



Local Procedure/Protocol

School/Home Name:	Chilworth House Lower School
Local Procedure/Protocol Title:	First Aid Policy
Linked to Group Policy Title & Code:	SHEP01 First Aid Policy
Date Reviewed:	September 2023
Next Update Due:	September 2024
Procedure/Protocol Lead:	Dave Willcox – Head Teacher
Procedure/Protocol Sponsor:	Patricia Berry, Group Risk Manager, Head Office

EQUALITY AND DIVERSITY STATEMENT

Witherslack Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.

ENVIRONMENT, SOCIAL, GOVERNANCE (ESG) STATEMENT

Witherslack Group is committed to responsible business practices in the areas of: Environmental Stewardship, Social Responsibility, Governance, Ethics & Compliance. An ESG impact assessment has been completed on this procedure/protocol to ensure it can be implemented successfully without adverse implications on our Group goals.

To ensure that this procedure/protocol is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, please email the named policy lead.

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1. STATEMENT

1.1 The Head Teacher, Registered Manager or Senior Leadership Team, in consultation with Witherslack Group Risk Management will;

- a) Ensure that adequate arrangements and provision in relation to first aid are made available, this will include cover for all off site activities, residential trips and extraordinary events e.g. open days.
- b) Ensure that adequate training is put in place for staff, either refresher or induction training for new staff.
- c) Include first aid arrangements for staff/young people as part of the induction programme.
- d) Ensure suitable and sufficient first aid kits are kept within nominated areas and are inaccessible to young people and kept safe at all times. **See appendix 2.**
- e) Ensure that there are suitable and sufficient facilities and equipment available to administer first aid.
- f) Appoint a designated person(s) to regulate the stock contained within the various first aid kits and to ensure they retain sufficient stock in reserve to replenish such kits. These checks are to be completed and recorded monthly.
- g) Ensure parents/carers and young people are aware of the arrangements for first aid within each setting.
- h) Maintain clear and consistent records of any first aid treatment given by first aiders and appointed persons. This record is to include the young person's name, date, time, why you are administering first aid – i.e. state the injury and what first aid has been given. This record is to be signed by a responsible person and all records to be monitored weekly by an appropriate designated senior member of staff.
- i) In an emergency, establish procedures for contacting the young person's parents/ carers and named local authority contact (if appropriate) as soon as possible.
- j) Establish procedures for routinely reporting all serious or significant incidents which require first aid treatment to parents/carers and named local authority contact (if appropriate). All incidents should be similarly recorded in writing and a copy retained in the young person's file, the school/home's medical reporting system.

2. TERMINOLOGY

2.1 First aid is the treatment of minor injuries that happen on the premises that would otherwise receive no treatment or do not require treatment by a medical practitioner. In cases where a person will require help from a medical practitioner, First Aid aims to preserve life and minimise the consequences of injury or illness until such help is obtained. A first aider is a person who has undergone a training course in administering first aid at work and holds a current first aid certificate.

3. PERCENTAGE OF STAFF THAT ARE FIRST AID TRAINED IN WG SETTINGS

3.1 a) All children's home staff need to complete the 1 day EFAW [Emergency First Aid at Work] so that there is enough first aid cover for every shift both night and day. **See appendix 1.**

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- b) There should be a minimum of 3 First Aiders that have completed the 3 day First Aid at Work Course in each educational setting, which covers a wider range of conditions/illnesses.
- c) Within residential schools – all care staff that work in the house areas within the school will need to be first aid trained to make sure that there is enough cover throughout the school day, night, and weekends. There should also be at least fifty percent further cover within the staff team, and in that percentage of First Aiders, staff that cover the higher risk subjects which includes – Forest Schools, Physical Education, Food Technology, Catering, Design and Technology, Motor Mechanics, Science and Pastoral Staff.
- d) Within Day Schools and Learning Centres, at least fifty percent of the staff team must be qualified, again in that percentage of First Aiders, staff that cover the higher risk subjects which includes –Forest Schools, Physical Education, Food Technology, Catering, Design and Technology, Motor Mechanics, Science and Pastoral Staff.
- e) For every off-site activity, there must be a nominated First Aider, this is to be recorded on the EVOLVE system as part of the Off-Site Activity procedure.
- f) Instructors of Outdoor Education will also have to hold a 16 hour course specifically for the outdoors, this is also a requirement for their re-certification as an instructor.
- g) Schools must provide sufficient cover during holiday periods to ensure a satisfactory level of ‘Duty of Care’ for contractors, office and maintenance staff.
- h) Fifty percent of Head Office staff who are based at Lupton will complete the 1 day course. Head Office staff that travel as part of their role, are welcome to request a first aid course.
- i) In the event of an accident the first trained member of staff to reach the scene will, as far as they are able, assess the injuries sustained by the casualty.
- j) Any casualty judged to be capable of being moved by the first aider should be accompanied to the Medical room or First aid room to be treated. If the casualty is in a home, then they should be moved to an appropriate area.
- k) Should it be deemed necessary and appropriate to call an ambulance, where possible, one member of staff is to remain with the casualty while other members of staff are mobilised to meet and direct the emergency services.
- l) All our information and guidance concerning First Aid (including accident records and forms) are kept in each of our establishments until such time they are archived.

4. PROCEDURES AND RESPONSIBILITIES

4.1 First Aid – Sequence of Events

- a) In the event of an accident the first aider takes charge of the first aid emergency treatment, commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance. If unsure at any time the first aider could call the NHS (dial 111) for further advice.

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- b) If an ambulance is required, the first aider should dial 999, the caller must speak to the emergency services and give the following information;
 - State what has happened.
 - The casualty's name.
 - The age of the casualty.
 - Whether the casualty is breathing and/or conscious.
 - Your location including the postcode.
- c) All Witherslack Group establishments have an AED (Automated External Defibrillator), staff are trained to use the device during the Emergency First Aid at Work course, further information can be found in the AED - Code of Conduct and guidance documents.
- d) The member of staff with responsibility of calling the ambulance, must report back to the staff member with the casualty.
- e) Staff within the establishment, whilst waiting for the ambulance should gather information about the casualty. E.g. Medication they are currently taking, any allergies, any health conditions, social worker/next of kin contact details etc.
- f) Once the ambulance crew arrives on site, they immediately will take responsibility for the situation and Witherslack Group staff should step back unless directed by the emergency services.
- g) The guidance for a lone member of staff with a casualty is that the staff member will need to make an informed decision and dynamic risk assessment as to whether it is necessary to leave the casualty to get help.

4.2 Offsite Activities In the event of children needing first aid on trips out:

- a) All staff have first aid kits and mobile phones with them.
- b) The first aiders deal with minor ailments.
- c) For major ailments the School/Home is informed and advice sought.
- d) For any incident that the first aider is unsure of, a second opinion from another first aider is sought, or by calling the NHS (dial 111).
- e) Gloves are always worn when treating injuries.
- f) Any accident or incident is reported back to the School/Children's Home and an accident form filled in as soon as possible on return or within 48 hours.
- g) In the event of a serious incident an ambulance is always called.

4.3 Record Keeping

- a) All accident records MUST be written in black ink in accordance with the Nursing and Midwifery Council guidelines for record-keeping.
- b) All accidents requiring treatment are recorded with the following information:
 - Name of injured person .
 - Name of qualified/emergency/first aider and employee number.
 - Date and time of the accident.
 - Type of accident eg. bump on head.

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- Where it happened.
 - Treatment provided and action taken.
 - Doctor (GP)/ Hospital visit required, date and time, treatment, diagnosis and advice given.
 - 'RPI' numbers added to the accident form if required.
 - Inform a member of Senior staff, there may also be a need to make a telephone call to a parent/guardian/social worker.
- c) Location of First Aid Kits in Schools, Children's Homes and Learning Centres must be recorded.
- d) Plastic gloves are in all first aid kits. Staff should use the protective plastic gloves when treating open wounds, to prevent the spread of any possible infection, e.g. hepatitis.
- e) All off-site activities must take a first aid kit with them; this is the responsibility of the activity leader.

4.4 Hygiene / Infection control

- a) All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should also have access to Bio-Hazard Body Fluid Clean Up Kits, PPE and hand washing facilities when dealing with bodily fluids for example – blood, faeces, vomit.
- b) Spills of bodily fluids should be considered infected and must be dealt with immediately and appropriately.
- c) If the need arises to deal with bodily fluids, then a bio-hazard bodily fluid clean up kit needs to be used along with the appropriate personal protective equipment (PPE) and all abrasions should be covered.
- d) All contaminated materials should be disposed of in a yellow clinical waste bag or double bagged.
- e) Wash hands thoroughly with soap and water after the incident.

4.5 Reporting Injuries

- a) Statutory requirements under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) state; some accidents must be reported to the HSE (Health & Safety Executive). The Health and Safety Officer must keep a record of any reportable injury, disease or dangerous occurrence. This must include the date and method of reporting, the date and place of the event, personal details of those involved and a brief description of the nature of the event or disease.
- b) Reports to the HSE are to be submitted within 10 days of the accident (not counting the day of the accident, but including weekends and other rest days). The duty to notify and report such accidents/incidents, rests with a 'responsible person' at each setting.
- c) Risk Management must be notified of any RIDDOR's filed.
- d) Guidance with regard to 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013' (RIDDOR) can be found on the HSE website.

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5. REFERENCES

- 5.1
- [Health and Safety at Work Etc. Act 1974](#)
 - [Health and Safety \(First Aid\) Regulations 1981](#)
 - [The Management of Health & Safety at Work Regulations 1999 \(SI 1999 No.3242\)](#)
 - [The Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013\(RIDDOR\) \(S12013 No.1471\)](#)
 - [Residential Special School Minimum Standard 2015](#)
 - [Children’s Homes Regulations 2015](#)
 - [Care Standards Act 2000](#)
 - [The Education \(Independent School Standards\) Regulations 2014](#)
 - [The Independent Schools Guidance](#)
 - [‘Incident reporting in schools \(accidents, diseases and dangerous occurrences. Guidance for employers. Education Information Sheet No. 1 \(Revision 3\).](#)

6. ASSOCIATED FORMS

- 6.1
- First Aid Accident investigation form
 - First aid accident near miss investigation form
 - First aid accident record
 - First Aid Accident record guidelines for completion
 - First Aid accident record serial number sequence sheet - Staff
 - First Aid accident record serial number sequence sheet – Young Person-Pupil
 - First Aid accident record serial number sequence sheet – Visitor
 - First Aid AED Guidance sheet
 - First Aid AED record sheet
 - First aid Anaphylaxis emergency guidance
 - First Aid Bio-Hazard kit check sheet
 - First Aid Body map for injuries
 - First Aid emergency cut down kit check sheet
 - First Aid injury report record
 - First Aid kit-record of check
 - First Aid RIDDOR guidance
 - First Aid staff injury debrief form
 - [RIDDOR HSE guidance sheet](#)

7. APPENDICES

Appendix 1 - EMERGENCY FIRST AID AT WORK

Appendix 2 - GUIDELINES FOR FIRST AID KITS

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Appendix 1 - EMERGENCY FIRST AID AT WORK

A one day course every three years. On completion of training, successful candidates should be able to:

- Understand the role of the first-aider, including reference to;
 - a) The importance of preventing cross infection.
 - b) The need for recording incidents and actions.
 - c) Use of available equipment.
- Assess the situation and circumstances in order to act safely, promptly and effectively in an emergency.
- Administer first aid to a casualty who is unconscious (including seizures).
- Administer cardiopulmonary resuscitation (CPR).
- Administer first aid to a casualty who is choking.
- Administer first aid to a casualty who is wounded and bleeding.
- Administer first aid to a casualty who is suffering from shock.
- Provide appropriate first aid for minor injuries (including small cuts, grazes and bruises, minor burns and scalds, small splinters).

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Appendix 2 - GUIDELINES FOR FIRST AID KITS

BS8599-1 (2019) FIRST AID KITS

CONTENTS	SMALL	MEDIUM	LARGE	TRAVEL
GUIDANCE LEAFLET	1	1	1	1
MEDIUM STERILE DRESSINGS	2	4	6	1
LARGE STERILE DRESSING	2	3	4	1
TRIANGULAR BANDAGES	2	3	4	1
EYE PAD STERILE DRESSINGS	2	3	4	1
STERILE PLASTERS	40	60	100	10
STERILE CLEANSING WIPES	20	30	40	10
ADHESIVE TAPE	1	2	3	1
NITRILE DISPOSABLE GLOVES (PAIRS)	6	9	12	2
FINGER STERILE DRESSINGS	2	3	4	2
RESUSCITATION FACE SHIELD	1	1	2	1
FOIL BLANKET	1	2	3	1
BURN DRESSING	1	2	2	2
SHEARS	1	1	1	1
CONFORMING BANDAGE	1	2	2	1
EYEWASH	0	0	0	1
GREEN MOULDED CASE	1	1	1	1

NB: Where a site has numerous first aid kits around the establishment, please use a common sense approach when considering the quantity of equipment needed per kit.

Guidance leaflet – this is a small leaflet that comes inside the first aid kit with basic first aid advice.

Statutory first aid provision for all passenger carrying vehicles satisfies the requirements of the road traffic act (1986) BS8599-1 (2019) travel & motoring first aid kits.

STANDARD KIT CONTENTS:	MINI-BUS FIRST AID KIT
GUIDANCE LEAFLET	1
WASH PROOF PLASTERS	10
TRIANGULAR BANDAGE	1
MEDIUM DRESSINGS	1
STERILE CLEANSING WIPES	10
SHEARS	1
AMBULANCE DRESSING	3
NITRILE DISPOSABLE GLOVES (PAIRS)	2
EYE DRESSINGS	2
FOIL BLANKET	1
TRAUMA DRESSING	1
WOUND PAD	1
RESUSCITATION FACE SHIELD	1
BURN DRESSING	2

All in accordance with HSE/BSI guidelines.

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