HEALTH AND SAFETY POLICY

First Aid

AIM: To set out the overarching principles and responsibilities with regard to first aid provisions within Trust schools
ESSENTIAL POLICY FOR: SET Finance & Infrastructure Committee, Heads of Schools, Governors, Qualified first aiders, Visit Leaders and Organisers

Date issued: 1st September 2018 by C Lloyd, Health and Safety Officer
Reviewed and amended 29 August 2019 by C Lloyd Health and Safety Officer
Next review: August 2020

1. INTRODUCTION

This document provides guidance to Trust 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).

2. PROVISION OF FIRST AIDERS

Schools should carry out a First Aid risk assessment which determines the overall category of risk at the school. This should then be supported by a First Aid Needs Assessment based on the level of risk assessed. The Health and Safety Executive (HSE) - First aid at work assessment tool can be used to help determine the required number of first aiders for the 'needs assessment'. Schools may also contact the Trust Health and Safety Officer for advice as required when completing the assessment.
This assessment of need along with the main First Aid assessment should be reviewed at least annually.
Examples of the First Aid Assessment and Needs Assessment are set out in Appendix A below.

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 staff and 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 either first aid at work **(FAW)** or Emergency first aid at work **(EFAW)** for every 100 employed (or part thereof).
Higher Hazard[1]	5-50	At least one First Aider trained in **EFAW** or **FAW** depending on types of injuries that may occur.
	more than 50	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. DT machinery, hazardous substances).
- numbers of pupils on site.
- extended / extra-curricular school activities.

[1] Schools will generally fall into the lower hazard category, although some areas of activity (i.e. DT, Science, laboratories etc.) may fall into the higher risk category.

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, DT, 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 contract of employment those who agree to become first aiders do so on a voluntary basis.

3. 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.

For the avoidance of doubt. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. The head teacher must ensure that all staff designated to support children with existing medical conditions are suitably trained. See the following publication for more information
https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
In addition some staff and pupils 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.

4. 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.

First aid 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.

The voluntary aid societies (e.g. St John Ambulance, British Red Cross) are recognised by the HSE as one of the standard setters in currently accepted first aid practice.

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.

5. 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 B below 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.

6. 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.

7. 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.

8. PROVISION OF INFORMATION

Schools should ensure that their first aid arrangements are communicated to all staff. 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 trained first aiders.

9. 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).

10. BLOOD BORNE 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 (un-powdered 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.

11. 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.

The SET provides both Primary and Secondary school Head Injury Protocols which are included at Appendix C.

NHS Direct provide full details of symptoms and treatment for minor head injuries https://www.nhs.uk/conditions/minor-head-injury/

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.

12. FURTHER INFORMATION

Further advice and information on first aid matters can be obtained from:

DfE good practice guide, **Guidance on First Aid for Schools**
Please note information regarding first aid training providers in this advice is no longer current.

DfE Pastoral care / first aid guidance https://www.gov.uk/topic/schools-colleges-childrens-services/support-for-children-young-people

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

APPENDIX A

First Aid Assessment

Actions determined as required but not yet in place should be moved from the 'Risk Control Measures?' column to the 'Additional controls needed?' column. Record any other ***significant*** *findings and actions required to reduce risk further where existing controls are insufficient, assigning these actions to an appropriate manager or member of staff.*

RISK ASSESSMENT – FIRST AID

Location	Insert name of school	**Assessment date** **Assessor**	Insert date Insert name
Activity	Assessment to determine the level of first aid measures appropriate to the risk across the site. Guidance applied is Norfolk County Council, Children's Services	**Routine review**	Annually or in the event of any significant accident or change to the arrangements or risk

Overall category of risk for the site assessed to be	**Lower risk** ☐	**Medium risk** ☐	**Higher risk** ☐
Times of onsite work activity by employees and when non-employees may be on site	Employees 24 hours during term times, reduced during holidays	Open to non-employees 0800-1800 term and reduced during holidays	
Maximum likely number of persons on site at any one time including visitors. Time taken to be peak period term time day	Employees	Pupils	Visitors
Number of first aid personnel available- x qualified staff as at date. Allow for 50% not on site due to shift work/not available.	Emergency First Aiders	First aiders	Paediatric First aiders
Guidance figure for number of first aid personnel that should be available at the site/workplace.	Emergency First Aiders x for employees x if all on site considered	First aiders	Paediatric First aiders
Additional personnel needed to be trained in order to meet the guidance (see table below).	Emergency First Aiders	First aiders	Paediatric First aiders
Person responsible for ensuring that refresher training is carried out	The Head Teacher		

First Aid Needs Assessment

FIRST AID NEEDS ASSESSMENT

In completing a first aid needs assessment the school should also consult the information and guidance given in the SET First Aid Policy.

Additional information can be obtained from: Guidance on First Aid for Schools

First-aid personnel	**Required Yes/no**	**Number needed**
First-aider with a first aid at work (FAW) certificate		
First-aider with an emergency first aid at work (EFAW) certificate		
First-aider with additional training (specify e.g. Paediatric)		
Appointed person		
First-aid equipment and facilities	**Required Yes/no**	**Number needed**
First-aid Kit (specify any additional items required over and above the basic contents list. Use a separate sheet if needed)		
Additional equipment (specify) (e.g. automated external defibrillator AED))		
Travelling first-aid kit		
First-aid / medical room		

SAMPLE

Assessor name ..... **Signature** .....

Title .....

Date .....

Review date .....

APPENDIX B

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

First aid kit

- Contents list
- 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 un-medicated wound dressings (12x12cm);
- Two large sterile individually wrapped un-medicated wound dressings (18x18cm);
- At least 3 pairs of disposable gloves.

Travel first aid kit

- Contents list
- 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 un-medicated 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.

APPENDIX C

Head Injury Protocols

Head Injury Protocol for EYFS and Primary Schools

1. Introduction

Children frequently sustain minor head injuries but it is nonetheless important that procedures are in place for reporting any head injury, and that there is clear understanding of what symptoms and signs should be looked for in children who have hit their head whilst at school.

2. Definitions

- Head injury is a trauma to the head that may or may not include injury to the brain.
- Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head (a blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion). Please note that there is no such thing as mild concussion.

3. Action in the Event of a Head Injury

3.1 If after a head injury a child remains unconscious or fits, an ambulance should be called immediately and the parents contacted.

3.2 If after a head injury a child suffers from any of the following symptoms medical advice must be sought and, if advised, the child should be taken to see either their GP or to A&E by the parents or by school staff:

- Loss of consciousness
- Vomiting
- Sleepiness
- Fits or abnormal limb movements
- Persisting dizziness or difficulty walking
- Strange behaviour or confused speech

In the above circumstances an entry must be made in the accident book and an incident report form (AIR1) must be completed and forwarded to the SET H&S Team.
Email: chris.lloyd@se-trust.org
The SET H&S Officer will notify the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) if applicable.

3.3 If the head injury has not resulted in hospitalisation or any of the behavioural patterns detailed in section 2.2 and appears to have been a minor bump (visible or not) then in ALL cases the child will, after appropriate treatment, be given:

- A “I bumped my head sticker” or “Red” wristband as appropriate, which will be securely placed on their person;

- A copy of a letter* providing the parent/carer with details of how their child bumped its head and how it was treated (if the child is booked into the school Nursery then the copy of the letter will be handed to the person in charge of the Nursery that afternoon to then pass to the parent/carer);
- The original letter will be placed on file in the 'bumped head' folder;
- The incident will be recorded in the accident book;
- The person who records the incident must inform the class teacher or whoever is teaching the child next and this will continue where the child may be taught by a number of different teachers (the sticker or wristband) should be enough to remind all staff) and
- a phone-call/email/text to the parent informing them immediately about the incident;
- the class teacher whenever possible will contact the parent/carer at the end of the school day to report on the child's condition , but will make arrangements for someone else to do so if they are not available;

* If a child sustains a head injury whilst at school, the following information should be recorded by the person recording the incident in the letter addressed to the parents/carer:

- Was the child behaving in an unusual way before the injury?
- What happened to cause the injury?
- If they fell, how far did they fall?
- What did they hit their head against?
- Did the child lose consciousness? If so, for how long?
- How did they appear afterwards?
- Did they vomit afterwards?
- Was the child observed to have any other problem after the injury?

This is because it is possible for a more serious internal injury to occur with no obvious symptoms for several hours. School staff must remain vigilant and take the appropriate action if the child develops a problem. It may be that the child becomes unwell after school and the information will be helpful to parents if they need to see a doctor.

This policy is monitored by the SET Health and Safety Officer and will be reviewed annually unless significant changes or events take place that render the policy invalid. In these circumstances the policy may be reviewed earlier.

Head Injury Protocol for High Schools

Introduction

All pupils who suffer a head injury at school should initially be seen by the School Nurse or a First Aider for assessment and to plan ongoing care. After any head injury, even when none of the worrying signs are present (see table below), it is important that the pupil's parents or carers are informed about the head injury and given advice on monitoring their son or daughter. Signs of a concussion usually appear within a few minutes or hours of a head injury. But occasionally they may not be obvious for a few days, so it's important to look out for any problems in the days following a head injury.

All Sapientia Trust High Schools seek to provide a safe return to all activities for pupils after injury, particularly concussion. As such the SET has established this policy to outline procedures for staff, parents and pupils to follow in the management of head injuries.

Definitions

- Head injury is a trauma to the head that may or may not include injury to the brain.
- Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head (a blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion). Please note that there is no such thing as mild concussion.

Symptoms of Concussion

Common signs and symptoms of head injury resulting in concussion:

Signs (observed by others) Symptoms (reported by pupil)	Signs (observed by others) Symptoms (reported by pupil)
• Pupil appears dazed or stunned • Confusion • Unsure about game, score, opponent • Moves clumsily (altered coordination) • Balance problems • Personality change • Responds slowly to questions • Forgets events prior to injury • Forgets events after the injury • Loss of consciousness	• Headache • Fatigue • Nausea or vomiting • Double vision, blurry vision • Sensitive to light or noise • Feels sluggish • Feels 'foggy' • Problems concentrating • Problems remembering

Management

At the time of the incident/injury the pupil is to be removed from the lesson/activity/game immediately. The school office should be contacted who will locate an appropriate first aider.

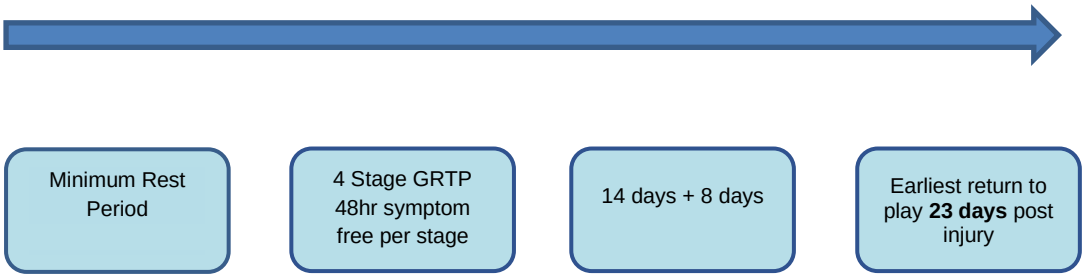
If the injury is serious an ambulance should also be called immediately by the staff member with the pupil. Parents or carers will be contacted by school as soon as possible after the event.

If there are signs or symptoms of concussion, the pupil must be taken to the GP or A&E. Treatment involves physical and cognitive rest until symptoms resolve. The symptoms usually go away entirely within three weeks, but in some cases a longer time frame for recovery may be necessary.

Returning to Sports

The SET policy is in line with the International Rugby Board (IRB) guidelines which state that a pupil diagnosed with concussion should have 14 days off all physical activity once symptom free with a gradual return to sports (non-contact) over the next 8 days if remaining symptom free. This means that a pupil with a concussion will be off contact sports for a minimum of 23 days and longer if symptoms persist. Any return to sporting activities must be supported by a doctor's note (it is the parent's responsibility to obtain such medical clearance)

Minimum Return to play interval for Pupils **18 years of age** and under



If any symptoms occur while progressing through this protocol then the player must stop for a minimum period of 48 hours rest and during this time they must seek further medical advice. When they are symptom free they can return to the previous stage and attempt to progress again after 48 hours if they remain symptom free.

References:

IRB Concussion Guidelines

NHS Choices > Health A-Z > Concussion

Further Advice: For further advice contact the Health and Safety team on 01953 609000 Ext 3477