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<b>Signed By:</b>
<b>Approval Committee: Governing Body</b>



# **Gillingham School**

## **Accident, RIDDOR & First Aid** **Policy**

### **Management of Medicines and Intimate Care**

Mark Lavis

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6<sup>th</sup> October 2015, 1<sup>st</sup> November 2016, 14<sup>th</sup> June 2021(LF), 6<sup>th</sup> October 2021 (LF), 29<sup>th</sup> November 2021 (MLa), 21<sup>st</sup> September 2023, October 2024 (MLa)

# Gillingham School

## Accident, RIDDOR & First Aid Policy

As stated in the Health and Safety Policy Statement... "It is the intention of the Governors and Head teacher of Gillingham School to provide a safe and healthy environment for all persons who work at the school, for all pupils of the School and for all visitors to the school"

The First Aid procedure at Gillingham School is in operation to ensure that every student, member of staff and visitor will be well looked after in the event of an accident or sudden illness, no matter how serious. Children with medical needs have the same rights of admission and inclusion as any other. The majority of children will, at some point during their school life, have some form of short term medical requirements. These requirements may be as simple as completing a course of antibiotics but could be much more involved and long term and demanding in term of administration by school staff.

The Equality Act 2010 states clearly that schools cannot discriminate on the basis of disability in relation to access and associated services i.e. clubs, activities, school trips or any other aspect of school life.

The purpose of the Policy is, therefore, to :-

- 1) Provide effective, safe First Aid cover for pupils, staff and visitors.
- 2) Ensure that all staff and pupils are aware of the First Aid procedures.
- 3) Provide an awareness of the Health & Safety issues within the school and on school trips to prevent, where possible, potential dangers and/or accidents.
- 4) Ensure that accidents, illnesses, dangerous occurrences are recorded and, where necessary, reported in line with Dorset County Council guidelines and as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).
- 5) Ensure that a record is kept of each student who is attended to, the nature of the injury or illness and any treatment given.
- 6) Ensure that pupils with specific medical conditions (e.g. asthma, allergies, epilepsy, diabetes, cystic fibrosis, etc.) are identified and information passed on to relevant staff members.
- 7) Ensure that, where necessary, support staff are employed and trained to deal with pupils with serious medical requirements.

### **Accidents**

All significant accidents require an accident report form to be completed as soon as is possible after the occurrence which should then be given to the Head teacher.

Any accident resulting in an absence from work or serious injury will be reported to the appropriate authorities under the RIDDOR 1995 act. (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)

### **RIDDOR**

All accidents, notifiable infectious diseases and safety incidents will be recorded and reported to the appropriate authorities in accordance with RIDDOR regulations.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), place a legal duty on:

- employers;
- self-employed people;

- people in control of premises;

to report [work-related deaths](#), [major injuries](#) or [over-three-day injuries](#), [work related diseases](#), and [dangerous occurrences \(near miss accidents\)](#).

# First Aid Policy

## **Roles and Responsibilities**

The Headteacher is responsible for ensuring that first aid provision is up to standard on a day to day basis. If this job is delegated to another member of staff, the Headteacher is responsible for ensuring that the appointed member of staff is appropriately qualified and willing to carry out this role and that first aid risk assessments are carried out regularly.

## **Training and Qualification**

A first aider must hold a valid First Aid at Work Certificate (QCF), issued by an organisation whose training and qualifications are approved by the HSE. First aid at work certificates are valid for three years therefore refresher training and retesting must be undertaken before the certificate expires. Gillingham School will keep a record of first aiders and certification dates. First aiders at school have the responsibility to give immediate aid to casualties with injury or illness. Where necessary ensure that an ambulance or other professional help is called. Ensure confidentiality of all students at all times. First aiders will also undertake annual training on diabetes, anaphylaxis and the use of auto-injectors.

## **Staff / Pupils / Parents**

All staff should be aware of this policy, the schools Health & Safety policy and [how to access first aid](#). Pupils and staff at the school are made aware of whom the school first aiders are and where the medical room is situated. If a pupil needs to be taken to hospital and a parent is not present a member of staff will always accompany them and stay with them until a parent arrives. Staff must not take pupils to hospital in their own cars Parents are able to help the school maintain effective first aid by ensuring that all information about their child/children's medical health needs are shared with the school. Visitors to the school are expected to take care around the school site and have reasonable responsibility for the safety of themselves and other members of the school. All visitors should have access to the First Aid Policy and Health & Safety Policy. The names of school first aiders are displayed around the school site.

## **Consent and Student Information**

Parents must provide written consent for the administration of first aid and medical treatment for their child before their child starts the school, this is completed on the school admission form which is signed and dated by parent/carer (please see below). The school takes pupil privacy and confidentiality very seriously.

## **Medical Consent**

I give consent for my child to be given first aid by a trained member of staff during any on-site or off-site activity.	
I give consent for my child's information to be shared with the NHS and other relevant health professionals when necessary.	

## **First Aiders**

Qualified First Aiders can be found in the following locations around the school:-

### **Ms Suzanne Culbertson (Medical Room)**

Mrs Rachel Wright (Pastoral Hub)

Mrs Hannah Sweet (Creative Arts)

**Mrs Lynne Dimmock (Reception)**

**Mrs Zoe Crocker (Pastoral Hub)**

**Mrs Josie Brockson (Pastoral Hub)**

**Mrs Danielle Gordge (Pastoral Hub)**

**Mr Aaron Hearn (Outdoor Education Coordinator)**

**Mr Jake Burrige (Site and Grounds)**

There are also various members of staff who have completed a 6hr Emergency First Aid for Schools course (run and certificated by Dorset Council) which can be used to provide basic first aid on trips and visits. This list is held in the H&S files.

## **First aid kits**

Our school First Aid kits are stocked in accordance to the department they are located in and checked every term by the named person/s. **However, Suzanne Culbertson will carry out annual checks of these kits.**

Medical Room (**Suzanne Culbertson**)

Reception Medical Room (**Suzanne Culbertson**/Sue Jesson)

Science Block-Main Prep room (Leslie Love)

English/Maths/Hub- Hub Office (Rachael Wright)

Design Block- All food/ Work shop rooms (Liza Greaves)

Creative Arts- All Art rooms/Pottery- (Hannah Sweet)

Library/ICT/ILS- Library Office (Emma Vallender)

Mobile Classrooms- E11 (Jamie Stewart)

P.E Department-MPH-Kits are moved around for lesson purposes (Steve Yeo/**Suzanne Culbertson**)

School Trip Kits- Finance Office (**Suzanne Culbertson**)

## **First Aid Kit Supplies**

Department/named staff members are responsible for seeing that First Aid kits are appropriately stocked and that expiry dates are checked every term. When the first aid kits need re-stocking, they can be taken to **Suzanne Culbertson** who is also responsible for checking that the first aid supply in the medical room is properly stocked. First aid bags (used for out of school visits) are re-stocked by the finance office staff/medical room.

## **Dealing with Sick & Injured Pupils**

If a student feels unwell during the course of the school day, he/she should inform their teacher and request to visit the medical room to be assessed, visits will be recorded stating the students full name, date, time

arrived, illness/incident, treatment given and whether they returned to lesson or were sent home. When feasible and appropriate, **Suzanne Culbertson** will liaise with Heads of Year regarding sending students home. A responsible friend or member of staff must accompany students who have to leave a lesson because of illness. However, on arrival to the medical room, the accompanying student must immediately return to their lesson.

Students with a very minor graze may be handed a plaster from a First Aid Box by any member of staff as long as the student is not allergic. All other administration of first aid **MUST ONLY** be carried out by a person who is trained to do so.

Any students with head injuries from an accident/incident occurring during the school day or on their way to school will be escorted to medical room for treatment/monitoring and parents/carers will be informed.

Students must be assessed in the medical room if feeling unwell and should not contact Parents/Carers to collect them using their personal mobiles, if for any reason the student needs to be sent home a member of staff will contact the Parent/Guardian directly, explain the illness/incident, any treatment given and arrange for collection.

In more serious situations, when it is impossible to take a child to the medical room, please contact the School Office via telephone or by sending a member of staff/student, and stay with the sick student. Help will be sent.

If the situation is serious, then the School Office must be informed, two first aid trained members of staff will attend and a decision will be made about calling a paramedic/ambulance/air ambulance. The First Aiders will carry a radio (and a mobile phone) with them so that they can keep in contact with the main school office and the Site Management Team at all times.

Where it is difficult or impossible to contact a parent, a second emergency number (if available) may be used; failing this staff have a right to act in loco parentis. The inference of the Gillick case is that older (i.e. secondary) students may make decisions over straightforward medical treatment in consultation with staff. **Where a head injury is suspected, parents should always be informed.**

After an accident involving a student, consideration should be given as to whether it is necessary to complete an accident form, which is available from the School Office. If deemed necessary, complete the accident form and give it to Nicholas Custard or **Suzanne Culbertson**.

There is a rolling programme of First Aid Training for PE staff, Science Technicians and other Staff volunteers.

### **Long-term Medical Needs and Medication in School**

[Refer to Supporting Children with Medical Conditions and Managing Medicines Policy](#)

### **Short-term Medical Requirements**

The majority of medical needs will be of a short term nature and will include things like the completion of a course of antibiotics, broken limbs, etc. Year Heads and tutors will liaise with the students and their

parent's about special requirements for the individual students e.g. students with injured limbs may require wheelchair access or may need to leave lessons early to avoid crowded areas, etc.

### **Trips and Visits**

Consider the arrangements for first aid on all trips. It is advisable to have a qualified first aider on any trip, but **essential for hazardous trips** (this may include staff at the intended venue). If a child has a specific medical condition which might require attention – e.g. an Epipen - a member of staff who is willing and qualified to do so should be designated to assist the child as necessary and to be responsible for looking after or supervising any medication during the trip. Within the limits of disability legislation we reserve the right to bar a student from a trip where a medical condition might place unreasonable pressure and demands on staff or be potentially hazardous to the individual or the group. An individual risk assessment should be carried out for children with chronic and/or long-term medical needs.

### **Calling for an Ambulance, Paramedic or Air Ambulance.**

**Dial emergency services by calling 999 from any phone/mobile device.**

**School Post Code – SP8 4QP**

**You may also require:-**

**OS Grid Reference – ST 81292657**

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**In the event of an ambulance or paramedic being called to deal with an incident the first aider at the scene will be in radio/mobile phone contact with the main office. The site team will also have radios and be listening to any instructions / details given. The person requesting the ambulance should instruct the control centre to direct the ambulance to the correct / most suitable entrance and then inform the site team so that they can meet and direct the ambulance. A senior member of staff should also be informed that an ambulance has been called.**

**Access to the incident site should be made clear of pupils, bags, etc. If the incident occurs at break or lunch time it may be necessary for more than one member of staff to be called for assistance.**

**In the event of an Air Ambulance being called senior staff and the site management team must be informed immediately.**

**Senior staff members should deal with crowd control (pupils will quite naturally try to get as close to the helicopter landing site as they can). It must be remembered that as the helicopter comes into land it will throw a considerable amount of dust, leaves and other debris into the air. It is, therefore very important to ensure that pupils are kept away from the landing site. The Site Management Team should put on “day glow” jackets and go immediately to the proposed landing site. This visual display is to confirm the landing area for the helicopter pilot. The Site Management Team should take into account any other workers on the site who may be wearing “day glow” jackets (builders, surveyors, grounds staff, etc) and if necessary give an additional signal to the helicopter pilot. The standard signal requested by the ambulance service is to raise your arms above your head in the form of an X.**

**If time allows the Site Team should try to ensure that the area around the landing site is free of litter, bags, and/or any other loose materials that could be thrown around by the helicopter or sucked up by the**

helicopter. Such items could cause serious injury to people nearby, damage to buildings or damage to the helicopter.

Newly mown grass, leaves, loose gravel, etc can all be blown by the helicopter and cause damage to people and / or property – It is therefore important that staff members in the area are fully aware of the situation around them.

The Site Management Team, in particular, should be aware of these Health & Safety issues as they are most likely to be nearest to the helicopter as it lands.

The Air Ambulance requires, ideally, a landing site of 100m x 100m. The minimum acceptable landing area is 50m x 50m.

### The use of Automated External Defibrillators (AED's)

The Defibrillators are located in the Reception entrance, Science Prep room, Medical Room and Creative arts (technician office).- Only available when the school is open.

The action to be taken by anyone who discovers someone who has suffered a cardiac arrest is to:-

1. Summon an Ambulance.
2. Call for a first aider by contacting the main school office by phone, radio or messenger. (This will activate the emergency response plan to get the AED and an AED operator to the casualty.)
3. Please make sure that you are familiar with Dorset County Council's Automated External Defibrillators (AED's) Guidance and Code of Practice February 2015 (PDF copy below)

The following members of staff have received training in the use of the Automated External Defibrillator as from February 2024:-

Ms Suzanne Culbertson (Medical Room)

Mrs Rachel Wright (Pastoral Hub)

Mrs Hannah Sweet (Creative Arts)

Mrs Lynne Dimmock (Reception)

Mrs Zoe Crocker (Pastoral Hub)

Mrs Josie Brockson (Pastoral Hub)

Mrs Danielle Gordge (Pastoral Hub)

Mr Aaron Hearn (Outdoor Education Coordinator)

Mr Jake Burrideg (Pastoral Hub)

## **Accident and RIDDOR Policy**

### Accident investigation

Gillingham School has adopted the Dorset County's "Post accident/incident action plan" for the investigation and assessment of accidents and dangerous occurrences (copy attached).

The normal DCC Accident/Incident Form can be used for basic level accident investigations (copy attached). More serious accidents will require the use of the DC Formal Accident/Investigation Form (copy attached).

## **Post-accident/incident action**

### **General Guidance**

Accident investigation is a vital element of the reactive side of safety management and loss control.

The purpose of investigation, however small, as far as health and safety is concerned, is to establish cause and to prevent recurrence. In order to determine facts, it is necessary to carry out the investigation as soon as possible after the incident to avoid incorrect deductions and false assumptions.

### **Investigation**

Not every accident justifies a full, complex and formal investigation process. With many incidents, a very informal investigation and, where necessary, correction of fault will suffice.

The outcome of a basic level investigation can be recorded simply on the bottom of the County Council's accident/incident form.

Fuller, more detailed investigations are for the more serious accidents or dangerous occurrences that would typically fall within the following criteria:

- 'Major injury' and 'Dangerous Occurrences' - as defined in RIDDOR or (the County's Accident Reporting Policy and Procedure)
- Injuries arising from machinery in motion or the use of power tools.
- Where the severity of injury necessitates the person concerned being sent home to recover or to hospital for treatment.
- Accidents where the injured person has more than 3 days off work.

Need for a more detailed response should trigger the use of the accident/incident investigation forms. (see separate form)

### **The Investigator**

The investigation should be conducted by an appropriately experienced member of staff. As far as practical this person should be someone with a responsibility for the place or activity to which the accident/incident is related.

An investigation is sometimes undertaken in an unfavourable climate where fear, guilt, anger and hostility may exist. Those who may be called upon to investigate should be competent to manage these underlying issues whilst gathering.

### **Investigation Process**



A serious accident/incident (as defined in section 2) should be notified without delay.

**Contact the County Health and Safety Team immediately and they will report to the Health and Safety Executive and begin their own level of investigation as necessary.**

It is essential that this be done prior to any interference with the scene of the major incident in case an officer of the HSE requires conditions to be left untouched until their arrival.

As part of the formal investigation, the following steps should be taken:

- \*Prepare brief description of accident.
- \*Obtain witnesses' signed statements.
- \*Investigate and establish both obvious and underlying causes for the accident.
- \*Make recommendations to prevent recurrence.
- \*Complete "Accident/Incident Investigation Form" (see separate form)

### **Description of Accident**

This is no more than a brief account of what is thought to have taken place.

### **Witnesses' statements**

These should be obtained from witnesses as soon as possible. The statement should consist of the witness's own description of what he or she saw or heard in simple terms, and should be signed by the witness. There should be no attempt to influence a witness statement.

### **Partial completion of Formal Accident/Incident Investigation Form**

Complete as much of the form as possible as you progress through the process.

### **Investigation and determination of causes**

In an investigation, it is essential that the emphasis be upon a logical approach to the gathering of facts rather than opinions. It is also important to differentiate clearly between cause of injury and cause of accident - it is the latter that is being investigated.

The investigator needs to be able to get at the relevant facts quickly by asking the right questions; and to assist in this task four checklists have been designed to direct him or her to key aspects in respect of:

- i. People
- ii. Plant/Equipment/Materials/Premises
- iii. Environmental Factors
- iv. Systems and Procedures.

Not all items referred to on the checklists will be relevant in every situation, but as the intention of the checklists is to cover as many likely contributory factors as possible, it is left to the investigator to be selective in the components he/she uses. A 'NO' response to a particular component indicates the need to explore that area in greater depth.

### **Recommendation to prevent recurrences**

On the basis of the investigation, recommendations to prevent a recurrence should be formulated.

It is possible in the course of the investigation that certain deficiencies are identified, which although not contributing directly to the particular accident being investigated are part of the underlying causes of the accident and could lead to another accident if not addressed. It is important that these are not lost, but are also the subject of recommendations for improvement.

### **Final Completion of Formal Accident Investigation Form**

The remaining sections of the form should be completed. The finalised document should be attached to other related information/documents (statements, photographs, sketches, etc.)

**The form should be kept at the premises and a copy of the investigation should be sent to the County Health and safety Team.**

		EISDR:
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## Details of affected person

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female  Job Title \_\_\_\_\_

Workplace/Service Area \_\_\_\_\_

Home Address _____		
	Postcode _____	Telephone _____
Employer's name & address (if not DC) _____		
	Postcode _____	Telephone _____
Was more than one person injured in the same incident? Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Type of incident</b> <input type="checkbox"/> Accident <input type="checkbox"/> Violence (Actual) <input type="checkbox"/> Violence (Threat) <input type="checkbox"/> Dangerous Occurrence <input type="checkbox"/> Work Related Disease	<b>Injured/affected person</b> <input type="checkbox"/> DC Employee <input type="checkbox"/> Service User <input type="checkbox"/> Pupil <input type="checkbox"/> Contractor / Agency <input type="checkbox"/> Member of Public	<b>Directorate</b> <input type="checkbox"/> People – Children's <input type="checkbox"/> Corporate Development <input type="checkbox"/> Place <input type="checkbox"/> People - Adults	<b>To whom was the incident first reported?</b> Name: _____ Post held: _____ Date/Time: _____
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**Location of incident:** \_\_\_\_\_

if incident happened away from establishment/base, give details. (eg. service users/house/public place/at someone else's premises) Precise place of incident e.g. stairs, corridor

\_\_\_\_\_

<b>Incident details</b>	Date of incident _____	Time of incident _____	am/pm _____
What was the incident & how did it happen? (if insufficient space attach details on separate sheet)			

<b>Injury</b> - What injury resulted state cut, bruise, fracture. Indicate left/right

**Time lost** - Did incident result in injured/affected person's absence/inability to undertake normal duties Yes  No

Inform the Health & Safety Team by phone if more than 3 days off work has elapsed 01305 224296

<b>Details of any witness(s)</b> Name, address, telephone no. (if not DC employee)	<b>Details of assailant(s)</b> (if violent incident)
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<b>Action taken</b> <input type="checkbox"/> No action required <input type="checkbox"/> First aid on site <input type="checkbox"/> Sent or taken home	<input type="checkbox"/> Attended Doctor or Health Centre <input type="checkbox"/> Sent or taken to hospital <input type="checkbox"/> Detained in hospital over 24hrs
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**Report completed by:**

Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Date: \_\_\_\_\_

<b>What action has been taken to prevent a recurrence:</b> (Line Manager to complete, use separate sheet if necessary)	
Name: _____ Signature: _____ Date: _____	

**Formal Accident/Investigation Form (to be used in conjunction with DC Accident/Incident Form)**

**Investigation carried out by:**

Name:

Job Title:

Date of investigation:

Signature of Investigator:

**Accident details**

Name:

Date and time of accident:

Location of accident:

Job

Title:

Description of injury:

**Witness information**

Description of accident:

**Investigation**

People - whatever the accident, people are either directly or indirectly involved. In any investigation all or a number of the following questions can help to identify the cause.

Questions to be asked	Yes/No (Y/N)	Comments
Was the injured person carrying out a task that is part of his/her normal duties?		
Was the task routine without any unusual features?		
Did the person have written or verbal instructions for the task?		
Does the person have a proper job description?		
Was the task within the terms of that job description?		
Was the person trained for the task including warning of any hazards associated with the task?		
Is there a written training record relating to the person and the task?		
Can the following be excluded as contributory factors, based upon the available evidence? (medical advice may need to be sought)		
Physical disability		
Age		
illness		
Medication		
Medical restrictions as to type of work		
Stress		
fatigue		
Alcohol		
Drug abuse		
excess hours of work		
Horseplay		
Disregarding Instructions		
Length of service in post		

Comments on the section:

Plant/equipment/materials/premises

There is a legal requirement for Safe Systems of Work for Hazardous tasks as shown by the risk assessment. Any omissions or weaknesses must be identified in this section.

Questions to be asked	Yes/No (Y/N)	Comments
Are descriptions, sketches, photographs, etc of plant/equipment/premises available?		
Were the following in good condition <b>BEFORE</b> the accident? Log if involved in the accident. Plant Equipment Materials Premises Services		
Were the following in good condition <b>AFTER</b> the accident? Log if involved in the accident. Plant Equipment Materials Premises Services		
Were Correct tools and equipment being used?		
Were the tools and equipment used in the correct manner?  Were means of controlling emergency conditions within easy reach? (emergency stops etc)		
If the emergency controls were used did they function correctly?		
Were machinery guards and similar devices adequate and effective?		
Were appropriate notices displayed warning of hazards and any PPE required?		
Were operating controls and contents of pipes, tanks etc clearly identified?		

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Was access to the working area safe and unobstructed?		
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Comments
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Environmental factors

Questions to be asked	Yes/No (Y/N)	Comments
Have the following factors been considered and excluded as contributing to the cause of the accident?		
Rain		
Ice		
Sun		
Snow		
Fog		
Cold		
Heat		
Humidity		
Fumes		
Vapour		
Gas		
Noise		
Radiation		
Lighting (Artificial and natural)		
Premises layout		
Disrepair		
Slippery Surfaces		
Difference in floor levels		
Obstructed vision		

Comments including a full description of conditions at the time of the accident
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Systems and procedures

Questions to be asked	Yes/No (Y/N)	Comments
Has a risk assessment been completed on the task?		
Were written safe systems of work/procedures in place for the task?		
Did the procedures/instructions include any reference to any hazards or the need for a permit to Work?		
Were staff aware of these procedures and were all staff involved with the task trained for the procedures?		
Were the procedures and instructions followed?		
Was the task carried out under direct supervision?		
Was any designated protective clothing or equipment available?		
Was the protective clothing or equipment being used or worn?		
Was the protective clothing or equipment adequate for the task as intended?		
Had the protective clothing or equipment been subjected to examination before use?		
Was the first aid treatment and/or removal of casualty to hospital speedy and effective?		
Were any emergency evacuation procedures used and were they carried out correctly?		

<p>Comments</p>
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Detail the immediate cause(s) of the accident

Detail the underlying cause(s) of the accident

Detail the root cause of the accident

Detail action already taken and any additional actions required to prevent further danger

Date

Signature