

FIRST AID POLICY

Recommended by: Teaching, Learning & People Committee

Date: January 2018

Approved by the Full Governing Body

Signed:

Next review due: January 2020

Broadoak Mathematics and Computing College is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Rationale

The Governors and Headteacher of Broadoak Mathematics and Computing College accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school.

Generally, First Aid should be left to those members of staff who are qualified first aiders. However, all staff have a general duty to act 'in loco parentis' in emergencies. The school and governing body will support pupils with medical conditions enabling them to participate actively in the school day (according to the Statutory Guidance laid out by Department of Education).

Purpose

To clarify the role and expectation of staff and the school as a whole concerning pupils' medical needs.

NB: The Academy exceeds the basic recommendation for first aiders, which is for two employees to have a First Aid at Work certificate.

Statement of Organisation

The Academy's arrangements for carrying out the policy include eight key principles:

- Places a duty on the Governing body to approve, implement and review the policy.
- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- Records all occasions when first aid is administered to employees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.

Guidelines

- 1) Staff must allow pupils to administer their own medication as prescribed or necessary (providing that there is a written note of explanation from parents). Pupils should only carry the quantity of medication required during the school day. No pupil will be prevented from taking prescribed medication. Pupils with Epi-pens should carry these at all times. Staff will only administer prescribed medication following appropriate training from a health care professional (first aid certificate does not constitute appropriate training).
- 2) On the request of parents, the first aid office will look after prescribed medicines for pupils. Prescribed medicines should be brought to school, by a parent/guardian only, in their original container/packaging which shows name, dosages etc., and accompanied by a completed medication form available from the school. It will be recorded that the medication has been taken.
- 3) In a medical emergency teachers may administer an Epi-pen if a pupil is unable to do this for themselves. A second Epi-Pen should be provided by parent/guardian to be kept in the medical room. Other drugs should not be given to pupils by members of staff, (except in those cases covered by point 2 above).
- 4) Some pupils will have care plans which will inform staff of a child's needs and which will contain advice and guidance which should be followed. These are kept on the iNet and in

their SIMS records and are available to staff at any time. They are reviewed and updated when necessary. It will not be assumed that every child with the same medical condition has the same needs.

- 5) Teaching staff should only administer first aid above and beyond reasonable first response measures if they are qualified to do so. When a medical emergency occurs, they will inform the first aid office, in person or by sending a responsible pupil.
- 6) If qualified first-aiders cannot deal with a medical emergency they will call an ambulance and will also contact parents. If parents are unavailable, this should not result in a delay obtaining medical attention.
- 7) In the event of a reported bump to the head, pupils will be monitored for a short time by the First Aider and then return to class if they are OK, knowing they can return if they feel unwell later. Parents should be informed of all bangs to the head and asked to collect their child if they are not well enough to return to class.
- 8) Any accident where first aid is administered to students in school will be recorded in the school medical record book, with an accident report form and accident investigation form being completed if necessary (see Appendices 1, 2 and 3).
- 9) In the case of a chemical incident, the teacher in charge will immediately follow the recommended action. If extra help is required they should send another pupil to get first aid help from Reception. After immediate action (and if first aid is not called to the incident), the pupil should be accompanied by a fellow pupil to the first aid room with written details of the name of the chemical, its concentration and the action taken so far. At the end of the lesson, the teacher must go to the first aid office to give a full account of the incident and an accident form should be completed.
- 10) Guidelines where there is a need for an ambulance:
 - When an ambulance arrives, the paramedics take charge and will inform the school of their proposed course of action.
 - A member of staff who is in full possession of the facts will contact a parent. This will usually be the first-aiders in attendance.
 - A parent will be informed when an ambulance is preparing to leave the school. S/he will be asked to attend the hospital on the pupil's arrival or as soon as possible. The ambulance will not usually leave the school premises (except in extreme emergency) until the school knows that a parent had been contacted.
 - If the school is unable to get hold of a parent or any other recognised emergency contact, a member of staff will go with the pupil and the school will continue to try to contact parents.
 - If a parent is contacted but is unable to get to the hospital in time for the child's arrival, a member of staff will accompany the ambulance to the hospital.
- 11) Children with identified medical conditions may be required to visit the toilet, drink water, eat or take breaks in order to manage their medical condition effectively. This should be permitted and passes will be issued accordingly.
- 12) The Governing Body acknowledge that unless first aid cover is part of a member staff's contract of employment, those who agree to become First Aiders do so on a voluntary basis.
- 13) The Academy will provide materials, equipment and facilities for providing first aid treatment. The location of first aid containers in the school are as follows:

- Main Office
- English Office
- Maths Office
- Cleaning Office
- LRC
- Humanities Office
- Caretakers' Office
- Dance Studio
- Science Lab
- Inclusion Base
- Student Support Base
- DT Prep Room

The contents of these boxes will be checked every term by a designated Core Team first aider.

There is a supply of travelling First Aid kits which are kept in the Main Office. It is a requirement that they are taken on trips, by supervising staff. These are also checked on a termly basis.

In compliance with The Education (School Premises) Regulations 1996, the Academy ensures that a fully equipped medical room is available at all times.

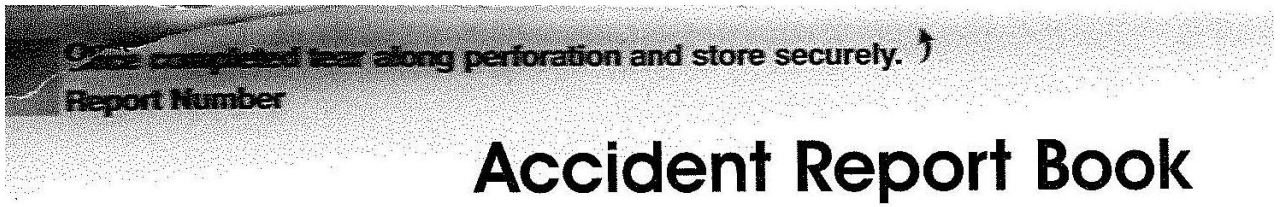
- 14) First aid provision for off-site activities will be determined by risk assessment in accordance with government guidance for Educational Visits.

Other Policies for reference:

- Health and Safety Policy
- Educational Visits Policy

See attached appendices:

- Appendix 1 – Accident Report Book Form
- Appendix 2 – First Aid Report Form
- Appendix 3 – Accident Investigation Form



1 Person affected/injured :

Name _____
Home Address _____
Postcode _____
Occupation _____ Works No. _____

2 Person reporting the incident - if other than injured person

Name _____
Home Address _____
Occupation _____ Postcode _____
Department _____ Date / /

3 Accident/incident

↓ Date / / Time _____
↓ Place/Room _____
↓ Equipment/machinery involved _____

4 Description of incident - including cause and nature of injury

Action taken/recommendations

Signed _____ Date / /

Employer please initial box if accident reportable under RIDDOR
(Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)

FIRST AID REPORT FORM**A. DETAILS OF INJURED OR SICK PERSON**

Title: (e.g. Dr, Mr, Mrs etc)	Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Family Name:	Other Names:	
Address:	Job Title (if applicable):	
	Area / Class	
	Building:	
	Tel No:	
	Email:	
Status: Staff <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/> (specify):		
Full-time <input type="checkbox"/> Part-time		

B. DETAILS OF ATTENDANCE

Date:	Time (use 24hr clock) :
Location:	Room No:
School/Admin Directorate or Division	

C. DETAILS OF TREATMENT

What happened? Nature & extent of injuries	Give a brief outline of what led up to/caused the incident and the nature of illness/type of injury e.g. fell on stairs – twisted right ankle; taken ill – felt faint.
Treatment given (tick all relevant) <input type="checkbox"/> None <input type="checkbox"/> Self <input type="checkbox"/> Occupational Health Service <input type="checkbox"/> Own General Practitioner <input type="checkbox"/> Hospital <input type="checkbox"/> Organisation First Aider	Give full details (continue overleaf if necessary)
Advice / recommendations given:	If accident at work, remind injured person or manager to complete an accident report form
First Aider (print and sign name)	
Date:	Contact details

D. To be completed by the Organisation First Aid Coordinator (if appropriate):

Further actions taken or required?	
Signed :	Dated:

Appendix 3 – Accident Investigation Form

Part One:
About the person who had the accident
What is your full name?
What is your address?
What is your job title? (if applicable)
If an employee what is your place of work address?
If person is pupil or visitor what is their full name, address, postcode, home telephone and date of birth? Name: Date of birth: Sex: Home Telephone: Home address: Other information in this section not provided for DP reasons
Part Two
About the accident / incident
On what date did the incident happen?
At what time did the accident happen? Please use 24hour format
Where exactly did the accident happen

Part Three

About the injury / incident

What exactly was occurring immediately prior to the accident/incident?

What was the nature of the injury and what was the severity?

What part(s) of the body was/were injured?

Details of any equipment being used:

Details of any supervision being undertaken at time of incident/accident

Part Four

The investigation of the incident/accident

Was the activity being carried out using proper procedure?

Was a risk assessment in place and was it current? (within the last 12 months)

What was the condition of the equipment involved?

Were any previous defects of the equipment recorded? How and by whom?

Was the equipment impounded and if so where is it now?

Was the risk previously known?

Were any previous defects of the equipment recorded? How and by whom?

What was the direct cause of the accident /incident? <ul style="list-style-type: none">• Human error• Occupational• Environmental
What was the unsafe act?
What was the unsafe condition?
Were there any unusual or contributory factors to the incident/accident?
What was the condition of the floor?
Did the workplace layout influence the accident/incident?
Did the nature or shape of the materials influence the accident/incident?
Did other conditions influence the accident/incident?
Part Five
Information from witnesses
What is your full name?
What is your work telephone number?
What is your home address?
What is your job title?

What is your work address?
Description of accident / incident Detailing your involvement and including what you saw, heard and did (continue on separate sheet if necessary taking care to sign and date each sheet)
Confirmation and signature I confirm that the above account (description of accident/incident) is a true statement of fact Named: Signed: Dated:
Part Six
Information from the injured person (if applicable) <small>(Make note of person responding to this part of form in the event the person who had the accident / incident is unavailable or is a minor pupil at a school)</small>
For person responding to this part of the form (for unavailable person who had the incident/accident or is a minor pupil), what is your full name?
What is your full name? (person who had the accident/incident)
What is your work telephone number? (if applicable)
What is your job title? (if applicable)

What is your work address? (if applicable)

What is your home address including post code (person who had the accident / incident)

Description of the accident/incident

Detailing including what you did leading up to the incident/accident (continue on a separate sheet if required taking care to sign and date each sheet)

Confirmation and signature

I confirm that the above account (description of accident/incident) is a true statement or fact

Named:

Signed:

Dated:

Part Seven

Actions Taken

What immediate action was taken at local level in response to the accident/incident?

What local action has been taken to prevent recurrence?

Part Eight

Identification of suitable risk control measures

What risk control measures are needed / recommended?

Have similar accidents/incidents occurred prior to this incident? Give details

