



First Aid Policy and Risk Assessment

Rationale

JMHS is committed to the provision of first aid for all members of the school community. First aid can save lives and prevent minor injuries becoming major ones. The staff will always seek to treat a casualty with care, compassion and courtesy.

Principles

JMHS will ensure that:

- a sufficient number of adults are adequately qualified in first aid and therefore able to provide treatment when necessary.
- immediate help is given to casualties with common injuries or illnesses with additional help requested when required;
- first-aid provision is available throughout the school day, on and off-site as appropriate;
- first aiders regularly review their first aid skills through refresher-training courses;
- first aid information is readily available and all users of the school know how to access help;
- first aid kits for minor injuries are available for use throughout the school and are regularly maintained.
- first aid spreadsheet is available to all First Aiders on 'one drive' and records incidents and accidents.

First Aid Procedures

The following procedure will be followed in the event of an incident:

- once informed the closest first aider will go to the casualty(ies) without delay and provide assistance;
- secondary aid/an ambulance will be called in the event that the first aider feels any doubt about their ability to treat an injury. If this is the case a parent/guardian (or other appropriate adult) will be informed and asked to attend immediately. If an appropriate adult cannot be contacted, a member of staff will stay with the child until a parent or guardian is available;
- all appropriate precautions will be taken by staff when cleaning up after an incident involving blood, vomit, etc. e.g. ensuring gloves are worn and detergents used to disinfect the area;
- details of all first aid treatment will be recorded in the school's first aid/accident book.
- where there is a head injury a letter indicating the symptoms parents/guardians should watch for will be sent home. Parents will also be telephoned and informed of the injury.
- in the event of a child feeling unwell during the school day a member of staff will request a First Aider to go to the classroom / playground zone and a first aider will be sent to the student.
- The school has a designated medical room adjacent to main reception. The room is now only occasionally used for medical treatment as most incidents can be dealt with in situ. The room contains a washbasin and a separate WC. It is used solely for medical purposes, and is readily available for use when necessary.

First Aid Training

First aid at work certificates are valid for three years. JMHS keeps a record of first aiders and certification dates. Training is provided free of charge to employees and there is a small remuneration paid to employees for whom first aid is not an integral part of their post.

First Aid Records

First Aid Spreadsheet

A record of any first aid treatment is maintained on a spreadsheet on 'one drive'. This includes:

- the date, time and place of the incident;
- the name of the injured or ill person;
- details of the injury/illness and what first aid was given;
- what happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital);
- name and signature of the first aider or person dealing with the incident.

The information 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 needs assessments;
- be helpful for insurance and investigative purposes.

Serious accidents

Serious accidents are reported to Nick O'Sullivan (07557 802110 or 01432 367303) of Fire and Risk Management Services Ltd with whom we have a Service Level Agreement for the provision of health and safety. A copy of the report form used is shown below. FaRMS Ltd will report back to the school on further action if required. All records must be kept for a minimum of 3 years.

Accident statistics

Accident statistics can indicate the most common injuries, times, locations and activities at a particular site. These can be a useful tool in risk assessment, highlighting areas to concentrate on and tailor first-aid provision to. Accident statistics are reported termly to the Governors' Health, Safety, Site and Systems Sub Committee.

Policy reviewed June 2021

Signed: Wendy Bradbeer
School Business Manager

Policy approved by Governor Personnel & Welfare Committee- June 16th 2021

Review date: June 2024

SCHOOL ACCIDENT/INCIDENT REPORT FORM

For **JMHS Employees** -to be completed by the person who had the accident, their Headteacher/SBM.

For **Pupils** – to be completed by a Teacher or First Aider. In ALL cases it is to be signed by the Headteacher/ SBM. All parts must be filled, ✓ or marked NOT APPLICABLE

PART A – ABOUT YOU/THEM (THE PERSON WHO HAD THE ACCIDENT/INCIDENT)

1. What is your/their full name?

2. What is your/their job title (if applicable?)

3. Are You/They a? (Please tick ✓)

Pupil		JMHS employee		A visitor to JMHS premises	
Contractor		Member of the public		Other (state):	

4. If Injured person is **NOT** a JMHS Employee

i.e. a Pupil, Member of Public or Visitor -

What is their Home address, postcode, home telephone and date of birth?

PART B – ABOUT THE ACCIDENT/ INCIDENT

1. On what date did the incident happen?

2. At what time did the incident happen? Please use 24hr time i.e. 0930

3. Did the incident happen on JMHS School premises?

4. If YES - Where exactly on the JMHS premises did the incident happen?

5. If NO, where did the incident happen?

At someone else's premises In a public place		If so: -The Name, address, postcode:

PART C – ABOUT THE INJURY/INCIDENT

1. What was the injury i.e. cut, graze, strain

2. What part(s) of the body were injured?

3. Was the injury? (Please tick ✓)

A fatality	
A major injury or condition i.e. a fracture or loss of consciousness	
An injury or condition to an employee , which resulted in their absence from work, or prevented them doing their normal work for more than 7 days.	
An injury to a Pupil or member of the public where they had to be taken from the scene of the accident to a hospital for treatment?	
A minor injury or condition.	
A non-physical injury incident i.e. verbal assault, threatening behaviour or cyber-bullying?	
A near hit?	

4. Did the injured person? (Tick ✓ all that apply)

Become unconscious?	
Need resuscitation?	
Remain in hospital for more than 24hrs?	

5. Was first aid treatment given?

None of the above.

6. If YES give name of first aider.

Empty box for name of first aider.

7. Describe treatment given. (First Aider completes this part)

Empty box for describing treatment given.

8. Does the person verbally/physically assaulted feel distress or harmed by the incident? N/A

9. In the case of verbal/physical bullying was the incident racial, sexual, homophobic or disablist?

Yes/No

PART D – ABOUT THE KIND OF ACCIDENT

Please tick ✓ ONE box that best describes what happened

Contact with moving machinery		Drowned or asphyxiated	
Hit by a moving flying or falling object		Exposed to, or in contact with, a harmful substance.	
Hit by a moving vehicle		Exposed to fire.	
Hit something fixed or stationary		Exposed to an explosion.	
Injured while handling, lifting or carrying		Contact with electricity or electrical discharge	
Slipped, tripped or fell on the same level		Injured by an animal	
Fell From a Height – (How high in metres?)		Physically assaulted by a person	
Trapped by something collapsing		Verbal or threatening behaviour from another person	
Another kind of accident (Please outline here and describe fully in part E)			

PART E – DESCRIBING WHAT HAPPENED

Give as much detail as possible; continue on a separate sheet if needed. Try to include:

- The name of any substances involved;
- The name and type of any equipment/machinery involved;
- The unsafe act or unsafe condition LEADING UP TO the incident;
- What the person involved was doing at the time of the incident;
- The part played by other people i.e who perpetrated the verbal assault pupil, vehicle driver, parent in School etc;

Empty box for describing what happened.

Please give name, address and telephone number of any witnesses here (if none please state) - For Pupil witnesses give Year Group & Form:

Empty box for witness details.

PART F – ACTIONS TO PREVENT RECURRENCE (HEAD TEACHER/SBM TO ENSURE THIS PART IS COMPLETED)

Please give details of the following:

- Actions immediately following the event to make safe;
- Intermediate actions following the event that were done, or will be done, to minimise risk while investigating cause;
- Longer-term actions that were done, or will be done, to establish root cause of incident and prevent recurrence.
- Whether risk assessment has been completed/reviewed as a result of this incident.

Action Taken / Proposed / Timeframe	Person Responsible	Position
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PART G – YOUR SIGNATURE

Head teachers Name		Name of Person Submitting Form:	
Head teachers Signature		Signature of Person Submitting Form:	
		Date:	
Date:		Are You: The person who had the accident The First Aider Other (please state) if Other please state whether you witnessed the accident/incident	

Suggest – Scan all pages of the Form, saving as Injured Person’s name and date of accident, page 1, page 2 etc – email to accidents@fandrms.co.uk Original copy remains in School

FOR FIRE AND RISK MANAGEMENT SERVICES USE ONLY

Date Received:	Data Entry Date: Data Entry By (initials): Accident Ref No:
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RIDDOR Reportable?	YES/NO	Accident Investigation Required? Locally? Specialist?	
Date of Report:		Name of Person(s) Investigating:	
Method:		Date Investigation Started:	
		Date Investigation Report Submitted:	
RIDDOR Ref:		Occupational Health Input suggested?	

First Aid Risk Assessment

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
CHILDREN AND ADULTS GETTING HURT WHILST IN SCHOOL	Children, staff, volunteers, visitors	<ul style="list-style-type: none"> • A qualified first-aider/with enhanced CRB will be available during school hours. • First-aid supplies in medical room and other locations around the site. • In case of emergencies/the need to accompany a child hospital, two adults present throughout the school day • Information about how to get First aid clearly displayed in the school. • Updated contact and medical details/health care plan for all children kept • Medical room identified. • Accident book to record and monitor incidents. • Procedure for informing parents in place. • First Aid procedures explained to children. 	Review policy following major incidents or patterns of accidents	Wendy Bradbeer	termly	
CHILDREN AND ADULTS GETTING HURT WHILST OFF SITE	Children, staff, volunteers, visitors	<ul style="list-style-type: none"> • Appropriate ratio of adults:children when off-site.. • Fully stocked portable first-aid bags for off-site activities provided • Emergency contact information and fully-charged mobile telephone taken whenever off-site. • Accident book to record and monitor incidents. • See Trips policy. 	Review policy following major incidents or patterns of accidents	Wendy Bradbeer	Termly	

<p>SPREAD OF INFECTION/ HYGIENE CONTROL</p>	<p>Children, staff, volunteers, visitors</p>	<ul style="list-style-type: none"> • Staff will have access to single-use disposable gloves and hand washing facilities. They will take care when dealing with blood or other body fluids and disposing of dressings or equipment. • The school maintains a BBV risk assessment for identifying hazards relating to human blood and body fluids. (see below) • The school displays signs re the importance of hand washing to prevent spread of infection. • The school follows the HPA Guidance on infection control in schools and other childcare settings. 	<p>Review policy following major incidents or patterns of accidents</p>	<p>Wendy Bradbeer</p>	<p>termly</p>	
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Blood Borne Virus Risk Assessment

What are the hazards?	Who might be harmed?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?
<p>Exposure to human blood or body fluids by penetrating injury, skin abrasions, cuts, contact with spillages. Deposits on contaminated clothing or equipment.</p>	<p>Staff, students, volunteers, contractors,</p>	<p>How they may be harmed Dealing with accidents or emergencies Handling items such as contaminated instruments, tools and equipment for cleaning, repair or disposal. Handling contaminated waste The risk of any BBV infection is low for the following reasons:</p> <ul style="list-style-type: none"> • Frequency and scale of contact with blood is rare; • The type of exposure i.e. employees are not involved regularly in invasive procedures such as use of any instruments, needles etc to penetrate the body. <ul style="list-style-type: none"> • Infection in the community is low • Personal protective equipment (PPE) is provided. • Staff are first aid trained 	<p>On-going vigilance in case risk increases</p>	<p>Wendy Bradbeer</p>	<p>On-going</p>