



**HANDALE PRIMARY SCHOOL**

**First Aid Policy  
2021 -2022**

## **Handale Primary School First Aid policy**

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## Handale Primary School First Aid policy

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## **1.0 Introduction**

The Health and Safety (First Aid) Regulations 1981 require employees to provide adequate equipment, facilities and personnel to enable First aid to be given to adults and pupils if they are injured or become ill at school.

What is adequate and appropriate will depend on the circumstances in the workplace and an assessment of first aid provision should be undertaken by the Employer.

Handale Primary School will undertake to ensure compliance with the relevant legislation regarding the provision of first aid for all employees, children and others who may be affected.

All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

## **2.0 The assessment**

Any assessment undertaken to determine the level of first aid provision in a workplace needs to consider the following:

- Nature of the work, workplace hazards and risks.
- The nature and distribution of the workplace.
- Past history and consequences of accidents.
- The nature and the distribution of the workforce.
- The remoteness of the site from emergency medical services.
- The needs of travelling, remote and lone workers.
- Employees working on shared or multi-occupied sites.
- Other relevant factors.

The provision of first aiders should be reviewed following any significant changes e.g. building move, operating changes.

## **3.0 Facilities managers (HT/DHT) responsibilities for First Aid:**

- Assessing the provision of and appointing first aiders.
- Managers are responsible for the provision of adequate first aid cover.
- Arranging suitable training for first aiders, keeping records of the training and ensuring trained first aiders attend refresher courses as detailed.
- Ensuring that there is an accurate list of first aiders so that employees are aware of who and where the first aiders and equipment are sited on induction.

- Ensuring that employees report the use of equipment from the first aid box and that first aid boxes are periodically inspected by the first aider.
- Report accidents in accordance with the Accident and Incident Reporting Procedure.

#### **4.0 First Aiders' Responsibilities:**

- Providing first aid treatment as necessary.
- Keeping a record in the Incident Reporting Books of first aid treatment given, the entries should include:
  - Date, time and place of incidents.
  - Name and job of the injured or ill person.
  - Details of the injury/illness and what First Aid was given.
  - Name of the person treating the injury
  - What happened to the person immediately afterwards (returned to school, home, hospital, GP etc.)
  - The person dealing with the accident.
- Recording incidents of first aid treatment in the Incident Reporting Books and reporting to the HT/SLT if the injury relates to the head or is more serious than a general bump or graze.
- For head/serious injuries a legal guardian is contacted via the telephone informing them of the incident and injuries incurred inviting them to assess the child.
- Reporting and recording serious injuries where we are requiring professional medical advice an Accident & Investigation report form should be completed (kept in the office).
- Reporting deficiencies in the first aid arrangements and facilities to their facilities manager.
- To check and replenish the contents of the First Aid boxes both in school and the First Aid boxes used on educational/residential visit.
- To provide First Aid for pupils and staff.
- To preserve and maintain and the dignity of the casualty as far as it is reasonably possible.
- To ask for further assistance where indicated and to understand, from where that assistance can be obtained from.
- To attend any first aid training that is provided
- It is parent's responsibility to check dates on inhalers/epipens and emergency medication however staff, including the school nurse, will have sight of inhalers/epipens and emergency medication on a regular basis and should inform parents if the medication is out of date.

#### **5.0 Aims of a First Aider**

The aims of a First Aider in the workplace in the event of illness or accident is to:

- Preserve life
- Prevent the condition from worsening
- Promote recovery
- Deal with minor illnesses or accidents

- Recognise and obtain medical help when appropriate

## **6.0 Appointment of a First Aider**

We will consider the following when appointing a First Aider; reliability, disposition 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 their place of work to go immediately and rapidly to an emergency.

It is very important that the individual understands, before the expensive training is undertaken, the implications of the tasks they might be asked to perform. In addition management should undertake to support them appropriately in the event of a stressful episode such as a fatality. This should take the form of expert counselling. First aiders must also be prepared to maintain confidentiality, if it is appropriate and will not put other staff or the organisation at risk.

Special additional training would have to be given if a hazard, such as, dealing with dangerous substance use, was identified at risk assessment. This training would be in addition to the basic training and does not need HSE approval.

It must also be made clear to staff that other types of First Aid certificates (other than First Aid at Work) are not valid within the workplace, even if the level of skills is the equivalent or higher.

## **7.0 Appointed persons**

Appointed persons are only to be used in low risk situations where it has been identified (by the first aid assessment) that a first aider is not necessary because of low numbers of staff and a low risk environment.

The appointed person (Marie Oakley) will look after the first aid arrangements (i.e. boxes and supplies) and call the emergency services when necessary but will not be responsible for giving treatment for which they have not been trained. There must always be an appointed person on site when employees are working. However, it is suggested that appointed persons are trained in emergency treatments such as cardio-pulmonary resuscitation (CPR) and the recovery position. This might be considered for staff working in small units where a full first aider is not justified.

The training for emergency treatments takes about four hours and consists of the following elements:

- What to do in an emergency
- CPR
- First Aid for the unconscious casualty
- First Aid for the wounded or bleeding
- HSE approval is not required for this training.

## 8.0 Contents of a first aid box

First aid containers should be easily accessible and placed, if possible, near hand washing facilities. In larger workplaces more than one first aid container should be provided.

First Aid containers should protect first aid items from dust and damp and should only be stocked with items useful for giving first aid.

Tablets and medications should be kept in the locked first aid cupboard in the main office/stored in Office fridge or near to the child if it involves emergency rescue medication.

All first aid containers should be identified by a white cross on a green background.

There is no standard list of items to put in a first aid box. It depends on what you assess the needs are. However, as a guide, and where there are no special risks in the workplace, a minimum stock of first aid items would be:

### BRITISH STANDARD 8599 – FIRST AID KIT SIZES AND CONTENTS

Contents	Small	Medium	Large	Travel
First Aid Guidance Leaflet	1	1	1	1
Contents List	1	1	1	1
Medium Dressing (12cm x 12cm) (Sterile)	4	6	8	1
Large Dressing (18cm x 18cm) (Sterile)	1	2	2	1
Triangular Bandage (Single use) (90cm x 127cm)	2	3	4	1
Safety Pins (Assorted) (minimum length 2.5cm)	6	12	24	2
Eye Pad Dressing with Bandage (Sterile)	2	3	4	0
Washproof Assorted Plasters	40	60	100	10
Moist Cleaning Wipes	20	30	40	4
Microporous Tape (2.5cm x 5m or 3m for Travel Kit)	1	1	1	1
Nitrile Gloves (1 pair)	6	9	12	1
Finger Dressing with Adhesive Fixing (3.5cm)	2	3	4	0
Mouth to Mouth Resuscitation Device with Valve	1	1	2	1
Foil Blanket (130cm x 210cm)	1	2	3	1
Eye Wash (250ml)	0	0	0	1
Burn Relief Dressing (10cm x 10cm)	1	2	2	1
Universal Shears (Suitable for cutting clothing)	1	1	1	1
Conforming Bandage (7.5cm x 4m)	1	2	2	1

The above is a suggested contents list only; equivalent but different items will be considered acceptable.

The contents of first aid containers should be examined frequently and should be re-stocked as soon as possible after use.

It is recommended that easy removable adhesive tape should be used

Face masks (for administering mouth to mouth resuscitation) should be made available to First Aiders.

Where mains tap water is not available for eye irrigation, at least a litre of sterile water or sterile normal saline should be available when the assessment points to a risk.

Two large first aid boxes are located in the office area and the other is upstairs in the Fox Room. Two further smaller first aid kits are located upstairs and down stairs to be used by lunchtime staff outside.

## **9.0 Medication**

Please refer to Administering Medication Policy.

## **10.0 Liability**

First Aiders are covered by the Company's liability insurance, unless it is shown that they were deliberately negligent within the context of the workplace.

Employees carrying out First Aid outside the workplace and in their own time are advised to provide their own insurance cover.

## **11.0 Medical Emergencies**

In the event of a medical emergency, the child/or adult is referred to a First Aider. The reporting adult should advise the First Aider where the medical emergency has occurred and will provide any other known information regarding the casualty's condition.

When at the scene, the First Aider will assess the situation and request that parents/carers are informed if the injury relates to the head or is more than a general bump or graze.

If contact cannot be made with the parents/carers then the First Aider will consult senior staff on the next course of action. The First Aider may request an ambulance if it is considered necessary or the child may be transported to the nearest hospital by the designated First Aider and supporting staff. Every effort will be made to contact the parents/carers as a matter of urgency.

On completion of the first aid treatment and action taken, the First Aider will report the incident on an Accident & Investigation report form (kept in the office). This record must be kept for 10 years, in case of litigation.

In the case of any head injury parents must be informed and given the option to come and check their child/ injury.



**Any injury concerning a bone with swelling and pain parents should be advised to take their child to be further checked out by a medical professional.**

## **12.0 Hygiene and infection control**

Several communicable diseases can be contracted from infected blood and other body fluids, including HIV and Hepatitis B.

First aiders will be aware of the basic hygiene and infection control measures from their first aid training. First Aiders should follow the infection control technique, to avoid direct contact with body fluids at all times. This will involve covering any cuts or wounds the First Aider may have on their hands, washing hands before and after tending a casualty and wearing disposable gloves when dealing with body fluids.

The disposable gloves should be of the vinyl type and un-powdered as latex allergy is a recognised and growing problem.

Procedures outlined within the Guidance on Infection Control in school and other child care settings are followed by all First Aiders.

## **13.0 First Aider Qualification**

The first aider must hold a valid certificate of competence in first aid at work (HSE validated) before taking up their duties. The HSE First Aid Certificate is valid for three years.

Designated staff working within the Foundation Stage setting must have completed their Paediatric First Aid certificate. This must be recorded and kept up to date.

Special additional training will be given if a hazard, such as dealing with dangerous substances is identified in the risk assessment. This training will be in addition to the basic first aid four-day training.

The Head/Deputy Head Teacher should ensure that first aider training record is kept up to date and a record of the qualification held on site within the Health and Safety file located in the main office.

### **Trained First Aiders**

There are a number of staff trained as first aiders. A list of these can be found on the yellow display boards around school.

In addition, a number of staff have attended a 2 day paediatric First Aid Course and have current valid certificates.

A record of all trained First Aiders is kept at the office.

In addition, all staff, receive annual training on the following:

- Epi-pen Training
- Asthma Training
- Epilepsy Training

- Diabetes Training

#### **14.0 Aims of the Mental Health First Aider**

Mental Health First Aid is of significant importance to Hemlington Hall Academy therefore we endeavour to help and offer support to individuals with a developing a mental ill health problem (when this can be recognised), experiencing a worsening of an existing mental illness or a mental health crisis. First aid and /or referral will be offered until appropriate professional help is received, or the crisis resolves. For further Information please see our Mental Health Policy.

#### **15.0 COVID 19 (and other infectious diseases) Procedures**

These procedures will be reviewed regularly following government and Public Health England Guidance. If a child becomes ill with suspected COVID-19 symptoms:

- Persistent new cough
- High Temperature
- Loss of taste and/or smell

The child will be moved to the designated COVID-19 isolation areas (Fox room upstairs and Year 2 spare classroom downstairs) and asked to sit in there whilst the First aider puts on the relevant PPE (face mask, apron and gloves). These are located in each of the rooms clearly labelled in a PPE box.

The first aider will take the child's temperature and the office will contact parents/guardians to collect the child immediately. Upon collection the parent will be offered a school Covid-19 testing kit.

The first aider will remain 2m where possible from the child in a well ventilate room (windows need to be open). The adult picking the child up will be informed that the child will need to isolate for 10 days and encouraged to seek a test. Parents are reminded to inform school of the results.

When the child has left the building the first aider needs to remove the relevant PPE safely as per the guidelines and double bag in the yellow waste bags. The bag should be stored for 72 hours before disposing of it in the waste. The first aider then needs to wash their hands and face thoroughly.

Any surfaces the child has come into contact with will need to be thoroughly cleaned (including toilets) and an alternative room should be used for isolation for the next 48 hours.

If an adult becomes ill with symptoms of Covid-19 they will leave immediately and return home. They will be advised to seek a Covid-19 test (have access to these in school) and should not return until either they have a negative Covid-19 test and/or they have isolated for 10 days from the onset of symptoms.

Staff have the option to volunteer to be involved in the Lateral Flow Tests in school on a regular basis. These tests will be administered on Sunday evening/Monday morning before school and then again on Wednesday evening/Thursday morning by the individual. These results should be sent to Track and Trace (following the guidelines provided in the packs) and the HT for planning of bubbles etc. If the LFD test comes back positive the member of staff needs to seek a PCR test to confirm the results. Up

on a positive result from the LFD test staff need to follow the guidelines of a positive test results. If the LFD gives a void reading the test needs to be administered again. If two void tests are confirmed, then a PCR test is advised, and the isolation process begins as though it was a positive result until the PCR test results are received. If the PCR test comes back negative then then the individual can return to work.

**Author: Head Teacher**

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