



Gawber Primary School

First Aid policy

Agreed by Governors October 2022

Review Date October 2023



Aims

Ensure the health and safety of all staff, pupils and visitors

Ensure that staff and governors are aware of their responsibilities with regards to health and safety

Provide a framework for responding to an incident and recording and reporting the outcomes

1. Legislation and Guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

2. Roles and responsibilities Responsibilities

As our school has Early Years Foundation Stage provision, at least one person who has a current paediatric first aid certificate must be on the premises at all times.

2.1 Appointed person(s) and first aiders

At Gawber all our staff are first aid trained. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (
- Keeping their contact details up to date

Our school's appointed person is Miss Kayleigh Mitchell. Their name will also be displayed prominently around the school.

2.2 The Governing Body

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

2.3 The headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

2.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are.

Completing accident reports, for all incidents they attend to where a first aider/appointed person is not called Informing the headteacher or their manager of any specific health conditions or first aid needs..

First aid procedures

3 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the relevant member of staff will contact parents immediately
- The first aider/relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

4 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the visit leader prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

5. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits. It is locked away in the office and signed, dated and the dose is recorded for whenever an adult has administered any medication

First aid kits are stored in:

- The central area, the staffroom, class stock cupboards, the main office, the school kitchen.

6. Training

At Gawber all our staff both teaching and non-teaching receive regular first aid training and updates as appropriate. Any staff new to post are given first aid training as soon as is practicable. At least 2 members of our early -years team have full paediatric training.

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, however the HSE recommend that First Aiders attend annual refresher training to help maintain basic skills and keep up to date with any changes to first-aid procedures. 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.

Designation	Year 1	Year 2	Year 3	Year 4
First Aid Trained	Paediatric First aid Level 3 (12 hour course)	Annual refresher	Annual refresher	Paediatric First aid Level 3
Emergency Paediatric First Aid (EPFA) trained	(EPFA) trained (6 hours)	Annual refresher	Annual refresher	(EPFA) trained

Persons attending the 1 day first aid training are now referred to as an Emergency First Aider (Previously Appointed Person).

What is an 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.

Summary of duties and training	
First aider	<ul style="list-style-type: none"> • Provision of first aid • Monitoring first aid equipment • Calling emergency services • 3 days training (FAW) • Consider additional training specific to other identified needs
Emergency first aider	<ul style="list-style-type: none"> • Provision of first aid • Monitoring first aid equipment • Calling emergency services • 1 day training - (EFAW)
Appointed person	<ul style="list-style-type: none"> • Monitoring first aid equipment • Calling emergency services • No training requirement • <i>Consider upgrading to EFAW trained</i>

Factors to consider when selecting someone to be a First-aider?

When selecting someone to take up the role of a first-aider, a number of factors need to be taken into account, including an individual's:

- 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;
- normal duties, which should be such that they may be able to respond immediately and rapidly to an emergency.

Regardless of the numbers of First Aider / Emergency First Aider required the following must be considered:

1. Where there are hazards for which additional first aid skills are necessary at least one First Aider trained in the specific emergency action is required (examples include work in confined spaces, the use of/contact with cyanide).
2. There needs to be adequate first aid provision at all times that people are at work, including considering shift and out-of-hours work.
3. There needs to be adequate first aid provision to cover planned absences (also consider what action will be taken in unplanned and emergency absences).
4. The number and type of members of the public who visit the premises.
5. Whether the calculated/risk assessed first aid provision seems reasonable considering the type of injuries that might occur.

7. What is a First Aid Container?

An appropriate number of first aid boxes must be provided within the workplace to ensure that there are adequate supplies for the nature of the hazards involved. Smaller locations, may only require a single box. Larger sites or building will require more than one box. The number will be decided as part of the needs assessment.

Boxes should be made of suitable material to protect the contents and kept in suitable location protected from the effects of dust, damp or the environment. First Aid boxes should be identified by a white cross on a green background. The location of first aid boxes will be clearly indicated on notice boards throughout the workplace. They will display the following information:

- Name of person responsible for their upkeep
- Nearest location for further supplies
- Contents of box and arrangements for replenishing
- Location of accident/incident forms

First Aid Container contents

All boxes will contain at least the minimum supplies as recommended in the regulations. Only specified first aid supplies will be kept (see below). Supplementary items may be required as identified by the needs assessment. No creams, drugs or lotions, however mild, will be kept in these boxes.

Minimum quantities for low risk premises and for travelling kits may be considered as:

ITEM	FIRST AID BOXES	TRAVELLING FIRST AID KITS
Guidance leaflet on giving general guidance on first aid	1	1
Individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary)	20	6
Sterile eye pads	2	
Individually wrapped triangular bandages	2	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 sterile wet wipes		Small packet
Disposable gloves for wear by any personnel handling blood, vomit, excreta, etc.	Min 3 pairs	2 pairs

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. **Kayleigh Mitchell (admin assistant)** has responsibility for checking and replenishing first aid kits.

Note: When selecting gloves consideration should be given to the potential for allergic reactions, therefore non-latex, un-powdered gloves may be preferable- also each pair of gloves should be individually sealed so as to avoid and cross- contamination.

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. antidotes), 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.

8. Arrangements for First Aid Rooms

At Gawber we do not have a designated first aid room. However, we do have specific areas in school that are used for first aid and where first aid equipment is kept up to date and readily available. These areas are the staff room and the shared central area between classes 2 and 6.

These areas have access to.

- Sink with hot and cold running water
- Soap and paper towels
- Drinking water and disposable cups
- First Aid container/cabinet and suitable storage for any other identified materials/equipment
- Foot operated refuse containers, lined with yellow, disposable clinical waste bags or a container suitable for the safe disposal of clinical waste
- A chair
- A telephone or other communication equipment
- Method for recording incidents attended by first-aider or appointed person

9. Record keeping

The following records must be kept:

- Inventory of all first aiders, first aid boxes and their locations
- First aid risk assessments including details of the control measures
- Inventory of person(s) responsible for checking and re-ordering supplies
- Records of training provided for first aiders
- Records of any information, instruction and training given to employees and managers/supervisors
- Records of all treatment given to employees and supplies used

10. Accident Reporting

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

all accidents to pupils and employees;

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 1995 (RIDDOR) as amended 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 Accidents and Incidents Management Standard. Barnsley Metropolitan Borough Council Health, Safety & Emergency Resilience Service Schools Safety Management System

11. 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.

In accordance with the Health and Safety Management 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.

Where emergency treatment is not required the Form RH1 – Bump Note , found in the Schools Management 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.

12. 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) where reasonably practicable, efforts are made to obtain the appropriate car seat for the pupils height/weight¹

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.)

13. 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.

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.

If it is an adult tooth has come out, the tooth should be retrieved put in milk to keep it wet prior to being assessed by the dentist.

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.

(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 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 Health and Safety Management 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
- Needle stick 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 appointed person 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 DSO Catering, Caretaking and Cleaning Services) and the school in first aid matters.

Contractors may have their own First Aiders or Appointed Persons. 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 Health and Safety Management Standard available on the health and safety website.

13. 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 Aider 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 Minibus 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.

14. Approval

This Policy was approved by the Governing Body of the School at their meeting in **October 2022** and recorded by resolution in the minutes of The full Governing Body meeting.

Date of policy review October 2024