



# HIGH WELL SCHOOL

## Preparing for Positive Futures

### First Aid

Policy Lead:	Jo Thompson
Date approved by Governing Body:	28.01.2021
Date Shared with Staff:	02.02.2021
Date of Review:	December 2021

Signed by Chair of Governors:

A handwritten signature in black ink, appearing to be 'J. Thompson', written over a horizontal line.

Date: 28.01.2021

**Contents**

1. Aims.....3

2. Legislation and guidance.....3

3. Roles and responsibilities.....3

4. First aid procedures .....4

5. First aid equipment .....5

6. Record-keeping and reporting .....6

7. Training .....7

8. Monitoring arrangements.....7

9. Links with other policies .....7

Appendix 1: list of appointed person(s) for first aid and trained first aiders .....8

Appendix 2: accident report form.....10

Appendix 3: first aid training log.....1818

## **1. Aims**

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 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 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 has 16 trained first aiders.

They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

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
- 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)
- Keeping their contact details up to date

Our school's appointed person(s) and 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**

*Wakefield Metropolitan District 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.

### **3.4 The headteacher**

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

- Ensuring that an appropriate number of appointed persons and trained first aid personnel are present in the school at all times
- 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)

### **3.5 Staff**

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider at the scene is not present
- Informing the headteacher 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 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 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 nearest member of staff will contact parents immediately
- The first aider or relevant member of staff 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 off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the class teacher or visit leader prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one 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 with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- School Reception

- The school hall - PE
- Science lab
- All classrooms
- Food Technology room
- Construction
- The school kitchen
- School vehicles

## **6. Record-keeping and reporting**

### **6.1 First aid and accident recording**

- An accident form will be completed by the first aider or relevant member of staff 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 pupil's educational record by the school administration team
- Records held on the accident and incident form 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 Headteacher 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 Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences 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)
  - 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)

- Where an accident leads to someone being taken to hospital
- 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

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.

All first aiders have completed a First Aid at Work training course, and 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).

Staff are encouraged to renew their first aid training when it is no longer valid.

## **8. Monitoring arrangements**

This policy will be reviewed by the Headteacher every year.

At every review, the policy will be approved by the headteacher 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 medical conditions

**Appendix 1: list of appointed persons for first aid and trained first aiders**

<b>Staff member's name</b>	<b>Role</b>	<b>Contact details</b>
Louise Quinn	Headteacher	07824820300
Adrian Coates	Deputy Headteacher	07824820200
Nicola Fradgley	Acting Assistant Head	01924 572100
Barbara Colombo	Attendance Officer	07733444987
Ian Westmoreland	Teaching Assistant	01924 572100
Rob Armitage	Teaching Assistant	01924 572100
Neil Cooper	Teaching Assistant	01924 572100
Tara McKinnon	Teacher	01924 572100
Yvonne Murray	1:1 Tutor	01924 572100
Calum Sutton	HLTA – Computing/ICT	01924 572100
Andy Sykes	Form Tutor	01924 572100
Emily Taylor	Admin Assistant	01924 572100
Joanne Thompson	First Aid/ EVC/Team Teach Trainer/IOSH	07880427815
Rachel Carlin-Salter	Principal Learning Mentor	01924 572100
Sean Ward	HLTA - Construction	07881840987

Craig Squire	Sports Instructor	01924 572100
Dawn McCabe	Catering Manager	01924 572100

## Appendix 2 – Accident Report Form

HEALTH & SAFETY OFFICE USE ONLY		
Reference No	Date Received	Logged by

<b>IRF 2016</b>
-----------------

ACCIDENT/INCIDENT REPORT FORM							
Part 1							
Please tick one (✓):		ACCIDENT <input type="checkbox"/>			VIOLENT INCIDENT <input type="checkbox"/>		
Section 1: About the person							
Surname		Forename		Payroll Ref No: (man no. if applicable)			
Directorate:	Corporate Services	<input type="checkbox"/>	Children & Young People		<input type="checkbox"/>		
	Adults, Health & Communities	<input type="checkbox"/>	Regeneration and Economic Growth		<input type="checkbox"/>		
Home Address							
Post Code:		Date of Birth: (dd/mm/yyyy)					
Tel No (Home):		Tel No (Work):					
Job Title			Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
Section Name OR Name of School:							
Depot Location OR School Address:							
Employee	<input type="checkbox"/>	Service User	<input type="checkbox"/>	Resident	<input type="checkbox"/>		
Elected Member	<input type="checkbox"/>	Governor	<input type="checkbox"/>	Member of General Public	<input type="checkbox"/>		
Agency Worker*	<input type="checkbox"/>	Contractor*/Visitor	<input type="checkbox"/>	Pupil			
*Name of employer (if not WMDC)							
*Address of employer (if not WMDC)				Post Code		Tel No	
Section 2: About the Accident/incident							
Date of incident (dd/mm/yyyy)		Time (use 24hr clock)					
Address where it happened:							
Exact Location e.g. bathroom							
Describe what happened: Give as much detail as you can (including details of how you think it could be avoided in future): Continue on separate sheet if necessary. Please state how many additional sheets used.							



<b>Section 3: After the Accident/Incident</b>									
<b>a. Medical treatment</b>									
Was first aid required?	YES <input type="checkbox"/> NO <input type="checkbox"/>		Name of First Aider						
Informed to seek medical Attention?	YES <input type="checkbox"/> NO <input type="checkbox"/>		Ambulance called?	YES <input type="checkbox"/> NO <input type="checkbox"/>					
	Time of call			Time arrived					
<b>b. Did the injured person</b>									
Become unconscious?	<input type="checkbox"/>		Remain in hospital for more than 24 hours?			<input type="checkbox"/>			
Need resuscitation?	<input type="checkbox"/>		Return to work?			<input type="checkbox"/>			
Visit Hospital?	<input type="checkbox"/>		Go home?			<input type="checkbox"/>			
Visit their GP?	<input type="checkbox"/>		Other (please specify)						
<b>c. Part of Body Injured</b> <i>(Please indicate whether left or right side)</i>									
Head	<input type="checkbox"/>	Back	<input type="checkbox"/>	Arm	<input type="checkbox"/>	Foot	<input type="checkbox"/>	Leg	<input type="checkbox"/>
Eye	<input type="checkbox"/>	Trunk	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b>d. Type of Injury</b>									
Bite	<input type="checkbox"/>	Fracture	<input type="checkbox"/>	Bruise	<input type="checkbox"/>	Burn	<input type="checkbox"/>	No Injury	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>	Strain/Sprain	<input type="checkbox"/>	Distress	<input type="checkbox"/>	Cut/Graze	<input type="checkbox"/>	Other	
<b>e. PPE being worn at the time of the Accident</b>									
Head Protection	<input type="checkbox"/>	Hand Protection	<input type="checkbox"/>	Ear Protection	<input type="checkbox"/>	Body Protection		<input type="checkbox"/>	
Eye Protection	<input type="checkbox"/>	Foot Protection	<input type="checkbox"/>	RPE (mask)	<input type="checkbox"/>	Other:			
<b>f. Main cause of Accident</b> <i>(Not cause of injury)</i>									
Asphyxiation	<input type="checkbox"/>	Hazardous Substance		<input type="checkbox"/>	Slips, Trips & Falls			<input type="checkbox"/>	
Contact with moving machinery	<input type="checkbox"/>	Hit by falling object		<input type="checkbox"/>	Striking stationary object			<input type="checkbox"/>	
Contact with electricity	<input type="checkbox"/>	Hit by moving/flying object		<input type="checkbox"/>	Tools/machinery/equipment			<input type="checkbox"/>	
Drowning	<input type="checkbox"/>	Hit by moving vehicle		<input type="checkbox"/>	Road Traffic Accident			<input type="checkbox"/>	
Explosion	<input type="checkbox"/>	Injured by an animal		<input type="checkbox"/>	Needle stick/sharps			<input type="checkbox"/>	
Fire	<input type="checkbox"/>	Manual Handling		<input type="checkbox"/>	Fell from Height (height:           metres)			<input type="checkbox"/>	
Other (please specify)									

Section 4: WITNESSES (ALL INCIDENTS)			
Did anyone else see the incident happen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
WITNESS (1)			
If yes, state:	Name:		
	Address:		
	Post code:		Tel No: <input type="text"/>
WITNESS (2)			
	Name:		
	Address:		
	Post code:		Tel No: <input type="text"/>
WITNESS (3)			
	Name:		
	Address:		
	Post code:		Tel No: <input type="text"/>

Section 5: For Violent incidents only						
Name of aggressor:						
Address and postcode:						
If aggressor not known, give description:		Age:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>		
Factors involved, if any: (indicate with a X)						
Physical: <input type="checkbox"/>	Verbal: <input type="checkbox"/>	Mental <input type="checkbox"/> Illness:	Malicious <input type="checkbox"/> Intent to Harm:	Attention <input type="checkbox"/> Seeking:	Weapon: <input type="checkbox"/>	Behaviour <input type="checkbox"/> due to illness/disability
Substance misuse, please indicate	Alcohol: <input type="checkbox"/>	Drugs: <input type="checkbox"/>	Solvents: <input type="checkbox"/>		Other (please specify in section 2)	
Discriminatory / abusive behaviour please indicate	Disability: <input type="checkbox"/>	Race: <input type="checkbox"/>	Sex: <input type="checkbox"/>	Age: <input type="checkbox"/>	Other: <input type="checkbox"/> (please specify in section 2)	
	Gender <input type="checkbox"/> Reassignment:	Marriage & <input type="checkbox"/> Civic Partnership:	Pregnancy <input type="checkbox"/> & Maternity:	Religion & <input type="checkbox"/> Belief:	Sexual Orientation: <input type="checkbox"/>	

<b>Section 6: Details of Person Completing the Form (only if different from the person named in section1)</b>			
Name:			
Address:			
Job Title:			
Signature:		Tel No:	Date:
<b>Signature of person named in Section 1:</b>			<b>Date:</b>
<p>The City of Wakefield MDC is collecting data to comply with our Health, Safety and Welfare Polices and our Statutory obligations. On occasions the Council will have to contact appropriate third parties to share or verify the information you have provided. The Council will only use the information in connection with your employment.</p>			

## MANAGERS / HEAD TEACHER'S ONLY

<b>INVESTIGATION REPORT FORM</b>				
Part 2				
<b>Please tick one (✓):</b>		<b>ACCIDENT</b> <input type="checkbox"/>	<b>VIOLENT INCIDENT</b> <input type="checkbox"/>	
<b>Section 7: Details of Person undertaking the investigation (this section must be completed)</b>				
Name:		Payroll Ref No:		
Address:				
Job Title				
Signature		Tel No:		
<b>Section 8: ACTION TAKEN (ALL ACCIDENTS &amp; INCIDENTS)</b>				
Has the cause of the incident been identified? (If Yes, give details in boxes below). If no, give reasons why not.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has a risk assessment been completed and recorded? (Please ensure copies are attached to the form)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, will the risk assessment be reviewed following this incident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has appropriate action been taken to support the person(s) affected?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the person involved in the accident/incident been interviewed? (If yes attach statements, if no please give reasons).	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have all witnesses been interviewed? (If yes attach statements, if no please give reasons).	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have measurements and photographs been taken? (If yes give details).	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Additional details/information/comments				

<b>Section 9: Investigation Findings - If you have prepared a report please attach a copy</b>			
<p><b>Immediate Cause</b> (The most obvious reason(s) why an accident happened, e.g. the guard is missing; the employee slips etc. There may be several immediate causes identified in any one adverse event).</p>			
<p><b>Underlying Cause</b> (The less obvious 'system' or 'organisational' reasons for an accident happening, e.g. pre-start-up machinery checks are not carried out; the hazard has not been adequately considered via a suitable and sufficient risk assessment; production pressures are too great etc).</p>			
<p><b>Root Cause</b> (An initiating event or failing from which all other causes or failings spring. Root causes are generally management, planning or organisational failings).</p>			
<b>Section 10: Service Manager/Head Teacher Signature</b>		<b>Yes</b>	<b>No</b>
I have read and understand Part 2 of this Report Form (IRF 2016)?		<input type="checkbox"/>	<input type="checkbox"/>
I have read and I am satisfied with the investigation undertaken and subsequent investigation findings?		<input type="checkbox"/>	<input type="checkbox"/>
I have read and I am satisfied with the actions taken/planned?		<input type="checkbox"/>	<input type="checkbox"/>
Signature:			
Name: (Print Name)			
Job Title:			
Date:			

<b>Section 11: RIDDOR REPORTABLE ACCIDENTS</b> <b>You must contact the Corporate Health &amp; Safety Team before completing and submitting a F2508 to the HSE</b>			
If the incident was/is to be reported to the Health & Safety Executive (give details):			
Date reported:		HSE Reference No:	
Reported by:	Name:	Job Title:	
<b>Please ensure a copy of the F2508 is attached to this form</b>			
Why was it reported to the HSE? Please put a "X" to the following answers:			
A fatality?			<input type="checkbox"/>
A specified injury?			<input type="checkbox"/>
An injury to an employee which prevented them doing their normal work for more than 7 days?			<input type="checkbox"/>
An injury to a member of the general public or pupil which meant they had to be taken to hospital for treatment directly from the scene of the accident?			<input type="checkbox"/>
A dangerous occurrence?			<input type="checkbox"/>
Please forward a copy of this form to the Health and Safety Team, Wakefield One, PO Box 700, Burton Street, Wakefield or via email to <a href="mailto:healthandsafety8@wakefield.gov.uk">healthandsafety8@wakefield.gov.uk</a> within 5 working days from the date of the incident. If this cannot be achieved, please contact the Health and Safety Team on 01924 303257.			

## Appendix 3: First Aid Training Log

Name/type of training	Staff who attended (individual staff members or groups)	Date attended	Date for training to be updated (where applicable)
<i>Emergency First Aid at Work</i> <i>(Onsite First Aid Training Company)</i>	Neil Cooper, Tara McKinnon, Calum Sutton, Barbara Colombo, Andy Sykes, Emily Taylor, Yvonne Murray, Nicola Fradgley, Ian Westmoreland.	3 November 2020	2 November 2023
<i>QA Level 3 Award</i> <i>First Aid At Work (RQF)</i> <i>(Hunter Safety Consultancy)</i>	Joanne Thompson	22, 23 & 24 November 2020	23 September 2023
<i>First Aid at Work</i> <i>(St Johns Ambulance)</i>	Louise Quinn, Adrian Coates, Sean Ward, Rob Armitage, Craig Squire, Rachel Carlin - Salter	12 June 2019	11 June 2022

**10. First Aid during the Covid 19 Pandemic**

Please click on the link for the latest guidance from the HSE

<https://www.hse.gov.uk/coronavirus/first-aid-and-medicals/first-aid-certificate-coronavirus.htm>