

Herne Bay High School's First Aid, Emergent Care Policy

Policy reviewed by	Tony Baldwin	Date of last review	June 2022	Date of next review	June 2023	Date of policy ratification by Governors	July 2022
---------------------------	--------------	----------------------------	-----------	----------------------------	-----------	---	-----------

Purpose of policy

This policy defines First Aid, Emergent and Urgent Care as the treatment of any acute injuries, illnesses or complications from chronic diseases as provided by Fully trained First Aid Personnel. The aim of this Policy is to provide information and guidance to Governors, parents, and staff of Herne Bay High School, and Staff of schools affiliated with Herne Bay High School, such as Pupil referral Units and off Site Education facilities, as to how First aid and care for Emergent cases should be carried out. This policy will

- Outline key duties of Personnel identified as the Organisation's '**Appointed Person**' (**The premises and Safety Manage, the Lead DSL, or any other DSL**)
- Outline key duties of Personnel identified as '**First Aiders**'
- Set out the procedural policies for administering First Aid and Emergent care of acute, and chronic cases
- Seek to standardise First Aid Procedure so that
 - The organisation is always covered geographically by a trained First Aider
 - Trained First Aiders are always available to administer reasonable help
 - School visits and trips are covered by First aid Trained personnel
 - First Aid Kits are quality assured and available across the organisation
 - Non-First Aid Trained Personnel are aware how and from where to seek help
 - Students requiring awareness of chronic conditions are assured that all personnel across the site are aware that they could require emergency First Aid at any time
 - Personnel are trained regularly, on time and with reputable organisations
 - How On-line awareness training can support non-First Aid trained staff

This policy is in line with Government guidelines as set out in the documentation below

Herne Bay High School's First Aid, Emergent Care Policy

Contents:

1. **Scope of the Policy**
2. **Responsible parties for the policy**
3. **Definitions of policy specific terms**
 - I. **Policy details**
 1. **Detailed policy statement**
 2. **Links to Institutions core values and other policies**
 3. **Links to other National policies and legislation**
 - II. **Procedures**
 1. **Steps necessary to comply with the policy**
 2. **Implementing the policy as an individual**
 3. **How and where to seek support with the policy**

1. Scope of the Policy

It is important that all schools have a First Aid policy that ensures all staff are aware of how and when they should manage an acute or emergent health need of student or staff. The policy supports national legislation and guidance surrounding the importance of administering First Aid for injury or illness. The procedures that the policy outlines need to be adhered to in order that staff and students remain safe in the event of an emergency. Having a policy will ensure compliance to Government guidelines and legislations and create a shared understanding of how the safety of every student is a shared endeavour and not the responsibility of one set of personnel.

The policy does not suggest that all members of the school community are responsible for the administering of First Aid, but it does stipulate that all members of the schools community are responsible for referring staff or student for First aid should the need arise, as is the case with safeguarding. In order to ensure this, all members of the school community need to be aware of the processes for accessing First Aid on the behalf of themselves or a casualty in their care.

The First Aid, Emergent care policy applies to

- Teaching staff
- Pastoral managers and staff
- Teaching support staff
- Outside speakers
- Non-teaching staff
- Teaching staff of affiliated organisations to HBHS who are responsible for our students while in their care

The First Aid and Emergent care policy should be applied in all

- Teaching contexts, i.e. Lessons, assemblies, trips, etc.
- Conversations between staff and students when students could disclose emergent health crises
- Duty care of unstructured times such as Break times, Lunch times and after school

2. Responsibility for the policy

The First Aid and Emergent care policy is authored by the Vice Principal in charge of Safeguarding, the Assistant Principal responsible Pupils and the health and Safety Manager. It will be ratified by the Principal and Governors. However, it must be enforced by all members of the school community.

3. Definitions of specific language

- **Policy:** The set of rules and expectations that all members of the organisation are required to adhere to
- **Procedure:** The ways in which the rules and expectations might be adhered to and how the policy might manifest itself in different contexts of the organisation
- **First Aid:** Procedures carried out by current, trained personnel in order to treat sudden acute injuries
- **Emergent Care:** Procedures carried out by currently trained personnel in order to treat an acute condition arising from an existing serious disease, condition or disability
- **Members of the school community:** All staff who are employed by the organisation, or who work in a voluntary capacity for the organisation, or members of the public who are visiting the site
- **Appointed Person:** The person in charge of organising First Aid, particularly during severe or acute cases, such as when an ambulance might be needed
- **Fully Trained First Aider:** A person who has undertaken the full 3 days First Aid Training Course
- **Triage First Aider:** A person who has undertaken the basic 1 day First Aid Course
- **First Aid Training:** A training course that qualifies the cohort to be a practising First Aider, and provides a certification to prove as such
- **Awareness Training:** Training provided by nursing teams, the virtual-school, or other on-line providers that raises awareness for identification and confidence, but that does not qualify the person to provide any treatment or First Aid

1. Policy statement

The policy hopes to ensure total compliance to the mandatory and statutory guidelines for the delivery of First Aid for all members of the organisation should the need arise, in particular, the Health and Safety Regulations of 1981. Compliance to Government guidelines will ensure the best outcomes for all students and staff who might unfortunately experience injury, disease or illness while at school.

The policy is founded upon the idea that Herne Bay High School is committed to the safety of all members of the organisation including all children in our care.

The policy is founded on the assumption that these procedures are currently in place, but that they should be formally captured in order to create standardisation of care. This policy, therefore, outlines best practice and ensures that this practice is extended to the arrangements as far as is reasonably practical to all regular members of the organisation, and members of the public who may visit our organisation. It also covers best practice for First Aid and Emergent care for staff and students when on Educational visits including trips, sporting events, training and the hiring out of our facilities.

2.The School has shaped its policy in line with the expectations of the

- I. **The Health and Safety (First Aid) Regulations 1981** requires employers to provide
 - Adequate and appropriate equipment, facilities and personnel to ensure immediate action for anyone taken ill or injured
 - Ensure that a Safety manager is appointed to provide a regular, suitable and sufficient risk assessment to ascertain the school's First Aid needs, annually as minimum
 - Adequate training of First Aid to a competent standard , including refresher training
 - A First Aid Policy for the organisation

- II. **Guidance on First Aid for Schools, DfEE (Pub. 2000)**
 - The minimum First Aid Provision shall be a suitably stocked First Aid Container (Appendix 1); An appointed person to take charge of First Aid Arrangements and First Aid Episodes; Information for employees on First Aid arrangements; a risk assessment to determine any additional provision
 - First Aid provision must be available at all times while people are on school premises, and also off the premises whilst on school visits and out of school hours e.g. lettings, parents' evenings etc
 - Health and Safety Legislation places duties on employers for the Health and safety of their employees and anyone else on the premises
 - The Head Teacher is responsible for enforcing the policy and developing detailed procedures. The Head Teacher should also make sure that parents are aware of the school's Health and Safety Policy, including arrangements for First Aid
 - Teachers and other staff in charge of Pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children.
 - In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency
 - The employer must ensure that there are enough trained staff to meet the statutory requirements and assessed needs allowing for annual/sick leave or off site
 - **For First Aiders**
 - First Aiders must complete a trained course approved by the HSE
 - First Aiders' main duties are to 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
 - First Aiders must ensure they wear appropriate PPE when delivering First Aid to a casualty during times of infectious disease control, epidemics or pandemics, or when advised by Government or PHE
 - **An Appointed Person**
 - Someone who takes charge when someone is injured or becomes ill
 - Looks after the First-Aid equipment e.g. restocking the First-Aid container – in our organisation¹
 - Ensures that an ambulance or other professional medical help is summoned when appropriate

¹ The size of our organisation requires multiple Appointed Persons – one of whom will be responsible for the checking and restocking of equipment and one of whom will be responsible for the safeguarding of the casualties

- Is NOT a first Aider. They should NOT give first aid treatment for which they have not been trained. However, it is good practice to ensure that appointed persons have emergency first aid training/refresher training as appropriate. These courses do not require HSE approval². They normally last four hours and cover the following topics
 - What to do in an emergency
 - CPR
 - First Aid for Unconscious casualty
 - First Aid for the wounded or bleeding
- First Aid knowledge and awareness training should help an appointed person cope with an emergency and improve their competence, confidence (and decision making).
- **Providing Information**
 - The Employer...must inform all staff (including those with reading and language difficulties) of the first-aid arrangements. This should include the location of equipment, facilities and First Aid personnel, and the procedures for monitoring and reviewing the school's First aid needs (appendix 2)
 - The Employer...must provide First Aid information in induction programmes to help ensure new staff and pupils are told about the first aid arrangements. It is good practice to include such information in a staff handbook.
- **Insurance**
 - In the event of a claim alleging negligence by a member of the school staff, action is likely to be taken against the employer rather than the employee...reassurance to staff that those in county and controlled schools who volunteer to assist with any form of medical procedure are acting within the scope of their employment and are indemnified.
- **Risk assessment of First Aid needs**
 - The size and split levels of the building
 - The location of the school
 - Specific circumstances that may affect access to the school or its parts
 - Access for emergency services (in a major event, the emergency services are likely to dispatch a multiple appliances, including but not limited to Fire Engines, Simon Snorkels, ambulances, Police vans/cars – schools need to ensure that these appliances can access all areas of the school)
 - Specific hazards, for example but not limited to chemicals, heaters, tools etc
 - Staff with specific disabilities, illnesses or other health needs
 - Accident statistics should be analysed annually to assess and patterns of injury or illness
- **How many First –Aid personnel are required?**
 - There are no rules or exact numbers
 - We have used guidance from St. John's Ambulance to determine that we are low-medium risk, and therefore should have 20 First Aiders, and a further 10 First Aiders to cover absence and off site excursions. We confirm that we are compliant with this number and a full list of current first aid trained staff can be found on Teams.
 - Employers need to make their own informed judgement based on their own risk assessment
 - Schools fall into a 'lower risk' place of work, but large schools, split sites, or schools with a range of facilities might fall into the 'medium risk' category
 - A medium risk place of work with 20-100 employees should consider having 1 first aider for every 50 employees or part thereof
 - First aiders need to be available at lunchtimes and breaks
 - Practical departments should have First Aiders in the department.
 - First Aid provision for after school clubs, trips etc
 - First Aid agreements with off site contractors, or joint provision for contractors bringing their own contractors on site
 - Adequate First Aid Provision for trainees on site

² In our organisation, this training shall be referred to as 'Awareness Training'

- **Selection of First Aiders**
 - First aiders should
 - Be people who agree to become first aiders on a voluntary basis
 - Have a good reliability, attendance and communication skills
 - Have aptitude and ability to absorb new knowledge and learn skills
 - Be able to cope with stressful and physically demanding emergency procedure
 - Be able to leave their normal duties immediately in order to attend an emergency

- **Procedures**
 - Schools staff must all know who to contact first
 - Staff must know where to go for First Aid
 - First Aiders must don PPE before attending a First Aid episode and doff the PPE in the appropriate way following the episode during times of infectious disease control, epidemics or pandemics, or when advised by Government or PHE
 -

- **First Aid materials**
 - There should be at least 1 fully stocked First Aid container for each site (appendix 1)
 - All containers should be marked with a white cross on a green background
 - If possible, First Aid containers should be kept near hand washing facilities
 - All First Aid containers must include 1 set of PPE for a First Aider and 2 refuse sacks for appropriate disposal of PPE following the episode

- **Accommodation**
 - The Education (School premises) Regulations 1996 require every school to have a suitable room that can be used for medical or dental treatment when required, and for the care of the pupils during the school hours. The area must
 - Contain a washbasin
 - Be reasonably near a WC
 - Be readily available when needed, but need not be used solely for medical purposes

- **Hygiene and infection control generally and during any associated epidemics or pandemics**
 - Staff should have access to single use disposable gloves, and full PPE as appropriate
 - Staff should have access to hand washing facilities and clean their hands more than usual and more thoroughly for at least 20 seconds
 - Staff should have access to antibacterial alcohol hand gel at the entrance of each building, with the exception of the Science block, technology block or any other block that risks contact with flammable substances and/or the risk of explosion, in which case the site crew will direct which methods of sanitising should be used
 - Staff should take care when dealing with blood or other bodily fluids and only do so in appropriate PPE wherever possible and directed
 - Be able to dispose of dressings, gloves or equipment properly
 - Minimise contact with individuals who are unwell and do not attend school if displaying symptoms of infectious disease especially during times of epidemics or pandemics
 - Staff should ensure good respiratory hygiene by adopting and promoting the 'catch it, bin it, kill it,' approach and/or coughing into a tissue or the elbow
 - Staff should alert the site team if they feel high touch areas need additional cleaning
 - Staff should maintain social distance where appropriate and where guidance stipulates

- **Reporting accidents and record keeping**
 - Under the Reporting of Injuries, Diseases and Dangerous Occurrences regulations 1995 (RIDDOR) some accidents must be reported to the HSE (Appendix 3)

- The employer must keep a record of any reportable injury, disease, or dangerous occurrence. The record must include
 - The date and method of reporting (HBHS uses CPOMs)
 - Personal details of those involved
 - A brief description of the nature of the event or disease
 - Can be combined with other records
- Employers must keep records of accidents either in electronic form, or on paper for a minimum of 3 years
- Accidents that are not reportable to RIDDOR must still be recorded (with CPOMs) and schools should record
 - The date, time and place of incident
 - The name and class of the injured or ill person
 - Details of the injury/illness
 - What first aid was given
 - What happened to the person immediately afterwards, (eg. Went home/resumed normal duties/went back to class/taken to hospital etc)
 - Name and signature of the first aider and person dealing with the incident

The school has shaped this policy in line with the organisation's core values as set down in the

I. Safeguarding staff policy

Under the safeguarding policy, the expectations of teachers at HBHS are set out and are non-negotiable. They require all staff to undertake safeguarding training, and refresher training regularly. The spirit of this policy is that all staff must remain vigilant in referring a child to the DSL whenever they feel there is a concern to the health, safety or well-being of the child.

II. SEND Policy and Equality Policy

- Equality will be available for all students with disability or SEND and First Aid will be available to those with registered disabilities
- Students with low language/reading ability will have it explained to them how they can access First Aid, and be supported by staff in seeking First Aid

III. Supporting students with medical needs Policy

- Medicine will not be given to students, but students will be supported in giving it to themselves

2. Procedures

For procedures specifically related to Coronavirus concerns, such as the management of a person presenting with symptoms of the Coronavirus, please refer to the relevant documentation in 'return to school', or speak directly to the PA to the Head teacher, The site manager or the Head Teacher.

Wherever First Aid is being administered throughout this document, it is stipulated that it should be done in full PPE during times of infectious disease control, epidemics or pandemics. This refers to both triage First Aiders and Full First Aiders.

Where PPE is being worn, there is no requirement for the First Aid tabard to be worn as well. This will only be worn when PPE is no longer required at times where specific infectious disease is no longer a significant risk

The expectations of all members of the school community should manifest themselves in the following ways, although this list is not exhaustive and must be accepted as evolutionary as new guidance, regulation and statutory responsibilities may be released by the Department for Education. They will be subject to updating in response to changes in National legislation, curriculum content, needs of the students and application of best practice

1. In the context of First Aid – sudden injury or accident not connected to an existing condition

The member of staff or student will contact main reception and or a member of staff with a school radio. A first aider will be called to the incident. The first aid rota will then be implemented (see figure 1). **Legislation dictates that a First Aider must be available to leave their tasks at any time and this does not qualify teaching staff to be first aiders.**

A Fully Trained First Aider (FTFA) will be available in main school, in the Bungalow, in the sixth form block, in the Arena and located in the year team bases. These also will be non-teaching staff. These personnel will be responsible for treating referrals of First Aid, acute, critical emergency and liaise with the appointed persons only.

The First Aid Episode (FAE) begins at the point the casualty is presented and ends **when the First Aid Form is completed on CPOMS**. In between these times, the FAE is active and wearing full PPE or a high Visibility vest/tabard marked 'First Aider' (if possible). This will signify to other colleagues, visitors and students that the person wearing full PPE or the vest/tabard **MUST NOT** be interrupted, called away, or stopped in any other way from carrying out the procedures as they are managing an active FAE. Should a separate FAE occur, another First aider must accept the casualty in the same way and follow the same process.

In practical departments, Technology, Science, PE, Dance, Drama, a triage first aider will endeavour to be first point of contact for any FAE. If they require further assistance with the matter or if the FAE occurs in any other department, the FTFA will be called in line with above procedures.

Specific Casualties

Potentially major Injuries – including but not limited to

i. Head/Eye/Spinal accidents/injuries – including any student who has received an eyewash

The TFA should refer these incidences to the FTFA in all cases. Both the TFA and the FTFA should record their actions on CPOMS. The FTFA will then telephone parents/carers/next of kin to arrange immediate collection of the injured person. The appointed person shall be made aware in person, or through the completion of the Accident/Incident Report

ii. Minor Injuries – including but not limited to

Cuts, grazes, bumped knees, bites, stings, trapped fingers, sprains etc.

First aid administered in the procedural way by the nearest TFA and referred if necessary to the FTFA. A First Aid Form is completed on CPOMS. If injury is considered severe enough, further management decision can be made in conference with the appointed person and/or parents

iii. Serious illness/injury – including but not limited to

Heart attack, stroke, fitting, unconsciousness, profuse bleeding, broken bones, severe vomiting, vomiting blood, severe abdominal pain, suspected poisoning – chemical or otherwise -, any chemical burns, any severe burns sustained in any other ways, etc

TFA should refer immediately to and call for a FTFA to meet them with the casualty. TFA should not leave the casualty. FTFA should alert the Appointed Person that an emergency referral has been made by the TFA concerning a serious and sudden illness/injury. First Aid should be given and the situation managed by the appointed person who will alert the person responsible for calling the emergency services

2. In the context of Emergent Care Procedures – First Aid in connection with existing illnesses, diseases or conditions

For students with Chronic Illness, disease, condition including but not limited to

Diabetes, Epilepsy, IBDs such as Crohns/Ulcerative Colitis, Asthma, auto-immune diseases, cancer, severe allergic reaction etc

These students will be supported by the Heads of school, Deputy Heads of School and Year manager in liaison with staff from relevant children's nursing teams, parents and any other outside agency. The nursing team will provide a Health Care Plan (HCP) for the patient/student and HBHS will extrapolate the HCP guidance into the HBHS HCP format in order to contextualise and ensure and guarantee standardised compliance across all members of the organisation with whom the student has contact.

For Chronic conditions, the school will support the student as far as is reasonable for a non-clinical organisation in order that they can manage their own condition in line with the Equality Act 2010. The school will work with parents/carers to establish and approach that will not discriminate the child and that will enable the student to manage their condition responsibly and easily. The school will ensure that there are no barriers to the child managing their condition and provides medical facilities including hand washing facilities and ensuite toilets and fresh water.

HBHS, including FA, FTFA and the Appointed Person will not, in accordance with 'Supporting pupils at school with medical conditions, Statutory guidance for Governing bodies of Maintained schools...of academies in England Dec. 2015' and the HBHS 'Supporting Students with Medical conditions policy,

- Administer medications including insulin, salbutamol, ADHD drugs, antibiotics, analgesics, epinephrine etc
- Be responsible for medical monitoring of students such as recording and checking blood glucose levels, peak flow readings, etc.
- Make medical observations such as behaviours linked directly to the taking of, or the not taking of any drugs, e.g. ADHD medication, anti-anxiety medication etc, and making comments such as, 'Their Medication makes him seem....' For example. Staff at HBHS are not clinicians, or medical professionals and therefore not in a position to posture such observations

HBHS, including FA, FTFA and the Appointed Person will, in accordance with 'Supporting pupils at school with medical conditions, Statutory guidance for Governing bodies of Maintained schools...of academies in England Dec. 2015' and the HBHS 'Supporting Students with Medical conditions policy,

- Enable students to take their own medication by providing appropriate time out cards when necessary, appropriate medical facilities should they be required, Fresh water and hand washing facilities
- Support students to be responsible for their own medical monitoring by providing a time and space for them to undertake such monitoring
- Encourage and support students to discuss their own medication, observations etc with appropriate personnel
- Contact parents/carers/next of kin should a concern be raised by the student, or a First Aider with reference to the suspicion of the student's mismanagement of their condition, or the mishandling of their own medical monitoring
- Refer any serious concerns regarding the student's mismanagement of any condition directly to external agencies under our Safeguarding Policy

FA will have access to an up-to-date list of all students with chronic conditions. In the event that a student becomes unwell, the FA will refer to the FTFA team immediately and accompany the student to the office. A First Aid Form is completed on CPOMS. In the event a student presents with an ongoing mismanagement of their condition, this will result in a referral to parents and/or external agency being made by the DSL and appointed person through the Safeguarding policy.

HBHS, including TFA, FTFA and the Appointed Person will, in accordance with 'Coronavirus (COVID-19): Implementing protective measures in education and child care settings' and 'Guidance for full opening – schools 2020' have a designated space in which to segregate students or adults if necessary who become unwell in school with Coronavirus symptoms until they can be collected or removed. This space should have a door that closes and ideally a window that opens. Where this is not possible, they should be kept at a minimum of 2m away from other people. This guidance will also remain in place for any time of infectious disease control, epidemic or pandemic, or when specified by Government guidance or advice from Public health England

HBHS will engage with PHE where a confirmed outbreak of infectious disease is present.

Acute FAEs with no obvious or known causes occurring in the classroom

The class teacher should request a first aider through office@hernebayhigh.org

Intervention should be implemented and contact made with parents/carers/emergency contact as appropriate. A First Aid Form is completed on CPOMS

The Appointed Person will ensure that records are completed/kept as completed as appropriate. They should also consider if reporting to RIDDOR if the accident meets public reporting threshold (see Appendix 3). Parents will be communicated to.

Awareness Training

Only specific staff who fulfil government guidelines for first aiders will be trained as first aiders. To an extent this precludes teaching staff from being trained, although there may be an exception to this based on individual circumstances. However, all staff need to be first aid aware as they all have contact time with students or visitors who might need First Aid or Emergent care. Staff will receive training as deemed appropriate.

Physical Education

It is desired that all PE staff should be Full First Aid Trained due to the high risk nature of their subject and the frequency of off site visits for sporting fixtures. Staff should also be trained, as deemed appropriate, in use of the AED (defibrillation) as there is an AED kept in the bay arena.

General Comments

First Aid is outside of the year structure meaning that it should be administered by the nearest First Aid Personnel to the casualty; or by any FTFA in the Student office.

Sending casualties to student services for all First Aid treatment is not the default position of this policy, and students should never be sent off alone. Students arriving at Student Services for First Aid Treatment must be accompanied by the ZTFA personnel so that context and hand over can occur.

The only exception to policy for FTFA being called in the first instance is in the case of acute, severe emergency situations outlined in this policy in section '**Acute FAEs with no obvious or known causes occurring in the classroom**'. In all other cases, students, staff and visitors should ideally be seen by the ZTFA in the first instance who will either treat and report, or treat, refer and report.

Year Managers or another Appointed Person

In all First Aid cases, whether they have been managed by the Triage First Aider, or whether they have been referrals to Fully Trained First Aiders, the CPOMs report with attached accident report will be filed and read by the appointed person/safety manager and any learning points identified.

4. Implementing the policy as an individual

Class teachers should seek to implement the following

- a. Referral of minor First Aid situations to the First Aider.
- b. Immediate referral to main office for a FTFA
- c. Detailed and accurate knowledge of students' IHCPs especially for students with chronic illness, disease or disability
- d. Appropriate Awareness training as directed

Appendices:

Fig 1. First Aid rota – Priority responders.

- 1st responder is called to support, will call for 2nd responder depending on the FA required

- If more than one call the second responder will be called
- For minor First Aid the 3rd responder will be called to support the required Year Group

	Monday	Tuesday	Wednesday	Thursday	Friday
1 st responder	Kev O' Rouke				
2 nd Responder	Dennis Brandrick	Josh Allsopp	Paul May	Gill Scott	Lorraine Bailey
3 rd Responder	Year Manager Lower LS Upper TS Sixth Form - SG				

Appendix 1

Minimum contents of a First Aid Container for areas where no special risk is identified

- A leaflet giving general advice on First Aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile)
- Six safety pins
- Six medium sized (approximately 12cmX12cm) individually wrapped sterile unmedicated wound dressings
- Two large (approximately 18cmX18cm) sterile individually wrapped unmedicated wound dressings
- One pair of disposable gloves

Other helpful items

- CPR mask
- Additional disposably gloves

Appendix 2 – RIDDOR reportable injuries/illness/diseases/dangerous occurrences

1. The death of any person/s on site if arising from a work-related accident including physical violence to a worker. This does not include death by suicide (regulation 6)
2. Specified injuries to workers (Regulation 4)
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight, or reduction of 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 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, requires resuscitation or admittance to hospital for more than 24 hours

- Accidents resulting in an employee or self-employee person being away from work, or unable to perform their normal work duties for more than 7 consecutive days as a direct result of the injury, excluding the day of the accident, but including weekends, rest days and bank holidays. The accident must be reported within 15 days of the accident
- Accidents must be recorded but not reported where they result in a worker being incapacitated for more than three consecutive days as above
- Accidents to members of the public or others who are not at work if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Exams and diagnostic testing do not constitute 'treatment'

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

3. Occupational diseases caused or worsened by their work

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis
- Hand-arm vibration syndrome
- Occupational asthma
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

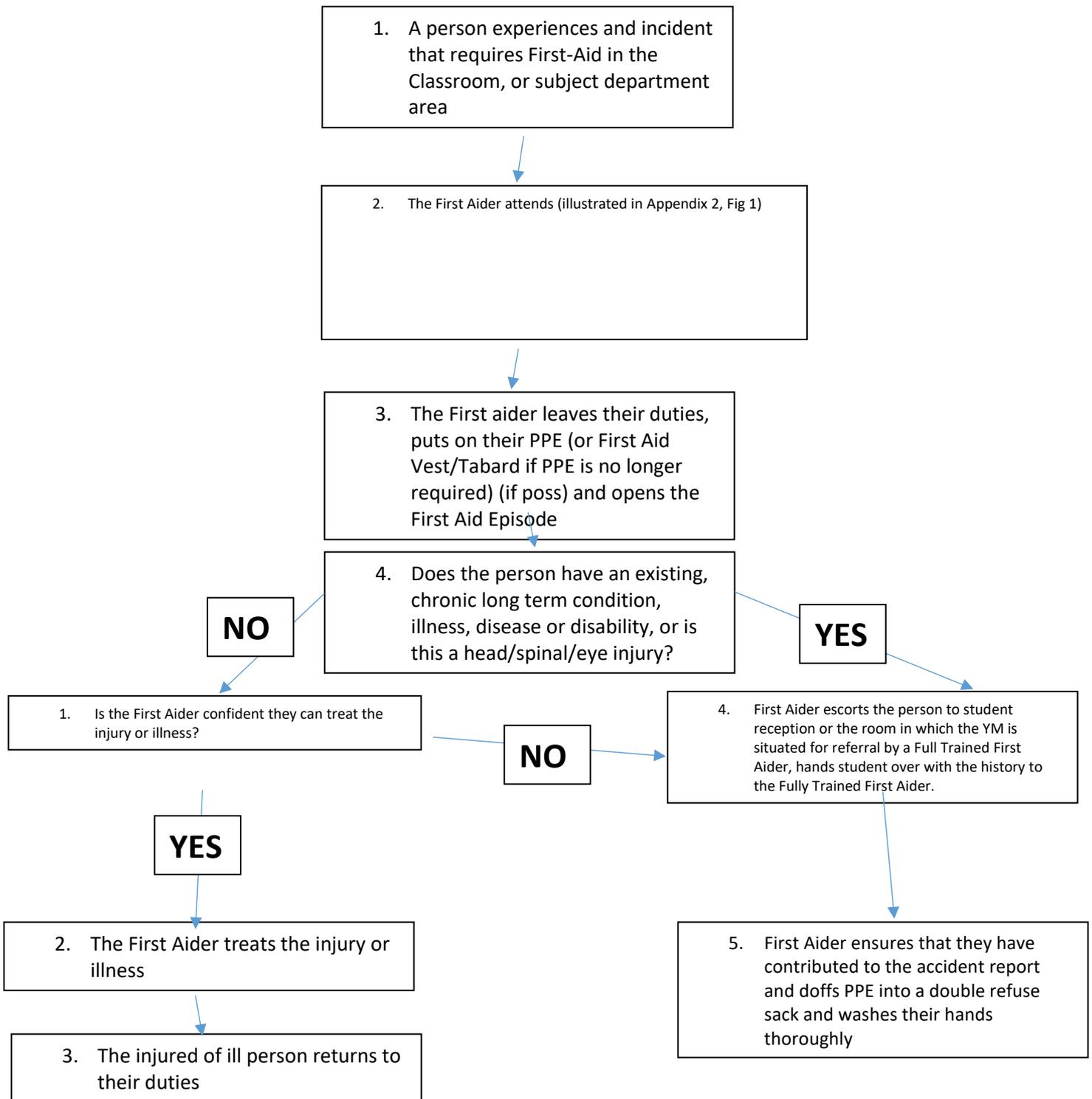
4. Dangerous Occurrences

- The collapse, overturning or failure of load-bearing parts of lifts and lifting equipment
- Plant or equipment coming into contact with overhead power lines
- The accidental release of any substance which could cause injury to any person

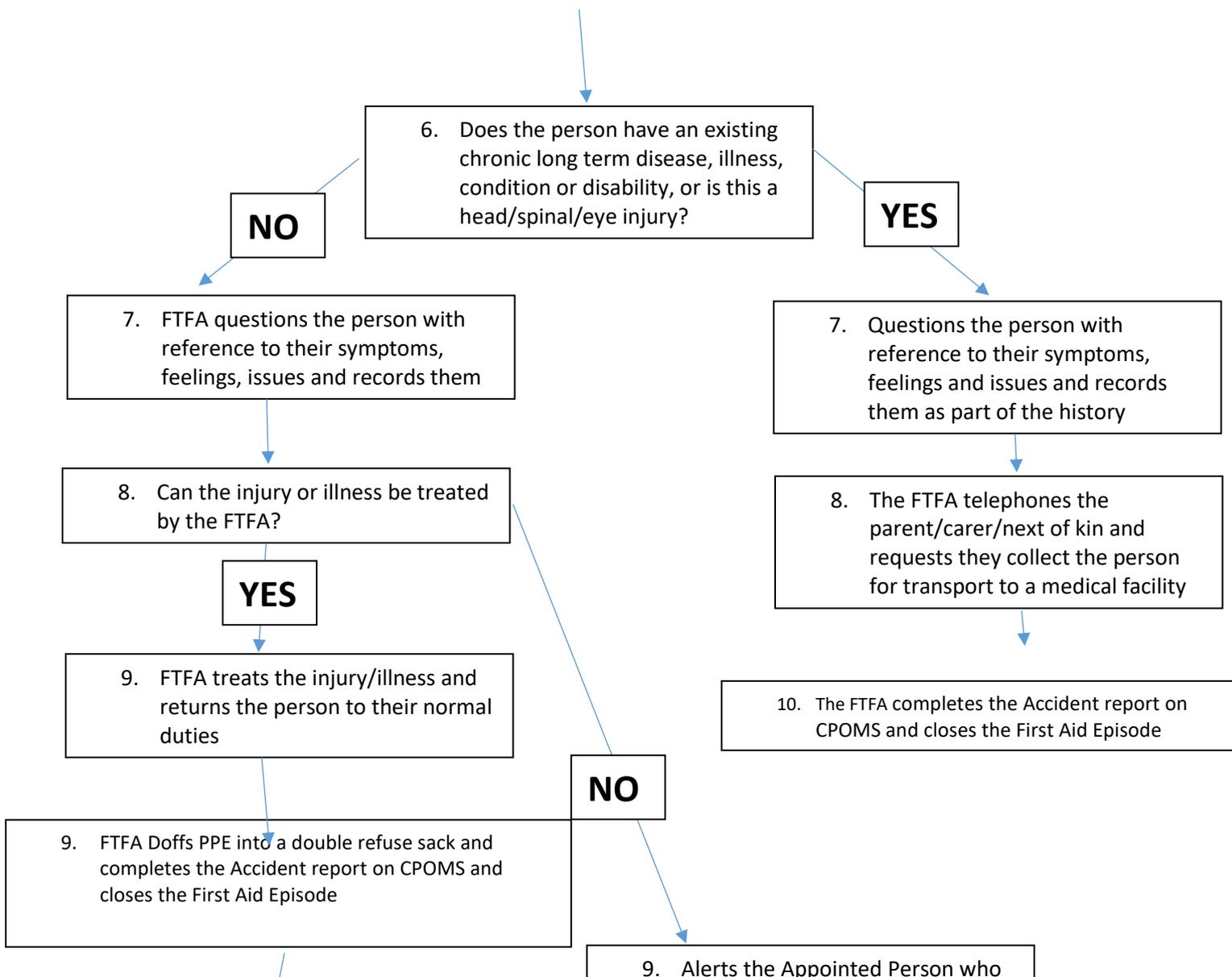
5. Gas Incidents

- An accidental leakage of gas
- Incomplete combustion of gas
- Inadequate removal of products of the combustion of gas

Appendix 3 (fig 1) – First Aid Flow Chart for First Aiders (FA)



6. The First Aider commences closure of the First Aid Episode by ensuring that they have completed an accident report on CPOMS
1. Replacing resources used from First Aid Kit
 2. Disposing of any hazard/bio-waste materials
 3. Removes First Aid Tabard/Vest
 4. Washes hands



Appendix 4 – Full list of First Aiders by Category

Full list of current first aid trained staff by category.

[https://hernebayhigh.sharepoint.com/:x:/r/sites/msteams_936706/Shared%20Documents/Visits%20and%20Visitors/Current%20Trained%20Staff%20-%20Trip%20Purposes/First%20Aid%20Trained.xlsx?d=w23cf30c50d8e4b98a92e5216cd2b9ddb&csf=1&web=1&e=XS
WXQL](https://hernebayhigh.sharepoint.com/:x:/r/sites/msteams_936706/Shared%20Documents/Visits%20and%20Visitors/Current%20Trained%20Staff%20-%20Trip%20Purposes/First%20Aid%20Trained.xlsx?d=w23cf30c50d8e4b98a92e5216cd2b9ddb&csf=1&web=1&e=XS
WXQL)

Appendix 5 – Accident Form to attach to CPOMs and First Aid Episode Close procedures for all First Aid Kits

When closing your First Aid Episode, Please ensure you complete the following tasks in this order

1. **Report** your CPOMs
2. **Remove** and dispose of any bio-waste or hazardous materials in line with policy
3. **Remove** and dispose of any hand written notes you have taken and written up into CPOMs securely in the red bins
4. **Replace** any used items from the First Aid Kit
5. **Replace** the list of students with Chronic Conditions in the First Aid Box
6. **Replace** PPE or Tabard/Vest with the First Aid Kit
7. **Rinse** and Wash and Hands thoroughly
8. **Request a rinsing** of any floors, tables, chairs etc that might be soiled with bio-hazard waste