



## LEARNING OPPORTUNITIES

### FIRST AID POLICY

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The First Aid Policy has been written and approved by a team with a range of experience, and will be reviewed annually.

Date Created: January 1995

Previous Review Date: January 2025

Next Review Date: January 2026

## **UPDATE: Back to school advice**

Respiratory infections, including the common cold and COVID-19, are common in children and young people, particularly during the winter months. For most children and young people, these illnesses will not be serious, and they will soon recover following rest and plenty of fluids.

Routine testing for Covid-19 ended in April 2022 and UK Health and Security Agency (UKHSA) guidance says that it is not recommended that children and young people are tested for COVID-19 unless directed to by a health professional.

As COVID-19 presents a low risk to children and young people, there are no longer specific rules relating to it in schools.

Children and young people with mild symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, can continue to go to school.

However, those who are unwell and have a high temperature should stay at home and avoid contact with other people where they can. They can go back to school and resume normal activities when they no longer have a high temperature, and they are well enough to attend.

### **Teach good hygiene habits**

Good hygiene stops infections from spreading, which means less disrupted learning time.

Children and young people should be encouraged to wash hands properly for 20 seconds and use tissues for coughs and sneezes.

### **Know when to keep your child at home**

- It's fine to send your child to school with a minor cough or common cold if they are otherwise well and do not have a high temperature. But if your child has a fever, they should stay home from school until they feel better, and the fever has resolved.
- If they have diarrhoea and/or vomiting, they should stay home for at least 48 hours after the last episode.
- It is no longer recommended that children and young people are routinely tested for COVID-19 unless directed to by a health professional. But if your child has tested positive for COVID-19, they should try to stay at home and avoid contact with other people for 3 days after the day they took the test.
- If your child has the symptoms of measles and has not had both doses of the MMR vaccine, they should not attend school.

There are other types of illnesses to watch out for including bacterial infections such as scarlet fever.

The most common symptoms of scarlet fever include sore throat, fever, swollen neck glands, a bumpy rash on the chest and tummy with a sandpaper-like feel, flushed cheeks and “strawberry tongue”. If you suspect your child has scarlet fever, contact your local GP. Stay away from school for 24 hours after the first dose of antibiotics.

## **POLICY STATEMENT**

Learning Opportunities is mindful of the need to safeguard the well-being of all students, staff and visitors to the school and will ensure that First Aid arrangements are managed in compliance with the management of Health and Safety (First Aid) Regulations 1981 and Education (Independent School Standards) (England) Regulations 2014.

This policy outlines the school's responsibility to provide adequate and appropriate first aid to students, staff, parents / carers and visitors, and the procedures in place to meet that responsibility. First aid can save lives and prevent minor injuries becoming major. The school will ensure that first aid is administered in a timely and competent manner.

It is acknowledged that major and minor incidents / accidents can take many forms and can happen without warning. No plan can provide for every eventuality; however, the response to any incident is handled within an agreed management framework which has been put in place for the day to day running of the school.

This policy provides an overview of the statutory requirements and how these are met in school. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered.

The responsibility for drawing up and implementing the First aid policy is delegated to the Head Teacher, including informing staff and parents / carers. However, implementation remains the responsibility of all staff in our school in order to keep students healthy, safeguarded and protected whenever they are in our care.

First aid is the help given to someone who is injured or ill, to keep them safe until they can get more advanced medical treatment by seeing a doctor, health professional or by going to hospital.

This policy should be read in conjunction with the Supporting Students with Medical Conditions Policy and the School's H&S and Risk Assessment policies.

This policy is shared with all newly appointed staff during their induction to ensure they are familiar with the school's first aid procedures.

## **AIMS**

The aim of providing First Aid is to save lives and to ensure that minor injuries and illnesses do not escalate into major ones.

An accident is an unplanned, uncontrolled event, which causes, or could cause injury, damage or loss. In most cases accidents can be avoided and it is our intentions to prevent as many as possible.

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, students and visitors
- Ensure that staff 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

### **To achieve our Policy Aims, Learning Opportunities will:**

- Carry out a suitable and sufficient assessment of the risks posed to persons in the event that they suffer an accident, injury or ill health.
- Appoint sufficient First Aiders (qualified by training) to take charge of first aid. The certification will be reviewed regularly to ensure that it is current. The School will maintain a record of employees who have undergone first aid training, which can be requested from the Leadership Team.
- Provide information to employees, students, and parents / carers on the arrangements for first aid.
- Have readily available and suitably stocked first aid boxes
- Have a procedure for managing accidents, including immediate liaison with emergency services, medical professionals and parents / carers.
- Ensure that all accidents are recorded including any treatment given.
- Ensure that a holder of a current, relevant First Aid certificate accompanies all off-site activities.
- Ensure notices are clearly visible throughout the School indicating the location of the first aid boxes and the names of the School's First Aiders.
- Review and monitor arrangements for first aid on regular basis.

### **LEGISLATION & GUIDANCE**

This policy is based on advice from the Department for Education on First aid in schools and health & safety in schools, and guidance from the Health & Safety Executive (HSE) on incident reporting 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 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

### **GENERAL PRINCIPLES**

In the event of an accident or injury to a student, it is important to remember the responsibilities of the School 'in loco parentis'. Not only must the student receive immediate attention, but it is

important to ensure that all necessary follow up action is taken. A person with an appointed first aid certificate is available at all times whilst people are on the school premises, and also off premises whilst on school trips.

All injuries will be dealt with by an appropriate person who has received the necessary training. It is the parent's / carer's responsibility to inform the school if their child has a notifiable infection, whether they have been spiking temperatures, and whether any medication has been given (even if the doses are not required during school hours.)

## **CURRENT PRACTICE**

The Leadership Team (LT) undertakes an annual review of the Schools first aid needs risk assessment to ensure that adequate provision is available given the size of our school, student / staff numbers, our specific location and the needs of individuals.

Our risk assessment includes consideration of students and staff with specific conditions and major illnesses, such as asthma and epilepsy, takes account of an analysis of the history of accidents in our school, as well as the identification of specific hazards. It also includes careful planning for any trips and visits, including residential and higher risk activities, which always include a suitably trained first aider.

We ensure that first aid provision is available at all times, including off-site activities, during PE, and at other times when the school facilities are used.

We keep a written record in our accident book of all accidents or injuries and first aid treatment. Parent(s)/carer(s) are informed of any accident or injury / first aid treatment as soon as reasonably practicable.

## **PROVIDING INFORMATION**

Learning Opportunities informs all staff of the first-aid arrangements. This includes the name and location of first aiders and appointed persons, location of first aid equipment and facilities, and procedures for monitoring and reviewing the school's first-aid requirements.

Newly appointed staff are provided with first-aid information as part of their Induction Programme, details of which are also available within the Health & Safety Handbook produced in conjunction with Learning Opportunities Health & Safety Consultants (Peninsula Business Services).

## **RISK ASSESSMENT**

The Management of Health and Safety at Work Regulations 1999 require employers to make a suitable and sufficient assessment of the risks to the health and safety of their employees at work, and others who may be affected by their undertaking, and to identify what measures they need to take to prevent or control these risks.

Learning Opportunities, as a school, generally falls into the lower risk category, although it is also appreciated that some of our areas of activity may fall into the medium risk category. Our first-aid provision is based on the level of risk determined by the risk assessment undertaken for given activities.

## **ROLES & RESPONSIBILITIES**

### **Proprietor will:**

- ensure that first aid is administered in a timely and competent manner by the drawing up and effective implementation of a written first aid policy.
- Ensure that the welfare of students, staff and visitors to the school is safeguarded and promoted by the drawing up and effective implementation of a written risk assessment policy;
- Ensure that appropriate action is taken to reduce risks that are identified.
- Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) ensure that relevant incidents are reported to the HSE

***The proprietor has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Head Teacher & Head of School (Personal Development, Behaviour & Attitudes).***

***The Headteacher and Head of School (Personal Development, Behaviour & Attitudes) are responsible for the implementation of this policy, including ensuring that:***

- the health, safety and welfare of students, employees and any other individuals who may be on the school premises are fully covered.
- an appropriate number of trained first aid personnel are present in the school at all times and during all off-site activities
- first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- all staff are aware of first aid procedures
- appropriate risk assessments are completed, and appropriate measures are put in place
- adequate space is available for catering to the medical needs of students
- in the event of an accident occurring, an accident and incident report form is completed.
- parents / carers are advised of the school's health and safety policy, including arrangements for first aid
- monthly checks are made of First Aid containers, in addition to restocking as required following use.

### **First Aiders Main Duties**

First aiders hold a valid first aid certificate and are trained and qualified to carry out their role.

First Aiders have completed a training course approved by the Health and Safety Executive (HSE) 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
- keeping the person safe until they can get more advanced medical treatment.
- Ensuring, when appropriate, that an ambulance or other professional medical help is called.
- Liaising with the leadership team to make arrangements for sending students home to recover, where necessary
- Filling in an accident report on the same day as, or as soon as is reasonably practicable after, an incident.
- Keeping their contact details up to date

These are the seven things a first aider needs to do:

1. **Assess the situation quickly and calmly:**
  - Safety: Are you or they in any danger? Is it safe for you to go up to them?
  - Scene: What caused the accident or situation? How many casualties are there?
  - Situation: What's happened? How many people are involved and how old are they? What do you think the main injuries could be?
2. **Protect yourself and the casualty from any danger:**
  - Always protect yourself first - never put yourself at risk
  - Only move them to safety if leaving them would cause them more harm
  - If you can't make an area safe, call 999 for emergency help
3. **Prevent infection between you and the casualty:**
  - Wash your hands or use alcohol gel
  - Wear disposable gloves
  - Don't touch an open wound without wearing gloves
  - Don't breathe, cough or sneeze over a wound or a casualty
4. **Comfort and reassure:**
  - Stay calm and take charge of the situation
  - Introduce yourself to them to help gain their trust
  - Explain what's happening and why
  - Say what you're going to do before you do it
5. **Assess the casualty:**
  - If there's more than one casualty, help those with life-threatening conditions first
  - Start with the Primary Survey and deal with any life-threatening conditions
  - Then, if you've dealt with these successfully, move on to the Secondary Survey
6. **Give first aid treatment:**
  - Prioritise the most life-threatening conditions
  - Then move on to less serious ones
  - Get help from others if possible
7. **Arrange for the right kind of help:**
  - Call 999 for an ambulance if you think it's serious
  - Take or send them to hospital if it's a serious condition but is unlikely to get worse
  - For a less serious condition call 111 for medical advice
  - Suggest they see their doctor if they're concerned about a less serious condition
  - Advise them to go home to rest, but to seek help if they feel worse
  - Stay with them until you can leave them in the right care.

## Appointed Persons

*An appointed person is someone who:*

- contacts a first aider if required.
- takes charge when someone is injured or becomes ill.
- ensures there is an adequate supply of medical materials in first aid kits and replenishes the contents of these kits.
- ensures that an ambulance or other professional medical help is summoned when appropriate

Appointed persons are **not** first aiders. They should **not** give first-aid treatment for which they have not been trained. However, Learning Opportunities ensure that appointed persons receive bespoke 1 day emergency first-aid training / requalification training.

## All staff

All members of staff have responsibility to take reasonable steps to ensure that no person in their care is exposed to unacceptable risk, and that they carry out activities in accordance with training and instructions. All staff must know what action to take if an accident or emergency occurs, including their responsibility for reporting accidents, near misses and dangerous situations.

It is acknowledged that in general the consequence of taking no action is likely to be more serious than that of trying to assist in an emergency. **Therefore, staff will:**

- use their best endeavours, particularly in emergencies, to secure the welfare of the student(s) in the same way that parent / carers might be expected to act towards their children.
- Ensure they follow first aid procedures
- Ensure they know who the first aiders in school are
- notify the leadership team of all accidents and treatments
- Complete accident reports for all incidents they attend where a first aider is not called
- inform the leadership team when First Aid equipment has been used and needs to be re-stocked.
- Inform the headteacher of any specific health conditions or first aid needs.

## MEDICAL EMERGENCIES

All members of staff who have contact with students who have diagnosed medical conditions will be informed about the best course of action if a student becomes seriously ill and needs emergency treatment - **refer to Supporting Students with Medical needs policy.**

The student and the parents / carers will be informed about the school's arrangements and where appropriate details will be recorded in a health care plan.

The school will call an ambulance before contacting parents / carers if a student becomes seriously ill - this applies to all students and not only those with health care plans.

The school will arrange for a competent member of staff to travel to hospital in an ambulance and to act in loco parentis until the parent / carer arrives. The member of staff in loco parentis will have the right to sanction emergency procedures as advised by medical staff in the ambulance or at the hospital.



## **EMERGENCY PROCEDURES**

### **Ambulance**

If the first member of staff present at an incident judges that an ambulance should be called, he or she should do so immediately, by calling the emergency services on 999, without hesitation and without waiting for the First Aider to arrive at the scene.

Staff should always call an ambulance if there is:

- Any instance in which it would be dangerous to approach and treat a casualty
- Unconscious
- Not breathing
- Not breathing normally and this is not relieved by the casualty's own medication
- any significant head injury
- Severe bleeding
- Neck or spinal injury
- Injury sustained after a fall from a height (higher than 2 metres) 7
- Injury sustained from a sudden impact delivered with force (e.g. car knocking a person over)
- Suspected fracture to a limb
- Anaphylaxis (make sure to use this word when requesting an ambulance in the case)
- Seizure activity that is not normal for the casualty, especially after emergency medication has been administered.
- a severe burn
- Symptoms of a heart attack or stroke
- Rapid deterioration in condition despite the casualty not initially being assessed as requiring an ambulance

### **IF IN DOUBT, IT IS BETTER TO CALL FOR AN EMERGENCY AMBULANCE THAN NOT**

Whenever possible, an adult should remain with the casualty until help arrives and other staff can be called upon to help with moving away any students present.

The caller should:

- remain calm
- be ready to provide details of their name, telephone number, address and exact location within the school
- relay the condition of the casualty, as assessed by the First Aider, and how the casualty came to be in this condition
- provide details of the number of casualties along with names, age and gender
- ask the ambulance to come to Learning Opportunities, Ringwould Road, Ringwould, Deal Kent CT14 8DW
- a member of the LT should meet the ambulance on arrival at the front gate and direct the ambulance crew to the casualty's location.
- communicate any dangers or hazards into which the ambulance may be arriving

Parents/next of kin of the casualty should be notified and a responsible adult should go to hospital with the casualty.

## **AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)**

### **Location of AEDs:**

Five Bells Public House (located on the main road 258 opposite the school)

It is not the responsibility of Learning Opportunities to check that this defibrillator is in full working order.

### **Defibrillator and CPR**

All First Aiders at Learning Opportunities are trained in CPR and the use of defibrillators. They will use the defibrillator only if directed to do so by the 999 call operator. The defibrillator gives automatic precise instructions when activated.

If CPR is needed, a First Aider will perform CPR whilst another staff member dials 999.

Use of the AED: The AED is to be applied to a person who is not responding, not breathing or not breathing normally (under 10 breaths a minute) and has no signs of circulation, coughing or movement. The machine will give automated instructions. Call 999.

### **In-School First aid 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 student is too unwell to remain in school, parents / carers will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps.
- If emergency services are called, a member of the Leadership Team will contact parents / carers 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.

### **Off-site procedures**

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

- A fully charged mobile phone
- A portable first aid kit
- Individual student's medication such as inhalers, epi-pens etc.

- Information about the specific medical needs of students
- Parents/carers' contact details

When transporting students using school vehicles, the school will make sure the vehicle is equipped with a clearly marked first aid box.

Risk assessments will be completed by the Group Leader prior to any educational visit that necessitates taking students off school premises.

There will always be at least one first aider on school trips and visits.

### **Treatment of Head Injuries** (Refer to Appendix A)

Children often fall and bang themselves, and thankfully, most bangs to the head are harmless events and can be dealt with by the supervising adult.

Emergency First Aiders should be sought if the student:

- becomes unconscious.
- is vomiting or shows signs of drowsiness.
- has a persistent headache.
- complains of blurred or double vision.
- is bleeding from the nose or ear; and/or
- has pale yellow fluid from the nose or ear.

If any of the above symptoms occurs urgent medical attention is needed - the emergency services should be requested. Parents / carers should be contacted at the earliest opportunity.

In the event of an accident in which the student cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so.

Head Injuries can be potentially life threatening and do not always show clear visual signs of injury.

### **Reporting procedure to Parents / Carers**

The school will always inform parents / carers of a bumped head initially via a telephone contact. Parents / carers will be spoken to directly. Where necessary they will be asked to collect their child. Where we are unable to contact parents / carers we will contact the Emergency Person (details available on admission form / student data base). A log will be kept in the school Office to ensure repeat phone calls are made when no parent / carer has been spoken to in person.

### **Treatment of suspected breaks/fractures**

The things to look for are:

- Swelling
- Difficulty moving
- Movement in an unnatural direction
- A limb that looks shorter, twisted or bent
- A grating noise or feeling
- Loss of strength

- Shock

If it is an open fracture:

- cover the wound with a sterile dressing and secure it with a bandage. Apply pressure around the wound to control any bleeding.
- support the injured body part to stop it from moving. This should ease any pain and prevent any further damage.
- once you've done this, call 999 for medical help.
- while waiting for help to arrive, don't move the injured person unless they're in immediate danger.
- keep checking the casualty for signs of shock.

First Aid training states that clothing should only be removed if absolutely necessary. Where clothing needs to be removed which could cause a safeguarding issue then two members of staff should be present. Only one needs to be first aid trained. However, if waiting for a second member of staff puts a student's life in danger then the first aider should not withhold treatment.

### **Asthma**

Where there is a need for a student to use an inhaler, they will generally remain with the student.

**ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK**

### **Epi-Pens**

All Epi-Pens are labelled and kept in a secure place in close proximity to the student - staff will ensure that the Epi-pen accompanies the student on any off-site activities. Anaphylaxis and Epi Pen training will be undertaken when a student is known to require administration of an Epi-pen or equivalent.

Anyone can administer an Epi-Pen in an emergency if the adult/student is unable to do it themselves. Should a member of staff, who has not had the training have to do this, then the emergency services must be informed at the same time as the Epi-Pen is administered.

### **FIRST AID TRAINING**

Learning Opportunities carefully consider, and review annually, the training needs of staff to ensure that suitable staff are trained and experienced to carry out first aid duties in our school. In particular we consider the following skills and experiences:

- Reliability, communication and disposition,
- Aptitude and ability to absorb new knowledge and learn new skills,
- Ability to cope with stressful and physically demanding emergency procedures,
- Normal duties are such that they may be left to go immediately and rapidly to an emergency, and
- Need to maintain normal operations with minimum disruption to teaching and learning.

First aiders in our school have all undertaken appropriate training. They have a qualification in either First Aid at work (FAW, 3 days or 18 hours) or Emergency First Aid at work (EFAW, 1 day or 4-6 hours). Before the certificates expire, first aiders undertake a requalification course as appropriate, to obtain another three-year certificate.

Training will be updated every three years and will not be allowed to expire before retraining has been achieved.

## **FIRST AID KITS**

**We do not keep tablets or medicines in the first aid box.**

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- 20 Individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- Adhesive tape
- 6 safety pins
- 3 pairs of disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings
- Disposable Aprons
- Face covering

Our first aid boxes are located in the following places:

- Reception
- Main Office KS4
- KS3 staff planning area
- Life Skills Lodge
- KS3 Kitchen
- Food Technology Cabin
- Science Lab
- DT Cabin
- Art Room
- Thrive Hive
- KS3 Office

First Aid boxes are available in all school vehicles, in addition portable first aid packs are available for staff to take when attending off-site activities.

A white cross on a green background identifies all first aid boxes.

## **FIRST AID ACCOMMODATION**

Learning Opportunities takes account of The Education (Independent School Standards) Regulations 2014 which requires schools to provide accommodation for the short-term care of sick and injured students, which includes a washing facility and is near to a toilet facility. The accommodation provided may be used for other purposes (apart from teaching) provided it is always readily available to be used.

Within the school accommodation is provided in the following areas:

KS4 Main Office / Area adjoining staff toilet

## **HYGIENE / INFECTION CONTROL**

In order to maintain protection from disease, all body fluids should be considered infected. All staff take precautions to avoid infection and follow basic hygiene procedures. Staff have access to single-use disposable gloves and hand washing facilities and take care when dealing with blood or other body fluids and disposing of dressings or equipment.

**Procedure in the event of contact with blood or other bodily fluids First Aiders should take the following precautions to avoid risk of infection:**

- cover any cuts and grazes on their own skin with a waterproof dressing.
- wear suitable disposable gloves when dealing with blood or other bodily fluids.
- use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation.
- wash hands thoroughly with soap and warm water after every procedure.

Spills of body fluids must be cleaned up immediately. Bodily fluids include blood, faeces, nasal and eye discharges, saliva, vomit.

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages. All contaminated material should be disposed of in yellow waste bag. Avoid getting any body fluids in your eyes, nose, and mouth or on any open sores.

If a First Aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids which are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water.
- wash splashes out of eyes with tap water and/or an eye wash bottle.
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water.
- record details of the contamination.
- take medical advice (if appropriate)

## **RECORD KEEPING & REPORTING**

All staff know where to locate the accident book and how to complete an entry.

**First aid and accident record book**

- An accident record will be recorded by the first aider on the same day or as soon as possible after an incident resulting in an injury using the Accident record book.
- As much detail as possible should be supplied when reporting an accident including, date, time of accident/incident, person's name, a brief summary of the accident and action taken.
- 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.
- The accident records are reviewed termly by a member of the Leadership Team to identify any potential or actual hazards.

**The information in the accident books can:**

- Help the school identify accident trends and possible areas for improvement in the control of health and safety risks.
- Be used for reference in future first-aid need assessments.
- Be helpful for insurance and investigative purposes.

Under the Data Protection Act all accident records containing personal information should be detached and kept in safe storage (e.g. in a lockable filing cabinet).

All completed accident books should be given to the Proprietor, who will store them for future reference.

**REPORTING to the HSE**

The proprietor will keep 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).

The proprietor will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident - except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

**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 proprietor will report these to the HSE as 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 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

**Students 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)

Learning Opportunities will keep a record of any reportable injury, disease or dangerous occurrence. This will include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.



## **Serious injury or death and how to deal with these events**

- As a registered provider we would notify Ofsted of any serious accident, illness or injury to, or the death of, any child whilst in our care, and any action taken in respect of it.
- We would make the notification as soon as is reasonably practical, but within 14 days of the incident occurring.
- We would also notify the local child protection agency and act on any advice given.
- We would always follow our accident procedures in any accident or injury.

## **SPECIAL ARRANGEMENTS**

Learning Opportunities acknowledge that in some cases students with medical needs may be more at risk than others. Staff may need to take additional steps to safeguard the health and safety of such students. In a few cases individual procedures may be needed and these will be detailed in an individual Risk Assessment / IHCP. The Head Teacher is responsible for making sure that all relevant staff know about and are if necessary are trained to provide any additional support these students may require.

## **CHILD PROTECTION**

If any concerns are raised that have safeguarding implications (e.g. unexplained marks or scars), whilst a student is being treated for first aid, the First Aider must inform the Designated Safeguarding Leads (Simon Graydon / Kevin Dunk / Catherine Graydon), who will then take appropriate action.

## **PHYSICAL CONTACT WITH STUDENTS**

The treatment of students for minor injuries, illness or medical conditions may involve members of staff in physical contact with students. Any treatment should:

- Not involve more contact than necessary
- Be undertaken by staff who have volunteered to be designated to the task
- Be carried out wherever possible, in front of another staff member
- Be recorded in the Accident Book
- Parents / carers will be informed if their student has received any treatment at school.

## **IDENTIFICATION OF STUDENTS WITH MEDICAL NEEDS**

Some students may have medical conditions that are potentially life threatening such as epilepsy, diabetes and anaphylactic reactions. The medical forms for each new student are reviewed by a member of the Leadership Team and relevant information shared with staff.

## **TRAINING**

All school staff are encouraged to undertake first aid training.

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.

Learning Opportunities 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.

## **FIRST AIDERS** - the following staff are qualified to Level 3 Emergency First Aid at Work

Kevin Dunk  
Katherine Smith  
James Brodie  
Roy Sabin  
Robert Ward  
Kylea Browne  
Sharon Grainger  
Tony Hollett  
Kelvin Pawsey

## **LINKS WITH OTHER POLICIES**

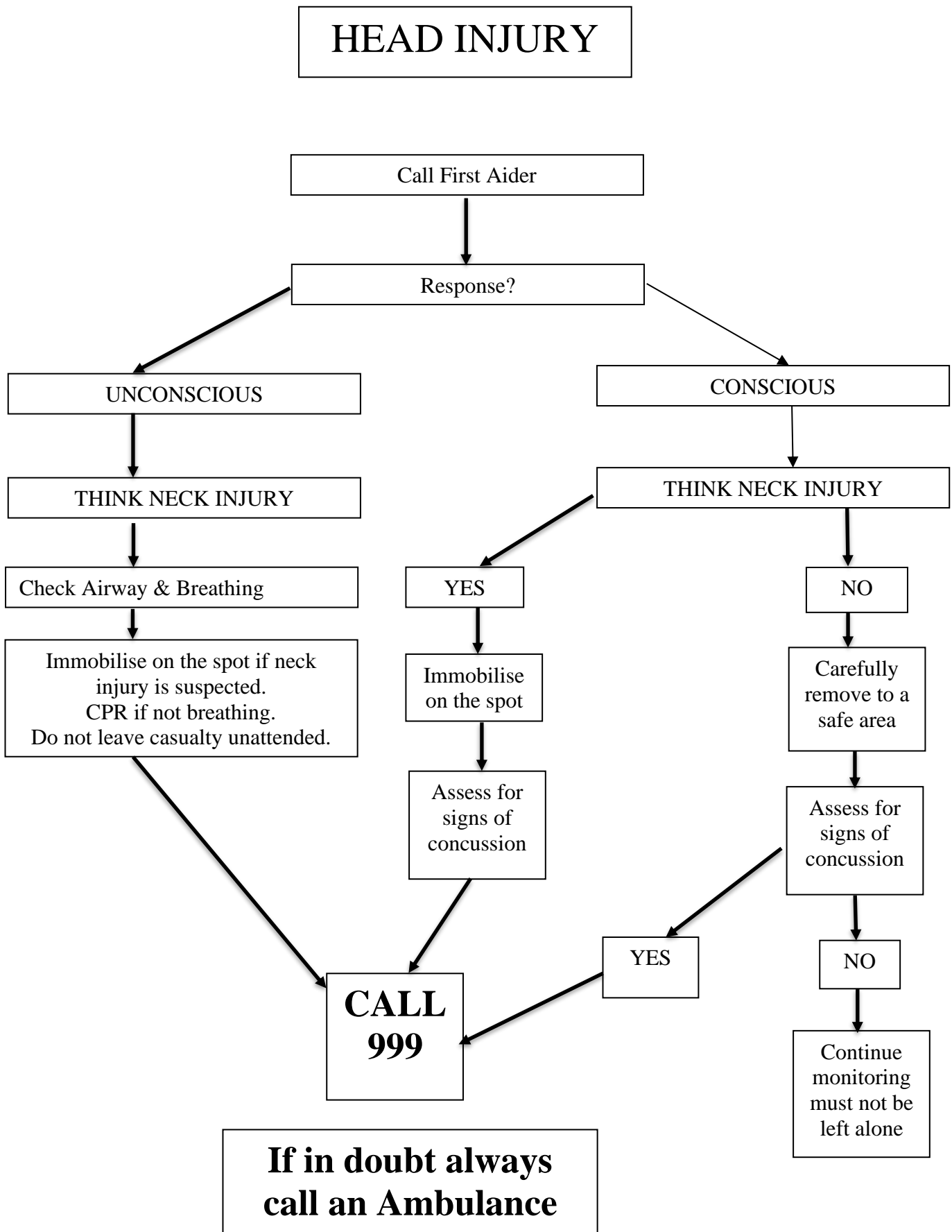
This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Supporting Students with Medical Needs Policy

## **ADMINISTRATION OF MEDICATION** (Refer to Supporting Students with Medical Needs Policy)

This applies to all students, including those who do not have an individual health care plan.

Medicines will be safely stored in the KS3 and KS4 Main Offices. A written record will be kept of all medication administered. This will include date, time, dosage and name of the member of staff who administers the medicine.



<b>MINOR ACCIDENT PROCEDURES</b>	
1	A First Aider to assess the student and if appropriate to treat the injury or seek additional medical assistance.
2	Accident record, located in KS4 main office, to be completed.
3	If the student needs to go home a member of the leadership team to make necessary arrangements. If the injury requires supervision then a first aider / appointed person to remain with the student until they are collected.

<b>SERIOUS ACCIDENT PROCEDURES</b>	
Under NO circumstances should a student be left unaccompanied if suffering from a serious injury and especially a head injury.	
1	First Aider to assess the situation and administer immediate first aid as appropriate.
	Ambulance to be called if required.
	Member of leadership team to be notified of the situation - parents / carers to be informed of situation (if an ambulance is not required they should be informed of the need to collect their child).
	Accident record to be completed.
If hospital treatment is required, but a car journey is more appropriate than an ambulance, then the following procedure should be followed.	
2	The parents / carers should be contacted and asked to meet the student at A&E.
	An insured driver plus First aider should take the student to A&E.
	A member of leadership team to be kept informed of events.



## **APPENDIX D Procedure to follow for dealing with injuries involving blood or bodily fluids**

There is always at least one first aider on site and when attending off-site activities at all times and this person will be the one to deal with the injury.

Should bleeding occur at any time the following points should be followed:

- Put on latex gloves and a disposable apron.
- Try to stop the bleeding by applying pressure to the wound with a dry sterile dressing.
- Dispose of dressing into yellow clinical waste bag.
- Try and keep the person as calm as possible.
- Ensure there are 2 members of staff with the injured party so that if assistance is needed in any way one can remain with the person at all times.
- Deal with any spillage immediately using disposable items such as cloths, paper towels which can be thrown away, in the clinical waste bag, after the spillage is cleaned up. Clean the area thoroughly using diluted bleach 1 part bleach to 10 parts water.
- Ensure the area is clear of other students and adults to prevent cross contamination and spread of infection.
- Ensure all non-injured students are being cared for and reassured appropriately about what is happening.
- Replace the sterile dressing on the student/adult as often as needed as described in training.
- All waste should be treated as clinical waste and discarded in the yellow bags provided.
- Hands should be washed and dried thoroughly after the student/adult is cared for and any bleeding has stopped.
- If bleeding starts again a new apron and gloves must be put on to prevent infection.
- If you feel medical assistance is required call 999 and ask for an ambulance. If they need assistance but not as an emergency inform the parents / carers and advise them to visit their local A&E. If ever in doubt always phone for an ambulance, especially in the case of students.

## Epilepsy

### **Emergency procedure to be followed in school**

First aid for the student's seizure type will be included on their individual care plan. Staff will be advised on basic first aid procedures and the school has a team of qualified First Aiders.

There are several types of seizure but in most cases the sufferer falls to the ground and their body becomes rigid due to strong muscular contractions.

- Make sure the area is clear so that they don't hurt themselves
- If possible ease the student to the ground
- Do not move them unless they are in danger (top of stairs, by a road etc.)
- Stay calm; send for the First Aider, giving the name of the student
- Note the time the seizure started
- Put something soft under their head (jacket or cushion) or gently cup their head with your hands to stop their head hitting the ground
- Get a responsible person to move other students away
- DO NOT put anything into their mouth, or restrain them - allow the seizure to happen

After the seizure

- Check their breathing
- Make sure that the airway is clear.
- If breathing, place in the recovery position
- Monitor and record vital signs: pulse, breathing rate and level of response
- Be prepared to commence cardiopulmonary resuscitation (CPR)
- Note the length of time of the seizure
- They may be confused and disorientated, so talk calmly and reassure the student
- The student may also have been incontinent, in which case cover them with a blanket to avoid potential embarrassment and preserve their dignity
- The after effects may be: a bitten tongue, headache, aching limbs and exhaustion
- Inform the parents at the earliest opportunity

Call an ambulance (following the school procedure) if:

- It is the student's first seizure
- If the seizure lasts for 5 or more minutes and they have not been prescribed emergency medication
- If the seizure lasted for 5 minutes or more and they have been given emergency medication
- They have trouble breathing after the seizure has stopped
- They have not regained consciousness after more than 10 minutes
- They have repeated seizures
- They may have sustained an injury

## Collapse

### **Emergency procedure to be followed in school**

Anyone finding a collapsed individual should shout for help then:

1. Call 999 and request an ambulance (following the school procedure)

Please state the exact location of the casualty clearly

2. Alert a member of the leadership team and trained First Aiders

3. Send a runner to take the AED located at the Five Bells Public House to the casualty.

□ The First Aider/s will make their way immediately to the casualty

□ CPR will be started as soon as it is established that the casualty is unresponsive and not breathing normally by the first trained person on the scene. The AED machine will be connected to the casualty as soon as it arrives.

□ Any First Aiders not directly involved with CPR will assist with:

1. The safety of the casualty

2. Moving away any bystanders

3. Being ready to take over CPR if the other First Aiders become tired

4. Organise for someone to meet the ambulance crew and direct them to the location of the casualty as quickly as possible

A member of the Leadership Team will be responsible for contacting the next of kin as soon the situation allows.



# Your actions could save a life.



A cardiac arrest is when someone's heart suddenly stops beating, and their breathing is abnormal or has stopped.

**Without quick action, the person will die.**

Check for danger, then immediately follow these simple steps to give the person their best chance of survival:

- 1. Shout for help.**
  - Shake them gently.
- 2. Look and listen for signs of normal breathing.**
  - Look for the rise and fall of their chest.
- 3. Call 999. Put the phone on loudspeaker and tell them you are with someone who is not breathing.**
- 4. The ambulance call handler will tell you where the nearest automated external defibrillator (AED) is. If someone is with you, ask them to fetch it and bring it back.**

**Do not leave the person if you are on your own.**

**5. Start chest compressions:**

- interlock your fingers
- place your hands in the centre of the chest
- push down hard and then release twice per second, and don't stop.

**The ambulance call handler will help you.**

**6. If you have a defibrillator, switch it on and follow the instructions. It will tell you exactly what to do.**

**7. Continue CPR until:**

- the AED asks you to pause while it reanalyses and gives another shock if needed
- a paramedic arrives and tells you what to do
- the person shows signs of life.

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other pupils and staff.



UK Health  
Security  
Agency



## Should I keep my child off school?

### Yes

	Until...
Chickenpox	at least 5 days from the onset of the rash and until all blisters have crusted over
Diarrhoea and Vomiting	48 hours after their last episode
Cold and Flu-like illness (including COVID-19)	they no longer have a high temperature and feel well enough to attend. Follow the national guidance if they've tested positive for COVID-19.
Impetigo	their sores have crusted and healed, or 48 hours after they started antibiotics
Measles	4 days after the rash first appeared
Mumps	5 days after the swelling started
Scabies	they've had their first treatment
Scarlet Fever	24 hours after they started taking antibiotics
Whooping Cough	48 hours after they started taking antibiotics

### No

but make sure you let their school or nursery know about...

Hand, foot and mouth	Glandular fever
Head lice	Tonsillitis
Threadworms	Slapped cheek





SCAN ME

**Advice and guidance**

To find out more, search for **health protection in schools** or scan the QR code or visit <https://qrco.de/minfec>.

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## APPENDIX H

## SIGNS & SYMPTOMS OF SCARLET FEVER

Scarlet fever is a common childhood infection caused by *Streptococcus pyogenes* or group A *Streptococcus* (GAS). The early symptoms of scarlet fever include sore throat, headache, fever, nausea and vomiting.

After 12 to 48 hours the characteristic red, pinhead rash develops, typically first appearing on the chest and stomach, then rapidly spreading to other parts of the body, and giving the skin a sandpaper-like texture. The scarlet rash may be harder to spot on darker skin, although the 'sandpaper' feel should be present.

Patients typically have flushed cheeks and pallor around the mouth. This may be accompanied by a 'strawberry tongue'. As the child improves peeling of the skin can occur.

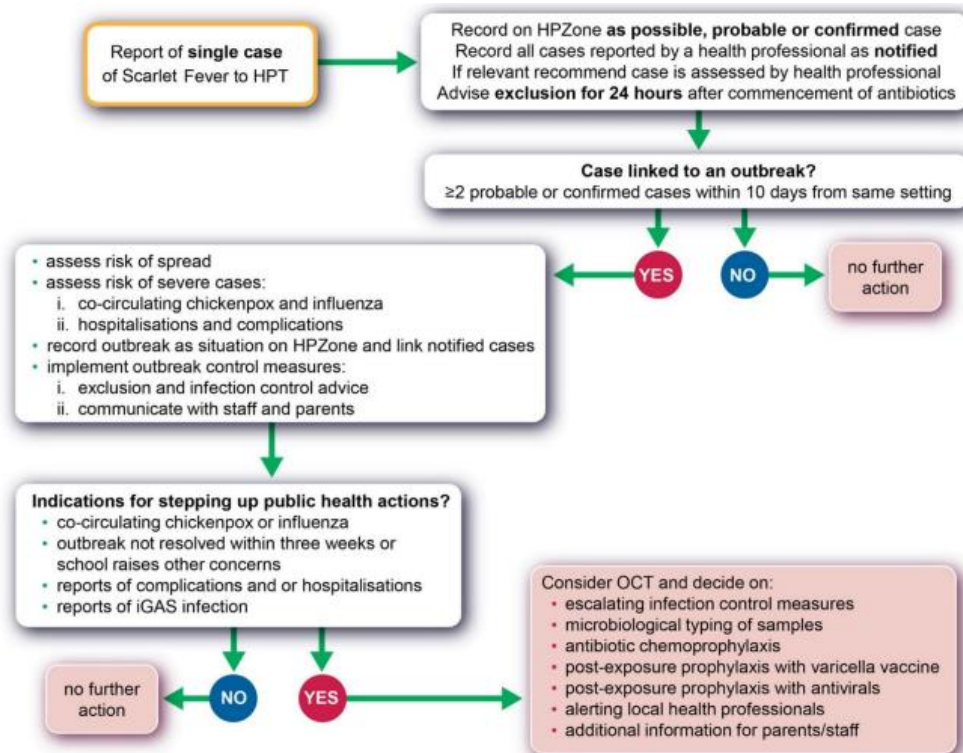
### Infection control advice

In schools it is recognised that infections can be spread through direct physical contact between children and staff and through shared contact with surfaces such as table tops, taps, toys and handles.

As per national 'Guidance on Infection Control in Schools and other Child Care Settings', children and adults with suspected scarlet fever should be excluded from school / work for 24 hours after the commencement of appropriate antibiotic treatment. Good hygiene practice such as hand washing remains the most important step in preventing and controlling spread of infection.

If we suspect an outbreak at our school we will contact the Health Protection Team for advice who will then provide a letter and Frequently Asked Questions to cascade to staff and parents / carers if appropriate.

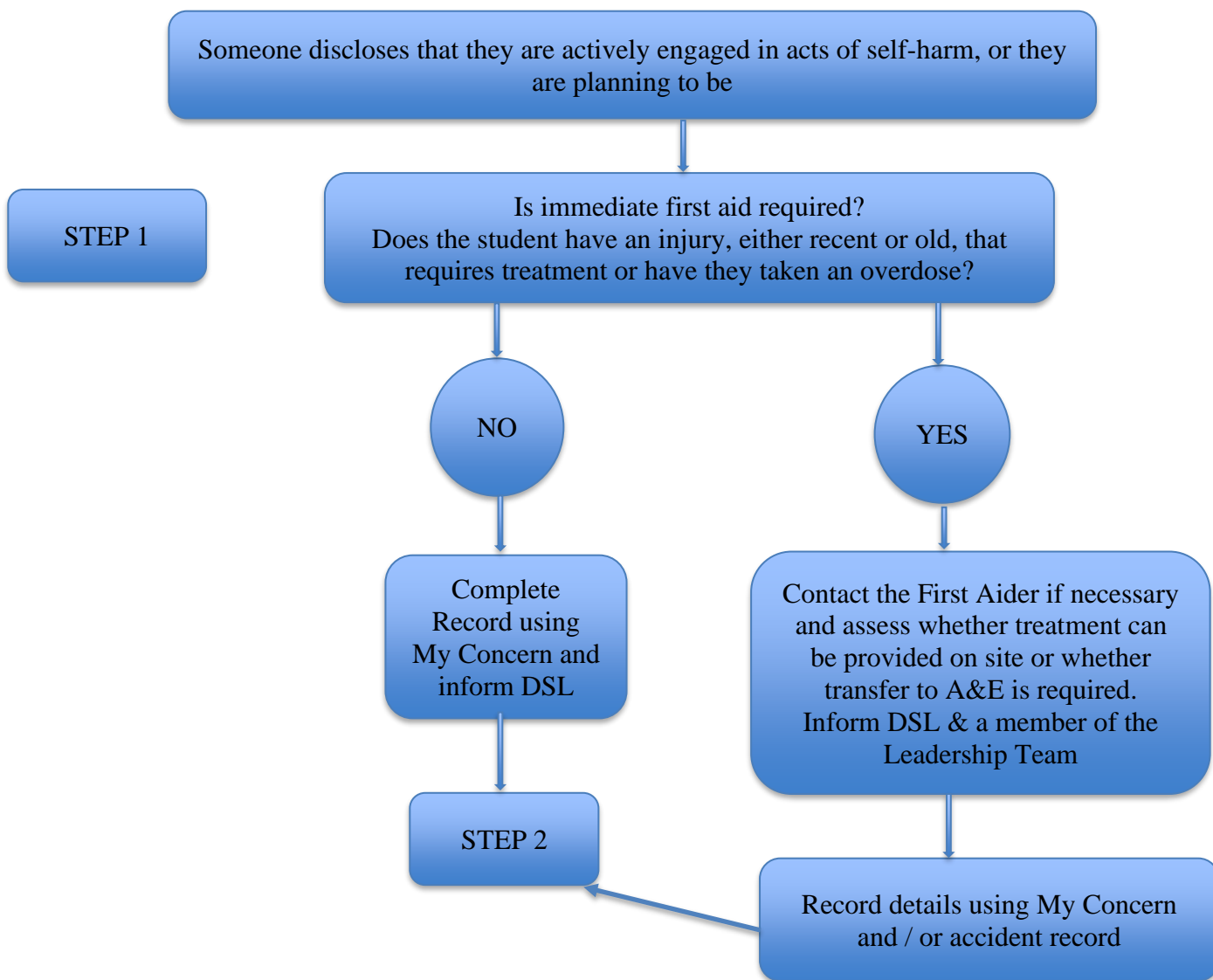
Algorithm for public health management of scarlet fever cases and outbreaks in schools

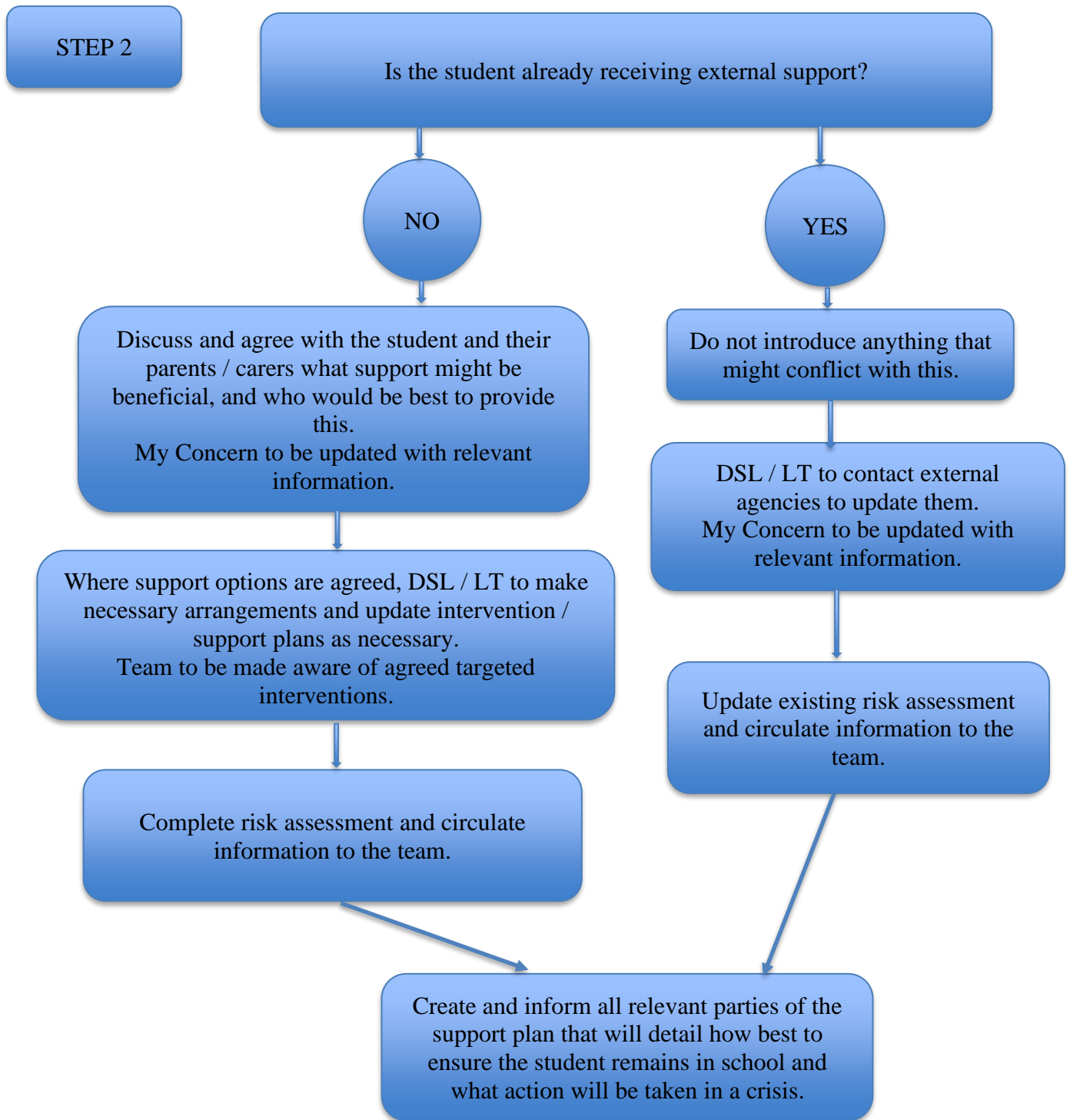


Self-harm is an umbrella term to describe a wide range of behaviours. These are split into 2 sub-categories:

- Self-injury: Harming or injuring oneself e.g. cutting, burning, burning the skin, drinking or eating poisons and other acts of self-mutilation.
- Harmful Behaviours: Behaviours which could result in long-term harm e.g. over/ under eating, drug misuse, binge drinking, and smoking.

**Flowcharts to Aid Decision-Making around Self-Injurious Behaviours**





### Informing Parents/Carers

It will be LT's decision as to when and how parents/carers are informed. This will be done with sensitivity and the meeting will be used to inform Support Plans and Risk Assessments used in school.

### Use of preventative strategies

All students who are at risk of self-harm will have an individual risk assessment which will contribute to the information within targeted intervention / support.



## Asthma

Asthma is a long-term condition that affects the airways - the tubes that carry air in and out of the lungs. The condition is due to inflammation of the air passages in the lungs and affects the sensitivity of the nerve endings. In an attack, the lining of the passages swell causing the airways to narrow and reduce the flow of air in and out of the lungs.

When a person with asthma comes into contact with something that irritates their sensitive airways even more - an asthma trigger, it causes their body to react in three ways:

1. The muscles around the walls of the airways tighten so that the airways become narrower
2. The lining of the airways becomes inflamed and starts to swell
3. Sticky mucus or phlegm sometimes builds up, which can narrow the airways even more.

These reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to asthma symptoms.

### **Asthma Triggers**

Allergic triggers · Dust · Animals/pets · Pollen · Moulds · Food · Latex

Non-allergic triggers - Infections (Colds and flu) · Smoking/second hand smoking · Exercise · Pollution/fumes · Stress/anxiety/emotion

### **Asthma signs symptoms - How to recognise an Asthma attack**

Persistent cough (when at rest)

A wheezing sound coming from the chest (when at rest)

Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)

Nasal flaring

Unable to talk or complete sentences. Some children may go very quiet

May try to tell you that their chest 'feels tight' (younger children may express this as a tummy ache)

### **What to do in the event of an Asthma attack**

Keep calm and reassure the child

Encourage the child to sit up and slightly forward

Use the child's own inhaler. Each child has their own box, clearly labelled).

Remain with the child while the inhaler and spacer are brought to them

A member of the LT and parents / carers to be informed

Immediately help the child take one puff of Salbutamol (blue inhaler) via the spacer. 1 puff/5-10 breaths. Every 30 seconds - 2 minutes, up to a maximum of 1

0 puffs

Stay calm and reassure the child. Stay with them until they feel better. The child can return to school activities when they feel better.

If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call for an ambulance.

If an ambulance does not arrive in 15 minutes give another 10 puffs in the same way

## Allergic reaction / anaphylaxis

### **Recognition and management**

Anaphylaxis is a serious and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later.

It is potentially life threatening and ALWAYS requires an immediate emergency response.

### **Triggers**

Below are examples of common triggers. However, an anaphylaxis reaction can be triggered by a whole range of things. It is NOT limited to the below. It is important to consult each individual student's care plan for information regarding specific triggers.

**Foods:** peanuts, tree nuts, milk/dairy, fish, shellfish, eggs, soy, sesame

**Insect bites/stings:** bee, wasp, ants

**Latex:** rubber gloves, balloons, swimming caps

**Medication:** antibiotics, ibuprofen

### **Signs and symptoms of an allergic reaction**

Swelling of the tongue, mouth or throat

Difficulty in breathing, swallowing or speaking

Wheeze or persistent cough

Changes in heart rate

Hive (nettle rash) anywhere on the body

Stomach cramps, nausea

Feeling weak, pale, floppy (especially in young children)

Collapse and unconsciousness

### **What to do if any symptoms of anaphylaxis are present**

In the presence of any of the severe symptoms as listed above, it is vital that an adrenaline auto-injector (epipen, emerade pen) is administered without delay, regardless of what other symptoms or signs may be present.

give an adrenaline auto-injector if there are ANY signs of anaphylaxis present.

1. Always Lie the person flat with legs raised (if breathing is difficult, allow the child to sit).
2. Use an adrenaline auto-injector without delay. The AAI can be administered through clothes and should be injected into the upper outer thigh.
3. Dial 999 to request an ambulance - the word "ANA-FIL-AX-IS" must be used when requesting an ambulance.
4. Stay with the child until ambulance arrives, do NOT stand the child up
5. Commence CPR if there are no signs of life
6. Phone parent/emergency contact
7. If no improvement after 5 minutes, give a further dose of adrenaline using another auto-injector device.