



# **FIRST AID POLICY**

| <b>Document control table</b>         |   |               |   |
|---------------------------------------|---|---------------|---|
| <b>Document title:</b>                | First Aid Policy                                    |               |   |
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| <b>Version number:</b>                | V2  |               |   |
| <b>Date approved:</b>                 | September 2017                                      |               |   |
| <b>Approved by:</b>                   | OGAT Board  |               |   |
| <b>Date of review:</b>                | September 2019                                      |               |   |
| <b>Document History</b>               |   |               |   |
| <b>Version</b>                        | <b>Date</b>   | <b>Author</b> | <b>Note of revisions</b>  |
| V2                                    | Aug 17  | LC            | <p>3.4 revised to show time periods for renewing certificates.</p> <p>3.6 revised to show HSE recommendations.</p> <p>3.7 revised contents for first aid kits</p> <p>3.11 appointed person required to assist with ambulance access.</p> <p>4.2 revised to reflect the WellWorker system and the reporting requirements.</p> <p>4.4 where staff are required to take children to hospital they must be accompanied.</p> <p>4.4 staff completing the one day first aid course do not receive training on head injuries.</p> <p>4.8 The requirement for treating chemical splashes to eyes changed to rinsed for a minimum of 20 minutes.</p> <p>4.8 Toxic Gas: casualties to be taken outside.</p> <p>4.9 updated to use a dressing from the first aid kit for biting.</p> <p>5.0 Updated to reflect the requirement for two adults transporting students in cars.</p> |
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## **FIRST AID POLICY**

### **1.0 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 at the Academy there is appropriate first aid provision for employees, students and visitors at all times while people are on the Academy campus and whilst on off site visits. This is consistent with the spirit of the regulations, guidance from the Health & Safety Executive (HSE) and the DCSF, and with the Academy's obligations to children as being *in loco parentis*. The policy is designed to ensure that all staff and students are aware that a system is in place, to provide awareness of health and safety issues within the Academy and for off-site learning and to prevent, where possible, potential dangers or accidents.

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

### **2.0 POLICY STATEMENT**

The Academy takes seriously its responsibility to care for the interests of its students in emergency situations. The Academy will provide awareness of health & safety issues on campus and during off site learning, to prevent, where possible, potential dangers or accidents. However, where accidents do occur, it is essential that the Academy 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 Academy will appoint the appropriate number of suitably trained people as first aiders and appointed persons to meet the needs of its students 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 Academy will keep accident records and will report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

### **3.0 ROLES AND RESPONSIBILITIES**

Responsibility for health & safety rests with the Trust Board and the Principal. The respective roles of each are outlined within the DCSF guidelines *Guidance on First Aid for Schools*.

#### **3.1 TRUST BOARD**

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

#### **3.2 PRINCIPAL**

The Principal will be responsible for ensuring that the policy is put into practice and that parents and carers are aware of the Academy's health and safety policy, including arrangements for first aid.

### 3.3 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 students 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 Academy 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 students they teach or mentor.

### 3.4 FIRST AIDERS

Staff who volunteer to be first aiders **will** be given adequate appropriate training. The Academy Council must ensure that there are sufficiently trained staff to meet the statutory requirements and assessed needs, for those on the Academy campus.

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

Training must be refreshed every three years; refresher courses for the FAW course will usually last two days. Renewal training courses can be completed 10 weeks prior to the certificate expiry date or 4 weeks after the expiry date. If a first aider fails to attend and successfully complete a refresher course within this period, then he/she must complete the full course again.

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 Academy campus or during off site learning;
- ensure that an ambulance or other medical help is called when necessary.

### 3.5 APPOINTED PERSON

An appointed person need not be a first aider, but is a member of staff who will take charge of the situation when someone becomes ill or is injured and immediately summons medical assistance. The appointed person looks after first aid equipment and ensures that an ambulance or other medical help is called when appropriate (also see 3.1.1). It would be appropriate for the appointed person to have received at least basic emergency first aid training (EFAW) to help him/her cope with an emergency situation.

### 3.6 NUMBER OF FIRST-AIDERS

The number of first aiders a school requires depends on an assessment of risk. At the Academy we will have **a minimum of four first aiders, but where schools take pupils off site then additional first aiders may be required to maintain cover in school.**

**All PE staff in secondary schools will be required to be first aiders.**















The HSE recommend that there is one member of staff who has completed the FAW training to every 100 people on site in lower risk areas (offices, shops, libraries) and one to every 50 people on site in high risk areas (construction, warehousing).

### 3.7 FIRST AID MATERIALS, EQUIPMENT & FACILITIES

First aid boxes will be placed around the Academy, 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. They should not contain medications of any kind.

Travelling first aid kits should be provided for journeys, etc. as indicated in the table under BS8599 Contents for Travel Kits.

The HSE gives the guidance below on first aid requirements; for academies the number of employees would be the number of staff and pupils on site.

| Category Of Hazard  | Number Of Employees   | Number & Size Of First Aid Kit  |
|---|---|---|
| <b>Low Hazard</b><br>e.g. shops, offices, libraries   | 1-24    | Small    |
|   | 25-100  | Medium   |
|   | 100+    | 1x Large  per 100     |
| <b>High Hazard</b><br>e.g. light engineering and assembly work,<br>food processing, warehousing, chemical manufacture,<br>extensive work with dangerous machinery or<br>sharp instruments, construction etc | 1-4      | Small    |
|   | 5-25    | Medium    |
|   | 25+    | 1x Large  per 25  |

Below are the contents required in first aid kits to comply to British Standards:

#### BS8599 Workplace Kits Contents

| Contents                               | Small | Medium | Large |
|--|-------|--------|-------|
| First Aid Guidance Leaflet             | 1     | 1      | 1     |
| HypaCover First Aid Dressings, 12x12cm | 4     | 6      | 8     |
| HypaCover First Aid Dressings, 18x18cm | 1     | 2      | 2     |
| HypaBand Triangular Bandages           | 2     | 3      | 4     |
| HypaBand Safety Pins                   | 12    | 12     | 24    |
| HypaCover Eye Dressings                | 2     | 3      | 4     |
| HypaPlast Washproof Plasters           | 40    | 60     | 100   |
| HypaClean Sterile Wipes                | 20    | 30     | 40    |
| HypaPlast Microporous Tape, 2.5cm x 5m | 1     | 1      | 1     |
| HypaTouch Nitrile Gloves (Pair)        | 6     | 9      | 12    |
| HypaCover Finger Dressings             | 2     | 3      | 4     |
| HypaGuard Face Shields                 | 1     | 1      | 2     |
| HypaGuard Foil Blankets                | 1     | 2      | 3     |
| Burn Dressings, 10x10cm                | 1     | 2      | 2     |
| Clothing Cutters                       | 1     | 1      | 1     |
| HypaBand Conforming Bandages, 7.5cm    | 1     | 2      | 2     |

## BS8599 Travel Kits Contents

| Contents                              | Qty |
|---------------------------------------|-----|
| First Aid Guidance Leaflet            | 1   |
| HypaCover First Aid Dressing, 12x12cm | 1   |
| HypaCover First Aid Dressing, 18x18cm | 1   |
| HypaBand Triangular Bandage           | 1   |
| HypaBand Safety Pins                  | 12  |
| HypaPlast Washproof Plasters          | 20  |
| HypaBand Conforming Bandage, 7.5cm    | 1   |
| HypaPlast Microporous Tape, 2.5cm     | 1   |
| HypaTouch Nitrile Gloves (Pair)       | 1   |
| HypaGuard Face Shield                 | 1   |
| HypaGuard Foil Blanket                | 1   |
| HypaClens Sterile Eyewash (250ml)     | 1   |
| Burn Dressing, 10x10cm                | 1   |
| Clothing Cutters                      | 1   |
| HypaClean Sterile Wipes               | 4   |
| HypaCover Eye Dressing                | 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.

### 3.8 MINI BUS FIRST AID CONTAINER

| A minibus must carry a first aid container with the following items:                                 | Number |
|--|--------|
| Antiseptic wipes, foil packaged  | 10     |
| Conforming disposable bandage (not less than 7.5 cm wide)  | 1      |
| Large sized individually wrapped sterile unmedicated ambulance dressings (not less than 15cm x 20cm) | 3      |
| Safety pins  | 12     |
| Triangular bandages  | 2      |
| Sterile eye pads, with attachments   | 2      |
| Individually wrapped sterile adhesive dressings (assorted sizes)                                     | 24     |
| Pair rustless, blunt-ended scissors  | 1      |
| Pair of disposable gloves  | 1      |

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.

### 3.9 FIRST AID ROOM

The Academy has a designated medical room which contains a first aid box and a washbasin with washing and drying materials. A chair and a bed with a blanket is provided.

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

### **3.10 SIGNS AND NOTICES**

There will be notices which state the names of first aiders, the appointed person and where facilities are located in each main area of the Academy.

### **3.11 ACCESS FOR AMBULANCE**

Unobstructed and adequate access for ambulances should be maintained and suitable signs displayed if deemed appropriate.

The appointed person should ensure ambulance crews are met and escorted to the site of the emergency as quickly as possible.

## **4.0 PROCEDURES**

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

ACADEMY 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 to the student services reception 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.

Reassure, but never treat, a casualty unless he/she is in possession of a current recognised first aid certificate.

Send a student who has minor injuries to their learning manager, in the first instance, or student services reception if they are able to walk where a First Aider will see them; this student should be accompanied.

Send a student who feels generally 'unwell' to the student services reception and not call a first aider, unless their deterioration seems uncharacteristic and is causing concern.

STUDENT SERVICES STAFF will:

Call for a qualified first aider, unless they are one themselves, to treat any injured student. 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.

### **4.2 FIRST AID RECORDS**

First aiders will record every case they treat as soon after the incident as is practicable onto the WellWorker system. 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. It also records what happened to the patient immediately after treatment e.g. returned to class, or went home. The full name and job title of the person completing the report and who administered first aid must also be input; this is a requirement not only of the Trust but of the HSE.

The records are kept centrally by the Business Manager 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.

### **4.3 COMMUNICATION WITH PARENTS/CARERS**

Where a student has been treated, the Academy 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.

### **4.4 BUMPS ON THE HEAD**

Injuries to the head need to be treated with particular care. Any evidence of the 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 who has attended the 3 day First Aid at Work course, 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 an accompanied member of staff or the parent. However, sometimes the effects only become noticeable after a period of time – perhaps several hours.

Staff who have only completed the one day emergency first aid at work course will not have assisting with head injuries recognised on their certificates.

The Academy has a system for monitoring the child and for informing the parent. Any child who has had a head injury, no matter how apparently minor it appears should be given a 'bumped head' note to show each teacher for the remainder of the day. Each teacher whose lesson the child attends should be asked to keep a look out for signs of drowsiness or distress. The student should take the note home to the parent/carer, advising that in case of undue drowsiness, sickness or dizziness they should contact their GP or local hospital A & E department immediately.



## 4.5 PROTECTION FROM DISEASES CARRIED IN BODILY FLUIDS

There are a number of infectious diseases that can be transmitted by contact with blood and other bodily 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 bodily fluids are dealt with immediately as they pose a risk of transmission of infection and disease, e.g. blood borne viruses and diarrhoeal 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: Premises Office and PE Office.

The person responsible for checking and replenishing the kit regularly is: Graham Spencer.

General principles of blood and body fluid spillage management:

Bodily 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 an 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.

#### **4.6 DISPOSAL OF CLINICAL WASTE**

Any blood or other body fluid waste produced within the Academy 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.

#### **4.7 HIGHER RISK AREAS IN THE ACADEMY**

Practical subjects, including Technology and Art, Science and PE present special risks and each of these areas should have their own first aid facilities and ideally a first aider. However, this may not be possible, and staff should be aware of immediate remedial measures they can take whilst awaiting the arrival of the first aider.

#### **4.8 IMMEDIATE REMEDIAL MEASURES FOR LABORATORY ACCIDENTS**

The following advice covers common laboratory accidents and is intended as a supplement to any local guidance on dealing with non-laboratory events, e.g. epileptic fits. The following guidance is reproduced from the CLEAPSS manual for Science but may apply equally well for other practical subjects.

*Chemical splashes in the eye* - Immediately wash the eye under running water from a tap for at least 20 minutes. The flow should be slow and eyelids should be held back. Afterwards, the casualty should be taken to hospital.

*Chemical splashes on the skin* - Wash the skin for 5 minutes or until all traces of the chemical have disappeared. Remove clothing as necessary. If the chemical adheres to the skin, wash gently with soap.

*Chemicals in the mouth, perhaps swallowed* - Do no more than wash out the casualty's mouth. After any treatment by the first aider, the casualty should be taken to hospital with details of the chemical, where possible, and the amount swallowed.

*Burns* - Cool under gently running water until first aid arrives.

*Toxic gas* – Casualty to be removed from the area and sat down outside in the fresh air.

*Hair on fire* - Smother with a cloth.

*Clothing on fire* - Smother by pushing the casualty to the ground, flames underneath. Spread a thick cloth or garment on top if necessary. A fire blanket is ideal but use only if very close by.

*Electric shock* - Use a non-conducting object, such as a wooden broom handle, to switch off or pull out the plug. If it is necessary to move the casualty clear, use a broom handle or wooden window pole or wear rubber gloves. Summon a first aider and medical assistance immediately and inform them that the person has suffered an electric shock. Do not approach the casualty unless you are certain the electrical supply is off.

*Bad cuts* - Apply pressure on or as close to the cut as possible, using fingers or a pad of cloth. Leave any embedded large bodies and press round them. Lower the casualty to a chair or the floor and raise the wound as high as possible.

#### **4.9 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; a list of local dentists on call or on rota for emergencies can be obtained by dialling 111. 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 re-implanted.

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 folded up dressing out of the first aid kit 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.

## **5.0 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. Always ensure that there are a minimum of two adults transporting students.

## **6.0 HOSPITAL CONSENT FORMS**

It is unlikely that Academy staff who take students 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.

## **7.0 CONTRACTORS AND HIRERS**

The Academy encourages mutual co-operation and assistance between the other users of the premises such as our catering and cleaning contractor staff and the Academy in first aid matters. The contract services may have their own first aiders or appointed persons or may need to use the Academy's provision. The Academy 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.

## **8.0 RELIGIOUS AND CULTURAL CONSIDERATIONS**

Student's record cards 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.