


# First Aid

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PARTNERSHIP OF SCHOOLS

## **FIRST AID POLICY**

### **INTRODUCTION**

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

Although there is no requirement to take account of persons who are not employees, the purpose of this policy is to ensure that there is appropriate first aid provision at the school for employees, pupils and visitors at all times while people are on the school premises and whilst on off site visits. This is consistent with the regulations, guidance from the Health & Safety Executive and the Department for Education and with the School's obligations to children as being *in loco parentis*. The policy is designed to ensure that all staff and pupils are aware that a system is in place, to provide awareness of health and safety issues within the School and for off site learning and to prevent, where possible, potential dangers or accidents.

This policy has been written with reference to the Department for Education good practice guide *Guidance on First Aid for Schools* (1998). All first aiders should be familiar with this document in addition to the School First Aid Policy. The School Health & Safety Policy includes arrangements for first aid.

### **POLICY STATEMENT**

The School takes seriously its responsibility to care for the interests of its pupils in emergency situations. The School will provide awareness of health & safety issues on site and during off site learning, to prevent, where possible, potential dangers or accidents. However, where accidents do occur, it is essential that the School has qualified staff and clearly defined procedures that can be called upon immediately to treat injuries with the aim of reducing the impact of the accident and if necessary, to save life.

To this end, the School will appoint the appropriate number of suitably trained people as first aiders and appointed persons to meet the needs of its pupils and visitors. It will provide relevant training and ensure there is monitoring of training needs. Sufficient and appropriate first aid resources and facilities will be provided and staff and parents/carers will be informed of the first aid arrangements. The School will keep accident records and will report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

### **ROLES AND RESPONSIBILITIES**

Responsibility for health & safety rests with the Trust Board and the Executive Head Teacher/Head Teacher. The respective roles of each are outlined within the DfE guidelines *Guidance on First Aid for Schools*.

### **TRUST BOARD**

The Trust Board has responsibility for health and safety matters within the School and during off site learning.

## **EXECUTIVE HEAD TEACHER/HEAD TEACHER/HEAD OF SCHOOL**

The Executive Head or Head Teacher/Head of School will be responsible for ensuring that the policy is put into practice and that parents and carers are aware of the School's health and safety policy, including arrangements for first aid.

## **TEACHERS AND SUPPORT STAFF**

Teachers and support staff are not required to give first aid as part of their conditions of employment. All staff are expected to secure the welfare of pupils whilst they are in their care. The consequences of taking no action are likely to be more serious than trying to assist in an emergency. All school staff should familiarise themselves with the first aid procedures in operation and ensure that they know who the current First Aiders are. Staff should be aware from school records of specific medical details of individual pupils they teach or mentor.

**All staff would be expected to raise the alarm with a member of SLT in the event of an emergency or call an ambulance immediately if the situation requires this.**

## **FIRST AIDERS**

Staff who volunteer to be first aiders **will** be given adequate appropriate training. The Local Governing Body must ensure that there are sufficient trained staff to meet the statutory requirements and assessed needs for those on the School premises.

A first aider is someone who has successfully completed a training course in first aid at work, **an emergency first aid course, or for schools with children under 8 years a paediatric first aid course.**

Training must be refreshed every three years. If a first aider fails to attend and successfully complete a refresher course within the 3-year period they must complete the full course again. The three-year period must not be exceeded even by one day.

The main duties of a first aider are to:

- give immediate help to casualties with common injuries and those arising from specific hazards on the School premises or during off site learning
- ensure that an ambulance or other medical help is called when necessary.

## **APPOINTED PERSON**

The appointed person looks after first aid equipment. It would be appropriate for the appointed person to have received at least basic emergency first aid training to help them cope with an emergency situation.

## **NUMBER OF FIRST AIDERS**

The number of first aiders a school requires depends on an assessment of risk. At the School we will have **a minimum of four first aiders, but where schools take pupils off site they must ensure the adequate number of first aiders remain in school.**

## FIRST AID MATERIALS, EQUIPMENT & FACILITIES

First aid boxes will be placed around the School, near to hand washing facilities if possible, so that they are easily accessible and should contain only the items given in the table. No other items should be added to the box. They should always be adequately stocked (the table below is a guide for the required amounts). They should not contain medications of any kind. Travelling first aid kits should be provided for journeys, etc as indicated in the table.

<b>CONTENTS OF FIRST AID BOXES AND MOBILE KITS</b>	<b>First aid boxes</b>	<b>Travelling first aid kits</b>
Guidance card	1	1
Individually wrapped sterile adhesive dressings (assorted sizes)	20	6
Sterile eye pads	2	
Individually wrapped triangular bandages (preferably sterile)	2	2
Safety pins	6	2
Medium sized individually wrapped sterile unmedicated wound dressings (approx. 12cm x 12cm)	6	
Large sterile individually wrapped unmedicated wound dressings (approx 18 cm x 18 cm)	2	1
Individually wrapped moist cleaning wipes (non allergenic)	1 pack	1 pack
Pair of disposable gloves	3	1

Where tap water is not readily available for eye irrigation, sterile water or sterile normal saline in sealed disposable containers (at least 300 ml) should be provided.

First aid boxes and kit containers should protect the contents from damp and dust and should be clearly marked with a white cross on a green background. The appointed person should check contents of all first aid boxes on a monthly basis and re-stock the boxes as appropriate.

Note all first aid materials have expiry dates and should not be used after this date. The items must be stored in a container to protect the contents from damp and dust and should be clearly marked with a white cross on a green background.

### FIRST AID Areas

The School has dedicated first aid areas. The appointed person will keep the first aid box stocked in accordance with the list above. First aid may be administered elsewhere in the School as appropriate using the nearest available first aid box.

## **SIGNS AND NOTICES**

There will be notices which state the names of first aiders and the lead first aider.

## **ACCESS FOR AMBULANCE**

Unobstructed and adequate access for ambulances should be maintained.

## **PROCEDURES**

### **REPORTING AN INCIDENT REQUIRING FIRST AID**

#### **SCHOOL STAFF will:**

Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.

Send for help from the School Office or for the nearest known first aider as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.

In the case of serious incidents that can become worse if treated incorrectly, reassure, but never treat, a casualty, unless they are in possession of current recognised first aid certificate.

Send a pupil who has minor injuries to see the first aider in their key stage if they are able to walk. If there are not able to walk, then an adult will inform the first aider of the location of the child.

Contact the School Office for a phone call home if a pupil feels generally 'unwell' and not call a first aider, unless their deterioration seems uncharacteristic and is causing concern.

#### **SCHOOL OFFICE STAFF will:**

Call for a qualified first aider, unless they are one themselves, to treat any injured pupil. This should be done by telephone in the case of minor injuries or in person. Support the first aiders in calling for an ambulance or contacting relatives in an emergency.

## **FIRST AID RECORDS**

First aiders will record every case they treat as soon after the incident as is practicable. Each record will include at least the name of the patient, date, place, time and circumstances of the incident and details of injury suffered and treatment given. The records are kept centrally and are readily available. These records will be linked to the statutory accident records and the RIDDOR record for the reporting of injuries and will be kept for three years.

Records are kept of first aiders' certification dates, and the dates of additional, specific or

refresher training.

Some accidents must be reported to the HSE. RIDDOR 2013 will be followed in these cases. See Health & Safety Policy – Accident Recording and Reporting.

## **COMMUNICATION WITH PARENTS/CARERS**

Where a pupil has been treated for an injury, the School should report the treatment to the child's parent/carer. Depending upon the nature of the incident this could be by telephone or letter and may require immediate contact.

## **BUMPS ON THE HEAD**

Injuries to the head need to be treated with particular care. Any evidence of following symptoms may indicate serious injury and an ambulance must be called.

- unconsciousness, or lack of full consciousness (i.e. difficulty keeping eyes open)
- confusion;
- strange or unusual behaviour – such as sudden aggression
- any problems with memory;
- persistent headache;
- disorientation, double vision, slurred speech or other malfunction of the senses;
- nausea and vomiting;
- unequal pupil size;
- pale yellow fluid or watery blood coming from ears or nose;
- bleeding from scalp that cannot quickly be stopped;
- loss of balance;
- loss of feeling in any part of body;
- general weakness;
- seizure or fit.

A qualified first aider will know the procedure for dealing with a child who has a bump to the head and in any serious case the child will be taken to hospital either by a member of staff or the parent. However, sometimes the effects only become noticeable after a period of time – perhaps several hours.

The School has a system for monitoring the child and for informing the parent. The class teacher will be informed if the child has had a head injury, no matter how apparently minor it appears. The teacher should be asked to keep a look out for signs of drowsiness or distress. Parents will be informed by the school and advised that in case of undue drowsiness, sickness or dizziness they should contact their GP or local hospital A & E department immediately.

## **PROTECTION FROM DISEASES CARRIED IN BODILY FLUIDS**

There are a number of infectious diseases that can be transmitted by contact with blood and other body fluids. Many such diseases do not necessarily present symptoms in the person who

is carrying the bacteria or virus that causes the disease. It is important that responsible hygiene procedures are always followed whenever any first aid is being given. Such procedures will include the use of single-use disposable gloves, plastic aprons, hand washing before and after giving treatment.

### **Blood and Body Fluid Spillages**

It is important that spillages of blood, faeces, vomit or other body fluids are dealt with immediately as they pose a risk of transmission of infection and disease, e.g. blood borne viruses and diarrheal and vomiting illnesses, such as norovirus.

A spillage kit is available in school to deal with blood and body fluid spillages, the kit is located in the Premises Office.

The person responsible for checking and replenishing the kit regularly is: Gavin Collins

General principles of blood and body fluid spillage management:

Body fluid spillages should be dealt with as soon as possible with ventilation of the area. Anyone not involved with the cleaning of the spillage should be kept away from the area and protective clothing should be worn when dealing with the spillage such as gloves and aprons.

### **Spillage Procedure**

Cordon off the area where the spillage has occurred.

Cuts and abrasions on any areas of the skin should be covered with a waterproof dressing; Use personal protective equipment and clothing to protect body and clothes: disposable gloves and apron must be worn.

Hard surfaces e.g. floor tiles, impervious table tops.

Small spills or splashes of blood: Clean with neutral detergent and hot water.

#### *Large spills*

- Remove spillage as much as possible using absorbent paper towels
- Flush these down toilet or dispose of carefully in waste bag
- Cover remaining with paper towels soaked in diluted bleach solution (1:10 dilution with cold water)
- Leave for up to 30 minutes, and then clear away.

Alternatively, large spills may be covered with granules from the spillage kit for two minutes. Spillage and granules should be carefully removed with paper towels and disposed carefully into a waste bag. Clean area with neutral detergent and hot water.

*Soft surfaces and fabrics e.g. carpets and chairs*

- Remove the spillage as far as possible using absorbent paper towels.
- Then clean with a fresh solution of neutral detergent and water.
- Carpets and upholstery can then be cleaned using cleaner of choice.
- Steam cleaning may be considered.

Contaminated gloves, aprons, paper towels, etc should be carefully disposed of into a leak proof plastic bag, securely tied and placed immediately into the normal external school waste container. Large quantities of contaminated waste should be disposed of in consultation with the local waste authority.

Wash hands after procedure.

As with other all hazardous substances used in school, bleach and disinfectants should be stored, handled and used in accordance with COSHH (Control of Substances Hazardous to Health Regulations 2002) and the manufacturer's instructions. Product data sheets and safe use instructions should be accessible, along with risk assessments and details of actions required in the event of accidental ingestion, inhalation or contact with skin or eyes.

All chemicals must be stored in their original containers, in a cool, dry, well-ventilated place that is lockable and inaccessible to children, visitors and the public.

Appropriate protective clothing (e.g. gloves and aprons) should be worn when handling bleach and other chemical disinfectants. Contact with skin, eyes and mouth should be avoided

## **DISPOSAL OF CLINICAL WASTE**

Any blood or other body fluid waste produced within the School should be disposed of using yellow bio-hazard type disposable bags. Items that should be disposed of as clinical waste will include soiled nappies; disposable cloths used for cleaning vomit or faeces; any blooded waste. The bags should be collected on a regular basis.

## **EMERGENCY FIRST AID FOLLOWING TRAUMA TO THE TEETH**

Following trauma to the mouth it is important that the child is assessed by a dentist as soon as possible, even if there is no apparent damage to the teeth. This treatment may be provided by the child's dentist, by the Community dentist at the nearest Community Dental Clinic, or by any other dentist who can be contacted and is willing to provide immediate treatment. It is not advisable to attend hospital for the urgent dental treatment required as valuable time may be lost during travelling or waiting while more serious accident cases are treated.

When one or more of the permanent front teeth are completely knocked out immediate first aid is essential for successful treatment. This advice does not apply to teeth with broken roots or baby teeth, neither of which should be reimplanted.



Pick the tooth up carefully by the crown – the shiny part which is usually visible in the mouth. If the tooth looks quite clean do not worry about further cleaning, but if it has been badly contaminated with dirt or mud, GENTLY wash under warm tap water, or milk. Do not scrub, or apply any form of disinfectant.

Next, push the tooth gently back into the socket, still holding the crown only. If this is done quickly it is not usually painful. Get the child to bite on a clean handkerchief to hold the tooth in place and accompany the child to the dentist as soon as possible.

However, if no-one is prepared to attempt this, the tooth should be stored in milk and taken with the child to the dentist immediately.

Do not store the tooth in water, or disinfectants such as Savlon or Milton. Do not wrap the teeth in a wet or dry handkerchief.

Go to the dentist as soon as possible, if the tooth has been stored in milk it may be possible to re-implant it up to twelve hours after the accident. However, chances of success are greatest within thirty minutes and are still high up to two hours later. After receiving dental treatment, if anti-tetanus protection is required, the child will need to attend the family doctor.

### **THE USE OF STAFF CARS IN EMERGENCIES**

Staff who may be called upon to transport children to hospital in an emergency using their own car should ensure that their insurance covers this use. In most cases it will but if in doubt staff should check the policy or verify this with their insurers.

### **HOSPITAL CONSENT FORMS**

It is unlikely that school staff who take pupils to hospital after accidents will be asked by the hospital to sign consent forms but if asked they should decline. The hospital will have procedures for obtaining consent from other sources if the parent/carer is not available.

### **CONTRACTORS AND HIRERS**

The School encourages mutual co-operation and assistance between the other users of the premises such as our catering and cleaning contractor staff and the School in first aid matters. The contract services may have their own first aiders or appointed persons or may need to use the School's provision. The School and its contractors will exchange information about first aiders, etc in case there is a need for help and assistance in an emergency.

Groups taking out lettings of the premises will be informed where the first aid facilities are.

### **RELIGIOUS AND CULTURAL CONSIDERATIONS**

Pupil information sheet should have an appropriate entry regarding this and this should be known to the first aider or teacher who may have the duty of taking the child to hospital in

emergency if the parent is not available.

## COVID-19

During the period of the COVID-19 pandemic the Supporting Children with Medical Needs COVID-19 appendix should be consulted for amended first aid procedures for bubble arrangements.

### Monitoring, evaluation and review

The Board of Trustees will assess the implementation and effectiveness of this policy. The policy will be promoted and implemented throughout all Trust schools.

This Policy will be reviewed by the Board of Trustees on a **two-yearly cycle**.

Adherence to the policy will be monitored by the School's Local Governing Body.

Policy adopted:	Autumn Term 2020
Aligned for	School Name South Rise Primary School
Other related policies:	Supporting children with medical needs, including COVID-19 appendix Health and Safety Critical Incident and Business Continuity Plan
Next Review:	Autumn Term 2022