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 April 2013.

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 aider or Emergency 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 Qualsafe 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 by mobile telephone at all times.

First Aiders

In the absence of the school nurse there are several first aid trained staff who 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 Qualsafe Awards. Qualsafe Awards is an Ofqual recognised Awarding Organisation established by experts in the first aid training industry. The courses are:

QA Level 3 Award in First Aid at Work
QA Level 2 Award in Emergency First Aid
12 Hour Emergency First Aid for People Who Work With Young Children (Ofsted Recognised)
Rescue and Emergency /Outdoor First Aid care
Sports First Aid (Addition to the 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 is on the medical notice boards in the Junior and Senior staff rooms, both receptions and medical rooms

First aid at work

These courses need a two-day refresher every three years. Where a first aid at work certificate expires, the member of staff will be required to attend another full first aid course.

First Aider responsibilities are:

- To give immediate help to casualties with common injuries and illnesses and those arising from specific hazards at school
When necessary to ensure an ambulance or other professional help is called

Emergency First Aid
Emergency First Aid persons have received a six-hour training course which covers how to deal with an emergency situation within school. Training needs to be updated every three years. Emergency First Aid Persons can give first aid treatment for which they have been trained.

Their responsibilities are:
- Taking charge when someone is injured or becomes ill
- When necessary to ensure an ambulance or other professional help is called

For list of Emergency First Aid Persons see Appendix 1.

12 Hour Emergency First Aid For People Who Work With Young Children (Paediatric First Aid) – 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). Training needs to be updated every three years.

<table>
<thead>
<tr>
<th>FIRST AIDER</th>
<th>JOB TITLE</th>
<th>TELEPHONE EXTENSION</th>
<th>EXPIRES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs R Shah</td>
<td>Junior School Assistant</td>
<td>37830/33/12/71</td>
<td>5 Feb 2016</td>
</tr>
<tr>
<td>Mrs M Brimyard</td>
<td>Junior School Secretary</td>
<td>37830/79</td>
<td>25 Sept 2015</td>
</tr>
<tr>
<td>Mrs F Duck</td>
<td>Junior School Teacher</td>
<td>37849/30</td>
<td>30 September 2015</td>
</tr>
<tr>
<td>Mrs J Purvey-Tyrer</td>
<td>Deputy Head of Junior School</td>
<td>37832</td>
<td>15 January 2016</td>
</tr>
<tr>
<td>Mrs Emma Andrew</td>
<td>Nursery Nurse</td>
<td>37830/33/12</td>
<td>4 October 2016</td>
</tr>
<tr>
<td>Miss E Trevorrow</td>
<td>Early Years assistant</td>
<td>37830/33/12/12</td>
<td>12 October 2016</td>
</tr>
<tr>
<td>Ms M Page</td>
<td>Junior School Assistant</td>
<td>37830/33/12/71</td>
<td>31 January 2017</td>
</tr>
<tr>
<td>Mrs L Howell</td>
<td>Nursery Nurse</td>
<td>37830/33/12/71</td>
<td>16 Jan 2018</td>
</tr>
<tr>
<td>Miss K Hillery</td>
<td>Nursery manager</td>
<td>37830/33/12</td>
<td>2 February 2018</td>
</tr>
</tbody>
</table>

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. (Appendix 1). Training needs to be updated every three years.

Sports First Aid(Addition to the Emergency First Aid)
Staff who participate in physical education lessons are trained. Training needs to be updated every three years.

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 First Aid and 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.

*Accident books and records are kept indefinitely.*

**Pupil Accidents**
All accidents are recorded on line: RIVO Safeguard Software System.
Any serious accident or serious injury to, or death of, any child within EYFS will be notified to Ofsted/Children’s Services and Social Care agencies as soon as possible and certainly within 14 days. The criteria for reporting to the Health and Safety Executive (www.hse.govuk) should be followed at all times. The nurse will normally report these but in her absence the Senior Leadership member of staff responsible for First Aid 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
* Sports Hall medical room
* P.E. Department Office
* Sports Hall Manager’s office
* Science – all four prep rooms, 1 each
* DT – one in each of food technology room, DT room and textiles room
* Green Room
* Nursery
* After School Club
* Senior School Reception

**Informing parents**

**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, kitchens, grounds workshop and cleaners’ office and staff share
For out of school activities accident books are kept with First Aid boxes in the medical rooms.

All reported accidents both staff and pupil are returned to the school nurse within three days. This enables a risk assessment to be carried out if needed, a RIDDOR report to be made where applicable 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.

**School visits and trips**

All school trips are accompanied, as a minimum, by at least one first aid trained personnel according to the guidelines set out by GDST (Appendix 4)

Staff who run activities taking place outside school hours have access to a member of staff who is first aid trained.

Any prescription medicines which need to be taken during a trip must be 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 any spare emergency medications kept at school and ensure there are staff accompanying the trip who are trained to administer the emergency medication i.e. adrenaline pen.

**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.

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 and Accident reporting.

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 **all injuries 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.

**RIDDOR**

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

RIDDOR is the law that requires employers, and other people in charge of work premises, to report and keep records of:

- work-related accidents which cause deaths
- work-related accidents which cause certain serious injuries (reportable injuries)
- diagnosed cases of certain industrial diseases; and
- certain ‘dangerous occurrences’ (incidents with the potential to cause harm)

**Reporting**

- 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 is also provided for reporting fatal and specified injuries only - call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

For most types of incident, including:

- accidents resulting in the death of any person
• accidents resulting in specified injuries to workers
• non-fatal accidents requiring hospital treatment to non-workers and
dangerous occurrences

This is most easily done by reporting online. Alternatively, for fatal accidents or accidents resulting in specified injuries to workers only, you can phone 0845 300 9923.

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

For accidents resulting in the over-seven-day incapacitation of a worker, you must notify the enforcing authority within 15 days of the incident, using the appropriate online form.

Death or major injury

HSE (Health and Safety Executive) Incident Contact Centre (0845 300 9923) must be telephoned without delay. Within ten days this must be followed up with a completed accident report form F2508. This is also reported to Legal and Personnel departments at the GDST trust office (020 73936652).

Deaths and injuries

If someone has died or has been injured because of a work-related accident this may have to be reported. All deaths to workers and non-workers, with the exception of suicides, must be reported. RIDDOR report is required only when:

• the accident is work-related
• it results in an injury of a type which is reportable

Types of reportable injury

The death of any person

Specified injuries to workers

The list of ‘specified injuries’ in RIDDOR 2013 replaces the previous list of ‘major injuries’ in RIDDOR 1995. Specified injuries are (regulation 4):

• 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:
  o covers more than 10% of the body
  o 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:
  o leads to hypothermia or heat-induced illness
  o requires resuscitation or admittance to hospital for more than 24 hours

arise from a work-related accident, including an act of physical violence to a worker.

**Over-seven-day incapacitation of a worker**

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 book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

**Non fatal accidents to non-workers (eg members of the public)**

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.**
Disease
If a doctor informs the school of a notifiable disease the school nurse must send a completed disease report form F2508A to HSE Incident Contact Centre within ten days.

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.

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.

If an incident occurs which does not result in a reportable injury but clearly could have done, it may be a dangerous occurrence which must be reported immediately by telephone to HSE Incident Contact Centre (0845 300 9923).

Gas incidents
Distributors, fillers, importers & suppliers of flammable gas must report incidents where someone has died, lost consciousness, or been taken to hospital for treatment to an injury arising in connection with that gas. Such incidents should be reported using the online form. Registered gas engineers (under the Gas Safe Register,) must provide details of any gas appliances or fittings that they consider to be dangerous, to such an extent that people could die,
lose consciousness or require hospital treatment. The danger could be due to the design, construction, installation, modification or servicing of that appliance or fitting, which could cause:

- an accidental leakage of gas;
- incomplete combustion of gas or;
- inadequate removal of products of the combustion of gas.

**When do I need to report an incident?**

**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 an injury offshore
- Report of a dangerous occurrence offshore
- Report of a case of disease
- Report of flammable gas incident
- Report of a dangerous gas fitting
- Telephone

**Sports Injuries**

All sports injuries are reportable to RIDDOR if the pupil goes straight to the doctor, hospital or dentist following the injury, within ten days.

**First Aid Containers**

For the list of locations of fully stocked (to HSE recommendations) first aid containers please see Appendix 3. A copy of these locations is on the staff notice board under medical information, both receptions and 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. 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, 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 maintenance 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 and the Sports Hall. All materials used in these incidents are disposed of in the yellow non-hazardous waste bins located in the two school medical rooms. These are changed by the school nurse and put in a locked container for collection.

**Infectious Diseases**
Basic information on infectious or communicable diseases is held in the file *Health Advice for Children* (one copy in each of 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 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: May 2015