Non-disposable equipment should be washed thoroughly and disinfected using bleach (kept in locked cleaning cupboard); items that need laundering (clothes etc) should be sealed in a red waste bag and flagged to First Aid staff. Staff should wash hands thoroughly. For small spillages, anti-viral/anti-bacterial wipes are available from the Medical Room. Gloves should be worn and waste disposed of in a yellow bag as detailed above.

Supporting sick or injured students: With reference to sick students and medicine, we:

- make every effort to keep abreast of new information relating to infectious, notifiable and communicable disease.
- isolate a student if we feel that other students or staff are at risk and contact parent(s) and/or guardian(s) to take students home if they are feeling unwell/being sick/have diarrhoea/have had an accident/may have an infectious disease, respecting confidentiality;
- ring emergency contact numbers if the parent(s) and/or guardian(s) cannot be reached;
- make every effort to care for the student in a sympathetic, caring and sensitive manner; and
- keep other parent(s) and/or guardian(s) informed about any infectious diseases that occur and expect parent(s) and/or guardians to inform the Health Centre if their child is suffering from any illness or disease that may put others at risk.

Confidentiality: Information given by parent(s) and/or guardian(s) regarding their child's health will be treated in confidence and only shared with other staff or external agencies when necessary or appropriate. .

Monitoring: Accident Report Forms can be used to help the School to identify trends and areas for improvement. They also help to identify training or other needs and may be useful for insurance or investigative purposes. The Health and Safety Officer regularly reviews the accident records. This policy will be reviewed at least annually.

Reporting to HSE: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (**RIDDOR**) legislation (2013) www.hse.gov.uk/riddor Tel: 0845 300 9923 to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23). The appointed first aider must keep a record of any reportable injury, disease or dangerous occurrence.

This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

Accidents arising out of or in connection with work at school which result in death or major injury (including as a result of physical violence) to any person (adult or child, staff or visitor), or which prevent the injured person from doing their normal work for more than three days, must be reported to the HSE immediately.

Accidents arising out of or in connection with work can be defined as:

- Any school activity, both on or off the premises;
- The way the school activity has been organised and managed and condition of premises;
- Equipment, machinery or substances owned or used by the School.

These need to be reported without delay to HSE, followed by Form F2508. For more information on how and what to report to the HSE, please see: <http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link.

The nature of the work, the hazards and the risks. The following table, compiled using information from the Health & Safety Executive, identifies some common workplace risks and the possible injuries that could occur:

Hazard	Control measures/Notes	Possible injuries requiring first aid	Risk Rating
Manual Handling	Mainly pertains to kitchen/cleaning and maintenance staff.	Fractures, lacerations, sprains and strains	Low
Slip and trip hazards		Fractures, sprains and strains, lacerations	Low
Machinery	There are very few machines within the school, which are capable of causing amputations and fractures.	Crush injuries, amputations, fractures, lacerations, eye injuries	Low
Work at height	Working at heights is restricted to adults: below one meter an adult can work alone; over one meter a full-size ladder or scaffold tower is used with 2 or more people present at all times.	Head injury, loss of consciousness, spinal injury, fractures, sprains and strains	Low
Workplace transport	It is unlikely that workplace transport injuries will occur as the minibus is only used for people carrying.	Crush injuries, fractures, sprains and strains, spinal injuries	Low
Electricity	All wiring is tested every 5 years and portable appliances 100% every year. There will also be an annual visual H&S self-audit which should identify any shortcomings, weekly checks are also carried out by the school caretaker and any issues would then be rectified, couple to this is the appointment of H&S representative (Finance and Facilities Manager) who is responsible for monitoring all H&S matters within his area of responsibility.	Electric shock, burns	Medium
Chemicals	All chemicals are kept under lock and key and their issue and use is supervised by qualified adults/personnel.	Poisoning, loss of consciousness, burns, eye injuries	Low

Record keeping: The School must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years. This should include:

- The date, time and place of incident; the name of the injured or ill person; details of their injury/illness and what first aid was given; what happened to the person immediately afterwards; and name of the first aider or person dealing with the incident.

School Accident and Illness procedures: All injuries, accidents, illnesses and dangerous occurrences must be recorded in the Accident Report Book. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored for at least 3 years or if the person injured is a minor. This will be kept in the Medical Centre.

Incidents / Hazards / Near Miss Book: This should be used to record the unplanned or uncontrollable event. Assessment and review will be undertaken at regular intervals to consider further action.

Specific Conditions

Physical Sickness – If a student is physically sick inside the school building, the area is cleaned and disinfected and the student is sent home or to a sick room as appropriate.

Annex A:

Basic First Aid

If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm and if people are seriously injured call 999 / 122 immediately; contact the First Aider.
- Make sure you and the injured person are not in danger; remove the source of danger (only move the casualty if essential).
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive; if their condition changes (eg. they lose consciousness) dial 999 again and quote the reference number to update them.
- Do not give the casualty food or hot drinks.

Department of Health booklets kept in First Aid Room

- Guidance use of emergency Salbutamol
- Guidance use of adrenaline and injectors

<p>Unconsciousness</p> <p>If the person is unconscious with no obvious sign of life, call 999 / 112 and ask for an ambulance. If you or any bystander has the necessary skills, give them resuscitation while you wait for the emergency services.</p>	<p>Bleeding</p> <p>Lay or sit the person down if possible. Control severe bleeding by applying firm pressure to the wound using a clean, dry cloth and raise it above the level of the heart if possible. Reassure them, keep them warm and loosen tight clothing.</p>
<p>Burns (heat, electrical or chemical)</p> <p>For all burns, cool with cold running water for at least 20 minutes. Do not apply dry dressings, keep the patient comfortable and call for qualified help.</p>	<p>Broken bones</p> <p>Try to avoid as much movement as possible. Support the casualty in as comfortable position as possible and continue to monitor them until help arrives.</p>

Embedded Objects and Splinters: An object embedded in a wound (other than a small splinter) should not be removed as it may be stemming bleeding and further damage may result. Leave object in place, carefully clean the area with warm soapy water; use sterile dressing to cover it and seek qualified help.

Managing students with hemiplegia: Hemiplegia is a neurological condition which can result in one side of the body being weaker than the other; sufferers may also be prone to epilepsy. It is essential to include the weaker side in play and everyday activities, to make the child as two-sided as he or she can be. As they get older, many children and young people with hemiplegia can be encouraged to develop better use of their weaker side through involvement in their chosen sports and hobbies. Staff should encourage students to take part in all activities. If a student feels unwell, the appointed first aider on duty should be contacted for advice.

Legal Status:

This policy is drawn up and implemented to comply with The Education (Independent School Standards) (England) (Amendment) (Regulations) currently in force:

- Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR) (2013). The school is mindful of its duty to report to the Health and Safety Executive (0845 3009923) any instances that fall within the Reporting Injuries, Diseases or Dangerous Occurrences Regulations Act 2013 (RIDDOR).
- Guidance on First Aid for Schools Best Practise Document published by the Department for Education (DfE) and *Health and Safety: Advice on legal duties and powers* (2014)
- Health and Safety (First Aid) Regulations 1981 (amended 1997)
- First Aid at Work Guidelines for Employers published by the Health and Safety Executive 2009
- Health and Safety: advice on legal duties and powers for Local Authorities, school leaders, school staff, and governing bodies (DfE: 2014)

Related external documents and references:

- Welfare, Health and Safety Policy; Medication (giving and storage); First Aid Treatment; Automated External Defibrillators (AEDs) – A Guide to schools (DfE: October 2015); Ebola: Advice and Risk Assessments for Educational Childcare and young person's settings (Public Health England: Feb 2015); Guidance on the use of emergency salbutamol inhalers in schools (DoH: 2015), Supporting students at school with medical conditions (DfE: September 2014); School Trips and Outdoor Key Activities (HSE).

Appendix 1: First Aid/Specialist Trained Staff

FIRST AID TRAINING

Name	Course	Expiry
Brian Obray	Defibrillator	09/23
	First Aid at Work 18hr course	04/22
	Paediatric First Aid 2-day course (September '20)	09/23
	Auto Injector, Buccal Diazepam and Asthma (September '19)	09/22
Sandra Pilcher	Defibrillator	09/23
	First Aid at Work 18hr course	04/22
	Auto Injector, Buccal Diazepam and Asthma (September '19)	09/22
	Paediatric First Aid 2-day course (September '20)	09/23
	Administration of Medication in Schools	10/22
Kelly Lovell	Defibrillator	09/22
	Paediatric First Aid 2-day course (September '19)	09/22
	Auto Injector, Buccal Diazepam and Asthma (September '19)	09/22
Sarah Pink	Defibrillator	09/23
	Auto Injector, Buccal Diazepam and Asthma (September '19)	09/22
	Paediatric First Aid 2-day course (September '20)	09/23
Rebecca Dunn	Defibrillator	09/23
	Auto Injector, Buccal Diazepam and Asthma (September '19)	09/22
	Paediatric First Aid 2-day course (September '20)	09/23
Michelle Homer	Auto Injector, Buccal Diazepam and Asthma	09/22
Sheila Humphrey	Auto Injector, Buccal Diazepam and Asthma	09/22
	Administration of Medication in Schools	10/22
Belinda Foster	Defibrillator	09/23
	Paediatric First Aid 2-day course (September '20)	09/23
Louise Harper	Defibrillator	09/23
	Paediatric First Aid 2-day course (September '20)	09/23
Kayleigh Passfield	Defibrillator	09/23
	Paediatric First Aid 2-day course (September '20)	09/23
Bogna Teuchman	Defibrillator	09/23
	Paediatric First Aid 2-day course (September '20)	09/23
Tim Force	Defibrillator	09/23
	Paediatric First Aid 2-day course (September '20)	09/23
Stacey McKenna	Defibrillator	09/24
	Paediatric First Aid 2-day course (September '21)	09/24
Nathan Goodall	Defibrillator	09/24
	Paediatric First Aid 2-day course (September '21)	09/24
Charlotte Morris	Defibrillator	09/24
	Paediatric First Aid 2-day course (September '21)	09/24
Sarah Deacon	Defibrillator	09/24
	Paediatric First Aid 2-day course (September '21)	09/24

Kaylee Ben-Hania	Defibrillator Paediatric First Aid 2-day course (September '21)	09/24
Kyle Todhunter	Defibrillator Paediatric First Aid 2-day course (September '21)	09/24
Katie Martin	Defibrillator Paediatric First Aid 2-day course (September '21)	009/24
Danielle Bridge	Defibrillator Paediatric First Aid 2-day course (September '21)	09/24
Amanda Onadeko	Defibrillator Paediatric First Aid 2-day course (September '21)	09/24
Luke Smith-P	Defibrillator Paediatric First Aid 2-day course (September '21)	09/24
THERE WILL BE A FIRST AIDER ON DUTY AT ALL TIMES		