



# FIRST AID POLICY

<b>Status</b>	Waiting Approval	<b>Approval</b>	Full Governing Body
<b>Maintenance</b>	Full Governing Body	<b>Role(s) responsible</b>	Head Teacher
<b>Date Effective</b>	September 2022	<b>Date of last review</b>	May 2025
<b>Date of next review</b>	May 2026	<b>Date withdrawn</b>	Not withdrawn
<b>Lead Professional</b>	Deputy Headteacher	<b>Location of policy</b>	www.coltonhills.co.uk

## COLTON HILLS COMMUNITY SCHOOL

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### 1. Rationale

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors 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



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- [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 School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

## 3. Roles and responsibilities

### 3.1 Appointed person(s) and first aiders

The school's appointed persons are the Deputy Headteacher (Pastoral) and Assistant Year Leader (Pastoral) are the lead first aiders and the Business Director coordinates the first aid team. They are responsible for:

Ensuring all first aiders receive the appropriate training within the agreed timescales.

Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits

Ensuring all medical equipment is up to date and batteries are changed regularly.

The following staff are all trained in Level 3 Paediatric first aid.

- 1 x Assistant Headteacher
- 1 x Year Leader (PE Staff)
- 1 x Community Inclusion Manager
- 3 x Assistant Year Leaders
- 2 x site and facilities staff

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- 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
- Sending pupils 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)



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- Keeping their contact details up to date

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

## 3.2 The Local Authority and Governing Board

Wolverhampton City Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board. The Governing Board 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 trained first aid personnel are present during the school day.
- 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 pupils
- 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 first aiders in school are
- Completing accident report book (see appendix 2) 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



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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, if called, 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 first aider judges that a pupil 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, the first aider on duty 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 pupils are taken on educational trips/visits, staff will ensure they always have the following if not provided by the centre:

- A school/personal mobile phone
- A portable first aid kit including, at minimum:
  - 6 individually wrapped sterile adhesive dressings
  - 1 large sterile unmedicated dressing
  - 2 triangular bandages – individually wrapped and preferably sterile
  - 2 safety pins
  - Individually wrapped moist cleansing wipes
  - 2 pairs of disposable gloves
- Information about the specific medical needs of pupils
- Parents' contact details

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 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)



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- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the lead member of staff and prior to any educational visit that necessitates taking pupils off school premises and approved by Wolverhampton City Council. There will always be at least 1 first aider on school residentials and first aiders will be available at centre's for educational visits as per risk assessment outlines.

## 5. First aid equipment

A typical first aid kit in our school will include the following:

- 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 room
- Community office
- Science Prep room
- Design and Technology Department
- The school main kitchen
- PE Department
- School vehicles
- Other designated areas around the school

## 6. Record-keeping and reporting

### 6.1 First aid and accident record book

- An accident book will be completed on the same day or as soon as possible after an incident resulting in an injury



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- 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
- 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

## ➤ 6.2 Reporting to the HSE

The Business Director 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 Business Director 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, Business Director 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



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- 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

## **Pupils 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)

<http://www.hse.gov.uk/riddor/report.htm>

## **7. Training**

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



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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 (**see appendix 3**).

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 Deputy Headteacher (Pastoral) annually.

At every review, the policy will be approved by the Deputy Headteacher (Pastoral) and the Governing Body

## 9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with health conditions who cannot attend school

## Appendix 1: List of Trained First Aiders

STAFF MEMBER'S NAME	ROLE	FIRST AID LEVEL
K Fox	Assistant Headteacher	Level 3 Emergency Paediatric First Aid
A Esty	Teacher/Year Leader/PE Staff	Level 3 Emergency Paediatric First Aid
C Payne	Community Inclusion Officer	Level 3 Emergency Paediatric First Aid
W McKerdy H Johnson D Williams	Assistant Year Leader	Level 3 Emergency Paediatric First Aid
P Thacker G Samuels	Site and Facilities Staff	Level 3 Emergency Paediatric First Aid
L Heely W McKerdy K Khosa E Ireland	In relation to Cadets	First Aid at Work





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STAFF MEMBER'S NAME	ROLE	FIRST AID LEVEL
N Matthews		

## Appendix 2: Accident Report Form

Accident book is completed by the duty first aid person. If required, an IR1 Accident Form should be completed by the relevant person and submitted to the Business Director.

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.			



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NAME OF INJURED PERSON		ROLE/CLASS	
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT	
INCIDENT DETAILS			
NAME OF PERSON ATTENDING THE INCIDENT			
SIGNATURE		DATE	

## Appendix 3: Standard Operating Protocol for the use of cold flannels, towels, cold compresses and ice packs

### The Standard Operating Protocol for the use of cold flannels, towels, cold compress and ice packs

Cold flannels, towels, cold compress and ice packs should only be issued upon receiving first aid. Staff, and students, should only use these in the first-aid room, whereby supervision is readily available. If a staff, or student, has an injury which requires this equipment, then ideally, they are not fit to leave the first aid room. The injury must be logged accordingly according to the First Aid Policy, with the potential of informing the Business Manager, who may need to seek HSE advice (RIDDOR).

### Advice for using ice-packs

A cold flannel, towel or ice-pack can be used in the event of an injury, which is consistent with the following:

- Sprain, strain or twist
- Minor bruise from a bump
- For head bumps whereby visible markings/swelling is present (flannel or towel is preferred to ice-pack)
- Minor burn/graze
- Toothache or jaw ache (flannel or towel is preferred to ice-pack)
- To treat heat exhaustion and heat stroke (flannel, towel and ice-pack can be used to rapidly bring the body temperature down)

When injuries to the head occur, monitoring and reassurance is the first treatment. If a visible mark is present, a wet, cold flannel or towel is preferred to an ice-pack, as the cold could add further discomfort. If an ice-pack is the only available treatment, this must be wrapped in material.



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When using an ice pack to treat a minor injury for staff or students, do not apply the ice pack directly to skin and remove it if pain or discomfort occurs. Use a cold compress (towel or cloth rinsed in cold water) as an alternative.

Ice packs should only be used for a maximum of 15 minutes. Further use should be approved by a first aider, with consideration for medical advice if the problem is still persisting after 15 minutes.

Do not use an ice pack when an injury causes a nosebleed, a cold compress can be used instead

Do not use an ice pack and (or) cold compress in the following circumstances, seek medical help or call an ambulance:

- loss of consciousness, even if only briefly
- a less than alert conscious state
- suspicion of a fracture
- suspicion of a spinal injury
- damage to eyes or ears
- penetration of the skin
- deep open wounds.