



Kemnal
Technology
College



FIRST AID POLICY

INCLUDING HEAD INJURIES

This Policy was reviewed:

September 2022

The Policy will next be reviewed by TKAT &
Kemnal Technology College by:

September 2023



Purpose of Policy

Kemnal Technology College will comply with the requirements of the Health and Safety (First-aid) Regulations 1981 and the Health and Safety Commission's Approved Code of Practice and Guidance. The extent of the provision will be based on risk assessment.

The aim of first-aid is to reduce the effects of injury or illness suffered at school. There must be sufficient first-aid personnel and facilities to

- ❖ give immediate assistance to casualties with common injuries or illness and those likely to arise from specific hazards;
- ❖ summon an ambulance or other professional help.

The Head Teacher will also consider the first-aid requirements of travelling staff / students and anyone who works outside normal hours.

First Aid legislation applies only to employees but under the overall Duty of Care, we are required to provide some first aid provision. The amount will depend on the risk, but it will be ensured that there is adequate cover.

Areas of Action

Priority Rules & Procedures

1. The Head Teacher should ensure that the first-aid provision identified in the assessment is provided.
2. The Head Teacher should ensure that first-aiders and/or emergency first aiders are trained as required by the assessment.
3. The Head Teacher should ensure that all employees are made aware of what first-aid facilities are available and how trained personnel can be contacted.

First-Aid Guidelines

Minimum Provision

The **minimum** first-aid provision for each area is:

- ❖ a suitably stocked first-aid container (see Appendix 1);
- ❖ a person appointed to take charge of first-aid arrangements;
- ❖ Information for employees on first-aid arrangements.
- ❖ Shift and out of hours' workers also need to be covered.

A risk assessment will be regularly reviewed to assess whether additional provision is necessary.



Assessment Considerations

- ❖ Nature of the activity: The general risk assessment will help in assessing what first-aid provisions are necessary should the control measures fail. Identifying the likely nature of the accident or injury will help in identifying the most appropriate type, quantity and location of facilities and personnel.
- ❖ Past history and consequences of accidents: The Health & Safety Committee should study the number, type, frequency and consequences of accidents that have occurred in the past.
- ❖ The particular needs of staff / students potentially at greater risk, for example some people with disabilities need to be addressed both as a group and as individuals.
- ❖ Consideration should be given to how many first-aiders or appointed persons there should be to give adequate provision.
- ❖ Travelling, remote and lone workers: The Head Teacher is responsible for assessing and meeting the needs of staff / students away from the school. The assessment should determine whether a personal first-aid kit should be carried. Where staff work alone, a means of summoning help, such as a mobile phone, should be carried.
- ❖ Annual leave and other absences: Adequate provision must be made at all times. The Head Teacher should consider what cover is needed for annual leave and planned absences, as well as unforeseen absences, such as sick leave.
- ❖ People hiring or using the school out of hours will be expected to provide their own first aid provision under their own duty of care.

The table below gives a guide to the number of first-aid personnel that should be available. **The above factors may identify the need to increase this provision.**

Risk category	No. of Employees	No. of first-aid personnel
Low risk e.g. offices, libraries	Fewer than 50	At least one appointed person
	50 -100	At least one first-aider
	More than 100	One additional first-aider for every 100employed
Medium risk e.g. warehousing	Fewer than 20	At least one appointed person
	20 - 100	At least one first-aider for every 50 employed (or part thereof)
	More than 100	One additional first-aider for every 100employed
High risk e.g. construction	Fewer than 5	At least one appointed person
	5 - 50	At least one first-aider
	More than 50	One additional first-aider for every 100employed



First-Aid Containers

- ❖ The minimum level of first-aid equipment is a suitably stocked and properly identified first-aid container. Each Area must have at least one container with sufficient quantities of first-aid materials.
- ❖ First-aid boxes should contain a sufficient quantity of first-aid materials and nothing else. There is no mandatory list, however, where there are no special risks, a suggested minimum stock is shown in Appendix 2
- ❖ The assessment may identify the need for additional materials such as scissors, moist wipes, disposable plastic gloves and aprons. These should be kept in the first-aid box if there is room. Plastic disposable bags for soiled or used first-aid dressings should be provided. Correct disposal must be ensured.
- ❖ First-aid facilities must be readily accessible to employees at all times and should, where possible, be near hand washing facilities. First-aid containers should protect first-aid items from dust and should be stocked only with items useful for giving first-aid. Tablets and medicines should not be kept in first-aid containers. The container should be clearly identifiable; marked with a white cross on a green background.
- ❖ Any usage of first-aid equipment should be reported to the employee responsible for its maintenance, so that stocks may be replenished. All equipment must be routinely inspected to ensure adequate provision. A record must be kept of all first-aid given.
- ❖ Where tap water is not readily available for eye irrigation, sealed containers with 900 ml of sterile water or sterile normal saline (0.9%) shall be provided.

Selection of First-Aiders

The Head Teacher must authorise the selection of first-aiders. This may depend on a number of factors including an individual's:

- ❖ reliability, disposition and communication skills;
- ❖ aptitude and ability to absorb new knowledge and learn new skills;
- ❖ ability to cope with stressful and physically demanding emergency procedures;
- ❖ normal duties. These should be such that they may be left to go immediately and rapidly to an emergency.
- ❖ Office based staff e.g. someone who doesn't leave the building.

A list of first-aiders, and their certificate expiry dates, is available in the main office. There is an on-call rota for emergency first aid managed by the main office.

First-Aid Room

A First Aid / Medical Room is provided on the ground floor of M Block.



Recording First-aid Treatment

Records of all cases treated should be made as a first aid report on CMIS. Where this was an accident/injury/incident the School's accident report form should be completed and passed to the Business Manager, with a first aid report attached. The information should include:

- ❖ date, time and place of incident;
- ❖ name and job of injured or ill person;
- ❖ details of the injury/illness and what first-aid was given;
- ❖ what happened to the person immediately afterwards e.g. went home/back to work
- ❖ Name, contact details and signature of first-aider dealing with the incident

First-Aid Procedure

The Head Teacher must ensure (e.g. through induction training) that all staff are conversant with the procedure to be followed should they sustain an injury. The procedure for reporting incidents / accidents must also be completed.

The Head Teacher must also ensure that staff and students are aware of the process to follow:

- ❖ Out of lessons, students should report to a member of staff in their Year Office should they, or somebody that they are with, become ill or sustain an injury.
- ❖ Whilst in lesson staff should only request Medical on Call for students who have pink medical passes, are physically being sick or sustain a sports injury, these incidents will be seen as an emergency and a first aider will be sent. If students are feeling poorly during the day, they should see year offices at break / lunch only. No students should be sent to the year office out of lessons or during change of lesson.

First-aid notices will be displayed. These should be clear and easily understood by all staff and students and are kept up to date.

Training

From October 2009 training for first aiders at work will be for 3 days.

Before taking up first-aid duties, a first-aider must hold a valid certificate of competence in first-aid at work. Training should be arranged through an HSE approved training organisation

The certificate is only valid for three years. At the end of the 3-year period it will be necessary to re-qualify. At the Headteacher's discretion, a first aider may continue practicing first aid whilst awaiting a refresher course.



Appendix 1

First Aid Containers

Suggested minimum stock for First Aid Container

- ❖ One guidance card;
- ❖ 20 individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the work environment;
- ❖ 2 sterile eye pads, with attachment;
- ❖ 4 individually wrapped triangular bandages;
- ❖ 6 safety pins;
- ❖ 6 medium sized individually wrapped sterile unmedicated wound dressings (12 cm x 12 cm);
- ❖ 2 large individually wrapped sterile unmedicated dressings (18 cm x 18 cm);
- ❖ One pair of disposable gloves.

Travelling first-aid kits should contain:

- ❖ Guidance card;
- ❖ 6 individually wrapped sterile adhesive dressings;
- ❖ 1 large sterile unmedicated dressing (18 cm x 18 cm);
- ❖ 2 triangular bandages;
- ❖ 2 safety pins;
- ❖ Individually wrapped moist cleaning wipes;
- ❖ One pair of disposable gloves.

Ref: [DfE Guidance on First Aid for Schools](#) – a good practice guide.



HEAD INJURY POLICY

Minor head injuries are common in children and do not usually cause any serious problems. They are often caused by a blow to the head and in the college environment this is usually due to a fall or sporting activity.

Every minor head injury is different and Kemnal Technology College acts in a 'play safe' manner in assessment and management of head injuries sustained at college. The advice below gives details of what signs and symptoms should be looked for in children who have hit their heads in college and when medical advice should be sought.

A head injury is defined as 'any trauma to the head other than superficial injuries to the face' (NICE Head Injury Guidelines 2007).

Common minor symptoms after a head injury:

- ❖ Bump or bruise on the exterior of the head.
- ❖ Nausea or vomiting once soon after the injury.
- ❖ Mild headache, younger children may show only irritability.
- ❖ Mild dizziness.
- ❖ Feeling generally miserable/off colour.
- ❖ Loss of appetite- do not force food but ensure good fluid uptake.
- ❖ Increased tiredness. He/she should be allowed to sleep but check on them to make sure that they are rousable.
- ❖ Lack of interest/concentration.

If a child sustains a head injury whilst in college an ice pack should be applied immediately to any bump or bruise, if there is an open wound a pressure bandage should be applied. The child should then be escorted by an adult to the reception to see the first aider and the Head of Year will contact parents/ carers.

An accident sheet should be completed for the health records. In addition, parents will be notified by phone following any minor head injury to their child and invited in to inspect the injury if deemed appropriate.

Minor head injuries should not require treatment and most children make a full recovery, however occasionally a child who is thought to only have a minor head injury can develop complications later in the day. College staff must remain vigilant and take the appropriate action if the child develops a problem. If the child develops any of the following symptoms medical advice must be sought and then child taken to A&E by parents or college staff:

- ❖ Becomes steadily more sleepy or difficult to wake up.
- ❖ Complains of severe headache or visual disturbance.
- ❖ Two or more bouts of vomiting.



- ❖ Appears confused.
- ❖ Has a seizure or fit (when the body moves uncontrollably).
- ❖ Cries continuously/ becomes irritable and cannot be consoled.
- ❖ Becomes unconscious for either short or extended periods of time.

If after a head injury a child remains unconscious or fits, an ambulance should be called immediately and the parents contacted.