

Policy Number

First Aid Policy

Approved By: Standards Committee

Approval Date: 11th January 2023

Review Period: 3 years

Review Date: 11th January 2026

Author: *Deborah Meiklejohn*
Date Created / updated: *December 2022*
Version Number: *V1*

AIMS

The Aim of this policy is to set out the roles and responsibilities for the management of First Aid within schools at Ebor Academy Trust. This policy aims to ensure the safety of staff, pupils and visitors, and ensure that staff and governors are aware of their responsibilities. It also provides a framework to respond to, record and report the outcomes of an incident where first aid is required.

This policy should be read in conjunction with the Medical Needs Policy and Risk Assessment policy, administering medication guidance and the Health and Safety policy.

1. ROLES AND RESPONSIBILITIES

Board of Trustees

The Trust Board is responsible for the health and safety of all Ebor Academy Trust employees and anyone else on site. This includes responsibility in all academies for the Headteacher and teachers, non-teaching staff, pupils, and visitors.

The Trust Board is responsible, under the Health and Safety at Work Act 1974 (HSWA), for making sure that all our academies have a Health and Safety Policy. This includes arrangements for first aid, based on a risk assessment of each academy including:

- a. Numbers of first aiders/appointed persons;
- b. Numbers and locations of first aid containers;
- c. Arrangements for off-site activities/trips;
- d. Out of school hours arrangements eg. parents evenings, lettings.

The Trust Board will make sure that insurance provides full cover for claims arising from actions of staff acting within the scope of their employment.

In the event of a claim of negligence on the part of a member of staff, action is likely to be taken against the trust rather than the employee. Ebor Academy Trust will make sure that insurance arrangements provide full cover for claims arising from actions of staff acting within their employment role.

The Education (School Premises) Regulations 1996 require every school to have a room that can be used for medical treatment when required, and for the care of pupils during school hours. The area should contain a washbasin and be reasonably near to a WC where possible. It need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available when needed. Schools should consider using this room for first aid.

Local Governing Body (LGB)

- The day-to-day function of managing health and safety is the responsibility of the Headteacher.
- The LGB should regularly review the school first-aid needs (at least annually), and particularly after any changes, to ensure the provision is appropriate.
- It is the responsibility of the LGB to make sure that the statutory requirements for provision of first aiders are met, that appropriate training is provided and that correct procedures are followed.

Headteachers

The Headteacher will:

- Work with the LGB to adapt Ebor First Aid Policy for the school and implement the policy meeting the academy's first-aid needs, taking age range, specific health needs, and disabilities into account. This should be informed by a risk assessment of the academy site and off-site activities.
- Oversee a full risk assessment of first aid needs at the academy. This will include staff, pupils and visitors.
- Develop detailed first aid procedures, including identifying, monitoring and reviewing.
- Have emergency procedures in place for contacting the child's parent/guardian/named contacts as soon as possible. All serious or significant incidents will be reported to the parents as soon as possible.
- Ensure that all accidents are recorded (appendix 1) and that this log is analysed regularly to indicate the most common injuries, times, locations and activities to minimise risk. These records must be kept for 6 years. More serious incidents should be reported by the Headteacher to the Ebor Site Manager who will advise on the need to report to the HSE.
- Arrange adequate and appropriate training and guidance for staff who volunteer to be first-aiders and appointed persons.
- Be satisfied that any training has given staff sufficient understanding, confidence and skills.
- Ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off site. This will be a consideration of the Headteacher when authorising off-site visits.
- Provide adequate and appropriate equipment (appendix 2), facilities and qualified first-aid personnel for the academy site.
- Provide adequate and appropriate equipment (appendix 2), facilities and qualified first-aid personnel for off-site activities.
- Will provide adequate and appropriate equipment (appendix 2), facilities and qualified first-aid personnel for approved vehicle travel where relevant e.g. minibus.
- Will ensure availability of suitable and sufficient accommodation for first aid according to the assessment of first-aid needs identified.

Where first aid is provided for staff and students, the Headteacher will ensure that:

- Provision for employees does not fall below the required standard;
- Provision for pupils and others complies with other relevant legislation and guidance.
- Where minimum numbers of trained first aiders are set, these standards are being met. An appointed person for first aid should be named and trained in each academy.
- Appointed persons have emergency first-aid training / refresher training, as appropriate. These courses do not require HSE approval. The training should cover the following topics:
 - What to do in an emergency
 - Cardiopulmonary resuscitation
 - First-aid for the unconscious casualty
 - First-aid for the wounded or bleeding

For Early Years settings, there should be at least one member of staff who has Paediatric First Aid training (PFA certificate) and they should accompany on school excursions to ensure that Paediatric First Aid is available on these occasions off site. This certificate needs to be renewed every 3 years. The Headteacher will ensure that the appointed person's emergency first-aid training will help an appointed person cope with an emergency and improve their competence and confidence. The Management of Health and Safety at Work Regulations 1992 require the Headteacher to oversee a suitable and sufficient assessment of the risks to the health and safety of their employees at work, and

others who may be affected by their undertaking, to identify what measures they need to take to prevent or control these risks.

The Headteacher will inform all staff (including those with reading and language difficulties) of the first-aid arrangements. This will include:

- The location of equipment, facilities and first-aid personnel
- The procedures for monitoring and reviewing the school first-aid needs
- How to contact a first aider
- The procedures for an isolated area e.g. sports field
- Reporting procedures for accidents

The Headteacher will ensure that clear first-aid notices that can be easily understood are displayed. The notices will be displayed in a prominent place, one in each academy building. The Headteacher will further include first-aid information in the staff handbook. The Headteacher is not obliged to ensure first-aid is provided for anyone other than their own staff and pupils, but the Headteacher does have health and safety responsibilities towards non-employees. The Health and Safety Commission (HSC) guidance recommends that organisations, such as schools, which provide a service for others should include them in their risk assessments and provide for them. In the light of these legal responsibilities for those in their care, the Headteacher will consider carefully the likely risks to students and visitors, and make allowance for them when deciding on the numbers of first-aid personnel.

Academy Staff

Teacher conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks.

Teachers and other Academy staff are required to familiarise themselves with the location of equipment, facilities and first aid personnel. They should know who the appointed person(s) are in school and who the first aiders are.

Teachers should be familiar with any particular hazards in the subjects that they teach or the activities that they supervise and should ensure they have appropriate training and access to first aid kits. The issuing of medication should be done so in line with the Trust Administration of Medications guidance.

Teachers and other staff will use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the academy in the same way that parents might be expected to act towards their children.

All staff will record any accident or ensure a first aider records any accident, where first aid is administered. Teachers should report an incident to parents effectively, following the school's procedure for reporting.

Staff closest to the incident should assess the seriousness of the situation and seek the advice of a qualified first aider as necessary.

First Aiders

First-aiders will complete a training course approved by the Health and Safety Executive (HSE).

When administering first-aid, trained staff must ensure they wear the appropriate PPE. The main duties of a first aider are to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school
- When necessary, ensure that an ambulance or other professional medical help is called.
- First Aiders are responsible for ensuring hygiene procedures in case of spillage of blood or bodily fluids are followed (appendix 3)
- All first aiders will record any accident, whether first aid is administered or not.

An ambulance should be called if a person is:

- Unconscious
- Not breathing, or suffering from anaphylaxis or in shock (and after the use of EpiPen)
- Breakage of bones / dislocation of joints
- Eye injuries
- Excess blood loss
- Gunshot wounds
- Seizures
- Asthma attack (not controlled even after the use of an inhaler)
- Choking
- Other injuries include electric shock, burns and scalds, exposure to foreign substances, poisoning

Appointed Person

The Appointed Person will:

- Look after the on-site first-aid equipment (Appendix 1) including restocking the first aid containers, ensure they are maintained in a good condition, ensure suitability for the purpose of keeping the items, and ensure they are prominently marked as 'First Aid' containers.
- Look after the travelling first-aid equipment (Appendix 2) including restocking the first aid container, ensuring it is maintained in good condition, ensuring it is suitable for the purpose of keeping the items, and ensuring it is prominently marked as a 'First-Aid' container.
- Look after the transport vehicle e.g. minibus first-aid equipment maintained in a good condition: including restocking the first-aid container, ensure it is suitable for the purpose of keeping the items, and ensure it is prominently marked as a first aid container.
- Ensure that an ambulance or other professional medical help is summoned when appropriate.
- Ensuring availability of spare asthma inhalers for use in an emergency and a spare EpiPen is on site in case it is required (and that these are in date, accessible and the location is made known to the staff team).
- Ensure that the appropriate number of people have first aid training and that CPD is available for current medical needs in school, alongside the Headteacher.
- Along with the Headteacher, ensure that first aid qualifications are up to date and current (First Aid at Work certificates are valid for 3 years)

In-School Procedures

- The closest member of staff should assess the seriousness of the situation and call a qualified first aider as required.
- The first aider will then assess the injury/condition and decide if further assistance is required from a colleague or the emergency services. They will remain at the scene until help arrives.
- The first aider will decide if the casualty should be moved or placed in the recovery position.
- If a first aider judges that a child is too unwell to remain in school, parent(s) / carer(s) will be contacted and asked to collect the child. On arrival, the first aider will recommend next steps to the parent / carer.
- If emergency services are called, an allocated person in school will call the parents / carers immediately.
- The first aider or relevant staff member will complete an accident report the same day or as soon as reasonably possible after the incident.

Off-Site Procedures

There should always be a school mobile phone on off site visits available for staff. A portable first aid kit should be taken. See Appendix 2 for details of what this should include. Parent contact details should be available and staff aware of any individual medical needs. A risk assessment for the trip should include any medical needs that must be accounted for e.g. asthma, allergies. Pupils with preventer inhalers and Epipens should have these with them or available from staff on the trip in case these are required.

Appendix 1

Reporting and Academy First-Aid Records

The academy will keep a record of any first aid treatment given by first aiders and appointed persons. This should include:

- The date, time and place of incident
- The name (and class) of the injured or ill person
- Details of the injury/illness and what first aid was given
- What happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital)
- Name and signature of the first aider or person dealing with the incident

As much detail as possible should be included in the event of an accident and a copy of the record should be added to the pupil's individual file.

Accident books should be retained for up to 6 years depending upon insurance arrangements. The book should be securely disposed of once it is no longer required.

Appendix 2

Contents of First-Aid Containers

1. All first-aid containers must be marked with a white cross on a green background.
2. All first-aid containers must contain:
 - A leaflet giving general advice on first aid
 - 20 individually wrapped sterile adhesive dressings (assorted sizes)
 - Two sterile eye pads;
 - Four individually wrapped triangular bandages (preferably sterile)
 - Six safety pins
 - Six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings
 - Two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings
 - Disposable gloves (3 pairs)Equivalent or additional items are acceptable, but medication should not be kept in a first aid kit.

In this school, first aid kits are stored in [add as appropriate] (e.g. reception, school hall, school kitchen, medical room, school vehicles, classrooms)

Contents of Travelling First Aid Kit

1. All travelling first-aid kits must contain:
 - A leaflet giving general advice on first-aid
 - Six individually wrapped sterile adhesive dressings
 - One large sterile unmedicated wound dressing approximately 18cm x 18cm
 - Two triangular bandages
 - Two safety pins
 - Individually wrapped moist cleansing wipes
 - One pair of disposable glovesEquivalent or additional items are acceptable. Additional items may be necessary for specialised activities.

Note: Emergency spare salbutamol is available for use on school trips where parents have given their consent for it to be used (ie., for overnight trips)

Contents of Minibus First Aid Kit

1. Transport Regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have on board a first-aid container with the following items:
 - Ten antiseptic wipes, foil packaged
 - One conforming disposable bandage (not less than 7.5 cms wide)
 - Two triangular bandages

- One packet of 24 assorted adhesive dressings
- Three large sterile unmedicated ambulance dressings (not less than 15 cm x 20 cm)
- Two sterile eye pads, with attachments
- Twelve assorted safety pins
- One pair of rustless blunt-ended scissors

Appendix 3

Procedures for dealing with the spillage of blood and bodily fluids

Introduction

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. To minimise the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

Headteacher / Site Manager to be contacted initially so that it can be arranged that a member of the team cleans the area appropriately. The initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the Initial Clean up Procedure below:

Initial Clean Up Procedure

1. Get some disposable gloves from the nearest First Aid kit.
2. Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner).
3. Put more absorbent towels over the affected area and then contact the Appointed person / Headteacher for further help.
4. The bin that has had the soiled paper towels put in then needs to be tied up and ideally placed in the yellow bin or double bagged and put in an outside bin.
5. The area then needs to be cordoned off until cleaned.
6. If the spillage has been quite extensive, then the area may need to be closed off until the area can be cleaned correctly.
7. A 'Wet Floor Hazard' sign then needs to be put by the affected area.

Procedure for Blood and Other Body fluid Spillage

1. Gloves to be worn at all times.
2. Any soiled wipes, tissues, plasters, dressings etc. must ideally be disposed of in the clinical waste bin (Yellow bag). If not available then the glove being used needs to be taken off inside out so that the soiled item is contained within, double bagged and placed in a bin which is regularly emptied.
3. When dealing with a spillage, absorbent paper hand towels need to be placed on the affected area so as to absorb the spill.
4. If a disposable spillage kit is available then the instructions for use should be followed.
5. If not then contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in a yellow bin or put in another bin liner and put in an outside bin.
6. The area must be cleaned with disinfectant following the manufacturer's instructions.
7. A 'Wet Floor Hazard' sign then needs to be put by the affected area.
8. The area should then be ventilated well and left to dry.
9. All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturers' instructions.
10. Wash hands.
11. All yellow bags to be disposed of in Yellow bins as the school could potentially be fined if not adhered to.

Management of Accidental Exposure to Blood

Accidental exposure to blood and other body fluids can occur by:

- Percutaneous injury e.g. from needles, significant bites that break the skin.
- Exposure to broken skin e.g. abrasions and grazes.
- Exposure of mucous membranes, including the eyes and mouth.

Action to take:

1. If the skin is broken, encourage bleeding of the wound by applying pressure – **do not suck**.
2. Wash the wound thoroughly under running water.
3. Dry and apply a waterproof dressing.
4. If blood and body fluids splash into your mouth – **do not swallow**.
5. Rinse out mouth several times.
6. If blood and body fluids splash into your eyes rinse thoroughly and use an eye wash solution from the nearest First Aid kit if available.
7. Report the incident to the Appointed Person and Senior Management.
8. If necessary take further advice from NHS Direct.
9. An accident form will need to be completed and it may need to be reported to RIDDOR.

Appendix 4

Reporting to the HSE and Ofsted

Ofsted should be informed in the event of a serious incident / accident leading to illness, injury or death of a pupil whilst under school care. This should happen as soon as possible but no more than 14 days later. Local child protection agencies must also be informed.

In the case of a serious incident resulting in a reportable injury, death or dangerous occurrence, this should be reported to the HSE (Health and Safety Executive) no more than 10 days after the incident. Fatal and major injuries must be reported without delay and followed up in writing within 10 days. For more information on making a RIDDOR report go to <http://www.hse.gov.uk/riddor/report.htm>

Reportable injuries, diseases and dangerous occurrences:

- Death
- Specified injuries:
 - Fractures (other than to fingers, toes and thumbs)
 - Amputations
 - Any injury that leads to permanent loss of sight or a reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns including scalding which covers more than 10% of the total body surface area or causes significant damage to the eyes, respiratory system or other vital organs
 - Any scalping requiring hospital treatment
 - Any loss of consciousness due to a head injury or asphyxia
 - Any injury arising from working in an enclosed space leading to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours.
- Work related injuries that lead to an employee being away from their work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). This should be reported to the HSE within 15 days of the accident.

Occupational disease where a doctor has made a written diagnosis that the disease is linked to their occupational exposure:

- Carpal Tunnel Syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis from exposure to strong acids, alkalis, including domestic bleach
- Hand-arm vibration syndrome
- Occupational asthma e.g. from wood dust
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

- Near miss events that do not result in injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - Collapse or failure of load bearing parts of lifts and lifting equipment
 - Accidental release of a biological agent likely to cause severe human illness
 - Accidental release or escape of any substance that may cause serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors) reportable injuries, diseases or dangerous occurrences:

- Death of a person that arose from or was in connection with a work activity
- Injury arising from a work activity where the casualty is taken directly to hospital from the scene
- Note: an accident that arises out of or is connected to a work activity is it was caused by a) failure in the way a work activity was organised e.g. inadequate supervision on a trip b) the way equipment or substances were used or stored (lifts, machinery, experiments etc.)
- The condition of the premises (e.g. slippery floor or poor maintenance)