

# FIRST AID POLICY

This Policy was ratified by the Board of Directors on :	Autumn 2024
This Policy will be reviewed by the GLC Board on :	Autumn 2025

## **GLC Mission Statement**

The GLC's mission is to develop active and thriving citizens within a diverse, truly fair and equal community.

This will be achieved through:

- High quality teaching that deliberately develops competencies of curiosity, creativity, communication and critical-thinking;
- An inspiring and meaningful curriculum;
- The development of productive relationships by instilling the values of compassion, resilience, responsibility and aspiration to prepare our young people for learning and life;
- A commitment to the wellbeing of our staff;
- A culture of professional generosity, collaboration, challenge and support throughout the GLC;
- The development of effective external partnerships for the benefit and wellbeing of our community.

## **Equalities Statement**

The GLC's commitment to equality is enshrined in our mission statement to develop 'active and thriving citizens within a diverse, truly fair and equal community'.

We are a vibrant, innovative and successful organisation: we work hard to be the place of choice to work and to learn. Across the 5 academies of the GLC, we pledge that everyone enjoys an equality of opportunity. We work tirelessly to ensure that individual characteristics including age, ethnicity, socio-economic background, academic ability, disability, gender, religious beliefs, sexual orientation are not discriminated against in any way. We create inclusive environments characterised by mutual respect where difference is celebrated.

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# First Aid Policy

## 1. Aims

The aims of our First Aid Policy are to:

- Ensure the health and safety of all staff, pupils and visitors;
- Ensure that staff and governors 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.

## 2. General Policy Statement

- The Board of Directors of the GLC accept their responsibility under the Health and Safety [First Aid] Regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the GLC.
- The Board of Directors recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.
- As part of the Government's agenda to improve the lives of children and young people and the updated guidance on Managing Medicines in Schools [replaces earlier Department of Education and Education Department of Health Supporting Pupils with Medical Needs 14/96 published 1996] this document is the First Aid Policy of the GLC.
- This policy looks to ensure that everyone, including Parents/Carers, is clear about their role in this respect. It further looks to, where appropriate, support children with medical needs to enable regular attendance. Students with medical needs will be identified by the SENCO and where appropriate an individual care plan will be discussed with parents/carers and relevant outside agencies to support the student in school.

### 2a. Statement of First Aid Organisation

The GLC's arrangements for carrying out the policy include eleven key principles:

1. Places a duty on the Board of Directors to approve, implement and review the policy;
2. Place individual duties on all employees;
3. To report, record and where appropriate investigate all accidents;
4. Record all occasions when first aid is administered to employees, pupils and visitors;
5. Provide equipment and materials to carry out first aid treatment;
6. Make arrangements to provide training to employees, maintain a record of that training and review annually;
7. Establish a procedure for managing accidents in each GLC academy which require first aid treatment;
8. Provide information for employees on the arrangements for first aid;
9. Undertake a risk assessment of all first aid/support for medical needs requirements of each GLC academy;
10. Place a duty on Parents/Carers to provide medical information on their child if he/she has a diagnosed condition which would require support in school;
11. Provide insurance to protect all first aiders' from claims/damages.

### 2b. The GLC Board of Directors

The GLC Board of Directors has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Heads of School and staff members.

## 3. Legislation and guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage advice from the Department for Education on first aid in schools, health and safety 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 the 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.

This policy complies with the GLC's funding agreements and the GLC's Articles of Association.

#### **4. Roles and responsibilities**

In GLC schools with Early Years Foundation Stage provision, at least 1 person who has a current paediatric first aid [PFA] certificate must be on the premises at all times.

Beyond this, on each GLC site – and dependent upon an assessment of first aid needs – the GLC will usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. However, the minimum legal requirement is to have an 'appointed person' to take charge of first aid arrangements, provided your assessment of need has taken into account the nature of employees' work, the number of staff, and the location of the school. The appointed person does not need to be a trained first aider. Section 4.1 below sets out the expectations of appointed persons and first aiders as set out in the 1981 First Aid Regulations and the DfE guidance First aid in Schools, Early Years and Further Education <https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education>

In the event of the appointed person leaving or on long term absence the Head of school is responsible for re-assignment of the responsibilities listed below accordingly.

##### **4.1 The First Aid Lead and First Aiders**

The appointment of First Aiders within each academy within the GLC will comply with National Guidance on Assessment of First Aid needs. The Head of School of each GLC academy will appoint a member of staff to be the Appointed Person/First Aid Lead.

The Board of Directors recognise that the Appointed Person need not be a First Aider, however they will support any member of staff who is an Appointed Person to undertake emergency first aid training and refresher training.






##### **Appointment of First Aiders**

In addition to meeting the statutory requirement placed upon them to provide first aid for employees the Board of Directors accept their responsibilities towards non-employees. In order to provide first aid for students and visitors, the Support Services Manager [SSM] [or their equivalent] of each GLC academy will undertake a risk assessment to determine, in addition to the Appointed Person, how many emergency First Aiders are required and if appropriate an employee with a First Aid at Work certificate of competence. In implementing the outcome of the risk assessment, the Board of Directors acknowledge that unless first aid

cover is part of a member staff's contract of employment, those who agree to become First Aiders do so on a voluntary basis.

Where possible, first aid training will be undertaken to meet the needs of students/employees with lower level special health needs or disabilities. SEN students and others who have more significant or severe special health needs or disabilities may need to be addressed in accordance with the Disability Discrimination Act. SEN students in either case, should have annual reviews

The GLC's First Aid Leads are as follows:

GLC Academy	First Aid Lead	First Aiders
Gateway Academy	Natalie Steel	
Gateway Primary Free School	Elisha Ryan	
Herringham Primary Academy	Donna Dennett	
Lansdowne Primary Academy	Kathryn Luckin	
Tilbury Pioneer Academy	Jo Allison	

They are responsible for:

- Taking charge when someone is injured or becomes ill;
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits;
- Booking training;
- Keeping records/safeguarding matrix/poster up to date;
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.

The First Aid Lead of each academy will inform all employees at the academy of the following:

- The arrangements for recording and reporting accidents;
- The arrangements and agreed protocols for first aid;
- Those employees with qualifications in first aid;
- The location of first aid boxes;

In addition, the First Aid Lead will ensure that signs are displayed prominently throughout of each academy providing the following information:

- Names of employees who are first aid certified;
- Location of first aid boxes;

First Aiders are trained and qualified to carry out the role [see section 7] 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;
- Sending pupils home to recover, where necessary;
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident [see the template in appendix 1];
- Keeping their contact details up to date.

In addition the First Aid Lead for the Gateway Academy will be responsible for the first aid kits on the academy's mini buses.

Where pupils are travelling on a mini-bus the following items will be carried:

- Antiseptic wipes, foil packaged;
- Disposable bandage (not less than the 7.5cm wide);
- Triangular bandages;

- Packet of assorted adhesive dressings;
- Sterile eye pads with attachments;
- Assorted safety pins;
- Pair of rustless blunt-ended scissors;

Staff using the mini-bus have a responsibility to inform the designated person that contents are low.

#### **4.2 The Head of School**

The Head of School is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained First Aid personnel are present in the school at all times;
- Ensuring that First Aiders have an appropriate qualification, keep training up to date and remain competent to perform their role;
- Ensuring all staff are aware of first aid procedures;
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place;
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place;
- Ensuring that adequate space is available for catering to the medical needs of pupils;
- Reporting specified incidents to the HSE when necessary [see section 6].

The appointed person will be responsible for all record keeping on first aid. It is recommended keeping records of injuries until the pupil turns 21. This is to help protect the school against personal injury claims made by pupils.

If any of the above records relate to a 'major incident' [either an accident or other incident] involving a pupil, a copy should be kept with the pupil record.

#### **4.3 Staff**

All GLC staff are responsible for:

- Ensuring they follow first aid procedures;
- Ensuring they know who the First Aiders in school are;
- Completing accident reports [see appendix 1] for all incidents they attend to where a First Aider is not called;
- Informing Head of School, SSM or their line manager of any specific health conditions or first aid needs.

### **5. First aid procedures**

#### **5.1 In-school 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 pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the First Aider will recommend next steps to the parents [they may delegate this to a senior lead];
- If in doubt an ambulance should be called. The decision of the qualified First Aider should override seniority in all cases;
- If emergency services are called, the First Aid Lead will contact parents immediately;
- The First Aider will complete an accident report form on the same day or as soon as is reasonably practicable after an incident resulting in an injury.

In certain circumstances it may be prudent to contact the NHS 111 service for advice. When you call NHS 111, you will be asked:

- Who you are;
- Where you are calling from;
- Why you are calling.

If it's about you or someone else, you will be asked:

- Who you are;
- Where you are calling from;
- Why you are calling;
- If it's about you or someone else.

If it's about someone else, it's better to call when you're with the person so you can ask them to describe their symptoms.

Based on your answers, the health adviser will:

- Send for an ambulance for you if you need one;
- Refer you to an urgent care service;
- Refer you to another healthcare professional such as a GP or dentist;
- Arrange for you to visit an evening and weekend out of hours service;
- Arrange for a nurse to call you back;
- Give you self-care advice to follow at home.

Getting a callback from a nurse:

- If you are told you will get a callback from a nurse, make sure there is someone available to answer the call;
- You may be asked to repeat information;
- If you are answering questions on behalf of someone else, relay the questions to them clearly using the phone's loudspeaker if you can.

## **5.2 Off-site procedures**

Provision for first aid on an academy visit and journey will be determined by the risk assessment. There should be a separate section included in the risk-assessment for any pupil at risk of anaphylaxis taking part in any school trip or activity off school premises. Risk assessments for visits should be undertaken no longer than 2 weeks before visit occurs.

When taking pupils off the GLC premises, staff should consider/ensure they have the following:

- A school mobile phone;
- A portable first aid kit with the minimum recommendations for a travelling first aid kit;
- A leaflet giving general advice on first aid;
- 6 individually wrapped sterile adhesive dressings;
- 1 large sterile unmedicated dressing;
- 2 triangular bandages – individually wrapped and preferably sterile;
- 2 safety pins;
- Individually wrapped moist cleansing wipes;
- 2 pairs of disposable gloves;
- Information about the specific medical needs of pupils:
  - Pupils at risk of anaphylaxis should have their AAI [adrenaline auto-injector] with them, and there should be staff trained to administer AAI in an emergency;
- Parents' contact details.

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed;
- 1 conforming disposable bandage (not less than 7.5cm wide);
- 2 triangular bandages;
- 1 packet of 24 assorted adhesive dressings;
- 3 large sterile unmedicated ambulance dressings (not less than 15 cm × 20 cm);
- 2 sterile eye pads, with attachments;
- 12 assorted safety pins;
- 1 pair of rustproof blunt-ended scissors.

Risk assessments will be completed by the visit leaders prior to any educational visit that necessitates taking pupils off school premises.

For trips involving pupils from the Early Years, there will always be at least 1 First Aider with a current paediatric first aid [PFA] certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

There will always be at least 1 First Aider on school trips and visits.

Provision for first aid on an academy visit and journey will be determined by the risk assessment.

### **5.3 Pupil Accidents involving their head**

The Board of Directors recognise that accidents involving the student's head can be problematic because the injury may not be evident [e.g. internal] and the effects only become noticeable after a period of time. In all cases, parents/guardians will be notified by telephone.

Staff will follow the NHS guidance for head injury of concussion appendix 3.

### **5.4 Transport to hospital or home – Criteria for calling an emergency Ambulance**

- a) The Head of School of each GLC Academy will determine what is a reasonable and sensible action to take in the circumstances in each case;
- b) Where the injury is an emergency an ambulance will be called. Following this, the parent will be called. It is sensible to discuss with the Emergency Services the destination hospital before phoning a parent as parents often are better placed to attend the receiving hospital. Due regard also has to be given to the estimated time of arrival of the ambulance;
- c) Where hospital treatment is required but it is not an emergency, then the Head of School will contact the parents for them to take over the responsibility of the child. If the parents cannot be contacted then the Head of School may decide to transport the pupil to hospital;
- d) Where the Head of School makes arrangements for transporting a child then the following points will be observed:
  - No individual member of staff should be alone with a student in a vehicle;
  - The second member of staff will be present to provide supervision for the injured student, this second member of staff should, ideally, be a First Aider;
  - At least one member of staff should, ideally, be the same gender as the student.

NB – The Academy has an insurance policy which enables all staff to transfer students to hospital in their own cars.



## 5.6 Management of Medicines in school

There is no legal duty requiring academy staff to administer medicines. Where the academy agrees to administer such medicines, it will only be possible if:

- The medical need is diagnosed and clearly defined;
- Agreement has been reached between Parent/Carer and the academy regarding needs;
- Staff agree to administer such medications;
- Staff are given appropriate training for such needs;
- All medicines will be held in a designated place with clearly defined access;
- Accurate records are kept in accordance with the policy.

## 5.7 Procedure for communicable diseases

The GLC Academies will follow the procedure laid down by the Local Authority. See Guidance of Managing Outbreaks and Incidence

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-outbreaks-and-incidents>

## 6. First aid equipment

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

- A leaflet giving general advice on first aid;
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- 2 sterile eye pads;
- 2 individually wrapped triangular bandages (preferably sterile);
- 6 safety pins;
- 6 medium-sized individually wrapped sterile unmedicated wound dressings;
- 2 large sterile individually wrapped unmedicated wound dressings;
- 3 pairs of disposable gloves

No medication is kept in first aid kits.

All the GLC schools have access to an automated external defibrillator [AED] as part of their first aid equipment which should be kept and maintained in line with the Defibrillator Policy.

## 6.2 Materials, equipment and facilities

Each Academy within the GLC will provide materials, equipment and facilities as set out in National Guidance on First Aid.

The location of first aid containers in:

### a) Gateway Academy:

- Medical Room [including portable kits];
- Student services / Library;
- Science Prep Room;
- Technology, including Food Technology;
- PE;
- School kitchen;
- Head of Year / Lead Coach Office for each year group;
- Student Support Office.

### b) Lansdowne Primary Academy

- First Aid Room in the main office;
- Every classroom;
- Nursery kitchen;

- Staffroom [travel kits are kept in the cupboard];
  - School House kitchen;
  - Caretaker's Office.
- c) Herringham Primary Academy**
- Main first aid box is in the office;
  - Every classroom;
  - KS1 Hall/Year 2 cloakroom;
  - KS2 Hall;
  - Trip first aid bags in the main office.
- d) Gateway Primary Free School**
- Medical room in the main office, plus portable kits;
  - Nursery/Reception;
  - Staffroom;
  - PE – portable kit;
  - School kitchen;
  - Third floor of school.
- e) Tilbury Pioneer Academy**
- First Aid room in the main office, including portable kits;
  - Every classroom [a clearly marked box under teacher's desk];
  - Caretaker's Office;
  - Kitchen;
  - Staffroom;
  - Main Hall.

The contents of the first aid box(es) will be checked on a regular basis by the Appointed Person in each academy who is responsible for first aid. At a minimum at the end of the summer term in preparation for September.

## **6.2 Medical facilities**

In compliance with The Education [The Academy Premises] Regulations 1996, the Board of Directors will ensure that a room in each academy will be made available for medical treatment.

This facility will contain the following and be readily available for use:

- Sink with running hot and cold water;
- Drinking water [if not available on mains tap] and disposable cups;
- Paper towels or tissues;
- Working surfaces;
- A range of First Aid equipment [at least to the standard required in First Aid boxes] and proper storage;
- Chairs;
- Blankets;
- Soap;
- Clean protective garments for First Aiders;
- Suitable refuse container [foot operated] lined with appropriate plastic liner, refuse to be double bagged;
- An appropriate record-keeping facility;
- A means of communication, e.g. telephone.

In addition to the items set out for the first aid box, within each academy the following items will be provided:

- Disposable drying materials;
- Plastic bowls – one for cleaning wounds and one for cleaning vomit;
- An effective cleaning solution used in accordance with instructions;
- Bags for ‘double bagging’.

### **6.3 The emergency anaphylaxis kit**

From 1 October 2017 the Human Medicines [Amendment] Regulations 2017 allows schools to obtain, without a prescription, adrenaline auto-injector [AAI] devices, if they wish, for use in emergencies. This will be for any pupil who holds both medical authorisation and parental consent for an AAI to be administered. The AAI[s] can be used if the pupil’s own prescribed AAI[s] are not immediately available [for example, because they are broken, out-of-date, have misfired or been wrongly administered].

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI[s];
- Instructions on how to use the device[s];
- Instructions on storage of the AAI device[s];
- Manufacturer’s information;
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded;
- A note of the arrangements for replacing the injectors;
- A list of pupils to whom the AAI can be administered;
- An administration record.

Schools might like to keep the emergency kit together with an ‘emergency asthma inhaler kit’ [containing a salbutamol inhaler device and spacer].

Many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis. Severe anaphylaxis is an extremely time-critical situation: delays in administering adrenaline have been associated with fatal outcomes. Schools should ensure that all AAI devices – including those belonging to a younger child, and any spare AAI in the Emergency kit – are kept in a safe and suitably central location: for example, the school office or staffroom to which all staff have access at all times, but in which the AAI is out of the reach and sight of children. They must not be locked away in a cupboard or an office where access is restricted. Schools should ensure that AAIs are accessible and available for use at all times, and not located more than 5 minutes away from where they may be needed. In larger schools, it may be prudent to locate a kit near the central dining area and another near the playground; more than one kit may be needed. Any spare AAI devices held in the Emergency Kit should be kept separate from any pupil’s own prescribed AAI which might be stored nearby. The spare AAI should be clearly labelled to avoid confusion with that prescribed to a named pupil.

## **7. Record-keeping and reporting**

### **7.1 First aid and accident record book**

An accident form will be completed by the First Aider on the same day or as soon as possible after an incident resulting in an injury.

As much detail as possible should be supplied when reporting an accident using the form in appendix 1a. Details should include:

- Date, time and place of the incident;

- Name of the person/pupil affected;
- Details of the injury or illness;
- What first aid was given;
- What happened after the incident - for example, whether the pupil went home or returned to class;
- The name and signature of the First Aider or person who dealt with the incident.

Playground accidents must always be recorded on the day.

A copy of the accident report form will also be added to the pupil's educational record by way of Sims in Primaries. Cpoms in secondary.

Children attending Holiday schools or other sites for events, accidents should be recorded using the form in appendix 1a. The information should be passed on to the parent at the time of the event and then added to the first aid record of the school the child attends, as soon as possible.

Records held relating to accidents will be retained by the GLC until the pupil turns 21. This is to help protect the school against personal injury claims made by pupils.

## **7.2 Reporting to the HSE**

The First Aid Lead 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 First Aid Lead 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;
  - 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 First Aid Lead 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 load-bearing parts of lifts and 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.

**Pupils 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 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];
- The condition of the premises [e.g. poorly maintained or slippery floors].

For non-employees and pupils an accident will only be reported under RIDDOR:

1. Where it is related to work being carried out by an employee or contractor and the accident results in death or major injury; or
2. It is an accident in a GLC Academy which requires immediate emergency medical treatment at hospital.

All accidents to non-employees [e.g. visitors] which result in injury will be reported to the Board of Directors via email to Viki Reid.

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report. HSE](https://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

Schools with Early Years Foundation Stage provision

**Notifying parents**

The First Aid Lead will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

**Reporting to Ofsted and child protection agencies**

The Head of School will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Head of School will also notify Thurrock Social Care of any serious accident or injury to, or the death of, a pupil while in the school's care.

### **7.3 Notifying parents**

The First Aid Lead will ensure parents are informed of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. This can be via a copy of the carbon first aid slip or pink slip or sticker, Dojo or School comms or Telephone.

### **7.4 Reporting to Ofsted and child protection agencies**

The Head of School will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Head of School will also notify Thurrock Social Care of any serious accident or injury to, or the death of, a pupil while in the school's care.

### **7. Training**

All First Aiders must have completed a training course, and must hold a valid certificate of competence to show this. Each GLC academy will keep a register of all trained First Aiders, what training they have received and when this is valid until [see appendix 2].

Staff are expected to renew their first aid training when it is no longer valid. At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

### **8. Mental Health first aiders**

There is currently no legal requirement for Mental Health First Aiders [MHFA] in the workplace however the GLC is taking positive action to support staff by having a trained Mental Health First Aider in each school. Statistically 1 in 4 people have mental ill-health, and the GLC identifies with a qualified Mental Health First Aider in the workplace, employers, employees and colleagues may feel more confident about tackling mental health issues.

#### **8.1 The role**

In general, the role of a Mental Health First Aider in the workplace is to be a point of contact for an employee who is experiencing a mental health issue or emotional distress. This interaction could range from having an initial conversation through to supporting the person to get appropriate help. As well as in a crisis, Mental Health First Aiders are valuable in providing early intervention help for someone who may be developing a mental health issue.

Mental Health First Aiders are not trained to be therapists or psychiatrists but they can offer initial support through non-judgemental listening and guidance. Mental Health First Aiders are trained to:

- Spot the early signs and symptoms of mental ill health;
- Start a supportive conversation with a colleague who may be experiencing a mental health issue or emotional distress;
- Listen to the person non-judgmentally;
- Assess the risk of suicide or self-harm;
- Encourage the person to access appropriate professional support or self-help strategies. This might include encouraging access to internal support systems such as EAPs or in-house counselling services;
- Escalate to the appropriate emergency services, if necessary;
- Maintain confidentiality as appropriate;
- Protect themselves while performing their role.

At no time does the Mental Health First Aider role [or anyone trained in MHFA skills] supersede company policy: first and foremost they are all employees of the company.

## 8. Monitoring arrangements

This policy will be reviewed by the GLC Board of Directors every 2 years. At every review, the policy will be approved by the GLC Board of Directors.

The DSL/SSM will review and monitor repeated incidents to influence risk assessment of all first aid/support for medical needs requirements of each GLC academy.

All PE staff will be First Aid trained and have access to a First Aid kit and be responsible for risk assessing events and asking for more first aid cover if necessary.

## 9. Links with other policies

This first aid policy is linked to the:

Health and safety policy [Health and Safety Policy GLC Autumn 2023 \[24\].pdf](#)

Risk Management policy [Risk Management Policy \[GLC\] 2023 \[25\].pdf](#)

Defibrillator policy [Defibrillator Policy \[GLC\] - Spring 2022 \[25\].pdf](#)

Medical conditions at school [Medical Conditions at School Policy 2023\[25\].pdf](#)

**Appendix 1: Accident report form**

NAME OF INJURED PERSON		ROLE/CLASS	
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT	
<b>INCIDENT DETAILS</b>			
Describe in detail what happened, how it happened and what injuries the person incurred			
<b>ACTION TAKEN</b>			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.			
<b>FOLLOW-UP ACTION REQUIRED</b>			
Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again			
NAME OF PERSON ATTENDING THE INCIDENT			
SIGNATURE		DATE	



## Appendix 2: First Aid training log

NAME/TYPE OF TRAINING	STAFF WHO ATTENDED (INDIVIDUAL STAFF MEMBERS OR GROUPS)	DATE ATTENDED	DATE FOR TRAINING TO BE UPDATED (WHERE APPLICABLE)
E.g. first aid			
E.g. paediatric first aid			
E.g. anaphylaxis			

### PROCEDURES AND PROTOCOLS

**All staff has a responsibility to act upon any incident they encounter.**

You should:

Call for the nearest first aider, notices are placed throughout the school which you should have familiarised yourself with.

Assist first aider if required, to pass relevant information, get other first aid assistance or medical help.

First aiders' will always complete the appropriate paperwork, either a minor accidents at school or an accident/injury form depending on nature of incident.

A copy of the minor accidents form will be passed to the appointed person who will retain for record purposes.

A copy of the accident/injury form will be passed to the Personnel Officer who will retain for record purposes.

Staff should have familiarised themselves with the protocols (these are e-mailed from time to time) for calling the emergency services.

Inform parents in the event of **all** head injuries however minor they may seem.

### REQUEST FOR AMBULANCE

**You will need to dial four nines (9999) to obtain an outside line and the 999 service.**

**Ask for an ambulance and be ready with the following information:**

- Your telephone number
- Give your location as follows:
  - State the postcode
  - Give exact location within the school i.e. Classroom Number ....., School Canteen, Playground and state which level of the building the patient is at
  - Give your name, Speak clearly and slowly and be ready to repeat information if asked
  - Give name of patient and brief description of symptoms
  - Inform ambulance control of the best entrance and state that the crew will be met and where
  - Ensure site staff are informed so that they can meet and direct the ambulance crew

## Head injury and concussion

Most head injuries are not serious, but you should get medical help if you or your child have any symptoms after a head injury. You might have concussion [temporary brain injury] that can last a few weeks.

**Urgent advice: Go to A&E if:**

**You or your child have had a head injury and have:**

- been knocked out but have now woken up
- vomited [been sick] since the injury
- a headache that does not go away with painkillers
- a change in behaviour, like being more irritable or losing interest in things around you [especially in children under 5]
- been crying more than usual [especially in babies and young children]
- problems with memory
- been drinking alcohol or taking drugs just before the injury
- a blood clotting disorder (like haemophilia) or you take medicine to thin your blood
- had brain surgery in the past

You or your child could have concussion. Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks.

You should also go to A&E if you think someone has been injured intentionally.

**Find your nearest A&E**

**Immediate action required: Call 999 if:**

**Someone has hit their head and has:**

- been knocked out and has not woken up
- difficulty staying awake or keeping their eyes open
- a fit [seizure]
- fallen from a height more than 1 metre or 5 stairs
- problems with their vision or hearing
- a black eye without direct injury to the eye
- clear fluid coming from their ears or nose
- bleeding from their ears or bruising behind their ears
- numbness or weakness in part of their body
- problems with walking, balance, understanding, speaking or writing
- hit their head at speed, such as in a car crash, being hit by a car or bike or a diving accident
- a head wound with something inside it or a dent to the head

Also call 999 if you cannot get someone to A&E safely.

**Information:**

Do not drive yourself to A&E.

The person you speak to at 999 will give you advice about what to do.

**Important: Help from NHS 111**

If you're not sure what to do, call 111 or get help from 111 online.

NHS 111 can tell you the right place to get help.

#### How to care for a minor head injury

If you have been sent home from hospital with a minor head injury, or you do not need to go to hospital, you can usually look after yourself or your child at home.

You might have symptoms of concussion, such as a slight headache or feeling sick or dazed, for up to 2 weeks.

#### Do

Hold an ice pack (or a bag of frozen peas in a tea towel) to the area regularly for short periods in the first few days to bring down any swelling

Rest and avoid stress – you or your child do not need to stay awake if you're tired

Take painkillers such as paracetamol for headaches

Make sure an adult stays with you or your child for at least the first 24 hours

#### Don't

Don't go back to work or school until you're feeling better

Do not drive until you feel you have fully recovered

Do not play contact sports for at least 3 weeks – children should avoid rough play for a few days

Do not take drugs or drink alcohol until you're feeling better

Do not take sleeping pills while you're recovering unless a doctor advises you to

Non-urgent advice: See a GP if:

Your or your child's symptoms last more than 2 weeks

You're not sure if it's safe for you to drive or return to work, school or sports

Page last reviewed: 26 October 2021