

# **First Aid Procedure**

**Policy Number: STAT005**

**Governor Committee: H,S& P**

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**Issue Date: 26 January 2022**

**Review Date: January 2023**

## Policy Review

This policy will be reviewed in full by the Governing Body no less than annually.

The policy was last reviewed and agreed by the Governing Body on 26th January, 2022.  
It is due for review in 12 months from the above date.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Head Teacher**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Chair of Governors**

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## **1. Introduction**

This procedure sets the standards for the provision of first aid to staff, pupils and others within the school and is intended to assist in meeting the requirements of current legislation.

The 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, the school should take account of all persons, including pupils, who have access to the premises and consider them when deciding on the number of first aiders required.

## **2. Statement of Intent**

Hitchin Boys' School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, pupils and visitors.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors.

This policy aims to:

- Ensure that the school has adequate, safe and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

## **3. Legal framework**

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Management of Health and Safety at Work Regulations 1999

- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- DfE (2019) 'Automated external defibrillators (AEDs)'

Note that during the Coronavirus pandemic, an adapted set of requirements and procedures apply (e.g. use of Personal Protective Equipment, isolation of those infected etc.) Details are covered in the Covid-19 Risk Assessment available on the school website, as this is revised regularly based upon guidance from the Department for Education and Hertfordshire County Council.

#### **4. 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.

The number of first aiders/appointed persons required depends upon each workplace. The school should determine the level of first aider provision by conducting their own risk assessment. The HSE provide some general guidance on the number of first aiders required, the school will generally fall into the lower hazard category, although some areas of activity (i.e. DT, plant room etc.) may fall into the higher risk category.

In addition to the number of employees the risk assessment should also consider the following:

- 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);
- members of the public visiting the site.

#### **5. First Aid Training**

First aiders should hold a valid certificate, issued by a training organisation approved by the HSE in either:

- First aid at work (FAW) –a three-day course (18 hours).
- Emergency first aid at work (EFAW) - one-day course (6 hours).

First aid training is valid for three years, after which a refresher course is required before recertification. This may be taken up to 3 months before the expiry date on the certificate.

It should be noted that the standard first aid at work training does not include resuscitation procedures for children. Training organisations will also tailor emergency first aid courses specific to the school's needs.

Unless first aid cover is part of an employee's contract of employment those who agree to become first aiders do so on a voluntary basis.

Emergency first aid at work training is recommended for all appointed persons, within the aim of equipping staff with basic skills to preserve life in emergency situations.

The names and locations of trained first aiders are maintained in Reception and displayed on a poster in Reception.

## **6. First Aid Equipment and Boxes**

All establishments 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 be needed for split sites, sports fields and off-site visits.

First aid containers should also be available within specific curriculum areas where an increased risk exists. i.e. Design and Technology workshops, Food Tech, Science, Sports Centre and Tennis Centre.

Travel first aid kits are kept in the Main School Reception, supplies restocked and available for any external trips. The travel first aid kits are given to the main contact supervising any off-site. The P.E department have their own prepared travel kits for external fixtures.

First aid kits should contain a sufficient quantity of suitable first aid materials and nothing else. See Appendix A for a list of minimum contents.

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

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

First aid arrangements must also be in place where they are used by the community out of 'normal' hours, arrangements must be in place to ensure a first aid kit 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.

All first aid kits must be checked regularly and maintained by a designated member of staff, items should not be used after expiry date shown on packaging. Additional stock should be 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 should be provided near the first aid materials.

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

## **7. First Aid Rooms**

The Education (School Premises) Regs 1996 require that every school have a suitable room that can be used for medical treatment when required. This area should be equipped with a sink, be reasonably near a WC and need not be used solely for medical purposes. At HBS, this room is located immediately opposite the Reception area.

## **8. Legal Connotations of Carrying Out First Aid**

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

### **Emergency Procedures and Liaison with the Ambulance Service**

If an incident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

If called, a first aider will assess the situation and take charge of first aider administration. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately.

Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims.

Where the seriously injured or unwell individual is a pupil, the following process will be followed:

- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid.
- Where an ambulance is required, a staff member accompanies the pupil in the ambulance and calls the pupil's parent as soon as possible to inform them of the course of action taken. The staff member remains with the pupil at the hospital until a parent arrives.
- Where an ambulance is not required, but medical attention is needed, the pupil is taken to a hospital or doctor in a staff car, accompanied by at least two staff members – one of whom to drive the car, and one of whom, a first aider, to sit with the pupil in the back seat and attend to their medical needs. The pupil's parent is called as soon as possible to inform them that this course of action has been taken, and at least one of the staff members remains with the pupil at the hospital or doctor's office until a parent arrives.

- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or (if they are fit to be moved) by removing injured persons from the scene.
- Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.

Once the above action has been taken, details of the incident will be reported promptly to:

- The headteacher.
- The parents of the victim(s).

## **9. Provision of Information to Employees**

Schools should ensure that their first aid arrangements are incorporated into their health and safety policy and that all staff are aware of these including the location of equipment, facilities and personnel.

There should be at least one notice posted in a conspicuous position within school, giving the location of first aid equipment and facilities and the name(s) and location(s) of the personnel concerned.

New and temporary employees should be told of the location of first-aid equipment and personnel, and where appropriate, facilities on the first day they join the establishment as part of the induction training.

## **10. Storage of medication**

Medicines will be stored securely and appropriately in accordance with individual product instructions, save where individual pupils have been given responsibility for keeping such equipment with them. Medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine.

Medicine brought in by pupils will be returned to their parents for safe disposal when they are no longer required or have expired.

Parents will advise the school when a child has a chronic medical condition or severe allergy so that an IHP can be implemented and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes and anaphylaxis. A disclaimer will be signed by the parents in this regard.

The school has access to Automated external defibrillators (AED) in the reception area of the Sports Hall and in the Tennis Centre.

## **11. Illnesses**

When a pupil becomes ill during the school day, their parents will be contacted and asked to pick their child up as soon as possible.

A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parents to pick them up. Pupils will be monitored during this time.

## **12. Maintenance of the Records**

The school 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 staff (e.g. Epi pens).
- First aid cases treated (see accident / incident reporting).

## **13. Consent**

Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, alongside details of allergies and chronic conditions.

Staff do not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always try to contact parents to gain consent for any urgent medical intervention, otherwise these decisions are left to medical professionals (e.g. paramedics responding to an emergency call). Staff aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the pupil in mind.

## **14. First Aid & Blood Borne Viruses**

In any situation requiring first-aid the '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 (non- powdered latex or vinyl) to be worn when dealing with bleeding / cleaning up bodily fluids.

## **15. Those with Specific Needs**

This document sets out to provide general guidance only. If an establishment has young people with disabilities, long-standing medical conditions or allergies which require special attention, individual and specialist advice should be sought about their treatment in the case of accidents or illness.

In addition, some staff 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 in helping them do so but if required on their behalf can contact the emergency services as appropriate.

## **16. Head Injuries**

Injuries to the head need to be treated with particular care. Any evidence of the following symptoms may indicate serious injury and an ambulance 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.

Where young people receive a head injury their parents/carers should be informed. In the case of pupils, this should be done immediately by telephone if symptoms described above occur. For more minor bumps etc., the parent should be informed when they collect the child or by sending a letter home with the child as appropriate.

## 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. 18x18cm).
- 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. 18x18cm).
- One pair of disposable gloves.