

The Academy at St James Chelwood Drive Bradford BD15 7YD

> Telephone: 01274 777095 Head of School: Mr Chris Tolson

FIRST AID POLICY

Reviewed and Approved by:-

Date of meeting:-

Signature:- R.Thompson

Position:- SENDCO

Date:- January 2023

Next review date:- January 2025

The Academy at St. James First Aid Policy

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Statement of Intent

This statement of intent should be signed and dated by both the Head Teacher and Chair of the Academy Trust Board (ATB), and then displayed where it can easily be seen within the School/Academy.

The ATB of The Academy at St. James acknowledge and accept its responsibilities under the Health and Safety (First Aid) Regulations 1981, to provide equipment and facilities as are adequate and appropriate for enabling first-aid to be rendered to employees, pupils and visitors in the school.

Our First Aid Policy will be successfully implemented through the delivery of the following aims and objectives:

- Undertaking a First Aid Needs Assessment to determine the requirements for the provision of first-aid within the school premises.
- Ensuring that there are suitable facilities and equipment to administer first-aid, where necessary.
- Ensuring that there is a sufficient number of staff trained in first-aid on duty at all times.
- Ensuring that the requirements of this policy are clear and appropriately circulated, including the location of first-aid equipment, facilities and personnel.

The appointed person, responsible for first-aid, is Rebecca Smith who works in EYFS.

Where the appointed person is unavailable, the Suzanne Louch or Rebecca Oxley will deputise.

Signed	Date	Name
Signed	Date	Name

Legal framework

This 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.

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).

Risk assessment

The Head Teacher will ensure that an annual risk assessment of first-aid needs is undertaken, appropriate to the circumstances of the Academy.

Where a minimum number of trained first-aiders is set, this will be monitored to ensure that the needs identified in the risk assessment are met.

Facilities

First-aid will be administered in a room that meets the requirements of the DfE guidance. Specifically, to:

- Be large enough to hold the necessary equipment.
- Have washable surfaces and adequate heating, ventilation and lighting.
- Be kept clean and tidy at all times.
- Be positioned as near as possible to a point of access for transport to hospital.
- Display a notice on the door advising of the names, locations and telephone numbers of first-aiders.
- Have a sink with hot and cold water, if possible.
- Have drinking water and disposable cups.
- Have soap and paper towels.
- Have a suitable container with disposable waste bags.

The Family Room is the Academy's designated medical room.

Fixed and portable first-aid containers

First-aid bags are identified by a white cross on a green background.

The Academy has fixed first-aid bags, which can be found:

• the first aid room

main front office

These bags contain a sufficient number of suitable provisions to enable the administration of first-aid. These are checked monthly.

The Academy has three travelling first-aid containers for use during school trips and off-site visits, which are stored in the bottom store cupboard.

All first aiders have their own first aid kit bag.

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

Blunt-ended stainless steel scissors should be kept in the container in case clothing needs to be cut away prior to treatment.

Stock control and a checklist of resources is kept in the green folder in the first aid room and managed monthly by Suzanne Louch.

Fixed

Fixed first aid-containers will contain, at a minimum:

- 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 unmedicated wound dressings.
- Two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings.
- Tape

Portable

Portable first-aid boxes will contain, at a minimum:

- A leaflet giving general advice on first aid.
- Six individually wrapped sterile adhesive dressings.
- One large (approximately 18cm x 18cm) sterile unmedicated wound dressing.
- Triangular bandages.
- Safety pins.
- Individually wrapped moist cleaning wipes.
- One pair of disposable gloves.
- Tape

First-aid containers will be:

- 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.

Selection of first-aiders

When selecting first-aiders, the Head Teacher should consider an individual's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Normal duties. A first-aider must be able to leave immediately in an emergency.

Unless first-aid cover is part of a staff member's contract of employment, people who agree to become first-aiders should do so on a voluntary basis.

Training

The Head Teacher is responsible for organising first-aid training.

The Academy 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 should ensure that they have read the school's First Aid Policy and sign the training record to say they have done this.

Roles and responsibilities

The main duties of the appointed person are to:

- Take charge of first-aid arrangements, including looking after equipment and calling the emergency services, where necessary.
- Bear in mind that they are not first-aiders. They should not give first-aid treatment for which they have not been trained, although it is good practice to ensure that they have emergency first-aid/refresher training, including:
 - What to do in an emergency.
 - Cardiopulmonary resuscitation.
 - First-aid for the unconscious casualty.
 - First-aid for the wounded or bleeding.
- Liaise with the Business manager, where necessary, to facilitate the replacement of out-ofstock or expired first-aid material or equipment.
- Remain on-site throughout the school day.

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 Academy.

• Ensure that an ambulance or other professional medical help is called, where appropriate.

Class teachers:

- Decide where an injury needs first aid assessment.
- Monitor children who have received first aid and require a period of observation.
- Report verbally to parents where there has been a minor injury where no first aid assessment has been undertaken and where no first aid note has been issued.

Pupils:

- In Year 5 and Year 6 pupils will be responsible for their own asthma medication. (see Asthma policy for further information) They will keep their inhaler on or near them and report to an adult when they need to take their medication so that it can be recorded.
- Pupils will tell their class teacher/school staff if they have hurt themselves.

Reporting incidents and record keeping

Reporting

The Head Teacher 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.

Record keeping

The Head Teacher 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:

- 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 Academy 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 Academy 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.

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.

Records will be maintained for no less than three years after the incident.

Accident reporting logs (First Aid Logs) are kept in Nursery and Reception classrooms, KS1 provision area and in the School First Aid Room (Family room).

Reporting to parents

There is a clear flow chart identifying processes that are required for small injuries. (see Appendix 2) Parents will be notified by first aid note where an injury has been assessed by a first aider. Where the child has been assessed by the class teacher, a verbal notification will be sufficient.

Dental Incidents

If a tooth falls out of its own accord (baby tooth loss- no root) then first aid and notes are not needed. Reassure the child and send the tooth home at the end of the day and verbally report to parents.

Where a tooth is knocked out:

- the tooth must be immediately placed in milk.
- parents must be contacted as a matter of urgency
- the child needs to be reassured
- parents will be advised to seek dental/hospital treatment as soon as possible
- School Business Manager/Designated Person (Elaine Daniels and Rebecca Smith) alerted so that accident form can be completed.

Circulation

The Head Teacher will inform all staff, including those with reading and language difficulties, of the first-aid arrangements. This should include:

- The location of the first-aid equipment, facilities and personnel.
- The procedures for monitoring and reviewing the Academy's first-aid needs.

This policy will be reviewed on a two year basis or earlier if legislation should change.

Written - November 2019 Reviewed - October 2021

Appendices

Appendix 1

Incident reporting form- accident book

Date -	Full Name of Child -	Accident/ Incident (A/I)	Where it Happened	Nature and Location of Injury	First Aid given	Parent Contacted (Y/N)	Reported CPOMS/ Accident Form	First Aider

Appendix 2 Flow chart for processes Is it a head injury? Are there visible marks? Is there a large lump or cut as a result of the injury? Does it require further Is the child in a treatment such as a reasonable amount of bandage/plaster. pain?? Accident note and sticker Is there a possibility Accident Note not Give sticker, note and required. of a break or sprain? note and contact parents if severe sticker Verbally report. Note not required Monitor the child Give note and sticker. Contact parents if symptoms do not ease

within 20 minutes.