

First Aid Policy



First Aid

The trust is committed to providing sufficient provision for first aid to deal with injuries that arise at work or as a consequence of trust activities.

To achieve this objective the trust will:

1. appoint and train a suitable number of first aid personnel
2. display first aid notices with details of first aid provision
3. provide and maintain suitable and sufficient first aid facilities including first aid boxes
4. provide any additional first aid training that may be required to deal with specific first aid hazards.

First Aiders

A First Aider is a person who has a valid certificate in either first aid at work or emergency first aid at work training.

First Aiders training will be refreshed every three years by undertaking the two day First Aid at Work requalification. (This may be taken up to 3 months before / 28 days after the expiry date on the certificate).

First aid personnel will be provided with refresher training at regular intervals to keep their skills up to date.

The number of first aiders required will be determined by completing a risk assessment. The HSE provide some general guidance on the number of first aiders required and expected provision is illustrated below:

Category of Risk	Numbers employed at any one location	Suggested Number of First Aid Personnel
Lower Hazard (Most schools fall into this category)	fewer than 25	- at least one Appointed Person - <i>it is recommended they receive Emergency First Aid at work training (EFAW)</i>
	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	fewer than 5	- at least one Appointed Person - <i>it is recommended they receive Emergency First Aid at work training (EFAW)</i>
	5-50	- at least one First Aider trained in EFAW or FAW
	more than 50	- at least one additional First Aider trained in FAW for every 50 employed (or part thereof)

The numbers of first aid personnel will be determined by individual circumstances, the level of risk and in line with current government guidance.

Additional First Aid Provision

In addition to the above in higher risk areas such as science, D&T, PE etc. at least one person will be trained to a minimum level of emergency first aid.

Adequate first aid provision will include cover for break times.

First aid provision will be available at all times whilst people are present on trust premises including out of hours activities. The assessment of need will be reviewed at least annually.

First Aid Boxes

First aid kits, clearly marked, will be provided in the First Aid Room and other readily accessible locations and be made known to all staff and pupils.

Additional first aid boxes will be provided in all playgrounds and for off site visits.

First aid containers will also be available within specific curriculum areas where an increased risk exists e.g. Design and Technology workshops.

Travel first aid boxes will be kept in minibuses.

First aid boxes will contain a sufficient quantity of suitable first aid materials and nothing else.

First aid does not include the administration of medicines and thus first aid boxes should NOT contain drugs of any kind including aspirin, paracetamol, antiseptic creams etc.

First aid boxes should be located near hand washing facilities as far as possible.

All first aid boxes will be checked regularly and maintained by a designated member of staff, items should not be used after expiry date shown on packaging. Extra stock will be kept in the first aid room.

Suitable protective clothing and equipment such as disposable gloves (e.g. vinyl or powder free, low protein latex CE marked) and aprons will be provided near the first aid materials.

Blunt-ended stainless steel scissors (minimum length 12.7 cm) will be kept where there is a possibility that clothing might have to be cut away. These should be kept along with items of protective clothing and equipment.

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

First Aid Rooms

The first aid room is located opposite an accessible WC with a sink on the ground floor.

First Aid Information

Notices are posted in clearly visible positions within a trust, giving the location of first aid equipment and facilities and the name(s) and location(s) of the first aid personnel.

New and temporary employees are to be told of the location of first-aid equipment and first aid personnel, and facilities on the first day they join the trust as part of the induction training.

First Aid Records

The trust ensures that the following records are available:

- certification of training for all first-aiders and refresher periods
- any specialised instruction received by first-aiders or staff (e.g. Epi-pens)
- first aid cases treated (see first aid log on google drive and accident / incident reporting to the Trust).

Guidelines on Responding to Injuries

Minor injuries

The following injuries are considered minor and capable of being dealt with by a first aider in trust: grazes, small scratches, bumps, minor bruising, minor scalding or burns resulting in slight redness to the skin.

School staff will administer basic first aid. This will be on the First Aid Log, an 'I received first Aid' wristband put on the child and the office will send daily text messages to parents of children who received first aid.

Injuries requiring medical attention:

- deep cut
- long cuts, which are considered to be approximately 2.5cm when on the hand or foot and 5cm when elsewhere on the body
- the cut is jagged
- the injury involved a pet, especially a cat
- the injury involved a wild animal
- the injury is due to a bite, either human or animal
- the wound has debris stuck in it after cleansing
- the wound is bleeding heavily
- the wound will not stop bleeding after applying direct pressure for 10 minutes
- the injury is a puncture wound.

Head injuries

Injuries to the head need to be treated with particular care. Where symptoms indicating serious injury are NOT present, a head injury call to parents will be made and a 'I received first Aid' wristband put on the child, followed up with a first aid text to parent/carer. Any evidence of 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.

Hospital Admission

Where a pupil is required to attend hospital using an ambulance and their parents are unable to attend hospital promptly, a member of staff will go to the hospital.

In the exceptional circumstance of parental permission being required, and the parent is unobtainable, a member of staff can act in loco parentis.

If a child is taken directly to hospital they will be accompanied by a member of staff who will stay with the pupil until discharged or until a handover can be made to a parent or guardian.

The member of staff at the hospital must update the senior teacher on the condition of the injured pupil as and when information is made available.

The parent/guardian of a pupil attending hospital must be advised at the earliest opportunity.

Support for the injured pupil and their parents will be provided as determined by the individual circumstances of the incident.

Blood and Body Fluid Spillages

It is important that spillages of blood, faeces, vomit or other body 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 (spillage powder) is available to deal with blood and body fluid spillages, the kit is located in the First Aid Room and on each floor .

A designated member of staff is responsible for checking and replenishing the kit regularly is the Lead First Aider.

General principles of blood and body fluid spillage management

Body 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 your body and clothes: disposable gloves and aprons 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

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/disinfectant 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 trust waste container. Large quantities of contaminated waste should be disposed of in consultation with the local waste authority.

Wash hands after the procedure.

As with all other hazardous substances used in trust, bleach and disinfectants should be stored, handled and used in accordance with COSHH (Control of Substances Hazardous to Health, 2002) Regulations 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.

Defibrillator

The school has two defibrillators, one located in the school reception/entrance and another on the Top Floor room T7.

The two defibrillators have been registered with NHS England. First Aid staff have been trained in their usage but full instructions (including step by step verbal instructions) are provided when the defibrillator is activated and should be followed all times.

They are available for school and community use in an emergency.

Defibrillators are located at the School reception and T7