First Aid Policy

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1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that the proprietor/owners, Headteacher, governing board and staff understand their respective responsibilities for first aid and health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance

- The Health and Safety (First-Aid) Regulations 1981, which require employers to provide adequate and appropriate equipment, facilities and personnel so that employees receive immediate attention if they are injured or become ill at work. ReFocus will also include the needs of pupils and visitors within its first-aid arrangements.
- The Health and Safety at Work etc. Act 1974, which places duties on employers to protect employees and others affected by their activities
- The Management of Health and Safety at Work Regulations 1999, which require suitable risk assessments and effective arrangements, information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), which require specified work-related incidents to be reported to the Health and Safety Executive (HSE), together with the Social Security (Claims and Payments) Regulations 1979 concerning statutory accident records
- The Education (Independent School Standards) Regulations 2014, which require the proprietor to ensure that first aid is administered in a timely and competent manner through a written policy that is effectively implemented, and that suitable medical accommodation is available
- The Equality Act 2010, including the duty to make reasonable adjustments for disabled pupils and staff
- The UK GDPR and Data Protection Act 2018, which apply to medical, first-aid and accident records

3. Roles and responsibilities

3.1 Appointed persons and qualified first aiders

The school's appointed persons and qualified first aiders are listed in Appendix A. Coverage will be determined through a first-aid needs assessment for each ReFocus site and activity.

- An appointed person takes charge when someone is injured or becomes ill, maintains first-aid equipment and summons professional medical help. An appointed person does not have to hold a first-aid qualification and must not provide treatment beyond their competence.
- A qualified first aider holds a current certificate from a competent training provider and gives first aid within the scope of their training.
- Appointed persons and first aiders will ensure that an ambulance or other professional medical help is summoned when appropriate. First aid will not be delayed while attempts are made to contact parents or carers.
    - Acting as first responders, assessing the situation and providing immediate and appropriate treatment within their competence
    - Advising the Headteacher, a senior leader or an authorised member of staff where a pupil may be too unwell to remain in school. Safe collection or further medical attention will then be arranged with the parent or carer; a pupil will not be sent home unaccompanied.
    - Filling in an accident report on the same day as, or as soon as is reasonably practicable after, an incident (see the template in appendix B)
    - Keeping their contact details up to date

3.2 The local authority and governing board

The proprietor/owners retain legal accountability for health and safety and for meeting the Independent School Standards. The Headteacher manages implementation. The governing board provides support and oversight, and the designated Health and Safety Lead coordinates operational arrangements.

3.3 The headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that each ReFocus site has adequate trained first-aid cover whenever pupils, staff or visitors are present, including during breaks, staff absence, lone working and movement between sites
- Ensuring that every site displays clear information showing how to contact a first aider or appointed person and where equipment and medical accommodation are located
- 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 managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that suitable accommodation is readily available for medical examination, treatment and the short-term care of sick or injured pupils; it will include a washbasin, be near a toilet and will not be used for teaching while required for medical purposes
- Ensuring that a formally nominated responsible person assesses and reports specified incidents to the HSE when required (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Knowing how to summon urgent help, where first-aid equipment and facilities are located, and who the available appointed persons and first aiders are at each site
- Completing accident reports (see appendix B) for all incidents they attend to where a first aider is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

4 First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff will summon a qualified first aider or emergency assistance promptly. Staff should not provide treatment beyond their competence.
- The first aider will assess the casualty, provide immediate treatment within their training and decide whether assistance is needed from a colleague or the emergency services. They will remain with the casualty until appropriate help or a safe handover is available.
- The casualty will not be moved unless this is necessary for immediate safety or is appropriate within the first aider's training.
- Where a pupil is too unwell to remain in school, the Headteacher, a senior leader or an authorised member of staff will arrange safe collection by a parent or carer and communicate relevant next steps.
- If emergency services are called, parents or carers will be contacted immediately. A member of staff will accompany a pupil to hospital where a parent or carer is not yet present and will remain until a safe handover is completed.
- The person providing first aid will ensure that an accident report is completed on the same day or as soon as reasonably practicable. Parents or carers will be informed of any significant accident, injury or first-aid treatment on the same day, or as soon as reasonably practicable. The commissioning school or local authority will also be informed where required by the placement arrangements.
- Any serious, unexplained or concerning injury will also be considered under the Safeguarding and Child Protection Policy and referred promptly to the DSL where appropriate.

4.2 Off-site procedures

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

- A school mobile phone
- A portable first aid kit
- Secure access to relevant pupil medical and emergency information, including allergies, prescribed emergency medication and individual healthcare or emergency plans
- Secure access to emergency contact details and agreed commissioning-school contacts

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box

A visit-specific risk assessment will determine the number and competence of trained staff, first-aid equipment, emergency medication, communication arrangements, access to emergency services and hospital-accompaniment arrangements.

ReFocus will provide at least one qualified first aider on school trips and visits, with additional or specialist cover where identified by the visit-specific risk assessment.

Before or at the start of a placement, ReFocus will seek relevant emergency contacts, allergies, medical conditions, prescribed emergency medication and healthcare or emergency plans from the commissioning school, local authority and parent or carer. Urgent first aid will not be delayed where information is incomplete.

5 First aid equipment

First-aid equipment will be based on the needs assessment for each site, activity and pupil group. There is no single mandatory contents list. Each site will have at least one clearly marked, accessible and fully stocked first-aid container meeting current HSE recommendations and supplemented for identified risks.

- 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)
- safety pins
- medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves No medication is kept in first aid kits.

First-aid kits will be located according to each site's needs assessment, including the medical/first-aid area, reception, practical or higher-risk working areas, kitchens and off-site visit equipment. Their locations will be clearly communicated.

A named person at each site will check kits regularly, restock them promptly after use and remove expired or damaged items safely.

Where an automated external defibrillator (AED) is provided, its location, routine checks and emergency use will form part of the site arrangements. Independent schools are encouraged, but are not currently required, to provide an AED.

- The medical room/first aid area
- Reception area
- All practical classrooms/working areas
- The school kitchens

6 Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed on the same day or as soon as reasonably practicable for incidents involving first aid, injury or significant illness.
- Records will include the date, time and place; the injured or ill person; what happened; the injury or illness; treatment given; the outcome; the person dealing with the incident; and notifications and follow-up actions.

- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix B
- Pupil accident and first-aid records will be stored securely. Relevant information will be added to the pupil's school record only where this is necessary for ongoing support, safeguarding or another lawful purpose.
- Records will be retained and securely disposed of in accordance with ReFocus's records-retention schedule. This will distinguish statutory employee accident-book records from pupil records and take account of the person's age, potential legal claims, safeguarding considerations, RIDDOR and the Social Security regulations.

6.2 Reporting to the HSE

The designated Health and Safety Lead will keep a record of reportable injuries, diseases and dangerous occurrences. The proprietor/owners will ensure that a formally nominated responsible person assesses and submits any required RIDDOR report.

Most pupil accidents and school-trip incidents are not reportable under RIDDOR. Each case will be assessed against the current HSE criteria.

Reportable deaths, specified injuries and dangerous occurrences will be notified without delay and reported within the statutory period. Reports will be made through the current HSE reporting route. The DSL will be consulted where an incident also raises a safeguarding concern but is not automatically responsible for making the RIDDOR report.

6.3 School staff: reportable injuries, diseases or dangerous occurrences

These 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) which:
- Covers more than 10% of the whole body's total surface area; or
- 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, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that result in an employee being unable to perform their normal work duties for more than seven consecutive days, excluding the day of the accident, will be reported within 15 days.
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
- Carpal tunnel syndrome o Severe cramp of the hand or forearm
- Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
- Hand-arm vibration syndrome o Occupational asthma, e.g from wood dust
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer

- Any disease attributed to an occupational exposure to a biological agent

Not every near miss is reportable. Only dangerous occurrences specifically defined by RIDDOR must be reported, although ReFocus will record and review other significant near misses to identify learning and reduce risk. Examples of reportable dangerous occurrences relevant to schools may include:

- 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

Pupils, visitors and other people who are not at work: an incident is reportable only where a death or injury arose out of or in connection with a work activity and, for an injury, the person was taken directly from the scene to hospital for treatment. (Examinations and diagnostic tests alone do not constitute treatment.)

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment
- An accident “arises out of” or is “connected with a work activity” if it was caused by:
- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors) Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE http://www.hse.gov.uk/riddor/report.htm

7 Training

First-aid training will be planned from the needs assessments for each site and activity. Staff undertaking the role must be willing and suitable, and training will be delivered by a competent provider.

All first aiders must hold a valid certificate of competence. Training will reflect the age and needs of ReFocus pupils and may include child first aid, anaphylaxis, asthma, epilepsy, diabetes or other identified medical needs. All staff, including temporary and supply staff, will receive induction information on how to summon help and the location of first-aid arrangements.

The school will arrange retraining before certificates expire, normally after three years, and will strongly encourage appropriate annual refresher training. A person whose certificate has expired will not act as a qualified first aider until the required training has been completed

8. Monitoring arrangements

This policy and the site first-aid needs assessments will be reviewed by the Headteacher at least annually and following a serious incident, significant change to premises, activities, staffing or pupil needs. At every review, the proprietor/owners will approve the policy. The governing board will provide support and oversight

Appendix A: list of first aiders

STAFF MEMBER'S NAME	ROLE	CONTACT DETAILS
Paula Tucker	Headteacher	
Hayley Perry	Deputy Headteacher	
Liam Kerr	Deputy Headteacher	
Darren Wade	Head of Trades	
Katie Close	Deputy Headteacher	

Appendix B: accident report form

NAME OF INJURED PERSON		ROLE/CLASS	
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT	
INCIDENT DETAILS			
Describe in detail what happened, how it happened and what injuries the person incurred.			
ACTION TAKEN			
Record first aid and other action taken, whether emergency services were called, and the immediate outcome.			
FOLLOW-UP ACTION REQUIRED			
Record follow-up action, parent/carer and commissioning-body notifications, and any safeguarding or RIDDOR consideration.			

NAME OF PERSON ATTENDING THE INCIDENT			
SIGNATURE		DATE	

Appendix C: first aid training log

NAME / TYPE OF TRAINING AND PROVIDER	STAFF WHO ATTENDED	DATE COMPLETED	CERTIFICATE EXPIRY / RENEWAL DATE
E.g. first aid			
E.g. paediatric first aid			
E.g. anaphylaxis			

Administrating medicines in school

DO

This appendix should be read with the Supporting Pupils with Medical Conditions Policy and the Allergy Safety Policy. Any member of staff may be asked to support a pupil with a medical condition but cannot be required to undertake a medical procedure. Staff must be appropriately trained and authorised for the support they provide.

✔ **Check the maximum dosage and when the previous dosage was taken before administering medicine**

✔ **Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it**

✔ **Inform parents if their child has received medicine or been unwell at school**

✔ **Store medicine safely**

✔ **Make sure the child knows where their medicine is kept, and can access it immediately**

DON'T

✘ **Give prescription medicines or undertake healthcare procedures without appropriate training**

✘ **Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions**

✘ **Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances**

✘ **Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor**

Store emergency medicines or devices, such as adrenaline auto-injectors or asthma inhalers, in a way that prevents prompt access. Pupils must be able to access life-saving medication without avoidable delay, in accordance with their individual arrangements.

❌ **Force a child to take their medicine. If the child refuses to take it, follow the procedure in their individual healthcare plan and inform their parents**