



EAST TILBURY PRIMARY SCHOOL

First Aid Policy

Approved by:

A handwritten signature in black ink, appearing to be 'J. Owen', is written over a light blue horizontal line.

Chair of Governors

Review Date: 1st November 2023

Review due: November 2024

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Trust statement

The Osborne Co-operative Academy Trust is a multi-academy trust (MAT) incorporated around the principles and values of the international Co-operative movement. These are Equality, Equity, Democracy, Self-help, Self-responsibility and Solidarity, along with the ethical values of openness, honesty, social responsibility and caring for others. These values and principles underpin all our actions.

This Policy contains an addendum First Aid for COVID 19

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 the [Statutory Framework for the Early Years Foundation Stage](#), 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 Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's primary first aiders 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
- Completing an accident report on the Accident Register on the same day, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

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

3.2 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but 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 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 for all incidents they attend to where a first aider is not called
- Informing the Headteacher or their manager of any specific health conditions or first aid needs

4. First aid procedures

4.1 In-school procedures

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, a member of the Senior Leadership Team will contact parents immediately

- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury. The report will include as much detail as possible, such as weather conditions, surface condition, witnesses (statements to be collected) etc.
- the school has three defibrillators which are located in the KS1 Sports Hall cupboard, the Safeguarding Officer's office and in the Medical Room

4.2 Off-site procedures

First Aid kits will be taken on all off-site activities, along with individual pupil's medication such as inhalers, epi-pens etc. Staff who are first aid trained will accompany all off-site visits and for some trips with additional risks or hazards, a Paediatric First Aider may also attend.

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 lead teacher 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. As required by the statutory framework for the Early Years Foundation Stage for any EYFS trips this person will hold a current Paediatric First Aid Certificate.

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:

- The medical room
- Reception
- All classrooms
- The school halls
- The school kitchen

Asthma Pumps/Epi-pens

Schools purchase asthma pumps/epi-pens to use in an emergency where parental consent has been given. At East Tilbury Primary School, school equipment would be administered where the child's own resources were unavailable. Pupils who require asthma pumps and Epi-pens are required to have two working pumps or Epi-pens in school in their classroom. If these should fail, the school equipment will be utilised, having secured parental agreement previously on initial notification of the pupil's need for critical medication. Any such events will be recorded in the Asthma Pump/Epi-Pen folder located in the medical Room.

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident will be recorded by the first aider on the same day or as soon as possible after an incident resulting in an injury on the Accident Register using the I-pad located in Reception.
- Details when reporting an accident will include the date, time of accident/incident, child's name, a brief summary of the accident and action taken.
- A copy of the accident report will also be added to the pupil's educational record by the School Office Administrative staff
- Records held in the Accident Register 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 through Compliance Education

Accidents to staff, visitors and pupils resulting in a visit to hospital or requiring medical treatment will be reported through the Compliance Education accident reporting system. Compliance Education will report any accidents that are RIDDOR reportable to the HSE. HSE guidance on reporting incidents in schools can be found in the [HSE information sheet](#)

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
- Work-related 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). These incidents will be reported to the HSE as soon as is reasonably practicable and in any event within 15 days of the accident
- Where an accident leads to someone being taken to hospital
- 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

Physical Assault/Injury

Staff should complete an accident form if they or a pupil have been physically assaulted or injured by another pupil. The form should include a timeline leading to the assault, any triggers and resulting behaviours.

Near Miss Events

Near-miss events that do not result in an injury, but could have done should be recorded via the Compliance Education accident reporting system.

Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment

- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment

*An accident "arises out of" or is "connected with a work activity" if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

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

6.3 Notifying parents/carers

The school will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

6.4 Reporting to Ofsted and child protection agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a child 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 Headteacher will also notify Thurrock MASH team of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

The Headteacher will ensure that the school has adequate first aid trained staff based on the needs of the school following risk assessment.

- The school will keep a register of all trained first aiders, what training they have received and expiry date, this is recorded on the Single Central Register.
- Staff are encouraged to renew their first aid training when it is no longer valid.
- The Headteacher will ensure that there are enough staff trained in paediatric first aid in early years to ensure cover for absence. This meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

8. Contractors working on site

All contractors working on site, whether cleaning staff or tradesmen, must be made aware of the first aid procedures on site including who they should notify if there is an accident.

9. Monitoring arrangements

This policy will be reviewed by the Headteacher every year or following a change in legislation/school procedure.

At every review, the policy will be approved by the Local Governing Board Committee

10. 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 trained first aiders

Full Name	Training	Location	Date
H Allen	Emotional First Aid	Whole School	From Feb 2016
R Mills	L4 cert in Mental Health Aware Leadership Education Mental Health Lead	Whole School	From May 2023
M Rumble	Mental Health first Aid -	Whole School	From October 2022
K Kingston	Emergency First Aid at work	KS2	Mar 2023-Mar 2026
K Fogarty	Emergency First Aid at work	Whole School	13.12.20230-012.12.2026
J Nyland	Emergency First Aid at work	Whole School	13.12.20230-012.12.2026
A Hasler	Paediatric First Aid	KS1	Mar 2022-Mar 2025
J Burke	Paediatric First Aid	KS2	Mar 2022-Mar 2025
C Lempriere	Paediatric First Aid	Whole School	Mar 2022-Mar 2025
C Anderson	Paediatric First Aid	KS1	Mar 2022-Mar 2025
J Weston	Paediatric First Aid	KS2	Mar 2022-Mar 2025
N Dighton	Paediatric First Aid	KS2	Mar 2022-Mar 2025
K Norris	Paediatric First Aid	Annexe	Mar 2022-Mar 2025
A Gurnham	Paediatric First Aid	Whole School	Mar 2022-Mar 2025
G Ringrose	Paediatric First Aid	Whole School	Mar 2022-Mar 2025
R Toms	Paediatric First Aid	Whole School	Mar 2022-Mar 2025
S Toms	Paediatric First Aid	KS2	Dec 2022 – Dec 2025
A Wright	Paediatric First Aid	KS2	Dec 2022 – Dec 2025
K Russo	Paediatric First Aid	Whole School/PE	Dec 2022 – Dec 2025
K Fogarty	Paediatric First Aid	Whole School	Dec 2022 – Dec 2025
L Coldwells	Paediatric First Aid	KS2	Jan 2023 – Jan 2026

Full Name	Training	Location	Date
J Field	Paediatric First Aid	Whole School	Jan 2023 – Jan 2026
T McGaughey	Paediatric First Aid	KS2	Jan 2023 – Jan 2026
J Nyland	Paediatric First Aid	KS2	Jan 2023 – Jan 2026
K Ashdown	Paediatric First Aid	KS2	Jan 2023 – Jan 2026
K Carpenter	Paediatric First Aid	EYFS	Mar 2023-Mar 2026
G Bennett	Paediatric First Aid	Whole School	Mar 2023-Mar 2026
D Simmons	Paediatric First Aid	KS1	Mar 2023-Mar 2026
J Sommers	Paediatric First Aid	KS1	Mar 2023-Mar 2026
Miss T Wright	Paediatric First Aid	KS1	Mar 2023-Mar 2026
A Shayshutt	Paediatric First Aid	KS1	Mar 2023-Mar 2026
S Woodhead	Paediatric First Aid	KS1	Mar 2023-Mar 2026
A Seeley	Paediatric First Aid	KS2	Mar 2023-Mar 2026
C Bryant	Paediatric First Aid	KS1	Mar 2023-Mar 2026
G Hall	Paediatric First Aid	KS1	Mar 2023-Mar 2026
H Kingston	Paediatric First Aid	KS2	Mar 2023-Mar 2026
S Smith	Paediatric First Aid	Whole School	Mar 2023-Mar 2026
L Jones	Paediatric First Aid	KS1	Nov 2020-Nov 2023
K Russo	Paediatric First Aid	Whole School/PE	Nov 2020-Nov 2023
K Fogarty	Paediatric First Aid	Office	Nov 2020-Nov 2023
K Adams	Paediatric First Aid	Nurture	Nov 2020-Nov 2023
R Bond	Paediatric First Aid	EYFS	Nov 2020-Nov 2023
A Winn	Paediatric First Aid	Annexe	Nov 2020-Nov 2023
S O'Shea	Paediatric First Aid	Whole School	Nov 2020-Nov 2023
J Field	Paediatric First Aid	Whole School	Nov 2020-Nov 2023

Full Name	Training	Location	Date
J Cairns	Paediatric First Aid	Whole School	Nov 2020-Nov 2023
C Bloomfield	Paediatric First Aid	Whole School	Nov 2020-Nov 2023
V Knowles	Paediatric First Aid	Whole School	Nov 2020-Nov 2023
S Lane	Paediatric First Aid	EYFS	Nov 2020-Nov 2023
G Hall	Paediatric First Aid	Whole School	Nov 2020-Nov 2023
M Leeds	Paediatric First Aid	KS2	Nov 2020-Nov 2023
D Foster	Paediatric First Aid	Office	Nov 2020-Nov 2023
K Brittin	Paediatric First Aid	KS2	Nov 2020-Nov 2023
K Vaughan	Paediatric First Aid	KS2	Nov 2020-Nov 2023
L Enever	Paediatric First Aid	KS2	Nov 2020-Nov 2023

Appendix 2: Assessment of first aid needs checklist.

Issues to consider	Impact on first aid provision	Notes
<p>Hazards: The findings of the risk assessment(s) should be taken into account, along with parts of the workplace that may have different work activities or hazards, and may require different levels of first aid provision.</p>		
<p>Are the hazards low level, such as those found in offices?</p>	<p>The minimum provision is:</p> <ul style="list-style-type: none"> • An appointed person to take charge of first-aid arrangements; • A suitable first aid box. 	
<p>Are there higher-level hazards such as dangerous machinery, hazardous substances, or work involving confined spaces?</p>	<p>Consider:</p> <ul style="list-style-type: none"> • Providing first-aiders; • Additional training for first-aiders to deal with injuries resulting from special hazards; • Additional first aid equipment; • Precise siting of first aid boxes; • Providing a first aid room; • Informing the emergency services. 	
<p>Does the level of risk vary in different parts of the establishment/building/site?</p>	<p>Consider the provision of each building or site.</p> <p>Where several levels of risks exist, base the provision on the highest level of risk.</p>	
<p>Employees</p>		
<p>How many people are working on site, or in the establishment/building?</p>	<p>Where there are small numbers of employees, the minimum provision is:</p> <ul style="list-style-type: none"> • An appointed person to take charge of first aid arrangements; • A suitably stocked first aid box. <p>Where there are large numbers of employees, consider providing:</p> <ul style="list-style-type: none"> • First-aiders; 	

	<ul style="list-style-type: none"> • Additional first aid equipment; • A first aid room. 	
Are there any inexperienced staff, or trainees on site?	Consider: <ul style="list-style-type: none"> • Additional training for first-aiders; • Additional first aid equipment; • Local siting of first aid equipment. 	
Are there any staff with disabilities, or particular health problems?	The first aid provision should cover any work experience trainees.	
Non-employees		
Do members of the public visit your premises?	<p>Under the Regulations, there is no legal duty to provide first aid for non-employees but the HSE strongly recommends that non-employees be considered in the first aid provision.</p> <p>Where there are small numbers of non-employees, a guide to the minimum provision is:</p> <ul style="list-style-type: none"> • An appointed person to take charge of first aid arrangements; • A suitably stocked first aid box. • Where there are large numbers of non-employees, consider providing: <ul style="list-style-type: none"> • First-aiders; • Additional first aid equipment; • A first aid room. <p>Where non-employees have disabilities or particular health problems, consider:</p> <ul style="list-style-type: none"> • Additional first aid equipment; • Precise siting of first aid boxes; • Providing a first aid room; <ul style="list-style-type: none"> • Additional training for first-aiders to deal 	

	with disabilities or particular health issues, for example the use of an epi-pen for administration.	
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Accident and ill health record

What is the record of previous accidents or incidents of ill health?	Ensure the first aid provision will cater for the type of injuries and illnesses that might occur. Monitor accidents and ill health and review the first aid provision as appropriate.	
What injuries and illnesses have occurred and where did they happen?		

Working arrangements

Do staff work out of normal office hours or work shifts?	Ensure there is adequate first aid provision at all times people are at work.	
Do staff travel to other sites, work remotely or work alone?	Consider: <ul style="list-style-type: none"> • The outcomes of the lone working risk assessment; • Issuing personal first aid kits; • Issuing personal communicators or mobile phones. 	
Does the work involve travel to other sites or locations with members of the public (clients, service users or pupils)?	Consider: <ul style="list-style-type: none"> • Ensuring the group is accompanied by a first-aider; • Taking a first aid kit on the trip; • The medical needs of the clients, services users or pupils, particularly if they have a medical care plan. 	

Do staff work at sites of other organisations?	Consider: <ul style="list-style-type: none"> • Making arrangements with the other organisation(s) to ensure adequate first aid provision; • A written agreement between yourself and the other organisation(s). 	
Is there sufficient first aid provision to cover absences of first-aiders, or appointed persons?	Consider: <ul style="list-style-type: none"> • What first aid provision would be required to cover for annual leave or other planned absences; • What would be required to cover for unplanned and exceptional absences? 	

Overall Risk Rating based on information in table above (circle as appropriate):	High	Medium	Low
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Maximum number of persons on site, including non-employees:	
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Number of 3-day trained first-aiders required:		Number of Emergency first-aiders required:	
Number of First Aid boxes required:		Number of Travelling/Mobile first aid kits required:	

Name of person responsible for maintaining the first aid boxes and kits:	Name of person responsible for organising refresher training:
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Signed:	Date:	Date of Review:
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Appendix 3

Assessors name:	Date of Assessment:	Activity/Task: Risks to first aiders
Directorate:	Service: Group:	Head Teacher:

Hazards	Who may be harmed & How	Existing Controls	Risk Rating	Further Controls	Residual Risk	Actions by whom & when	Implemented Y/N
Body fluids	First-aiders. Contact with body fluids (blood, vomit, urine etc) and the potential risk from HIV, Hepatitis, and other infectious diseases.	Assume all body fluids are infectious and follow strict hygiene procedures: <ul style="list-style-type: none"> Wash hands thoroughly before and after administering first aid and use disposable gloves. Skin that has been in contact with body fluids of another person must be thoroughly washed with soap and warm/hot water as soon as possible. Splashes into eyes or mouth should be rinsed freely with cold water. Encourage puncture wounds to bleed freely before thorough rinsing, drying and covering with a sterile dressing. Body fluid spillages cleaned using available absorbent materials, e.g. toilet paper, paper s cat litter or other absorbent granules. Disposable gloves and apron worn when cleaning spillages. Area cleaned with bleach or other chlorine-releasing compound. Mouth to mouth resuscitation: <ul style="list-style-type: none"> Mouthpiece used for mouth to mouth 	Likelihood: Consequence: Risk Level:		Likelihood: Consequence: Risk Level:		

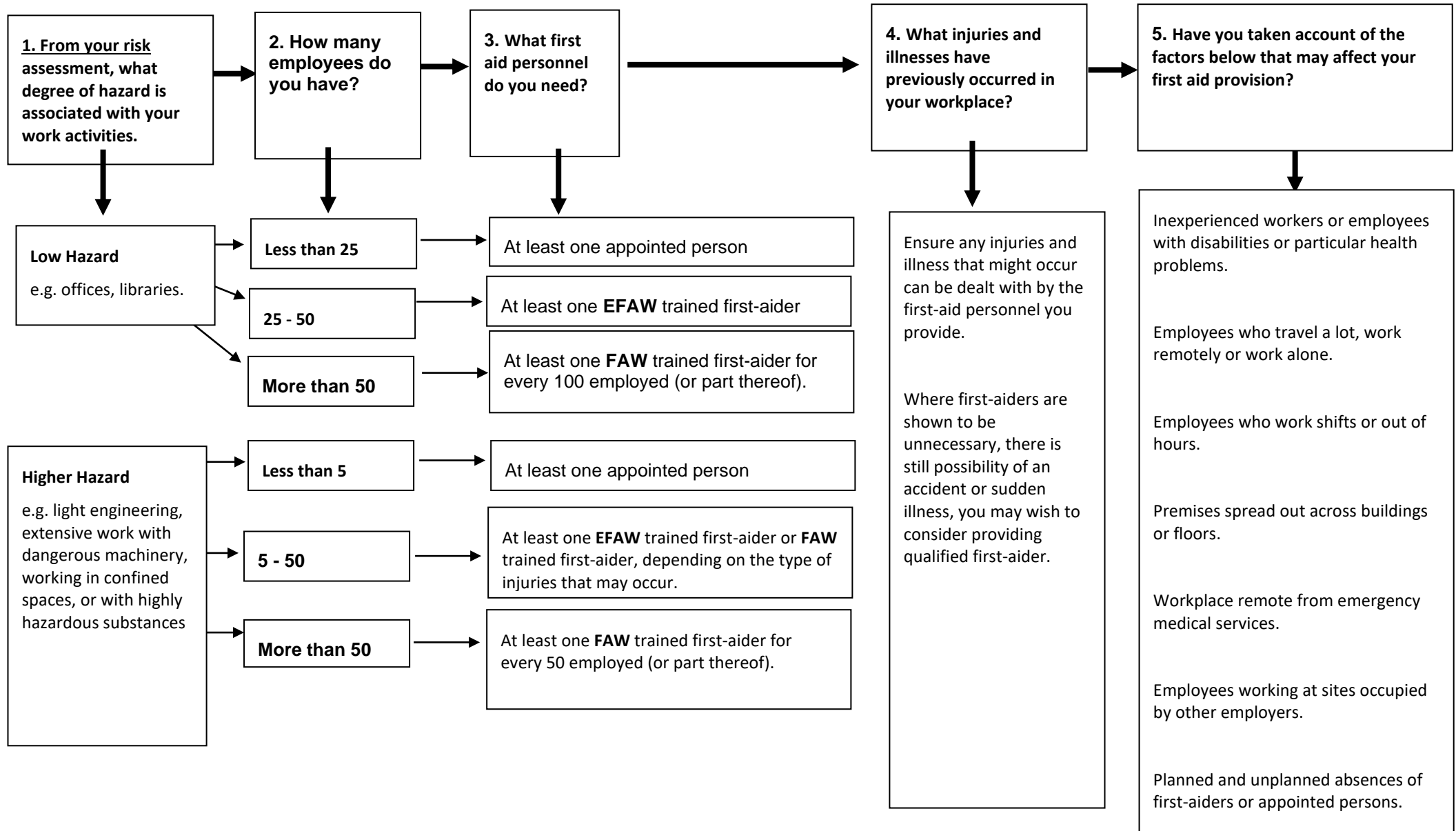
	Contamination from disposable gloves, aprons etc. contaminated with body fluids	<p>resuscitation,</p> <ul style="list-style-type: none"> • A rigid airway only to be used by first-aiders trained in its use. <p>All used disposable gloves, aprons etc. are disposed of in yellow, clinical waste bags marked "Clinical Waste – Bio-hazard". Full bags sealed and disposed of as clinical waste.</p>					
Hazardous substances	First Aider Exposure to hazardous substances	Ascertain what hazardous substance was involved and consult the COSHH assessment for first aid information.	<p>Likelihood:</p> <p>Consequence:</p> <p>Risk Level:</p>		<p>Likelihood:</p> <p>Consequence:</p> <p>Risk Level:</p>		
Review date:		Date communicated to staff:					
Is a safe system of work required		Yes / No					
If a new activity/equipment/any changes have been identified then Risk Assessment must be reviewed otherwise it should be reviewed annually.							

Risk Matrix

The matrix below is designed to help you in identifying a risk level for a given task or activity. Using your experience, the available evidence and existing precautions/ control measures in place you will have already determined the consequence of harm, and the likelihood of the harm being realised. The level of risk for the respective task or activity can now be determined using the following matrix.

CONSEQUENCE	Catastrophic	5	5	10	15	20	25	<div style="background-color: #f08080; padding: 2px;">17-25 Unacceptable</div> Stop activity and make immediate improvements	
	Maior	4	4	8	12	16	20		<div style="background-color: #f4a460; padding: 2px;">10-16 Tolerable</div> Look to improve within specified timescale
	Moderate	3	3	6	9	12	15		<div style="background-color: #ffff00; padding: 2px;">5-9 Adequate</div> Look to improve at next review
	Minor	2	2	4	6	8	10		<div style="background-color: #90ee90; padding: 2px;">1-4 Acceptable</div> No further action, but ensure controls are maintained
	Insignificant	1	1	2	3	4	5		
			1	2	3	4	5		
			Very unlikely	Unlikely	Fairly likely	Likely	Very likely		
			LIKELIHOOD						

Appendix 4: Suggested numbers of first-aid personnel to be available at all times people are at work.



Appendix 5

Accident/Incident Record Form Questions (note this form should only be used to record the details of the accident/incident, an online form must be completed using the details gathered)

Person Completing the Form		
Name	Date Completed	Directorate
Service Area	Contact Number	

About the Person Affected/Involved		
Name	Date of Birth	Status of Person Affected
Job Title	Gender	
Address (including Postcode)	Contact Details	

Incident Details		
Date of Incident	Time of Incident	Date Reported
Address where the incident happened		
Description of events (include weather, surface, lighting, condition, info where appropriate, did the incident involve a LA vehicle)?		
What happened after the incident e.g. hospital, returned to work	Injury sustained Y/N	

Describe Injury	Describe part of the body affected e.g. left wrist, right leg
Was there a witness to the accident? Y/N	Details of Witnesses (name and contact details)

Line Manager to complete

Name	email address
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Was the injured party correctly training in task/activity Y/N	Was the injured party correctly supervised in the task/activity Y/N	
Is there a risk assessment in place for this task Y/N	Were identified control measures in place Y/N	
Is the risk assessment being reviewed Y/N	Is the affected/involved person aware of the outcome of the risk assessment Y/N	
Were there any other factors contributing to the incident		
Did the injured party have time off work as a result of the incident Y/N	Date stopped work	Date returned to work
Give details of any measures you have taken or intend to take to prevent recurrence of the incident		
Have the description of events been verified by the affected/involved person Y/N		

Addendum First Aid for COVID 19

Appendix 1

Remember the 3P model – preserve life, prevent worsening, promote recovery

The patient will be encouraged to administer their own first aid wherever possible and if appropriate e.g. wiping a graze, applying a plaster.

There will be a small first aid pack in each classroom for minor first aid.

If children require first aid during playtime or lunchtime this will need to be administered in the room that they have been allocated for their learning.

Ice packs are located in the freezer in the medical room. Once the first aid has been administered, the handles of the freezer need to be wiped down.

Bumped head letters are in the medical box in the classroom.

When dealing with any first aid incidents full PPE must be worn.

- Hand washing
- Apron
- Facemask /face shield
- Gloves

All staff must have completed the PPE courses and scored 80%+ on the PPE quiz.

If using the gauze please ensure you have your gloves on and only touch the top layer of the pack taking care not to touch the piece below.

If a child starts to present with COVID19 symptoms, please follow the guidance in the Infection Control Policy and the Protocol for if a child becomes ill with coronavirus symptoms.

If the incident is major, please use the classroom phones or radios for calling a First Aider or ambulance

If you think that the patient is having a cardiac arrest, please follow the guidance at the end of this document.

Once you have finished treating the patient, move away to a safe distance as soon as possible.

Once first aid has been administered, PPE must be removed and put in clinical waste bag following the guidance from the PHE.

- Gloves –peel off, fold one inside the other, dispose of
- Clean hands
- Apron –untie neck, allow to fall, undo waist ties, fold over, dispose of
- Clean hands
- Eye protection – remove, clean
- Clean hands
- Face mask /Face shield
- Clean hands

All incidents will be recorded in the first aid book located in each classroom.

Staff in each classroom will be responsible for checking the supplies in each classroom pack; this is identified on the staff protocol.

Cardiopulmonary resuscitation CPR

Guidance from the [HSE](#) (Health & Safety Executive):

Guidance from the [resuscitation council](#):

Because of the heightened awareness of the possibility that the victim may have COVID-19, Resuscitation Council UK offers this advice:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your each and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If COVID-19 is suspected, tell them when you call 999.
- If there is a perceived risk of infection, rescuers should place a cloth/towel over the victim's mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast.
- If there is a perceived risk of infection, rescuers should pla
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.

If the rescuer has access to any form of personal protective equipment (PPE) this should be worn.

- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

Paediatric Advice

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.

For out of hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop, and full cardiac arrest will occur. Therefore, if there is any doubt what to do, this statement should be used.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

First aid boxes will have sterile cloths added, these are to be used to cover the patient's mouth during CPR.

How to do CPR on an adult - COVID-19 update



1. If someone is unconscious and not breathing normally, do not put your face near to theirs

2. Call for an ambulance



3. Use a towel or piece of clothing and lay it over the mouth and nose

4. Do not do mouth to mouth



5. Start chest compressions to the tempo of "Staying Alive"

6. Use a Public Access Defibrillator if available.

Find out how St John are supporting the NHS with the COVID-19 outbreak at [sja.org.uk/COVID-19](https://www.sja.org.uk/COVID-19)

St John
Ambulance



Resuscitation
Council UK

Source: Resuscitation Council UK

Appendix 2 Management of local infections of an infectious disease

Information taken from Government guidance published on [System of Control](#) 24th May 2021

Minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend school

Ensuring that pupils, staff and other adults do not come into the school if they have [coronavirus \(COVID-19\) symptoms](#) (updated 24/05/2021), or have tested positive in at least the last 10 days and ensuring anyone developing those symptoms during the school day is sent home, are essential actions to reduce the risk in schools and further drive down transmission of coronavirus (COVID-19).

All schools must follow this process and ensure all staff are aware of it.

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the child, with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom must be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE must be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). More information on PPE use can be found in the [Safer Working in Education](#) 1st March 2021

The area around the person with symptoms must be cleaned after they have left to reduce the risk of passing the infection on to other people.

Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell.

As is usual practice, in an emergency, call 999 if someone is seriously ill or injured or their life is at risk.

Anyone with coronavirus (COVID-19) symptoms should not otherwise visit the GP, pharmacy, urgent care centre or a hospital. 12

Any member of staff who has provided close contact care to someone with symptoms and all other members of staff or pupils who have been in close contact with that person with symptoms do not need to go home to self-isolate unless:

- the symptomatic person subsequently tests positive
- they develop symptoms themselves (in which case, they should arrange to have a test)
- they are requested to do so by NHS Test and Trace or the PHE advice service (or PHE local health protection team if escalated)

There is no need to produce evidence of a negative test and pupil should return to school once the ten day isolation period has ended as long as they no longer have a temperature.

In the event of a positive test, the Headteacher/Head of School contacts the Local Health Protection team for advice. Equally the Local Health Protection team may contact the school if they are aware of an individual who has tested positive attending the school

Isolate those in close contact** for 10 days (from last contact) local records of timetables and registers will be used to determine those to self-isolate. They will also be tested.

Those in the same household do not need to self-isolate if they are not displaying symptoms. If a member of the household develops symptoms, there will be a need to test them.

If a negative test result is obtained they must remain in isolation until the 10 days are complete as they could still develop coronavirus

If the test is positive, they should inform their setting immediately and must isolate for at least 10 days from the onset of symptoms. Their household should self-isolate for at least 14 days from when the person first had symptoms

***A list of current recognised symptoms is available on NHS111 website, Public Health England or from gov.uk website**

**Definition of close contact (DfE 2020):

Direct close contact – face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation or unprotected skin to skin contact

Proximity contact – extended close contact (within 1-2 metres for more than 15 minutes) with an infected individual

Travelling in a car – travelling with an infected person in a small vehicle

Appendix 3 – Template Risk Assessment for COVID First Aid

Assessors name:	Date of Assessment:	Activity/Task: Risks to first aiders
Directorate:	Service: Group:	Head Teacher:

Hazards	Who may be harmed & How	Existing Controls	Risk Rating	Further Controls	Residual Risk	Actions by whom & when	Implemented Y/N
First Aid & administration of medicines	Staff/Pupils	<p>Pupils to be directed to undertake own first aid where applicable (e.g. washing grazes, application of self-adhesive dressings). If first aider needs to get closer to injured party/suspected infection with Corona virus to assess or treat they are to wear disposable aprons, gloves, and masks. (see also PPE competence, hand to mucous membrane transfer, and PPE transfer sections of r/a)</p> <p>Pupil medication to be in classroom with the pupil/staff member</p> <p>Temperature checks with non-contact thermometer</p>	<p>Likelihood:</p> <p>Consequence :</p> <p>Risk Level:</p>	<p>A member of staff with first aid training will be deployed in each bubble.</p> <p>Staff to supervise/securely store any medication/equipment including asthma pumps in the classroom.</p>	<p>Likelihood:</p> <p>Consequence :</p> <p>Risk Level:</p>		

<p>Body fluids</p>	<p>First-aiders. Contact with body fluids (blood, vomit, urine etc) and the potential risk from HIV, Hepatitis, and other infectious diseases.</p> <p>Contaminati</p>	<p>Assume all body fluids are infectious and follow strict hygiene procedures: Wash hands thoroughly before and after administering first aid and use disposable gloves. Skin that has been in contact with body fluids of another person must be thoroughly washed with soap and warm/hot water as soon as possible. Splashes into eyes or mouth should be rinsed freely with cold water. Encourage puncture wounds to bleed freely before thorough rinsing, drying and covering with a sterile dressing. Body fluid spillages cleaned using available absorbent materials, e.g. toilet paper, paper s cat litter or other absorbent granules. Disposable gloves and apron worn when cleaning spillages. Area cleaned with bleach or other chlorine-releasing compound.</p> <p>Mouth to mouth resuscitation: Mouthpiece used for mouth to mouth resuscitation, A rigid airway only to be used by first-aiders trained in its use.</p> <p>All used disposable gloves, aprons etc. are</p>	<p>Likelihood:</p> <p>Consequence :</p> <p>Risk Level:</p>		<p>Likelihood:</p> <p>Consequence :</p> <p>Risk Level:</p>		
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	on from disposable gloves, aprons etc. contaminated with body fluids	disposed of in yellow, clinical waste bags marked "Clinical Waste – Bio-hazard". Full bags sealed and disposed of as clinical waste.					
Hazardous substances	First Aider Exposure to hazardous substances	Ascertain what hazardous substance was involved and consult the COSHH assessment for first aid information.	Likelihood: Consequence: Risk Level:		Likelihood: Consequence: Risk Level:		
Review date:		Date communicated to staff:					
Is a safe system of work required		Yes / No					
If a new activity/equipment/any changes have been identified then Risk Assessment must be reviewed otherwise it should be reviewed annually.							