



1. Rationale

It is our policy to provide a healthy and safe environment for staff, pupils and visitors to the school. We expect that at all times our staff and pupils will cooperate fully in implementing health and safety initiatives, do everything possible to make sure injuries do not occur to themselves and others and take responsible care of their own health and safety at all times

Our Policy will have consideration for, and be in compliance with, the following legislation and regulations:

- Health and Safety at Work Act 1974.
- Health and Safety (First Aid) Regulations 1981.
- The Management of Health and Safety at Work Regulations 1992.
- The Education (School Premises) Regulations 1999.
- Health and Safety (The Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)) Regulations 2013.
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This Policy will also have regard to the following statutory and non-statutory guidance:

- First Aid for Schools (August, 2000).
- Advice on Standards for School Premises (May, 2013).
- Incident reporting in schools (accidents, diseases and dangerous occurrences) (October, 2013).

2. Aims

- To provide First Aid Treatment where appropriate for all users of the school (with particular reference to students and staff).
- To provide or seek secondary First Aid where necessary and appropriate.
- To treat a casualty, relatives and others involved with care, compassion and courtesy.

3. Guidelines

- To ensure that there are sufficient qualified First Aider(s) available to provide First Aid cover during the school day and for extra-curricular activities.
- To ensure that First Aid information is readily available and that all users of the school are aware of the way in which to call for help.
- To ensure that First Aid kits for minor injuries are available for use throughout the school by all staff and that they are regularly maintained.

4. Risk assessment

The Headteacher will ensure that an annual risk assessment of first-aid needs is undertaken, appropriate to the circumstances of the school. The number of trained first-aiders will be monitored to ensure that the needs identified in the risk assessment are met.

5. Facilities

The school has a designated First-aid Room which meets the requirements of the DfE guidance. Which is;

- large enough to hold the necessary equipment.
- has washable surfaces and adequate heating, ventilation and lighting.
- is kept clean and tidy at all times.
- is positioned near the main entrance to enable a point of access for emergency services.



- a notice is displayed on the door advising of the names of first-aiders, in addition to a timetable of first aiders on duty.
- a sink with hot and cold water.
- drinking water and disposable cups are available
- soap and paper towels are available
- Specific waste container and disposable waste bags.

1. Fixed and portable first-aid containers

Priory has three first-aid cabinets with a white cross on a green background displayed on the front and can be found in the Nursery, Key Stage 1 corridor and the First Aid room. These cabinets contain a sufficient number of suitable provisions to enable the administration of first-aid.

There are two travelling first-aid containers for use during school trips and off-site visits, which are stored in the school's stationery cupboard.

No medicinal substances or materials are carried within a first-aid container.

There are blunt-ended stainless steel scissors in the container in case clothing needs to be cut away prior to treatment.

The school office keeps an inventory of all first-aid supplies including expiry dates and ensures that supplies are restocked. Full lists of items can be found in each first-aid container.

- ❖ Fixed first aid-containers will contain, at a minimum: (*see appendix A*)
 - A leaflet giving general advice on first-aid.
 - 20 individually wrapped sterile adhesive dressings (assorted sizes).
 - Two sterile eye pads.
 - Four individually wrapped triangular bandages (preferably sterile).
 - Six safety pins.
 - Six medium sized (approximately 12cm x 12cm) individually wrapped sterile un-medicated wound dressings.
 - Two large (approximately 18cm x 18cm) sterile individually wrapped un-medicated wound dressings.
 - One pair of disposable gloves.
- ❖ Portable first-aid boxes will contain, at a minimum: (*See Appendix B*)
 - A leaflet giving general advice on first aid.
 - Six individually wrapped sterile adhesive dressings.
 - One large (approximately 18cm x 18cm) sterile unmedicated wound dressing.
 - Two triangular bandages.
 - Two safety pins.
 - Individually wrapped moist cleaning wipes.
 - One pair of disposable gloves.
- ❖ First-aid containers are:
 - Prominently marked as a first-aid container.



- Maintained in a good condition.
- Suitable for the purpose of keeping the items referred to above in good condition.
- Readily available for use.

7. First Aid Training

It is our intention to ensure that at all times there are qualified first aiders on the premises.

A list of staff that holds a First Aid qualification is displayed at various locations within school. A rota of duty First Aiders is displayed within the First Aid room.

The Headteacher is responsible for organising first-aid training. Many Support Staff and Lunch time supervisors have undertaken first-aid training.

The school keeps a record of who is trained in first-aid and the date that their certificates expire.

First-aiders will be re-trained within 3 months prior to the end of the third year, when their first-aid certificates expire.

All staff will ensure that they have read the school's First Aid Policy and sign the training record to say they have done this.

8. First Aider Roles & Responsibilities

❖ The main duties of first-aiders are to:

- Complete a training course approved by the Health and Safety Executive (HSE).
- Give immediate help to casualties with common injuries and those arising from specific hazards at the school.
- Ensure that an ambulance or other professional medical help is called, where appropriate.

❖ Daily duties

- All First Aid-trained staff including lunch time staff will deal with minor incidents and extreme emergencies, in the first instance. Once informed of an incident the duty First Aider(s) will go to the casualty without delay and provide emergency care.
- Secondary aid will be sought if necessary and at the same time the parent/guardian (or other appropriate adult) will be informed.
- If an ambulance is required the emergency "999" service should be used. It may be appropriate to transport a pupil to a casualty department without using the ambulance service but it should be noted that this should always be on a voluntary basis. (If a member of staff uses his/her own car for these purposes he/she must ensure that s/he has obtained specific cover from his/her insurance company). These will be cases of less severe nature than those requiring transport by ambulance. Wherever possible no casualty should be allowed to travel to hospital unaccompanied if there is any doubt about their fitness to do so.
- The main consideration is to avoid delay in securing treatment and to inform parents immediately. In all cases of injury to the head the parent must be informed and a copy of the First Aid record given. In the case of head bumps, children will be observed for a period of time necessary to establish that they have not suffered any dizziness, blurring of vision, or severe headaches. If there is any sign of these symptoms then parents will be called and medical support sought as soon as possible. If there is any doubt about medical care required the Ambulance Service should be called.
- If a pupil becomes ill we will take every step possible to contact parents, but if this is not possible, we will take responsible measures to care for that pupil. We will expect parents to cooperate with us by not permitting children to attend school if they have any infectious or contagious illness. Staff will also be asked not to attend work under the same circumstances.



- On Out of School activities (trips and outings) a First Aid kit will be taken and qualified First Aid staff will accompany the children. Accident forms will be taken on the outing so that they can be filled in if necessary.
- All appropriate precautions will be taken by the first aider when cleaning up after an incident involving blood, vomit, etc

9. Reporting incidents and record keeping

❖ Reporting

The Headteacher will ensure that procedures are in place to report any major or fatal injuries without delay (e.g. by telephone), as required by RIDDOR. Other reportable injuries will be reported within 10 days

❖ RIDDOR Record keeping

The Headteacher will ensure that records are kept of any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR.

Reportable injuries include:

- 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 cover more than 10 percent of the body or cause 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, or requires resuscitation or admittance to hospital for more than 24 hours.

Reportable occupational diseases include:

- Carpal tunnel syndrome.
- Severe cramp of the hand or forearm.
- Occupational dermatitis e.g. from work involving strong acids or alkali, including domestic bleach.
- Hand-arm vibration syndrome.
- Occupational asthma e.g. from wood dust or soldering.
- Tendonitis or tenosynovitis of the hand or forearm.
- Any occupational cancer.
- Any disease attributed to an occupational exposure to a biological agent.

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR, as a reportable injury has to have resulted from a work-related incident.

Dangerous occurrences include:

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- 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.

Injuries to pupils and visitors who are involved in an accident at school, or an activity organised by the school are only reportable if the accident results in:

- The death of a person which arose out of or in connection with a work-related activity.
- An injury that arose out of or in connection with a work-related activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

Records will be also be kept of all occupational injuries where a staff member is away from work or incapacitated for more than three consecutive days, although this doesn't need to be reported. The school does not have to report injuries where the pupil remains at school, is taken home or is simply absent from school for a number of days.

The school has a duplicated Accident Book system. First-aiders will ensure that they comply with the reporting procedures of the school after administering treatment, including recording:

- The date, time and place of the incident.
- The name (and class) of the injured or ill person.
- Details of the injury/illness and what first aid was given.
- What happened to the person immediately afterwards? (e.g. went home, resumed normal duties, went back to class, went to hospital).
- Name and signature of the first aider or person dealing with the incident.
- The duplicated copy of the recorded incident should be given to the child's parents on the day of the incident.

Records will be maintained for no less than three years after the incident. The accident reporting book is kept in the school office.

10. Hygiene Precautions

- Always cover exposed cuts or abrasions with a waterproof dressing before treating a casualty.
- Always wash hands before and after applying dressing.
- Where a spillage of blood or other body fluid occurs the spillage should be cleared using Emergency Spillage Compound. When dried, this should be brushed up and disposed of in the yellow bags.
- Disposable gloves and aprons together with the absorbent material should be disposed of in sealed plastic bags. (Yellow)
- If your skin has been in contact with another person's blood, wash it off with soap and water as soon as possible.
- If your lips, mouth, tongue or eyes come into contact with another person's blood wash the affected part as soon as possible with clear cold water.
- If you suffer a puncture wound when treating a casualty encourage the wound to bleed freely, wash with soap (not around the eyes) and water and put on a dressing.



- Resuscitation aides are available for use in mouth to mouth resuscitation. However, if resuscitation is necessary it must be started without delay and should not be withheld if a resuscitation aide is not immediately available. No case of infection with HIV has been reported from any part of the world as a result of using mouth to mouth resuscitation. The type of mouth piece known as a rigid airway may only be used by first aiders who have been specially trained in their use.

11. Intimate Care

Staff who work with children who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs. Intimate care can be defined as care tasks of an intimate nature associated with bodily function, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff work in partnership with parents/carers to provide continuity of care to children wherever possible.

A Personal Care Plan may be drawn up with parents and the school nurse, and implemented for those children requiring intimate care. This Care Plan **will not** be displayed publicly.

The staff delivers a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their development level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

Priory is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Priory recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain. (See Soiling Policy)

13. Headlice

It is parents' responsibility to regularly check their child's hair for head lice. The school, in consultation with our school nurse, recommends combing hair through with normal hair conditioner using a head lice comb (available from pharmacists. For children who are susceptible to head lice, this should be done daily, or at least 3 times per week over a period of at least 2 weeks, as the cycle of head lice can continually recur with the short gestation period and life span of head lice.

Children found to have live lice in their hair may be treated by their parents with commercially available treatments. However, this must **only** be administered in the circumstances of live lice: if treatments are used as a precaution, head lice can quickly build resistance and become immune, rendering any future treatments to be futile.

The school may, in consultation with individual parents and using discretion, put parents in contact with the school nurse for further advice and support, and leaflets will be made available to parents. Regular reminders about treatment for head lice will be included in school newsletters, but 'class alert' letters will not be sent out.
Policy Author: Pam Keen

12. Links to other Policies

- Asthma Policy
- Administering Medications Policy
- Drug Education
- Health and Safety



13. Monitoring and Review

The whole school community shares a responsibility in the successful implementation of this policy. The Headteacher and Governing Body will review the effectiveness of this policy every two years, or earlier if necessary.

Policy Author: Becky Fairclough

Responsible Committee: Full Governing Board

Date due for Review: March 2024



Appendices

A) First-aid box supply checklist

Item	Suggested stock	Current stock	Ordered if required?
A leaflet giving general advice on first-aid.	1		
Individually wrapped sterile adhesive dressings (assorted sizes).	20		
Sterile eye pads	2		
Individually wrapped triangular bandages (preferably sterile).	4		
Safety pins.	6		
Medium-sized (12cm x 12cm) individually wrapped sterile unmedicated wound dressings.	6		
Large (18cm x 18cm) individually wrapped sterile unmedicated wound dressings.	2		
Disposable gloves.	1 pair		

B) Portable first-aid box supply checklist

Item	Suggested stock	Current stock	Ordered if required?
A leaflet giving general advice on first aid.	1		
Individually wrapped sterile adhesive dressings.	6		
Large sterile unmedicated wound dressing (18cm x 18cm).	1		
Triangular bandages.	2		
Safety pins.	2		
Individually wrapped moist cleansing wipes.	10		
Disposable gloves.	1 pair		