St. Joseph's Catholic Primary School Policy
First Aid Policy
Date: February 2023
Next review: February 2024

Mission
Together we love, learn, follow Jesus
Vision
At St Joseph's Catholic Primary School, through an open and generous heart, we learn together as a family in faith, following the gospel values of love.
Values
Hope Thankfulness Collaboration Compassion Friendship Resilience Empathy Creativity Justice Respect

The Aim of our First Aid Policy

- To ensure the health & safety of all staff, pupils and visitors
- To ensure that staff and governors are aware of their responsibilities with regard to health & safety
- To provide a framework for responding to an incident and recording and reporting the outcomes
- To ensure school has sufficient first aid trained staff available to care for children or adults as the need arises

Roles and responsibilities

St Joseph's Catholic Primary School has record keeping system that shows when training for each first aider needs to be updated (Appendix 1). The list of trained first aid staff is displayed around school – in the staff room and with each first aid box.
As well as staff who have trained in First Aid at Work/For Schools, there are also staff who have completed the Paediatric First Aid qualification.
School has a rolling programme to ensure as many staff as possible have undertaken the appropriate levels of first aid training.

Trained staff are responsible for:

- Taking charge when someone is injured or becomes ill including all staff, pupils and visitors to the premises
- Summoning paramedics / professional medical help when appropriate
- Acting as first responders to any incident, assessing the situation and providing immediate and appropriate treatment
- Completing an accident report as soon as practicably possible after administering treatment

First Aid kits

First aid kits are stored in the KS2 corridor, in the EYFS/Yr 1 classroom area and in the "grab bag" outside the school office.
School will ensure there is an adequate supply of materials in the kits. Additional resources are kept in the cupboard in the accessible toilet.

Record Keeping / Accident Books

Accident books are located in the drawers next to the sink in the KS2 corridor and outside the EYFS/Yr 1 classrooms. All completed accident forms (Appendix 2) are stored in school in a secure and confidential manner. Records should include at least the following:

- Name of the patient
- Date, time and circumstances of the accident
- Details of the injury suffered and treatment given
- Name of the First Aider

- Details of what happened to the person afterwards

If First Aid is administered to a child, a record is sent home (Appendix 3) and a receipt kept with the Accident Form in the school office.
Any bump to the head, no matter how minor is treated as important. Parents and carers are always informed by written report or a telephone call detailing that their child has had a bump to the head and the signs and symptoms of head injuries they should look out for.
A copy of the record of the incident is sent home with the child at the end of the school day. (Appendix 4).
The child's teacher is informed and advised to monitor the child.

"Work incidents" for staff must be reported via the Oracle self-serve system or via a paper equivalent form for visitors to the premises. Paper forms are kept in the Medical Needs / Forms file in the school office. (Appendix 5). Oracle forms should be completed with the School Business Support Officer.
For major accidents / incidents, the Headteacher must decide whether it is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). If so, the form must be completed as soon as practicable afterwards. and RIDDOR accidents must be completed online to the HSE via https://www.hse.gov.uk/riddor/report.htm

First Aid Procedures

In School:

- The closest member of staff will assess the seriousness of any injury and seek the help of a qualified first aider who will, if appropriate, administer treatment
- The qualified first aiders will assess the injury and if they decide further assistance is required for a colleague or the emergency services, they will remain on scene until help arrives
- The first aider will decide whether the injured person should be moved or placed in the recovery position
- If it is deemed a child is too unwell to remain in schools, parents will be contacted using the up-to-date contact details stored in SIMs and asked to collect their child
- If the emergency services are called, the Headteacher or School Business Support Officer will contact parents if the casualty is a child; next of kin should be called for an adult – contact numbers for pupils are kept on SIMS and for staff in the blue box next to the telephone in the school office
  If the emergency services are to be called, staff are expected to support and assist the trained first aider in their decision. If a member of staff is asked to call the emergency services, they must,
  1. Dial 999 – ask for the ambulance service
  2. State whether the casualty is breathing and/or unconscious
  3. Give brief details of the casualty; request an ambulance to attend St Joseph's Catholic Primary School, Bournes Row, PR5 0DQ and ask them to report to the staff car park
  4. Arrange for a member of staff to wait by the staff car park gate and escort the crew to the location of the incident

Off Site:

When taking pupils off the premises, staff should ensure they have the following

- Means of contacting school – either from the location of a school trip / visit or via mobile phone if appropriate
- Portable first aid kit
- Information about the specific medical needs of pupils

- Inhalers where appropriate

Risk assessments are to be completed prior to any education visit that involves taking pupils off the school premises. As required by the statutory framework for the Early Years Foundation Stage, there will always be a least one first aider with a current Paediatric First Aid certificate.
Staff to inform school as soon as a child's needs are met if an injury is sustained while on a visit or other off-site activity.

Appendix 1

Qualified First Aiders

		Paediatric First Aid (2 days)	First Aid at Work/For Schools
		Date certificate valid to	Date certificate valid to
Mr	Astle		12/05/2024
Miss	Bottomley		18/11/2025
Miss	Collins	09/01/2025	
Mrs	Cox		12/05/2024
Miss	Dewhurst		21/04/2025
Mrs	Edgerley	22/09/2024	
Mx	Lane		18/11/2025
Miss	Ollerton	18/01/2025	

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Appendix 2

Report Number (consecutive)

Report Number (consecutive)

Accident Record

1. About the pupil who had the accident

Name _____

Year _____

Class or Form _____

2. About you, the individual filling in this record

Name _____

Department _____

3. Details of the accident (Continue on the back of this form if you need to)

When it happened. Date ___ / ___ / _____ Time _____

Where it happened. State location _____

How did the accident happen? _____

Give the cause if possible _____

If the pupil who had the accident suffered an injury, give details _____

Have the parents been informed? ☐ Yes ☐ No How? (eg. copy of Record, Verbally) _____

Sign the record and date it.

Print Name _____ Sign _____ Date ___ / ___ / _____

4. For the Head Teacher only

Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

How was it reported? _____

Print Name _____ Sign _____ Date ___ / ___ / _____

Appendix 3

St Joseph's Catholic Primary School
Bournes Row, Hoghton, Preston, Lancashire, PR5 0DQ
Tel: 01254 853473
Email: secretary@st-josephs-hoghton.lancs.sch.uk
Headteacher: Miss D. Dewhurst

General Injury Letter

Date: _____

Dear Parents/Carers

Your child_____ had an accident at school today.

They _____;

as a result they received the following first aid treatment:

_____

They were treated by _____

If it is necessary for your child to have further treatment, please let us know.

Yours faithfully

Miss D Dewhurst
Headteacher

Re: Injury Letter

Child's name _____

Class _____

Teacher's Name _____

Signed _____ Date_____

Appendix 4

St Joseph's Catholic Primary School
Bournes Row, Hoghton, Preston, Lancashire, PR5 0DQ
Tel: 01254 853473
Email: secretary@st-josephs-hoghton.lancs.sch.uk
Headteacher: Miss D Dewhurst

Head Bump Letter

Date: _____

Dear Parents/Carers

Your child _____ received a bump to the head today at _____
and has been well for the rest of the school day.

The injury was caused by _____
_____and
your child received the following first aid treatment _____
They were treated by _____

It is important that you watch for any signs or symptoms in your child, which might indicate a more serious injury.

PLEASE WATCH FOR:

- Drowsiness that is unexpected.
- Vomiting more than once.
- Any signs of blood or watery fluid coming from the nose or ears.
- Any complaint of headache
- Any complaint of "seeing double" or "blurred eye-sight"
-

If any of these signs develop, then you should contact your doctor for further advice.

Yours faithfully
Miss D Dewhurst
Headteacher

Re: Head Bump Letter

Child's name:_____

Class:_____

Teacher's Name _____

Signed _____ Date_____

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Appendix 5

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Lancashire County Council
Accident / Incident / Near Miss Report Form

Pay Reference Number *(Employees only)*:	

A1. Reporting Establishment	**A2. Injured Person's Service** *(Employees only)*
Establishment number *(Schools only)* Name of establishment where accident occurred:	☐ Adult Services ☐ Highways & Transport ☐ Adults Disability & Care Services ☐ Policy, Information & Commissioning ☐ Children's Social Care ☐ Public Health ☐ Communications ☐ Quality, Contracts & Safeguarding ☐ Corporate Services ☐ Education & Skills ☐ Strategy & Performance ☐ Finance / Investment ☐ Waste Management ☐ Growth, Environment & Planning ☐ Schools ☐ Organisational Development & Change
B1. Details of Injured Person:	**B2. Designation of Injured Person:**
Name: Date of birth Male ☐ or Female ☐ Contact No: Usual place of work: Home address: Postcode	**LCC Employee,** specify job title: **Team Name:** **If a School employee are you a:** Teacher ☐ or Teaching Assistant (TA) ☐ Establishment number (Schools only) **If neither of the above, are you a:** Visitor ☐ Contractor ☐ Pupil ☐ Service User ☐ Volunteer/School Governor/Agency Worker/Councillor ☐ Other? (please specify here):
C. Was the Accident/Incident: *(Employees only)*	**D. Where & when did the accident/incident occur?**
☐ At Work or ☐ Not at work Other Comments:	Exact Location: Date Time (24 hr clock) :

E1. Site of Main Injury:			**E2. Nature of Main Injury:**		
☐ No injury	☐ Shoulder (Right)	☐ Torso	☐ Not Applicable		☐ HAVs
☐ Head	☐ Shoulder (Left)	☐ Leg (Right)	☐ Amputation	☐ Dislocation	☐ Laceration
☐ Face	☐ Arm (Right)	☐ Leg (Left)	☐ Asphyxia/ Poisoning/Gas	☐ Electrical	☐ Puncture
☐ Ear (Right)	☐ Arm (Left)	☐ Ankle(Right)		☐ Fatality	☐ Strain/Sprain
☐ Ear (Left)	☐ Hand (Right)	☐ Ankle(Left)	☐ Bruising/ Crushing	☐ Fracture	☐ Whiplash
☐ Eye (Right)	☐ Hand (Left)	☐ Foot (Right)		☐ Full Body Vibration	☐ Noise induced hearing loss
☐ Eye (Left)	☐ Wrist (Right)	☐ Foot (Left)	☐ Burn/Scald		
☐ Neck	☐ Wrist (Left)	☐ Toe(s)	☐ Concussion	☐ Graze	☐ Medical condition
☐ Back	☐ Finger(s)				

F. Primary Cause of Accident/Incident:

☐ Animal	☐ Fall from Height (m)	☐ Hit by object *(moving, flying or falling)*	☐ RTA/Vehicle
☐ Assault (Physical)	☐ Fire / Explosion	☐ Medical Condition or Disease *(Please state below)*	☐ Stress
☐ Assault (Verbal)	☐ Hazardous substance *(e.g. chemicals, fumes)*		☐ Tools/Machinery/Equipment
☐ Collision	☐ Handling (Materials)		☐ Trap
☐ Drowned/Asphyxiated	☐ Handling (People)	☐ Premises/security related	☐ Trip or Slip
☐ Electrical			

Do you believe a 3rd party was to blame for your accident / incident? Yes ☐ No ☐
If 'Yes', you must complete a Third Party Declaration Form available on the Health &Safety Team's web site.

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G. Brief details of Accident / Incident being reported *(i.e. what happened, to who and how)*

H. Signature of injured person or responsible person completing this part of the form

Statement: I confirm that to the best of my knowledge the contents of this form are a true and accurate record of the events that took place.

Signature: Print Name: Date:

(Delete if not applicable: Injured Person/ Line Manager / Headteacher / Premises Manager)

Sections I to M are to be completed by the manager / supervisor, establishment or premises manager, Headteacher or other responsible person

I. First Aid treatment

Was the injured person:

Given First Aid?	Yes ☐	No ☐	N/A ☐
Able to resume activities?	Yes ☐	No ☐	N/A ☐
Sent home?	Yes ☐	No ☐	N/A ☐
Sent to own doctor?	Yes ☐	No ☐	N/A ☐
Sent to hospital or A&E?	Yes ☐	No ☐	N/A ☐

J. Was there any absence from work? *(Employees only)*

Absence? Yes ☐ No ☐

If **Yes**, was it for more than 3 days (not counting the day of the accident)? Yes ☐ No ☐

If **Yes**, was it for more than 7 days (not counting the day of the accident)? Yes ☐ No ☐

If **Yes** to 'more than 7 days' ***and*** it was **'work related'** it is RIDDOR reportable and you must complete Section K below.

K. RIDDOR Reportable

Does the accident/incident fall under the RIDDOR Regulations? Yes ☐ No ☐

If **Yes**, please complete this section. **Note:** It is the school/establishments' responsibility to formally report any RIDDOR reportable accidents/incidents to the Health & Safety Executive (HSE). There is guidance on the Corporate Health, Safety & Quality web site to help you decide whether the accident falls under one of the following categories of the RIDDOR Regulations. If it does, please indicate which one below:

☐ Dangerous Occurrence ☐ Fatality* ☐ Specified Injury*

☐ Over 7 day absence ☐ Occupational Disease ☐ Non-employee taken to hospital / A&E

*These categories can be reported to the HSE by telephone on Tel: 0345 300 99 23. All other categories must be reported using the HSE online RIDDOR Form (F2508) within 10 days of the incident, with the exception of the 'over 7 day absences' category which must be reported within 15 days.

Please provide either the HSE Incident Contact Centre Reference Number: or, where appropriate, send a copy of the completed F2508 form to the Health, Safety & Quality Team, 182 Marsh Lane, Preston, PR1 8RR.

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L. Initial Investigation *(to be completed by the manager / supervisor / establishment or premises manager, Headteacher or other responsible person):*

Was the person involved carrying out their normal activities? Yes ☐ No ☐
Was the activity out of which the accident arose covered by a risk assessment and was it suitable & sufficient? Yes ☐ No ☐
Has the risk assessment been reviewed since the accident? Yes ☐ No ☐
Has a new suitable & sufficient risk assessment been completed since the accident? Yes ☐ No ☐
Had the person involved been trained/instructed on how to undertake the activity? Yes ☐ No ☐ N/A ☐
(If yes, and they are an employee, please give training details & dates)

(i) Briefly describe the immediate cause of the accident/incident:
Example: slipping on wet floor

(ii) Briefly describe what you consider to be the underlying cause of the accident/incident:
Example: There were no materials or equipment available to mop up the spillage / inadequate training

(iii) Briefly describe any subsequent actions taken *(i.e. what action has been taken to remove or control the hazard(s).* **This should include any actions taken to aid the persons return to work or normal activities** *Example: Restrictions on duties / changes to work patterns / further support with the activity.* **NB Remember to check that any actions taken have been effective!** *(e.g. by observation, asking questions or by monitoring future accident trends.)*

(iv) Have you taken any witness statements? Yes ☐ No ☐
If yes, please record them on a separate sheet(s) and retain at the establishment.

M. Signature of responsible person completing this part of the form
Important Note: *Please ensure the Injured Party confirms their agreement of the contents of this form by signing and dating the statement at section 'H'. The responsible person completing this form should sign and date it below. Please keep completed forms secure and confidential.*

Statement:

I confirm that to the best of my knowledge the contents of this form are a true and accurate record of the events that took place.

Signature: Print Name: Date:

(Delete if not applicable: (Manager / Supervisor / Premises Manager / Headteacher / TA / Other)

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