



# First Aid Policy

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Hyde Park School

Updated LKN and KAD 02.11.16

## 1 Authority and circulation

- 1.1 This policy has been authorised by Hyde Park School London Limited (the **Company**) which operates Hyde Park School (Marble Arch) and Hyde Park School (Queen's Gate) (the **Schools**). It is available to parents and pupils and to all members of School Staff.

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- 1.2 The arrangements within this policy (for example the number of First Aiders, Appointed Persons and First Aid boxes and the contents of First Aid boxes) are based on the results of a suitable and sufficient risk assessment carried out by the Schools in regards to all Staff, pupils and visitors.
- 1.3 This policy is drafted in accordance with paragraph 3(6) of the schedule to the Education (Independent School Standards) (England) Regulations 2010 (SI 2010/1997), the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917) and the *First Aid at work: Health and Safety (First Aid) Regulations 1981 approved code of practice and guidance*.
- 1.4 This policy can be made available in large print or other accessible format if required.

## 2 Definitions

**First Aid:** means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack.

**First Aiders:** are members of staff who have completed an approved First Aid course and hold a valid certificate of competence in First Aid at Work (**FAW**) or Emergency First Aid at Work (**EFAW**).

**First Aid Guidance:** is the *First Aid at work: Health and Safety (First Aid) Regulations 1981: approved code of practice and guidance* (L74 3<sup>rd</sup> Edition 2013)

**Appointed Persons:** are members of staff who have completed basic first aid training who are responsible for looking after the First Aid equipment and facilities and calling the emergency services if required.

**Staff:** means any person employed by the Schools, volunteers at the Schools and self employed people working on the premises.

## 3 Aims of this policy

- 3.1 To ensure that the Schools have adequate, safe and effective First Aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- 3.2 To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- 3.3 Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing

the terms of this Policy and make clear arrangements for liaison with ambulance services on the School site.

#### 4 Who is responsible?

- 4.1 The Company as the employer has overall responsibility for ensuring that the Schools have adequate and appropriate First Aid equipment, facilities and First Aid personnel and for ensuring that the correct First Aid procedures are followed.
- 4.2 The Head delegates to the Nominated First Aiders the day to day responsibility for ensuring that there are adequate and appropriate First Aid equipment, facilities and appropriately qualified First Aid personnel available to the Schools. The School Business Manager will regularly (at least annually) review the school's First Aid needs to ensure that the Schools' First Aid provision is adequate.
- 4.3 The Head is responsible for ensuring that all staff and pupils (including those with reading and language difficulties) are aware of, and have access to, this policy.
- 4.4 The Head delegates to the administrator responsibility for collating medical consent forms and important medical information for each pupil and ensuring the forms and information are accessible to staff as necessary.
- 4.5 The Head is responsible for ensuring that staff have the appropriate and necessary First Aid training as required and that they have sufficient understanding, confidence and expertise in relation to First Aid.
- 4.6 **First Aiders:** The Head is responsible for ensuring that the Schools have the minimum number of First Aid personnel with reference to the advice given in Appendix 3 of the First Aid Guidance.
- 4.7 In the Early Years Foundation Stage (**EYFS**) settings at least one person who has a current paediatric First Aid certificate must be on the premises at all time when children are present. On outings including children from the EYFS there must be at least one person who has a current paediatric First Aid certificate.

For more information please see <http://www.hse.gov.uk/firstaid/index.htm>.

The following staff have been completed a HSE approved First Aid course and hold a valid certificate of competence in First Aid at Work (**FAW**) Paediatric First Aid (**PFA**) or Emergency First Aid at Work (**EFAW**):

Ellis McAllister	FAW PFA	Nominated First Aider	Hyde Park School (QG)
Laura Balfour	EFAW PFA	Office Assistant Nominated First Aider	Hyde Park School (QG)
Emily Markham (On maternity leave April-	PFA	Registrar	Hyde Park School (QG)

December 2016)			
Patricia Watt	FA	Deputy Head	Hyde Park School (QG)
Julie Casey	PFA, EFAW	Teaching Assistant	Hyde Park School (QG)
Rebecca Anthony	PFA, EFAW	Form 3 Teacher	Hyde Park School (QG)
Neamette Sabounji	PFA (expired 181014), EFAW	Teaching Assistant	Hyde Park School (QG)
Anna Zimakova	EFAW PFA from 17.10.14	Teaching Assistant	Hyde Park School (QG)
Nomeda Knox	EFAW	Teaching Assistant	Hyde Park School (QG)
Kessiah Wakley	EFAW	Teaching Assistant/PGCE Student Teacher	Hyde Park School (QG)
Hiroko Yamamoto	EFAW	Music Coordinator	Hyde Park School (QG)
Amelie Rochais	EFAW	Form 6 Teacher	Hyde Park School (QG)
Lucy Stirton	EFAW	Form 2 Teacher	Hyde Park School (QG)
Lena Piatigorsky	BFA	Form 4 Teacher	Hyde Park School (QG)
Jonathan Breden	EFAW	Form 5 Teacher	Hyde Park School (QG)
Emma Thompson	EFAW	Learning Enrichment Support Assistant	Hyde Park School (QG)
Dominika Gordon	EFAW`	EAL Teacher	Hyde Park School (QG)

Angelo Da Costa	EFAW	Teaching Assistant	Hyde Park School (QG)
Hosanna Nartey	EFAW	Chef	Hyde Park School (QG)
Karen Dapson	FAW	Head of Pre Prep Nominated First Aider	Hyde Park School (MA)
Stuart Hewer	FAW EFAW	Minibus Driver Classroom Assistant	Hyde Park School (MA)
<del>Amy Christon</del>	PFA	<del>Room Leader/Deputy Head</del>	<del>Hyde Park School (MA)</del> Maternity Leave
Helen Hope	EFAW	Reception Teacher	Hyde Park School (QG)
Abena Damoah	EFAW	Nursery Nurse	Hyde Park School (MA)
Natalia Magiera	PFA	Nursery Teacher	Hyde Park School (MA)
<del>Hannah Pegrum</del>	PFA	<del>Teaching Assistant</del>	<del>Hyde Park School (MA)</del> Maternity Leave
Rebecca Lawrence	PFA	Teaching Assistant	Hyde Park School (MA)
Isobel Mouzo	EFAW	Nursery Teacher	Hyde Park School (MA)
Karen Dapson	FAW	Head of Pre Prep Nominated First Aider	Hyde Park School (MA)
Stuart Hewer	FAW EFAW	Minibus Driver Classroom Assistant	Hyde Park School (MA)

The main duties of First Aiders are to give immediate First Aid to pupils, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the Deputy Head.

The First Aiders will undergo update training at least every three years. First Aid training in the EYFS setting must be approved by the local authority.

All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of First Aid. All staff will use their best endeavours, at all times, to secure the welfare of the pupils.

- 4.8 **Anyone on School premises:** Anyone on the School premises is expected to take reasonable care for their own and others' safety.

## 5 **First Aid boxes**

- 5.1 First Aid boxes are marked with a white cross on a green background. The content of the First Aid boxes will be determined by the Schools' First Aid needs assessment and stocked in accordance with *Workplace first aid kits. Specification for the contents of workplace first aid kits*, BS 8599-1:2011, June 2011.
- 5.2 First Aid boxes are located at these positions around the School site and are as near to hand washing facilities as is practicable:

### Queen's Gate

- Medical Room - G1 School Office;
- School Office - ground floor;
- Kitchen - large first aid cabinet - lower ground floor;
- Library Kitchenette - 1<sup>st</sup> floor;
- Staffroom – 4th floor;
- Every Classroom.

### Marble Arch

- Medical Room - first aid cabinet - adjacent to the School Office;
- Kitchen - first aid box;
- Shop adjacent to first floor classroom;
- Every classroom;
- Minibus.

All requirements for the First Aid kits are supplied by the Nominated First Aider and are regularly stocked at request of individual departments.

If staff have used any items from the First Aid kits, staff should email the Nominated First Aider who will arrange for the replacement items to be placed in the relevant pigeon hole.

- 5.3 **The School minibus:** The Schools' minibus should have a prominently marked First Aid box on board which is readily available for use and which is maintained in a good condition. The

First Aid box should be stocked in accordance with part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078) which is set out in Appendix 4.

5.4 **Off-site activities:** First Aid boxes for any off-site activities are kept in the Medical Room.

## 6 Information on pupils

6.1 Parents are requested to provide written consent for the administration of First Aid and medical treatment before pupils are admitted to the Schools. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.

6.2 The Nominated First Aider will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the Schools to the class teachers and First Aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a pupil or other members of the School community.

## 7 Procedure in the event of illness

7.1 Pupils may visit the Medical Room if they feel unwell. If a pupil is unwell during lessons then they should consult the member of staff in charge who will assess the situation and decide on the next course of action. The pupil will, accompanied as necessary, be told to go to the Medical Room. The First Aider will decide on the next course of action and provide the First Aid as required.

7.2 On admission, the School will discuss with parents the procedure for children who may become ill or infectious. Details of the Schools' procedure can be found in Appendix 1

## 8 Procedure in the event of an accident or injury

8.1 If an accident occurs, then the member of staff in charge should be consulted. That person will assess the situation and along with the first aider or nominated person in attendance, decide on the next course of action, which may involve calling immediately for an ambulance. If this is the case, the Head should be called as soon as is possible.

8.2 In the event that the first aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance or making arrangements to transport the injured person to A & E or access other appropriate medical services.

8.3 **Ambulances:** If an ambulance is called then the First Aider in charge should make arrangements for the ambulance to have access to the accident site. For the avoidance of doubt, the address and / or GPS co-ordinates should be provided and arrangements should be made for the ambulance to be met.

8.4 Staff should always call an ambulance when there is a medical emergency and / or serious injury.

8.5 Examples of medical emergencies include:

- a significant head injury

- fitting, unconsciousness or concussion
- difficulty in breathing and / or chest pains
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- the possibility of a serious fracture.

8.6 Arrangements should be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact the parents in time.

8.7 If a spillage of blood or other bodily fluids occurs, the Nominated First Aider must be informed. The Nominated First Aider will then arrange for the proper containment, clear up and cleansing of the spillage site.

## 9 Procedure in the event of contact with blood or other bodily fluids

9.1 The First Aider should take the following precautions to avoid risk of infection:

- 9.1.1 cover any cuts and grazes on their own skin with a waterproof dressing;
- 9.1.2 wear suitable disposable gloves when dealing with blood or other bodily fluids;
- 9.1.3 use suitable eye protection and a disposable apron where splashing may occur;
- 9.1.4 use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- 9.1.5 wash hands after every procedure.

9.2 If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- 9.2.1 wash splashes off skin with soap and running water;
- 9.2.2 wash splashes out of eyes with tap water or an eye wash bottle;
- 9.2.3 wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
- 9.2.4 record details of the contamination;
- 9.2.5 report the incident to the Nominated First Aider and take medical advice if appropriate (dialling 111).

## 10 Reporting

10.1 The First Aider should complete a record of First Aid provision, as set out in the Accident Log book. All injuries, accidents and illnesses, however minor, must be reported to the Nominated First Aider and she is responsible for ensuring that the accident report forms and books are filled in correctly and that parents and HSE are kept informed as necessary.



- 10.2 The Schools must inform parents of any accident, injury to or first aid treatment provided on the same day or as soon as reasonably practicable.
- 10.3 Registered providers must notify Ofsted of any serious accident, illness or injury to, or death of, any child whilst in their care, and of the action taken in respect of it. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. A registered provider who, without reasonable excuse, fails to comply with this requirement, commits an offence.<sup>1</sup>
- 10.4 **Daybook:** All injuries, accidents, illnesses and dangerous occurrences (unless very minor) must be recorded in the relevant School Accident Book and the daybook. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored for at least three years or if the person injured is a minor (under 18), until they are 21.
- 10.5 In the event of an investigation the Incident Investigation Form at R\First Aid Policies and Procedures \ Incident Investigation Report should be used and followed up. Members of the Senior Leadership Team should be kept informed throughout the process.
- 10.6 **Accident report form:** The First Aider will fill in an accident report form for every serious or significant accident that occurs on or off the School site if in connection with the Schools' activities. The Nominated First Aider will keep a record of any accident or injury sustained and details of any First Aid treatment given to a pupil on or off the School site. Records should be stored for at least three years or if the person injured is a minor (under 18), until they are 21.
- 10.7 **Reporting to Parents:** In the event of accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Head if necessary.
- 10.8 The School will inform parents of any accidents or injury or First Aid treatment that is given to pupils in the EYFS setting on the same day or as soon as is reasonably practicable.
- 10.9 At Hyde Park School, Queen's Gate, if a pupil has an accident or first aid given, when the parent or legal guardian comes to collect, he or she will be asked to read and sign the Accident Book. In the absence of a parent or guardian collecting a child, a nanny or another named person may do so in their absence.
- 10.10 Hyde Park School, Marble Arch, parents or guardians will be asked to read and sign the Accident Book and a copy will be provided to them.
- 10.11 **Reporting to HSE:** The Company is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (**RIDDOR**) to report the following to the HSE.

#### 10.11.1 Accidents involving Staff

- (a) work related accidents resulting in death or 'specified' injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or

<sup>1</sup> Registered EYFS only

- (b) work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days; or
- (c) cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
- (d) certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

#### 10.11.2 Accidents involving pupils or visitors

- (a) accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:
  - (i) any School activity (on or off the premises)
  - (ii) the way a School activity has been organised or managed (e.g. the supervision of a field trip)
  - (iii) equipment, machinery or substances
  - (iv) the design or condition of the premises.

10.12 More information on how and what to report to the HSE, can be found in Incident reporting in schools (EDIS1 (revision 3)) and at <http://www.hse.gov.uk/riddor/resources.htm>.

10.13 It is possible to report online via the following link:  
<http://www.hse.gov.uk/riddor/index.htm>.

10.14 Fatal and specified injuries involving employees can also be reported 0845 300 99 23.

## 11 Monitoring

11.1 The Business Manager will organise a regular review of the Schools' Accident and Daybook in order to take note of trends and areas of improvement. The information may help identify training or other needs and be useful for investigative or insurance purposes. In addition, the Head will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.

<b>Authorised by</b>	Tommy Macdonald Milner
<b>Date</b>	27 May 2014

<b>Effective date of the policy</b>	May 2014
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	Amended by Graeme Smith October 2014
	Amended by Ellis McAllister September 2015
<b>Circulation</b>	all staff / Parents (on request)
<b>Status</b>	Mandatory
	Complies with:
	<i>Blood-borne viruses in the workplace: guidance for employers and employees</i> (Health and Safety Executive, 2001)
	Control of Substances Hazardous to Health Regulations 2002 (SI 2002/2677)
	Education (Independent School Standards) (England) Regulations 2010 (SI 2010/1997)
	<i>First Aid at work: Health and Safety (First Aid) Regulations 1981: approved code of practice and guidance</i> (Health and Safety Executive, 3 <sup>rd</sup> edition, 2013)
	Health and Safety at Work etc Act 1974
	Health and Safety (First-Aid) Regulations 1981 (SI 1981/917)
	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471)
	<i>Statutory Framework for the Early Years Foundation Stage</i> (Department for Education, March 2012)

## Appendix 1 Procedure for dealing with sick and infectious children

At both schools if a child is sent home, we expect parents to adhere to Hyde Park School terms and conditions when it states the following that:

Parents or legal guardians must inform staff of any illness/accident/medication that the child has had at home in the 48 hours before coming to school.

Children who are ill should not come to school.

Children who appear ill may be refused attendance on arrival at the school at the discretion of the head.

Children suffering from sickness and/or diarrhoea should stay away from school until 48 hours after the symptoms have ceased. Keeping children away from school for 48 hours was reviewed 28.01.15. After discussions led by ELM with GMS, LEB and KAD as well as Health professionals, it was decided in the best interest of children and staff to keep the policy at 48 hours due to infection and recovery time for children due to sickness or diarrhoea.

Prescribed medicines, including inhalers, may be given to children during the school day if necessary. These should be handed in to a member of staff and the appropriate forms will be completed and signed by the parents or legal guardian. Children should remain at home for the first 48 hours after starting a course of antibiotics. However, it may be advisable to have your child to remain at home for up to 72 hours, as your child may need longer to recover than 48 hours, see the infectious disease policy and the exclusion of sick children and staff policy. If a child has a temperature, we will expect you to keep your child at home for at least 48 hours.

A fever (high temperature) is classified depending on the age of a child and is listed below:

- Under five a fever (high temperature) is a temperature over 37.5C/(99.5F).
- In children five and over, a fever is a temperature of 38C/ 100.4F or over.

Fevers are quite common in young children and are usually mild. If the child's face feels hot to the touch and they look red or flushed they may have a fever, staff can check their temperature with a thermometer.

- Measured under the arm, normal temperature is about 36.4°C/97.4°F.
- Under the tongue, normal temperature is slightly higher at about 37°C/98.4°F. This may vary a bit.

Most fevers are caused by an infection or other illness.

The school first aider or first aider will encourage your child to drink as much fluid as possible and even if the child isn't thirsty, we will try to get them to drink little and often to keep their fluid levels up. It is not necessary to give them food unless they want it. The following suggestions may help the child feel more comfortable:

- Give the child plenty of cool clear fluids.
- Undress them to their underwear.
- Cover them with a sheet if necessary.
- Keep the room well aired and at a comfortable temperature about 18°C/65°F by adjusting the radiators or opening a window.
- If the child's temperature remains high and is above 39–41°C/103–105°F, or if a child still feels feverish, we will be going to the hospital.

Conditions that can cause fevers include: flu, ear infections, roseola (a virus that causes a temperature and rash), tonsillitis, kidney or urinary infections, common childhood illnesses such as measles, mumps, chickenpox and whooping cough. Other things that may raise the temperature of a child include: overheating because of too much bedding or clothing, being vaccinated.

At both schools, if the parent or legal guardian is meeting the child at the hospital, the accompanying adult will take a copy of the accident form from the Accident Book with them. If this is not possible, due to the need to leave quickly, the parent will be asked to sign the form later. Injuries or medical problems of a more serious nature will always be referred for medical advice, either by attendance at the local Accident and Emergency Department or by summoning an ambulance, or by calling the parent or legal guardian to the school to take their child to their own doctor

**The nearest hospital to QG is:**

Chelsea and Westminster Hospital  
Accident and Emergency Department

369 Fulham Road  
London SW10 9NH

Telephone Number: 020 8746 8000

**The nearest hospital to MA is:**

St Mary's Hospital  
Accident and Emergency Department  
Praed Street  
London W2 1NY

Telephone Number: 020 3312 6666

Should a child need to be taken to hospital in an ambulance, one of the following adults should accompany the child:

- The person who saw the accident and can explain what happened to paramedics and hospital staff
- The child's form teacher or nursery nurse

One of the school's main first aiders and whoever accompanies the child must have a charged mobile phone with them.

If a child is injured, the person reporting the accident should ensure that the school first aider or whoever is covering her knows what has happened.

At QG, RCC will ring parents or legal guardians, field phone calls and generally keep people updated.

At MA, CJP will ring parents or legal guardians, field phone calls and generally keep people updated. If there is no one on the reception desk, tell KAD or in her absence SDH, who will pass on the relevant information to CJP on her return

Report the accident in the following order:

- Phone for an ambulance
- At QG, tell RCC, office staff and PLW or HLW
- At MA, tell KAD or SDH
- Tell parents or legal guardian

On returning to either school, a detailed account of the accident will be completed, given to Mrs Hilary Wyatt, the Headmistress or in his absence the following people.

- Patricia Watt or Laura Narbett, Deputy Heads
- Karen Dapson, the Head of Pre Prep

A copy will be given to Ellis McAllister, the Nominated First Aider. This will be evaluated and where appropriate a risk assessment (FA13) will be undertaken. If there are any risks identified further action will be taken to eliminate any problems.

## **Appendix 2 HIV and the giving of First Aid**

Always wear disposable gloves when administering first aid. We have these in various locations in the school; they are inexpensive so please use them.

Current medical advice is:

- Wash your hands before and after giving first aid
- Cover any cuts or broken skin on your hands with waterproof plasters.
- Any splashes of blood from another person on the skin, eyes or mouth should be washed off with copious amounts of water or soap and water
- If disposable gloves are worn, your hands should be washed after first aid is given, firstly with the gloves on and then again after the gloves have been discarded
- There is no reason not to give mouth-to-mouth resuscitation for fear of being infected with HIV. Used paper, plasters, bodily fluids etc should be disposed of in a sealed plastic bag.

## **Appendix 3 Disposal of waste**

A risk assessment, as required by COSHH, should be carried out on any waste generated. Certain waste is classified as clinical waste and its collection, storage and disposal is subject to strict controls. Clinical waste includes waste consisting wholly or partly of blood or other body fluids, swabs or dressings, syringes, needles or other sharp instruments, which unless made safe may be hazardous to any person being exposed to it. Human hygiene waste, which is generated in places like schools, offices and factories (as well as in the home), is generally assumed not to be clinical waste as the risk of infection is no greater than that for domestic waste. However, those carrying out the risk assessment may have local knowledge, which means they cannot make this assumption.

## **Appendix 4 First Aid for Employees**

There is a separate accident book in the office (G1) for injuries involving members of staff. The Health and Safety Committee will decide whether risk assessments need to change as the result of any accidents and whether they need to be reported under RIDDOR 2013 (Health and Safety Executive – 0845 300 99 23). It is the employee's responsibility to inform the heads of any medical conditions, which may affect their work. Members of staff are duty bound to act responsibly and to do everything possible to prevent personal injury to themselves and to others. The Group Bursar is available for consultation on any health matters at both sites. All discussions will be treated with confidentiality where appropriate. If an employee has a medical condition, we will require more information to be provided in writing which would help us to promote understanding of health conditions and disability in the workplace.

This is a necessary requirement to help us in the assessing the suitability of the employee's working environment. A risk assessment will be completed to identify any problems. The school first aiders will not administer or supply medicines to staff inclusive of headache tablets due to possible staff allergies.

The employee who has a medical condition will be expected to fill out an emergency action plan (FA15) and emergency measures will be put in place to ensure their safety in the workplace. This will be reviewed on a monthly basis where appropriate to ascertain any changes in the medical condition. It is essential that the employee brings their medication on a daily basis to the workplace and has signed a permission form for the administration of medicine (for adults). The employee will provide training to the staff group where appropriate in order to minimise any risks in the workplace and risk assessments will be carried out where necessary

**Appendix 5 Part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078)**

First Aid equipment:

- Ten antiseptic wipes, foil packed
- One conforming disposable bandage (not less than 7.5 cm wide)
- Two triangular bandages
- One packet of 24 assorted adhesive dressings
- Three large sterile un-medicated ambulance dressings (not less than 15.0 cm × 20.0 cm)
- Two sterile eye pads, with attachments
- Twelve assorted safety pins
- One pair of rustless blunt-ended scissors.



## Appendix 6 Record of First Aid

It is good practice for a book to be kept to record incidents. Where there are a number of First Aiders it is advisable that there is one central book, if possible. The book should be kept in accordance with the requirements of the Data Protection Act 1998.

<b>Record of First Aid</b>	
Date and time	
Name of pupil who required First Aid	
Location of administration of first and location of incident (if applicable)	
Details of the injury / illness / event and what First Aid was administered	
What happened to the person immediately afterwards (did they go home / to hospital etc)?	
Were the student's parents informed?	
Was the HSE informed? (if so please provide details of the date and method of reporting)	
Name of First Aider / appointed person	
Signature	
Date of signature	

**Appendix 7 Consent for First Aid**

I consent to my child receiving First Aid by an appropriately trained member of staff.	..... [name of child]
	..... [child's date of birth]
Signed	.....
Relationship to child	.....
Date	.....