



Durham High School

## **First Aid Policy**

This policy applies to the Whole School  
and is published to parents and pupils

---

Reviewed: August 2023  
Next review: August 2024

*This policy should be read in conjunction with: Administration of Medicines by Staff Policy; Supporting pupils with medical conditions; Health and Safety Policy.*

## **Purpose of the policy**

The School recognises its responsibility to provide First-aid and will ensure that staff, pupils and any visitors while on site, have access to adequate facilities and materials at all times during the working day.

## **Legislation**

The Health and Safety at Work etc. Act 1974 imposes a general duty on employers to ensure, so far as is reasonably practicable, the health, safety and welfare of all their employees. This extends to the provision of appropriate First-aid facilities.

The Health and Safety First-aid Regulations 1981 set out the basic requirements for the provision at work of First-aid equipment, facilities and appropriately qualified personnel. These requirements have been further expanded and updated by the production of the First-Aid Approved Code of Practice and Guidance 1997 (ACOP).

The School also receives guidance from its Health and Safety advisers, namely Safeguard.

## **General Guidance**

HMSO publish '*Guidance on First-aid in Schools*' which gives the legislation which should be followed. The regulations require employers to make an assessment of their First-aid needs within the workplace that is appropriate to their circumstances. The level of provision of First-aid facilities is based on risk assessment and the number of personnel on site. If staff consider that the First-aid provision is not adequate they should immediately make representation to the Assistant Principle.

The recommendations are that there should be a minimum ratio of 1:100 fully qualified First-aiders (i.e. FAAW) to people in school (i.e. staff and pupils). Emergency Aid persons then fill the gaps when extra help is required.

At school functions there should be a minimum of one FAAW qualified person, two for a larger event, with Emergency Aid persons making up the number's at large events.

On day trips it is recommended that an Emergency Aid member of staff be present, but it is not essential unless the group is going into a remote location (e.g. field trips).

On residential trips there should always be at least one Emergency Aid member of staff.

## **EYFS**

In EYFS a paediatric First-aider will be present at all times that EYFS pupils are on site. When EYFS pupils are taken out on trips, a paediatric First-aider will join them. School is aware of the duty to inform parents and does so immediately when a pupil becomes ill or appears to be infectious. A discussion takes place with the parent to decide whether the pupil remains in school or is collected. Parents are informed on the same day of any accident or injury sustained by any pupil during the school day.

## **First-aiders**

The School identifies the need for trained First-aiders in sufficient numbers and at suitable locations to enable First-aid to be administered without delay and in a timely manner. In practical departments such as Art and PE, First-aid assistance is readily available at all times. All members of the PE staff are FAAW trained.

There are two HSE approved courses:

- FAAW
- Emergency Aid

A First-aider must hold a **current** Certificate of Competence in First-Aid at Work issued by an organisation approved by the HSE. Training courses normally take 3 days and the certificate is valid for three years. Prior to expiry a 2-day refresher course and examination is required for renewal of the certificate's validity. Emergency Aid is either delivered in School as a 6-hour course or as a one-day external course and is also valid for three years.

**In the event of an accident, an Emergency Aid person may be the first on the scene but should call for a more qualified person unless the injury is minor.**

Account is taken of the person's normal duties because a First-aider must be able to leave to go to an emergency immediately. It is the School's policy to ensure an adequate number of non-teaching staff are trained First-aiders.

Whilst First-aiders carry out their duties voluntarily, they do so in the course of their employment. This is important in the event of a third-party claim arising from First-aid treatment. The School gives written confirmation that it fully indemnifies the staff against claims for negligence arising from the administration of First-aid to pupils or third parties, provided that the members of staff are acting within the scope of their employment at the time, hold a current approved First-aid qualification, and are following the School's guidelines in relation to the administration of First-aid.

### **First-aid Code of Practice**

In the first instance an injury will be assessed as to how serious it is. This does not have to be done by a First-aider. If the injury is as a result of a fall from height, a knock to the head, wounds that bleed or an abnormal swelling, then a First-aider should be called. If in any doubt, call a First-aider. The majority of playground incidents involving pupils are merely grazes and minor bumps requiring only time for the child to get over the shock and dry their eyes. In these cases, no formal record taking is necessary. If a First-aider is summoned and attends to a pupil then a record must be made. Every incident is different, **Appendix A** of this document provides a protocol for staff to assist them through the process and actions to be taken.

### **Communication**

The official list of First-aiders is available at the following locations:

- First-Aid Room
- Senior Department Staff Room
- Pre-Prep and Prep Staff Room
- Reception
- Main Office
- Science Department - Preparation Room
- Library Office
- Nursery

If a First-aider is required, contact Reception who will immediately contact a qualified person and send them to the appropriate location.

After 5.00pm radio contact can be made with the on-duty Facilities Management Technician. A pocket radio can be found in reception and in the foyer of each building.

The emergency services can be contacted by ringing (9)999.

If a pupil requires hospital attention, parents should be contacted and asked to meet their child at the hospital. If the pupil needs to travel by ambulance, they should be accompanied, where possible, by a member of staff with pastoral responsibility. If the injury is not serious enough to require an ambulance, the pupil should be taken to hospital by a First-aider and a member of staff with pastoral responsibility who will wait at the hospital until the girl's parents arrive. The First-aider should return to school by taxi or whatever means are available.

### **First-aider / Incident Protocol**

- All First-aiders should be informed about any pupil or staff member requiring a care plan which may result in their attendance.
- The initial First aider to attend a scene will assume responsibility of the incident and become the 'Responsible Person'. Within this role, they will be the decision maker regarding all first aid and emergency assistance measures.
- On occasions where assistance is requested, the role of all subsequent attendees is to provide assistance as required and be guided by the Responsible First-aid Person.
- The number of staff attending an incident scene must be appropriate to the need and be kept to a minimum where possible.
- All non-essential staff and students not aiding the emergency response must leave the scene of the incident.
- Pupils are to return to class where possible, but it should be noted that depending on the incident and pupil involvement, pastoral support may be needed in some cases.
- Where a lone First-aider attends an incident that is significant nature or may become protracted, they must request the attendance of an additional member of staff to provide support. This person does not have to be a First-aider.

### **First-aid Boxes**

BS-8599-1 compliant workplace first aid kits and other first aid kits can be found at strategic locations around the School. There is a list in the Staff Room, Reception and in the Staff Handbook and as an appendix to this policy. The contents of each First-aid kit are listed in the box and reflect the perceived need. Back-up supplies of First-aid equipment are to be obtained from a cupboard in the First-aid Room or from the Receptionist.

It is important to keep the First-aid boxes fully stocked. If an item is used it should be replaced immediately from a central store by the First-aider. In addition, the Director of Operations will ensure that each box is checked termly. If First-aiders also find that supplies are running low, it is their responsibility to replace missing items.

To facilitate this process and aid the inspection process, each first aid kit has now been fitted with a securing tag, which must be broken to open it. This provides a clear visible indication that the kit has either been opened or tampered with. Where a securing tag has been found to be broken, it should be reported to the Director of Operations as soon as possible.

### **Travelling First-aid Kits**

There are First-aid kits available at Reception for outdoor school activities/trips and on the school minibuses. A list of contents is to be found with each kit. Any First-aid kit items used should be replaced immediately on return from the trip. Contents should be checked before departure and replenished as necessary.

Some departments hold their own mobile kits, and these should be checked as detailed above. Pre-Prep and Prep Departments travelling First-aid kits are kept with the Head of Pre-Prep and Prep Departments in their offices.

The PE Department specifically hold a mobile First-aid kitbag which is taken to all lessons and fixtures both on and off the premises.

Attention should be paid not just to the actual contents but also as to whether items are still within date.

### **First-aid Room**

In Senior Department the First-aid room is the same location as the sick room. In Pre-Prep and Prep Departments, the children remain with the form teacher in the classroom until collected by a parent/guardian or are put into the care of the Head of Pre-Prep or Prep Departments in the main Pre Prep/ Prep corridor.

Access to the First-aid room is available at all times when staff or pupils are on the premises and has easy access to an accessible toilet at Reception.

Sick children would need to be moved out of the room before First-Aid is administered.

When not in use the First-aid room should be locked. Access is available via reception enabling them to monitor the use of the First-aid/sick room.

**A male First-aider should not be alone with a pupil in the First-aid room. Where possible he should ensure that there is always another member of staff present.**

### **Health, Sickness and Special Circumstances**

A section dealing with these matters is to be found as a separate document in the Staff Handbook.

### **Records**

#### 1. Pupils

A record is kept when any pupil reports feeling unwell. After administering First-aid, the First-aider should ensure that the Incident and First Aid Treatment Log is completed, and the various copies distributed. The top (white) copy is sent to the parent, the remaining two copies (pink and blue) are then given to the Director of Operations. The pink copy goes to the pupil file. The Director of Operations will review the forms; significant matters of concern will be addressed immediately. Incidents of a serious nature will be fully investigated to identify the cause and be reported on at the next Health and Safety Committee Meeting.

#### 2. Employees/Visitors

After administering First-aid, the First-aider should ensure that the Accident Book is completed.

### **First-aid Inspection**

A review of staffing, procedures and First-aid kits is undertaken at least once a year by the Director of Finance and Business in consultation with the Director of Operations.

### **SPILLAGE OF BODILY FLUIDS**

Incidents involving pupils/staff where there has been a spillage of body fluid are dealt with appropriately by a first aider and can include blood, faeces, nasal discharges, saliva and vomit. The Facilities Management Team will cordon off, clean and disinfect the area with appropriate PPE. Staff should wear disposable gloves and any soiled items should be disposed of in designated bags which are securely sealed. A Bodily fluid spillage cleaning kit is stored in the Junior House corridor.

## GUIDANCE NOTES FOR ALL STAFF

### 1. Anaphylaxis (Anaphylactic Shock) - severe allergic reaction

#### Symptoms:

- Apprehension
- Sweating
- Feeling of faintness
- There may be a burning sensation around the mouth
- A sensation of lump in the throat which may progress to hoarseness indicating swelling of vocal cords. Airways may be obstructed
- Headache
- Dizziness

#### Immediate Treatment is required

- Stay calm - get help - contact a trained member of staff
- Place child on floor in sitting position to help relieve any breathing difficulties
- Call an ambulance
- **Requires Adrenalin Injection** (to be administered by a trained member of staff)
- Pupils should have two epipens / jextpens readily available to them at all times

#### Storage, administration and disposal of Adrenalin

- Parents to ensure supplies are maintained
- Store in a place known to all staff
- Dosage as specified by GP
- Dispose of syringe in jar or sealed container. Nurse or other designated (ie First-aider) will collect
- Record date, time and action taken

### 2. Hypoglycaemia - relevant to pupils with Diabetes

Hypoglycaemia occurs suddenly when the blood glucose levels fall below 4mmol.

#### Common signs and symptoms are:

- Pale or atheyn skin
- Dizziness
- Confusion
- Feeling weak
- Feeling hungry
- Sweaty
- Shaky/trembling
- Nausea

#### This can occur because of the following:

- Too much insulin
- Not enough food to fuel an activity
- Cold weather/hot weather
- Missed meals or snacks
- A missed or delayed meal/snack
- Vomiting

### **What to do if Hypoglycaemia occurs:**

Pupil may be able to self-administer. If not, immediately give the pupil something sugary e.g. Glucose tablets x 3, Lucozade, fresh fruit juice, or sugary pop (about 100 ml). Follow this with some starchy food to prevent the blood glucose from dropping again e.g. sandwich or cereal bar, or fruit, or two biscuits, e.g. garibaldi, ginger nuts.

If still hypo after 15 minutes, give some more sugary food.

Hypo stop can be massaged into the pupil's cheek if they are too drowsy to take anything themselves (check if this is kept in school for the relevant pupil).

If the pupil is unconscious, do not give her anything to eat or drink and CALL (9)999 for an ambulance. Also contact parents/carers on contact numbers immediately.

### **PROCEDURE FOR CALLING AN AMBULANCE**

Call a First-aider by contacting Reception: use internal telephone or radio or send a pupil or member of staff.

First-aider decides if emergency services should be called. If so, instruct Reception, or if that is not possible call directly. It is essential that there is no delay and that the First-aider leaves the casualty for the minimum time.

#### **Reception must be informed.**

Reception:

- Ring for ambulance if First-aider has not done so;
- Send message back to First-aider that ambulance is on its way;
- Radio the Facilities Management Team to escort the ambulance;
- **For Pre-Prep and Prep Departments:** inform Head of Pre-Prep or Prep Department;
- **For Senior Department** (a) inform Head of Year or teacher with pastoral responsibility, (b) inform Assistant Principal, Director of Studies, to arrange cover if necessary. (c) inform relevant Head of Department to set work if necessary;
- Inform parents;
- Inform Principal.

Head of Year or teacher with pastoral responsibility or member of Pre-Prep or Prep Department staff accompanies the pupil to hospital and waits until parents arrive. Taxi back to School.

If an ambulance is not required, but medical assistance is still required, the Head of Year, teacher with pastoral responsibility or member of Pre-Prep and Prep Department staff should drive the pupil to hospital accompanied by a First-aider. On arrival at hospital, the First-aider is no longer required and may return to School by taxi.

### **3. Suspected Overdose of medication**

**If a pupil is responsive:** If a pupil discloses, they have taken an overdose of medication, a First Aider should make an assessment of the pupil to ascertain if coherent and responsive.

Parent informed that they need to come and take their child to A and E, urgently for an assessment.

**If a pupil is not coherent or responsive:** Ring for an ambulance immediately and inform them of the suspected overdose (if we are aware of it). Then ring parents and inform them. Head of Year or teacher with pastoral responsibility or member of Pre-Prep or Prep Department staff

accompanies the pupil to hospital and waits until parents arrive. Taxi back to School or other available means. **At all stages there must be no delay.**

### LOCATION OF FIRST-AID KITS

Biology 1	
Biology 2	
Caretaker's Office	
Chemistry 1	
Chemistry 2	
Drama Studio - Salter Wing	*
Entrance Lobby - Fitheyr Block	*
Entrance Lobby - Hurworth	*
Entrance Lobby - Infant Block	*
Entrance Lobby - Junior Hall	*
First-aid Room	
Infant Block (Staff Room)	
Junior House Staff Room	
Junior House Toilets	
Kitchen/Dining Room	*
Main Office	
Minibus	
Nursery	
Physics 1	
Physics 2	
Reception	
Science Prep Room	
Senior Hall	*
Theyd	
Sports Hall	
Textiles Room	
Minibus x3	

\* indicates location of BS-8599-1 compliant kit

**STAFF WITH FIRST-AID QUALIFICATIONS**

**If assistance is required to find a First-aider, Reception should be contacted.**

<b>Location</b>	<b>Name</b>	<b>First Aid Qualification</b>
<b>Senior Department</b>		
Senior Department	Annabel Armitage	First Aid at Work
Senior Department	Gen Colon	Emergency First Aid at Work
Senior Department	Emily Coulson	First Aid at Work
Senior Department	E Gentry	Emergency First Aid at Work
Senior Department	N Hill	HSE Emergency First Aid & Defib
Senior Department	A Jenkinson	First Aid at Work
Senior Department	Eleanor Lucas	Emergency First Aid at Work
Senior Department	L Middleton	Emergency and Outdoor First Aid
Senior Department	Charmain Murray	Emergency First Aid at Work
Senior Department	A Schofield	First Aid at Work
Senior Department	J Slane	First Aid at Work
Senior Department	J Priest	Emergency and Outdoor First Aid <b>(D of E only)</b>
Senior Department	A Cartmell	Emergency and Outdoor First Aid <b>(D of E only)</b>
Senior Department	N Alvey	Emergency and Outdoor First Aid <b>(D of E only)</b>
<b>Pre-Prep and Prep Department</b>		
Prep	Rachel Booth	Paediatric First Aid
Pre-Prep and Prep	Rachel Cartwright	Emergency First Aid at Work
Pre-Prep	Sarah Cehic	Paediatric First Aid
Prep	Amy Dobson	Paediatric First Aid
Pre-Prep and Prep	Tricia Everett	First Aid Course (Level 6)
Pre-Prep	Julie Hall	Paediatric First Aid
Nursery	Kathryn Hall	Paediatric First Aid
Nursery	Melanie Harrison	Paediatric First Aid
Prep	Carolyn Hopper	Paediatric First Aid
Prep	Susan Rose	Paediatric First Aid
Pre-Prep	Dianne Smith	Paediatric First Aid
Pre-Prep and Prep	Julie Tipple	Paediatric First Aid
Prep	Katherine Tozer	Paediatric First Aid



## Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

All employers have a duty to report to the relevant enforcing authority by the quickest practicable method, and in any event within 10 days, any injury or dangerous occurrence. The Principal and Director of Finance and Business must be informed if:

- any person **dies** as a result of an accident arising out of or in connection with work;
- any person at work suffers a '**major injury**' (see below) as a result of an accident arising out of or in connection with work;
- any accident which prevents an employee from undertaking their normal work activities for **more than seven consecutive days** (not including the day it occurred); or
- any person not at work e.g. a pupil or visitor, suffers an injury as a result of an accident arising out of or in connection with the physical condition of the premises or a curricular activity and that person is immediately taken **to a hospital** for treatment from the scene of the accident (Examinations and diagnostic tests do not constitute treatment).

**Note:** As specific criteria apply to the reporting of incidents/accidents to the HSE under **RIDDOR** in schools, the Responsible Person (Director of Operations) will decide whether an incident/accident is reported or not.

**Major injuries** are defined as follows:

- any fracture, other than to the fingers, thumbs or toes;
- any amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (whether temporary or permanent);
- a chemical or hot metal burn to the eye or any penetrating injury to the eye;
- any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury
  - leading to hypothermia, heat-induced illness, or
  - to unconsciousness, or
  - requiring resuscitation, or
  - requiring admittance to hospital for more than 24 hours;
- loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent;
- either of the following conditions which result from absorption of any substance by inhalation, ingestion or through the skin:
  - acute illness requiring medical treatment, or
  - loss of consciousness;
- acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected materials.

**Appendix A****Incident/Accident Reporting Protocol**

In line with Durham High Schools Health and Safety and First Aid Policies, the following protocol identifies the actions to be taken by staff when an incident/accident or Near Miss/Cause for Concern occurs.

**Definitions****Incident/Accident:**

An occurrence, condition, or situation arising in the course of an activity that resulted in or could have resulted in injuries, illnesses, damage to health, or fatalities.

**Near Miss/Cause for Concern:**

Are terms for an event that could have caused harm but did not.

**Minor Incident/Accident or Near Miss/Cause for Concern**

- Respond to the incident and assess what assistance is required
- Give assistance to the victim if appropriate where First aider assistance is not required
- Where medical assistance is required, request assistance via a pocket radio (located at the entrance hall of all buildings) or call reception. Assistance can be in the form of a First-aider if you are not qualified, general teaching staff assistance or a member of the Facilities Management Team
- Following the initial treatment and support phase of the incident, the 'Responsible Person' (the person taking action to support the victim), must complete an Incident and First-aid Treatment Log if first aid was administered
- The Responsible Person must clarify what happened in the record
- Complete the Incident and First Aid Treatment Log in a clear and concise manner to ensure it is legible to other readers (parents/guardians, DHS staff, other investigators etc. Note: It is important to record the causation of the incident, as this is a legal document that can be used in court, but primarily provides necessary evidence which can be utilised to implement new control measures to prevent further incidents of the same nature
- Pass the white copy of the Incident and First Aid Treatment Log to the pupil and request it be passed to their parent/guardian and the pink and blue copies to the Director of Operation. These will be recorded and analysed at the Health and Safety Committee Meetings
- Where an incident involves a member of staff, a record of this must be documented in the schools Accident Book, which is located in the Main School Office
- Inform your supervisor/manager (HOYS) of the incident at the earliest opportunity
- In circumstance where an incident evolves and becomes serious to a degree that urgent medical assistance is required, call 999 and request the attendance of an ambulance.

**Serious Incident/Accident or Near Miss/Cause for Concern**

- Take all actions listed above in relation to a minor incident, but where urgent medical assistance is required, request the attendance of a first aider and/or ring 999 and request the attendance of an ambulance
- Inform the Senior Leadership Team and your supervisor/manager (HOYS) of the incident at the earliest opportunity
- All serious Incidents/Accidents or Near Miss/Cause for Concern's will be investigated by a senior member of staff and the Director of Operations
- Following a full internal investigation, incidents that are reportable under **RIDDOR** will be reported to the Health and Safety Executive by the Director of Operations or a member of

the Senior Leadership Team. These incidents must be reported to the reporting authority within 10 days of the incident

- All incidents and data will be reported to and analysed by the school's Health and Safety Committee.

**Note:** If you are in any doubt about what action to take, please contact your supervisor/manager or the Director of Operations.