

EFFINGHAM

ST TERESA'S • SIXTH FORM

WHOLE SCHOOL FIRST AID PROTOCOL

In accordance with Health and Safety legislation (Health and Safety (First Aid) Regulations 1981) it is the responsibility of the Governing Body to ensure adequate and appropriate First Aid provision at all times when there are people on the school premises and for staff and pupils during off-site visits and activities.

Introduction

The Health and Safety of the pupils in the care of St Teresa's school and Effingham Sixth Form is one of our prime concerns. There are clear procedures laid down by the school to organise the provision of First Aid for the child and staff both on and off the school premises.

It is parental responsibility that all pupils attending school are healthy and fit to cope with the school day without leaving lessons for medical attention. The School Nurse is available for prescribed medication, injuries, emergencies and illnesses that occur during the school day. The school nurse is supported by those member(s) of the Reception staff and staff who hold a First Aid at Work Certificate.

If a pupil is too unwell to remain in school, the nurse will contact their parents/guardians so that they may be taken home, or to inform parents/guardians if the pupil needs to be taken to hospital. Any pupil who has had an accident requiring urgent medical treatment will be taken by ambulance accompanied by a member of staff if the parent/guardian is not present. The school may decide that it is appropriate for a child to receive medical treatment off site, in which case they will be accompanied by one member of staff if a parent/guardian cannot be contacted. The pupil will be taken in one of the school minibuses.

In order to ensure adequate First Aid provision, it is the school policy that:

- There will be enough trained personnel together with appropriate equipment available to ensure someone competent in basic first aid techniques can rapidly attend an incident at all times when the school is occupied.
- A qualified First Aider is always available
- Appropriate First Aid arrangements are made whenever staff and pupils are engaged in off-site activities and visits.

Responsibilities

Dedicated admin member of staff to ensure (JSL/GGR)

- Sufficient numbers of suitable-qualified First Aiders are available
- Identifying First Aid training needs and arranging attendance on external courses or in-house if the school nurse is a qualified trainer
- Maintaining a record of all first aid training undertaken by school staff

The school nurse is located in the medical centre in the courtyard The School Nurse is responsible for ensuring:

- First Aid needs are assessed and addressed.
- Providing first aid support during the term and whole school events
- Liaising with the Health and Safety Committee on first aid issues
- Organizing provision and regular replenishment of first aid equipment
- Maintaining records of accident reports (Head of H &S)

Qualified first aiders are responsible for:

- Responding promptly to calls for assistance
- Providing first aid support within their level of competence
- Summoning medical help as necessary
- Recording details of treatment given on ISAMS and in the accident book.
- Informing school nurse of equipment used so that it may be replenished

Teachers of PE on each school site are responsible for:

- Ensuring appropriate first aid is available at all sports activities.
- Ensuring first aid kits are taken to all practice sessions and matches
- Ensuring their first aid kits are kept well stocked

The Head of Boarding is responsible for:

- Ensuring first aid cover out of school hours for boarders
- Ensuring first aid cover is available for weekend activities for the boarders
- Informing the school nurse if their first aid kits need replenishing

The Head of Equestrian is responsible for:

- Ensuring first aid cover out of school hours for pupils at the equestrian center
- Ensuring first aid cover is available for weekend activities for the pupils
- Informing the school nurse if their first aid kits need replenishing

All staff are responsible for:

- Acting in capacity of responsible adult in the event of an emergency
- Accurately recording all accidents in accident book and give to Medical Centre
- Carrying out risks assessments for any off-site trips and ensuring adequate first aid provisions are taken. (First Aid Kits are available from the school nurse.) It is preferable that a qualified first aider accompanies any school trips.

First Aid Risks

The School Nurse and health and safety committee carry out a continuous assessment of first aid needs. The assessment takes account of:

- Numbers of pupils, staff and visitors on site
- Layout and location of buildings and grounds
- Specific hazards
- Special needs

The assessment identifies:

- How many first aiders are needed during the school day?
- Out-of-hours and off-site arrangements
- Liaising with SMT to plan how to cover absence of firstaiders
- High risk areas
- First aid equipment needed
- Location of first aid equipment
- Necessary first aid notices and signs
- Good practice in record keeping
- Numbers of pupils, staff and visitors on site.
- Layout and location of grounds

Accidents can happen anywhere, therefore all staff should be trained in basic first aid skills and know how and when to obtain help in an emergency.

- Specific hazards - Accident statistics indicate the most common times, locations and activities at which accidents occur at school highlighting areas where pupils and staff may be at greater risk of injury. Injuries and accidents are most likely to occur during games lessons and matches, during science and art lessons, at break times. Out-of-hours and off-site activities may present risks depending on the location and nature of the activity and the number of pupils and staff involved.
- Special needs - There are several pupils who have specific health needs. The Nurses will give advice and information to staff as appropriate.
- Out-of-hours and off-site activities

Many school activities take place outside of normal school hours and off site. First aid provisions must always be available while people are on the school premises and when on school trips or visits. All members of PE staff should undertake the full First Aid at Work training. In school holidays there should be a qualified first aider available during working hours. Equestrian, Teachers in the forest school, Maintenance require the FAW course, all should be EFAW or FAW

Provision of first aid personnel and equipment

The school has a well-equipped Medical Centre staffed by a Team of Nurses. It is open throughout the school day to deal with illness, minor injuries and accidents. The School Nurse carries a radio to enable contact at any time during the day. If the School Nurse is off-site for any reason staff will be informed of the procedure to follow in their absence.

In accordance with DfE and HSE guidelines, the school should have approximately 20% of the staff trained on the 3-day First Aid at work course. It is recognized that it is not always possible and a minimum of 10% is allowed with as many staff as possible trained on the 1-day emergency first aid course. First Aiders should be easily available in areas of greatest risk.

Trained First Aiders

A CPD spreadsheet is held by operations department who organise all the training and update the spreadsheet. The first aiders list is shared with the wider school including reception team.

CPD for all staff: All trip leaders must have completed 3 days EFAW first aid course. An online live excel document of all staff trained and expiry dates is held centrally.

Anaphylaxis: We have a whole school approach to training in anaphylaxis. Training is completed by all staff annually in September during Inset, which includes a practical nurse led session and an online e-learning module.

Medication administration: Staff that may administer medication to students must complete the online e-module on joining the school and every 2 years. In event of any error the course must be completed, and competency will be reviewed by Lead Nurse.

Diabetes: All staff training face to face every 2 years, online e-learning every 2 years (alternating) ensuring we capture new starters.

First Aid Kits: First aid boxes are in many areas of the school and are clearly labelled with a white cross on a green background in accordance with Health and Safety regulations. Head of Transport, Equestrian, PE staff and Maintenance are responsible for bringing their kits to the medical centre to be replenished termly.

A first aid kit should be taken to all off-site activities and visits. Spare kits are available from the medical centre. The teacher in charge of the trip is responsible for ensuring that Evolve is uploaded, the health questionnaire is sent, and parental consent form is completed. The Trip lead should inform the nursing team minimum of 3 weeks prior to trip so they can prepare a medical conditions report.

The Nurse in conjunction with each department is responsible for the checking and restocking of First aid kits termly. The School Nurse should be notified when items have been used so they can be replaced without delay.

The school has three defibrillators. They are (1) Arch in the courtyard, (2) Swimming pool entrance and (3) Pavilion. It is the responsibility of the nurses to check the equipment monthly and replace the expired pads and battery once expired. The code for the weatherproof external boxes are written on boxes C159X.

Information

It is essential that there is accurate, accessible information about how to obtain emergency aid.

All new staff and pupils should be provided with information about how to obtain first aid assistance. This should include:

- Location of Medical Centre
- How to contact the School Nurses in an emergency
- Procedure for dealing with an accident in the Nurse's absence
- Names of qualified first aiders and appointed people
- Location of first aid kits
- How to call an ambulance in an emergency

New staff/pupils will be informed of First Aid procedures in their induction.

First aid notices should be posted in key areas throughout the school. Notices should be easily recognizable through the use of the standard first aid symbol (white cross on green background) and should include information on:

- Names of qualified first aiders
- Location of first aid boxes
- Locations of emergency EpiPens and inhalers and defibrillators
- Emergency telephone numbers within the school (Reception number – 100 prep school 276, nurse's office number - 227)
- Arrangements for obtaining emergency aid outside normal hours, e.g. how to call an ambulance 999/112

Rooms where first aid kits are located should be clearly marked with a sign. All first aid notices should be checked regularly by the School Nurse for accuracy and amended as necessary.

Training

A qualified first aider is someone who holds a valid certificate of competence in First aid at Work. The certificate must be issued by an organization approved by the Health and Safety Executive, or Ofqual regulated body. The operations department will arrange for staff to attend the First Aid at Work and re-qualification courses as required. See the following guidelines for HSE guidelines on training providers <http://www.hse.gov.uk/pubns/geis3.pdf>

Unfortunately, accidents will occur wherever there are numbers of children or young people present and all staff must be able to respond quickly and appropriately in the event of an accident or injury. Pupils should be encouraged to learn first aid skills through schemes such as Duke of Edinburgh Award and PSHCE lessons

Specific training is required for some areas:

The forest school, PE staff and equestrian require staff to hold the 3-day level 3 FAAW course

Emergency Procedures

Depending on the severity of the injury or illness, a casualty should either see the School Nurse at the next appropriate opportunity, e.g. break or lunchtime, or go immediately to the School Nurse.

For high-risk areas e.g. Sport, equestrian, maintenance and forest school, the nurse should be contacted directly via the radio on 1/phone for an immediate response. The designated first aider for that environment should remain with the casualty and treat as per training until her arrival

In the event of a severe illness or injury the Lead Nurse or School Nurse should make the decision to call an ambulance. In the absence of a school nurse the first aider on duty and in charge of the situation should make the decision to call 111 or 999. This may or may not be done in discussion with the SMT/Nurses or boarding staff, however where possible they should be informed immediately. An emergency card is kept on medical team and in PE first aid kits with postcodes, address and school phone numbers. Whenever possible someone should remain with the casualty until help arrives.

If an ambulance is called, maintenance and reception should be informed as soon as possible and one of them should go to the front of the school to give directions to the ambulance crew. Parents /Guardians/next of kin of the casualty must be notified as soon as possible by the Nurse or SMT or delegated person.

A responsible adult should accompany the casualty to hospital with written details of the incident and any treatment/drugs given.

This policy should be read in conjunction with other policies as appropriate:

- General medical information for vomiting and diarrhea
- AED procedure
- Infection control policy
- Specific medical conditions e.g. asthma and anaphylaxis
- Poisoning and substance misuse
- Dental /oral injuries
- Head injuries
- Mental health

Reporting and Record keeping

All accidents, however minor, for staff, visitors and pupils should be recorded on ISAMS and the Accident Book at the time of the incident.

Accident Books are kept in the Medical Centre, Reception, Sixth Form, Prep school, PE department, Science department and Equestrian center.

Completed Accident Forms should be removed from the accident book and given to the Medical Centre as soon as possible, then to Head of health and safety within 2 days of the incident. It is the responsibility of the staff member who witnesses the incident or who first responds to the incident to complete the Accident Form.

Minor accident / injuries which are dealt with by staff other than the nurse, i.e. minor cuts and grazes, still need to be recorded.

It is the Health and safety committee's responsibility to monitor accident forms and report any trends, regular occurrences or need for risk assessments to the Head/ Director of Operations.

Some accidents must be reported to the Health and Safety Executive within 3 working days under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, and this will be done by the Health and Safety Manager.

Any accident resulting in the injured person being sent home or taken to hospital must also be reported to the Head by the nurse or member of staff dealing with the incident.

The Director of Operations will keep all Accident Forms and book stubs securely for the minimum legal period of 5 years.

RIDDOR require the following to be reported:

Deaths

All deaths to workers and non-workers must be reported if they arise from a work-related accident, including an act of physical violence to a worker. Suicides are not reportable, as the death does not result from a work-related accident.

Specified injuries to workers

The list of 'specified injuries' in RIDDOR 2013 (regulation 4) includes:

- a fracture, other than to fingers, thumbs and toes;
- amputation of an arm, hand, finger, thumb, leg, foot or toe;
- permanent loss of sight or reduction of sight;
- crush injuries leading to internal organ damage;
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
- scalping (separation of skin from the head) which requires hospital treatment;
- unconsciousness caused by head injury or asphyxia;
- Any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

Over-seven-day injuries to workers

This is where an employee, or self-employed person, is away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident). Health and Safety Executive Reporting accidents and incidents at work.

Injuries to non-workers

Work-related accidents involving members of the public or people who are not at work must be reported if a person is injured and is taken from the scene of the accident to hospital for treatment to that injury. There is no requirement to establish what hospital treatment was actually provided, and no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

If an accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury' (see above).

Reportable occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work. These diseases include:

- carpal tunnel syndrome; severe cramp of the hand or forearm;

- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- Any disease attributed to an occupational exposure to a biological agent.

Reportable dangerous occurrences

Dangerous occurrences are certain, specified 'near-miss' events (incidents with the potential to cause harm.) Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces. For example: The collapse, overturning or failure of load-bearing parts of lifts and lifting equipment; For a full, detailed list, refer to the online guidance at:

www.hse.gov.uk/riddor/report

Ofsted Reporting Requirements for Early Years Settings

The following incidents must be reported to Ofsted if they occur within the early years setting:

- Death of a child in the care of St Teresa's.
- Death, serious accident, or serious injury of any other person on the premises.
- Any child who attends A&E and is admitted to hospital for more than 24 hours, either directly from the school or because of an incident that occurred while in the school's care.
- Any significant event likely to affect the suitability of the setting or its staff to care for children.

Definition of a Serious Injury

A serious injury includes:

- Broken bone.
- Loss of consciousness.
- Pain not relieved by simple painkillers.
- Acute confused state.
- Persistent, severe chest pain or breathing difficulties.
- Amputation
- Dislocation.
- Temporary or permanent loss of sight.
- Chemical or hot metal burn to the eye, or any penetrating eye injury.
- Electrical shock or electrical burn resulting in unconsciousness, requiring resuscitation, or hospital admission for more than 24 hours.
- Any injury leading to hypothermia, heat-induced illness, unconsciousness, requiring resuscitation, or hospital admission for more than 24 hours.
- Unconsciousness caused by asphyxia or exposure to harmful substances or chemical agents.
- Medical treatment or loss of consciousness resulting from the inhalation, ingestion, or skin absorption of any substance.
- Medical treatment where there is reason to believe it resulted from exposure to a biological agent, its toxins, or infected material.

Summary

Any death, serious injury, significant safeguarding concern, or incident resulting in a child being admitted to hospital for more than 24 hours must be reported to Ofsted.

Location Of First Aid Boxes in School

It is recommended by ofqual that a first aider should be able to reach a first aid kit within 60 seconds of the incident. Therefore, there are many first aid kits around St Teresa's school and Effingham Sixth form.

Swimming pool and PE have additional foil blankets, sick bowls.

• Medical Centre	First aid kit, AAI Kit, Asthma Kits, Defib in Archway
• Kitchen/Dining Hall	First aid and burns kits, AAI kit and Asthma inhaler
• Science labs	Prep room
• Science labs	Upstairs hallway
• Boarding Office	AAI kit and Asthma inhaler
• Food technology room	
• Senior school reception area	AAI kit and Asthma inhaler
• Art Dept.	lower floor
• Art Dept.	upper floor
• Sports hall	
• Maintenance coffee room	
• Swimming pool	Defib, first aid kit, Asthma inhaler
• Director of Operation's PA office	
• Maintenance	Workshop and coffee room
• Every Minibus	
• Drama studio	
• Hall	
• Prep hall	
• Prep first aid room	AAI kit and Asthma inhaler
• Magdalene house upstairs,	AAI kit and Asthma inhaler
• St Luke staff office	
• Tennis	Pavilion Defib
• Equestrian Centre	AAI kit and Asthma inhaler
• Forrest school	

Eye wash stations are kept in the Maintenance office, each Science lab, Head of maintenance office, Swimming pool basement and Boarding office

FIRST AID KITS / BOXES LISTS OF CONTENTS

Recommendations only

General boxes kept in school

First Aid leaflet
Disposable gloves
Alcohol free cleansing wipes
Bandages
Hypoallergenic plasters, assorted sizes
Sterile non-adhesive dressings
Sling with safety pin
Hypoallergenic microporous tape
Sterile eye pads (eye wash-out solution kept separately in science labs)
Saline solution
Blue detectable plasters (food tech and kitchen)
Burns dressings (food tech and kitchen)
Ice packs (PE dept)
Sanitizing hand gel
Safety pins
Scissors
Foil blanket
Yellow clinical waste bag
Resuscitation Mask
Tweezers

Kits for school trips

In addition to general kits;

Emergency drugs as required
Sanitary towels/tampons
Vomit bags
Sanitizing hand gel

(Kits for residential and D of E trips to be arranged as per requirements eg: blister plasters)

Monitoring and Review of the Policy

First aid arrangements are continually monitored by the School Nurses and are formally reviewed annually to ensure the provision is adequate and effective.

Annual reviews will be carried out by the Lead Nurse, School Nurses, the Health and Safety Committee and SMT with additional reviews following any significant changes in structure, such as new buildings, relocation or changes in staffing and/or student numbers.

Any concerns regarding first aid should be reported without delay to the Lead Nurse or the Director of Operations.

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