## THE LION WORKS SCHOOL POLICY



## First Aid Policy

Author of policy and position of responsibility:	Date policy finalised
Justine Collinson, Headteacher	September 2024
Approved by:	Date of approval
Sarah Rempel, Director of Education	September 2024
Due to be reviewed:	Date of review:
July 2025	

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#### 1. Context

The Lion Works School is an Independent special school. We are part of an ethical and progressive organisation that believes it can achieve real change for children, young people and their families.

The Lion Works School is situated within the BCP local authority. We offer an academic and vocational specialist learning provision across KS3, KS4 and Post 16 aiming to reduce barriers to enable successful learning experiences and outcomes. There are a variety of routes a student can take, which include GCSEs, BTECs and other accredited qualifications whilst building confidence, improving wellbeing, enabling self-regulation and increasing attendance. Our school is full of life and has a wealth of resources to spark interest and ignite that passion to achieve, equipping our students for everyday life and the opportunities that await them.

We adhere to the values of ARC:

Ambition Resilience Community

The Lion Works School operates within the SPELL framework. SPELL is The National Autistic Society's framework for understanding and responding to the needs of children and adults on the autism spectrum. It focuses on five principles that have been identified as vital elements of best practice in autism and emphasises ways to change the environment and our approaches to meet the specific needs of each person.

SPELL stands for Structure, Positive approaches and expectations, Empathy, Low arousal, Links:

	Structure makes the world a more predictable, accessible and safer place.
Structure	We can support people on the autism spectrum in creating structured
	environments using visual information.
Positive (approaches and expectations)	We must seek to establish and reinforce self-confidence and self-esteem by building on natural strengths, interest and abilities.
Empathy	We must try to see the world from the standpoint of the autistic child or adult, knowing what it is that motivates or interests them but importantly what may also frighten, preoccupy or otherwise distress them.
Low arousal	Approaches and the environment need to be calm and ordered in such a
	way so as to reduce anxiety and aid concentration.
	Autistic people, their parents or advocates should be seen as partners.
Links	Open links and communication will reduce the risk of misunderstanding,
	confusion or the adoption of fragmented, piecemeal approaches.

#### 2.Aims

The aims of our First Aid Policy are to:

- Ensure the school actively promotes and always considers the health and safety of all staff, students and visitors at all times
- Ensure that staff and governors are aware of their roles and responsibilities with regards to health and safety and know how to respond to minor, critical and life-threatening situations
- Provide a framework for responding to an incident and recording and reporting the outcomes and in a timely and effective way

#### 3. Legislation and Guidance

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 on site to be able to swiftly respond to incidents.

<u>The Management of Health and Safety at Work Regulations 1992</u>, which require employers to make an assessment of the risks to the health and safety of their employees and reduce and minimise these risks wherever possible and 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 set out the timeframe for this and how long records of such accidents must be kept.

<u>Social Security (Claims and Payments) Regulations 1979</u>, which sets out rules on the retention of accident records.

<u>The Education (Independent School Standards) Regulations 2014</u>, which require that suitable space is provided to cater for the medical and therapy needs of students

#### 4. Roles and Responsibilities

#### a. Appointed person(s) and First Aiders

The school's appointed person is **Dani Hanlon**. This role may be taken on by a member of the Senior Leadership team in the event of an emergency.

The school's appointed person is supported by a Deputy First Aid Lead: **Angela Habgood**. The 'appointed person' is responsible for:

i. Taking charge when someone is injured or becomes ill

- ii. Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits. All first aid kits are audited every half term and a record kept.
- iii. Ensuring that an ambulance or other professional medical help is summoned when appropriate

All our named First Aiders are trained and qualified to carry out the role (see section 7) 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, sending students home to recover, where necessary.

They will fill in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see Appendix 2)

Our school's current First Aiders are listed in **Appendix 1**. Their names are displayed prominently around the school.

#### b. The Proprietor

The Corporate Proprietor has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the SLT and staff members.

#### c. The Headteacher

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

- Ensuring that an appropriate number of First Aiders 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 all staff are aware of first aid procedures and coordinating the response to an emergency or critical incident which involves the calling of the Emergency Services (999) and providing an exact location (what3words: easels.effort.prettiest) and sharing any other pertinent information
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place when necessary
- Ensuring that space is available for catering to the medical needs of students
- Obtaining pertinent medical information through the initial admissions form and ensuring this is recorded on ARBOR and shared with staff through Positive Learning Plans
- Reporting specified incidents to the HSE when necessary (see section 6)

#### d. Staff

School staff are responsible for:

- Ensuring they follow first aid procedures and knowing who the First Aiders in school are Page **5** of **37** 

- Asking for help or calling for help from the Emergency Services (999 or 101) if they are unsure what to do and a First Aider was not available for whatever reason
- Completing accident reports (see **Appendix 2**) for all incidents they attend to where a First Aider is not called
- Informing the Headteacher or their line manager of any specific health conditions or first aid needs once known

#### 5. When to call 999

#### Children – call 999 or take your child to A&E immediately for any of these:

• seizure (fit)

shaking or jerking because of a fit, or unconscious (cannot be woken up)

choking

on liquids or solids right now

difficulty breathing

making grunting noises or sucking their stomach in under their ribcage

unable to stay awake

cannot keep their eyes open for more than a few seconds

blue, grey, pale or blotchy skin, tongue or lips

on brown or black skin, grey or blue palms or soles of the feet

limp and floppy

their head falls to the side, backwards or forwards

heavy bleeding

spraying, pouring or enough to make a puddle

• severe injuries

after a serious accident or assault

signs of a stroke

face dropping on one side, cannot hold both arms up, difficulty speaking

sudden rapid swelling

of the lips, mouth, throat or tongue

• sudden confusion

agitation, odd behaviour or non-stop crying

British Sign Language (BSL) speakers can <u>make a BSL video call to 999</u>.

#### Find your nearest A&E

- A) Poole Hospital. Tel: 01202 665511. Longfleet Road, Poole, Dorset, BH152JB. Open 24 hours.
- B) Royal Bournemouth Hospital. Tel: 01202 303626 (ext 4394). Castle Lane East, Bournemouth, Dorset, BH77DW.

#### 6. First Aid Procedures

#### a. In-school procedures

In the event of an accident resulting in injury:

- i. The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified First Aider, if appropriate, who will provide the required first aid treatment
- ii. The First Aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene and calmly deal and direct others until help arrives
- iii. The First Aider will also decide whether the injured person should be moved or placed in a recovery position
- iv. If the First Aider judges that a student is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the First Aider will recommend next steps to the parents and give a full handover
- v. If the emergency services are called, a member of SLT will contact parents immediately
- vi. The First Aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

#### b. Off-site procedures

When taking students off the school premises, staff will ensure they always have the following:

- i. A mobile phone with the number noted on the in-school paperwork for the trip
- ii. A portable first aid kit
- iii. Information about the specific medical needs of students

Risk assessments will be completed by the relevant teachers prior to any educational visit that necessitates taking students off school premises. These risk assessments will be approved by Senior Leaders as per the school's risk assessment policy prior to the activity taking place.

#### 7. First Aid Equipment

A typical first aid kit in our school will include the following as minimum:

- A leaflet with general first aid advice
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 2 sterile eye pad bandages
- 2 Triangular bandages
- Adhesive tape

- 6 Safety pins
- 3 pairs of disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 6 Saline eye wash capsules
- Scissors
- Cold compresses
- Burns dressings

#### First aid kits are stored in:

- Reception (at the desk)
- In the first aid room
- The fire evacuation trolley
- In the emergency grab bag
- In the school vehicles in the glove box

#### 8. Record-keeping and reporting

#### a. First aid and accident record book

An accident form will be completed by the First Aider on the same day or as soon as possible after an incident resulting in an injury. As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form (See Appendix 2). A copy of the accident report form will also be added to the students' record by a member of the Admin team onto our MIS. Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of. All first aid books that are completed or no longer in use will have this clearly written on them with dates and a relevant signature. A description of the first aid incident will be emailed to parents on the same day, even if an in person or telephone handover has been completed. All 'bumps' to the head will be reported by phone to parents, carers and or guardians as well as falls where a young person once first aid has been administered.

#### b. Reporting to the HSE

The Headteacher 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 Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

<sup>\*</sup>NB: No medication is to be kept in first aid kits.

#### c. Reportable injuries, diseases or dangerous occurrences include:

i. Death

Specified injuries, including life changing injuries such as:

- ii. Fractures, other than to fingers, thumbs and toes
- iii. Amputations
- iv. Any injury likely to lead to permanent loss of sight or reduction in sight
- v. Any crush injury to the head or torso causing damage to the brain or internal organs
- vi. Serious burns (including scalding)
- vii. Any scalping requiring hospital treatment
- viii. Any loss of consciousness caused by head injury or asphyxia
- ix. 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
- x. Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- xi. Where an accident leads to someone being taken to hospital
- xii. 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

#### 9. How to make a RIDDOR Report

How to report through the HSE is detailed here: http://www.hse.gov.uk/riddor/report.htm

#### 10. Reporting to Ofsted and Child Protection Agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident. The Headteacher will also notify BCP MASH (Tel: 01202 123 334 or email: <a href="mailto:childrensfirstresponse@bcpcouncil.gov">childrensfirstresponse@bcpcouncil.gov</a>) of any serious accident or injury to, or the death of, a student while in the school's care.

#### 11. Training

As part of induction, all school staff are required to undertake an Educare Course on First Aid. They are also able to undertake further first aid training in Paediatric Level 3 if they would like to. All nominated First Aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained First Aiders, what training they have received and when this is valid until (see Appendix 3). Staff are required to renew their first aid training when it is no longer valid. Staff Training requirements and tracking is overseen by the SLT Administrator: **Sally Darby** 

#### 12. Hygiene Control

The school has a risk assessment to manage hygiene control. This includes processes relating to first aid. The school displays handwashing posters and all staff undertake training in infection control and hygiene. Please refer to the medical waste disposal risk assessment for further guidance on how to clean up biohazard waste (appendix 9).

#### 13. Monitoring Arrangements

This policy will be reviewed by the Headteacher every year. At every review, the policy will then be approved by the CEO with advice and guidance from the School Governance Board.

#### 14. Links with other Policies

- Health and Safety policy
- Safeguarding and Child Protection policy
- Risk Assessment policy

#### Appendix 1: List of Appointed Person(s) for First Aid and Qualified First Aiders

Staff Member's Name	Role	Valid until:
Dani Hanlon	First Aid Lead / HLTA	23/12/24
Angela Habgood	Deputy First Aid Lead / HLTA	04/10/25
Ali Mitchell	First Aider	04/10/25

#### **Appendix 2: Accident Report Form**

#### **Link to Accident Form**

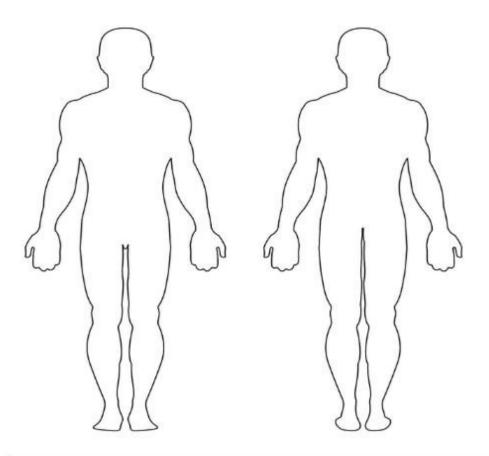


#### ACCIDENT REPORT FORM

About the person who hi	aa tne acci	aent:			
Full name:					
Address:					
Postcode:					
Date of birth:	DD /	MM /YYYY		:	
About the accident:			 		₩
When it happen	ned, Date:	DD / MM /20 YY	Time:		
	Location:				
(Including room if a					
What I (Give cause	happened: if known)				
(					
Nature and location of	injuries to				
	casualty: (if any)				
Are they preser	`				
COVID-19 sy	ymptoms?				
7	Vitnesses:				
Treatment and follow-up	).·				
	ent given:				
(List who provided the and any first aid equipn					
and any and equipment					
Any further action	n required				

### THE LION WORKS SCHOOL





About you:			
Full name:			
Signed:	Date:	DD / MM / 20 YY	

Email Copy Sent:	
Full name:	

#### Appendix 3: Offsite First Aid Kit Audit

#### Off-site first aid kit audit list

Date			Auditor
Location of kit			
Item	Amount expected	Amount counted	Actions
First Aid Guidance leaflet	1		
Medium Plasters	10		
Big Plasters	10		
Sterile Eye pads	2		
Triangular Bandages	2		
Safety Pins	12		
Large Wound Dressings	2		
Extra Large Wound Dressings	2		
Saline Ampules (300ml)	3		
First Aid Scissors	1		
Face Shield	1		
Box of medical gloves	1		
Individually wrapped moist cleansing wipes	10		
Non-medical items	1		
Sick bowl	3		
Body fluid clean up pack	1		
Bin liners	Small roll		
Declaration I confirm this is an accu	urate record	of the aud	dit as conducted by myself
Signed			

#### Appendix 4: Grab Bag Audit

#### **Grab bag audit form**

Date		Au	ditor	
Location of kit				
ltem	Amount expected	Amount counted		Actions
Gloves	10			
Large Blue Plasters	5			
Medium Blue Plasters	5			
Small Blue Plasters	5			
Sterile Wipes	10			
Glucose Tablets	1 Pack			
Burn Dressing	3			
Face Shield	1			
Emergency Blanket	3			
Saline Tubes	5			
Declaration I confirm this is an accu	urate record	of the audit a	s conducted by my	vself

Declaration
I confirm this is an accurate record of the audit as conducted by myself
Signed

#### Appendix 5: In-school First Aid Kit Audit

#### Onsite school first aid kit audit form

Date	<u> </u>		Auditor	
Location of kit				
Item	Amount expected	Amount counted	Actions	
Gloves	50			
Medium Bandage	18			
Large Bandage	6			
Triangular Bandage	4			
Medium sized individually wrapped sterile unmedicated wound dressings	6			
2 large sterile individually wrapped sterile unmedicated wound dressings	2			
Safety Pins	6			
Eye Pad Bandages	4			
Large Blue Plasters	20			
Medium Blue Plasters	20			
Small Blue Plasters	20			
Sterile Wipes	30			
Burn Dressing	3			
Tough Cut Scissors	1			
Glucose Tablets	1 Pack			
Tick Remover	1			
Face Shield	1			
Declaration I confirm this is an acco	urate record	of the aud	dit as conducted by my	<i>y</i> self
Signed				

#### Appendix 6: Staff Responsibilities from Health and Safety Handbook Relating to First Aid

#### First Aid

#### Description

Staff and students can sustain an injury or become ill and it is important that they receive immediate attention and that an ambulance is called for in serious situations. The provision of adequate first aid cover is essential, it can save lives and prevent minor injuries becoming major ones.

#### **Associated Hazards**

- Bodily injuries: blows, impact, crushing, stabs, cuts, grazes, scalds, falls from height
- Illnesses: asthma, diabetes, epilepsy etc.

#### Staff Responsibilities

To reduce the risks of suffering personal injury or delay in getting treatment, staff must:

- Co-operate with the Organisation arrangements for first aid
- Know what the procedure is for summoning help
- Follow any guidance or instruction given, to prevent injury or ill health
- Report any hazardous or dangerous situations.

#### Appendix 7: Use of EpiPens from Health and Safety Handbook Relating to First Aid

#### Administration Of Medicine Including The Use Of EpiPens®

#### **Description**

Many students will need to take medication, or be given it at Organisation at some time in their Organisation life. For most, this will be for a short period to allow them to finish a course of antibiotics or apply a lotion. In some cases there may be a long term need for students to take medication. To allow students to take or be given medication at Organisation minimises the disruption that could be caused by illness and allows their education to proceed at a steady rate alongside their peers.

#### **Associated Hazards**

- Unauthorised access to medicines
- Mal administration of medicines
- Medicines allergies.

#### **Teachers' Responsibilities**

The head teacher will ensure that:

- Medicines brought into the Organisation are suitably labelled with the students name, name
  of the drug; dosage; frequency of administration
- A record card is completed for students receiving medication. The card should include the following information:
- The medicines required by the students
- Details of dosage and times for administration
- The types of medicines being carried
- Appropriate risk assessment undertaken
- The staff involved in administration or supervision of medication
- Staff do not compel any students to take medication
- In an emergency, students have prompt access to their medicine through a recognised procedure
- All staff are familiar with the emergency procedure
- These procedures are followed when on Organisation outings.

#### **Teachers**

Who participate in administering medication to students will comply with the Organisation's policy.

#### There is no legal duty that requires Organisation staff to administer medication

- this is a voluntary role.

EpiPens®

EpiPen® Auto-injectors are intended for immediate self administration in the emergency treatment of anaphylactic shock.

In the event of students being prescribed an EpiPen® the Organisation will ensure that:

- All staff are trained in recognizing anaphylaxis and in the administration of an EpiPen®
- students are encouraged to carry their emergency medication on person at all times. Either the parent/
- guardian or students have granted permission for the medication to be administered in an emergency situation
- An emergency box is provided, the box to be stored in a safe, accessible, unlocked area that is clearly labelled
- The box will contain two 'in date' EpiPen® for use in an emergency and will be labelled with the name of students prescribed EpiPen®
- In the event of students having had an anaphylactic reaction they will be sent by ambulance to hospital whether full recovery is noted or not
- students will be accompanied throughout by a member of the teaching staff and the empty EpiPen® that has been administered, will be taken with them to hospital
- The students parents will be informed immediately after alerting the ambulance.

#### Note:

Since there is no way to predict the severity of a reaction, and because anaphylaxis can progress so rapidly, waiting for the ambulance or the Medical Centre staff to administer adrenaline may greatly increase the risk of death.

Therefore, it is essential that anyone with a history of anaphylaxis keep adrenaline autoinjectors, such as EpiPen® adrenaline auto-injectors, on hand at all times and be prepared to use them whenever a reaction occurs.

#### Appendix 8: Blood Borne Viruses from Health and Safety Handbook Relating to First Aid

#### **Blood Borne Viruses (BBV)**

#### Description

We recognise that there is a potential risk of staff coming into contact with Blood Borne Viruses (BBV) such as hepatitis and Human Immunodeficiency Virus (HIV). To reduce the risks posed by these viruses we will assess the potential for exposure and introduce controls to reduce the risk.

#### **Associated Hazards**

- Direct contact with infected blood or saliva
- Contact with clinical dressings
- Needlestick injuries.

#### **Staf f Responsibilities**

- Immediately report any spillage of bodily fluids and arrange for suitable isolation and cleaning in line with their level of training
- Report to management in confidence, if they become aware that they are a carrier of a BBV, if it is relevant to their employment.

The risk of BBV infection is low, as direct contact with blood and body fluids does not occur regularly. Much depends on the nature of the exposure and not all exposures result in infection.

#### **Appendix 9: Disposal of Medical Waste**



# The Lion Works School

**Risk Assessment for** 

#### Disposal of medical waste

This Risk Assessment covers the same cleaning up and disposal of medical waste

Reference number	
Assessor	Bruno Davis
Date completed	11/06/24
Review Schedule	Annually
Review date	11/06/25
Approved date	21/06/23
Approved by	Bruno Davis
Affected site(s)	The Lion Works School (BH12 5AD)

#### **Hazards and controls**



#### Hazard: Biohazards

/ho can be harmed/how?	Controls in place	Risk rating
All Staff	Cover All Cuts & Open Wounds	1 Low Risk: 7
Risk of infection from contact/exposure to biological	To reduce the risk of infection, all cuts and open wounds must be covered during the process	Likelihood: 1/9 Severity: 7/9
substances.	Eye/Face Guard Worn	
	Eye/face guard worn to protect both eyes and face against the risk of debris and/or splashes	
	Gloves word	
	Disposable single use gloves worn	
	Good Hand Washing/Hygiene Procedures Observed	
	Good hand washing procedures observed to reduce the	
	risk of skin disorders and promote good hygiene and hand	
	washing poster on display in first aid room	
	Hygiene Procedures in Place & Followed	
	Hygiene procedures in place & followed	
	Information, instruction and training given on hygiene	
	Information, instruction and training to be provided to staff	
	on the importance of good hygiene	



#### Hazard: Hazardous/Clinical Waste

Risk of injury, ill health due to exposure to & working with hazardous/clinical waste.

Who can be harmed/how?	Controls in place	Risk rating
All Staff  Risk of injury, ill health & fire/explosion due to exposure to & working with	Correct Disposal Contaminated Material/Waste  Contaminated material is disposed of in accordance with current guidelines. This is collected by a specialist waste disposal contractor.	3 Low Risk: 8 Likelihood: 1/9 Severity: 8/9
hazardous/clinical waste.	External Waste Facilities Kept away from student access  To reduce the risk of infection/contamination etc., the external waste facilities are kept away from student access	
	Eye/Face Guard Worn  Eye/face guard worn to protect both eyes and face against the risk of debris and/or splashes	
	Gloves Worn  Disposable gloves are worn to protect the wearer	
	Only Competent Persons Can Carry Out The Task  Only personnel with sufficient information, instruction and training can carry out the task. This includes qualified first aid staff and Senior Leadership Team.	
	Regular Waste Collection & Duty Of Care Notes Kept  Regular waste collections are made and the Duty Of Care  Notes are kept for at least 2 years	
	Warning & Information Signage Displayed  Relevant warning & information signage displayed relative to the work activity, hazard & risks	
	Waste Bins Are Provided Within The Premises Waste Bins Are Provided Within The Premises	



#### Hazard: People Movement (Risk of Slips, Trips & Falls)

Risk of injury due to a variety of access/egress hazards that can cause slips, trips & falls

Vho can be harmed/how?	Controls in place	Risk rating
All Staff	Aisles & Gangways Kept Clear For Good	1 Low Risk: 7
	Housekeeping	
Risk of injury due to a variety of access/egress hazards that can	All aisles and gangways kept clear to avoid slips and trips	Likelihood: 1/9 Severity: 7/9
cause slips, trips & falls	Good Housekeeping Observed During The Task	
	Good housekeeping standards observed & maintained by	
	operatives throughout the duration of the task	
	Regular Housekeeping Inspections Are Carried Out	
	Regular housekeeping inspections are carried out in the	
	workplace. This is routine daily and weekly inspection as	
	well as routine management walks daily.	
	Spill Kit Available	
	Spillage kits in the form of absorbent granules are	
	available to be used in the event of a spillage	
	Spillage Procedure In Place	
	Spillage procedure in place	
	Spillages Cleaned Up Immediately	
	Spillages Cleaned Up Immediately	
	Suitable & Sufficient Lighting Provided	
	Suitable & sufficient lighting provided for the workplace activities	

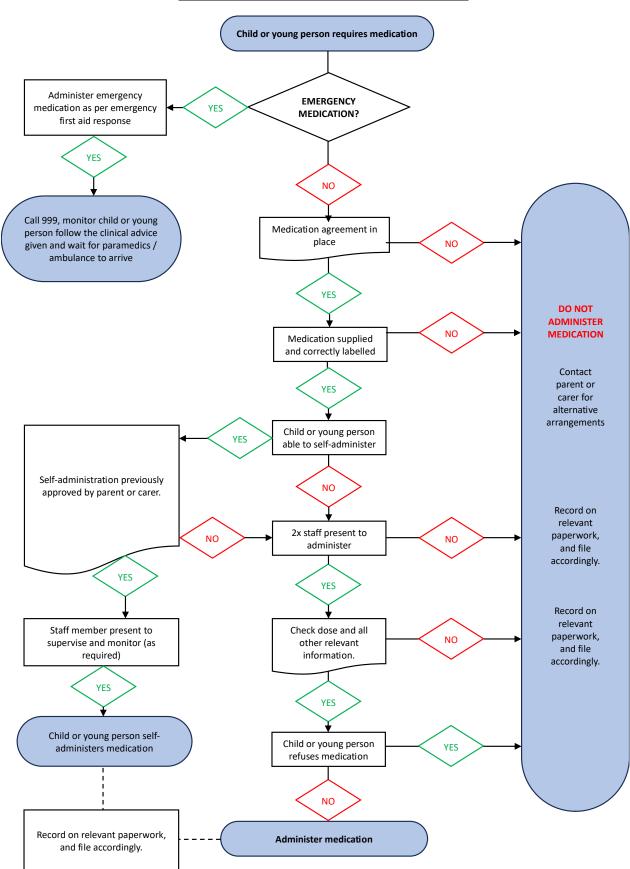
#### Safe operating procedures

The procedure for bio hazard waste clean up is as follows: 1. Minimise Spread. Close doors, put up warning signs, open windows. 2. Cover spill. Wear PPE (face, apron, hands). Place absorbent crystals from spill kit onto the spill. 3. Remove. Remove the absorbent crystals into a biohazard waste bag. 4. Disinfect. Use disinfectant to clean the contaminated area and any associated surfaces. 5. Dispose. Put waste in the appropriate biohazard waste container.

Assessor's signature: Bruno Davis Approved by signature: Bruno Davis

#### **Appendix 10: TLWS Medication Administration Procedures**

#### **TLWS Medication Administration Procedures**





#### **The Lion Works School**

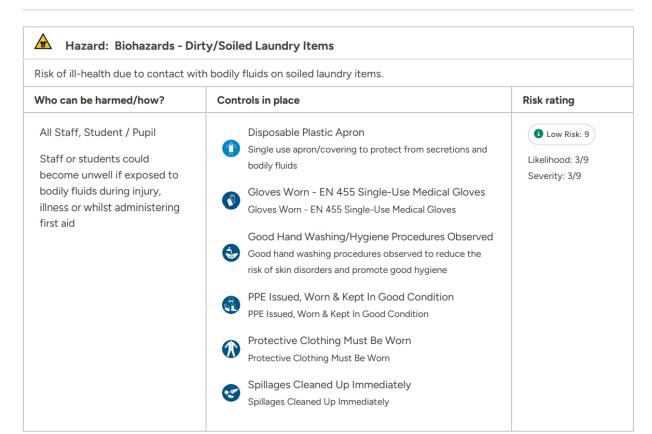
Risk Assessment for

#### First aid at school

This is a first aid risk assessment to understand and evidence the first aid provision and qualifications required at the school

Reference number	THE1806769
Assessor	Daniel Ringrow
Date completed	23/09/24
Review Schedule	Annually
Review date	23/09/25
Approved date	23/09/24
Approved by	Daniel Ringrow
Affected site(s)	The Lion Works School (BH12 5AD)

#### Hazards and controls



#### A

#### Hazard: Infection (from people)

Risk of ill health/disease/death due to exposure to infectious agents/pathogens from persons at work

Who can be harmed/how?	Controls in place	Risk rating
All Staff, Visitors  If someone reports ill health at school and is treated by first aider there is a risk of pathogen spread	Access Into The Premises Is Controlled  Access into the premises is controlled so no unauthorised persons can enter.  Good Hand Washing/Hygiene Procedures Observed  Good hand washing procedures observed to reduce the risk of skin disorders and promote good hygiene  Social Distancing  Physical distance between person reporting ill health and the first aider will be observed whenever possible  Suitable & Sufficient Welfare Facilities Provided  To include hot/cold water, soap, means of drying, well ventilated and kept in an orderly condition. There is a dedicated first aid room	Low Risk: 9  Likelihood: 3/9  Severity: 3/9



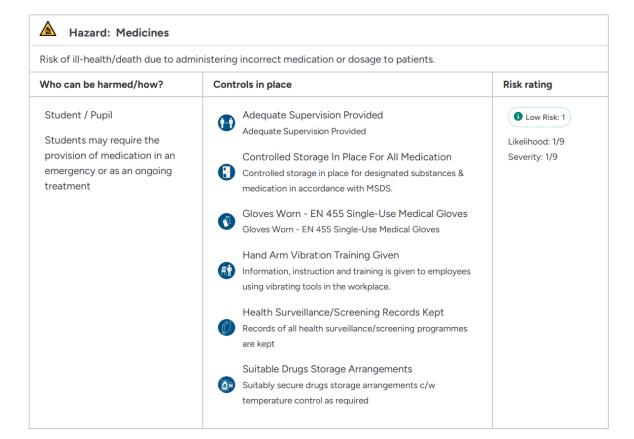
#### Hazard: Offsite activities away from first aid provision

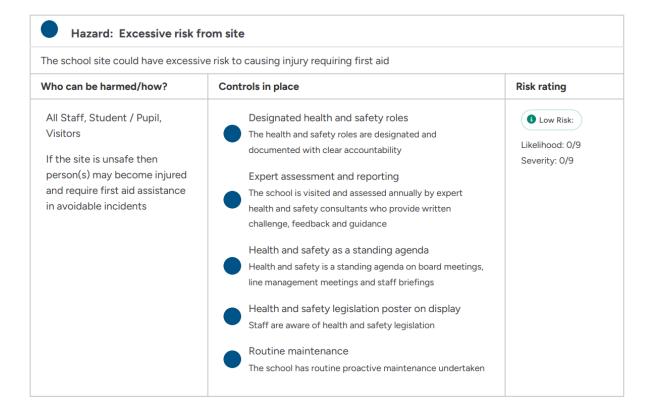
/ho can be harmed/how?	Controls in place	Risk rating
All Staff, Student / Pupil In the event staff or students are away from site they may be unable to access effective or timely first aid	Offsite activites require individual risk assessment  All offsite activities require an individual risk assessment. The risk assessment will be approved by the headteacher (or delegated)  Offsite kit  Offsite backpack is taken on offsite trips and contains first aid and hygiene supplies	Likelihood: 3/9 Severity: 3/9
	School vehicles contain first aid kits  School vehicles contain first aid kits in line with HSE and  DFE requirements. These are audited half termly	



#### A Hazard: Poor Hygiene (Infection)

Who can be harmed/how?	Controls in place	Risk rating
All Staff, Student / Pupil	Cleaning Schedules in Operation	1 Low Risk: 4
Staff or pupils could become	Cleaning Schedules in Operation	171.171
unwell if exposed to poor	Claves Warra EN AFF Circle Has Madical Claves	Likelihood: 2/9
	Gloves Worn - EN 455 Single-Use Medical Gloves	Severity: 2/9
hygiene practises. This could lead to the transmission of	Gloves Worn - EN 455 Single-Use Medical Gloves	
viruses or exposure to bacteria	Good Hand Washing/Hygiene Procedures Observed	
leading to infection.	Good hand washing procedures observed to reduce the	
.caag .cccc	risk of skin disorders and promote good hygiene	
	Hygiene Procedures in Place & Followed	
	Hygiene procedures in place & followed	
	PPE Issued, Worn & Kept In Good Condition	
	PPE Issued, Worn & Kept In Good Condition	
	Suitable Sanitising Wipes Used	
	Only suitable sanitisers used that fully remove bacteria &	
	compliant with BS EN 1276 or BS EN 13697	
	Warning & Information Signage Displayed	
	Relevant warning & information signage displayed relative	
	to the work activity, hazard & risks	







#### Hazard: Inadequate provision of first aid

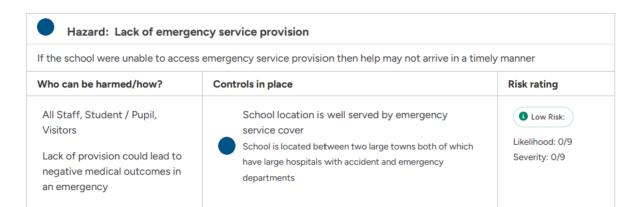
If there are an insufficient number of qualified first aiders then the provision of first aid may be lacking when required

Who can be harmed/how?
All Staff, Student / Pupil, Visitors  The inability to provide timely and qualified first aid could lead to increased injury or negative health outcomes.

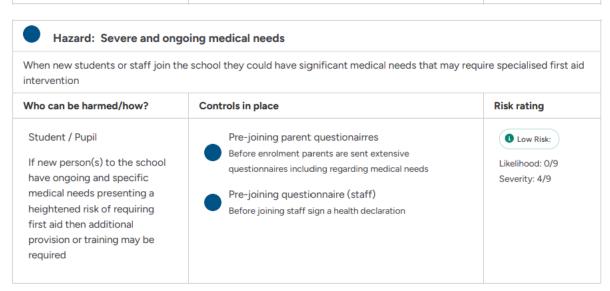


#### Hazard: Inadequate supply of first aid equipment

/ho can be harmed/how?	Controls in place	Risk rating
All Staff, Student / Pupil, //isitors  Not having sufficient supplies will lead to low quality health and recovery outcomes from a irrst aid incident. This may ncrease the risk of infection or ncreased illness.	Routine auditing of first aid supplies  First aid supplies are audited every half term period by appointed person	Likelihood: 0/9 Severity: 3/9

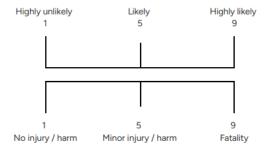


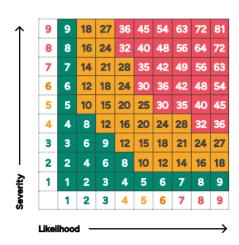
If staff, students and visitors do not know how to summon first aid assistance they may be untreated and help will not arrive		
Who can be harmed/how?	Controls in place	Risk rating
All Staff, Student / Pupil, Visitors  Being unable to summon first aid assistance may lead to a deterioration and damage to health or wellbeing of an injured person	First aid posters  All classrooms have a poster showing names of first aiders and where to find first aid supplies	Likelihood: 0/9 Severity: 3/9



#### Risk rating explanation

Risk ratings are calculated by considering the likelihood of an event occurring along with the severity of the potential consequence should an accident occur. After considering existing control measures, values are assigned to the likelihood and severity from the scales below and these figures multiplied to established the risk rating.





#### What do your risk ratings mean?

- Risk is categorised as LOW: Look to reduce risk if practicable
- Risk has been categorised as MEDIUM: Begin to plan your action to reduce the risk immediately
- Risk has been categorised as HIGH: Immediate action required to reduce the risk

Assessor's signature: Daniel Ringrow Approved by signature: Daniel Ringrow

#### Risk assessment for: The Lion Works School