

We are an ambitious and inclusive Trust of schools  
strengthening communities through excellent education.



# First Aid Policy

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## 1.0 Policy Statement

1.1 The Ted Wragg Trust is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. All schools will take reasonably practicable steps to ensure the safety and wellbeing of all staff, pupils and visitors whilst on school premises.

## 2.0 Scope and purpose

The aim of **the Trust** First Aid Policy is to:

Ensure the health and safety of all staff, pupils and visitors

2.1 Ensure the health and safety of all staff, pupils and visitors

2.2 Ensure that Trustees, Local Governing Bodies (LGB's) and staff are aware of their responsibilities with regards to health and safety / incident reporting

2.3 Provide a framework for responding to an incident and recording and reporting the outcomes

2.4 Ensure that the school has adequate, safe and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.

2.5 Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury.

2.6 Promote effective infection control.

## 3.0 Definition

3.1 For the purpose of this document:

- The Ted Wragg Multi Academy Trust is referred to as **the Ted Wragg Trust or TWT or the Trust**
- amend all definitions dependant on audience of policy.

## 4.0 References

4.1 This policy is based on the following legislation and statutory guidance:

- [Health and safety at Work Act 1974](#)
- [The Health and Safety \(First Aid\) Regulations 1981](#)
- [The Management of Health and Safety at Work Regulations 1999](#)
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 1995](#)
- [HSE Incident reporting in schools](#)
- [DFE Guidance on First Aid for schools](#)
- [DFE Automated External Defibrillators \(AED's\)](#)
- [DFE Statutory Framework for the Early Years Foundation Stage](#)
- [DFE Health Protection in Schools and other Childcare Facilities](#)
- [Social Security \(claims and payments\) Regulations 1979](#)

4.2 The following policies should be read in support of this document:

- Health and Safety Policy
- Safeguarding Policy
- Lone Working Policy

## 5.0 Legal Framework

This Policy will be published Whipton Barton Federation website and will be included in the Trust's Policy Monitoring Schedule.

## 6.0 Roles and Responsibilities

### 6.1 Board of Trustees

The Board of Trustees are responsible for health and safety matters in the schools, but delegates operational matters and day-to-day tasks to the Head Teacher.

### 6.2 Head Teacher

The Head Teacher is responsible for the implementation of this policy. This includes but is not limited to:

- Responsibility for appointing a suitably trained and competent Health and Safety lead
- Ensuring that an appropriate number of trained first aid staff and/or appointed persons are present in the school at all times to care for pupils, staff and visitors in the event of a first aid need and ratios of Paediatric First Aid trained staff are adhered to (where applicable).
- 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 that accidents, incidents and near misses are recorded and monitored
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place with regard first aid and specific needs of individuals
- Ensuring that adequate space is available for catering to the medical needs pupils, staff and visitors
- Reporting specified incidents to the HSE when necessary (see section 17).

### 6.3 First Aiders

First aid and paediatric first aid trained staff have the aptitude and ability to cope with stressful and physically demanding emergency procedures. A designated member of staff(s) will oversee the first aid of the school. The main duties of first aiders include:

- giving immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the school or college or on educational visits
- ensuring first aid equipment is in date and topped up when used
- completing accident forms (paper and/or electronic)
- seeking advice from a member of SLT if concerned at any time.
- when appropriate, ensure that an ambulance or other professional medical help is called

### 6.4 Appointed Person

Where a first aid risk assessment identifies that a first aider is not required, a nominated person(s) will be appointed. The appointed person(s) will take charge when someone is injured or becomes ill, look after first aid equipment and ensures an ambulance or other professional medical help is summoned when appropriate.

### 6.5 Health and Safety Lead

The Health and Safety Lead is responsible for assisting the appointed person(s) with:

- Carrying out a first aid need risk assessment to ascertain the provision, the number of first aid boxes, trained staff and suitable facilities for treating first aid injuries, including provision for pupils, staff and visitors

### 6.6 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders or appointed person(s) are in the school and where to locate them
- Assisting with completion of accident, incident and near miss reporting for all incidents they attend or witness
- Informing the headteacher or their manager of any specific health conditions or first aid needs

## 7.0 First Aid Procedures

In the event of a minor incident, such as a splinter, bump, bruise, cut or graze on the school premises:

- 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
- Relevant first aid will be given that includes cleaning the injury and covering it if the injury is bleeding or weeping
- Cold packs will be applied as a result of a bump or bruise or red mark
- Splinters that protrude from the skin can be taken out unless this involves digging into the skin. The area will then be cleaned and covered where necessarily
- If someone is bitten, a first aider will wash the wound thoroughly with soap and warm water to reduce the risk of infection. Raise and support the wound and pat it dry, preferably with clean gauze from your first aid kit, then cover it with a sterile wound dressing. If the bite has broken the skin, parents/carers need to be called and advised to seek medical advice.
- If someone is stung, reassure them. If the sting can be seen, brush or scrape it off sideways with something firm like a fingernail, credit card or plastic ruler as soon as possible. Raise the affected area and hold something cold against the injury to help reduce the swelling, like an ice pack for a recommended time of 20 minutes. If the sting is in the mouth or throat, an ice cube can be sucked or cold water can be sipped, to try to prevent any swelling. Monitor breathing and level of response. Parents/carers need to be contacted to make them aware. Call 999 or 111 for emergency help if the casualty shows signs of a severe allergic reaction.

In the event of a major incident, such as a broken bone, head injury, burn or dislocation on the school premises:

- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. If emergency services are called, the first aider will remain with the patient.
- Parents/carers need to be contacted and asked to attend or meet at the hospital.
- If a broken bone is suspected and the break is an open fracture (the bone has pierced the skin causing bruising or bleeding or protruding from the skin), severely deformed and/or there are signs of shock emergency services must be called.
- Patients should not be moved unless advised by the emergency services or in exceptional circumstances (leaving them in situ would cause a danger to life or puts them at further risk). In the situation where a Parent/Carer arrives, further action is at their discretion.
- Where the first aider has assessed the injury and the injury is not suspected to cause danger or further risk, parents/carers will be called and asked to take them to the nearest A&E or Minor Injury Unit.

### Head Injuries

Whilst head injuries can be minor, they can have the potential be serious. All head injuries should be treated with caution.

Signs and symptoms of minor head injuries:

- a bump or bruise to the head
- possible head wound
- dizziness or vomiting
- short period of unresponsiveness.

Where a minor head injury is suspected first aiders will apply a cold pack, treat any bleeding/wound alongside assessing how alert the child is using AVPU:

- Alert -are they alert? Are their eyes open?

- Voice - can they respond if you talk to them?
- Pressure- do they respond to pressure of touch on their shoulders?
- Unresponsive- are they unresponsive to the above? and treat any wounds.

Signs and symptoms of major head injuries include:

- Drowsiness
- Headache
- Vomiting
- suffering a seizure and fit
- unequal pupil size
- blood- or blood-stained watery fluid coming from the ear or nose
- unresponsiveness.

Where a major head injury is suspected, first aiders will apply a cold pack, treat any bleeding and wound alongside assessing how alert the child is using AVPU. 999 will be called as well as Parents/Carers. If Parents/Carers are unable to attend, a member of staff will accompany the child to hospital.

For all head injuries and head bumps, Parents/Carers will be contacted to make them aware their child has bumped their head and that school will monitor them. Children will be monitored and Parents/Carers will be contacted again if the first aider or school staff have any concerns the child is beginning to deteriorate. 999 or 111 will be phoned if first aiders have any concerns or the child's condition worsens according to AVPU.

Concussion is caused by a bump, jolt or blow to the head. Concussions can also occur from a fall or blow to the head that causes the head and brain to move rapidly back or forth. If a child shows confusion, is sluggish or slow, cannot recall events prior to or after, is sick or behaves unusually they need to be seen by a medical professional.

If a child has a head injury and shows one or more of these danger signs 999 will be called immediately:

- one pupil is larger than the other
- drowsiness or cannot be awakened
- a headache that gets worse and does not go away
- weakness, numbness or decreased coordination
- repeated vomiting or nausea
- slurred speech
- convulsions or seizures
- difficulty recognising people or places
- unusual behaviour
- loss of consciousness (even a brief loss of consciousness should be taken seriously)

In the event of an incident off the school premises that requires first aid, staff will follow first aid procedures on the school premises as well as seek advice from first aid at educational visit venues if required. Risk assessments for educational visits will ensure that first aid can be administered sufficiently and steps are in place should minor and major incidents occur.

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

- A way of communicating in an emergency – e.g. a school mobile
- A portable first aid kit including, at minimum the following and any additions stocked in accordance with the HSE's recommendations
  - 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
- individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves
- Parents' contact details when off the school premises out of school office hours
- 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)
  - 2 sterile eye pads, with attachments
  - 12 assorted safety pins
  - 1 pair of rustproof blunt-ended scissors

For injuries or falls related to outside play equipment such as trim trails and traverse walls, parents/carers will be notified regardless of whether an injury is apparent.

### **Outdoor Activities First Aid**

Children, school staff and visitors take part in Outdoor Learning on the school premises and off the school premises; this includes activities such as den building, leaf rubbing and toasting marshmallows on firepits. Where a first aid incident occurs, first aiders will follow procedures mentioned previously. In addition, opportunities to complete Outdoor Adventurous Activities such as climbing, canoeing, Mini Ten Tors and Duke of Edinburgh are offered. These activities require those leading to have completed a 16- hour Outdoor First Aid qualification. If these activities are led directly by the school, staff will have the relevant qualification, if these are completed by out of school providers, staff will ensure instructors have the relevant qualifications, insurances and risk assessments in place

### **Calling Emergency Services**

First aiders, appointed person(s) or school staff may be required to contact the emergency services in the event of a life threatening- emergency. This could be on the premises or off the premises when on trips.

NHS England define a life- threatening emergency as the following:

**Children – call 999 or take your child to A&E now for any of these:**

- **seizure (fit)**  
shaking or jerking because of a fit, or unconscious (cannot be woken up)
- **choking**  
on liquids or solids right now
- **difficulty breathing**  
making grunting noises or sucking their stomach in under their ribcage
- **unable to stay awake**  
cannot keep their eyes open for more than a few seconds
- **blue, grey, pale or blotchy skin, tongue or lips**  
on brown or black skin, grey or blue palms or soles of the feet
- **limp and floppy**  
their head falls to the side, backwards or forwards
- **heavy bleeding**  
spraying, pouring or enough to make a puddle
- **severe injuries**  
after a serious accident or assault
- **signs of a stroke**  
face dropping on one side, cannot hold both arms up, difficulty speaking
- **sudden rapid swelling**  
of the lips, mouth, throat or tongue
- **sudden confusion**  
agitation, odd behaviour or non-stop crying

**Adults – call 999 or go to A&E now for any of these:**

- **signs of a heart attack**  
chest pain, pressure, heaviness, tightness or squeezing across the chest
- **signs of a stroke**  
face dropping on one side, cannot hold both arms up, difficulty speaking
- **sudden confusion (delirium)**  
cannot be sure of own name or age
- **suicide attempt**  
by taking something or self-harming
- **severe difficulty breathing**  
not being able to get words out, choking or gasping
- **choking**  
on liquids or solids right now
- **heavy bleeding**  
spraying, pouring or enough to make a puddle
- **severe injuries**  
after a serious accident or assault
- **seizure (fit)**  
shaking or jerking because of a fit, or unconscious (cannot be woken up)
- **sudden, rapid swelling**  
of the lips, mouth, throat or tongue

(NHS England Online)

When on site, staff should notify, or send a runner to notify a member of Admin who can support in the contacting of the emergency services, getting gates open for access and sending a spotter for the ambulance. This also allows the first aider to remain with the casualty. Where the incident is not in close proximity to Admin, staff will still notify or send a runner but can phone for emergency services using a mobile phone. The school address should be given:

**Whipton Barton Federation, Hill Lane, Exeter, EX1 3JP**

The Health Adviser who answers the 999 call will ask questions including: the name of the casualty, the date of birth of the casualty, the address you are at, if you are with the patient, if they are breathing, if they are conscious and what the problem is. Having this information to hand is recommended and helps the emergency call to be swift and support arranged quicker.

When off the school premises, staff should have the address and postcode of the venue or location. If the trip is on the moors, phone apps such as 'what3words' are shared with staff and can support in giving a specific location. Coordinates of the destination can also be found. This additional information can support in a response from the emergency services and school staff who may attend and support.

If in the instance a child needs to attend hospital or minor injuries and parental transport is not available, a taxi is to be called. If none of the mentioned are available, staff will need to take the child to hospital in a staff members private transport. Business insurance must be held and the child must be accompanied by a first aider.



## 8.0 Mental Health / Wellbeing Emergency first aid

8.1 **The Trust** is committed to building awareness of the importance of social-emotional health to learning as well as maintaining a workplace environment and culture that supports mental health and wellbeing and prevents discrimination.

8.2 Designated staff (first aiders / learning mentors/ wellbeing leads) would be the first responder in the event of a mental health first aid emergency.

8.3 All incidents are recorded and reported according to this policy.

8.4 Pupils who require further support would be referred to agencies as required. Some schools in the trust offer specific 'wellbeing leads' who support pupils with specific mental health issues.

8.5 The Employee Assistance Programme (EAP) offers a range of support for staff including counselling / occupational health etc. This would be implemented on a case by case basis.

8.6 When attending off site visits or trips, the trip leader is responsible for understanding and undertaking an assessment of the health needs of students and will liaise with specific staff to write a risk assessment taking into consideration the support and additional resources required to enable the individual pupils to participate in the visit. This may include meetings / discussions with parent / carers as required.

## 9.0 Out of hours and lone working first aid

9.1 First aid provision out of normal school operating hours is not available. Therefore in the event that there is a first aid emergency, staff are advised to call 999 for an ambulance or 111 for non-urgent medical advice.

9.2 Those staff who are lone working out of hours should follow the MAT Lone Working Policy and school specific procedures.

## 10.0 First Aid provision

10.1 Schools will routinely re-evaluate their first aid arrangements, at least annually, to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school, the needs of any vulnerable individual on site, and the nature and distribution of pupils and staff throughout the school.

10.2 All staff will be aware of this policy, know who to contact in the event of any illness, accident or injury, and ensure that this policy is followed.

10.3 Staff will always use their best endeavours to secure the welfare of pupils.

10.4 Anyone on the school premises is expected to take reasonable care for their own and other's safety.

10.5 Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

10.6 Schools will have suitably stocked first aid boxes in line with the assessment of needs. All schools / establishments will consider:

- The number of sites and levels of buildings to ensure that there is a first aid kit within quick and easy reach of all areas unless a specific first aid room is nominated. Where this is the case, a 'crash bag' will be available to take to an emergency situation.
- Remote areas, such as sports fields / playgrounds and ensure that there is a first aid kit within quick and easy reach, e.g. ice packs / heat packs issued to PE departments as required.

- Assessment of higher risk areas, e.g. Science Laboratories / DT Workshops and ensure that first aid kits in these areas contain sufficient contents to deal with room specific emergencies – e.g. eye wash facilities
- Specific first aid kits are taken on off site visits, relative to the activity – e.g. consideration is given to higher risk activities and contents of the first aid kit are relevant to these activities. These will usually be kept in the designated first aid room.
- Staff homeworking in desk-based posts will not be provided with any first aid equipment from the Trust as the HSE advice is that there is no additional risk beyond normal domestic needs

Where there is no special risk identified, the HSE suggest a minimum provision of first aid items should be as follows:

- A leaflet giving general advice on first aid - e.g. HSE's Leaflet [Basic advice on First Aid](#)
- Individually wrapped sterile plasters of assorted sizes
- Sterile eye pads
- Individually wrapped triangular bandages, preferably sterile
- Safety pins
- Large and medium sized sterile, individually wrapped, un-medicated wound dressings
- Disposable gloves.

When purchasing new first aid kits, schools will consider purchasing one that meets British standard (BS) 85991:2019, based on assessment needs.

9.7 First aid notices will be clearly displayed throughout the school with information on the first aid location to ensure that pupils and staff know where to go in the event of illness or injury.

## 11.0 Automated External Defibrillators (AEDs)

An Automated External Defibrillator (AED or 'defibrillator') is a machine that is placed externally on the body and is used to give an electric shock when a person is in cardiac arrest i.e., when the heart suddenly stops pumping blood around the body. Cardiac arrest can affect people of any age and without warning. Defibrillators have the potential to save the lives of pupils, staff and visitors in schools, with [research](#) showing that accessing these devices within 3-5 minutes of a cardiac arrest increases the chance of survival by over 40%.

All proposed defibrillator locations should be subject to a risk assessment considering:

- availability for timely deployment (including the likely time required to climb stairs, open doors, unlock a cabinet etc)
- health and safety risks (e.g., slip, trip and fall hazards)
- safety and security (e.g., is the area well-lit?)
- Does the location render the defibrillator susceptible to tampering or vandalism and, if so, what measures would be proportionate to counter that risk?).

The school defibrillator will be registered on The Circuit, the national defibrillator network. This will ensure they are visible to local ambulance services and means someone can be directed to the defibrillator location.

AED's will be maintained in accordance with manufacturers recommendations.

The AED is at the Junior School Reception



## 12.0 Record keeping and reporting

12.1 The School keep a record of all incidents involving staff, pupils and visitors, which require first aid staff to be in attendance. This will be either electronically or paper form. These records will be used to help to identify trends in accidents / incidents and areas for improvement as well as when to review first aid needs assessments.

The following minimum information will be recorded:

- Date, time and place of incident
- Name of injured or ill person
- Details of the injury or illness
- Details of what first aid was given
- What happened immediately after the incident (for example, went home, went back to class, went to hospital)
- Name and signature of first aider or person dealing with the incident

Incidents where external medical assistance is needed, whether on site or off site, should be recorded on the school system.

For schools that use the OSHENS system

12.2 The Head Teacher / Estates lead / Health and Safety Lead will ensure that any injury / accident or dangerous occurrence that falls under the RIDDOR obligations is reported immediately to OSHENS online reporting system and the Head of Estates and Facilities. See section 13.0 of this policy for further information on RIDDOR reportable incidents

12.3 A near miss is something that does not lead to harm but has the potential to cause illness or injury. Near misses should also be reported in accordance with the school accident and incident reporting system (online or paper). Examples include:

- Mishandling of chemicals or hazardous materials
- Transportation close call
- Equipment malfunctions
- Slips, trips, and falls without injury
- Signage-related incidents
- Narrow escapes from workplace hazards.

12.4 Mental Health first aid incidents will be recorded following school specific safeguarding procedures, e.g. CPOMS

12.5 At least annually the LGB will be presented with details of incidents recorded in the following categories:

- Number of RIDDOR Reportable incidents with outcomes (to be reported as soon as possible).
- Number of near miss incidents
- Number of Incidents resulting in emergency hospitalisation of staff / pupils
- Number of Incidents requiring an ambulance
- Number of Incidents where staff injury results in 3 days or more off work (information available from HR / return to work forms)
- Number of Incidents resulting in mental health first aid (where possible to collate)
- Trends – e.g, specific year group/ activity/area

12.6 Annually in term 2, a report on the previous academic year first aid occurrences will be reported to the Board of Trustees by each school via the Head of Estates and Facilities in the following categories:

- Number of RIDDOR Reportable incidents with outcomes
- Number of Incident resulting in emergency hospitalisation of staff / pupils
- Number of Incidents where staff injury results in 3 days or more off work (information available from HR / return to work forms)
- Overall number of minor incidents not included in the above

## 13.0 Reporting to the Health and Safety Executive - RIDDOR

Certain incidents may have to be reported to the Health and Safety Executive under RIDDOR- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. **The Trust** schools are all part of the OSHENS health and safety service. As such all RIDDOR reportable incidents should be immediately reported to them and they will manage this process for all schools. Schools should also advise the Head of Estates and Facilities that a RIDDOR reportable incident has occurred.

13.1 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 incident should be reported via OSHENS 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

### 13.2 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)

The Health and safety Lead keeps 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).

Further information regarding RIDDOR reportable incidents is available [here](#).

## 14.0 Reporting to OFSTED and child protection agencies (early years only)

The Health and safety Lead will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school’s care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Health and safety Lead will also notify the local authority of any serious accident or injury to, or the death of, a pupil while in the school’s care.

## 15.0 Training

All school staff are able to undertake first aid training if they wish to do so.

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.

## 16.0 Monitoring Arrangements

This policy will be reviewed annually

At every review, the policy will be approved by the full governing board.

## 17.0 Appendices

Appendix A – First Aid Needs Risk Assessment

Significant hazard and possible outcomes/injuries	Control measures in place  <i>Additional measures or actions not included in this column below should be put in the assessor's recommendations at the end of this document</i>
Workplace Section	<ul style="list-style-type: none"> <li>▪ In general terms, the site is classed as low risk.</li> <li>▪ There are first aid boxes located on both Infant and Junior Sites (see attached plan)</li> <li>▪ Every teaching class at Infant site has a first bag.</li> <li>▪ First aid boxes must include • 2 medium and 2 large dressings • 1 eye pad bandage • 1 triangular bandage • micropore tape • safety pins • disposable gloves • wipes • plasters • pair of scissors • instant cold compresses (kept in fridge) • burns dressings • pen • sterile water</li> </ul>

<p><b>Staff Section</b></p>	<ul style="list-style-type: none"> <li>▪ There are approximately 60 staff on site. Staff, volunteers and work experience placements are notified of the first aid arrangements in place verbally and through displayed notices.</li> <li>▪ First aid arrangements are covered on induction training and subsequent changes brought to their attention</li> <li>▪ There is a list of external contacts (GPs, dentists) is available at Junior Reception.</li> <li>▪ Kitchen, cleaning staff and contractors, when working outside core hours/holidays, know what the process for first aid provision is whilst on site</li> <li>▪ There are members of staff with special health needs and the first aid provision or additional training accounts for these specific needs</li> <li>▪ Lists of all first aiders and appointed persons are displayed prominently in the following areas reception, staff rooms, communal areas.</li> <li>▪ There is a defibrillator in Junior Reception and Infant SLT office. Staff are trained in its use.</li> <li>▪ MTA staff carry their own first aid bags.</li> </ul>
<p><b>Non-Staff Section:</b></p>	<ul style="list-style-type: none"> <li>▪ There are 500+ non-staff/pupils/ that attend the site</li> <li>▪ First aid for service users, visitors and contractors is available and appropriate incident reports are completed</li> <li>▪ Currently there is one person with specific care needs and it is envisaged that they can be easily accounted for within individual care plans should the need arise</li> <li>▪ First aid needs are considered in any risk assessments conducted for the activities undertaken by the establishment</li> <li>▪ At least one member of staff with Paediatric First Aid is present in the building when there are children under 5 years of age on site. A paediatric first aider accompanies these children on all off-site visits. Specific arrangements will be detailed in the relevant off-site activity risk assessment.</li> </ul>

<p><b>Working Arrangements Section</b></p>	<ul style="list-style-type: none"> <li>▪ Personal first aid kits are available for remote workers</li> <li>▪ The provision of personal communications/mobile phones are used when working alone</li> <li>▪ If a first-aider is tasked off-site, there is adequate first-aid provision on site</li> <li>▪ The risk of injury associated with the activities carried out on site has been taken into account when determining the required first aid provision.</li> <li>▪ For educational visits and offsite activities, first aid needs are assessed to ensure there are adequately trained first aiders available</li> <li>▪ The cover needed for annual leave and planned absences have been accounted for and a regime established. As a minimum, whilst there are people on the premises, there will be at least one appointed person who will take charge in the event of an emergency first aid situation</li> </ul>
<p><b>First Aid Arrangements Section</b></p>	<ul style="list-style-type: none"> <li>▪ All first aiders have attended training provided by a competent first aid training provider in line with the HSE guidance and hold a valid certificate of competence</li> <li>▪ The following staff are designated first aiders and hold a current First Aid at Work certificate: Maz Guest &amp; Mollie Reed.</li> <li>▪ The following staff have attended a Paediatric First Aid course and hold a current certificate of competence: <i>Anna Jones</i></li> <li>▪ The following staff have attended an Emergency Paediatric First Aid course and hold a current certificate of competence: <i>See updated list</i></li> <li>▪ At least one member of staff with Paediatric First Aid is present in the building when there are children under 5 years of age on site. A paediatric first aider accompanies these children on all off-site visits. Specific arrangements will be detailed in the relevant off-site activity risk assessment.</li> <li>▪ For Early Years and Foundation Stage children, parents and/or carers are informed of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, of any first aid treatment give.</li> <li>▪ First aid boxes will be marked with a white cross on a green background and are provided throughout the establishment. <i>First Aid lead</i> will check the boxes and ascertain that all items are still in date and fill them up regularly</li> <li>▪ Only first aid supplies are kept in the first aid box. No medication is kept in the box. Separate arrangements for medication</li> <li>▪ A room is available for carrying out first aid. This is located in Junior School – next to the library and Infant School family room.</li> </ul>



	<ul style="list-style-type: none"> <li>▪ Hand washing facilities and suitable facilities and equipment are maintained, including the provision of gloves, etc.</li> <li>▪ Suitable hygiene standards are followed, including the hygienic disposal of soiled materials, etc</li> <li>▪ The person responsible for organising re-qualification training is School Business Officer.</li> <li>▪ First Aid training records are kept and located in the staff members personnel files and also the training file.</li> <li>▪ An AED is available Junior Reception and Infant SLT Office staff are trained in its use</li> </ul>
<p><b>Accident recording and reporting</b></p>	<ul style="list-style-type: none"> <li>▪ All incidents to be recorded in the <i>accident book these are held in admin office or with appropriate members of staff.</i></li> <li>▪ Compliance with GDPR is ensured by bookings being stored securely.</li> <li>▪ All staff accidents and work-related pupil accidents are inputted onto the OSHENS on-line accident reporting system.</li> <li>▪ Where necessary, RIDDOR submission is undertaken by DCC H&amp;S Service via the OSHENS system.</li> <li>▪ All accident and significant near misses are investigated by the relevant manager in charge of the area where the event occurred</li> <li>▪ Accident data is reviewed annually and report to governors in the Annual Health and Safety report and the Trust in order to identify trends and minimise future accidents</li> <li>▪ Accident data will be considered when reviewing this risk assessment to assess if the arrangements described in this document are sufficient to meet the need.</li> </ul>

**EXAMPLE FORM FOR OSHENS ONLINE INCIDENT MANAGEMENT SYSTEM REPORT OF AN ACCIDENT, INCIDENT OR ACT OF VIOLENCE OR AGGRESSION**

**TYPE OF INCIDENT BEING REPORTED**

Work-related near miss	<input type="checkbox"/>	Work / premises related injury	<input type="checkbox"/>	Non work-related incident	<input type="checkbox"/>
Work-related ill health	<input type="checkbox"/>	HSE Dangerous Occurrence	<input type="checkbox"/>		

**DATE AND ORGANISATION DETAILS**

Time		AM <input type="checkbox"/>	/ PM <input type="checkbox"/>	Date	
Service and Team details					
Work Base/Address		Postcode			

**INCIDENT LOCATION DETAILS**

Did incident occur on Devon CC site?	Yes <input type="checkbox"/> / No <input type="checkbox"/>				
Address of incident					Postcode
Tick if at above address	<input type="checkbox"/>				
Exact Location (room, place, road)					

**DESCRIPTION OF INCIDENT – give as much detail as possible e.g. name of substance, name/type of machine involved, events leading to incident, parts played by people, continue on a separate sheet if necessary**

**FOLLOW UP ACTION – give full details of any investigation AND actions taken to prevent a reoccurrence, continue on a separate sheet if required**

**CAUSE OF or REASON FOR INCIDENT (please indicate only ONE)**

Animal/Insect Related	<input type="checkbox"/>	Exposure to Hot Liquid or Surface	<input type="checkbox"/>	Over-exertion	<input type="checkbox"/>	Use of Hand Tools	<input type="checkbox"/>
Assisting a Client	<input type="checkbox"/>	Fall from a Height <i>State Height</i>	<input type="checkbox"/>	Repetitive Strain Injury or Upper Limb Disorder	<input type="checkbox"/>	Work Related Illness - Stress	<input type="checkbox"/>
Choking	<input type="checkbox"/>	Fall from Bed	<input type="checkbox"/>	Road Traffic Accident	<input type="checkbox"/>	Work Related Non-Accidental Illness	<input type="checkbox"/>
Contact with Electricity	<input type="checkbox"/>	Found on Floor	<input type="checkbox"/>	Self harm	<input type="checkbox"/>		<input type="checkbox"/>
Contact with Moving Machinery or Material being Machined	<input type="checkbox"/>	Handling, Lifting or Carrying	<input type="checkbox"/>	Not Related to Specific Event/Events	<input type="checkbox"/>	<b>Violence:</b>	
Drowning/Asphyxiation	<input type="checkbox"/>	Harassment – Racial	<input type="checkbox"/>	Skin care	<input type="checkbox"/>	Control and Restraint	<input type="checkbox"/>
Effects of heat or cold	<input type="checkbox"/>	Harassment – Sexual	<input type="checkbox"/>	Slipped, Tripped or Fell on Same Level	<input type="checkbox"/>	Physical Assault – Intentional by employee	<input type="checkbox"/>
Exposed to Explosion	<input type="checkbox"/>	Harassment – Other	<input type="checkbox"/>	Sporting Activity	<input type="checkbox"/>	Physical Assault – Intentional by client	<input type="checkbox"/>
Exposed to Asbestos	<input type="checkbox"/>	Medication Error	<input type="checkbox"/>	Stepping on/Striking against Fixed or Stationary Object	<input type="checkbox"/>	Physical Assault – Intentional by member of public / other	<input type="checkbox"/>
Collision with another person	<input type="checkbox"/>	Needle stick	<input type="checkbox"/>	Struck by Moving Vehicle	<input type="checkbox"/>	Physical Assault – Intentional by student	<input type="checkbox"/>
Exposure to Fire	<input type="checkbox"/>	Exposure to Hot Liquid or Surface	<input type="checkbox"/>	Struck by Object (Moving, Falling or Flying)	<input type="checkbox"/>	Physical Assault – Unintentional	<input type="checkbox"/>

Exposure to Harmful Substances	<input type="checkbox"/>	Not Related to Specific Event/Events	<input type="checkbox"/>	Trapped in, under or between objects	<input type="checkbox"/>	Threatening behaviour	<input type="checkbox"/>
Staff	<input type="checkbox"/>	Student	<input type="checkbox"/>	Member of public	<input type="checkbox"/>	Contractor	<input type="checkbox"/>
Work Exp./Volunteer	<input type="checkbox"/>	Agency Staff	<input type="checkbox"/>	Trespasser	<input type="checkbox"/>		
Client				<input type="checkbox"/>	Partner employee	<input type="checkbox"/>	
Type of Involvement: tick if they are the:		Injured Person	<input type="checkbox"/>	Affected Person (no injury)	<input type="checkbox"/>		
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Forename		Surname			
Type of work being undertaken by person							
Home Address					Postcode		
Home Telephone No.		Date of Birth		Male <input type="checkbox"/> Female <input type="checkbox"/>			

### INJURY DETAILS

Abrasion / Graze	<input type="checkbox"/>	Broken Teeth	<input type="checkbox"/>	Dislocation	<input type="checkbox"/>	Ingestion	<input type="checkbox"/>	Red Mark	<input type="checkbox"/>
Amputation - Full	<input type="checkbox"/>	Bruise	<input type="checkbox"/>	Electric/Static Shock	<input type="checkbox"/>	Inhalation	<input type="checkbox"/>	Shock	<input type="checkbox"/>
Amputation - Partial	<input type="checkbox"/>	Bump/Swelling	<input type="checkbox"/>	Faint / Dizzy	<input type="checkbox"/>	Internal Bleed	<input type="checkbox"/>	Skin Irritation	<input type="checkbox"/>
Arc Eye	<input type="checkbox"/>	Burn/Scald	<input type="checkbox"/>	Foreign Body	<input type="checkbox"/>	Loss of sight	<input type="checkbox"/>	Skin Tear/Flap	<input type="checkbox"/>

Bite – Animal	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	Fracture/Broken bone	<input type="checkbox"/>	No injury	<input type="checkbox"/>	Sprain/Strain	<input type="checkbox"/>
Bite – Human	<input type="checkbox"/>	Crush	<input type="checkbox"/>	Hearing Damage	<input type="checkbox"/>	Nose Bleed	<input type="checkbox"/>	Sting	<input type="checkbox"/>
Blister	<input type="checkbox"/>	Cut	<input type="checkbox"/>	Heat Stress	<input type="checkbox"/>	Puncture	<input type="checkbox"/>	Whiplash	<input type="checkbox"/>

Please describe ALL parts of the body affected and, where applicable, left or right

Initial Assessment of the severity / outcome of the injury	<input type="checkbox"/>	No injury	<input type="checkbox"/>	Minor injury	<input type="checkbox"/>
Lost time up to 7 days (employee)	<input type="checkbox"/>	Lost time over 7 days (employee)	<input type="checkbox"/>		
Taken to hospital (non employee)	<input type="checkbox"/>	Fatality	<input type="checkbox"/>	Other (please state)	

Was first aid given at scene?	No <input type="checkbox"/>	Offered but refused <input type="checkbox"/>	Yes <input type="checkbox"/>	Not known <input type="checkbox"/>
Did the person: - (tick all that apply)				
Become Unconscious	<input type="checkbox"/>	Need Resuscitation	<input type="checkbox"/>	Remain in Hospital for 24 hours
			<input type="checkbox"/>	None of these
				<input type="checkbox"/>
After the incident, did the person: -				
Return to work (employee)	<input type="checkbox"/>	Resume activities (non employee)	<input type="checkbox"/>	Go direct to hospital
				<input type="checkbox"/>
Go to G.P. / Dentist	<input type="checkbox"/>	Go Home	<input type="checkbox"/>	Other (please state)

**TO BE COMPLETED FOR INCIDENTS INVOLVING STAFF / VOLUNTEERS / AGENCY STAFF**

Name of Supervisor/ Manager		Phone no.		Date informed of incident	
Was incident attributed to the condition of the premises?				Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Did injured person go absent?	Yes <input type="checkbox"/> / No <input type="checkbox"/>				
If YES, date absence started		Date returned / fit for work*			

Please do not delay entering this incident on the system because you do not have a return to work date. This can be added later

**TO BE COMPLETED FOR INCIDENTS INVOLVING NON EMPLOYEES**

For schools, was it break / lunchtime?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did incident occur during an organised activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was incident attributed to the condition of the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was incident attributed to the quality or suitability of supervision or instruction?	Yes <input type="checkbox"/> No <input type="checkbox"/>