



# **FIRST AID POLICY**

## **June 2020**

### Policy Consultation & Review

This policy is available on request from the school office. We inform teaching staff about this policy during their induction to the Beacon of Light School.

This policy should be considered in conjunction with the Health & Safety Policy, Administration of Medication Policy

This policy will be reviewed in full by the Trustees on a bi-annual basis. This policy was last reviewed and agreed by the Trustees in June 2020.

Signature

Principal

Date:

Signature

Chair of Trustees

Date:

## **1. Policy Statement**

The Beacon of Light School will undertake to ensure compliance with the relevant legislation regarding the provision of first aid for students, staff and visitors and will make sure that procedures are in place to meet that responsibility.

## **2. Aims**

- To identify the first aid needs of the School
- To ensure that first aid provision is available at all time when people are on school premises, and off the premises whilst on educational visits, work placements, vocational placements

## **3. Objectives**

- To appoint the appropriate number of suitably trained people as First Aiders and Appointed Persons to meet the needs of the School and to maintain current qualifications for those people
- To provide relevant training and ensure monitoring of training needs
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the School's first aid arrangements
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 [RIDDOR]
- To ensure that First Aid can still be provided whilst maintain staff and student safety during the current COVID-19 pandemic

## **4. Medical Facilities**

(1) The School is required by the Independent Schools Standards Regulation 23B to ensure that suitable accommodation is provided in order to cater for the medical and therapy needs of students, including:

- (a) accommodation for the medical examination and treatment of students;
- (b) accommodation for the short-term care of sick and injured students, which includes a washing facility and is near to a toilet facility; and (
- c) where a school caters for students with complex needs, additional medical accommodation which caters for those needs.

(2) The accommodation provided under sub-paragraphs (1)(a) and (b) may be used for other purposes (apart from teaching) provided it is always readily available to be used for the purposes set out in sub-paragraphs (1)(a) and (b).

The School's nominated accommodation is the medical room located at the entrance to the Beacon of Light School. The medical room will also be used to isolate students who arrive at School with symptoms of COVID-19 until we are able to send them home to self-isolate.

The requirements for medical and therapy rooms enable students that are ill or injured to be looked after appropriately, and for therapy to be offered to those with special educational needs or disabilities who need it. This may involve assistance from visiting specialists, such as a physiotherapist or speech therapist.

Some therapy can take place in a calm or medical room. The dedicated accommodation can be used for other purposes, except teaching, so long as it is readily available for medical use when needed.

Therapy rooms can be booked in advance and are located on the ground floor reception area of the Beacon of Light School.

There are several additional rooms available within the wider building which can be accessed by the school.

To ensure that First Aid can still be provided as the School re-opens following the COVID-19 Lockdown the Foundation of Light Duty Manager will act as a First Aid contact for The Beacon of Light School.

Appropriate refresher courses have been sourced for current named First Aiders. These named First Aiders will be provided with additional PPE, such as a face shield. Face masks will be a mandatory requirement for First Aid trained staff. Staff will encourage the student to administer their own First Aid when possible, however if this is not possible First Aid must not be administered until a full-face shield is worn by the member of staff.

## **5. Accident Procedure**

1. An adult at the scene of an accident needs to make a quick assessment of the severity of the accident.
2. Small cuts and grazes
  - a. Small cuts and grazes occurring during a lesson can be cleaned and a plaster applied if the injury occurs in an area where there are first aid boxes e.g. Art and Science. This enables the lesson to continue with the minimum disturbance to the teacher or class. However, the student must visit the Principal/Deputy Principal office at the end of the lesson to have his or her cut or graze checked
  - b. Students who sustain an injury of this type at School outside lessons should be told to report directly to the First Aider.

c. Small cuts and grazes will be attended to by a First Aider if the student is not able to administer their own First Aid and only by staff wearing a mask and a Face Shield.

3. Serious Injuries are any injuries that may require a qualified First Aider or medical attention

a. Send a radio callout or messenger to Principal/Deputy Principal to request an ambulance if the need is obvious. If possible, the person with the casualty should call an ambulance [eg via mobile phone] as the Ambulance control will want full details of the casualty's condition]; dispatch another to meet the ambulance and direct it to the incident.

b. For lesser emergencies send a radio callout or message to Principal/Deputy Principal and ask for the Foundation of Light First Aid Lead to be summoned immediately. The Foundation of Light First Aid Lead is available on **5515191** Use a 9 999 after the switchboard closes at 5pm.

c. The messenger should be an adult

d. Staff should contact the emergency services directly where it is not practical to summon the Foundation of Light First Aid Lead. Stay with the casualty while waiting for assistance.

5. Accident Report Forms (included in Appendix A) and Adverse Event Report Forms (included in Appendix B) must be completed for all injuries by the person who dealt with the injury.

## **6. Illness**

Any student feeling unwell should be sent, following a radio callout or phone call, to the Principal/Deputy Principal Office accompanied by a member of support staff. If the Principal/Deputy Principal are not in their room, the escort should immediately contact Foundation of Light First Aid Lead situated on level 2.

Any student who arrives in school displaying COVID-19 symptoms, or who has a temperature higher than 37 degrees when tested with a thermoscanner on arrival, will be isolated in the First Aid room until they can be sent home to self-isolate.

The class teacher will assess the child and contact the First Aid Lead via radio callout or phone to attend where necessary.

Any student having difficulty with breathing, dizziness, or feeling faint must remain with a teacher or other member of staff. A radio callout, phone call or messenger should be sent to fetch the First Aid Lead. Reception should be contacted immediately if the Lead person is not available.

## **7. First Aid Training and Qualifications**

There will, at all times when students are at school, be at least one person on each school site qualified to a minimum level of Appointed Person.

A First Aider is defined as a person who has successfully completed a suitably approved 3-day course. An Appointed Person is defined as a person who has successfully completed a suitably approved 1-day course. Where a first aider wishes to continue as such, qualifications are updated every three years, or shorter period where required for specialist qualifications.

A list of staff qualified as First Aiders and Appointed Persons, at the date of publications of this Policy, is in Appendix C. This list will be kept up to date, made available on the notice board in the Staff Room, and published in the Staff Handbook.

## **8. Off Site Visits**

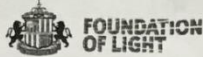
The first aid requirements specific to off site visits are to be found in the Educational Visits/Off Site Policy.

## **9. First Aid Kit Provision**

First aid kits are available at the following locations:

First Aid Kit 1	Staff room
First Aid Kit 2	Beacon of Light School Reception
First Aid Kit 3	Kitchen
First Aid Kit 4	Medical Room – Ground Floor

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**ACCIDENT REPORT FORM (NOTIFICATION OF AN INJURY OR ACCIDENT)**

Name of person completing this form:	Signature:
Date form completed:	Date of accident:
Venue and address:	Time of accident:
Details of the person having the accident: Employee / Participant / General Public (Circle as appropriate)	

To be completed by the person in charge of the area/activity at the time of the injury/accident, then checked and countersigned by the Line Manager. All parts of this form must be completed. **NOTE:** The form should be completed on the day of the accident and handed into HR within 24 hours.

Not to be used for incidents or near misses (see Incident Report Form and Near-Miss Form).

**SECTION ONE - DETAILS OF INJURED PERSON**

Surname:	Forename(s):
Date of birth:	Male / Female: (Please circle as appropriate)
Address:	Parent's / Guardians name (if under 18):

**SECTION TWO - DETAILS OF ACCIDENT**

Activity/Task being carried out at time of incident:

.....

.....

.....

Was equipment/vehicle involved? Yes / No (Please circle as appropriate). If yes, please give full details below:

.....

(Please continue on a separate page if required)

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**SECTION THREE - DETAILS OF INJURY/ILL HEALTH (Please give full details)**

- .....  
.....
- 1) What First Aid was administered, if any?  
.....
  - 2) Named First Aider?  
.....
  - 3) Did the person continue to work / participate? YES / NO (please circle as appropriate)
  - 4) If no, did the person (please tick as appropriate and provide details below including times/dates)
    - a) Go home alone
    - b) Go home accompanied
    - c) Go to the Doctors
    - d) Go to a Drop-in Centre or Hospital.....  
.....  
.....

**SECTION FOUR - WITNESSES (WITNESS STATEMENTS SHOULD ACCOMPANY THIS REPORT IF TAKEN)**

Full Name	.....	Full Name	.....
Address	.....	Address	.....
	.....		.....
	.....		.....
Contact No:	.....	Contact No:	.....

**SECTION FIVE – LINE MANAGER’S INITIAL INVESTIGATION RESULTS**

**\*must be completed**  
.....  
.....

**SECTION SIX - ACTION TAKEN TO PREVENT A RE-OCCURENCE**

**\*must be completed**  
.....  
.....

**SECTION SEVEN - COMPLETION CHECKLIST**

**\*must be completed**

	Initials	Date
1. All sections of form completed	.....	.....
2. Entered in Accident Book onsite	.....	.....
3. Witness Statements (if taken)	.....	.....
<b>HR USE ONLY</b>		
4. Copy to Club (RIDDOR)	.....	.....

## Appendix B

### Beacon of Light School



### Adverse event report and investigation form

#### Part 1 – Overview

The purpose of this form is to record all adverse events as a follow-up to the Accident Form with a view to preventing or minimising the risk of similar events in the future. The term **accident** is used where injury or ill health occurs. The term **incident** includes **near-misses** and **undesired circumstances**, where there is the potential for injury.

It should be completed in accordance with **Health & Safety Executive: Investigating accidents and incidents**

**Part 1** should be filled out immediately by the member of staff responsible for the activity involved.

**Part 2** should be completed by the person responsible for health and safety on site.

**Part 3** should be completed, where appropriate, by the investigation team.

**Part 4** should be completed by the investigating team, together with managers who have the authority to take decisions.

Reported by		Date of adverse event		
		Time of adverse event		
Incident	Ill health	Minor injury	Serious injury	Major injury
What emergency measures were taken?				
Where were emergency measures taken?				
When were emergency measures taken?				
Who undertook the emergency measures?				
Forwarded to		Date		
		Time		



**Part 2 – Initial assessment**

Part 2 should be completed by the person responsible for health and safety on site.

Type of event	
Accident	
Ill health	
Near-miss	
Undesired circumstance	

Actual/potential for harm	
Fatal or major	
Serious	
Minor	
Damage only	

RIDDOR reportable?	Yes	No	Date reported	
			Time reported	
Entry in accident book	Yes	No	Date entered	
			Reference	

**Investigation level**

High level		Low level	
Medium level		Basic level	

Initial assessment carried out by		Date	
Further investigation required?		Yes	No
Priority			
For investigation by			

### **Part 3 – Investigation information gathering**

Part 3 should be completed, where appropriate, by the investigation team.

**1 Where did the adverse event happen?**

**2 When did the adverse event happen?**

**3 How did the adverse event happen? (note any equipment involved)**

**4 What activities were being carried out at the time?**

**5 Was there anything unusual or different about the working/activity conditions?**

**6 Were there adequate safe working procedures in place and were they followed?**

**7 What injuries or ill health effects, if any, were caused?**

**8 If there was an injury, how did it occur and what caused it?**

**9 Was the risk known? If so, why was the risk not controlled?**

**10 Did the organisation and arrangement of the work/activity influence the adverse event?**

**11 Was maintenance and cleaning sufficient? If not, please explain why not.**

**12 Were the people involved competent and suitable?**

**13 Did the layout within the activity/work space influence the adverse event?**

**14 Did the nature or shape of the materials/resources used influence the adverse event?**

**15 Was the safety equipment sufficient?**

**16 Did other conditions influence the adverse event?**

### **Analysis and further action**

Refer to p20 of **Health & Safety Executive: Investigating accidents and incidents** detailing how to record an effective adverse event analysis.  
Refer to p33-37 and p48-51 of document for completed analysis examples.

<b>17 What were the immediate, underlying and root causes?</b>
<b>Analysis (see 'Analysis' under 'Step Two' of HSE document referred to above)</b>

<b>18 What risk control measures are needed/recommended?</b>
1
2
3
4
5
6

<b>19 Do similar risks exist elsewhere? If so, what and where?</b>

<b>20 Have similar adverse events happened before? Give details</b>

#### Part 4 – The risk control action plan

Part 4 should be completed by the investigating team, together with managers who have the authority to take decisions. This will include the Principal but if site-related may also include the Foundation of Light and SAFC until August 2018, or the Foundation of Light from September 2018 onwards.

**21 Which risk control measures should be implemented in the long and short term?**

Control measure	Completion date	Person responsible
1		
2		
3		
4		
5		

**22 Which risk assessments and safe working procedures need to be reviewed and updated?**

Name of risk assessment safe working procedure	Completion date	Person responsible
1		
2		
3		
4		
5		

**Part 4 – The risk control action plan**



23 Have the details of the adverse event and the investigation findings been recorded and analysed? Are there any trends or common causes which suggest the need for further investigation? What did the adverse event cost?

24 Signed on behalf of the risk investigation team

Name	Signature
------	-----------

25 Members of the investigation team

Name	Position

26 The findings of this investigation need to be communicated to the following managers, union and employee safety representatives

Person	Signature	Date

Appendix C

List of First Aiders:

- Lindsay Howells
- Christopher Frazer
- Kim Newby
- Loraine Humble