



The Evolution and Henslow School

First Aid Policy

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Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Provide pre-accident intervention to minimize any potential risks
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety and consistently apply the principles of RTI to ensure risk is reduced
- Provide a framework for responding to an incident and recording and reporting the outcomes

1. Legislation and guidance

This policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

2. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school has an appointed person who is responsible for:

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

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

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

Our school's appointed person/first aiders are listed in Appendix 1. Their names are also displayed prominently around the school.

3.2 The Proprietary Board

The Proprietary Board has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the head teacher and deputy head teacher.

3.3 The head teacher and deputy head teacher

The head teacher and deputy head teacher are responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that school staff undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing or assisting with the completion of accident reports (see Appendix 2) for all incidents they witness and/or attend to.
- Informing the head teacher or deputy head teacher (who will confidentially inform the relevant first aider/s) of any personal specific health conditions (e.g. asthma, diabetes, haemophilia, epilepsy, severe allergic reactions etc) or first aid needs they may have, which impact at work.

3. First aid procedures

3.1 In-school procedures

On-going medical issues of students and staff will be recorded on School Pod and any member of staff taking students off site, will check the up to date information and must include this in their risk assessment.

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and call for the emergency services if deemed appropriate, before seeking the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. A first aider will remain on scene until help arrives
- If the first aider judges that a student is too unwell to remain in school, arrangements will be made to return the student home. The first aider will pass on any relevant information to ensure continuity of care.
- If emergency services are called, the head teacher, deputy or other designated member of staff will contact the most appropriate person with parental responsibility at the earliest opportunity
- Ensure trained staff have been properly instructed in the use of the defibrillator and ligature cutter in the first aid room
- The first aider/relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury, circulating it as required.

4.2 Off-site procedures

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

- A mobile phone
- A portable first aid kit containing as a minimum;
 - A leaflet giving general advice on first aid
 - 6 individually wrapped sterile adhesive dressings
 - 1 large sterile unmedicated dressing
 - 2 triangular bandages – individually wrapped and preferably sterile
 - 2 safety pins
 - Individually wrapped moist cleansing wipes
 - 2 pairs of disposable gloves
- Ensure that they are fully informed regarding information about the specific medical needs of pupils and have any necessary medication with them e.g. asthma pump
- Emergency contact details

When transporting larger numbers of pupils for example for a whole school trip staff will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the member of school staff organising the visit and approved by the head teacher or deputy head teacher.

There will always be at least one first aider on school trips and visits.

4. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves
- Burns kit in Science Lab, Food technology and the School's Main Kitchen

- Defibrillator in the medical room
- Ligature cutter in the medical room

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- Reception (at the desk)
- The Science Lab
- The Kitchen
- School vehicles

5. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury
- Any injuries to the head will be reported to the appropriate member of care staff or carer/parent on the day, together with advice on how to monitor the student over the next 24 hours, which they will sign for on the accident report. See Appendix 4.
- As much detail as possible should be supplied when reporting an accident, including all of the information required by the Pupil Accident Book
- A copy of the accident report form for New Reflexions students will be sent to head office for processing. For all students, accident report forms will be saved in their folder by the administration staff and can be shared with carers/parents if appropriate.
- School staff will ensure that the relevant people have been informed and the Accident Book will be annotated accordingly.
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

6.2 Reporting to the HSE

The head teacher/deputy head teacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The head teacher/deputy head teacher will report these to the Director for Health and Safety who will then inform the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

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

- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
 - Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
 - Where an accident leads to someone being taken to hospital
 - If the incident required use of a ligature cutter, EG Big Fish Cutter which has a 9mm mouth opening and cuts up to 12mm rope. It comes with a reversible and replaceable straight blade. This cutter is ideal for cutting:
 - * Strapping / Banding
 - * Netting
 - * Rubber
 - * Rope / String
 - * Stretch / Bubble Wrap
 - * Cable Ties
- This cutter is NOT suitable for large ligatures such as twisted clothing or for wire, the young person must be taken to A&E as soon as possible after the event to check for external and internal injury and possible assessment for BEEU or Social Services referral.
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here (although this will be completed by the Director for Health and Safety):

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

6. Training

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see Appendix 1).

Specific training on the practical experience of the use of ligature cutters will be provided to relevant staff.

First aiders must arrange to retrain **before** their first aid certificate expires. If their certificate has already expired, they need to retake the full first aid course.

7. Monitoring arrangements

This policy will be reviewed by the head teacher bi-annually.

At every review, the policy will be approved by the director with responsibility for Health and Safety.

8. Links with other policies

This first aid policy is linked to the

- Health and Safety policy
- Risk Assessment policy
- Policy on supporting pupils with medical conditions

Last reviewed	July 2022
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Next review	July 2024
Reviewed by	Head Teacher and H&S lead

Appendix 1: First Aid training log and list of first aiders

Name/type of training	Staff who attended (individual staff members or groups)	Date attended	Date for training to be updated (where applicable)
First Aid at Work	Laura Embrey	Oct 2022	Oct 2025
First Aid at Work	Julia Kelly	Oct 2023	Oct 2026
First aid at Work	Jo Knowles	Mar 2022	Mar 2025
Alpine First Aid, Level 3	Chris Tranter	Oct 2022	Oct 2025
First Aid at Work	Jonathan Penrose	Sept 2022	Sept 2025
First Aid at Work	Julie Griffiths	Nov 2023	Nov 2026
First Aid Outdoors	Amanda Eastwood	April 2022	April 2025
First aid Outdoors	Mark Hazlehurst	May 2022	May 2025
Emergency First Aid at work	Vicky Gould	May 2022	May 2025
Basic First Aid	All care staff	Ongoing.	

Appendix 2: Accident Report Form (or use accident log book)

Name of injured person		Role/class	
Date and time of incident		Location of incident	
Incident details			
<i>Describe in detail what happened, how it happened and what injuries the person incurred</i>			
Action taken			
<i>Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.</i>			
Follow-up action required			
<i>Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again</i>			
Name of person attending the incident			
Signature		Date	

Appendix 4

Head Injury Form

(Name)..... has bumped their head.

Date.....

(Brief Description of what happened)

.....
.....
.....

Signed.....

The symptoms of a minor head injury are usually mild and short-lived. They may include:

- a mild headache
- nausea (feeling sick)
- mild dizziness
- mild blurred vision

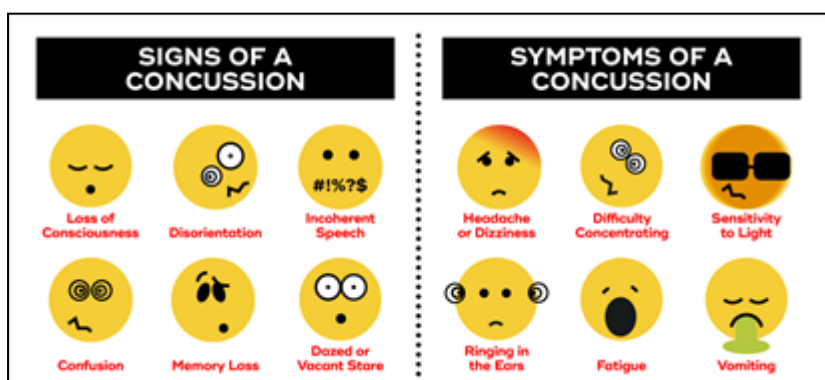
If your child's symptoms get significantly worse, take them straight to the accident and emergency (A&E) department of your nearest hospital or call 999 for an ambulance.

What to look out for

Signs of concussion or a brain injury after a head injury include:

- unconsciousness – either brief (concussion) or for a longer period of time
- fits or seizures
- problems with the senses – such as hearing loss or double vision
- repeated vomiting
- blood or clear fluid coming from the ears or nose
- memory loss (amnesia)

If any of these symptoms occur after a head injury, immediately go to your nearest A&E department or call 999 and ask for an ambulance.



Appendix 5

Intimate Care Policy for The Evolution School (Primary)

What is it?

- Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases, such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.
- Intimate care is a sensitive issue and will require staff to be respectful of a child's needs
- The child's dignity should always be preserved with a high level of privacy, choice and control

Who will undertake intimate care?

- Any member of school or care staff. It is not appropriate to have volunteers or supply staff carrying out this role.
- If a child has special or significant needs, only a member of staff who has been suitably trained and assessed as competent will carry out the procedure, adhering to the child's specific individual care plan

Our approach

- Sensitively ascertain that the child has had an accident
- Offer to help the child to change their clothes and make themselves clean
- Seek out a second adult to provide support
- Be mindful of the reactions of the other children and sensitively ask the child to come and work with you/carry out a job
- Ensure equipment (wipes, gloves, hygiene bags, anti-bacterial spray) and spare clothes are to hand
- Take the child to the designated changing area (normally the disabled toilet by the office) and establish that the child is happy and comfortable with being helped
- There will always be two members of staff present, one who is helping the child (either in the toilet with the door ajar or hovering just outside). The other member of staff will be close enough to hear and see what is happening.
- No adult will be left alone with a child behind a fully closed door when carrying out intimate care procedures. This is to safeguard both the child and the adult.
- If a child requests a particular member of staff to help them, where possible this request should be accommodated
- Talk to the child before carrying out each step of the cleaning/changing procedure
- Staff to encourage the child to undress independently where possible. If help is needed, the adult is to remove only the clothes required to reach the soiled underwear unless there are further items that need changing.
- The child's skin is cleaned with the disposable wipes (by the child whenever possible) and these are put into a hygiene bag and disposed of in the hygiene bin
- Regularly reassure the child and make changing an enjoyable time by perhaps chatting or singing
- Hands are washed before and after the procedure (as well as wearing gloves). Gloves are disposed of in the hygiene bin.

- Staff to oversee the child wash their hands
- All soiled items of clothing will be double bagged, kept appropriately in the office area and returned to the child/adult collecting them in a sensitive manner at the end of the day
- Staff to ensure that the changing area is wiped down appropriately with anti-bacterial spray
- Both adults sign the intimate care policy record which is kept in the Premises Management File.

