

First Aid Policy and Practice

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This section should be read in conjunction with the guidance outlined in [Section F](#) of the County Health and Safety Manual and the Bloodborne Viruses Guidance.

1. INTRODUCTION

- This policy sets the standards for the provision of first aid to staff and others within Broxbourne CE Primary School and Extended School and is intended to assist in meeting the requirements of current legislation.
- The Health and Safety (First Aid) Regulations 1981 and their approved code of practice relate to the provision of first aid facilities for employees if they are injured or become ill at work.
- The regulations do not directly apply to non-employees, however when assessing the overall risk Broxbourne CE Primary School, Early Years Foundation Stage and Extended School has taken into account all persons, including pupils, who have access to the premises and have considered them when deciding on the number of first aiders required.

2. PROVISION OF 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. EYFS staff ie those working with children up to the end of the academic year in which the child has their 5th birthday, should be trained in Paediatric First Aid.
- Broxbourne CE Primary School, Early Years Foundation Stage and Extended School has carried out a risk assessment using the HSE Guidance and has concluded that at least one member of staff holding a valid Paediatric First Aid Certificate (renewable every 3 years) should be present in the EYFS Unit at any one time. To ensure that this is possible, at least 2 members of staff should hold a current certificate. Where trips / offsite activities are undertaken and these activities involve any child covered by the EYFS framework then at least one paediatric first aider must accompany the children.
- **Appointed persons** – An appointed person (the Headteacher/Deputy Headteacher/School Manager) is responsible for taking control when someone is ill or injured, including calling 999. The Resources Manager is responsible for First Aid equipment and keeping boxes stocked. It is the responsibility of all staff to replenish stock when used and for class TAs to ensure class supplies are adequately stocked. A record of termly checks is held in the school office.
- Broxbourne CE Primary School, Early Years Foundation Stage and Extended School employs a large number of staff therefore in order to ensure that at least one appointed person is always available, 12 people will be trained in HSE approved Emergency First Aid at Work (renewable every 3 years). Six people will be trained in Paediatric First Aid. In addition all other members of staff,

including teachers, TAs, MSAs and Admin, will be trained in First Aid for Schools with a refresher course every 3 years.

3. FIRST AID EQUIPMENT AND BOXES

- Broxbourne CE Primary School, Early Years Foundation Stage and Extended School has First Aid kits located throughout the premises as set out in the School, Early Years Foundation Stage and Extended School's Health and Safety Statement Appendix 3. Travel first aid kits are taken on all offsite visits and journeys. Minimum provision for First Aid boxes and kits is set out at Appendix A.
- First aid boxes do not contain medicines or any drugs including aspirin, paracetamol, antiseptic creams etc.
- A First aid box is available where the premises are used by the community out of 'normal' hours, arrangements are in place to ensure a first aid kit is available to persons who may require its use.
- An eye irrigation kit is available in the caretaker's wet room for use in the case of emergency.
- All first aid kits are checked regularly and maintained by teaching assistants. Items are not used after the expiry date shown on packaging. Extra stock is kept in the school.
- Suitable protective clothing and equipment such as disposable gloves (e.g. vinyl or powder free, low protein latex CE marked) and aprons are provided near the first aid materials.
- Contaminated waste (soiled or used dressings) is disposed of via phs the county approved hygienic disposal service.

4. MEDICAL ROOM

Broxbourne CE Primary School, Early Years Foundation Stage and Extended School has a designated medical room that is used for medical treatment when required. This room is also used for small group work and meetings.

5. LEGAL CONNOTATIONS OF CARRYING OUT FIRST AID

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

6. EMERGENCY PROCEDURES AND LIAISON WITH THE AMBULANCE SERVICE

- In the case of serious or potentially serious injuries, professional medical assistance is sought at the earliest possible time so as to avoid the danger of inappropriate diagnosis or treatment.
- All staff know how to call the emergency services. Staff do not take children to hospital in their own car; it is safer to call an ambulance.
- A member of staff would accompany the child to hospital by ambulance and would stay until parent or guardian arrives. Health professionals are responsible for decisions on medical treatment where a child's parent or guardian is unavailable.

7. PROVISION OF INFORMATION TO EMPLOYEES

- Broxbourne CE Primary School, Early Years Foundation Stage and Extended School First Aid arrangements are incorporated into the Health and Safety Statement and all staff are aware of these including the location of equipment, facilities and personnel.
- There is a notice posted in a conspicuous position in the main entrance, giving the location of first aid equipment and facilities.
- New and temporary employees are told of the location of first-aid equipment and personnel and facilities on the first day they join the establishment as part of the induction training, provided by the Deputy Headteacher or School Manager.
- Broxbourne CE Primary School and Extended School practice and procedures are set out at Appendix C.

8. MAINTENANCE OF RECORDS

Broxbourne CE Primary School, Early Years Foundation Stage and Extended School ensures that the following records are available:

- certification of training for all first-aiders and refresher periods;
- records of staff training are held on the staff database and in the staff training file;
- any specialised instruction received by first-aiders or staff (e.g. Epi-pens);
- first aid cases treated (see accident / incident reporting);
- the School Manager is responsible for ensuring 3 yearly refresher training.

9. FIRST AID AND BLOOD BORNE VIRUSES

In any situation requiring first-aid the 'Universal Precautions' are always followed to reduce the risk of transmitting blood borne infections such as hepatitis and HIV (the AIDS virus). This approach assumes that all blood products and bodily fluids are potentially infectious thus the following procedures are always applied:

- open wounds on the hands of staff are always covered with a waterproof adhesive dressing;
- Disposable gloves (unpowdered latex or vinyl) to be worn when dealing with bleeding / cleaning up bodily fluids.

See guidance on Blood borne Viruses of Education manual and County BBV policy for further information.

10. THOSE WITH SPECIFIC NEEDS

- This document sets out to provide general guidance only. If Broxbourne CE Primary School, Early Years Foundation Stage and Extended School has children with disabilities, long-standing medical conditions or allergies, which require special attention, individual and specialist advice is sought about their treatment in the case of accidents or illness.

- The DfE Document [Managing Medicines in schools and Early Years settings](#) and Broxbourne CE Primary School's Policy for Supporting Children in School with Medical Conditions are referred to for guidance in such situations.
- In addition some staff may carry their own medication such as inhalers for asthma, insulin for managing diabetes etc. These medications are prescribed by a doctor. 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.

11. HEAD INJURIES

- Injuries to the head need to be treated with particular care. Any evidence of following symptoms may indicate serious injury and an ambulance will be called immediately.
 - 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.
- Where children receive a head injury their parents/carers are informed. This is done immediately by telephone if symptoms described above occur. For more minor bumps etc. the parent is informed when they collect the child or by sending a letter home with the child as appropriate.
- Broxbourne CE Primary School, Early Years Foundation Stage and Extended School follows NHS direct recommendations that if a child suffers a significant head injury, they should sit quietly for the first 2 hours after the injury and be monitored for the next 48 hrs.

12. FURTHER INFORMATION

Further advice and information on first aid matters can be obtained from the Health and Safety (Education) Team on 01992 556478

DfE good practice guide, **Guidance on First Aid for Schools**

<http://www.teachernet.gov.uk/wholeschool/healthandsafety/firstaid/>

HSE First Aid homepage <http://www.hse.gov.uk/firstaid/index.htm>

Signed:

Chair of Governors:

Dated: Review date September 2017

APPENDIX A

Minimum provision for a first aid kit

- One guidance card
- Twenty individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the work environment (which must be detectable for the catering industry);
- Two sterile eye pads, with attachment;
- Four individually wrapped triangular bandages
- Six safety pins;
- Six medium sized individually wrapped sterile unmedicated wound dressings (approx. 12 x 12cm);
- Two large sterile individually wrapped unmedicated wound dressings (approx. 18x18 cm); and
- One pair of disposable gloves.

Minimum provision for a travel first aid kit

- One guidance card
- Six individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the work environment
- Two individually wrapped triangular bandages
- Two safety pins;
- Individually wrapped moist cleaning wipes
- One large sterile individually wrapped unmedicated wound dressings (approx. 18x18 cm); and
- One pair of disposable gloves.

Refusal of transfusion of blood or blood components

The below is taken from the Royal College of Surgeons of England Code of Practice for Surgical Management of Jehovahs Witnesses 2002

- The well being of the child is paramount and if, after full parental consultation, blood is refused, the surgeon should make use of the Law to protect the child's interests.
- A 'Specific Issue Order' maybe applied for, to provide legal sanctions for a specific action such as the administration of blood, without removing all parental authority. Advice and assistance in obtaining this action should be sought from a medical social worker (These are available in most European hospitals).
- If a child needs blood in an emergency, despite the surgeon's best efforts to contain haemorrhage, it should be given.
- Children of 16 can give legally valid consent for medical treatment, and children under this age can consent if they understand the issues involved. However, the Courts have proved willing to overrule the refusal of specific procedures by children.
- The High Court is the most appropriate forum to achieve a fair and impartial hearing when conflict arises between religious, medical and ethical opinions.
- The use of blood/blood products in life threatening situations should be based on the judgement of the clinician in charge of the patient.
- Most operations on children do not require or involve blood transfusion. If in the opinion of the surgeon, the child is extremely unlikely to need transfusion as a result of the procedure the usual arrangements should be made to proceed with the operation. The parents should be invited to sign appropriate forms signifying their objection to blood transfusion.
- Recognising that occasionally a transfusion will unexpectedly become necessary, the surgeon may choose to say to the parents "I will not allow your child to die for want of a blood transfusion", unless it is, indeed, his intention to withhold blood under all circumstances. Most parents find this an acceptable way forward.

Broxbourne CE Primary School **First Aid Policy and Practice**

Children feeling generally unwell are dealt with by a Teaching Assistant during school time. She will comfort, give drinks of water, try to determine how unwell the child is and in consultation with the Class Teacher, duty First Aider and School Manager will decide the appropriate course of action, ie, to send the child home or monitor their condition.

Teaching Assistants attend to cuts and bruises and all such incidents are recorded in the Medical Room log.

Teaching Assistants also deal with children who have been sick. Children who have vomited are sent home and parents are informed to keep the child away from school until 48 hours after symptoms cease.

These same duties are carried out by Midday Supervisor Assistants during the lunch hour.

Notes are always sent home to parents following any bang to the head. These notes are initiated by the person dealing with the incident. Other significant or unusual occurrences are also reported to parents using a ‘We feel you should be aware . . . ‘ note.

In the event of a child needing to be taken home, to the doctors or a hospital a parent or named person is summoned. The school has an emergency number for each child and a parent or carer is expected to be available on that number.

In the event of a child needing emergency First Aid, the Headteacher would be summoned and other named staff would offer assistance. An ambulance would be summoned.

More serious accidents and dangerous occurrences must be reported to the County Health and Safety Manager on an Incident or Dangerous Occurrence Report (IDOR) form or as soon as practicable after the event. (Education health and Safety Manual gives further guidance in completing this form).

This should be completed online.

Where it is necessary for the Health and Safety Executive (HSE) to be notified, form F2508 Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) – should be completed.

This can be filled in online.

(Further guidance on when it is appropriate to inform the HSE of any incident is given in the Education Health and Safety Manual).

The circumstances of an incident should be investigated at the earliest opportunity and where remedial or protective action is required; this should be carried out without delay.

Red Triangles are hung in all rooms and corridor areas. The significance of these and their location is known to all adults. If an incident occurs an adult is able to give the Triangle to a child who will find the nearest other adult to assist immediately. Children are aware of this procedure.

Medicines in School

Please refer to Policy for Supporting Children at School with Medical Conditions.

Policy

1. All teachers teaching assistants and midday supervisory assistants are kept up to date on official first aid practice for educational establishments. (May 2016) Six members of staff currently hold a Paediatric First Aid Certificate. Thirteen members of staff are trained in the HSE approved course, Emergency First Aid at Work. Remaining staff members are trained in Emergency First Aid in Schools. All refresher courses are held every 3 years.
2. All staff should be aware of assistance that can be given if they need it from the Headteacher, School Manager, Key Stage Leader and other named persons, should they have an emergency. These names will be posted in the medical room and made known to all employees.
3. First Aid boxes must at all times be equipped with material, which is necessary for dealing with any minor injury. In the event of a more major injury/incident, first aid equipment should be available until such time as further help can be summoned, eg, ambulance.
4. The building and ground should be kept as safe as possible and any hazards identified as such and removed so that all persons work and play in as safe an environment as possible.
5. All staff are encouraged to attend emergency first aid courses at regular intervals – updating every three years.
6. All those people using the school out of hours are made aware of first aid boxes and their whereabouts and the telephone must be available for their use. Such groups or people must be aware of the necessity of having a name First Aider present.
7. There is at least one notice posted in a conspicuous position in all workplaces in the school, giving the location of first aid equipment and facilities and the name and location of the personnel concerned.
8. New employees are told of the location of first aid equipment and personnel, and where appropriate, facilities when they first join the school. This should always be part of the induction training given to new employees and any changes to the above should be made known to them.

In addition to our First Aid practice, we will use only cold gauze for minor bumps and bruises and 'Medichill' ice pads for more serious bumps and sprains etc.

These ice pads are kept in the medical room freezer. Staff and MSA's will be aware of where they are kept and how to use them. In addition to having frozen ice pads, some will be chilled and used as a cool gel pack, as recommended in the Medicill leaflet (see attached).

Although they can be re-used, our policy will be that once used, they will be discarded in order to avoid cross contamination.

This produce has been approved by County for our use.

This document and the Hertfordshire County Council, Health and Safety Policy and Guidelines, constitute the First Aid and Practice Policy.

