



**BELLE VUE**  
GIRLS' ACADEMY

# BELLE VUE GIRLS' ACADEMY

## First Aid Policy

| Reviewed by | Approved by | Date of Approval | Next Review Date |
|-------------|-------------|------------------|------------------|
| BUT         | LGB         | Autumn 2026/27   | Autumn 2027/28   |

## 1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

## 2. Legislation and guidance

This policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- **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
- **The Management of Health and Safety at Work Regulations 1992**, which require employers to make an assessment of the risks to the health and safety of their employees
- **The Management of Health and Safety at Work Regulations 1999**,  
Which require employers to carry out risk assessments, 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
- **The Education (Independent School Standards) Regulations 2014**, which require that suitable space is provided to cater for the medical and therapy needs of pupils
- The Children and Families Act 2014, sections 100A and 100B
- **The Children's Wellbeing and Schools Act 2026, section 34, and The Children and Families Act 2014, sections 100A and 100B**, creates a statutory duty to have an allergy safety policy for the management of allergies affecting pupils at school (including the management of pupils at risk of anaphylaxis)

## 3. Roles and responsibilities

### 3.1 Appointed person(s) and first aiders

The school's appointed person is Beverly Uttley (School Nurse), in the absence of the School Nurse this will be the named First Aiders. The School Nurse/First Aiders are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- It is the job of the School Nurse to ensure there is an adequate supply of medical materials in first aid kits.
- It will be the job of the School Nurse to ensure training records are relevant and up to date

First Aiders are trained and qualified to carry out the role 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 pupils home to recover, where necessary; In liaison with Pastoral Managers
- Filling in an accident report slip on the same day, or as soon as is reasonably practicable, after an incident (**Appendix 2**) and recording the incident on CPOMS.
- If a member of staff, volunteer or member of the public has an accident, an accident book form must be used (**Appendix 3**). This can be found in the accident book, Academy Business Leaders office. This form can also be used if a pupil's accident needs further reporting. This must come to the Academy Business Leader immediately
- If an accident/injury is sufficient enough to warrant an investigation, then a reporting injury accident investigation form must be completed. This can be found in the accident book in the ABL office. This must come to the Academy Business Leader immediately (**Appendix 4**)

Belle Vue Girls' Academy First Aiders are listed in (**Appendix 1**). Their names will also be displayed prominently around the school.

### **3.2 The governing board**

The governing board has ultimate responsibility for health and safety matters in the school, but they delegate operational matters and day-to-day tasks to the Headteacher and staff members.

### **3.4 The Headteacher**

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

- Ensuring that an appropriate number of trained first aid personnel 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.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of pupils.
- Reporting specified incidents to the HSE when necessary.

### **3.5 Staff**

School staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders in school are.
- Completing accident reports for all incidents they attend to where a first aider is not called (**Appendix 3**)

- Informing the Academy Business Leader or their manager of any specific health conditions or first aid needs.

## 4. First aid procedures

### 4.1 In-school procedures

In the event of an accident resulting in injury:

- 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.
- 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 until help arrives.
- The First Aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the First Aider judges that a pupil is too unwell to remain in school, the first aider will speak to the pastoral manager and parents will be contacted. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the School Nurse/ First Aiders will contact parents immediately
- The School Nurse/First Aiders will complete an accident slip form on the same day or as soon as is reasonably practical after an incident resulting in an injury. **One slip will go to the child, the other will be scanned and added to CPOMS. This will then be disposed of in the confidential waste bins.**
- Any child with epilepsy will have a care plan in school highlighting how to deal with their needs.

### 4.2 Adrenaline Auto-Injectors (AAs) and Allergies

- Spare AAs will be kept in the KS3 pastoral office, in the food technology classroom, and in Zara Sports Centre.
- Pupils with prescribed AA's must keep them in their bags.
- Updated photos of all students with AAs/severe food allergies are in the staff room, kitchen, science area, food tech classrooms, SENCO office, KS3 and KS4 pastoral offices.
- Particulars of usage will be detailed in the pupil care plan. Copies of the care plan can be found with the School Nurse and CPOMS.

First Aiders must ensure that AAs are taken on school visits.

In the with the school's Allergy Safety Policy, the school will maintain appropriate arrangements to prevent and respond to allergic reactions, including,

- A whole school Allergy Safety Policy and named senior lead.
- A register of pupils and staff with severe allergies.
- Allergy Management Risk Assessment.
- Individual Healthcare Plane for pupils with severe allergies.

- Allergy awareness and emergency response training for all staff, including recognition and management of anaphylaxis and the use of the AAls.
- Maintaining an appropriate supply of spare, in-date AAls for emergency use.
- Clear procedures for responding to, recording and reviewing serious allergy incidents and near misses
- Appropriate measure to reduce the risk of exposure to known allergens.
- Ensuring that two AAls accompany pupils with severe allergies, along with their Individual Healthcare Plan, on off-site visits.
- Enable students with allergies to participate fully in all aspects of school life.
- Identifying staff with severe allergies and creating an action plan to ensure that the member of staff has a safe working environment
- Identifying visitors with severe allergies prior to their visit and ensuring a safe working environment.

Further details are set out in the school's Allergy Safety Policy and individual healthcare plans.

### **4.3 Insulin**

- All insulin will be kept in the KS3 office with the hypobox, or can be carried and self-administered by the pupil independently without direct supervision if the pupil has been assessed as competent to administer their own insulin. The pupil's competence to independently carry and administer insulin will be determined by the Children's Diabetes Team in consultation with their parents/carers.
- All pupils will access this prior to their lunch.
- Particulars of usage will be detailed in the pupil care plan. Copies of the care plan can be found with the School Nurse and in the document vault within CPOMS.
- DELETE THIS SECTION - Pupils will record blood sugar readings and the insulin dose administered in the blood glucose book if they do not use a sensor that records their blood sugar levels. (This section can be deleted because all pupils now use digital recording that is linked directly to the Diabetes team)

### **4.5 Defibrillators**

All First Aid staff have been trained on how to use the Defibrillator. They can be found in the medical room and Zara sports centre.

### **4.5 Off-site procedures**

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

- A school mobile phone.
- A portable first aid kit; Checked by the School Nurse.
- Information about the specific medical needs of pupils and specific medication required.

- Parents' contact details

Risk assessments will be completed by the visit coordinator prior to any educational visit that necessitates taking pupils off school premises. This will determine the number of First Aiders needed.

## **5. First aid equipment**

A typical first aid kit in Belle Vue Girls' Academy will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Burns dressings

No medication is kept in first aid kits.

### **First aid kits are stored in:**

- The medical room
- Reception
- Science office
- Resistant material classroom
- Food technology room
- The school kitchen
- School minibus
- Creative office
- PE office
- Zara sports centre

## **6. Record-keeping and reporting**

### **6.1 First aid and accident record book**

- An incident report slip (**Appendix 2**) will be completed by the School Nurse/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

- If a member of staff, volunteer or member of the public has an accident, an accident book form must be used (**Appendix 3**). This can be found in the accident book, Academy Business Leader office. This form can also be used if a pupil's accident needs further reporting. This must come to the Academy Business Leader immediately
- If an accident/injury is sufficient enough to warrant an investigation, then a reporting injury accident investigation form must be completed. This can be found in the accident book in the Academy Business Leader Office. This must come to the Academy Business Leader immediately

## 6.2 Reporting to the HSE

The Academy Business Leader 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 Academy Business Leader 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.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - 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 which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- 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)
- Where an accident leads to someone being taken to hospital
- 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: (**Appendix 5**)
  - 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

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)  
<http://www.hse.gov.uk/riddor/report.htm>

## **7. Training**

All school staff are able to undertake first aid training if they would like to.

All 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.

Staff are encouraged to renew their first aid training when it is no longer valid.

All school staff must receive appropriate training to recognise the signs and symptoms of anaphylaxis, understand the appropriate emergency response, and be able to administer an adrenaline auto-injector (AAI) promptly when required.

## **8. COSHH**

All cleaning products will be locked away when not in use. All cleaning cupboards will be locked at all times.

COSHH risk assessments and data sheets can be found in the COSHH file, Academy Business Leader's Office.

A COSHH risk assessment index can be found in **appendix 6** and is linked to the risk assessment numbers in the COSHH file.

The COSHH risk assessment will highlight all first aid measures if the product has been ingested, inhaled and or has been in contact with skin/eyes

Faculty areas have their own risk assessments linked to related practical lessons.

## **9. Monitoring arrangements**

This policy will be reviewed by The Academy Business Leader every year.

At every review, the policy will be approved by the Finance and Premises Committee.

## **10. Links with other policies**

This first aid policy is linked to the

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions
- Allergy Safety Policy

## Appendix 1: list of First Aiders

### Staff trained in First Aid

| NAME             | Date of training     | Expiry Date | Courses attended |
|------------------|----------------------|-------------|------------------|
| Chris Firth      | 19-Jul-23            | 18/07/2026  | EFAW PFA         |
| Jane Topham      | 19-Jul-23            | 18/07/2026  | EFAW PFA         |
| Javed Tariq Khan | 21-Sep               | 20/09/2026  | FAW              |
| Fozia Bibi       | 15 + 16 Jan 2024     | 15/01/2027  | FAW PFA          |
| Jackie Palmer    | 15 + 16 Jan 2024     | 15/01/2027  | FAW PFA          |
| Mahya Dufrier    | 22 + 23 May 2024     | 22/05/2027  | FAW PFA          |
| Saeeqa Rehman    | 24 + 25 June 2024    | 24/06/2027  | FAW PFA          |
| Martina Smith    | 24 + 25 June 2024    | 24/06/2027  | FAW PFA          |
| Furqan Naveed    | 4 + 5 September 2024 | 04/09/2027  | FAW PFA          |
| Hadriane Firth   | 3 + 4 October 2024   | 03/10/2027  | FAW PFA          |
| Sam Crabtree     | 28 + 29 Nov 2024     | 28/11/2027  | FAW PFA          |
| Ishrat Aziz      | 05-Mar-25            | 04/03/2028  | EFAW             |
| Nicholas Peel    | 6 + 7 March 2025     | 06/03/2028  | FAW PFA          |
| Huma Atif        | 12 + 13 May 2025     | 12/05/2028  | FAW PFA          |
| Beverley Uttley  | 22 + 23 May 2025     | 22/05/2028  | FAW PFA          |
| Munnaza Zahir    | 23 + 24 June 2025    | 23/06/2028  | FAW PFA          |
| Tasmia Mahmood   | 10 + 11 July 2025    | 12/07/2028  | FAW PFA          |
| Ahmed Gardee     | 28 + 29 Jan 2026     | 29/01/2029  | FAW PFA          |
| Mohammed Shafiq  | 10 + 11 May 2026     | 10/05/2029  | FAW PFA          |
| Shaeeda Bibi     | 2 + 3 July 2026      | 03/07/2029  | FAW PFA          |
| Hifza Mahboob    | 2 + 3 July 2026      | 03/07/2029  | FAW PFA          |
| Hasnaa Naz       | 2 + 3 July 2026      | 03/07/2029  | FAW PFA          |

### Key:

**EFAW – Emergency First Aid at Work**

**FAW – First Aid at Work**

**PFA – Paediatric First Aid**

## Appendix 2: accident report slip

|                                                                                                                                                           |                   |           |          |                |                       |                |      |                      |                                       |                                                                                                                                                                                                     |                                                                     |                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------|----------|----------------|-----------------------|----------------|------|----------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------|--|
| Date                                                                                                                                                      |                   | Time      |          | Student's Name |                       | Form           |      | Location of Incident |                                       | L3 Accident Report No. (if applicable)                                                                                                                                                              |                                                                     |                                         |  |
| Details of Treatment and Additional Comments                                                                                                              |                   |           |          |                |                       |                |      |                      |                                       | F2506 Completed<br>✓                                                                                                                                                                                |                                                                     |                                         |  |
|                                                                                                                                                           |                   |           |          |                |                       |                |      |                      |                                       | Time                                                                                                                                                                                                |                                                                     |                                         |  |
| Name of parent/carer contacted (if applicable)                                                                                                            |                   |           |          |                |                       |                |      |                      |                                       |                                                                                                                                                                                                     |                                                                     |                                         |  |
| Dizziness / Fainting                                                                                                                                      | Vomiting / Nausea | Nosebleed | Headache | Head Injury    | Cut / Bruise / Sprain | Abdominal Pain | Burn | Other                | Parent contacted                      | Unable to contact Parent                                                                                                                                                                            | The student was well enough following First Aid to remain in school |                                         |  |
|                                                                                                                                                           |                   |           |          |                |                       |                |      |                      | The student was collected from school | The school is of the opinion that the student should consult a Doctor                                                                                                                               |                                                                     |                                         |  |
| <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>IMPORTANT</b><br/><br/> <b>FOR THE ATTENTION OF THE PARENT / CARER</b> </div> |                   |           |          |                |                       |                |      |                      |                                       | <b>Head Injury</b><br>Should your child suffer any drowsiness, vomiting, impaired vision or excessive pain after returning home please consult your doctor or local hospital and produce this slip. |                                                                     |                                         |  |
|                                                                                                                                                           |                   |           |          |                |                       |                |      |                      |                                       | Authorised Signature:                                                                                                                                                                               |                                                                     |                                         |  |
|  <b>Belle Vue Girls' Academy</b>                                         |                   |           |          |                |                       |                |      |                      |                                       | <b>INCIDENT / ILLNESS REPORT SLIP</b>                                                                                                                                                               |                                                                     | <b>REPORT SLIP No.</b><br><b>007182</b> |  |

### Appendix 3: Accident Book Form



## ACCIDENT BOOK FORM



|                                                                                                                                                    |                                   |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------|
| <b>Academy details:</b> Belle Vue Girls' Academy, Thorn Lane, Bradford. BD9 6NA 01274 492341                                                       |                                   |                                              |
| <b>About the person who had the accident:</b> (for employee use academy details; for visitor use home details, for contractor use company details) |                                   |                                              |
| Full Name: .....                                                                                                                                   | Age: .....                        | Gender: M / F / O                            |
| Address: .....                                                                                                                                     |                                   |                                              |
| Please tick one:                                                                                                                                   |                                   | Phone no.: .....                             |
| Employee <input type="checkbox"/>                                                                                                                  | Student <input type="checkbox"/>  | Visitor <input type="checkbox"/>             |
| Contractor <input type="checkbox"/>                                                                                                                |                                   |                                              |
| Parent <input type="checkbox"/>                                                                                                                    | Work Exp <input type="checkbox"/> | Other <input type="checkbox"/> specify ..... |
| <b>About you, the person filling in this form (if different to the above):</b>                                                                     |                                   |                                              |
| Full Name: .....                                                                                                                                   | Job title: .....                  |                                              |
| Workplace address: .....                                                                                                                           |                                   |                                              |
|                                                                                                                                                    |                                   | Phone no.: .....                             |
| E-mail Address: .....                                                                                                                              |                                   |                                              |
| <b>About the accident:</b> (continue on the back of this form if you need to)                                                                      |                                   |                                              |
| When did it happen? Date: ..... Time: .....                                                                                                        |                                   |                                              |
| Where did it happen? eg office, corridor, classroom, stairwell, car park: .....                                                                    |                                   |                                              |
| How did the accident happen? Give the cause if you can: .....                                                                                      |                                   |                                              |
| .....                                                                                                                                              |                                   |                                              |
| .....                                                                                                                                              |                                   |                                              |
| .....                                                                                                                                              |                                   |                                              |
| Did the accident involve an injury? Yes / No What was the injury? .....                                                                            |                                   |                                              |
| Was any first aid given to the person who had the accident? If so, say what: .....                                                                 |                                   |                                              |
| .....                                                                                                                                              |                                   |                                              |
| Did the accident result in a call for an ambulance or visit to a hospital/GP? Yes / No [State which.....]                                          |                                   |                                              |
| Please sign and date:                                                                                                                              |                                   |                                              |
| Signature: .....                                                                                                                                   |                                   | Date: .....                                  |

## Appendix 4: Reportable Injury Form



### REPORTABLE INJURY FORM

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               | <b>Academy details:</b> Belle <u>Vue</u> Girls' Academy, Thorn Lane, Bradford. BD9 6NA 01274 492341                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>PART 1</b> | <b>Injured person:</b><br>Full Name: ..... Age: ..... Gender: M / F / O<br>Private address: .....<br>..... Phone no.: .....<br>Please tick one:<br>Employee <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/><br>Parent <input type="checkbox"/> Work Exp <input type="checkbox"/> Other <input type="checkbox"/> specify .....                                                                                                                                                                  |
|               | <b>For Employed Persons Only:</b><br>Job Title: .....<br>Line manager: .....<br>On the day of the accident, what hours should have been worked? From: ..... To: .....<br>What hours were actually worked? From: ..... To: .....<br>Was there any absence from work? YES / NO First day of absence: .....<br>If different to return date, state date fit for work (include non-working days): .....<br>Actual date of return (if known): .....<br>Was this person engaged in normal duties? YES / NO Was it authorised by the supervisor? YES / NO                             |
| <b>PART 2</b> | <b>Details of Accident:</b><br>When did it happen? Date: ..... Time: .....AM / PM<br>Did the accident happen at the workplace stated above? YES / NO<br>If No, state address where accident took place: .....<br>Where exactly did the accident happen? eg in which building/area, office, corridor, classroom, stairwell, car park:<br>.....<br>Was first aid given? YES / NO If Yes, who administered it? .....<br>Was the injured person taken directly to hospital as a result of the accident? YES / NO<br>If Yes, name of hospital sent to: ..... What time? .....AM/PM |
|               | <b>Details of Injury</b><br>Part(s) of body affected: ..... [ Left / Right / Both ]<br>Nature and extent of injury: .....<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|                |                                                                                                                                                                                                                                                                                                                        |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PART 3a</b> | <p>What happened? Be factual – give details of action leading up to the accident itself and events immediately after the accident. Attach a separate sheet if necessary.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>                                                                                       |
|                | <p>Are you aware of any physical or mental condition of the injured person which may have contributed to the accident? If so, please state:</p> <p>.....</p> <p>Give information on any condition of the accident site that may have contributed to the accident e.g. wet conditions, unsound surface</p> <p>.....</p> |
| <b>PART 3b</b> | <p>What, in your opinion, caused the accident?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>How preventable do you feel this accident was?</p> <p>.....</p> <p>.....</p> <p>.....</p>                                                                                                                    |
| <b>PART 4</b>  | <p><b>Witness(es) to the accident</b></p> <p>1. Name (please print): .....</p> <p>Address/Workplace: .....</p> <p>2. Name (please print): .....</p> <p>Address/Workplace: .....</p> <p>3. Name (please print): .....</p> <p>Address/Workplace: .....</p>                                                               |
| <b>PART 5</b>  | <p>What action has been taken to prevent a similar event recurring?</p> <p>.....</p> <p>.....</p> <p>.....</p>                                                                                                                                                                                                         |
|                | <p>Signed (Manager, Headteacher or Person in Charge): .....</p> <p>Name: ..... (please print) Phone No. ....</p> <p>Job Title: ..... Date: .....</p>                                                                                                                                                                   |

## Appendix 5-Near-Miss Report



### Near Miss Report

Name of Witness \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

#### Details of occurrence

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Signature of witness \_\_\_\_\_

**What can be done to prevent a reoccurrence (Management or Nominated Person to complete)**

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Actioned By \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Appendix 6-COSHH Risk Assessment Index 2024-25

| Assessment No | Product Name                            | Activity                        | Where can the risk assessment be found | Reviewed | Next Review Date |
|---------------|-----------------------------------------|---------------------------------|----------------------------------------|----------|------------------|
| 1             | Selden Label                            | Drain Cleaner-When needed       | ABL Office COSHH File                  | Sep-25   | Sep-26           |
| 2             | Anti Bac Cleaner Sanitiser RTU          | Table cleaner in food rooms     | ABL Office COSHH File                  | Sep-25   | Sep-26           |
| 3             | Anti Bacterial Cleaner Sanitiser        | Hand Sanitiser                  | ABL Office COSHH File                  | Sep-25   | Sep-26           |
| 4             | Apple Toilet Freshner                   | Toilet Cleaner-When needed      | ABL Office COSHH File                  | Sep-25   | Sep-26           |
| 6             | Blu Away Toilet Cleaner-Bio Productions | Toilet Cleaner-When needed      | ABL Office COSHH File                  | Sep-25   | Sep-26           |
| 7             | Citra Clean                             | Floor Cleaner-Daily             | ABL Office COSHH File                  | Sep-25   | Sep-26           |
| 8             | D Bond Chewing Gum Remover-Selden       | Chewing gum remover-When needed | ABL Office COSHH File                  | Sep-25   | Sep-26           |
| 9             | Dymachek Lemon                          | Washing up liquid-When needed   | ABL Office COSHH File                  | Sep-25   | Sep-26           |
| 10            | Easy Seriously Thick Original Bleach    | Toilet Cleaner-When needed      | ABL Office COSHH File                  | Sep-25   | Sep-26           |
| 11            | FluidScience                            | Covid cleaner-When needed       | ABL Office COSHH File                  | Sep-25   | Sep-26           |
| 12            | Gallop Biograde                         | Weed Killer-When needed         | ABL Office COSHH File                  | Sep-25   | Sep-26           |
| 13            | Gojo Anibacterial Foam Soap             | Handwash-when needed            | ABL Office COSHH File                  | Sep-25   | Sep-26           |
| 14            | Gum Solve Chewing Gum Remover           | Chewing gum remover-When needed | ABL Office COSHH File                  | Sep-25   | Sep-26           |
| 15            | Link HI-COTE                            | Floor Polish-Weekly             | ABL Office COSHH File                  | Sep-25   | Sep-26           |
| 16            | Link Sheen                              | Floor Buffer-Daily              | ABL Office COSHH File                  | Sep-25   | Sep-26           |
| 17            | Links Clens                             | Floors cleaner-Daily            | ABL Office COSHH File                  | Sep-25   | Sep-26           |

|    |                                         |                                    |                       |        |        |
|----|-----------------------------------------|------------------------------------|-----------------------|--------|--------|
| 18 | Linksan                                 | Disinfectant spray-Daily           | ABL Office COSHH File | Sep-25 | Sep-26 |
| 19 | Microcide                               | Fogging machines covid-When needed | ABL Office COSHH File | Sep-25 | Sep-26 |
| 20 | Nipon Wasp Killer                       | Wasp next killer-when needed       | ABL Office COSHH File | Sep-25 | Sep-26 |
| 21 | Nippon Fly Killer                       | Fly killer spray-when needed       | ABL Office COSHH File | Sep-25 | Sep-26 |
| 22 | Off the Board                           | White board cleaner-when needed    | ABL Office COSHH File | Sep-25 | Sep-26 |
| 23 | Orange Squirt                           | Tabel cleaner-when needed          | ABL Office COSHH File | Sep-25 | Sep-26 |
| 24 | Purell Advanced Hygienic Hand Rub       | Hand rud-When needed               | ABL Office COSHH File | Sep-25 | Sep-26 |
| 25 | Sanisafe 4 Wipe                         | Sanitry wipes-when needed          | ABL Office COSHH File | Sep-25 | Sep-26 |
| 26 | Sanitaire                               | Vomit cleaner-when needed          | ABL Office COSHH File | Sep-25 | Sep-26 |
| 27 | Selchem Pear Drops-Odour control-Selden | Toilet odour control-when needed   | ABL Office COSHH File | Sep-25 | Sep-26 |
| 28 | Selgiene Ultra                          | Table cleaner anti virus-daily     | ABL Office COSHH File | Sep-25 | Sep-26 |
| 29 | Selkel Fly Spray-Selden                 | Fly killer-when needed             | ABL Office COSHH File | Sep-25 | Sep-26 |
| 30 | Selspeed Floor Stripper Selden          | Floor polish stripper-When needed  | ABL Office COSHH File | Sep-25 | Sep-26 |
| 31 | Sta Kill Bio Productions                | Toilet urine deodoriser-daily      | ABL Office COSHH File | Sep-25 | Sep-26 |
| 32 | Super Professional Bleach Mirius        | Bleach for toilet cleaning-weekly  | ABL Office COSHH File | Sep-25 | Sep-26 |
| 33 | V-Air Solid Air Freshener               | Air Freshner-daily                 | ABL Office COSHH File | Sep-25 | Sep-26 |
| 34 | Vect Airoma Citrus Tingle               | Air Freshner-daily                 | ABL Office COSHH File | Sep-25 | Sep-26 |
| 35 | Vectair Airoma Exotic Garden BAERO-07   | Air Freshner-daily                 | ABL Office COSHH File | Sep-25 | Sep-26 |
| 36 | Vectair Airoma Herbal Fern BAERO-03     | Air Freshner-daily                 | ABL Office COSHH File | Sep-25 | Sep-26 |

|    |                                                |                                |                       |        |        |
|----|------------------------------------------------|--------------------------------|-----------------------|--------|--------|
| 37 | Window CLNR                                    | Window Cleaner-Daily           | ABL Office COSHH File | Sep-25 | Sep-26 |
| 38 | Bio Productions Citrus Clean Concentrate       | Cleaner and degreaser          | ABL Office COSHH File | Sep-25 | Sep-26 |
| 39 | Deepio The Grease Buster                       | Degreaser                      | ABL Office COSHH File | Sep-25 | Sep-26 |
| 40 | Deepio The Grease Buster spray                 | Degreaser spray                | ABL Office COSHH File | Sep-25 | Sep-26 |
| 41 | Foam Soap Kennedy Hygiene Products Ltd         | Foaming soap for the hands     | ABL Office COSHH File | Sep-25 | Sep-26 |
| 42 | Premiere products Screen Powerful Disinfectant | Disinfectant                   | ABL Office COSHH File | Sep-25 | Sep-26 |
| 43 | Reaction 9 Elula                               | Hand Sanitiser                 | ABL Office COSHH File | Sep-25 | Sep-26 |
| 44 | Selden Catering S20                            | Cleaner                        | ABL Office COSHH File | Sep-25 | Sep-26 |
| 45 | Selden Off the Board                           | White board cleaner            | ABL Office COSHH File | Sep-25 | Sep-26 |
| 46 | Seldens Oven Cleaner T004                      | Oven cleaner                   | ABL Office COSHH File | Sep-25 | Sep-26 |
| 47 | Verto Alusafe                                  | Aluminium cleaner and descaler | ABL Office COSHH File | Sep-25 | Sep-26 |
| 48 | Verto Biological Washign Powder                | Washing powder                 | ABL Office COSHH File | Sep-25 | Sep-26 |
| 49 | Verto Catral 7                                 | Detergent and degreaser        | ABL Office COSHH File | Sep-25 | Sep-26 |
| 50 | Verto Contract Detergent                       | General purpose detergent      | ABL Office COSHH File | Sep-25 | Sep-26 |
| 51 | Verto Cusafe 13                                | Bacterial Cleaner              | ABL Office COSHH File | Sep-25 | Sep-26 |
| 52 | Verto Machine Dishwash                         | Dishwashing detergent          | ABL Office COSHH File | Sep-25 | Sep-26 |
| 53 | verto Rinse Aid                                | Dishwashing rinse aid          | ABL Office COSHH File | Sep-25 | Sep-26 |

|                                                                                                                                                                                                                                                                                                                                                                              |
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| <p>LIKELIHOOD (L) = Frequent (5) - Probable (4) - Occasional (3) - Improbable (2) - Remote (1)</p> <p>SEVERITY (S) = Catastrophic (5) - Major (4) - Reportable (3) - Serious (2) - Minor (1)</p> <p>Degree of Risk (DR) = LIKELIHOOD x SEVERITY</p> <p>** Residual risk is the level of risk that remains after suitable and sufficient control measures are introduced.</p> |
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|-----------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------|
| <p>Assessment conducted by: WSU</p> <p>Risk assessment title: First Aid</p> | <p>Job title: Academy Business Leader</p> | <p>Covered:<br/>Employees, Agency or Casual Staff Visitors,<br/>Contractors, Pupils</p> |
| <p>Date of assessment: 08 October 2024</p>                                  | <p>Review interval: 1 year</p>            | <p>Date of next review: 08 October 2025</p>                                             |

| ACTIVITY                       | PERSON AT RISK                                                  | SIGNIFICANT HAZARDS           | RISK* |   |    | RISK CONTROL MEASURES                                                                                     | RESIDUAL RISK** |   |    |
|--------------------------------|-----------------------------------------------------------------|-------------------------------|-------|---|----|-----------------------------------------------------------------------------------------------------------|-----------------|---|----|
|                                |                                                                 |                               | L     | S | DR |                                                                                                           | L               | S | DR |
| Calling the emergency services | Employees, Agency or Casual Staff Visitors, Contractors, Pupils | Inadequate emergency response | 3     | 5 | 15 | School is situated near the Bradford Royal Infirmary. Estimated time for an ambulance to arrive 15-20mins | 2               | 3 | 6  |

|                                          |                                                                 |                                   |   |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |
|------------------------------------------|-----------------------------------------------------------------|-----------------------------------|---|---|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|
| School day and additional school events. | Employees, Pupils, Agency or Casual Staff Visitors, Contractors | Inadequate provision of first aid | 4 | 5 | 20 | <p>The numbers of first aiders within the school establishment are monitored to ensure adequate provision is retained during the normal working hours of 0730-1800 hours.</p> <p>Managers are responsible for ensuring staff working outside these hours have adequate provision</p> <p>Managers are responsible for assessing whether the current arrangements within the school are adequate.</p>                                                                                                                                          | 2 | 3 | 6 |
| Delivery of first aid                    | Employees, Pupils, Agency or Casual Staff Visitors, Contractors | Inadequate first aid treatment    | 4 | 5 | 20 | <p>All First Aiders included on the list for the school have successfully completed adequate first aid training,</p> <p>All First Aid staff have been trained of how to use the Defibrillator. They can be found in the medical room and Zara sports centre.</p> <p>First aid boxes are situated around school</p> <ul style="list-style-type: none"> <li>• The medical room</li> <li>• Reception</li> <li>• Science office</li> <li>• Resistant material classroom</li> <li>• Food technology room</li> <li>• The school kitchen</li> </ul> | 2 | 3 | 6 |

|                    |                                                                 |                                                              |   |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |
|--------------------|-----------------------------------------------------------------|--------------------------------------------------------------|---|---|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|
|                    |                                                                 |                                                              |   |   |    | <ul style="list-style-type: none"> <li>• School minibus</li> <li>• Creative office</li> <li>• PE office</li> <li>• Zara sports centre</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |   |   |
| Accident reporting | Employees, Pupils, Agency or Casual Staff Visitors, Contractors | Unaware of how to summon first aid provision or an ambulance | 4 | 5 | 20 | <p>Managers are responsible for ensuring any new staff are made aware of first aid arrangements by performing an induction which includes this. Adequate information must also be provided to contractors and visitors for whom managers are responsible.</p> <p>Managers are responsible for a list of First Aiders to be prominently placed around school</p> <p>Employees' Responsibilities:</p> <ul style="list-style-type: none"> <li>• Ensuring they follow first aid procedures</li> <li>• Ensuring they know who the First Aiders in school are</li> <li>• Completing accident report for all incidents they attend to where a first aider is not called (<b>Appendix 3</b>)</li> </ul> | 2 | 3 | 6 |

|  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
|--|--|--|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|  |  |  |  |  |  | <ul style="list-style-type: none"> <li>Informing the Academy Business Leader or their manager of any specific health conditions or first aid needs</li> </ul> <p>Ambulance Procedure:</p> <ul style="list-style-type: none"> <li>Dial 9(999) ask for ambulance service, give brief details of type of casualty and ask for the ambulance to attend main entrance.</li> <li>Ensure reception/office staff are aware; advising them that an ambulance has been called to an incident in the school. Arrange for someone to meet the ambulance at the main reception and escort the ambulance crew to the location of the incident.</li> <li>Child specific protocols are in place for Epilepsy and Anaphylaxis.</li> </ul> |  |  |  |
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|-----------------------|-----------------------------------------------------------------|---------------------------------|---|---|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|
| Delivery of First Aid | Employees, Pupils, Agency or Casual Staff Visitors, Contractors | Insufficient first aid supplies | 4 | 5 | 20 | <p>The School Nurse is responsible for providing First Aiders with an appropriately stocked kit to enable them to undertake their role.</p> <p>The supplies must be suitable to deal with the type of injuries likely to be received within that area.</p> <p>All first aid kits will include</p> <ul style="list-style-type: none"> <li>• A leaflet with general first aid advice</li> <li>• Regular and large bandages</li> <li>• Eye pad bandages</li> <li>• Triangular bandages</li> <li>• Adhesive tape</li> <li>• Safety pins</li> <li>• Disposable gloves</li> <li>• Antiseptic wipes</li> <li>• Plasters of assorted sizes</li> <li>• Scissors</li> <li>• Burns dressings</li> </ul> | 2 | 3 | 6 |
|-----------------------|-----------------------------------------------------------------|---------------------------------|---|---|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|

|                       |                  |                                  |   |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |   |   |
|-----------------------|------------------|----------------------------------|---|---|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|
| Delivery of First Aid | Pupils           | Trips, falls & Bumps to the head | 4 | 5 | 20 | <p>All pupils to see a First Aider</p> <p>Pupils to receive first aid treatment &amp; Cold Compress as required</p> <p>All pupils to receive a report slip. One for parent, one to be scanned on CPOMS</p> <p>Parents/Carers to inform school of up-to-date emergency contact details</p> <p>Parents/Carers to inform school of any medical conditions.</p> <p>Serious accidents e.g. broken bones, stitches to be recorded on an accident book form</p> | 2 | 3 | 6 |
| School Visits         | Pupils and Staff | Inadequate first aid treatment   |   |   |    | See individual trip risk assessment                                                                                                                                                                                                                                                                                                                                                                                                                      |   |   |   |