



POLICY DOCUMENT

For use by all member schools

FIRST AID

	Name	Date
Written By	Michelle Rogers	May 2023
Reviewed	FARCO	June 2023

Introduction

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

This policy is designed to promote the health, safety and welfare of pupils, staff and visitors at the School, through the provision of first aid equipment and trained personnel in accordance with the requirements of The Health and Safety (First Aid) Regulations and relevant DFE guidance and will be reviewed yearly.

Objectives

- To appoint an appropriate number of staff trained as First aiders to meet the Trust's needs.
- To provide these individuals with appropriate training in line with the latest DFE guidelines.
- To provide sufficient resources and facilities to undertake first aid and emergency care in school and whilst on educational visits.
- To keep accurate records of accidents and incidents and report them to the Health and Safety Executive (HSE) as necessary in accordance with their regulations.
- To ensure that all accidents and incidents are fully investigated and that risk assessments are in place and updated as appropriate, ensuring procedures are being followed.
- To ensure that all accidents and incidents which are the result of building maintenance issues are reported to the Facilities Team and repairs are undertaken as necessary.

Legislation and Guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, 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

Training

First Aiders will undertake either a 1, 2, or 3 day course (Emergency First Aid at Work, Paediatric First Aid and First Aid at Work), depending on the need of the school, which will be renewed every 3 years if appropriate. During the 3 years, staff are also asked to do online refresher training. Please ensure the Trust Admin Officer is aware of any leavers (who hold a first aid qualification) so that they can ensure we have over the minimum requirement for each school.

First Aiders

Lists of First Aiders are prominently displayed where staff and pupils can see them in the following locations:

- Reception
- Staff Room
- First Aid Room/Designated First Aid area
- SLT Office
- Each classroom

The list of first aiders will be updated at the beginning of each academic year by the admin team and posters replaced where necessary.

During lunchtime/break periods, first aiders to wear a 'First Aid' tabard so that pupils and staff can clearly see the first aiders on site at that time. Basic first aid kits will be readily accessible in the school playground.

Accident Recording Process

All first aid accidents to be recorded on Arbor by the designated first aider, immediately after administering any treatment using the allocated chrome book. A first aid slip (Appendix 1) will also be completed to hand to the class teacher to go home with the pupil. (A first aid slip, can be replaced by an Arbor Comms generated email which would be directly sent to parent/carer if preferred).

If a chrome book is not available at the time of the accident, first aid slips to be copied and added to Arbor by the end the school day. The 'copy' to be shredded once inputted onto Arbor.

Please see Appendix 2 regarding our First Aid recording traffic light system.

Minor Injuries

- If no visible injury/blemish is observed, no first aid treatment will be given, but the pupil may be advised to sit quietly for a short while. No Arbor recording or accident slip will need to be completed.
- Minor cuts and grazes/nausea/minor bumps and bruises (please see 'head bumps' below) anything that requires a plaster/wipe/ice pack – accident recording process to be followed.
- Nose bleeds - first aid will be administered – accident recording process to be followed.

- Stings/bites – The pupil will be given a yellow wrist band to wear and first aid will be administered as appropriate. Accident recording process to be followed. The yellow band is to advise staff to be vigilant for any reaction to the bite/sting.

Head Injuries

The Trust recognises that accidents involving a pupil's head can be problematic because the injury may not be evident and the effects may only become noticeable after a period of time.

The protocol for dealing with head bumps is as follows:

- Head bumps with no visible mark – pupil will be given a red wrist band to wear and accident recording process followed.
- Head bumps with a slight visible mark/graze – pupil will be given a red wrist band to wear, accident recording process followed. If deemed necessary, the parent/carer will be contacted via a phone call/Dojo/Arbor by the First Aider/Lunchtime Lead Supervisor.
- Head bumps requiring emergency treatment (ie a cut, dizziness, blurred vision) first aid treatment will be given onsite, the pupil will be given a red wrist band, and a parent/carer will be contacted by phone by the First Aider/Lunchtime Lead Supervisor to agree on how to proceed (ie if they would like the pupil to go home, taken to the hospital, emergency services called, etc). An AR3 form (see Appendix 3) to be completed and the accident recording process followed. AR3 form to be sent to the Trust Support Manager.

Bumped head (red wrist bands) are worn in order to raise awareness to those staff in close contact with the child and facilitate close monitoring for any delayed reaction to the bump.

If you believe a child/adult is suffering from suspected concussion, as well as following the process above, it is recommended their parent/carer call NHS 111 within 24 hours, as well as advising them to rest and sleep as much as needed for the first 24-48 hours and avoiding screen time. Anyone suspected of a concussion should not return to sport within 24 hours and then follow a graduated return to their education/work and exercise/sport programme. They should also avoid returning to matches with a risk of contact injury for a minimum of 21 days.

Major accidents (not covered under minor accidents above)

If a pupil has a more significant injury that requires more than a plaster/ice pack, the child will be taken to the designated first aid room/area and treated accordingly.

The parent/carer will be contacted by the First Aider as soon as possible to agree on how to proceed (ie if they would like the pupil to go home, if they would like to collect and take the pupil to hospital or if they would like us to call emergency services, etc).

The accident will be recorded on an AR3 form and the recording process followed. Witness statements (see Appendix 4) and any other evidence will be collected, and reported to the Trust Support Manager within 48 hours. Please cordon off the accident site if appropriate and obtain any CCTV footage asap.

In the case of a more serious accident, where speed is of the essence to receive professional treatment, an ambulance will be called in the first instance and the parent/carer will be contacted. AR3 form to be completed and accident recording process to be followed as above.

Auditing of School Records

It is the responsibility of the SLT at each school to periodically review the school accident records on Arbor to observe any trends.

School Visits/Educational Trips

A first aid trained member of staff will accompany every school visit/trip and have access to a first aid kit (which is checked prior to each visit/trip) and have access to a safeguarding mobile phone in the event of an emergency. The trip organiser will be aware of any specific medical needs of pupils and should ensure any medication held in school is taken on the trip (ie asthma pump).

The trip organiser to ensure that all adults present on the visit are made aware of the arrangements for First Aid. If any First Aid treatment is administered, the appointed First Aider to follow the accident recording process (either via Arbor, if a chrome book is available, or using a first aid slip). In the case of urgent treatment, the school will be immediately informed so that the pupil's parent/carers can be contacted at the earliest opportunity.

Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises.

First Aid Equipment

First Aid Kits are located as follows:

- School office
- Each classroom
- First Aid station
- Playground

First Aid Kits should be replenished by the person administering first aid and advise the Lunchtime Lead Supervisor if any first aid stock needs to be re-ordered. Lunchtime Lead Supervisor to re-order stock as and when needed.

The minimum contents of first aid kits, as a guide, where work activities involve low hazards, will be:

- A leaflet giving general guidance on First Aid (for example, HSE's leaflet Basic advice on First Aid at work)
- Individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary – please advise the school office if your child is allergic to plasters)
- Sterile wipes
- Sterile eye pads
- Individually wrapped triangular bandages, preferably sterile
- Safety pins
- Large sterile individually wrapped un-medicated wound dressings
- Medium-sized sterile individually wrapped un-medicated wound dressings
- Disposable gloves (for advice on latex gloves please see Selecting latex gloves: <http://www.hse.gov.uk/skin/employ/latex-gloves.htm>)
- Ice packs will also be available.

Defib Machines

Each of the TSPT schools has a Defib machine. The location of the Defib machine is clearly stated on a poster in the Reception area and around the school (see Appendix 5). All staff members are aware of the location of the Defib for emergency purposes. First aiders are trained on how to use a defib machine as part of their first aid training. Should a defib machine need to be used, treatment will commence whilst other members of staff contact emergency services and the parent/carer. An AR3 reporting form will be completed within 24 hours and sent to the Trust Support Manager.

First-aid accommodation

Employers must provide suitable and sufficient accommodation for first aid according to the assessment of first-aid needs identified. The Education (School Premises) Regulations 1996 require every school to have a suitable room that can be used for medical or dental treatment when required, and for the care of pupils during school hours. The area, which must contain a washbasin and be reasonably near to a WC, need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed. Schools should consider using this room for first aid. However, first-aid facilities may need to be made available quickly.

Accident Reporting to RIDDOR

Please review the attached regarding guidance from the HSE.

AR3 forms relating to the accident to be sent to the Trust Support Manager immediately. Any AR3 forms relating to a RIDDOR reportable accident will be passed to the Trust Executive Team to report to RIDDOR. It is not the Head Teacher's responsibility to report to RIDDOR.

<https://www.hse.gov.uk/pubns/edis1.pdf>

Appendix 1

MINOR INJURIES AND HEAD BUMP FIRST AID SLIP














MINOR INJURIES AND HEAD BUMP SLIP								
Date/Time:				Child's Name/Class:				
Staff member administering first aid:				Location:				
Injury	Part of Body					Treatment	Other Details	
Bite	Sting	Head Bump (incl forehead)					Wristband given	
Blister	Splinter	Ankle	Ear	Knee	Shin	Washed/Cleaned		
Bruise	Sprain	Arm/Elbow	Elbow	Leg	Shoulder	Antiseptic Wipe		
Bump	Cut	Back	Eye	Lip/Mouth	Stomach	Plaster/Gauze		
Rash	Graze	Buttocks	Finger	Neck	Toe	Ice pack/cold compress		
Feeling ill/Vomiting		Cheek/Face	Foot	Nail(s)	Wrist	Warm pack		
		Chest	Hand	Nose		Sling		
		Chin	Hip	Ribs		Bandage		

If your child has had a head bump, although the injury was not serious, it would be wise to look for signs and symptoms of concussion, which are sleepiness, double vision, headache or nausea. Should any of the signs occur, you should contact your GP.

Phone Call home (please circle) – Yes / No |

For Office Use only – inputted on accident log ☐ (please tick)

First Aid Recording Process

	<p>Minor injury with no first aid treatment required</p> <p>No action to be taken</p>	
	<p>Minor injury with first aid treatment required (Cuts/scratch/graze/bruise/bite/sting etc)</p> <p>First aid slip or Arbor Comms to parent/carer</p> <p>A yellow wristband will be given to anyone with a bite/sting.</p> <p>Record at school level</p>	  
	<p>Minor head bumps</p> <p>You <u>may</u> receive a phone call home if deemed necessary</p> <p>First aid slip or Arbor Comms to parent/carer</p> <p>A red wristband will be given to all pupils with a head bump.</p> <p>Record at school level</p>	   
	<p>Serious injury / more serious head injury</p> <p>A phone call home - parent/carer to collect</p> <p>AR3 form to be completed and forwarded to Trust Support Manager</p> <p>Record at school level</p>	 <p>AR3 form</p> 

Appendix 3



Incident/Accident Report (AR3)

PART A – ABOUT THE PERSON WHO HAD THE ACCIDENT/INCIDENT

Full Name:	Job Title/Class:
School address:	
Phone No (Applies to staff only):	DOB (Staff only):

PART B – ABOUT THE INCIDENT/ACCIDENT

Date of Accident/Incident		Time (use 24hr format)	
Name of the School <i>(name of the school where the incident took place, if visiting another school)</i>			
Exact Location of the Accident or Incident <i>(where on the premises did the incident occur)</i>			
Description of Accident or Incident <i>(please provide a summary of events leading up to the Incident / Accident with details of the circumstances immediately prior to the event plus working conditions such as weather, visibility, temperature, housekeeping standards, unusual working conditions etc., that may have contributed to the incident)</i>			
Did the Accident / Incident Require Reporting to the Authorities? <i>(Please include any report to the Police or the Incident Contact Centre, RIDDOR etc.)</i>			
Were there any Witnesses to the Accident or Incident? <i>(If yes, please provide name and contact details of Witnesses)</i>			
If the person suffered any injury, say what the injury was: <i>i.e. cut, graze, strain etc.</i>			
Location of Injury <i>Please be specific, i.e. left hand, right side of forehead etc.</i>			
Did the injured party attend or get admitted to hospital? <i>(please give details of any treatment they received, including gluing wounds or topical ointments)</i>			

Is the injury likely to cause a loss of working time (or missed school days)? Please include days that the IP is incapable of work even if they would not normally be working, i.e. annual leave or weekends.	
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What was the accident/incident? (Please tick only one)

Contact with Electricity		Contact with Machinery		Cuts and Lacerations	
Drowning or Asphyxiation		Explosives (fireworks, chemical reactions etc.)		Burns or Scalds	
Harmful substance – Liquid (Bleach, acids, deasil etc.)		Harmful Substance – Gas (Chlorine Gas, Carbon monoxide etc.)		Harmful Substance – Particulate (Asbestos, concrete dust, powdered alkaline)	
Slip, trip or fall at floor level		Fall from height		Injured by animal	
Lifting and handling injuries		Physical Assault (Malicious)		Physical Assault (Reactive)	
Verbal Assault		Cyber or written threats/abuse		Lodging in the ear/nose	
Striking against an object		Struck by object		Struck by vehicle	
Trapped under collapsed structure		Unintentional injury caused by another person		Allergy	
Pre-existing medical condition (seizures etc.)		First instance of medical condition		Near Miss	
Pinching or trapping injury		Ingestion of hazardous substance		Other (please provide details below)	
Details:					

PART C – DETAILS OF THIRD PARTIES

Did the incident occur as a result of working with persons with SEN requirements? (e.g. dysregulation, sensory overload, seeking sensory stimulation, positive handling)		<i>Please give details</i>
Does the person have an individual risk assessment, Behavioural Support Plan, Pastoral Support Plan or similar assessment & support documentation?		
Was the injured party aware of the procedures in place within these plans?		

PART D – COMPLIANCE – TO BE COMPLETED BY LINE MANAGER

Was the person authorised to be carrying out those tasks?	
How long has the injured person or the person involved been carrying out this activity as part of their role <i>(please describe the person's experience in doing this activity over time)</i>	
Does there appear to be any unsafe behavior <i>(if Yes please give details)?</i>	
Detail any risk assessments undertaken for the activity involved in the Accident / Incident: <i>(include Reference Nos., dates of assessment and review, appropriate control measures required etc. – copies of relevant risk assessments should be made available for examination)</i>	
Was there a safe system of work in place? <i>(if Yes please give details of documented safe systems of work or instructions given)</i>	
Was the person involved trained regarding this activity? <i>(please describe what training had been provided – full training records should be made available for examination)</i>	
Have the risk assessments associated with the accident or incident been reviewed? What changes were made?	
Detail any remedial action to prevent re-occurrence? <i>(Please include details of punitive measures where necessary)</i>	
Have the actions identified been implemented?	

PART E – ABOUT YOU, THE PERSON COMPLETING THE FORM

NAME (print):	
Address (school address sufficient):	
Job Title:	
Signature:	Date:

Manager/Headteacher Signature:

Date:

Please also include photographs of the area where the incident happened/any equipment or materials involved, and copies of relevant risk assessments/ssow.

Privacy Notice

The Spring Partnership Trust is the Data Controller under data protection law and will use the information you provide on this form in order to fulfil the authority's statutory duties under the relevant health and safety legislation.

These duties are outlined under "The Health and Safety at Work Etc. Act 1974", "The Management of Health and Safety at Work Regulations 1999", "The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013", "The Health and Safety (First-Aid) Regulations 1981" and other relevant legislation.

We will keep your data for as long as required and in line with The Trust's retention schedule. Your information may be shared with other relevant organisations in order to provide you with the service.

Individuals have a number of rights under data protection law, including the right to request their information. You also have a right to make a complaint about our handling of your personal data to the Information Commissioner's Office <https://ico.org.uk/>

Appendix 4



Witness Statement




Thank you for helping us to analyse this incident so that we can make sure our sites are as safe as they can be. Accuracy is very important in helping us to get to the root of the cause of this incident. ***You may have been asked to complete this form because you were present (or in the vicinity) at the time of the incident. Please complete as much information as you are able to, and also detail if you saw the incident occur.***

School:	Date of incident:
Area where incident took place:	
Name of person completing statement:	
Job Title:	
Home address:	
Injured person's name:	
Other persons nearby:	

Witness Statement (attach additional sheets if needed:

What were you doing just before the incident?
What were you doing when the incident occurred?
What did you do after the incident occurred?
Describe the bodily injury sustained (be specific about body part(s) affected:
What was the condition of the equipment, floor/ground, weather conditions, etc at the time of the incident?
Signed by:
Date completed:

Please ensure any other pages are stapled together (if required).

<table><tr><td>Automated External Defibrillator</td></tr><tr><td></td></tr><tr><td>Nearest Automated External Defibrillator is situated at:</td></tr><tr><td><div></div></td></tr><tr><td>Person in charge</td></tr><tr><td><div></div></td></tr></table>	Automated External Defibrillator		Nearest Automated External Defibrillator is situated at:	<div></div>	Person in charge	<div></div>
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