Thornleigh Salesian College

Medical and First Aid Procedures Policy

Person Responsible:	Premises Manager
Last Reviewed:	Autumn 2025
Adopted by Governing Body:	Autumn 2025
Next Review due:	Autumn 2026

Version Number	Purpose / Change	Author	Date	Authorised by
1	Original Document	Tom Peet	19/9/25	

POLICY

The Health and Safety (First-Aid) Regulations 1981 (L74 Third Edition 2013 – as amended 2018) require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their staff and students receive immediate attention if they are injured or taken ill at work.

The school shall ensure that all staff, students and visitors have access to adequate and appropriate first-aid equipment and facilities while they are on school premises or whilst on off-site education visits or sporting and other events organised by school.

Staff and students shall be informed of all arrangements for first-aid provision in the school. Information shall be included in induction programmes for new staff and students and any changes in first-aid arrangements will be communicated to ensure all staff and students remain up to date on the school's first aid provisions.

Contractors engaged on school premises shall be requested to make provision for their own first-aid arrangements such as providing their own first aid equipment and trained First Aider. However, if agreed by the school, the contractor may be permitted cover by the schools First Aid facilities. Irrespective of any agreement, the school should never refuse First Aid treatment to any persons but should record the treatment and circumstances.

The school shall provide all necessary equipment and facilities including the provision of first-aid kits or boxes, first-aid rooms and designated trained first-aid personnel. What is considered adequate and appropriate in school may differ on off-site visits and events and should be determined through the individual risk assessments which should indicate where any injuries are likely to occur, and their potential nature.

The Premises Operations Manager and Business Manager has overall responsibility for ensuring that the school has adequate and appropriate first aid equipment, facilities and personnel, and for ensuring that the correct first aid procedures are followed.

FIRST AID EQUIPMENT

All first aiders shall have access to all necessary equipment, and all staff, student and visitors etc, shall have reasonable access to first aid. Although equipment will vary, all areas of the school shall maintain suitable first-aid box facilities and have suitable cover from a Qualified First Aider

The first aid lead or other responsible personnel if instructed is responsible for examining the contents of first aid boxes. These should be checked monthly and restocked as soon as possible after use. Items should be discarded safely after the expiry date has passed.

FIRST AID BOXES

These should be made of suitable material, protect the contents and be clearly marked.

Typical first aid kit in the school will include school will include the following:

- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits

In situations where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline solution (0.9%) in sealed disposable containers should be provided. The use of eye baths/cups or refillable containers is not recommended.

Extra equipment, or items required for special hazards, e.g. antidotes, may be kept in or near first-aid boxes but only where the first aider has been specifically trained in their use.

Foil blankets may need to be readily available for use in the P.E. Department, following a sporting injury.

FIRST AID KITS FOR EDUCATIONAL OFF-SITE VISITS OR EVENTS

A risk assessment must be undertaken for all off site visits and activities which must determine the type and size of any first aid kit and any additional supplies or equipment necessary to adequately support the First Aid provision.

SUPPLEMENTARY EQUIPMENT

Specific Risk Assessments, particularly for Off Site Visits or Events may require additional equipment or supplies. This may include suitable means for the transportation of casualties, blankets, aprons and other suitable protective equipment. Where such equipment is considered necessary it should be stored in the vicinity of the first-aid boxes.

FIRST AID ROOMS

The school does have specific First Aid designated rooms. The First Aiders should make a suitable assessment of the treatment required and ensure that the person receiving treatment is taken to a suitable area if treatment is not to be provided at the scene.

Any rooms used for First Aid treatment should be clean and clear and away from any dusty, noisy or workshop environments etc.

CARE AND REPLACEMENT OF EQUIPMENT

All First Aiders must check the contents of all First Aid boxes etc. to ensure they are sufficiently stocked and all contents are in date in accordance with the schedule listed in the first aid box section. The checks must be undertaken at least monthly and recorded on the check sheet which should be kept with the first aid box. **Completed sheets should be returned to the Premises Operations Manager, Tom Peet.**

If staff are taking a First Aid kit for use on Off-Site Visits or Events, they must first check the box to ensure it is suitably stocked and contents are in date. They should sign the checklist to confirm they have assessed the contents.

Note: First aid does not include the treatment of minor illnesses such as headaches — therefore headache pills and/or other medications, etc. must not be kept in the first-aid box.

DEFIBRILLATORS

Defibrillators are available on the school site. They are located in the following areas; main reception/hall external ramp, Sports Block lobby and Sports Hut next to Astroturf pitch. First Aiders shall be provided with guidance etc. on the use and maintenance of defibrillators. The defib machines are checked annually by the school's external supplier as well as internally by the estates team.

Defibrillator box access codes: - Main Reception – C0147X
Astroturf Hut – C159X
Sports Centre – No Code

FIRST AID PERSONNEL

The school has made an assessment for the required number of First Aid personnel to provide adequate cover for the number of staff and students on the school site. A risk assessment must be conducted for all Off-Site Visits or Events to assess the level of First Aid cover required on an individual event basis.

There is no precise ratio for the number of first aiders to staff / student although the ACoP offers the following guidance of a minimum of one trained first aider to every 50 people.

People selected to be first aiders should:

- be reliable

- remain calm in emergencies
- be able to communicate effectively
- be easily contacted
- be able to cope with the physical and mental demands of an emergency be able to leave their jobs immediately and safely

TRAINED FIRST AIDERS

A *'suitable person'* is defined as a person who holds a current certificate from a suitable training provider meeting the requirements of the Health and Safety Executive (HSE) guidance L74 "First Aid at Work". For some exceptional or high-risk, off-site activities, additional specialised training may also be required and specialised cover should be considered in the risk assessments. Where such specialist cover is not available in-house, the cover should be sought from either the organisation at the site or covering the event or other external organisations (i.e. Mountain rescue, St Johns Ambulance etc.). If the risk assessment identifies the need for specialist cover and such cover is not available, the event must not take place.

TRAINING AND REFRESHER TRAINING

First Aid training normally expires after 3 years from the date of the initial course. All First Aiders shall remain current with their training, which must be formally refreshed and assessed after 3 years.

TRAINING RECORDS

Copies of all training records and a training matrix identifying expiry dates etc. shall be maintained by the school HR department.

SIGNAGE

The school shall ensure that suitable signage is posted across the school which includes emergency contact numbers for First Aiders etc. The signage shall be reviewed to ensure it remains current and that the contact numbers are correct.

ASSESSMENT OF TREATMENT AND EMERGENCY TRANSPORT

school First Aiders shall always provide an assessment and treatment for persons presenting themselves, irrespective of where the incident has occurred.

Where the incident giving rise to concern has occurred outside of school (i.e., sports injury from the previous injury, pet bites etc.) this should be recorded on the First Aid report.

Where the First Aider assesses that the injured or ill person requires hospital or other medical treatment, they should make an assessment whether an ambulance should be called or not.

Where staff or student or other persons are either sent to Hospital or released from school for further medical treatment, the First Aider or Head of Year must follow up and record the additional diagnosis and treatment.

RECORDING OF FIRST AID TREATMENT, ACCIDENTS AND INCIDENTS

All First Aid treatment must be recorded on the appropriate form providing as much information as possible. Copies of the forms are maintained onthe *Every* system and once completed should be issued to the Premises Operations Manager, Tom Peet or Business Manager, Gemma Harvey.

REVIEW OF FIRST AID ARRANGEMENTS

The school shall review all First Aid reports to continually assess the level of First Aid provision to ensure it remains sufficient.

REPORTING TO PARENTS

In the event of a RIDDOR reportable accident or injury to a student, at least one of the student's parents must be informed as soon as practicable.

Parents must be informed of any injury to the head, minor or major, and be given guidance on action to take if symptoms develop.

In the event of serious injury or an incident requiring emergency medical treatment, a member of the Senior Leadership Team will telephone the student's parents as soon as possible.

Surname	Forename	Department	Extension/Radio	Expires
Sun	Elaine	school nurse	291	
Ashcroft	Libby	PE		
Gamble	Tiegan	PE		
Vara	Sara	English		
Denoual	Rebecca	Maths		
Fearn	Charlotte	History		
Peet	Tom	Estates Team	241/Yes	

FIRST AIDERS & DEFIBRILLATOR TRAINED staff

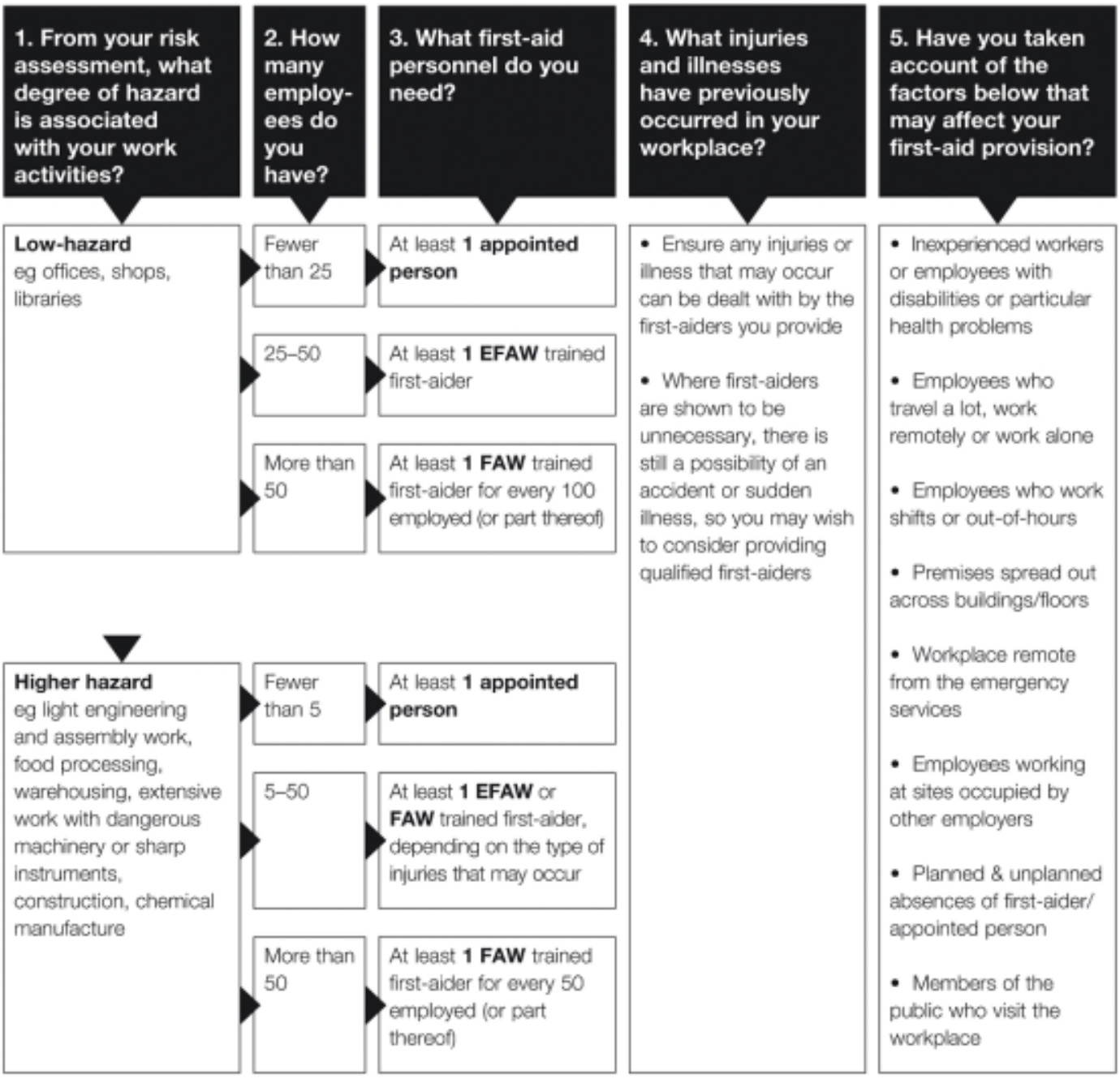
EFAW (1 day course) training enables a first aider to give emergency first aid to someone who is injured or becomes ill.

* FAW (3 day in depth course) training includes EFAW and equips the first aider to apply first aid to a range of specific injuries and illnesses including to bones, muscles and joints, including suspected spinal injuries as well as chest injuries, burns and scalds, eye injuries, sudden poisoning, and anaphylactic shock. This training allows the individual to recognise the presence of major illnesses (including heart attack, stroke, epilepsy, asthma, diabetes) and provide the appropriate first aid.

** The school are currently reviewing first aiders on site and staff training with identified staff will commence shortly and be added to the policy**

FIRST AID BOX LOCATIONS

First Aid Box Number	Location	Signage in place
1	Main Reception	Yes
2	History Office	Yes
3	Bosco Centre – staff Office	Yes
4	Gymnasium	Yes
5	Drama	Yes
6	Sports Hall	Yes
7	RE Office	Yes
8	Chaplaincy Kitchen	Yes
9	STEAM – Cookery Store	Yes
10	MFL Office	Yes
11	STEAM Saw Room	Yes
12	STEAM Science Prep Room	Yes
13	LRC Office	Yes
14	Sixth Form Common Room	Yes
15	Sixth Form Science Ground Floor Prep Room	Yes
16	Sixth Form Science First Floor Prep Room	Yes
17	Church – Sink Area	Yes
18	Cleaners Office	Yes
19	school Minibus	Yes
20	school Minibus	Yes



SUGGESTED NUMBER OF TRAINED FIRST AID PERSONNEL

FIRST AID INSPECTION MONTHLY CHECKLIST

Name:				**Date of inspection:**	
Building:		**Room :**		**First Aid Box Number**	

All First Aid Kits should contain the minimum contents in line with the British Standard BS 85991 recommendations as stated below. Additional First Aid Kits used for offsite visits etc. should be of a sufficient size in line with group numbers and activity. All kits are checked monthly.

Item /Component	Min Qty Req (Small Kit)	Current Quantity Stocked	Quantity Required
First Aid Guidance Leaflet	1		
Contents List	1		
Medium Sterile Dressing (12cm x 12cm)	2		
Large Sterile Dressing (18cm x 18cm)	2		
Triangular bandage	2		
Alcohol Free Moist Cleansing Wipes	20		
Eye Pad Sterile Dressing (7cm x 5cm)	2		
Adhesive Tape- Hyper-Allergenic Micro-porous Tape	1		
Nitrile Disposable Gloves	6 Pairs		
Sterile Adhesive Dressings (Individually Wrapped Plasters)	40		
Resuscitation Face Shield	1		
Foil Blanket	1		
Eye Wash *Sterile 20ml Pods*	5		
Burn Dressing	1		
Tuff Cut Scissors	1		
Conforming bandage	1		

Kit Fully Stocked as per Minimum? * Please Tick as appropriate	Yes*	**No*** **Action:-**
Kit Contents in Date? * Please Tick as appropriate	Yes*	No* **Action:-**

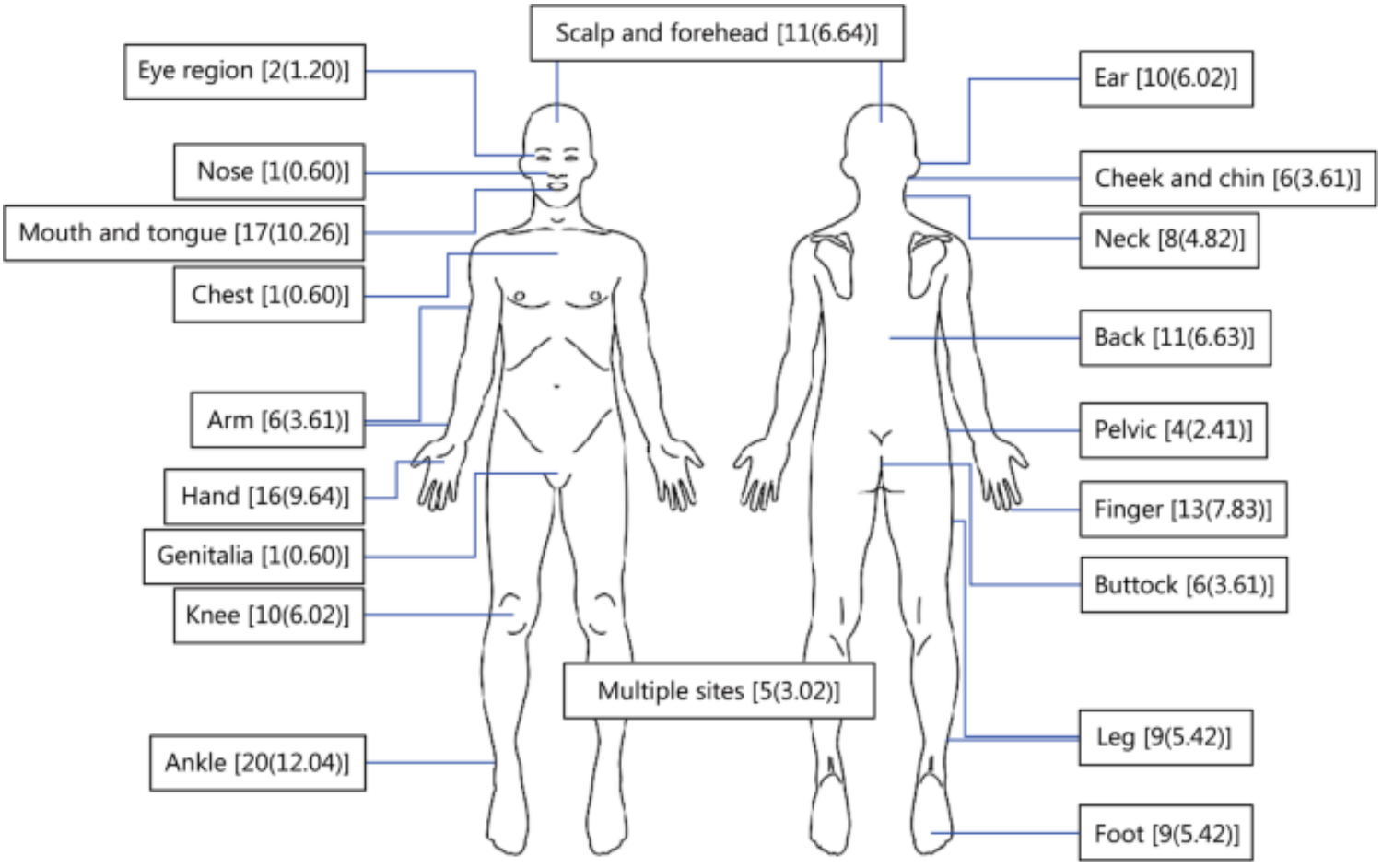
Inspected By (Print Name):		Signed:	

ACCIDENT / INCIDENT / NEAR MISS / DANGEROUS OCCURRENCE

Name and Form* *(if applicable)		**Role** (e.g., student, staff, visitor			
Date of Accident / Incident		**Time of Accident / Incident**			
Location of Accident / Incident (This should be as precise as possible. For example: Which building? Which room? Which area? Outdoors? – where exactly?)					
Witness Name(s)					
Incident Reported by					
Accident / Incident Details (Injured person to be give details on what they were doing at the time and the events that led up to it in as much detail as they can. Where possible they should describe it step-by-step. Prompt for relevant details, such as light or weather conditions, if they may have affected what happened)					
Was any equipment or substance involved? (Please mark with X)	Yes		No		
	If yes, please give details:				
Was anything damaged? (Please mark with X)	Yes		No		
	If yes, please give details:				
Did you take any photos or request CCTV footage of the incident or injuries?	Yes		No		
	If no, please confirm that you have notified the Site Manager of this				
Was First Aid Given (Please mark with X)	Yes		No		
	If yes, please confirm what first aid was given and by who				
Accident/ Incident Report Form Completed by	Name:		Date:		
Input on Every	Name:		Date:		

Type of Incident	Tick ✔	Type of injury	Tick ✔	Body Part injured	Tick ✔
Fire / Explosion		Amputation		Abdomen	

Manual Handling		Bruise		Arm / Hand / Finger	
Slip / Trip / Fall		Burns / Scalds		Chest	
Electrical		Chemical Burn		Eye	
Violent Incident		Crush		Head	
Working at Height		Cuts / Abrasions		Leg / Foot / Toe	
Hazardous / Toxic		Electric Shock		Spine / Back	
Property Damage		Fractures		Other	
Caught Between		Poisoning			
Contact with plant / machinery		Puncture Wound			
Struck by or against		Respiratory			
Falls / Falling materials		Sprain / Strain			
Vehicle RTA		Use the diagram overleaf for recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts, or other injuries occur, shade/circle and label them clearly on the diagram.			
Near Miss					
Down Time					
Other					



Accident / Incident Follow Up (to be completed by Premises Operations Manager / SBM)				
What could have prevented this accident?				
What Site / Department Work Needs to be Done to Prevent Recurrences				
Is the accident RIDDOR reportable?	Yes		No	
	If yes, please confirm how this was reported, to who and when			
What RIDDOR category does this fall under? See the list of RIDDOR Reportable for further details below	Fractured (other than to fingers, thumbs and toes)			
	Amputation of an arm, hand, finger, thumb, leg, foot or toe			
	An injury likely to lead to permanent loss of sight or reduction in sight			
	Any crush injury to the head or torso, causing damage to brain or internal organs			
	Serious burn (including scalding injury)			
	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 (see detail)			
Is an Accident Investigation Report Required?	Yes		No	
Accident / Incident Close Off (to be completed by SBM)				
Closing Comments				
Accident/ Incident Report Signed off by	Name			
	Date			
RIDDOR Reportable Injuries				

Fractures, other than to fingers, thumbs and toes
Bone fractures include a break, crack or chip. They are reportable when diagnosed or confirmed by a doctor, including when they are specified on a GP 'fit note'. In some cases, there may be no definitive evidence of a fracture (eg if an X-ray is not taken), but the injury will still be reportable if a doctor considers it is likely that there is a fracture. Self-diagnosed 'suspected fractures' are not reportable.

Amputation of an arm, hand, finger, thumb, leg, foot or toe
Amputation includes both a traumatic amputation injury at the time of an accident, and surgical amputation following an accident, as a consequence of the injuries sustained.

Any injury likely to lead to permanent loss of sight or reduction in sight in one or both eyes
Any blinding and injuries causing reduction in sight are reportable when a doctor diagnoses that the effects are likely to be permanent.

Any crush injury to the head or torso, causing damage to the brain or internal organs
Injuries to the brain or internal organs in the chest or abdomen are reportable, when caused by crushing as result of an accident.

Any burn injury (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

Burns which meet the above criteria are reportable, irrespective of the nature of the agent involved, and so include burns caused by direct heat, chemical burns and radiological burns.

Medical staff may indicate the approximate proportion of skin suffering burn damage, and charts are often available in hospital burns units. In adults of working age, the Rule of Nines can help estimate the body surface area (BSA) affected:

- skin covering the head and neck: 9%
- skin covering each upper limb: 9%
- skin covering the front of the torso: 18%
- skin covering the rear of the torso: 18%
- skin covering each lower limb: 18%

If the BSA of a burn exceeds 15% in an adult, they are likely to require hospitalisation for intravenous fluid resuscitation.

Where the eyes, respiratory system or other vital organs are significantly harmed as a consequence of a burn, this is a reportable injury irrespective of the surface area covered by that burn. Damage caused by smoke inhalation is not included in this definition.

Any degree of scalping requiring hospital treatment
Scalping is the traumatic separation or peeling of the skin from the head due to an accident, e.g. hair becoming entangled in machinery. Lacerations, where the skin is not separated from the head, are not included, nor are surgical procedures where skin removal is deliberate.

Any loss of consciousness caused by head injury or asphyxia
Loss of consciousness means that the injured person enters a state where there is a lack of response, either vocal or physical, to people trying to communicate with them. The length of time a person remains unconscious is not significant in terms of whether an accident is reportable.

Asphyxia (lack of oxygen) may happen when a person enters an oxygen-deficient atmosphere, such as a confined space, or are exposed to poisonous gases, eg carbon monoxide.

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

An enclosed space includes any space wholly or partly enclosed, to the extent that there is a significantly increased risk to the health and safety of a person in that space by virtue of its enclosed nature. This includes any confined space as defined by the Confined Spaces Regulations 1997, and additionally similar spaces where there is a foreseeable risk of hypothermia (eg a cold store).

NB: Hypothermia is not a specified risk in the Confined Spaces Regulations.
Hypothermia and heat-induced illness includes situations where a person has an adverse reaction (the physical injury) to intense heat or cold acting on the body, so they need help from someone else.

DEFIBRILLATOR MONTHLY CHECKLIST

Thornleigh Salesian College

DEFIBRILLATOR CHECKLIST

	Jan (date and initials)	Feb (date and initials)	Mar (date and initials)	Apr (date and initials)	May (date and initials)	June (date and initials)	July (date and initials)	Aug (date and initials)	Sept (date and initials)	Oct (date and initials)	Nov (date and initials)	Dec (date and initials)
Is the defibrillator ready to use?												
Wall bracket/cabinet intact? (No damage or missing parts)												
Is the device intact with no damage or missing parts?												
Does the device pass self-test?												
Is the replacement battery in date?												
Are the pads in date and sealed?												
Is the extra equipment present and intact? (razor, towel, gloves)												

Pads expiration date: Reorder pads before they expire	
Batteries expiration date: Reorder batteries before they expire	

MONITORING AND REVIEW

The provision of first aid in the school and the emergency procedures are to be kept under constant review by the Director of Business Services and, where necessary,

recommendations are to be made to the Head for improving the procedures currently in place.

Policies, procedure and guidance references:

- Thornleigh Salesian College Health and Safety policy and arrangements
- Control of Communicable diseases in school – from school Nursing Service
- Managing Medicines in schools and Early Settings
- Health & Safety Executive Work Experience guidon