Carwarden House School

First Aid Policy

Policy Author:	School Data Manager (based on The Key model policy)
Approved by:	Full Trustee Board Date: March 2025
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1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, students and visitors
- Ensure that staff and Trustees are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. 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 guidance from the Health and Safety Executive (HSE) on incident reporting 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 of accident records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of students

This policy complies with our funding agreement and articles of association.

3. Roles & Responsibilities

3.1 Designated First Aid Lead (DFAL) and first aiders

The school's has an appointed **Designated First Aid Lead** (DFAL). They are responsible for:

- Taking charge when someone is seriously injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and ensuring the contents of these kits is replenished (at least termly)
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Ensure that students with medical conditions are identified and properly supported in the school, including supporting staff on implementing a student's Healthcare Plan.

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
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Ensuring arrangements are made for sending students 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)
- Keeping their contact details up to date

Our school's FADL and first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

3.2 The Board of Trustees

The Board of Trustees has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The headteacher

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

- Ensuring that an appropriate number of appointed persons and/or trained first aiders are present in the school at all times (and that trained first aiders accompany students on any out of school trips)

- 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 adequate space is available for catering to the medical needs of students
- 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 appointed person and/or first aiders are in school
- Completing accident reports (see appendix 2) for all incidents they attend
- Informing the headteacher or their line-manager of any specific health conditions or first aid need

4. First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the student has had a bump on the head, they must be given a “bump on the head” note. A phone call is also made to the parent / carer to advise them of the injury.
- If the first aider judges that a student is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, a member of the admin team will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

4.2 Off-site procedures

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

- Access to a mobile phone
- A portable first aid kit including, at 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
  - Iindividually wrapped moist cleansing wipes
  - 2 pairs of disposable gloves
- Information about the specific medical needs of students
- Parents' contact details
- When transporting students using a minibus or other vehicle, the school 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 trip organiser and sent for approval by the school EVC prior to any educational visit that necessitates taking students off school premises.

There will always be at least 1 trained first aider on school trips and visits.

5. 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
- 6 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 are stored in:

- The medical rooms (mainsite & 6th Form building)
- Each classroom and teaching space (including science and Food Tech rooms)
- The school kitchen
- All school vehicles

Defibrillators

- Defibrillators are available within the school as part of the first aid equipment. One is in the main school medical room, the other in the 6th classroom, adjacent to playground. First aiders are trained in the use of defibrillators.
- Procedures are in place to maintain the equipment in accordance with manufacturers recommendations. Batteries are checked weekly by admin staff.
- The equipment is regularly checked by admin staff.

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- A copy of the accident report form will also be added to the student's educational record by the school data manager or reports of staff injury by the SBM.
- 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. The school follows the DfE guidance on data retention.

6.2 Reporting to the HSE

The SBM 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 SBM will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

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 lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the SBM will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
  - Carpal tunnel syndrome
  - 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
  - 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
- 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

Students and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- 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 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

6.3 Notifying parents

The first aider or member of the tutor group staff will inform parents of any accident or injury sustained by a student, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents will also be informed if emergency services are called by a member of the admin team.

6.4 Notifying the Local Authority

The headteacher and/or DSL with notify the Local Authority and any serious accident or injury to, or death of a student whilst in the care of the school.

7. Training

All school staff are able to undertake first aid training if they would like to.

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.

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

8. Monitoring arrangements

This policy will be reviewed by the Data Manger bi-annually.

At every review, the policy will be approved by the Full Trustee Board (as employer).

9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Supporting students with medical conditions (and administration of medication) policy
- Trips & visits policy

Appendix 1: 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			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.			
FOLLOW-UP ACTION REQUIRED			
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.			
NAME OF PERSON ATTENDING THE INCIDENT			
SIGNATURE		DATE	

Appendix 3: Head Injury Advice

Caring for your child at home & / or on discharge from hospital

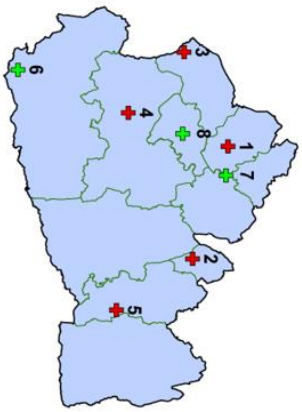
- Clean any wound with tap water.
- If the area is swollen or bleeding, apply pressure for 5-10 minutes. If continues to bleed, keep applying pressure or seek medical advice.
- If in pain give paracetamol or ibuprofen. Always follow the manufacturers' instructions for the correct dose and form.
- Observe your child closely for the next 2-3 days and check that they are behaving normally and they respond to you as usual.
- It is OK to allow your child to sleep, but observe them regularly and check they respond normally to touch and that their breathing and position in bed is normal.
- Give your child plenty of rest, and make sure they avoid any strenuous activity for the next 2-3 days or until their symptoms have settled.
- Following a head injury, do NOT play ANY contact sport (for example football) for at least 3 weeks without talking to your doctor first.
- You know your child best. If you are concerned about them you should seek further advice.

Do not worry unduly - these things are expected after a head injury and may last up to two weeks:

- Intermittent headache especially whilst watching TV or computer games
- Being off their food or feeling sick (without vomiting)
- Tiredness or trouble getting to sleep
- Short periods of irritability, bad temper or poor concentration

Hospitals, minor injuries units (MIU) and walk-in centres

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1. St. Peter's Hospital A & E: Guildford Road, Chertsey, KT16 0PZ
2. Epsom Hospital A & E: Dorking Road, Epsom, KT18 7EG
3. Frimley Park Hospital A & E: Portsmouth Road, Frimley, GU16 7UJ
4. Royal Surrey County Hospital A & E: Egerton Road, Guildford, GU2 7XX
5. East Surrey Hospital A & E: Three Arch Road, Redhill, RH1 5RH
6. Haslemere Minor Injuries Unit: Church Lane, Haslemere, GU27 2BJ
7. Weybridge NHS Walk-in Centre: 22 Church Street, Weybridge, KT13 8DY
8. Woking NHS Walk-in Centre: Heathside Road, Woking, GU22 7HS

Check opening times of walk in centres on line before you leave

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SURREY

NHS South East Coast Strategic Clinical Networks Children and Young People



Head Injury in Children and Young People

2015 UPDATED Advice for Parents and Carers

Child/Young Person's Name .....

Advice Given By .....

Location of Injury .....

Date ..... **Time** .....

Further Guidance

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The H&S lead in the school will keep under review to ensure links are current.

- HSE
  https://www.hse.gov.uk/
- The Health and Safety (First-Aid) Regulations 1981
  https://www.legislation.gov.uk/uksi/1981/917/regulation/3/made
- Department for Education and Skills
  www.dfes.gov.uk
- Department of Health
  www.dh.gov.uk
- Disability Rights Commission (DRC)
  www.drc.org.uk
- Health Education Trust
  https://healtheducationtrust.org.uk/
- Council for Disabled Children
  www.ncb.org.uk/cdc
- Contact a Family
  www.cafamily.org.uk

Resources for Specific Conditions

- Allergy UK
  https://www.allergyuk.org/

  https://www.allergyuk.org/information-and-advice/for-schools
- The Anaphylaxis Campaign
  www.anaphylaxis.org.uk
- SHINE - Spina Bifida and Hydrocephalus
  www.shinecharity.org.uk
- Asthma UK (formerly the National Asthma Campaign)
  www.asthma.org.uk
- Cystic Fibrosis Trust
  www.cftrust.org.uk
- Diabetes UK
  www.diabetes.org.uk
- Epilepsy Action
  www.epilepsy.org.uk
- National Society for Epilepsy
  www.epilepsysociety.org.uk
- Hyperactive Children's Support Group
  www.hacsg.org.uk
- MENCAP
  www.mencap.org.uk
- National Eczema Society
  www.eczema.org
- Psoriasis Association
  www.psoriasis-association.org.uk/