

Brook Primary School

Accident, Injury and First Aid Policy

Brook Primary School undertakes to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees, children and visitors to the site. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), *Guidance on First Aid for Schools: A Good Practice Guide*, Education (School Premises) Regulations 1999 (Statutory Instrument No 2).

Responsibility for first aid provision at Brook Primary is held by the Headteacher who is the responsible manager. This is delegated to the Health and Safety Co-ordinator (currently our caretaker, Mr L Bowater and other nominated staff)

All staff have a statutory obligation to follow and co-operate with the requirements of this policy and all other related medical/health and safety policies. This policy is to be implemented alongside the Procedure for Accident Reporting and Investigating provided by The Corporate Health and Safety Department for Dudley MBC. (This can be found on the shared area in Policy>Health and Safety Policies>Accident, Injury and First Aid>Accident Reporting.)

Definition

The definition of an accident is an unexpected, undesirable event which causes damage or harm, therefore it is thought of as something which happens without planning or intention; chance. Accidents do not normally just happen there is always a cause behind the event and this can be down to a human trait or management failure.

Key Features of Practice

- The schools designated first aiders deal with minor accidents and issue information to parents about these using standard letters. Our designated first aiders will periodically check first aid supplies and replenish them as necessary. Within the school, there are members of staff who hold the First Aid at Work certificate and other members of staff may have the Paediatric First Aid qualification.
- Serious bumped heads and other injuries will be reported to parents immediately if further treatment is needed. If minor, head injuries will be reported at the end of school and by the minor injury A5 letter.
- All accidents with injury will be recorded in our accident books or lunchtime books.
- Carrying out a First Aid Needs Assessment to determine the first aid provision requirements for our school (Appendix 1)
- It is our policy to ensure that the First Aid Needs Assessment will be reviewed periodically or following any significant changes that may affect first aid provision
- Ensuring that there are a sufficient number of trained first aid staff on duty and available for the numbers and risks on the premises and on trips in accordance with the First Aid Needs Assessment
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid in accordance with the First Aid Needs Assessment
- Ensuring the above provisions are clear and shared with all who may require them

Amendment: May 2020 – COVID-19 Pandemic:

Under the current Government arrangements for the Covid-19 pandemic, schools may be required to open to more children from June 1st 2020 if the infection rate (R) remains below 1 and the 5 key Government targets have been met. School will also remain open for Key worker children.

To ensure the safety of children, staff and families, necessary Local Authority risk assessments will be in place alongside more specific to Brook safety measures that have been carefully considered. These include:

- **Reduced contact between children and staff – group sizes of 15 that will be kept away from other groups**
- **Allocation of the same staff to a group as far as possible**

- Groups to remain in the same classroom throughout the day including isolated, staggered break times and lunch times
- Thorough cleaning - shared resources (if they cannot be individualised), frequent cleaning of surfaces that children touch, including toys
- Ensure frequent hand washing and hand sanitizing
- No use of outdoor equipment

However, School cannot guarantee that the recommended 2mtr social distancing rule can be adhered to at all times especially when administering first aid

If a child requires first aid during the COVID-19 phased return to school:

- Group allocated adult should initially risk assess injury and only send child for additional first aid if absolutely necessary and cannot be dealt within this first instance
- Any pupil requiring first aid that cannot be dealt with by group allocated adult is immediately referred to a trained first aider. (see school list)
- First Aider to wear additional PPE when supporting pupils– mask, gloves, apron which are supplied
- Gloves to be worn and hands washed afterwards
- If there is a risk of bodily fluid splashing, eye protection should also be worn
- First Aid required paper work to be completed as normal and only injuries that are assessed as serious will be reported to parents.

PPE equipment will be located in three main locations:

- Conference suite
- First Aid room
- Main school office

The responsible manager will ensure that appropriate numbers of appointed persons, school first aid trained staff, emergency first aiders and paediatric first aid trained staff are nominated and that they are adequately trained to meet their statutory duties.

The **minimum legal requirement** is to appoint a person (the Appointed Person) to be on site at all times during the working day. These 'Appointed persons' are in place to take charge of first aid arrangements including looking after equipment and calling emergency services. Appointed Persons are not necessarily First Aiders and should not provide any first aid for which they have not been trained.

Appointed Persons

At Brook Primary there are 4 appointed persons:

- Mr Lee Bowater
- Mrs Jacqui Evans
- Mrs Marie Fellows
- Miss Sheryl Nicklin
-

School First Aid Trained Staff

At Brook Primary School there are 26 school emergency first aid trained staff in the following roles:

- Teachers
- Teaching Assistants
- Admin Staff
- Caretakers

Paediatric First Aid Trained Staff

At Brook Primary School there are 12 paediatric first aid trained staff:

- **Lisa Humphries**
- **Nikki Humphries**
- **Sharon Billingham**

- **Emma Hudson**
- **Kath Price**
- Helen Jones
- **Claire Jones**
- Lauren Bloomer
- Louise Pearson
- Tracy Butler
- **Sam Kelly**
- **Rebecca Joliffe**

Some of these staff are in place to meet the Early Years Foundation Stage (EYFS) statutory obligations for provision of first aid to those children aged 5 years old or younger. (These staff are in bold font)

Qualified First Aiders *(Those completing the HSE approved 3-day first aid course)*

At Brook Primary School there are 5 qualified first aiders:

- Zaida Bi
- Donna Felton
- Megan Mason

They will be responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises. There will be other duties and responsibilities which are identified and delegated to these first aiders (eg. first aid kit inspections).

Bespoke training for school staff assists Brook Primary School in meeting its own duty of care towards its pupils. It is part of the HSE-approved first aid training which qualifies staff to provide first aid to other staff. This training has been provided because it is considered to enhance the role of the First Aiders.

Equipment Organisation

Our First Aid Needs Assessment has identified the following first aid kit requirements:

These first aid kits are situated in:

- Environmental Classroom
- Front Office
- Learning Mentor Room / Medical Room (stock of first aid equipment is also held here)
- Butterflies
- Buddies
- All lunch supervisors carry a hip bag

The contents of these first aid kits are:

| Number | Premises First Aid Box | Minimum required |
|--------|------------------------------------------------------------------|------------------|
| 1 | Guidance card | 1 |
| 2 | Individually wrapped sterile adhesive dressings (assorted sizes) | 20 |
| 3 | Sterile eye pads | 2 |
| 4 | Individually wrapped triangular bandages (preferably sterile) | 4 |
| 5 | Safety pins | 6 |
| 6 | Medium individually wrapped sterile unmedicated wound dressings | 6 |
| 7 | Large individually wrapped sterile unmedicated wound dressings | 2 |

| | | |
|---|--------------------------------------------------------------|---|
| 8 | Pair of disposable gloves (Boxes in each classroom) | 1 |
|---|--------------------------------------------------------------|---|

| Number | Travel First Aid Kit | Minimum required |
|--------|------------------------------------------------------------------|------------------|
| 1 | Guidance card | 1 |
| 2 | Individually wrapped sterile adhesive dressings (assorted sizes) | 6 |
| 3 | Individually wrapped triangular bandages (preferably sterile) | 2 |
| 4 | Safety pins | 2 |
| 5 | Large individually wrapped sterile unmedicated wound dressings | 1 |
| 6 | Pair of disposable gloves (Boxes in each classroom) | 1 |
| 7 | Individually wrapped moist cleansing wipes (alcohol free) | 1 |

It is the responsibility of the Appointed Persons in consultation with the Qualified First Aiders to check the contents of all first aid kits termly

Designated Rooms

The Learning Mentor/ Medical Room is designated as the first aid room for treatment, sickness and the administering of first aid during lunchtime.

The room has the following facilities:

- Running water, first aid kit, and chairs.

This is located in close proximity to the **CARE ROOM** complete with shower cubicle and toilet.

Staff Training

The school undertakes to :

1. Provide regular training in first aid,
2. Keep designated first aiders up to date,
3. Keep policy and guidance relevant and up to date.

Health, Hygiene and Safety Issues

- No antiseptic or painkillers will be administered.
- Rubber gloves will be worn by any adult dealing with any contact with body fluids – blood, urine or saliva.
- Children or adults with suspected broken limbs will not be moved, unless this will obviously not cause harm or discomfort.
- Children and adults who are not helping at the scene of an incident should be moved well away.
- Incidents should normally be dealt with by a maximum of three people to avoid confusion – adult on duty/supervising, a first aider and a senior teacher/head or deputy.

What Not to Do

- Do not treat a bleeding child without rubber gloves.

School Records

Copies of the school accident forms are kept in the school office and in Early Years. Master copies are held electronically on the school shared area within health and safety.

(T drive/staff/brook staff/ policy/health and safety/ accident, injury and first aid / accident reporting forms)

(Appendix 2)

Minor Incidents:

Following assessment by the designated first aider, any accident deemed as minor will be recorded on the A5 injury form and may require some first aid. All minor injury forms will be copied for school records before being sent home to parents.

Accidents/Injury:

Following assessment by the designated first aider, any accident deemed as requiring first aid treatment will be recorded on the A4 accident / injury form. These forms will be held centrally in the First Aid file. The injury will be recorded onto the A5 injury form for parents. Parents will be contacted if required and deemed necessary following first aid assessment.

All accidents requiring first aid treatment are recorded with the following information:

- Name of injured person
- Name of the qualified/emergency/school/paediatric first aider or appointed person
- Date of the accident
- Type of accident (eg. bump on head etc)
- Treatment provided and action taken

If the child requires hospital treatment the formal Dudley forms are completed online by the appointed person/s for receipt by Dudley.

For all staff and visitor accidents the books and forms are located in the Headteacher's office, these must all be reported online, no matter how minor. (Please refer to Dudley Procedure for Accident Reporting and Investigating) All accidents should be reported as soon as the school is aware of them,

The HSE require accidents that result in a loss of three days or more from work or where the pupil was taken directly to hospital from the scene of the accident to be reported within 10 days, therefore online forms need to be completed and sent to Children's Services Health and Safety as soon as possible, as required by RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)

If the accident involves a major injury or death then it must be reported immediately, a major injury is defined below:

- Any fracture (break, crack or chip) other than to the fingers, thumbs or toes.
- Any amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (whether temporary or permanent).
- A chemical or hot burn to the eye or any penetrating injury to the eye.
- Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- Any other injury:
 - leading to hypothermia, heat-induced illness or to unconsciousness,
 - requiring resuscitation or
 - requiring admittance to hospital for more than 24 hours.
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
- Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin -
 - acute illness requiring medical treatment; or
 - loss of consciousness.
- Acute illness which require medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

Investigation of accidents

All lost time reportable accidents must be investigated. The school will appoint a responsible person to investigate accidents, incidents and near misses to provide a report and record of the events that lead up to the occurrence, and the immediate action taken after the occurrence. The report will be kept on file up to a period of time relevant to three years after the young person has reached the age of eighteen. For employees the documents should be kept for a period of three years after the harm has become apparent. In general terms this could be for the life of the employee.

Emergency Procedures

Assess the situation. Be careful not to move a patient where this would be detrimental. Use the recovery position if appropriate. Where possible one member of staff should stay with the injured or ill person, making them comfortable and reassuring them. Upon being summoned in the event of an accident, the first aider takes charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

Other children and adults should not remain in the vicinity as this may distress the patient. Another staff member should take charge of contacting emergency services and then parents/carers.

If an ambulance is called, the caller must speak to the emergency services operator and give the following information:

Give:

1. Your name
2. Victim's name
3. Describe the emergency and patient's state/symptoms
4. Telephone number: 01384 818835
5. Address: Brook Primary School, George Street, Wordsley, DY8 5YN
6. Exact location: Off A491 from Stourbridge towards Kingswinford, before the Red House Cone. Turn into Brook Street by the Chemix Garage and opposite the Glassworks pub. Take the first right at the top of the hill into George Street. The school is at the end of the street. Alternatively, about a mile from Brierley Hill, turn into Oak Park Road from Brettell Lane, then turn left onto Brook Street and left again into George Street.
7. Tell the ambulance control centre where the crew should enter the school and where they will be met and taken to.

Notification of Parents/Carers For Major Injury:

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable.

In the event that parents can not be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents. In the interim, we will ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).

In the event that the child requires hospital treatment and the parents cannot be contacted prior to attendance, the qualified first aider/appointed person/another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

Equal Opportunity

All children should be treated fairly and consistently. There should not be higher or lower levels of expectation for children according to sex, race or ability.

Policy Review

Reviewed October 2012, 2015, 2017 and March 2020

Appendix 1

| ASSESSMENT OF FIRST AID NEEDS | | |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| | Aspects to Consider at Your Premises | Aspects to Consider at Your Premises |
| 1 | What are the risks of injury and ill health arising from the work and activities as identified in your risk assessments? | See risk assessments. |
| 2 | Are there any specific risks? (eg. work with hazardous substances, dangerous tools, dangerous machinery, higher risk activities etc) | No |

| | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 3 | Are large numbers of people employed on site? | 60+ adults |
| 4 | What is your record of accidents and cases of ill-health? What type and where did they happen? | General slips and trips in the playground. |
| 5 | Are there staff/children on site who have disabilities or specific health problems? | Yes, all have appropriate care / health plans and /or PEEP's. |
| 6 | Are there clients or service users on the site who may need first aid? | Yes |
| 7 | Is there first aid cover for lunch times and for the beginning and end of the working day? | Yes |
| 8 | What is the site layout and will the layout require additional first aid cover for separate buildings or floors of a multi-storey building? | A large number of staff are trained in first aid to ensure there is adequate coverage. |
| 9 | Do you have any work experience trainees? | Sometimes |
| 10 | Are there a number of inexperienced or young staff/workers/visitors on site? | Yes – Teach First Students, NQTs |
| 11 | Do the numbers of people on site vary throughout the day? Are extra first aiders needed for peak periods? | A large number of staff are trained in first aid to ensure there is adequate coverage. |
| 12 | Do staff work in shift patterns and does each shift have sufficient first aid cover? | Buddies – before and after school cover. Yes |
| 13 | Do you work on a site occupied by other organisations and share first aid arrangements? | No |
| 14 | What is the distance from emergency services and how long are they likely to take to arrive on site? | Russells hall hospital is 4.4.miles away |
| 15 | Do some staff work alone or remotely (including contracted home workers)? | Caretaker occasionally. |
| 16 | Do you have service users aged five years of age or younger? | Yes |
| 17 | Do members of the public visit your premises? | Yes |
| 18 | Do you have any employees with reading or language difficulties? | No |

Completed October 2012

Reviewed June 2015, May 2015

Reviewed March 2020

Appendix 2:

Minor Injury and Note to Parents



Date: _____

Dear Parents / carers of _____

Today your child received a minor injury.

This was to the _____

The injury was attended to immediately by a first aid trained member of staff and they have shown no further signs of distress.

However, if you are concerned please consult your doctor.

Would you please complete and return the attached form to school.

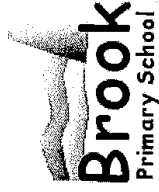
Yours sincerely,

Mrs M Fellows

Child's Name:

I acknowledge receipt of notification of my child's injury.

Signed _____ parent/guardian



Date: _____

Dear Parents / carers of _____

Today your child received a minor injury.

This was to the _____

The injury was attended to immediately by a first aid trained member of staff and they have shown no further signs of distress.

However, if you are concerned please consult your doctor.

Would you please complete and return the attached form to school.

Yours sincerely,

Mrs M Fellows

Child's Name:

I acknowledge receipt of notification of my child's injury.

Signed _____ parent / guardian

Schools Accident Investigation Form for Non employees

| Part 1. Personal Information | | | |
|------------------------------------------------------------|-----------------------------------------|---------------------------------|--------|
| School Name: | Brook Primary School | | |
| Name of injured person | | | |
| Date of Birth | Male | | Female |
| Address: | | | |
| Telephone No | | | |
| Occupation/dept | | | |
| Nature of injury (or damage/near miss) | | | |
| Part of body injured | | | |
| Names of witnesses | | | |
| Statements taken | Yes | | No |
| Part 2. Incident details | | | |
| Date/time of incident | | | |
| Location of incident | | | |
| Work being performed | | | |
| Working conditions | | | |
| Description of incident (<i>state possible cause</i>) | | | |
| Part 3. Assessment of risk associated with incident | | | |
| | State "very likely, probable or remote" | | |
| What is the likelihood of the incident recurring? | | Risk Rating High, Medium or low | |
| How many people could have been affected? | Risk assessment amended Yes/No | | |
| Risk assessment ref No | | | |

Part 4. Investigation Findings (continue on rear of form if necessary)

Part 5. Conclusions

Causes of incident:

Direct causes:

Indirect causes:

Corrective Action Required:

| Type of action | Undertaken by whom | Date completed | Signature |
|----------------|--------------------|----------------|-----------|
| | | | |

Part6. Review

| | | |
|--------------------------------------|-----|----|
| Review of corrective action required | Yes | No |
| Name of person carrying out review | | |
| Signature | | |

Details of investigating Person/Officer

| |
|---------------------------------------------------|
| Completed by - Investigating persons Name (PRINT) |
| Signature/date |

Section 1 – About the person involved in the accident / incident

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Is the person involved a; (please tick) | Dudley MBC employee Member of the public Contractor / Agency Service User Young person | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Complete section 1a on the rear of this form |
| Tick here if no person was involved and continue to section 2 <input type="checkbox"/> | | | |
| First name: _____ Surname: _____ | | | |
| <p><u>Accidents involving DMBC employees only</u></p> Directorate: _____ Division / School: _____ Employee no: (if known) _____ Manager: _____ (Employee's manager or Building manager if no employee involved) Where is employee based: _____ | | | |

Section 2 - About the person reporting

| | | | |
|-----------------------------------------------|--------------------------|---------------------------------|--|
| Are you the person named above? (please tick) | <input type="checkbox"/> | Yes - Go to Section 3 | |
| | <input type="checkbox"/> | No - Continue with this section | |
| First name: _____ Surname: _____ | | | |
| Directorate: _____ Division: _____ | | | |
| Employee no: (if known) _____ | | | |

Section 3 – About the accident / incident

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------|---------------|
| When did the incident / accident occur: | Date: ____ / ____ / ____ (dd/mm/yy) | Time: ____ : ____ | (24 hr clock) |
| <p>Where did it occur <i>Include as much detail as you can, e.g. address or location, postcode, which building, which room, etc</i></p> <p>What happened <i>Give as much detail as you can e.g. times, distances, lighting or noise conditions, etc.</i> <i>If violence, harassment or abuse involved complete section 3a on rear of form</i></p> <p>What was the injury/loss/ damage <i>E.g. "Deep cut to palm of left hand, approx 2cm long" not "cut hand"</i> <i>If infection/disease complete section 3b on rear of form</i></p> <p>What immediate action was taken <i>e.g. First aid received, equipment isolated / removed, etc.</i></p> | <div style="border: 1px solid black; min-height: 200px;"></div> | | |
| Did the person go to hospital directly from the scene of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Did they continue with normal work, or return to normal work the following day? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Continue on the rear of this form if required

Section 4 – Names and details of witnesses

| |
|--|
| |
|--|

Section 5 – Declaration

| | |
|------------------------------------------------------------------------------------------|------|
| The details recorded on this form are a true representation of the incident and outcomes | |
| Injured / involved person's signature | Date |
| Reporting person's signature | Date |

Section 1a - Details of non employees involved

| | | | |
|-------------|-------|-------------------------|-------------------------------|
| First name: | _____ | Surname: | _____ |
| Address: | _____ | | |
| County: | _____ | Postcode: | _____ |
| Tel no: | _____ | Occupation / Job title: | _____ |
| Gender: | _____ | Date of birth: | ____ / ____ / ____ (dd/mm/yy) |

Section 3a – Violence, abuse or harassment

| | | | |
|------------------------------------------|------------------------------|-----------------------------|-------|
| Was the assailant known? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Was the incident reported to the Police? | <input type="checkbox"/> Yes | Crime number | _____ |
| | <input type="checkbox"/> No | | |

Section 3b – Infection/Disease

| | |
|----------------------------------|-------------------------------|
| Disease / infection contracted | _____ |
| Date first diagnosed / confirmed | ____ / ____ / ____ (dd/mm/yy) |
| Doctor's name | _____ |
| Doctor's address | _____ |

Notes / additional space

| |
|--|
| |
|--|

| |
|-----------------------------------------------------------------------------------------|
| Actions taken to prevent recurrence (to be completed by responsible supervisor/manager) |
| |
| Managers name _____ Signature _____ Date _____ |

Admin use only

| | |
|--------------------------|--------------------|
| Entered onto system by: | _____ |
| Date entered: | ____ / ____ / ____ |
| System record ID number: | _____ |