



SOMERHILL

FIRST AID POLICY

Owner: Bursar

Reviewed: September 2023

Next review due: September 2024



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1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and Guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to assess the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and sets out the timeframe for this and how long records of such accidents must be kept
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and responsibilities

3.1 Appointed person(s) and First Aiders:

The school has two part time school nurses, Lucy Mitchell and Victoria Osborne, who during core hours of school provide the majority of the first aid support. The school supports the training required to enable the nurses to remain on the Nursing and Midwifery Council Register.

3.2 The School Governors

The school governors have ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Headmaster, Bursar and staff members.



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3.3 The Headmaster

The Headmaster is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils

Alongside the Bursar, reporting specified incidents to the HSE when necessary (see section 7.2)

3.4 Teaching and Support Staff

Many teaching and support staff are trained to a level above that stipulated by the H&S Regulations. All teachers involved in Early Years will be qualified to deal with incidents through attendance of a Paediatric First Aid course. The aim is that all teachers are trained to Emergency First Aid (EFA) or Sports Coaches First Aid (SCFA) Level so that they are competent to deal with an immediate situation. Other areas of the school have been identified as being of 'Specific Hazard' because of their location, hours of work or increased risk of injury. These are:

- a. Science Department
- b. Art Department
- c. Engineering Department
- d. Catering Department
- e. Grounds and Maintenance Departments
- f. School nurse(s) and support personnel
- g. Sports Department
- h. Drama Department

Details of named first aid staff (**First Calls List**, see appendix ii) can be located on the wall of the medical room, front office and in SPP.

3.4.1 All Paediatric First Aid and First Aid at Work trained personnel are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

3.4.2 First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment



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- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

3.4.3. Early Years Foundation Stage

All EYFS year groups will always have an appointed Paediatric First Aider.

3.4.4 Requirements for first aid cover during the year:

- (a) during term:** pupils, parents, visitors and employees are present. There will always be one qualified first aider on site and one Paediatric qualified first aider in EYFS.
- (b) during holidays:** no pupils on site except as in (c), some teachers, some support staff and catering staff, visitors and contractors. There should be one qualified first aider on site.
- (c) holiday courses:** internal courses organised by schoolteachers involving school pupils (including EYFS). There will always be one qualified first aider on site and one Paediatric qualified first aider in EYFS.

The Headmaster, Bursar and Deputy Heads are to ensure that the activities carried out are properly assessed for first aid requirements and that, if required, the Bursar, after consultation, will ensure that a correct and proper level of first aid provision is maintained for the tasks carried out.

4. Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. Lists of what staff training they have received and when this is valid until are kept and updated by the school nurse(s), with copies being held by the Bursar.

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

These duties are carried out by the Bursar with the assistance of the two school nurses with appropriate liaison with the Headmaster and HR Manager of the school.



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5. First Aid Equipment

5.1 Locations

- **Somerhill has three first aid rooms and eye wash stations which are located in:**
 1. The Mansion on the first floor (school nurses are located here)
 2. The Bickmore Hall on the ground floor by the Sports Hall
 3. The Indoor Swimming Pool by the office
- Two **defibrillators** are kept on site. These are located in:
 1. Reception
 2. Bickmore Hall - ground floor first aid room
- Emergency **asthma inhalers** and spacers are located in:
 1. The Mansion - the nurse's room on the first floor
 2. Bickmore Hall - on the ground floor first aid room
 3. The Indoor Swimming Pool - first aid room
- School held emergency **anaphylaxis** stations are located in:
 1. Entrance to the dining hall
 2. Bickmore Hall – ground floor first aid room
 3. Prep children's EpiPens are held in the nurse's room

5.2 First Aid Boxes

The school provides first aid boxes, some include eyewash stations where the risk is identified, which are in the following areas:

- Somerhill Pre-Prep – Ground floor corridor outside SPP Hall
First floor corridor outside classrooms
Resources Room in Lodge (includes eyewash station)
Early years (includes eyewash station)
Grain Store
- School Areas – Reception
Outside Deputy Head's office
Art Rooms (includes eyewash station)
Science Labs 1 & 2 (includes eyewash stations)
Science Preparation Room (includes eyewash station)
Music Building Office (includes eyewash station)
Entrance Hall to Dining Hall
Swimming Pool Plant Room (includes full body wash station)
Maintenance Workshop (includes eyewash station)
Main Ground's Hut (includes eyewash station)
Lower Terrace Ground's Hut (includes eyewash station)
Mansion Finishing Kitchen



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- Other risks –

Fire

First Aid bag in Reception (includes space blankets)

First Aid bag in Swimming Pool Office (includes space blankets)

First Aid bag in SPP Head's office (includes space blankets)

The first aid boxes are maintained and stocked by GAP students under the direction of the school nurses. All staff are responsible for making sure that first aid boxes are restocked after use. They are to report any usage to the school nurse and the nurse is to report any gaps in first aid provision to the Bursar. No medication is kept in first aid boxes.

5.3 Automated External Defibrillator (AED)

The AED have one set of defibrillation electrodes connected to the device and one pair of infant/child pads. The kit contains two pairs of latex-free gloves, one razor, one set of scissors, and one facemask barrier device. The AED is checked monthly by the school nurses to ensure the pads and the battery are in date and in good working order. New pads and batteries are ordered as necessary by the school nurse.

6. First Aid Procedures

6.1 In School Procedures

In the event of an accident/incident, the following information provides guidance on how to deal with the incident and when to call an ambulance (please see Appendix i Flow Chart):

Life threatening incident:

1. Dial 999 – summon an ambulance immediately
2. Ask a colleague to telephone Reception – dial 0 / 1002 / use a radio/ call 01732 243004
3. State ambulance has been called. Give location of casualty
4. Reception will inform Bursar who will inform Groundsman to meet and direct ambulance to casualty
5. Bursar will inform SLT that an ambulance has been called
6. Reception to call school nurse on 07484 500119 or First Aider from **First Calls List**
7. Remember:
 - In cases of suspected spinal injury, do not attempt to move the casualty
 - Immediate first aid; keep the injured person warm, insulating from below as well as above, unless a suspected neck or spinal injury
 - Reassure and keep the casualty calm
8. Inform the parents/guardian by telephone and explain exactly what has happened and the action that has been taken
9. Accident/injury will be recorded on iSAMS

Serious, but not life threatening:

1. Call the school nurse on 07484 500119. The first aider will summon an ambulance if necessary, following the procedure as detailed above.
2. Remember:



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- Immediate first aid; keep the injured person warm, insulating from below as well as above, reassure and keep the casualty calm
 - In cases of suspected spinal injury, do not attempt to move the casualty
3. Inform the parents/guardian by telephone and explain exactly what has happened and the action that has been taken
 4. Accident/injury will be recorded on iSAMS

In the case of all other injuries during school hours:

1. Immediate first aid provided by a suitably qualified supervising teacher
2. If assessed as required, send or accompany the injured person to the Nurses Room, for them to assess the injury and provide first aid or;
3. If assessed as required, telephone the school nurse on 07484 500119 or call reception and ask for a first aider to attend to the injured person at the scene
4. Accident/injury will be recorded on iSAMS

For Prep and Pre-Prep Injuries/Accidents:

1. The person who administers first aid should decide whether the injured child's parent/guardian should be notified by telephone or email depending on the nature of the injury and action taken
2. If the child is seen by the school nurse, they will inform the parent/guardian via telephone or email as deemed appropriate
3. Accident/injury will be recorded on iSAMS

For Early Years Injuries/Accidents:

1. Parents/guardians are to be informed of any accidents in either or both of the following ways – by telephone or email and the parent/guardian should counter-sign any accident report/form

In the case of all other injuries before School or after School activities/care or during holiday clubs/school trips:

1. For internal courses organised by schoolteachers involving school pupils (including EYFS), there will always be one qualified first aider on site and one Paediatric qualified first aider in EYFS.
2. There should be one qualified first aider on site. Details of named first aid staff (**First Calls List**, see appendix ii) can be located on the wall of the medical room, front office and in SPP.
3. For accidents/incidents on School trips please see **Somerhill Trips Policy** for the correct procedure
4. Any accident/injury will be recorded on iSAMS

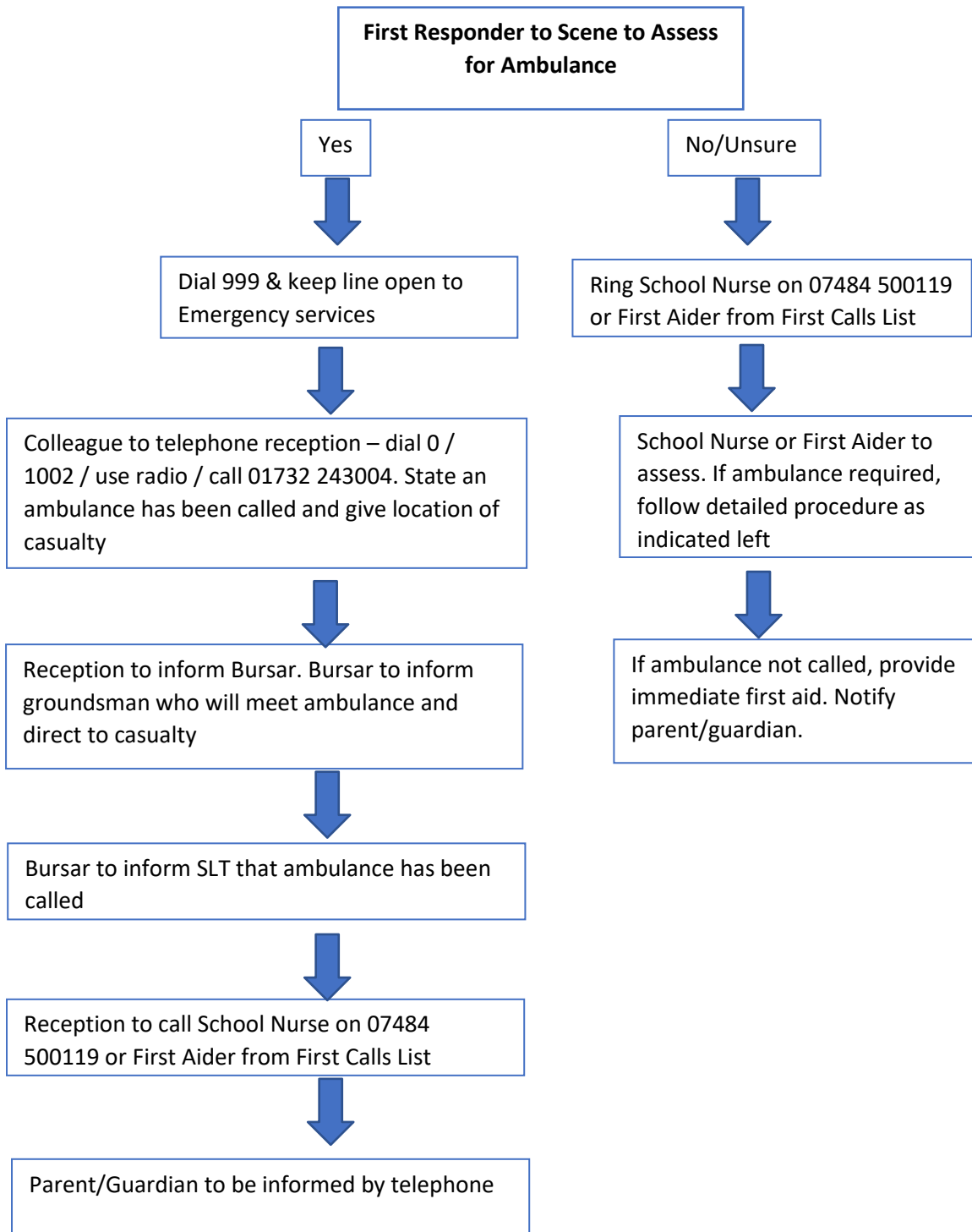
In all cases of Head injuries:

1. When assessing the seriousness of the injury please see the **Head Injury Policy**
2. The pupil must always be seen by the school nurse
3. The school nurse will inform parents. This does not negate EYFS asking parents to counter sign the accident report
4. Accident/injury will be recorded on iSAMS



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Appendix i – Emergency Response Flow Chart





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6.1.1 Use of Automated External Defibrillator (AED)

Sudden Cardiac Arrest (SCA) is a condition that occurs when the electrical impulses of the human heart malfunction causing a disturbance in the heart's electrical rhythm called ventricular fibrillation (VF). This erratic and ineffective electrical heart rhythm causes complete cessation of the heart's normal function of pumping blood resulting in sudden death. The most effective treatment for this condition is the administration of an electrical current to the heart by a defibrillator, delivered within a short time of the onset of VF. An AED is used to treat victims who experience SCA. It is only to be applied to victims, who are unconscious, without a pulse, signs of circulation or normal breathing. The AED will analyse the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

The AED will be placed only after the following symptoms are confirmed:

- (1) The casualty is unresponsive
- (2) The casualty is not breathing normally

NOTE: Alter the AED program for the treatment of children under eight years old or less than 25kg (55 lbs), if treating a child under 8. Replace adult AED pads with Infant / Child pads.

6.1.2 Use of Adrenaline Auto Injectors (AAI's)

Please refer to the **Anaphylaxis Policy** and **Medicines Management Policy**.

6.1.3 Administration of Medicine

Please refer to the **Medicines Management Policy**.

6.1.4 Use of Eye Irrigation Tubes

Splashes of chemicals in the eye can cause serious injury if not treated quickly resulting in scarring or blindness. Prompt irrigation is the priority, so the chemical is diluted and dispersed.

1. Do not allow the casualty to touch the injured eye or forcibly remove a contact lens
2. Put on protective gloves
3. Attach the eyewash tube to the cold-water tap. The risk from using water supplied from a tank is low and, in an emergency, you should not hesitate to irrigate the eye if you are unsure as to the source of the water supply
4. Turn the tap on at low pressure and place the open end of the tube on the bridge of the casualty's nose to ensure that contaminated water does not splash the uninjured eye
5. If the eye is shut in a spasm of pain, gently but firmly pull the eyelids open and wash across the surface of the eye. Make sure that you irrigate both sides of the eyelid thoroughly. If both eyes are affected rinse each eye alternately and ensure that both eyes are irrigated as quickly as possible. Continue to alternate between eyes and ensure that irrigation is carried out until medical help arrives. For chemical contamination, this should be at least ten minutes
6. Further medical advice via Accident and Emergency should be obtained



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****The eyewash tube should be disposed of after use and a replacement obtained.****

For **Copper Sulphate Burns** to the eye, it is essential that the eye is irrigated quickly to prevent serious injuries. When irrigating the eye, be particularly careful not to splash the casualty or yourself. Wear the protective gloves available. The CLEAPSS website has been consulted for guidance on copper sulphate irrigation/risk assessment, as copper sulphate is the most potent chemical used by the students in the science department. The school nurse should be informed immediately if a copper sulphate burn to the eye occurs. Use the clean tubing contained in the green First Aid box located next to the irrigation tap. Irrigate the eye for a minimum of 20 minutes and call for emergency medical advice via Accident and emergency. Please refer to the **Eye Irrigation Policy**.

6.1.5 Management of Blood and Other Body Fluid Spillages

- Exposure to blood, other bodily fluids, secretions, and excretions through spillages poses a potential risk of infection. All staff have a responsibility to deal with any fluid spillages and should be aware of the procedures for dealing with spillages
- Spillages should be dealt with immediately
- Personal protective equipment must be used. The minimum is a pair of disposable gloves; goggles, masks, and aprons are available in the First Aid Room in the Mansion and should be worn if there is a risk of splashing to the eyes, mouth and body
- Use the correct spillage kit as per instructions contained in the kits. The kits are located in all first aid rooms, Dining Hall entrance, Swimming Pool Office, SPP Resources Room, SPP first floor toilets, SPP EYFS classroom, SPP store cupboard, Art Room, Function Store Room, Science Prep Room and Music Building
- Dispose of all waste in the clinical bags provided with the kits. Dispose of the kit into the tiger striped bag
- To allow for the cleaning and disinfection of the area along with the disposal of the waste please enter on Helpdesk under cleaning. This is the quickest way to ensure the area is cleaned

6.1.6 Crutch Use

The school requires a letter from a medical professional (GP, hospital etc.) detailing exactly what injury has been sustained before accepting responsibility for a student on crutches. This letter should include details of whether the student is required to use crutches in school and approximately for how long. Further information to be detailed, if possible, including when weight bearing should begin and any follow-up appointments (fracture clinics, physiotherapy etc.)

Looking after students on crutches is not a responsibility taken lightly by the school and without clear medical information, potentially puts the school and students at risk. Students returning to school on crutches should only use crutches obtained from a professional/medical establishment. Students who have not been officially checked by a GP or at A&E, are a potential danger to both themselves and other students.



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We would appreciate parent/guardian contact prior to the student's initial return to school, to enable the following to be discussed and explained:

- Leaving lessons early
- General help and support
- Medication
- Arrangements to and from school
- Emergency contact details can be checked.

Students who require the use of crutches and/or orthopaedic devices should report to the school nurse on their first day of attending school following injury and/or surgical procedure. Safety will be stressed to the pupil, discussing stairs, hallways, school entrances, floors and seasonal issues etc.

- Risk Assessment completed for impaired mobility, and a PEEP Plan evaluating health and safety evacuation issues within high-risk classrooms such as Science, Art, Design and Technology etc. Decisions regarding whether a student on crutches is able to join in with a practical activity will also be taken, as well as access to classrooms via stairways.
- A provision may be made for a student to join another class if it is felt too dangerous for them to join their own class, however we will endeavour to promote inclusion.

Regarding the issue of medical protective footwear (as issued by A&E department/GP surgery) for students returning to school on crutches, it has been the practice in the past that there was a requirement for all students on crutches who could not wear their usual footwear, to obtain a protective Velcro foot covering. However, we accept that this type of footwear would not be issued in all cases therefore it is suggested that students are not allowed back into school without relevant protective footwear. It is recommended that a generic temporary Risk Assessment/PEEP Plan detailing the health & safety issues for all students on crutches is produced and parents/guardians made aware of the details in each case.

See Appendix iii-PEEP Assessment

6.2 Off-Site Procedures

6.2.1 Trips

All minibuses contain first aid boxes; trip coordinators not using school transport must make sure that an assessment is carried out and adequate first aid provision provided.

In accordance with Part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078) the minibuses will contain the following in the first aid boxes;

First Aid equipment:

- Ten sterile antiseptic wipes
- Gloves
- Tape
- Conforming disposable bandage x 3 (not less than 7.5 cm wide)



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- Two triangular bandages
- One packet of 12 assorted adhesive dressings
- Three assorted size sterile un-medicated ambulance dressings
- Two sterile eye pad bandages with saline eye wash
- Six assorted safety pins
- One pair of rustless blunt-ended scissors
- Emergency blanket
- Sterile swabs

Trip boxes and first aid bum bags will be prepared ahead of time to ensure the staff have adequate first aid supplies, a trip list of pupils with medical needs will also be provided by the school nurse for the trip leader to reference. Pupil specific medication e.g., AAls will be checked out when children with emergency medications go off site, along with the child's specific care plan. Staff are responsible for returning medication to the nurses on their return.

In addition, staff will ensure they always have a school mobile phone for emergency use. Please see the **Somerhill Trips Policy** for further details.

6.2.2 Matches/Sports

Organisers of home and away matches must ensure they have access to a First Aid box. Adequate first aid provisions must be in place for practices and training. All home Saturday matches and major tournaments in the Michaelmas and Lent term will have first aid cover arranged by the school's sports department. It is the responsibility of those in charge of sports matches and events to assess the requirement for first aid.

It is the responsibility of the sports staff to be aware of any children with known medical conditions, playing in both home and away matches. The school holds emergency medication for some children with serious medical conditions or severe allergies. It is the responsibility of those in charge of sports matches to ensure that this medication is collected from the Nurses Room and accompanies the child to away matches/fixtures. Sports staff must also ensure that emergency medication, including AAls, accompanies those children if the sports/PE games are taking place on the lower terraces or the Parkland. Specific medication, such as AAls are held in the Nurses Room in the Mansion. Staff are responsible for ensuring the medication is returned to the medical room after the match.

6.3 SPA Events

Parent Association events must be assessed for first aid requirements and where deemed necessary cover provided either by the school's first aiders or an outside organisation e.g., St John Ambulance.



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7. Record-Keeping and Reporting

7.1 First Aid and Accident Recording Procedures

If an individual is seen by the school nurse, an electronic record of the accident/incident is created, using ISAMS and the accident book does not need completing.

- The accident book must be used to record any accident/incident resulting in an injury, that was not seen by the school nurse. In addition, more serious accidents/injuries should be recorded on an accident form by the staff member who witnessed the accident/injury, or who was first on the scene of the accident, in addition to the nurses iSAMS entry.
- The accident book should be completed as soon after the accident/incident as possible so the details are fresh and accurate.
- In the Early Years Foundation Setting (EYFS), if minor first aid is carried out by a first aider in the classroom or play area, and it is deemed unnecessary for the pupil to be seen by the school nurse. The room leader or child's key worker will either inform the parents via email or verbally at school pick up. The incident and first aid will be recorded on an accident form.

7.2 Reporting to HSE/RIDDOR

Certain accidents/incidents result in more serious injury, and these are RIDDOR reportable (see appendix iii). You must still complete the accident book as the first step in the RIDDOR report. If you are unsure whether an accident/incident is RIDDOR reportable, please consult with the Bursar Julian Hunt on ext. 3001.

7.3 Medical Conditions/Allergy Information/Medication Recording

- All employees and pupils must complete health questionnaire forms indicating any allergies and medical risks. Pupil information is kept on iSAMS and updated annually, or as new information is provided. Employee forms are kept in their personnel files.
- New pupils' medical information is uploaded onto iSAMS by the school nurses. Any pupils with a medical condition will be identified and further information sought from their parent/guardian and/or relevant health professional.
- It is the responsibility of all members of staff to familiarise themselves with those children with medical conditions that may require medical care or emergency medical care whilst in school or on a school trip.
- The school has copies of Individual Care Plans and Allergy Action Plans for all staff to read. Staff are responsible for reading this information at least once during the academic year. It is the responsibility of the school nurses to inform staff of any changes to these care plans and to inform staff of new pupils with medical conditions who join the school during the academic year.



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7.4 Specific Medical Arrangements/Pupil Care Plans/Individual Health Care Plan (IHCP)

There are specific arrangements in place for pupils with particular medical conditions e.g., asthma, epilepsy, diabetes. The school liaises closely with parents about pupils with such conditions and ensures that these pupils are also briefed about medical arrangements for off-site trips/matches. Staff taking such trips are also reminded of the child's condition and how to react should there be a medical incident; trip lists and Individual Health Care Plans are provided to the trip leader. Please see the **Somerhill Trips Policy** for details.

Individual Health Care Plans (IHCP) help to ensure the school effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, especially where medical conditions are long-term and complex. However, not all children will require one.

Individual Health Care Plans (and their review) will be initiated, in consultation with the parent, by the school nurse. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g., school nurse, specialist or children's community nurse or paediatrician, who can best advise on the needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. The school nurse will take the lead in writing the plan, and ensure it is finalised and implemented in school. Where the child has a special educational need identified in a statement or EHC plan, the Individual Health Care Plans should be linked to or become part of that statement or EHC plan. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Where a child has special educational need (SEN) but does not have a statement or EHC plan, their special educational needs are mentioned in their IHCP.

The IHCP will cover the following:

- the medical condition, its triggers, signs, symptoms, and treatments
- the pupil's resulting needs, including medication (dose, whether it is a controlled drug, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements, and any environmental issues (crowded corridors, travel time between lessons)
- specific support for the pupil's educational, social, and emotional needs – for example how absences will be managed, requirements for extra time to complete exams, rest periods or additional support in catching up with lessons
- the level of support needed, including emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.



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IHCPs are reviewed, at least every year or whenever the pupil's needs change. All School staff are made aware of and have access to the IHCP for the pupils in their care.

Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.

This school makes sure that all staff receive training, for specific actions highlighted in the individual care plan, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHCP. This is in addition to first aid training and is provided by either by the Somerhill school nurse(s) or any specialist nurses involved directly in a pupils care e.g., epileptic nurse specialist.

8. Evaluation and Monitoring

- a) Evaluation of incidents will be by the Bursar in liaison with the school nurse(s), as events dictate or annually if otherwise. The School Governors (and specifically the Health and Safety Committee) receive regular updates on training and accidents/incidents.
- b) Evaluation of this document and updating of the School's provision and procedures will take place towards the end of each academic year, unless events dictate otherwise.
- c) At every review, the policy will be approved by the School Governors.

9. Links with Other Policies

This first aid policy is linked to the:

- Health and Safety policy
- Risk Assessment policy
- Supporting Pupils with Medical Conditions policy
- Medicines Management policy
- Automatic Adrenaline Injectors (AAI's) policy
- Asthma policy
- Concussion policy
- Head Injury policy



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Appendix ii

First Aid – First Aiders First Call
School Nurses

Lucy Mitchell / Victoria Osborne

07484 500119

Ext. 3309/3304

(Mon-Fri 08:30-16:30)

Qualified First Aiders

Sarah Benham ext. 2222

(Science Mon-Thur until 15:00)

Jess May ext. 3308

(Mansion office everyday)

Dale Perkins ext. 3203

(IT mansion every day)



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Appendix iii – RIDDOR reportable injuries.

The Bursar will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Bursar will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or 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, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Bursar will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g., from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome



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- Occupational asthma, e.g., from wood dust
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g., visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it was caused by:

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

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](https://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>



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Appendix iii

Personal Emergency Evacuation Plan (PEEP) for Early Years and Primary School Children



This form should be completed for anyone who requires assistance with any aspect of emergency evacuation. Once developed, the PEEP will describe the child's intended means of escape in the event of emergency, including drills. The PEEP will specify what type of assistance is agreed and how it is to be maintained to ensure the child's continued safety and should include assistance required from the point of raising the alarm to passing through the final exit of the building.

A completed form should be held:

- in the child's personal records
- by the designated Health and Safety lead
- by the class teacher

Note: This plan must be reviewed on an annual basis (at least) and when a significant change in circumstances (of the building or pupil) is anticipated or identified. The PEEP should be coordinated by the School Headmaster and/or designated member of the Senior Leadership Team (SLT).

Pupil/child's name:			
Class or room name/number:			
Location of classroom/room in building:			
Teacher/manager's name:		Tel: ext. no:	
Date completed:			
Reviewed:			
Name of person who completed this form:			



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Date completed:	
Date of Next Review:	

Points to consider: In preparation for completing details in this form, consider the following (discuss with the child/pupil if appropriate):

Question	Answer	Comments
Does the child/pupil change classrooms/rooms during the course of the day, which takes them to more than one location within the building and other buildings?		
Do they have difficulties reading and identifying signs that mark the emergency exits and evacuation routes to emergency exits?		
Does the child/pupil have any difficulties hearing the fire alarm?		
Are they likely to experience problems independently travelling to the nearest emergency exit?		
Does the child/pupil find stairs difficult to use?		
Are they dependent on a wheelchair for mobility?		
If the child/pupil uses a wheelchair would they have problems transferring from the wheelchair without assistance?		



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Alarm System:

1. The pupil can raise the alarm

If the pupil is unable to raise the alarm independently, please detail alternative procedures agreed. If able give a brief description of how.

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2. The child/pupil has been informed of an emergency evacuation by:

existing alarm system:	<input type="checkbox"/>	vibrating pager device:	<input type="checkbox"/>
visual alarm system:	<input type="checkbox"/>	other: (please specify)	<input type="checkbox"/>

Give Details:

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3. Exit route procedure (progress starting from when the alarm is raised and finishing on final exit)

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4. Designated assistance (details of all persons designated to assist in the evacuation plan and the nature of assistance to be provided by each)

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5. Method of assistance (e.g., transfer procedures, methods of guidance)

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6. Equipment provided (details of all equipment needed to execute the plan and its location)

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7. Training on use of equipment:

Date	Comments
N/A	Instructions given by NHS staff when discharge from hospital

8. Safe route(s) (description of all the safe routes that can be used)

<p>This is already known by pupils and staff N.B. A copy of the building plan with routes clearly marked may be useful</p>		
	Yes	No
<p>Have the route(s) been travelled by child/pupil and responsible person?</p>		
<p>Has a copy of the exit route on plan been attached?</p>		
<p>Has the equipment detailed above been tried and tested?</p>		
<p>Have all issues been completed to full satisfaction?</p>		
<p>Has a copy of this form been sent to the person responsible for the fire evacuation?</p>		
<p>Has the fire coordinator informed all relevant staff of these arrangements? i.e., class teacher, support assistant</p>		

Record the length of time of practice evacuation:mins

IF NO TO ANY OF THE ABOVE PLEASE EXPLAIN:

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I/we (pupil/parent) am/are aware of the emergency evacuation procedures and believe them to be appropriate to the needs identified above, (a parent is to sign this off on behalf of a minor):

Child/Pupil Signature		Date
Child/Pupil Name		
Parent Signature		Date
Parent Name		
Headmaster Signature		Date
Headmaster Name		
SENCO Signature		Date
SENCO Name		

List of people who have received a copy of this completed document: