

JUMP PRIMARY SCHOOL

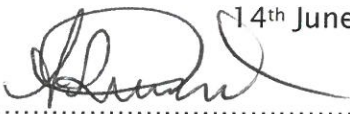


First Aid Policy

March 2017

Approved at the Governors Meeting

14th June 2017

Signed Chair of Governors



First Aid Policy

Jump Primary
School

April 2016

Issued by: Health, Safety and Emergency
Resilience Service
(01226) 772274

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SECTION 1 General Policy Statement

The Governors and Headteacher of Jump Primary School accept their responsibility under the Health and Safety (First Aid) Regulations 1981 (as amended 2013) and acknowledge the importance of providing first aid for employees, children and visitors within the School.

The Governors are committed to the Authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

The provision of first aid in the school will be in accordance with the Schools Strategic Assurance Standard for Accidents and Incidents (Adverse Events).

The aim of first aid is to reduce the effects of injury or illness suffered at work. Sufficient first aid personnel and facilities will be available to:

- (i) give immediate assistance to casualties with both common injuries or illness which are likely to arise from specific hazards at work;
- (ii) summon an ambulance or other professional help.

The minimum first aid provision in this school will be:

- (i) a suitability stocked first aid container;
- (ii) an Emergency First Aider at Work (EFAW) to take charge of first aid arrangements;
- (iii) information for employees on first aid arrangements;
- (iv) a procedure for managing accidents.

Additional first aid provision will be determined using the first aid risk assessment attached to this document.

This policy will be reviewed annually and the Corporate Health, Safety and Emergency Resilience Service will be contacted for advice on recommendations for improvement.

Signed _____
 (Headteacher)

Date: _____

Signed: *F. Waller*
 (Chairperson of the Governing Body)

Date: 20/4/16.

No change 30/3/17 JBond

SECTION 2 Statement of First Aid Organisation

The School's arrangements for carrying out the policy extends to the governing body, the employer and the employees and are detailed below:

(a) The Employer

Health and safety legislation places duties on employers for the health and safety of their employees and anyone else on their premises. In schools this includes responsibility for the Headteacher and teachers, non-teaching staff, pupils and visitors (including contractors). Who the employer is depends on the type of school:

- community and voluntary controlled schools and special schools it is the local education authority;
- voluntary aided schools it is the governing body of the school.

The employer is responsible, under the Health and Safety at Work Act 1974 (HSWA), for making sure that a school has a health and safety policy. This should include arrangements for first aid, based on a risk assessment of the school, and should cover:

- number of First Aiders/Emergency First Aiders (formally called 'Appointed Person');
- numbers and locations of first aid containers;
- arrangements for off-site activities/trips;
- out of school hours arrangements e.g. school sports matches, parents evening.

Additionally the employer should ensure that:

- (i) all accidents are reported, recorded and where appropriate investigated
- (ii) all occasions when first aid is administered to employees, pupils and visitors are recorded.
- (iii) the school premises and vehicles are equipped with apparatus and materials to carry out first aid treatment.
- (iv) arrangements are made to provide training to employees, records are maintained of that training and reviewed annually.
- (v) a procedure for managing accidents in school which require first aid treatment is established.
- (vi) employees are provided with information regarding the arrangements for first aid.
- (vii) a risk assessment of the first aid requirements of the School is undertaken.

If the school lets the school hall to third parties out of hours, the letting agreement should state whether or not any first aid provision will be made.

(b) The Governing Body

The governing body of a school are required to:

- (i) have a First Aid Policy;
- (ii) review the policy annually;
- (iii) ensure that the Headteacher has the resources to implement the policy;
- (iv) monitor the implementation of the policy.

Additionally, the Governing Body accept their responsibilities towards non-employees. In order to provide first aid for pupils and visitors, the Governing Body will undertake a risk assessment to determine, in addition to the Emergency First Aider at Work (EFAW), how many persons with a First Aid at Work certificate of competence are required.

(c) Employees

All employees are required to:

- (i) Comply with their employers arrangements for first aid
- (ii) Report any adverse events which could give rise to or have resulted in an accident

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

SECTION 3 Arrangements for First Aid

3.1 Materials, equipment and facilities

The School will provide materials, equipment and facilities as set out below.

(a) First Aid Boxes/Kits

Every school must provide at least one full stocked first aid container for each site. Additional first aid containers will be needed for split-sites/levels, remote sports fields or playgrounds, any other high-risk areas and any off-site activities. First aid boxes/kits will contain the following items:

ITEM	FIRST AID BOXES	TRAVELLING FIRST AID KITS
Guidance card/leaflet on first aid	1	1
Individually wrapped sterile adhesive dressings (assorted sizes)	20	6
Sterile eye pads, with attachment	2	
Individually wrapped triangular bandages	6	2
Safety Pins	6	2
Medium sized individually wrapped sterile un-medicated wound dressings (approx 12cm x 12cm)	6	
Large sterile individually wrapped un-medicated wound dressings (approx 18cm x 18cm)	2	1
Individually wrapped moist cleaning wipes		Small packet
Disposable gloves* for wear by any personnel handling blood, vomit, excreta, etc.	Min 3 pairs	2 pairs

***Note: When selecting gloves consideration should be given to the potential for allergic reactions, therefore non-latex, un-powdered gloves may be preferable.**

In situations where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline solution in sealed disposable containers should be provided. Where sealed containers are provided, any residual wash must be disposed of once the seal is broken. Extra equipment, or items required for special hazards, (e.g. antidoles), may be kept in or near first aid boxes but only where the first aider has been specifically trained in their use.

Supplementary equipment

This may include suitable means for the transportation of casualties; blankets, aprons and other suitable protective equipment and scissors. Where such equipment is considered necessary it should be stored in the vicinity of first aid boxes.

This first aid container shall be:

- maintained in a good condition;
- suitable for the purpose of keeping the items referred to above in good condition;
- readily available for use; and
- prominently marked as a first aid container.

In addition to the items set out for the first aid box in school the following items will be provided:

- Disposable drying materials.
 - Plastic bowls – one for cleaning wounds and one for cleaning vomit, excreta, etc.
 - Disinfectant/household bleach or similarly effective solution – one part to ten parts water for cleaning sinks and bowls and soiled surfaces.
 - Yellow biohazard bags for disposing of clinical waste (see section 7b).
 - A small supply of paracetamol is recommended for dysmenorrhoea (period pains) and will be securely kept and issued to pupils as appropriate and necessary by a person designated by the Headteacher. Records will be kept of all paracetamol issued (how many tablets, to whom, when and why).
- Items in (iii), (iv) and (v) above will be secured from access by children.

For guidance on the first aid requirements for mini-buses, see the separate minibus guidance document.

The availability and contents of the first aid box(es) and other medical supplies will be checked on a regular basis by a designated First Aider/Emergency First Aider. They will also be responsible for all record keeping including:

- keeping first aid signage up to date.
- maintaining an inventory of the location of first aid boxes/supplies,
- recording when first aid boxes were checked for sufficient and in-date supplies (all equipment included within a first aid box has a use by date. Once this date has passed the equipment must be disposed of and replaced)
- ensuring that first aiders are still qualified to carry out their duties and certificates are in-date.

(b) Medical Room

In compliance with The Education (School Premises) Regulations 1996 the Governing Body will ensure that a room will be made available for medical treatment. This facility will contain the following and be readily available for use:

- sink with running hot and cold water;
- drinking water (if not available on mains tap) and disposable cups.
- paper towels;
- smooth-topped working surfaces;
- a range of first aid equipment (at least to the standard required in first aid boxes) and proper storage:
- chair;
- a couch or bed (with waterproof cover), clean pillow and blankets;
- soap;
- clean protective garments for first aiders;
- suitable refuse container (foot operated) lined with a clinical waste bag;

- an appropriate record-keeping facility;
- a means of communication, e.g. telephone.

3.2 Appointment of First Aid Personnel

The appointment of first aiders within the School will be calculated in accordance with the first aid risk assessment provided at appendix 1.

Unless first aid cover is part of a staff member's contract of employment, those who agree to become First Aiders do so on a voluntary basis.

In determining who should be trained in first aid the Headteacher will consider each individual against the following criteria:

- reliability and communication skills;
- aptitude and ability to absorb new knowledge and learn new skills;
- ability to cope with stressful and physically demanding emergency procedures;
- ability to leave normal duties to go immediately to an emergency.

(a) First-aiders

A first aider is someone who has undertaken training and has an appropriate qualification gained from a course delivered by an accredited provider/approved awarding organisation that delivers a course that reflects the standards set by the Health and Safety Executive (HSE). This means that they must hold a valid certificate of competence in either:

1. First aid at work (FAW, 3 day course) someone completing this course is referred to as a *First Aider*)
2. Emergency first aid at work (EFAW, 1 day course) someone completing this course is referred to as an *Emergency First Aider at work (EFAM)*)

On completing either of these courses the individual is certificated to administer first aid. Certificates for the purposes of first aid at work last for three years. Before their certificates expire, first-aiders will need to undertake a requalification course as appropriate, to obtain another three-year certificate. Once certificates have expired the first aider is no longer considered to be competent to act as a workplace first aider.

The Health and Safety Executive strongly recommend that first aiders undertake annual refresher training. Therefore the typical first aid training schedule would be:

Designation	Year 1	Year 2	Year 3	Year 4
First Aider	First aid at work qualifier course	Annual refresher	Annual refresher	First aid at work re-qualification course
Emergency First Aider	Emergency first aid at work course	Annual refresher	Annual refresher	Emergency first aid at work course

It is a basic recommendation that for every 50 employees within a workplace there should be at least one qualified first aider (FAW) and one additional first aider for every 100 employees (or part thereof). However, it is important to consider the type of work being undertaken on the premises and the degree of hazards associated with work activities. However, provision must be made for when a person takes annual leave or is absent from work due to illness.

In previous issues of this standard, someone who attended the 1 day first aid training would have been referred to as an Appointed Person. Persons attending the 1 day first aid training are now referred to as Emergency First Aiders.

(b) Appointed Person

The definition of an appointed person has changed. An appointed person does not need first aid training. Their role is to look after first aid equipment and facilities and call the emergency services when required. Appointed persons are not required where an adequate number of first aiders are present at all necessary times. Where Appointed Person(s) are in place consider training them to EFAW standard.

(c) Paediatric First Aid

In addition to the first aid personnel requirements identified above, services and organisations which care for 0 to 5 year olds must have at least one first aider on the premises who has completed a specific course in paediatric first aid.

However, as cover should be provided, especially if of-site activities are frequent or in the event of foreseeable absences. Consequently, it is recommended that you have a minimum of two paediatric first aiders.

Persons who are in receipt of the First Aid at Work qualification may also attend paediatric first aid training and thereby hold both qualifications. However, it is not a requirement for a person attending the Paediatric First Aid Course to already hold the First Aid at Work qualification.

(d) Matrons and School Nurses

For a person to be designated the appointment of matron or school nurse, that person must either be an:

- Enrolled Nurse or
- Registered Nurse

The regulations relating to First Aid at Work Certificates applies, in that those employees need to undertake refresher training in order for their qualification in First Aid at Work to be valid.

Where a nurse is based at the Special School, but not employed by the Education Authority, it is the responsibility of that nurse to consult their employer regarding the validity of their qualification for administering first aid under the Regulations.

(e) Rescue and Emergency Care

There are other HSE recognised first aid qualifications which are specialised for particular circumstances. Many of these are designed for use where access to medical emergency services are limited and where the welfare of the injured may depend on immediate treatment.

These are particularly useful for off-site visits and most outdoor activity qualifications are only valid with up to date specific first aid qualifications.

They are normally gained through intensive 2 or 3 day practical courses and are renewable every 3 years.

Information on these courses can be obtained through the Outdoor Activity Specialist.

(f) General Points

(i) First Aid at Work certificates are only valid for three years. The school will need to arrange refresher training and retesting of competence before certificates expire. If a certificate expires, the individual will have to undertake another full course of training to become a First Aider.

(ii) Records of First Aiders certification dates and dates of additional specific or refresher training should be kept in a file within the school.

3.3 Information on First Aid arrangements

The Headteacher will inform all employees at the School of the following:

- the arrangements for recording and reporting accidents;
- the arrangements for first aid;
- those employees with qualifications in first aid;
- the location of first aid boxes.

In addition the Headteacher will ensure that signs are displayed throughout the School providing the following information:

- names of employees with first aid qualifications
- location of first aid boxes.

All members of staff will be made aware of the School's First Aid Policy.

3.4 Assessment of First Aid Requirements

The minimum number or basic level of first aid provision is calculated using a risk assessment (see appendix 1), taking into account factors such as:

- staff and/or pupils with disabilities or special health needs;
- age range of the pupils;
- activities undertaken during school session times;
- materials and equipment to which children have access;
- number of pupils on site;
- the number of buildings on the school site.

However, schools must give additional consideration to the following factors when determining the level of provision:

- the arrangements when a qualified first aider is not on site due to absence/training;
- the design/layout of the site/premises is such that staff who are trained in emergency first aid should be readily available.
- first aid requirements for school visits and journeys, break and lunchtimes

Therefore, there will often be more first aiders than are required by the risk assessment.

3.5 Payment for First Aiders

In order to receive payment for first aid duties you need to:

1. Hold a current/valid First Aid at Work certificate, and;
2. Be one of the designated First Aiders/Emergency First Aider at Work (EFAW)s detailed on the first aid risk assessment for your premises, and;
3. Be designated as a First Aider/Emergency First Aider at Work (EFAW) on SAP/ your payroll providers payment system (subjects to points 1 and 2, your manager will need to submit a variation to contract to BSS to achieve this)

3.6 Record Keeping

In some instances, schools may organise first aid training from a provider not sourced through the Council's Health, Safety and Emergency Resilience Service (HSERS). Additionally, employees may come into a post who already hold a first aid qualification. In such cases, the HSERS need to be notified of these employees, the qualification they hold and the date of its expiry. This information should be emailed to: safetvandemergency@barnsley.gov.uk

SECTION 4 Accident Reporting

The Governing Body will implement the Council's Procedures for reporting:

- (a) all accidents to employees;
- (b) all incidents of violence and aggression.

The Governing Body is aware of its statutory duty under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in respect of reporting the following to the Health and Safety Executive as it applies to employees:

Detailed guidance on the reporting of accidents can be found in the Schools Strategic Assurance Standard for Accidents and Incidents (Adverse Events).

SECTION 5 Pupil accidents involving Head Trauma

The Governing Body recognise that accidents involving the pupil's head can be problematic because the injury may not be evident (e.g. internal) and the effects only become noticeable after a period of time.

- (a) In accordance with the Schools Strategic Assurance Standard for Accidents and Incidents (Adverse Events), where a pupil receives a blow to the head as a result of an accident Form RH1 – bump note will be completed.
- (b) Where emergency treatment is not required the Form RH1 – Bump Note, found in the Schools Strategic Assurance Standard for Accidents and Incidents (Adverse Events) will be sent to the parents as the reverse side of the letter informing them of the accident to their child.

SECTION 6 Transport to Hospital or Home

The Headteacher will determine what is a reasonable and sensible action to take in the circumstances of each case.

- (a) Where the injury is an emergency an ambulance will be called following which the parent will be called.
- (b) Where hospital treatment is required but it is not an emergency, then the Headteacher will contact the parents for them to take over the responsibility of the child.
- (c) If the parents cannot be contacted then the Headteacher may decide to transport the pupil to hospital.
- (d) Where the Headteacher makes arrangements for transporting a child then the following points will be observed:
 - i) only staff cars insured to cover such transportation will be used;
 - ii) no individual member of staff should be alone with a pupil in a vehicle;
 - iii) the second member of staff will be present to provide supervision for the injured pupil;
 - iv) at least one member of staff will be the same gender as the pupil.
 - v) where reasonably practicable, efforts are made to obtain the appropriate car seat for the pupils height/weight

SECTION 7 Associated Advice

(a) Emergency Dental Care

The Community Dental Services offer the following guidance on procedures to be followed when a child has a tooth displaced during an accident at school. The advice, if followed, may well prevent the disfigurement of a child by the loss of a front tooth.

Emergency First Aid following trauma to the teeth

Dentists advise that 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.

¹ The law allows for children between three and 12 years to travel in the back of a car using no more than an adult seat belt for short and occasional journeys made for reasons of "unexpected necessity" (so in unforeseen circumstances such as an accident, a child seat would not be required if there were none available for use.)

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. The advice does not apply to teeth with broken roots or baby teeth, neither of which should be re-implanted.

- 1) Pick the tooth up carefully by the crown – the shiny part which is usually visible in the mouth.
- 2) 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.
- 3) Do not store the tooth in water, or disinfectants such as Savlon or Milton. Store the tooth in milk.
- 4) Do not wrap the tooth in a wet or dry handkerchief.
- 5) Get to the dentist as soon as possible.

If the tooth has been stored in milk it may be possible to implant 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.

Further information, if required, may be obtained by contacting the Community Dental Service.

(b) Blood Spillages and bodily fluids (including vomit)

A COSHH assessment should be obtained and displayed with the supplies for dealing with body fluids and clinical waste. The procedure for dealing with bodily fluids is:

- put on plastic apron and latex gloves;
- place paper towels over spillage;
- gently pour disinfectant (Phoraid is the solution currently recommended) on to the paper towels;
- for carpets use soap and hot water as some disinfectants will bleach;
- wash gloved hands and leave the solution as directed on the label;
- pick up towels (with gloves) and place in a plastic bag;
- wash the area thoroughly with detergent and hot water, then dry;
- place all used towels in a plastic bag, wash gloved hands, place gloves in bag and seal, and ensure bag is sent for incineration;
- wash hands.

(c) Clinical Waste and Contaminated Injuries

Clinical waste is disposed of in yellow bags as this colour identifies the contents as bodily fluids or waste. The schools' clinical waste and hygiene services which collect sanitary waste can be asked to provide larger bins for nappies and body fluids. This also includes incontinence in nursery/primary pupils.

If it is thought that biological pathogens have entered the body via a contaminated injury, the Corporate Strategic Assurance Standard for Contaminated Injuries should be referred to for further guidance.

Contaminated injuries include:

- Human bites
- Scratches by humans
- Injuries caused by an object contaminated with visible blood
- Needlestick injury/injury with a needle
- Exposure to blood borne viruses (e.g. hepatitis B, hepatitis C, Human Immunodeficiency Virus (HIV))

(d) School Journeys

- The provision of adequate first aid cover should form part of the essential risk assessment involved in organising any off-site activity.
- Where the trip is extended or remote in nature, or the likelihood of injury is higher, a qualified First Aider should accompany the group.
- Where journeys are close to populated areas, or the likelihood of injury is minimal, then an Emergency First Aider at Work (EFAW) or someone with a working knowledge of first aid procedures should accompany sports or field trips and other school journeys, and a travelling first aid kit should be provided.
- The planning for such journeys will include what to do in case of accident and emergency (see Educational Visits and Journeys Guidance).

(e) Access for Ambulance

Unobstructed and adequate access should be maintained for ambulances and for ambulance staff and their equipment. Suitable signs should be displayed if deemed appropriate.

(f) 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 must decline.

The hospital will have procedures for obtaining consent from other sources if the parents are not available.

(g) Religious Considerations

Due to religious convictions, some families choose to decline certain medical procedures or treatments. If this is made known to the school, pupils' 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.

(h) Other Users of the Premises

Headteachers should encourage mutual co-operation and assistance between the other users of the premises (for example Catering, Caretaking and Cleaning Services) and the school in first aid matters.

Contractors may have their own First aid and so the school and the contractors should co-operate and exchange information about First Aiders, etc. in case there is a need for help and assistance in an emergency.

Similarly, Headteachers should inform those hiring the premises where the First Aid facilities are.

(i) Children with Medical Conditions

There are children in mainstream schools and special schools who may have particular medical conditions where the administering of first aid may require variation. Such children should be subject to an individual care plan and may require special procedures in the event of an accident.

The school should have a separate Policy for Supporting Children in School who have a Medical Need. This will deal with specific response to emergencies such as anaphylaxis and asthma attack.

(j) Contaminated Injuries

Additional, specific advice on dealing with contaminated injuries is available in the [Contaminated Injuries Strategic Assurance Standard](#) available on the health and safety website.

Section 8 – Provision away from the school

- (a) Provision of first aid away from the school site is part of the arrangements under visits and journeys. The level of first aid provision is an integral part of the risk assessment process.
- (b) The provision of first aid will reflect whether the visit or journey is deemed to be low, medium or high risk.
- (c) Factors which will determine the level of risk will include:
- (i) means of transport;
 - (ii) whether the visit is to a remote location or an establishment with first aid provision;
 - (iii) nature of any activities the pupils might be involved in;
 - (iv) estimated time for emergency services to arrive.
- (d) A risk assessment is by its very nature, a response to a number of variables, and as such it is impossible to provide a table that details the level of first aid provision to a specific visit or journey. Some examples are:
- (i) Low risk – walking a class from school to a nearby municipal building.**
In such a case carrying first aid provisions would not appear to be necessary. The important factor would be the need to summon assistance in the event of any accident (e.g. road traffic collision). A mobile phone would be an appropriate risk management control.
- (ii) Medium Risk – sports activity after school**
In this case the risk of personal injury is increased and therefore it would be expected that first aid provisions would be available and the member of staff would have a knowledge of first aid, such as the Emergency First Aid at Work certificate.
- (iii) High Risk – an adventurous activity where the group leader is a member of the school staff**
In order to undertake this activity the group leader would normally hold a nationally recognised qualification, which requires the possession of a first aid qualification enabling them to administer first aid.
They should carry an appropriate first aid kit throughout the activity.
The vehicle on which the group travel should carry the appropriate first aid provisions as detailed in the Mibus Guidance

- (e) The attainment of the Rescue and Emergency Care first aid qualification may be appropriate for staff who organise or accompany educational visits on a regular basis.
- (f) In any case where a school is uncertain of the level of first aid provision they should contact the Authority's Visits and Journeys Coordinator.

SECTION 9 Approval

This Policy was approved by the Governing Body of the School at their meeting 20th April 2016 and recorded by resolution in the minutes of meeting.

Date of policy review April 2017