



First Aid Policy

Potters Bar Clinic School

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Statement of intent

Potters Bar Clinic School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, pupils and visitors.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors.

This policy aims to:

- 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.
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are administered the hospital staff only.
- Promote effective infection control.

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.

Legal framework

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- DfE (2023) 'Automated external defibrillators (AEDs): a guide for maintained schools and academies'

The policy is implemented in conjunction with the following school policies:

- Behaviour Policy
- Child Protection and Safeguarding Policy
- Health and Safety Policy
- Elysium Healthcare Health and Safety-First Aid at Work Policy

Roles and responsibilities

The governing board/Head of Education is responsible for:

- The overarching development and implementation of this policy and all corresponding procedures.
- Ensuring that the relevant risk assessments, and assessments of the first aid needs of the school specifically, have been conducted.
- Ensuring that there is a sufficient number of appointed first aiders within the school based upon these assessments.
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents' evenings.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that appropriate and sufficient first aid training is provided for staff, and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties.
- Ensuring that adequate equipment and facilities are provided for the school site.
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for pupils and others complies with the relevant legislation and guidance.
- Ensuring that the school has:
 - A suitably stocked first-aid kit.
 - An appointed person to take charge of first-aid arrangements.
 - Information for all employees giving details of first-aid arrangements.

The headteacher is responsible for:

- The day-to-day development and implementation of this policy and its related procedures.
- Ensuring that all staff and parents are made aware of the school's policy and arrangements regarding first aid.

- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.
- Ensuring that all pupils and staff are aware of the identities of the school first aiders and how to contact them if necessary.

Staff are responsible for:

- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Securing the welfare of the pupils at school.
- Making pupils aware of the procedures to follow in the event of illness, accident or injury.

First aid staff are responsible for:

- Completing and renewing training as dictated by the governing board.
- Ensuring that they are comfortable and confident in administering first aid.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Keeping up to date with government guidance relating to first aid in schools.

The appointed person is responsible for:

- Overseeing the school's first-aid arrangements.
- Taking charge when someone is injured or becomes ill.
- Looking after the first-aid equipment, e.g. restocking the first aid container.
- In case of emergency, immediately contact the hospital doctor or get a nurse to attend.
- Maintaining injury and illness records as required.
- Undertaking an appointed persons course, emergency first aid training, first aid at work, and refresher training where appropriate, to ensure they have knowledge of:
 - What to do in an emergency.
 - How to assess and monitor a casualty.
 - First aid for the unconscious casualty.
 - First aid for someone who is having a seizure.
 - Maintaining injury and illness records as required.
 - Paediatric first aid.

In the school, the appointed persons are the Deputy Headteacher and the Maths Teacher. The school will use the Hospital First Team to administer First Aid if needed. (Please see Appendix for further information on the difference between an appointed person / first aider)

First aid provision

The school will routinely re-evaluate its first aid arrangements through a [risk assessment](#), 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 individuals onsite, and the nature and distribution of pupils and staff throughout the school.

The school will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified in the assessment of needs, the school will maintain the following minimum provision of first aid items:

- A leaflet giving general advice on first aid (Appendix 2)
- 20 individually wrapped sterile adhesive dressings, of assorted sizes
- 2 sterile eye pads
- 2 individually wrapped triangular bandages, preferably sterile
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large-sized individually wrapped sterile unmedicated wound dressings
- 3 pairs of disposable gloves

All first aid containers will be identified by a white cross on a green background.

The appointed person will routinely examine the contents of first aid boxes, including any mobile first aid boxes for offsite use – these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.

First aid boxes are in the following areas:

- **The Staffroom**

First aiders and appointed person

The main duties of first aiders will be to administer immediate first aid to pupils, staff or visitors, and to ensure that professional medical help (Hospital doctors or nurses) is called when necessary.

The school will use the hospital staff that all first aiders and hold a valid certificate of competence, issued by a HSE-approved organisation. The school will work the Hospital Manager to ensure that refresher training and retesting of competence is arranged for first aiders before certificates expire.

The school will be mindful that many standard first aid at work training courses do not include resuscitation procedures for children, and will consequently ensure that appropriate training is secured for first-aid personnel where this has not already been obtained.

Only the deputy headteacher and maths teacher will also receive first aid training as they are the only full-time staff. Part Time staff will inform the headteacher, deputy headteacher, doctors and nurses of any emergencies and seek advice.

First aiders will ensure that their first aid certificates are kept up to date through liaison with the Hospital Manager.

First aid notices will be clearly displayed throughout the school with information on the names and locations of first aiders to ensure that pupils and staff know who they must contact in the event of illness or injury.

The appointed person will be responsible for maintaining supplies.

The current first aid appointed person(s) are:

Name	Contact	Location	Date of first aid qualification (valid for 2 years)
Lycheonique Jibbison	Ext 248	Opal Ward	19/03/25
Austine Otokpa	Ext 248	Opal Ward	03/07/24
Amanda Monera	Ext 251	Jasper Ward	03/07/24

In the absence of the appointed persons listed above, a nurse from Crystal Ward, Jasper or Opal ward may be contacted. Additionally, staff may also use their radios to request first aid support. This will mean that anyone one in the hospital who is first aid trained will respond.

The school will ensure that there is always a sufficient number of first-aid personnel available on site at all times to provide adequate cover to all areas of the school. The school will use the other Hospital First Aiders if any of the above three are unavailable.

All staff members will be made aware that agreeing to become a first aider for the school is strictly on a voluntary basis and that they should never feel pressured to take on this role.

When selecting first aiders, the school will follow the criteria laid out in government guidance, considering the individual's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Availability to respond immediately to an emergency.

The school will ensure that first aid training courses cover mental health in order to help them recognise the warning signs of mental ill health and to help them develop the skills required to approach and support someone, while keeping themselves safe. Pupils will be supported in accordance with the school's Social, Emotional and Mental Health (SEMH) Policy.

Automated external defibrillators (AEDs)

The school has procured an AED through the NHS Supply Chain, which is located in **the Staff Room**.

Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device. A general awareness briefing session, to promote the use of AEDs, will be provided to staff on an **annual** basis, and usually during the **first INSET session** of the academic year.

Accommodation

As this is a hospital school, the school will use the hospital rooms that are suitable to use as and when it is needed, and medication will be administered by the hospital staff.

Emergency procedures

If an incident, illness or injury occurs, the teacher or Senior Leaders will call/radio for assistance from the Hospital Team, who will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

If called, a first aider will assess the situation and take charge of first aid administration. The first aider will also radio for assistance and will provide the hospital team with details of their observations and support. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

Where necessary, a trained staff member with the support of the hospital team, will administer emergency help and first aid to all injured persons. The Hospital Team will decide if immediate action can prevent the accident from becoming increasingly serious, or from involving more victims. Where the seriously injured or unwell individual is a pupil, the following process will be followed:

The Hospital Team will check on the pupil and administer support and medication. The Hospital Team will:

- Decided if a call to 999 is necessary and follow the instructions of the operator – this may include the administering of emergency first aid.
- Where an ambulance is required, the Hospital Team accompanies the pupil in the ambulance and calls the pupil's parent as soon as possible to inform them of the course of action taken. If the incident is during school hours, the school staff will also contact parents.
- Where an ambulance is not required, but medical attention is needed, the Hospital Team will administer care.
- Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted.

Once the above action has been taken, details of the incident will be reported promptly to:

- The headteacher.
- The Hospital Team
- The parents of the young person.

Reporting accidents and record keeping

In the event of incident or injury to a pupil, the Hospital Team will be informed, and the school will complete an Accident form (Appendix 3) and do a verbal handover to the Nurse in Charge. The Hospital staff will provide details of the injury on the Hospital Care Notes and IRIS.

If staff see, or are involved in, a near-miss, they should report it using a Near-miss Incident Reporting Form, in order to allow for the consideration of how to prevent a possible accident happening in the future.

If staff members see something they believe to be an immediate and/or significant hazard, they should instantly report it to the headteacher. Staff, pupils, contractors, and visitors are encouraged to report any condition or practice they deem to be a hazard that could lead to a near miss.

Reporting should be conducted verbally, e.g., to the site manager, as soon as possible.

A list of emergency contacts will be kept at the **school office**.

The appointed person will ensure that records are kept of any injuries, accidents or illnesses, as well as any first aid treatment that is given – this will include:

- The date, time and place of the incident.
- The name and class of the injured or ill person.
- Details of the injury or illness and what first aid was given.
- Details of what happened to the person immediately afterwards, e.g. whether they were sent home or went back to class.
- The name and signature of the first aider or person dealing with the incident.

(See Appendix 4)

The headteacher will ensure that any injury or accident that must be reported to the HSE or LA under RIDDOR obligations is reported in a timely and detailed manner. (See Appendix 3)

All records will be filed and stored.

Offsite visits and events

Before undertaking any offsite visits or events, the teacher organising the trip or event will work with the Hospital Team to risk assess any pupils with medical needs and assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved. The school will request that at least one Hospital Care Assistant (HCA) is available to accompany the school staff with the pupils.

The school and HCA will take a first aid kit on all offsite visits which contains at a minimum:

- 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.

Additionally, the school will ensure that all large vehicles and minibuses have a first aid box readily available and in good condition which contains:

- 10 antiseptic wipes, foil packed.
- 1 conforming disposable bandage that is not less than 7.5cm wide.
- 2 triangular bandages.
- 1 packet of 24 assorted adhesive dressings.
- 3 large sterile unmedicated ambulance dressings that are not less than 15x20cm.
- 2 sterile eye pads, with attachments.
- 12 assorted safety pins.
- 1 pair of non-rusted blunt-ended scissors.

Storage of medication

As this is an Hospital School, no medicines will be stored in the school. Medicines will be stored securely and appropriately on the wards.

Illnesses and allergies

When a pupil becomes ill during the school day, the Hospital Team will be contacted and asked to pick the pupil up as soon as possible.

Monitoring and review

This policy will be reviewed **annually** by the governing board, and any changes will be communicated to all members of staff.

Staff will be required to familiarise themselves with this policy as part of their induction programme. Staff will be informed of the arrangements that have been made in connection with the provision of first aid, including the location of equipment, facilities and personnel.

Appendix 1- Appointed Person/First Aider Roles and Responsibilities

What's the difference between an appointed person / first aider?

An **appointed person** is someone who is nominated to take charge of first aid arrangements, such as looking after the first aid kit and calling an ambulance in an emergency.

A **first aider** is someone who is qualified to give first aid treatment in the event of an injury or illness.

Responsibilities	Appointed person	First aider
Looks after first aid equipment and facilities	✓	✓
Takes charge when someone is injured or becomes ill	✓	✓
Calls the emergency services if they are needed	✓	✓
Makes an initial assessment of the injury or illness	X	✓
Gives appropriate first aid to the casualty until help arrives	X	✓
Maintains injury/illness records as required	✓	✓

What training does an appointed person / first aider person need?

Appointed persons don't have to be formally trained, but we recommend they take an **appointed persons** course.

First aiders must be qualified (and hold a current certificate) in **first aid at work** or **emergency first aid at work**.

Courses which entitle you to act as an	Appointed person	First aider
<u>First aid at work</u>	✓	✓
<u>First aid at work requalification</u>	✓	✓
<u>Emergency first aid at work</u>	✓	✓
<u>Paediatric first aid</u>	✓	X
<u>First aid for appointed persons</u>	✓	X
<u>First aid annual skills update</u>	✓	X

Appendix 2: Emergency First Aid Leaflet

<https://www.hse.gov.uk/pubns/indg347.pdf>

What to do in an emergency

Priorities

Your priorities are to:

- assess the situation – do not put yourself in danger;
- make the area safe;
- assess all casualties and attend first to any **unconscious** casualties;
- send for help – do not delay.

Check for a response

Gently shake the casualty's shoulders and ask loudly, 'Are you all right?'
If there is no response, your priorities are to:

- shout for help;
- open the airway;
- check for normal breathing;
- take appropriate action.

A Airway

To open the airway:

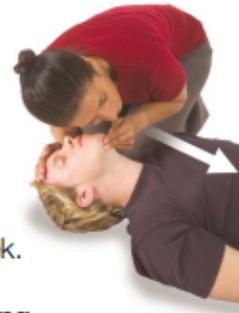
- place your hand on the casualty's forehead and gently tilt the head back;
- lift the chin with two fingertips.



B Breathing

Look, listen and feel for normal breathing for no more than 10 seconds:

- look for chest movement;
- listen at the casualty's mouth for breath sounds;
- feel for air on your cheek.



If the casualty is breathing normally:

- place in the recovery position;
- get help;
- check for continued breathing.



If the casualty is not breathing normally:

- get help and call for an AED* if available
- start chest compressions (see CPR).

C CPR

To start chest compressions:

- lean over the casualty and with your arms straight, press down on the centre of the breastbone 5–6 cm, then release the pressure;
- repeat at a rate of about 100–120 times a minute;
- after 30 compressions open the airway again;
- If an AED* is available use in accordance with your training/ manufacturer's instructions
- pinch the casualty's nose closed and allow the mouth to open;
- take a normal breath and place your mouth around the casualty's mouth, making a good seal;
- blow steadily into the mouth while watching for the chest rising;



- remove your mouth from the casualty and watch for the chest falling;
- give a second breath and then start 30 compressions again without delay;
- continue with chest compressions and rescue breaths in a ratio of 30:2 until qualified help takes over or the casualty starts breathing normally.

Severe bleeding

If there is severe bleeding:

- apply direct pressure to the wound;
- raise and support the injured part (unless broken);
- apply a dressing and bandage firmly in place.

Broken bones and spinal injuries

If a broken bone or spinal injury is suspected, **obtain expert help. Do not move casualties** unless they are in immediate danger.

Burns

Burns can be serious so if in doubt, seek medical help. Cool the affected part of the body with cold water until pain is relieved. Thorough cooling may take 20 minutes or more, but this must not delay taking the casualty to hospital.

Certain chemicals may seriously irritate or damage the skin. Avoid

* Where an employer has identified through their needs assessment that they wish to provide an Automated External Defibrillator (AED) in the workplace, then the Provision and Use of Workplace Equipment Regulations 1998 (PUWER) apply. For the purpose of complying with PUWER in these situations the employer should provide information and written instructions – for example, from the manufacturer of the AED - on how to use the AED. The Approved Code of Practice (ACOP) and guidance on PUWER (L22 - <http://www.hse.gov.uk/pubns/ priced/122.pdf>) provides information on instructions, maintenance, inspection and the suitability of work equipment.

contaminating yourself with the chemical. Treat in the same way as for other burns but flood the affected area with water for 20 minutes. Continue treatment even on the way to hospital, if necessary. Remove any contaminated clothing which is not stuck to the skin.

Eye injuries

All eye injuries are potentially serious. If there is something in the eye, wash out the eye with clean water or sterile fluid from a sealed container, to remove loose material. **Do not attempt to remove anything that is embedded in the eye.**

If chemicals are involved, flush the eye with water or sterile fluid for at least 10 minutes, while gently holding the eyelids open. Ask the casualty to hold a pad over the injured eye and send them to hospital.

Record keeping

It is good practice to use a book for recording any incidents involving injuries or illness which you have attended. Include the following information in your entry:

- the date, time and place of the incident;
- the name and job of the injured or ill person;
- details of the injury/illness and any first aid given;
- what happened to the casualty

immediately afterwards (eg went back to work, went home, went to hospital);

- the name and signature of the person dealing with the incident.

This information can help identify accident trends and possible areas for improvement in the control of health and safety risks.

Further information

For information about health and safety visit <https://books.hse.gov.uk> or <http://www.hse.gov.uk>. You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

To report inconsistencies or inaccuracies in this guidance email: commissioning@williamslea.com

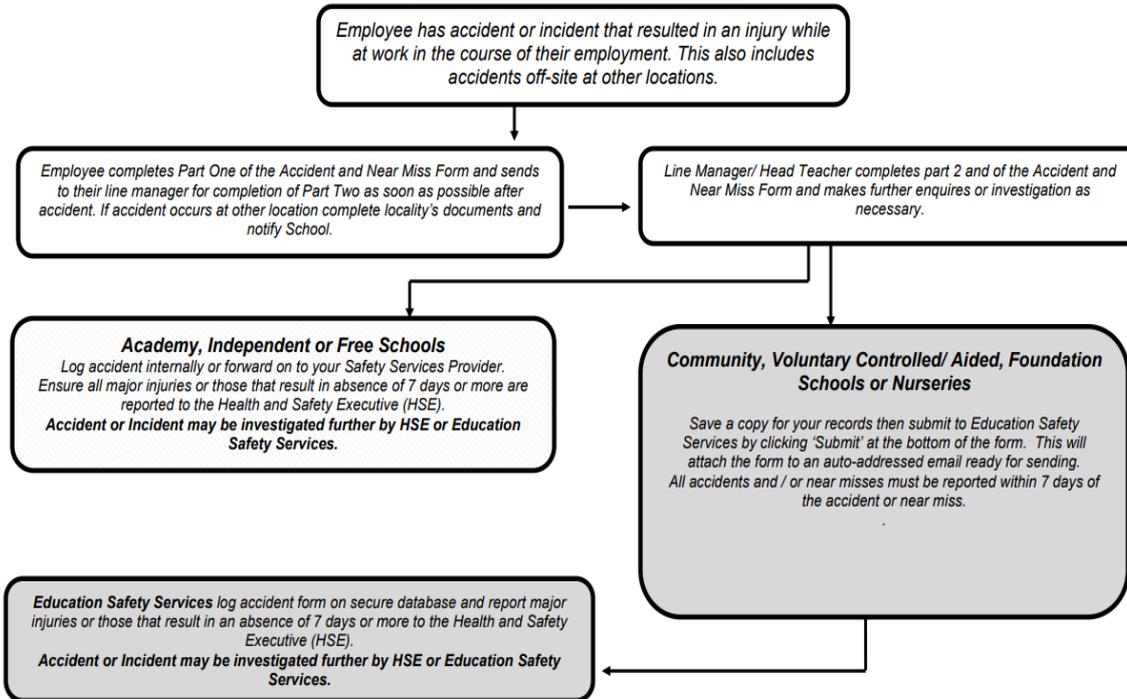
This leaflet contains notes on good practice which are not compulsory but which you may find helpful in considering what you need to do.

This leaflet is available in priced packs from HSE Books, ISBN 978 0 7176 6668 3.

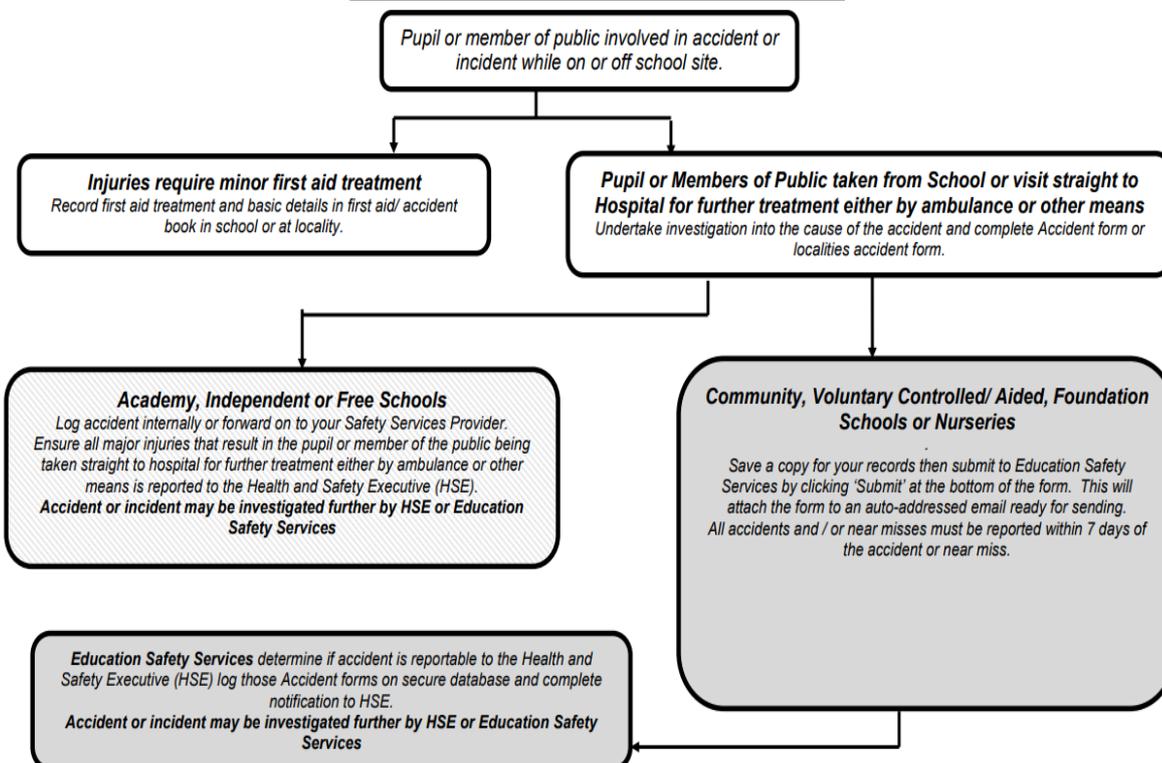
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Appendix 3- Accident Reporting Flowchart

Employee Accident Reporting Flowchart



Pupil and Members of Public Accident Reporting Flowchart



Appendix 4- Serious Incident Report

Serious incident report			
Date and time of injury	<u>DD/MM/YYYY 00:00</u>	Name of injured individual	<u>Name</u>
Details of injury, including where the incident occurred, the nature of the injury, the circumstances leading up to the injury occurring, and whether the incident was reported to the HSE			
Details of any first aid administered, including name of staff member administering first aid			
Details of what happened following the incident, including whether the individual went to hospital			
Details of any further action taken			
Name and role of staff member recording incident	<u>Name, teacher</u>	Name and role of staff member verifying report	<u>Name, headteacher</u>
Signature		Signature	
Date	<u>DD/MM/YYYY</u>	Date	<u>DD/MM/YYYY</u>

Appendix 5- Near-miss incident Sheet

If you have seen a near-miss incident you believe to be an immediate and/or significant hazard, you will need to instantly report it to the Headteacher.

Reporting should be conducted verbally to the Hospital Manager as soon as possible, who will then follow reporting procedures.

If you are reporting a near-miss using this form, the remedial action must be detailed.

Date of near-miss incident	
Time of near-miss incident	
Name of employee reporting near-miss incident	
Department	
Name of head of department	
Location of near-miss incident	

Status	Name of person(s) involved
Employee <input type="checkbox"/>	
Pupil <input type="checkbox"/>	
Visitor <input type="checkbox"/>	
Contractor <input type="checkbox"/>	
Third party <input type="checkbox"/>	

Type of near-miss	
Unsafe equipment	<input type="checkbox"/>
Unsafe act	<input type="checkbox"/>
Unsafe condition	<input type="checkbox"/>
Unsafe use of equipment	<input type="checkbox"/>

Details of near-miss incident (including activity taking place)
Description of corrective action taken (e.g. remove the hazard, replace, repair, or retrain in the proper procedures for the task)
Were there any preventative measures in place before the near-miss incident occurred? If so, were these followed? (e.g. risk assessments, personal protective equipment, written procedures)



What further action could be taken to prevent re-occurring near-misses and/or accidents causing injury? (e.g. replacement of equipment, review of risk assessments, further staff training, control measures, etc.)

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Further action taken?	Y/N
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If yes, please provide details:

Signed employee		Date	
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Signed <u>headteacher</u>		Date	
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