School First Aid Needs Policy

REAch2 ACADEMY TRUST
EXCEPTIONAL OPPORTUNITIES FOR LEARNING

Document Control

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Summary

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At REAch2, our actions and our intentions as school leaders are guided by our Touchstones:

Integrity	We recognise that we lead by example and if we want children to grow up to behave appropriately and with integrity then we must model this behaviour
Responsibility	We act judiciously with sensitivity and care. We don't make excuses, but mindfully answer for actions and continually seek to make improvements
Inclusion	We acknowledge and celebrate that all people are different and can play a role in the REAch2 family whatever their background or learning style
Enjoyment	Providing learning that is relevant, motivating and engaging releases a child's curiosity and fun, so that a task can be tackled and their goals achieved
Inspiration	Inspiration breathes life into our schools. Introducing children to influential experiences of people and place, motivates them to live their lives to the full
Learning	Children and adults will flourish in their learning and through learning discover a future that is worth pursuing
Leadership	REAch2 aspires for high quality leadership by seeking out talent, developing potential and spotting the possible in people as well as the actual

Introduction

This document provides guidance to schools on the assessment and provision for first-aid needs in order to ensure that the requirements of the First-aid regulations (Health and Safety (First Aid) Regulations 1981) are met.

This legislation relates to the provision of first aid for **employees** if they are injured or become ill at work, however when assessing the overall risk and number of first aiders required pupil needs must also be considered.

In addition, The Early Years Foundation Stage Statutory framework (EYFS) mandates some first aid requirements and is mandatory for all schools and early years providers in Ofsted registered settings attended by young children (i.e. children up to the end of the academic year in which the child has their 5th birthday).

Provision of First Aiders

Schools should use the REAch2 risk assessment tool to help determine the required number of first aiders for their circumstances. This assessment of need should be reviewed at least annually.

Suggested minimum numbers based on the HSE guidance are given in the table below and the scenarios in Appendix B.

Category of Risk	Numbers employed at any one location	Suggested minimum number of First Aid Personnel within the school
Lower Hazard	fewer than 25	In school settings even where there are fewer than 25 staff then **EFAW** / a basic level of first aid training in order to meet pupil needs would be expected as a minimum.
	25 -50	At least one first aider trained in **EFAW**
	more than 50	At least one first aider trained in first aid at work **(FAW)** for every 100 employed (or part thereof).
Higher Hazard[1]	5-50 more than 50	At least one First Aider trained in **EFAW** or **FAW** depending on types of injuries that may occur. At least one additional First Aider trained in **FAW** for every 50 employed (or part thereof)
School settings where the EYFS framework applies	N/A	At least one person who has a current paediatric first aid certificate (12 hours) must be on the premises at all times when children are present, and must accompany children on outings.

To ensure adequate coverage and quick accessibility to a first aider for both students and staff the following must also be considered:

- adequate provision in order to cover absence, leave, offsite activities etc;
- previous injuries / illnesses experienced;
- the layout of the premises e.g. split sites;
- the location of the school and remoteness from emergency services;
- any specific hazards on site (e.g. machinery, hazardous substances);
- numbers of pupils on site;
- extended / extra-curricular school activities.

Where the school site is shared (be that on a permanent or temporary basis) the first aid arrangements should be agreed by all employers and clearly communicated to employees.

In higher risk areas such as science, PE etc. staff must be aware of immediate remedial measures in order to manage the initial injury and ensure an effective hand over of any specific information (particularly relating to chemical incidents) to the school first aiders.

Unless first aid cover is part of an employee's contract of employment those who agree to become first aiders do so on a voluntary basis.

Specific Medical Needs

This document sets out to provide general guidance only, specialist advice should be sought for individuals with disabilities, long-standing medical conditions or allergies which may require special treatment in the case of accidents or illness.

he DfES Document Managing Medicines in schools and Early Years settings should be referred to for guidance in such situations.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.

In addition some staff carry their own prescribed medication such as inhalers for asthma, insulin for managing diabetes etc. If an individual needs to take their own prescribed medication, the first aider's role is limited to helping them do so and contacting the emergency services as appropriate.

First Aid Training

Depending on the school's size and assessment of need school first aiders should hold a valid certificate in either:

- **First aid at work (FAW)** –a three-day course (18 hours);
- **Paediatric first aid** – a 2 day (12 hour) course to meet the requirements of the EYFS statutory framework;
- **Emergency first aid at work (EFAW)** – a one-day course (6 hours).

To support the school's appointed first aiders many training providers also offer Inset training in order to ensure basic first aid skills (applicable to both staff and pupils) are held by a wide number of other teaching and support staff, MSAs etc.

First aid training is valid for three years, after which a refresher course is required before re-certification. An annual refresher is also available but this is not mandatory.

Schools should ensure that refresher training is undertaken before certificates expire and a record of first aiders and their certification dates should be maintained.

Whilst FAW first aiders can undertake the 2 day requalification course after the expiry date, in practice if over a month has elapsed since the certificate expired it would be prudent to undertake the full 3 day FAW course again.

As of 1st October 2013, the HSE no longer approves first aid training and qualifications. This training is available from a wide range of providers. Guidance on selecting a first aid provider is available from the HSE, this provides further detail on the criteria a competent provider should be able to demonstrate and checks which should be conducted when selecting a first aid training provider.

Health professionals with the following training / experience are qualified to administer first aid without the need to hold a FAW or EFAW qualification.

- doctors registered with the General Medical Council;
- nurses registered with the Nursing and Midwifery Council;
- paramedics registered with the Health Professions Council.

Staff who administer first aid according to their training and in the course of their employment should be covered by employer's liability insurance.

Automated External Defibrillators (AED)

These are likely to be used very infrequently in a school environment and are more likely to be used on an adult than a pupil. Where defibrillators have been provided additional training in their use will be required.

First aid at work courses do not cover the use of defibrillators. Currently, courses are offered by the voluntary aid societies (e.g. St.John Ambulance, British Red Cross), voluntary rescue organisations and some statutory ambulance trusts. Whilst there is no prescriptive course programme, these organisations should be teaching the Resuscitation Council (UK) recommendations and using the learning outcomes as a framework.

First Aid Equipment

- All schools should have a minimum of one first aid kit, clearly marked, readily accessible and its location known by all staff and pupils.
- Additional kits may then be needed for split sites, specific higher hazard areas (kitchens, DT workshops.etc.) and for offsite visits.
- Travel first aid kits should be kept in minibuses or other such vehicles.

- First aid kits should contain a sufficient quantity of suitable first aid materials and nothing else. See appendix A for a suggested list of minimum contents.
- All first aid kits must be checked regularly and restocked by a designated member of staff, items should not be used after expiry date shown on packaging. Extra stock should be kept in the school.
- First aid does not include the administration of medicines and thus first aid boxes should **NOT** contain drugs of any kind including paracetamol, antiseptic creams etc.
- First aid arrangements must also be in place where school premises are used outside
- of 'normal' hours, e.g. for letting. Arrangements must be in place to ensure a first aid
- kit / telephone is available to persons who may require its use.
- Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 300ml and should not be re-used once the sterile seal is broken. At least 900ml should be provided. Eye baths/eye cups/refillable containers should not be used for eye irrigation.

First Aid Rooms

The School Premises (England) Regulations 2012 require that every school have a suitable room that can be used for medical treatment / the short term care of sick and injured pupils when required. This area should be equipped with a sink, be reasonably near a WC. The room can be used for other purposes, except teaching, so long as it is readily available for medical use when needed.

Where a school caters for pupils with complex needs, additional medical accommodation must be provided which caters for those needs.

Emergency Procedures

In the case of serious or potentially serious injuries, professional medical assistance should be sought at the earliest possible time so as to avoid the danger of inappropriate diagnosis or treatment.

Staff should not take children to hospital in their own car, it is safer to call an ambulance. A member of staff should accompany the child to hospital by ambulance and stay until parent or guardian arrives. Health professionals are responsible for decisions on medical treatment where a child's parent or guardian is unavailable.

Provision of Information

Schools should ensure that their first aid arrangements are detailed in their health and safety policy and that all staff are aware of these. These arrangements (including the location of equipment, facilities and personnel) should form part of induction training for all new and temporary staff.

There should be at least one notice posted in a conspicuous position within the premises, giving the location of first aid equipment and facilities and the name(s) and location(s) of the personnel concerned.

Record Keeping

Schools should ensure the following records are available:

- Certification of training for all first-aiders and refresher periods;
- Any specialised instruction received by first-aiders or other staff (e.g. AED, Epi-pens);
- First aid cases treated (see accident / incident reporting).

First Aid and Blood bourne viruses

First aid training courses should highlight the importance of preventing cross-infection in first-aid procedures. 'Universal Precautions' must always be followed to reduce the risk of transmitting blood borne infections such as hepatitis and HIV.

This approach assumes that all blood products and bodily fluids are potentially infectious thus the following procedures should always be applied:

- Always cover any open wounds on your own hands with a waterproof adhesive dressing;
- Disposable gloves (unpowdered latex, nitrile or vinyl) to be worn when dealing with bleeding / cleaning up bodily fluids.

Small quantities of contaminated waste (soiled or used first aid dressings) can be safely disposed of via the usual refuse collection arrangements. Waste to be double bagged in plastic and sealed by knotting.

Head Injuries

Injuries to the head need to be treated with particular care. High energy head injuries or those with any evidence of following symptoms may indicate serious injury and immediate medical advice should be sought.

- unconsciousness, or lack of full consciousness (i.e. difficulty keeping eyes open);
- confusion;
- irritability or altered behaviour ('easily distracted', 'not themselves' 'no concentration', 'no interest in things around them')
- any problems with memory;
- persistent headache;
- blurred or double vision;
- vomiting;
- clear fluid coming from ears or nose;
- loss of balance;
- reading or writing problems;
- loss of power or sensation in any part of body, such as weakness or loss of feeling in an arm or leg;
- general weakness;
- seizure or fit.

NHS Direct provide full details of symptoms and treatment for minor head injuries

Where pupils receive a head injury their parents/carers should be informed, this should be done immediately by telephone if symptoms described above occur. For minor bumps the parent could be informed via letter, bumped head note etc.

Further Information

Further advice and information on first aid matters can be obtained from the Head of Health, Safety & Wellbeing or via your regional HR support advisor.

APPENDIX A

As a guide suggested contents lists for first aid kits are as follows:

First aid kit

- Leaflet giving advice on first aid;
- Twenty individually wrapped sterile plasters (assorted sizes) appropriate to the work environment (which must be detectable for the catering industry);
- Two sterile eye pads;
- Two individually wrapped triangular bandages;
- Six safety pins;
- Six medium sized individually wrapped sterile unmedicated wound dressings (12x12cm);
- Two large sterile individually wrapped unmedicated wound dressings (18x18cm);
- At least 3 pairs of disposable gloves.

Travel first aid kit

- Leaflet giving advice on first aid;
- Six individually wrapped sterile plasters (assorted sizes);
- Two individually wrapped triangular bandages;
- Two safety pins;
- Individually wrapped moist cleaning wipes;
- One large sterile unmedicated wound dressing (18x18cm); and
- Two pairs of disposable gloves.
- Disposable gloves should be vinyl, nitrile or powder free, low protein latex and CE marked.
- Blunt ended stainless steel scissors (minimum length 12.7 cm) may also be useful to cut clothing away.

British Standard BS 8599 provides further information on the contents of workplace first-aid kits. Whether using a first-aid kit complying with BS 8599 or an alternative kit, the contents should reflect the outcome of the first-aid needs assessment.

Review date: September 2021

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