

FIRST AID POLICY-Whole school including EYFS NORTHAMPTON HIGH SCHOOL

1 Policy Statement

This policy is designed to promote the health, safety and welfare of pupils, staff and visitors at Northampton High School through the provision of first-aid equipment and trained personnel in accordance to the requirements of the Health and Safety (First Aid) Regulations and relevant DfE guidance.

'First-aid' means:

(a) in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimizing the consequences of injury and illness until such help is obtained, and

(b) treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse.

H&S (First Aid) Regulations 1981

This school policy should be read in conjunction with the GDST First Aid Policy revised Jan 2015

2 School Provision

First Aid Risk Assessments

A **first aid risk assessment** (Appendix 2) is carried out to ascertain the needs of the school and the level of provision required. It will take into account:

- The number of staff / students on the site,
- The location of the school and higher risk parts of the school site
- The full range of activities undertaken by staff and pupils on the school premises during the normal school day, and as appropriate off-site and outside normal school hours, e.g. before / after the school day, at weekends and during the school holidays;

All areas deemed to be of higher risk due to hazardous substances, dangerous tools and machinery or the nature of the activity have a first aid trained person working in that area and all these areas have at least one first aid box.

The medical information board in Junior and Senior staff rooms informs staff of any pupils with Chronic Illnesses (please see Chronic illness protocol) and lists a general school medical summary for each class. The school nurse is aware of any staff medical issues which they have reported to her.

The ratio of staff trained as first aiders to pupils, staff and visitors is a minimum of 1:50. This ratio is based upon a risk assessment carried out to determine total number of First Aid personnel required.

First aiders are covered by the school's insurance and fully approved by Quallsafe Awards.

The school nurse is responsible for ensuring that all first aiders are re-trained every three years and that the ratio does not fall below 1:50.

All Chemistry staff and technicians are aware of First Aid treatment relating to phenol 'burns' and a supply of polyethylene glycol is available.

After school activities always have First Aid trained personnel available in the correct ratio.

Provision of trained personnel in school

The school nurse or a qualified first aider is in school from 8.00am to 4.00pm every day to deal with any accidents and illnesses in the whole school. They are contactable at all times. Information on First Aid is given to new staff during their induction sessions and on September inset.

First Aiders

In the absence of the school nurse there are several first aid trained staff that are on call during the nurse's absence. They attend a range of first aid courses which need to be updated every three years. They are fully approved by Quallsafe Awards. Quallsafe Awards is an Ofqual recognised Awarding Organisation established by experts in the first aid training industry.

The courses are:

- 1. QA Level 3 Award in First Aid at Work (3 day)**
- 2. QA level 2 Award in Activity First Aid (2 day)**
- 3. QA Level 3 Paediatric First Aid - (2 day)**
- 4. QA Level 2 Award in Emergency First Aid (1 day)**
- 5. Rescue and Emergency /Outdoor First Aid care**
- 6. Sports First Aid (Addition to the QA level 2 Emergency First Aid qualification)**

The school nurse keeps a record of all first aiders and certificate dates and ensures up to date lists are circulated to all staff.

A list of all first aid trained persons (Appendix 1) is on staff share x drive under policies, the medical notice boards in the Junior and Senior staff rooms, both receptions and medical rooms

1. QA Level 3 Award in First Aid at Work (3 day)

First Aid at Work persons have received an 18 hour training course.

This qualification is based on the HSE training standards for delivery of First Aid at work courses for the purpose of the Health and Safety (First Aid) regulations 1981. The qualification consists of two units: Emergency First Aid in the workplace as well

as Recognition & Management of illness & injury in the workplace. Training needs to be updated every three years with a two day refresher course.

2. QA level 2 Award in Activity First Aid (2 day)

Activity First Aid persons have received a 12 hour training course which covers dealing with an emergency situation whilst undertaking activities, such as sports, swimming, hiking, rock climbing, etc..

3. QA Level 3 Paediatric First Aid - (2 day) – Early Years Foundation Stage

At least one person with a current paediatric first aid certificate is on the premises at all times when early years children are present and accompanies outings where appropriate. (Appendix 1).

FIRST AIDER	JOB TITLE	TELEPHONE EXTENSION	EXPIRES
Mrs E Andrew	Nursery Nurse	37830/33/12	4 Oct 2016
Miss E Trevorrow	Early Years assistant	37830/33/12	12 Oct 2016
Ms M Page	Junior School Assistant	37830/33/12/71	31 Jan 2017
Mrs L Howell	Nursery Nurse	37830/33/12/71	16 Jan 2018
Miss K Hillery	Nursery manager	37830/33/12	2 Feb 2018
Mrs M Brimyard	Junior School Secretary/PA to Junior Head	37830/79	30 Apr 2018
Mrs J Purvey-Tyrer	Deputy Head of Junior School	37832	11 Feb 2019

4. QA Level 2 Award in Emergency First Aid (1 day)

Emergency First Aid persons have received a 6 hour training course which covers how to deal with an emergency situation within school.

5. Rescue and Emergency/Outdoor First Aid care

Several members of staff are trained in Emergency First Aid specifically concentrating on outdoor expeditions and adventure sports in remote areas.

6. Sports First Aid (Addition to the Emergency First Aid)

Staff who participate in physical education lessons are trained.

Accident recording

All accidents are recorded on an online system, called RIVO Safeguard, linked to GDST. Trained staff input incidents, the time and place of the event, personal details

of those involved, a brief description of the incident and what happened to the person afterwards, and in the case of pupils how parents were informed.

Information on accident reporting is given to new staff during their induction sessions and on September inset.

If pupils or any visitors receive treatment further to that administered by the school nurse or First Aider then the completed, on line, record is electronically acknowledged by the Head or Head of Junior School and GDST are automatically informed via the RIVO Safeguard system.

Pupil Accidents

All accidents are recorded on line: RIVO Safeguard Software System.

The criteria for RIDDOR reporting to the Health and Safety Executive (www.hse.gov.uk) -should be followed at all times. See below RIDDOR reporting.

Providers must notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and must act on any advice from those agencies. The nurse will normally report these but in her absence the Senior Leadership member of staff responsible for incident reporting will ensure these are reported.

Accident Books or an “accident form requirements sheet” are available in the following areas for staff to make an initial record before inputting online. The Accident Form Requirements sheet is also available in staff share under medical.

Junior School medical room
Senior School medical room
P.E. Department Office
Sports Hall Manager’s office
Science – all four prep rooms
DT rooms
Green Room
Nursery
After School Club
Senior School Reception
Catering department

Informing parents

Parents are made aware of the school’s first aid arrangements and the procedures for informing them if their daughter has had an accident, sustained an injury or received first aid treatment at school. NB wherever possible the parents of EYFS pupils must be informed on the same day as the accident / treatment.

Staff Accidents

All Staff accidents are recorded on line using the Rivo Safeguard Software System. Staff accident books or “Accident form requirement sheet”, for initial recordings, are

located in the Senior and Junior School medical rooms, Senior School Reception, catering department, grounds workshop, cleaners' office and staff share. The criteria for RIDDOR reporting to the Health and Safety Executive (www.hse.gov.uk) –should be followed at all times. See below RIDDOR reporting.

All reported accidents both staff and pupils are returned to the school nurse within three days. This enables a RIDDOR report to be made where applicable, a risk assessment to be carried out if needed and a follow up made of any information required by the RIVO safeguard system. The H&S coordinator will investigate if necessary and a report will be made to the Site Manager if applicable.

Accidents Off Site

Accidents which occur during organised school activities such as educational visits, matches against other schools or games lessons will be reported on the RIVO safeguard system. This includes accidents happening outside the UK. Accidents on the way to or from school, to pupils or to staff, are not reportable unless it is on school business or school buses. For out of school activities "Accident form requirements sheets" are kept with First Aid boxes

School Educational visits

All school educational visits are accompanied, as a minimum, by at least one first aid trained personnel according to the guidelines set out by GDST "Tables of Min. No. and Quals of 1st Aiders on Ed visits" Jan 2015 (Appendix 4)

Any prescription medicines which need to be taken during a trip must be in its original packaging, expiry date visible, handed to the first aid trained person and be accompanied by a letter of consent from the parent.

Year 4 and above pupils are responsible for bringing emergency medicines with them on visits and trips. However, **staff must check that pupils have this medication** before departing on the visit.

Staff must also take, on the day of the trip, any spare emergency medication kept at school and ensure there are staff accompanying the trip who are trained to administer the emergency medication i.e. adrenaline pen. For out of school activities "Accident form requirements sheets" are kept with First Aid boxes

Accidents to Contractors

Reporting accidents to contractors at the school is the responsibility of their employer. School should note them on line, but have no responsibilities to report under RIDDOR. However, if any injury could be attributed to a failure on the part of the school, a civil claim may follow, and so records should be kept.

RIDDOR REPORTING

From 1 October 2013 the revised Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR 2013) come into force.

RIDDOR puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses). The responsible person must notify the enforcing authority without delay, in accordance with the reporting procedure.

All incidents can be reported online but a telephone service remains for reporting fatal and major injuries only - call the Incident Contact Centre on 0345 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

NB: A report must be received within 10 days of the incident.

The type of circumstances where HSE may need to respond out of hours are:

- following a work-related death
- following a serious incident where there have been multiple casualties
- following an incident which has caused major disruption such as evacuation of people, closure of roads, large numbers of people going to hospital etc.

If the incident fits these descriptions ring the duty officer on 0151 922 9235.

RIDDOR report is required only when:

1. there has been an **accident** which caused the injury
2. the accident is **work-related**
3. it results in an injury of a type which is **reportable**

1. What is an '**accident**'?

In relation to RIDDOR, an accident is a separate, identifiable, unintended incident, which causes physical injury. This specifically includes acts of non-consensual violence to people at work. Injuries themselves, e.g. 'feeling a sharp twinge', are not accidents. There must be an identifiable external event that causes the injury, e.g. a falling object striking someone. Cumulative exposures to hazards, which eventually cause injury (e.g. repetitive lifting), are not classed as 'accidents' under RIDDOR.

2. What is meant by '**work-related**'?

RIDDOR only requires you to report accidents if they happen 'out of or in connection with work'. The fact that there is an accident at work premises does not, in itself, mean that the accident is work-related – the work activity itself must contribute to the accident. An accident is 'work-related' if any of the following played a significant role:

- the way the work was carried out
- any machinery, plant, substances or equipment used for the work
- the condition of the site or premises where the accident happened

3. What are '**reportable**' injuries?

The following injuries are reportable under RIDDOR when they result from a **work-related** accident:

- **The death of any person** (Regulation 6). All deaths to workers and non-workers, with the exception of suicides, must be reported, including an act of physical violence to a worker.
- **Specified Injuries** to workers (Regulation 4). The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995.

Specified injuries are:

- ◆ fractures, other than to fingers, thumbs and toes
- ◆ amputations
- ◆ any injury likely to lead to permanent loss of sight or reduction in sight
- ◆ any crush injury to the head or torso causing damage to the brain or internal organs
- ◆ serious burns (including scalding) which: covers more than 10% of the body, causes significant damage to the eyes, respiratory system or other vital organs
- ◆ any scalping requiring hospital treatment
- ◆ any loss of consciousness caused by head injury or asphyxia

- ◆ any other injury arising from working in an enclosed space which:
leads to hypothermia or heat-induced illness, requires
resuscitation or admittance to hospital for more than 24 hours

For further guidance on [specified injuries](#) is available

- Injuries to workers which result in their **incapacitation for more than 7 days** (Regulation 4). Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident. Over-three-day incapacitation accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident record, that record will be enough.
- Injuries to non-workers which result in them **being taken directly to hospital for treatment**, or specified injuries to non-workers which occur on hospital premises. (Regulation 5). Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

- **Occupational diseases**

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work:

These diseases include (regulations 8 and 9):

- ◆ carpal tunnel syndrome;
- ◆ severe cramp of the hand or forearm;
- ◆ occupational dermatitis;
- ◆ hand-arm vibration syndrome;
- ◆ occupational asthma;
- ◆ tendonitis or tenosynovitis of the hand or forearm;

- ◆ any occupational cancer; any disease attributed to an occupational exposure to a biological agent.

Further guidance on [occupational diseases](#) is available.

- **Dangerous occurrences**

Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

- ◆ the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- ◆ plant or equipment coming into contact with overhead power lines;
- ◆ the accidental release of any substance which could cause injury to any person.

Further guidance on these [dangerous occurrences](#) is available.

Reporting online

Responsible persons should complete the appropriate online report form listed below. The form will then be submitted directly to the RIDDOR database. You will receive a copy for your records.

- [Report of an injury](#)
- [Report of a dangerous occurrence](#)
- [Report of a case of disease](#)
- [Report of flammable gas incident](#)

3 School Practice

All staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the safety and welfare of pupils.

The School Nurse, as part of her responsibilities, will administer first aid and organise an injured person's transfer to hospital in the case of an emergency.

A register of First Aiders is maintained to ensure that staff, undertake refresher training at appropriate intervals and new First Aiders are trained as necessary. Copies of training certificates are kept by the school Nurse

All First Aiders are covered by the Trust's insurance against claims for negligence provided that they are suitably trained, and are carrying out their duties for the school/Trust.

Systems and procedures are in place to ensure all medicines are administered safely. The systems and procedures are formally documented. All staff who volunteer, to administer medicines, receive training on the procedures; essential precautions; possible side-effects of the medicine and the importance of making appropriate records. Medicine will only be administered to an Early Years Foundation Stage pupil if the parents have given specific written permission for each individual medicine, and the parents are informed, if any medicines are administered. See the Administration of Medicines Protocol.

Staff training

All staff are made aware of first aid arrangements at September INSET and such information is included in the induction process for all new staff.

Staff receive annual training, on September Inset, from the Nurse, on Basic life support, use of AED, Emergency first aid treatment for: Anaphylaxis including adrenaline pen training, Asthma, Epilepsy, Diabetes, any new Chronic illness pupil, Accident reporting, Body fluid spillages and Administration of medicines in school.

4 First Aid Equipment and Materials

First Aid Accommodation

The school has three medical rooms, situated in the Junior School, Senior School and Sports Hall. Each has a washbasin, bed and nearby WC. They all display first aid notices on the doors. The Junior and Senior medical rooms have confidential files containing every pupil's medical summary. They have locked cupboards for the storage of medication and spare first aid equipment for re-stocking.

Treatment Book

A record is kept in the treatment book of minor accident, i.e. grazes, and illnesses to staff and pupils occurring both on and off the school premises during school activities. Records relating to pupils will be kept until pupils attain the age of 25, and records for all other categories of people will be kept for a minimum for 6 years.

The treatment book lists interactions between the Nurse and a pupil, member of staff or other person seeking attention. The book must be kept secure. The Nurse may choose to withhold certain interactions from the book, recording them for her own reference in a suitable, secure way. If the Nurse is unavailable, a first aider should list names and treatment on the "Individual treatment sheet", available in the medical rooms, which can be collated into the treatment book by the Nurse. This

must be put in the nurses pigeon hole or secure place according to data protection until the Nurses return.

First Aid Containers

For the list of locations of fully stocked first aid containers please see (Appendix 3). A copy of the locations is on staff drive under medical, the staff notice board under medical information, and both medical rooms, together with lists of First Aid personnel and contact telephone numbers. All containers are marked with a white cross on a green background and have content appropriate for use with children. Re-stocking is done on a regular basis and is the school nurse's responsibility. Staff are requested to inform the nurse when they have used items from a first aid box. Extra stock is stored in the Junior and Senior medical rooms. All items are safely discarded after expiry date.

Other equipment: Wheelchair: Senior School Medical Room.

Eye Washing Facilities

1 litre size bottles of eye wash solutions are available in all the science laboratories, D3, chemical plant room for swimming pool, the Junior School practical room, Art room and senior and junior medical rooms.

Travelling First Aid Containers

There are fully stocked containers available in Senior School medical room and in Junior School medical room for offsite activities. Staff must request in advance of trips the number of containers they require. Any specific medications (with parental consent) are given to the staff on departure.

Hygiene/Infection Control

All staff must take precautions to avoid infection and must follow basic hygiene procedures. They have access to single use disposable gloves situated in all first aid boxes and medical rooms and must wash their hands after any incident. The staff are trained according to the DfES guidelines to deal with spillage of blood and other bodily fluids. There are bodily fluid disposal kits in Junior and Senior School, catering department, wake wing downstairs staff room and the Sports Hall. All materials used in these incidents are disposed of in the yellow non-hazardous waste bins located in the three school medical rooms. These are changed by the cleaning staff and put outside in a locked container for specialist collection.

Infectious Diseases

School follow Public Health England "Guidance on infection control in schools and other childcare settings (Published September 2014)" and take necessary steps to prevent the spread of infection, and take appropriate action if children are ill. A copy

is kept in the Junior and Senior medical rooms. If there are any concerns the school nurse should be consulted immediately.

5 Procedures in the event of an emergency

Guidance on when to call an ambulance

When should you call an ambulance instead of driving to the Accident and Emergency Department?

You should call 999/112 for an ambulance when it is obvious that you or another person is seriously ill and in need of immediate emergency care.

Ask yourself the following questions:

- Is the casualty's illness or injury life threatening? E.g. See some example illness below*
- Could the illness or injury become worse, or even become life threatening on the way to hospital?
- Could moving the casualty cause further injury and severe pain?
- Does the casualty need the skills or equipment of the ambulance service and its personnel?
- Would distance or traffic conditions cause a harmful delay in getting the person to the hospital?

If the answer to any of the questions above is "yes" then call an ambulance.

If you have any doubts about your ability to decide whether or not an ambulance is required, err on the side of caution and call for one.

*Some Life threatening conditions: Severe chest pain , Difficulty breathing , Suspected stroke , Unconsciousness, Person turning blue, Severe allergic reaction, Heavy blood loss, Severe allergic reaction ,Deep wounds, A sudden and severe headache causing vomiting, Severe burns and scalds, Broken bones which are deformed or puncture the skin, Meningitis.

Copies of this information are kept in JS and SS receptions and the sports hall.

Reviewed: March 2016