

## FIRST AID POLICY

This policy outlines Gayhurst School's responsibility to provide adequate and appropriate first aid to pupils (including EYFS), staff, parents and visitors and the procedures in place to meet that responsibility. This policy is reviewed annually.

### Aims

- To identify the first aid needs of the School in line with the Management of Health and Safety at Work Regulations 1992 and 1999 and the DfE Guidance on First Aid.
- To ensure that first aid provision is available at all times while people are on the school premises, and also off the premises whilst on school trips.

### Objectives

- To appoint the appropriate number of suitably trained people as first aiders to meet the needs of the school
- To provide relevant training and ensure monitoring of training needs
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the school first aid arrangements
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

### Responsibilities

*The Governors through the Head and Bursar* are responsible for putting this policy into practice and for developing detailed procedures to ensure the aims are met including ensuring the policy is known by all. The Head and Bursar will also select first aiders by considering their:

- Reliability and communication skills
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding procedures
- Normal duties - a first aider is likely to be in a position where risk assessment has shown increased likelihood of use but is available to leave to immediately go to an emergency.

*The first aider* must have completed and keep updated a suitable training course. S/he will:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school
- When necessary ensure that an ambulance or other professional medical help is called.
- Check the contents of the first aid boxes

*All staff* are expected to do all they can to secure the welfare of all.

### Procedures

A risk assessment (Appendix B) must be carried out at least annually or when circumstances alter. This will include:

- a review of the school first aid needs following any changes to staff, pupils, building/site, activities, off site facilities etc.
- monitoring the number of trained first aiders, arranging refresher and full training courses as required
- checking the first aid boxes for contents and ordering replacement items (termly task)

The school is generally a low risk environment however the needs of specific times, places and activities are considered as part of the risk assessment to confirm provision requirements, in particular: off site PE; school trips; science labs; Art room; adequate provision in case of absence and out of hour's provision (including during the holidays). The recommended number of certified first aiders is one per 100 pupils/staff.

First aiders will hold a valid certificate of competence (a copy is to be held on their personnel file) for the age range of people who may require treatment, issued by an organisation approved by the HSE and these will be renewed on a three-year cycle. A First Aider and a Paediatrically trained First Aider will be present on site whenever children are in attendance. Current First Aiders and Paediatrically trained First Aiders are (inc. qualification expiry dates):

<i>Nursery</i>	<i>Junior School</i>	<i>Senior School</i>	<i>Support (Main School)</i>	<i>After School Club</i>
Fabienne Woodger  Paediatric first aid  20/4/18	Sylvia Church  Paediatric 1 <sup>st</sup> Aid  20/4/18	Melissa Legg  School First Aid (Paediatrics/adult)  06/01/19	Sue Harper  School First Aid (Paediatrics/adult)  06/01/19	Sophia Dobbins  Paediatric First Aid in Childcare  03/10/2018
Beth Dibble  Paediatric First Aid  20/4/18	Hilary O'Flanagan  Paediatric first aid  20/4/18	Simon Kearns  Schools First Aid and anaphylaxis  21/05/18	Claire Dixon  Paediatric first aid  20/4/18	

Helen Williams Paediatric First Aid  20/4/18	Shona Baker  Paediatric first aid  20/4/18	David Bushnell  School First Aid (Paediatrics/adult)  06/01/19	Joseph Couzens Martindale  Emergency 1 <sup>st</sup> aid at work  28/5/18	
Nicky White  Paediatric first Aid  07/01/2019	Julie Anne Hubbard  Paediatric first aid  17/09/17	Sam Brown  School First Aid including use of auto-injector  22/02/2018	Maria Kay  Schools first aid inc auto-injector  09/03/17	
	Karen Kaeda  Paediatric first aid  20/4/18	Amanda Keeney Schools First Aid (Paediatrics/adult)  06/01/19	Janet Lisozzi  Paediatric First Aid  20/4/18	
	Hilary Rouse  Paediatric first aid  29/09/17	Jennifer Carr  School First Aid (Paediatrics/adult)  06/01/19	Mike Toms  Emergency 1 <sup>st</sup> aid at work  07/04/19	
	Michelle Fardy  Paediatric First Aid  20/4/18	Kylie Waters  School First Aid (Paediatrics/adult)  06/01/19		

	Charlotte Stanhope  Emergency first aid at work  26/02/18	Sandy Kearns  School First (Paediatrics/adult)  06/01/19		
	P Goodwin Self  Children's Emergency Care  11/1/19	Ruth Lingley  School First Aid (Paediatrics/adult)  06/01/19		
	Cloe Vos  Paediatric 1 <sup>st</sup> Aid  10/102019	Ryan Long  Schools First aid inc use of auto-injector  22/02/2018		
		Katie Hall  CPR & First Aid inc AED (NPLQ)  31/10/16		
		Grant Whitaker School First Aid (Paediatrics/adult)  06/01/19		
		Alexy Soto  School First Aid (Paediatrics/adult)  06/01/19		

		Tara Williams School First Aid (Paediatrics/adult) 06/01/19		
		Sorsha Crosbie School First Aid (Paediatrics/adult) 06/01/19		
		Dawn Harrison Emergency First Aid at Work 29/8/19		

First Aid containers will be clearly marked and have minimum contents as per the HSE minimum recommended list:

- A leaflet giving general first aid advice
- 20 individually wrapped sterile adhesive dressings of various sizes
- 2 sterile eye pads
- 4 individually wrapped (preferably sterile) triangular bandages
- 6 safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings
- 2 large sized individually wrapped sterile unmedicated wound dressings
- 1 pair disposable gloves
- No tablets or medication

Whenever a first aider uses products they should advise Sue Harper and detail the quantity of supplies remaining so she can order replacements if required.

Boxes will be in:

- Each minibus (and every hired vehicle)
- Teachers' kit in Pease Field container
- Gibbs Hall
- Main Office first aid room
- Science Preparation Room
- Kitchen
- Maintenance Room
- Nursery
- Junior School First Aid Room
- Dining Room

Medical treatment areas are:

- First Aid room adjacent to the school office in the main building
- First Aid room in Little Gayhurst
- Nursery

There is a defibrillator machine in the main first aid room.

Pouches have been issued to Junior School first aiders which contain basics including gloves, resuscitation masks etc

Basic hygiene procedures must be followed by staff, single use disposable gloves must be worn when treatment involves blood or other body fluids (Inc vomit, diarrhoea) and care should be taken when disposing of dressings or equipment. Sponges and water buckets must not be used for first aid purposes in order to reduce the risk of contamination. All body fluid spillages must be cleaned immediately to reduce the spread of infections. Absorbent granules should then be used and all items disposed of into the external dustbins for disposal.

If a pupil/staff member/visitor has an accident they should be accompanied to the nearest first aid treatment area (serious incidents may be referred to the main first aid room adjacent to the office after initial checks) unless they cannot be safely moved. In such a case, a first aider will attend to them. If a pupil needs first aid during a Games lesson taking place on Pease Field, the Games teacher is responsible for first aid. (The PE/Games teacher should always inform the class teacher of any injury to a Junior School pupil so that the necessary procedure can be followed in reporting to parents.)

For support reasons, a mobile phone is to be taken to Pease Field and there are various telephone points around the school, pupils may be used for this task where they are judged responsible enough and the situation would not place them at harm.

Assistance should be provided to the first aider by other staff as per their directions, including controlling any other persons in the vicinity, directing an emergency vehicle and/ or getting a second first aider.

However, if necessary, an ambulance will be called at the earliest opportunity by the school secretary without waiting for the first aider. If a pupil needs to attend hospital, they will be accompanied by a staff member.

Where a pupil needs to go home, a family member (or in the case of a staff member or other visitor to site who is too unwell to take themselves home, a next of kin) will be contacted. If there is any doubt over the health or welfare of the pupil, parents will be contacted. The responsibility to provide current contact details remains with the parent; however, this information will be sought on a regular basis by Gayhurst. If the parents are not able to be contacted, the pupil will be looked after in the medical room.

Where an incident has occurred but the pupil does not require removal from school, parents will be informed either by telephone, via discussion at the end of the day or via contact in the pupils' diary. In the case of a severe injury an advisory notice is provided. An advisory note must go home if there is any accident to the head of a child (Appendix E). Any parent wishing to discuss an accident should initially contact the main office.

All accidents must be logged using the accident forms held in the main office, the report forms must be completed in full and as soon as possible after the accident and are to be kept for a minimum of three years. (Appendix D) Accident records can be used to help identify trends and areas for improvement, they can also help identify training or other needs and may be useful for investigative purposes. They must include:

- The date, time and place of incident

- The name of the injured or ill person
- Details of their injury or illness and what first aid was given
- What happened to the person after their treatment
- Name and signature of the first aider dealing with the incident.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) some accidents must be reported to the HSE (fatalities and specified injuries via the contact centre on 0845 300 99232 and all other matters via the online reporting tool on the HSE website). Reports will be made by the Head or by another member of the Senior Management Team in his absence.

Reportable incidences include:

- 1) Injuries and ill health, including those caused by physical violence, to people at work, wherever they are working:
  - Accidents resulting in death
  - Accidents resulting in a specified injury to a worker, which is defined as:
    - Fracture other than to fingers, thumbs and toes;
    - amputation;
    - 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 body
      - causes significant damage to the eyes, respiratory system or other vital organs
    - any scalding 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
      - requires resuscitation or admittance to hospital for more than 24 hours
  - Over seven -day incapacitation of a worker (not counting the day of the incident but including weekends and rest days).



When the extent of an injury is unclear:

When we are not in a position to know the full extent of an injury - there is no requirement to make precautionary reports of specified injuries, it is likely that many severe accidents will require reporting under the seven-day incapacitation rule - the enforcing authority should be notified or updated as soon as a specified injury has been confirmed.

- Occupational Diseases; you must report diagnoses of certain occupational diseases where these are likely to have been caused or made worse by the employees work to the enforcing authority. These include:
  - certain poisonings;
  - some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;
  - lung diseases including: occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma;
  - infections such as: leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;
  - other conditions such as: occupational cancer; certain musculoskeletal disorders; decompression illness, carpal tunnel syndrome and hand-arm vibration syndrome.

## 2) Incidents to pupils and other people who are not at work:

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity **and** the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

The lists of specified injuries and diseases described in Section 1 only apply to employees. If a pupil is injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is **not reportable**.

How do I decide whether an accident to a pupil 'arises out of or is in connection with work'?

The responsible person at the school should consider whether the incident was caused by:

- a failure in the way a work activity was organised (eg inadequate supervision of a field trip);
- the way equipment or substances were used (eg lifts, machinery, experiments etc); and/or
- the condition of the premises (eg poorly maintained or slippery floors).

So, if a pupil is taken to hospital after breaking an arm during a Computing class, following a fall over a trailing cable, the incident would be reportable. If a pupil is taken to hospital because of a medical condition (eg an asthma attack or epileptic seizure) this would not be reportable, as it did not result from the work activity. This means that many of the common incidents that cause injuries to pupils at school tend not to be reportable under RIDDOR, as they do not arise directly from the way the school undertakes a work activity. Remember, in all these cases, you only need to consider reporting **where an accident results in a pupil's death or they are taken directly from the scene of the accident to hospital for treatment. There is no need to report incidents where people are taken to hospital purely as a precaution, when no injury is apparent.**

What about accidents to pupils during sports activities?

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity.

The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable. Examples of reportable incidents include where:

- the condition of the premises or sports equipment was a factor in the incident, eg where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

What about accidents to pupils in a playground?

Most playground accidents due to collisions, slips, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity.

This includes incidents arising because:

- the condition of the premises or equipment was poor, eg badly maintained play equipment; or
- the school had not provided adequate supervision, eg where particular risks were identified, but no action was taken to provide suitable supervision.

Physical violence

Violence between pupils is a school discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity.

Other scenarios:

*Injuries to pupils while travelling on a school bus*

If another vehicle strikes the school bus while pupils are getting on or off and pupils are injured and taken to hospital, this is normally reportable under RIDDOR. However, you do not have to report deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on the public highway under RIDDOR. These are classed as road traffic incidents and are investigated by the Police.

*Incidents involving pupils on overseas trips*

RIDDOR only applies to activities which take place in Great Britain. So, any incident overseas is not reportable to HSE.

*Incidents to pupils on work experience placements*

If pupils are on a training scheme or work placement, they are deemed to be employees for the period of the placement. In these circumstances, the employer, as the responsible person, should report a death, injury or disease to a pupil, which arises out of or in connection with work. This means the wider range of reporting categories for employees is applicable.

3) Reportable dangerous occurrences (near misses) such as:

- collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- explosion, collapse or bursting of any closed vessel or associated pipework;
- electrical short circuit or overload causing fire or explosion;
- explosion or fire causing suspension of normal work for over 24 hours;
- sudden, uncontrolled release in a building of: 100 kg or more of flammable liquid; 10 kg of flammable liquid above its boiling point; 10 kg or more of flammable gas; or of 500 kg of these substances if the release is in the open air;
- accidental release of any substance which may damage health.

Information on pupil and staffs medical conditions is sought upon entry to the school and retained on their file and information on serious medical conditions will be held in the medical rooms. This information will be shared in order to ensure their needs are met and may be held out of filing cabinets for example food allergy information will be provided to the catering contractor and held in the kitchen servery (inc photographs of pupils with specific food allergies).

It remains the responsibility of the pupils' parent or staff member, to ensure this information remains current and accurate.

If a pupil brings medication into school for self-medication e.g. asthma inhalers, it is the parents responsibility to ensure that they inform the school and that they understand the medication will be the responsibility of the child.

Gayhurst does permit the issue of medication to pupils on a voluntary basis. A parent/guardian wishing medication to be issued during the school day must provide it in the original container labelled with the child's name and dosage instructions to the main office. They will be required to complete a medication form, the reverse of which will be used to record its issue by a first aider.

Appendix A provides information on the management of (current) common conditions within the school community.

If a pupil is absent from school owing to illness, the parent should telephone the School Office and any message is passed on to the form/class teacher.

On return to school, the parents either complete a Gayhurst School Sickness Form, or write a letter, stating reason for the absence. The form/class teacher signs the note and sends it to the Office for filing. The relevant mark is made in the School Register.

In addition to the annual safety checks, risk assessments of teaching will provide opportunities to raise staff awareness of possible hazards in teaching areas or subjects. Any staff member with concerns about this policy or first aid provision within Gayhurst (including off site activities) or who wishes to be considered for first aid training, should discuss their concerns with the Head or Bursar.

### Training

New staff will be provided with this policy and information via the staff handbook and to time with the school secretary who is the lead first aider. Information will be provided to staff on any changes to the arrangements via staff meetings and memos.

Training in related areas such as use of auto-injectors, treatment of specific conditions such as epilepsy will be arranged on a needs led basis using the local health services.

Further advice on seasonal first aid issues will be provided as received from the Health Protection Agency and/or local Primary Care Trust to supplement this policy.

Individual staff or role holders identified as requiring first aid training will be sent on the first available course. Such courses shall be school and age appropriate (i.e. include paediatric provision) and shall be renewed within three years of the original date.

Review

This policy and its effective implementation shall be reviewed annually (at a minimum) by the Bursar in conjunction with the Head.

This policy is subject to an annual review in the Summer Term by the Governors Finance and General Purposes Committee under the lead of the Chair of Governors, or more frequently, as required by changes in legislation, good practice or as the result of a change in School procedure.

## Appendix A

*Information sheet regarding the management of common medical conditions within Gayhurst School:*

### **Asthma attack procedure**

#### Introduction

In an asthma attack the muscles of the **air passages** in the lungs go into **spasm** and the **linings** of the airways **swell**. As a result, the airways become **narrowed** and **breathing becomes difficult**.

Sometimes there is a specific trigger for an asthma attack such as:

- an allergy
- a cold
- smoke
- extremes of temperature
- exercise.

Children with asthma usually deal well with their own attacks by using their blue **reliever inhaler**, however you may be required to assist a child having an asthma attack or having an attack for the first time. If this is the case contact the nearest first aider.

#### Recognition features

- Difficulty in breathing.

There may also be:

- wheezing as the casualty breathes out
- difficulty speaking and whispering
- distress and anxiety
- coughing
- features of hypoxia, such as a grey-blue tinge to the lips, earlobes and nailbeds (cyanosis).

#### Treatment:

Your aims during an asthma attack are to ease the breathing and if necessary get medical help: You need to keep the child calm and reassure them.



If an inhaler is needed the parents should inform the school; an asthma form supplying information of dosage is required.

Pupils are required to have TWO inhalers at school. Both should be clearly named.

#### Senior School -

Year 3 pupils' inhalers will be stored in the main first aid room.

Year 4 and above: one inhaler is carried by the pupil at all times.

A list of pupils requiring inhalers is posted on the board in the Games Office. The Games staff are responsible for collecting inhalers from pupils/main first aid room at the beginning of Games lessons so that they can be taken to Pease Field along with the First Aid bag. The inhaler should be returned to the pupil at the end of the lesson. The same procedure applies when a pupil is taking part in a match either at home or away.

The second inhaler (if prescribed) is kept in the School Office for use in an emergency.

Junior School - One inhaler is kept in the classroom, and the second one in the School office.

All inhalers are given to Games staff at the beginning of Games lessons so that they can be safely looked after along with the First Aid bag. These are returned at the end of the lesson. The same procedure applies if the pupil is taking part in an away match.

#### **Auto-injectors**

Parents should inform the school if their child requires an auto-injector. Staff are trained in auto-injector use. In senior school the auto-injector is kept in the main first aid room, in the Junior School one auto-injector is kept by the form teacher and where supplied a further one is stored in the main office.

#### **Diabetes**

Parents should inform the school of the specific nature of their child's condition and any requirements during the school day. Staff will receive training in diabetes management. Support likely to be required includes support for blood glucose monitoring, a readily accessible and private area for the child to self-medicate or be supported in medicating, emergency supply box (contents to be supplied by parents) and assistance with dietary management

#### **Hypoglycaemia (low blood sugar) attack procedure**

When the blood-sugar level falls below normal (hypoglycaemia) brain function is affected. This problem is sometimes recognised by a rapidly deteriorating level of response.

Hypoglycaemia can occur in people with diabetes mellitus and, more rarely, appear with an epileptic seizure it can also complicate heat exhaustion or hypothermia.

#### Recognition features

There may be:

- A history of diabetes; the child or adult may recognise the onset of a "hypo" attack
- Weakness, faintness, or hunger
- Palpitations and muscle tremors
- Strange actions or behaviour; the casualty may seem confused or belligerent
- Sweating and cold, clammy skin
- Pulse may be rapid and strong
- Deteriorating level of response
- Diabetic's warning card, glucose gel, tablets, or an insulin syringe in child or adult's possessions.

The aim is to raise the sugar content of the blood as quickly as possible.

Contact the nearest first aider and school office as soon as possible by whatever means without leaving the child or adult affected.

Help the casualty to sit down.

If they have their own glucose gel, help them to take it. If not, give them up to the equivalent of 10g of glucose, e.g. a 100ml glass of non-diet fizzy drink or fruit juice, two teaspoons of sugar or sugary sweets.

If they improve quickly, let them rest.

If they don't improve look for other causes. The first aider, office staff or person treating the child or adult should dial 999 or 112 and monitor breathing, pulse and level of response.

**Warning!** If their consciousness is impaired don't give them anything to eat or drink as they may not be able to swallow or drink it properly.

If the casualty is unconscious:

The first aider treating the child or adult should open the airway and check breathing.

Give chest compressions and rescue breaths if necessary.

If the patient loses consciousness but is still breathing normally they should be placed in the recovery position and an ambulance should be called (dial 999 or 112).

Information relating to the nature of the attack should be given to the emergency services when they arrive



## Epilepsy

Parents should inform the school of the specific nature of their child's condition and any support needs.

### Epilepsy Seizure procedure:

If a child or adult has a seizure where they shake or jerk (a convulsive seizure). These are ten steps to take.

Though it can be frightening to see, this type of seizure is not usually a medical emergency. Usually, once the convulsions have stopped, the person recovers and their breathing goes back to normal. However, contact the school office and the nearest first aider as soon as possible by whatever means without leaving the person.

### What to do:

1. **Stay calm.** Disperse any crowds.
2. **Look around** - is the person in a dangerous place? If not, don't move them.
3. Move objects like furniture away from them.
4. **Note the time** the seizure starts.
5. **Stay with them.** If they don't collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.
6. **Cushion their head** with something soft if they have collapsed to the ground.
7. **Don't hold them down.**
8. **Don't put anything in their mouth.**
9. **Check the time again.** If a convulsive (shaking) seizure doesn't stop after 5 minutes an ambulance should be called by the office, first aider or whoever is dealing with the emergency. (Dial 999).
10. **After the seizure has stopped, put them into the recovery position** and check that their breathing is returning to normal. Gently check their mouth to see that nothing is blocking their airway such as food or false teeth. If their breathing sounds difficult after the seizure has stopped the ambulance should be called.
11. **Stay with them until they are fully recovered.**

If they are injured, or they have another seizure without recovering fully from the first seizure, an ambulance should be called.

Appendix B: GAYHURST SCHOOL FIRST AID RISK ASSESSMENT

Hazard	Parties at Risk	Current Position	Existing control measures	Is Risk Control Effective?	Further Action Required
Activities	All	Few hazardous activities e.g. PE, science lessons Few hazardous substances, processes and equipment e.g. manual handling No animals on site	Risk Assessments for each new activity /trip, annual review of risk assessments for existing. First aid provision for all activities/trips. Suitable staff ratios to reduce risks. Processes verified as necessary and assessed before commencement.	Yes	Ongoing review
Work hours	All	Day school 8am till 5.30pm However, school is opened at 6.30 and closed at 6pm with breakfast club from 07.25 and some evening events Approx: 350 pupils, 75 staff Variable numbers of other visitors including contractors, parents, hirers. Some work occurs at times of low occupancy Cleaners work as part of team Signing in and out system operates. Minimal lone working- lone work requires phone in/out; access to first aid.	Appropriate numbers of first aiders across the site Mobile phone issued to Premises manager and Head as most likely to be on site alone. Walkie talkies available for remote staff- linked to reception.	Yes	Ongoing review-

*P011v19 First Aid Policy  
Reviewed: Summer 16  
Next Review Due: Autumn 17  
Person Responsible: Bursar*

<p><b>SCHOOL</b> Knowledge</p>	<p>All</p>	<p>Information sought from staff/pupils Training available to all staff. Currently 41 staff are trained in first aid (3 holiday time staff) School is not remote from emergency services and has clear access from two roads. Two hospitals in locality with A&amp;E facilities. Accident history does not indicate a high risk site/activities</p>	<p>Pupils and staff are required to advise school of medical conditions so appropriate training and /or prevention techniques can be used First aiders are trained to HSE standards for age of all on site. Sports staff training is high. Good awareness of policy and practice amongst staff. Induction packs for new staff and volunteers. Good contact data for pupils families and staff next of kin</p>	<p>Yes</p>	<p>Annual re-issue of medical forms to pupils families</p>
<p>Site</p>	<p>All</p>	<p>Several buildings occupy the site with some distance between them. One building has three floors, remainder are single storey. Certain areas of site, such as Pease Field, are more remote than others,</p>	<p>Mobile phone and walkie-talkie technology used for communication. Sufficient trained numbers of staff to cover geographical areas. Good selection of first aid provision points across site and two first aid rooms are available.</p>	<p>Yes</p>	

Appendix C: Accident Summary Log Sheet:

Name:	Date & Time:	Incident:	Action:	Letter Sent Home	Accident Report Filed
			Signed .....		
			Signed .....		
			Signed .....		

**About the person who had the accident:**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

**About you, the person filling in this record:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

**About the accident:**

When did it happen? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Where? State which room or place: \_\_\_\_\_

Member of staff on duty (if relevant): \_\_\_\_\_

Say how the accident happened, give the cause if you can: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness report (if relevant): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the person who had the accident suffered an injury, say what it was: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken by the school: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For pupil involved accidents:**

Parents informed by telephone: Yes/No Time: \_\_\_\_\_ By: \_\_\_\_\_

Parents given a copy of the accident report: Yes/No By: \_\_\_\_\_

Parents given head/incident letter: Yes/No By: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**For the employee only:**

By ticking the box and signing this page I give my consent for my employer to disclose my personal information and accident details to safety representatives and representatives of employee safety for them to carry out health and safety functions given to them by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For the employer only:**

Complete this box if the accident is reportable under RIDDOR. Report via [www.hse.gov.uk/contact/contact.htm](http://www.hse.gov.uk/contact/contact.htm)

Date reported: \_\_\_\_\_ Signature: \_\_\_\_\_

Appendix E- To be printed onto headed paper:

Date \_\_\_\_\_

During school today \_\_\_\_\_ had a slight accident.

Details of this are as follows:

Nature of injury \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Action taken by staff: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If the accident involved an injury to the head please take to hospital or ring your Doctor should any of the following symptoms occur:

1. **Vomiting**
2. **Severe Headache**
3. **Visual Disturbances**
4. **Loss of Consciousness**
5. **Drowsiness**

Staff Name \_\_\_\_\_