



# St. Joseph's Catholic Primary School Policy

## First Aid Policy

Date: February 2024

Next review: February 2025

Mission
Together we love, learn, follow Jesus
Vision
At St Joseph's Catholic Primary School, through an open and generous heart, we learn together as a family in faith, following the gospel values of love.
Values
Hope Thankfulness Collaboration Compassion Friendship Resilience Empathy Creativity Justice Respect

### The Aim of our First Aid Policy

- To ensure the health & safety of all staff, pupils and visitors
- To ensure that staff and governors are aware of their responsibilities with regard to health & safety
- To provide a framework for responding to an incident and recording and reporting the outcomes
- To ensure school has sufficient first aid trained staff available to care for children or adults as the need arises

### Roles and responsibilities

St Joseph's Catholic Primary School has record keeping system that shows when training for each first aider needs to be updated (Appendix 1). The list of trained first aid staff is displayed around school – in the staff room and with each first aid box.

As well as staff who have trained in First Aid at Work/For Schools, there are also staff who have completed the Paediatric First Aid qualification.

School has a rolling programme to ensure as many staff as possible have undertaken the appropriate levels of first aid training.

Trained staff are responsible for:

- Taking charge when someone is injured or becomes ill including all staff, pupils and visitors to the premises
- Summoning paramedics / professional medical help when appropriate
- Acting as first responders to any incident, assessing the situation and providing immediate and appropriate treatment
- Completing an accident report as soon as practicably possible after administering treatment

### First Aid kits

First aid kits are stored in the KS2 corridor, in the EYFS/Yr 1 classroom area and in the "grab bag" outside the school office.

School will ensure there is an adequate supply of materials in the kits. Additional resources are kept in the cupboard in the accessible toilet.

### Record Keeping / Accident Books

Accident books are located in the drawers next to the sink in the KS2 corridor and outside the EYFS/Yr 1 classrooms. All completed accident forms (Appendix 2) are stored in school in a secure and confidential manner. Records should include at least the following:

- Name of the patient
- Date, time and circumstances of the accident
- Details of the injury suffered and treatment given
- Name of the First Aider



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- Details of what happened to the person afterwards

If First Aid is administered to a child, a record is sent home (Appendix 3) and a receipt kept with the Accident Form in the school office.

Any bump to the head, no matter how minor is treated as important. Parents and carers are always informed by written report or a telephone call detailing that their child has had a bump to the head and the signs and symptoms of head injuries they should look out for.

A copy of the record of the incident is sent home with the child at the end of the school day. (Appendix 4). The child's teacher is informed and advised to monitor the child.

"Work incidents" for staff must be reported via the Oracle self-serve system or via a paper equivalent form for visitors to the premises. Paper forms are kept in the Medical Needs / Forms file in the school office.

(Appendix 5). Oracle forms should be completed with the School Business Support Officer.

For major accidents / incidents, the Headteacher must decide whether it is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). If so, the form must be completed as soon as practicable afterwards. and RIDDOR accidents must be completed online to the HSE via <https://www.hse.gov.uk/riddor/report.htm>

### First Aid Procedures

#### In School:

- The closest member of staff will assess the seriousness of any injury and seek the help of a qualified first aider who will, if appropriate, administer treatment
- The qualified first aiders will assess the injury and if they decide further assistance is required for a colleague or the emergency services, they will remain on scene until help arrives
- The first aider will decide whether the injured person should be moved or placed in the recovery position
- If it is deemed a child is too unwell to remain in schools, parents will be contacted using the up-to-date contact details stored in SIMS and asked to collect their child
- If the emergency services are called, the Headteacher or School Business Support Officer will contact parents if the casualty is a child; next of kin should be called for an adult – contact numbers for pupils are kept on SIMS and for staff in the blue box next to the telephone in the school office  
If the emergency services are to be called, staff are expected to support and assist the trained first aider in their decision. If a member of staff is asked to call the emergency services, they must,
  1. Dial 999 – ask for the ambulance service
  2. State whether the casualty is breathing and/or unconscious
  3. Give brief details of the casualty; request an ambulance to attend St Joseph's Catholic Primary School, Bournes Row, PR5 0DQ and ask them to report to the staff car park
  4. Arrange for a member of staff to wait by the staff car park gate and escort the crew to the location of the incident

#### Off Site:

When taking pupils off the premises, staff should ensure they have the following

- Means of contacting school – either from the location of a school trip / visit or via mobile phone if appropriate
- Portable first aid kit
- Information about the specific medical needs of pupils



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- Inhalers where appropriate

Risk assessments are to be completed prior to any education visit that involves taking pupils off the school premises. As required by the statutory framework for the Early Years Foundation Stage, there will always be a least one first aider with a current Paediatric First Aid certificate.

Staff to inform school as soon as a child's needs are met if an injury is sustained while on a visit or other off-site activity.

Appendix 1

### Qualified First Aiders

		Paediatric First Aid (2 days)	First Aid at Work/For Schools
		Date certificate valid to	Date certificate valid to
Mr	Astle		20/02/2027
Miss	Bottomley		18/11/2025
Mrs	Cox		20/02/2027
Miss	Dewhurst		21/04/2025
Mrs	Edgerley	22/09/2024	
Mx	Lane		18/11/2025
Miss	Ollerton	18/01/2025	



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Appendix 2

Report Number (consecutive)

Report Number (consecutive)

# + Accident Record

**1. About the pupil who had the accident**

Name \_\_\_\_\_

Year \_\_\_\_\_

Class or Form \_\_\_\_\_

**2. About you, the individual filling in this record**

Name \_\_\_\_\_

Department \_\_\_\_\_

**3. Details of the accident** (Continue on the back of this form if you need to)

When it happened. Date \_\_\_ / \_\_\_ / \_\_\_ Time \_\_\_\_\_

Where it happened. State location \_\_\_\_\_

How did the accident happen? \_\_\_\_\_

Give the cause if possible \_\_\_\_\_

If the pupil who had the accident suffered an injury, give details \_\_\_\_\_

Have the parents been informed?  Yes  No How? (eg. copy of Record, Verbally) \_\_\_\_\_

Sign the record and date it.

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_\_\_

**4. For the Head Teacher only**

Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

How was it reported? \_\_\_\_\_

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_\_\_



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Appendix 3



**St Joseph's Catholic Primary School**  
 Bournes Row, Hoghton, Preston, Lancashire, PR5 0DQ  
 Tel: 01254 853473  
 Email: [secretary@st-josephs-hoghton.lancs.sch.uk](mailto:secretary@st-josephs-hoghton.lancs.sch.uk)  
 Headteacher: Miss D. Dewhurst

General Injury Letter

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

Dear Parents/Carers

Your child \_\_\_\_\_ had an accident at school today.

They \_\_\_\_\_;

as a result they received the following first aid treatment:

\_\_\_\_\_

They were treated by \_\_\_\_\_

If it is necessary for your child to have further treatment, please let us know.

Yours faithfully

Miss D Dewhurst  
 Headteacher

Re: Injury Letter

Child's name \_\_\_\_\_

Class \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_



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Appendix 4



**St Joseph's Catholic Primary School**

Bournes Row, Hoghton, Preston, Lancashire, PR5 0DQ

Tel: 01254 853473

Email: [secretary@st-josephs-hoghton.lancs.sch.uk](mailto:secretary@st-josephs-hoghton.lancs.sch.uk)

Headteacher: Miss D Dewhurst

**Head Bump Letter**

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

Dear Parents/Carers

Your child \_\_\_\_\_ received a bump to the head today at \_\_\_\_\_ and has been well for the rest of the school day.

The injury was caused by \_\_\_\_\_ and your child received the following first aid treatment \_\_\_\_\_ They were treated by \_\_\_\_\_

It is important that you watch for any signs or symptoms in your child, which might indicate a more serious injury.

**PLEASE WATCH FOR:**

- Drowsiness that is unexpected.
- Vomiting more than once.
- Any signs of blood or watery fluid coming from the nose or ears.
- Any complaint of headache
- Any complaint of "seeing double" or "blurred eye-sight"
- 

*If any of these signs develop, then you should contact your doctor for further advice.*

Yours faithfully  
 Miss D Dewhurst  
 Headteacher

**Re: Head Bump Letter**

Child's name: \_\_\_\_\_

Class: \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_



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Appendix 5

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**PLEASE KEEP COMPLETED FORMS SECURE AND CONFIDENTIAL**

**Lancashire County Council**  
**Accident / Incident / Near Miss Report Form**

<b>Pay Reference Number</b> <i>(Employees only):</i>		
<b>A1. Reporting Establishment</b>		<b>A2. Injured Person's Service</b> <i>(Employees only)</i>
Establishment number <i>(Schools only)</i>		<input type="checkbox"/> Adult Services <input type="checkbox"/> Highways & Transport <input type="checkbox"/> Adults Disability & Care <input type="checkbox"/> Policy, Information & Services <input type="checkbox"/> Children's Social Care <input type="checkbox"/> Public Health Commissioning <input type="checkbox"/> Communications <input type="checkbox"/> Quality, Contracts & Safeguarding <input type="checkbox"/> Corporate Services <input type="checkbox"/> Strategy & Performance <input type="checkbox"/> Education & Skills <input type="checkbox"/> Waste Management <input type="checkbox"/> Finance / Investment <input type="checkbox"/> Schools <input type="checkbox"/> Growth, Environment & Planning <input type="checkbox"/> Organisational Development & Change
Name of establishment where accident occurred:		
<b>B1. Details of Injured Person:</b>		<b>B2. Designation of Injured Person:</b>
Name:		LCC Employee, specify job title:
Date of birth                      Male <input type="checkbox"/> or Female <input type="checkbox"/>		<b>Team Name:</b>
Contact No: Usual place of work:		<b>If a School employee are you a:</b> Teacher <input type="checkbox"/> or Teaching Assistant (TA) <input type="checkbox"/> Establishment number (Schools only)
Home address:		<b>If neither of the above, are you a:</b> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Pupil <input type="checkbox"/> Service User <input type="checkbox"/> Volunteer/School Governor/Agency Worker/Councillor <input type="checkbox"/> Other? (please specify here):
Postcode		
<b>C. Was the Accident/Incident:</b> <i>(Employees only)</i>		<b>D. Where &amp; when did the accident/incident occur?</b>
<input type="checkbox"/> At Work    or <input type="checkbox"/> Not at work		Exact Location:
Other Comments:		Date                      Time (24 hr clock)    :
<b>E1. Site of Main Injury:</b>		<b>E2. Nature of Main Injury:</b>
<input type="checkbox"/> No injury <input type="checkbox"/> Shoulder (Right) <input type="checkbox"/> Torso <input type="checkbox"/> Head <input type="checkbox"/> Shoulder (Left) <input type="checkbox"/> Leg (Right) <input type="checkbox"/> Face <input type="checkbox"/> Arm (Right) <input type="checkbox"/> Leg (Left) <input type="checkbox"/> Ear (Right) <input type="checkbox"/> Arm (Left) <input type="checkbox"/> Ankle(Right) <input type="checkbox"/> Ear (Left) <input type="checkbox"/> Hand (Right) <input type="checkbox"/> Ankle(Left) <input type="checkbox"/> Eye (Right) <input type="checkbox"/> Hand (Left) <input type="checkbox"/> Foot (Right) <input type="checkbox"/> Eye (Left) <input type="checkbox"/> Wrist (Right) <input type="checkbox"/> Foot (Left) <input type="checkbox"/> Neck <input type="checkbox"/> Wrist (Left) <input type="checkbox"/> Toe(s) <input type="checkbox"/> Back <input type="checkbox"/> Finger(s)		<input type="checkbox"/> Not Applicable <input type="checkbox"/> HAVs <input type="checkbox"/> Amputation <input type="checkbox"/> Dislocation <input type="checkbox"/> Laceration <input type="checkbox"/> Asphyxia/ <input type="checkbox"/> Electrical <input type="checkbox"/> Puncture Poisoning/Gas <input type="checkbox"/> Fatality <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Bruising/ <input type="checkbox"/> Fracture <input type="checkbox"/> Whiplash Crushing <input type="checkbox"/> Full Body <input type="checkbox"/> Noise induced <input type="checkbox"/> Burn/Scald                      Vibration                    hearing loss <input type="checkbox"/> Concussion <input type="checkbox"/> Graze <input type="checkbox"/> Medical condition
<b>F. Primary Cause of Accident/Incident:</b>		
<input type="checkbox"/> Animal <input type="checkbox"/> Fall from Height ( m) <input type="checkbox"/> Hit by object <i>(moving, flying or falling)</i> <input type="checkbox"/> RTA/Vehicle <input type="checkbox"/> Assault (Physical) <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Medical Condition or Disease <i>(Please state below)</i> <input type="checkbox"/> Stress <input type="checkbox"/> Assault (Verbal) <input type="checkbox"/> Hazardous substance <i>(e.g. chemicals, fumes)</i> <input type="checkbox"/> Tools/Machinery/Equipment <input type="checkbox"/> Collision <input type="checkbox"/> Handling (Materials) <input type="checkbox"/> Trap <input type="checkbox"/> Drowned/Asphyxiated <input type="checkbox"/> Handling (People) <input type="checkbox"/> Trip or Slip <input type="checkbox"/> Electrical <input type="checkbox"/> Premises/security related		
Do you believe a 3 <sup>rd</sup> party was to blame for your accident / incident?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>If 'Yes', you must complete a Third Party Declaration Form available on the Health &amp; Safety Team's web site.</b>		



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<b>G. Brief details of Accident / Incident being reported</b> <i>(i.e. what happened, to who and how)</i>	
<b>H. Signature of injured person or responsible person completing this part of the form</b>	
<p><b>Statement:</b> I confirm that to the best of my knowledge the contents of this form are a true and accurate record of the events that took place.</p> <p>Signature: _____ Print Name: _____ Date: _____</p> <p><i>(Delete if not applicable: Injured Person/ Line Manager / Headteacher / Premises Manager)</i></p>	
<p><b>Sections I to M are to be completed by the manager / supervisor, establishment or premises manager, Headteacher or other responsible person</b></p>	
<b>I. First Aid treatment</b>	<b>J. Was there any absence from work?</b> <i>(Employees only)</i>
<p>Was the injured person:</p> <p>Given First Aid?      Yes <input type="checkbox"/>    No <input type="checkbox"/>    N/A <input type="checkbox"/></p> <p>Able to resume activities?    Yes <input type="checkbox"/>    No <input type="checkbox"/>    N/A <input type="checkbox"/></p> <p>Sent home?                      Yes <input type="checkbox"/>    No <input type="checkbox"/>    N/A <input type="checkbox"/></p> <p>Sent to own doctor?            Yes <input type="checkbox"/>    No <input type="checkbox"/>    N/A <input type="checkbox"/></p> <p>Sent to hospital or A&amp;E?        Yes <input type="checkbox"/>    No <input type="checkbox"/>    N/A <input type="checkbox"/></p>	<p><b>Absence?</b>                      Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>If <b>Yes</b>, was it for more than 3 days (not counting the day of the accident)?    Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>If <b>Yes</b>, was it for more than 7 days (not counting the day of the accident)?    Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>If <b>Yes</b> to 'more than 7 days' <b>and</b> it was '<b>work related</b>' it is RIDDOR reportable and you must complete Section K below.</p>
<b>K. RIDDOR Reportable</b>	
<p><b>Does the accident/incident fall under the RIDDOR Regulations?</b>      Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>If <b>Yes</b>, please complete this section. <b>Note:</b> It is the school/establishments' responsibility to formally report any RIDDOR reportable accidents/incidents to the Health &amp; Safety Executive (HSE). There is guidance on the Corporate Health, Safety &amp; Quality web site to help you decide whether the accident falls under one of the following categories of the RIDDOR Regulations. If it does, please indicate which one below:</p> <p><input type="checkbox"/> Dangerous Occurrence                      <input type="checkbox"/> Fatality*                      <input type="checkbox"/> Specified Injury*</p> <p><input type="checkbox"/> Over 7 day absence                              <input type="checkbox"/> Occupational Disease                      <input type="checkbox"/> Non-employee taken to hospital / A&amp;E</p> <p>*These categories can be reported to the HSE by telephone on Tel: 0345 300 99 23. All other categories must be reported using the HSE online RIDDOR Form (F2508) within 10 days of the incident, with the exception of the 'over 7 day absences' category which must be reported within 15 days.</p> <p>Please provide either the HSE Incident Contact Centre Reference Number: _____ or, where appropriate, send a copy of the completed F2508 form to the Health, Safety &amp; Quality Team, 182 Marsh Lane, Preston, PR1 8RR.</p>	





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**L. Initial Investigation** *(to be completed by the manager / supervisor / establishment or premises manager, Headteacher or other responsible person):*

- |   |   |
|---|---|
| Was the person involved carrying out their normal activities?   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| Was the activity out of which the accident arose covered by a risk assessment and was it suitable & sufficient?   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| Has the risk assessment been reviewed since the accident?   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| Has a new suitable & sufficient risk assessment been completed since the accident?  | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| Had the person involved been trained/instructed on how to undertake the activity?<br>(If yes, and they are an <u>employee</u> , please give training details & dates) | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

**(i) Briefly describe the immediate cause of the accident/incident:**

*Example: slipping on wet floor*

**(ii) Briefly describe what you consider to be the underlying cause of the accident/incident:**

*Example: There were no materials or equipment available to mop up the spillage / inadequate training*

**(iii) Briefly describe any subsequent actions taken** *(i.e. what action has been taken to remove or control the hazard(s)). This should include any actions taken to aid the persons return to work or normal activities*

*Example: Restrictions on duties / changes to work patterns / further support with the activity. NB Remember to check that any actions taken have been effective! (e.g. by observation, asking questions or by monitoring future accident trends.)*

**(iv) Have you taken any witness statements?** Yes  No

If yes, please record them on a separate sheet(s) and retain at the establishment.

**M. Signature of responsible person completing this part of the form**

**Important Note:** *Please ensure the Injured Party confirms their agreement of the contents of this form by signing and dating the statement at section 'H'. The responsible person completing this form should sign and date it below. Please keep completed forms secure and confidential.*

**Statement:**

I confirm that to the best of my knowledge the contents of this form are a true and accurate record of the events that took place.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

*(Delete if not applicable: (Manager / Supervisor / Premises Manager / Headteacher / TA / Other)*



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