



FIRST AID POLICY

Reviewed and revised: June 2020 (Update 2.2.21)

Signed: Chair of Governors

..... Headteacher

Next review: June 2023



Chesterton CE Primary School
Generosity Integrity Humility Compassion Respect Resilience

First Aid Policy

INTRODUCTION

The Health and Safety (First Aid) Regulations 1981 require employers to provide adequate numbers of first aiders, facilities and equipment to enable first aid to be given to employees who are injured or who fall ill at work. These Regulations apply to schools in the same way as all other workplaces. Their requirements deal, however, only with employees and do not specifically cover non-employees such as, in schools, pupils and other visitors to the premises. Nevertheless, under the provisions of the Health and Safety at Work etc. Act 1974, employers have a duty to ensure, **so far as is reasonably practicable**, the health and safety of non-employees. Moreover, HSE guidance states that HSE strongly recommends that non-employees are included in an assessment of first-aid needs and that provision is made for them.

Therefore as an Oxfordshire School we take note of the following:

Managing first aid provision (OCC First Aid at Work – August 2008)

*'All establishments/settings are required to develop and formalise procedures for dealing with first aid, **based on a suitable and sufficient risk assessment**. These procedures must be adequate and appropriate in the circumstances and cover all people, equipment and activities both on and off site; and 'out of hours' activities.'*

This policy is fully reviewed every 3 years.

AIMS

The Health and Safety Executive state that in accordance with the *Health and Safety (1st Aid Regulations 1981)* First Aid is:

- a) Cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising consequences of injury and illness until such help is obtained.
- b) Treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse.

For serious injuries and conditions ring the emergency services immediately Phone 999 (112 from a mobile phone).

First Aid Arrangements

1. Training

Staff at Chesterton School are trained and accredited on different courses to reflect their varying roles in school.

Based on the First Aid Risk Assessment (copy - see Appendix 1): the number of trained First Aiders at Chesterton School exceeds requirements to ensure that on all school days, educational visits and after school activities (including sporting fixtures) there are members of staff who are trained in First Aid.

Training completed	Number trained	Names (expiry date)
First Aider at Work: attend 4 day course (re-accreditation every 3 years)	1	Renee King – June 2022
Appointed Persons (Emergency Aid in Schools): attend a 6 hour course (re-accreditation every 3 years)	6	Sara Bailey – Nov 2022 Nicola Barrett – Sep 2022 Rebecca Cresswell – Nov 2022 Sarah Crockett – Jan 2023 Donna Rotherham – April 2021 Iain Horner – December 2023
Foundation Stage First Aid Paediatric First Aid Certificate	3	Debbie Norman - Sept 2022 Isabelle Leonard – Nov 2021 Jack Mort – April 2020
Epi-pen Administration (Yearly)	10	Sara Bailey – Nov 2020 Nicola Barrett – Oct 2020 Rebecca Cresswell – Nov 2020 Iain Horner – Oct 2020 Renee King – Oct 2020 Isabelle Leonard – Oct 2020 Debbie Norman – Oct 2020 Zoe Phillips – Oct 2020 Donna Rotherham – Oct 2020
Forest School 16 Hour First Aid Course	1	Sally-Ann Woodrow – Oct 2022

2. Role of Appointed Person

Members of staff with the above training assume the role of **Appointed Person** and will:

- i) assess the situation where there is an injured or ill person
- ii) give immediate, appropriate treatment bearing in mind that a casualty may have more than one injury and that some casualties will require more urgent attention.
- iii) arrange, without delay, for the casualty to be transported to a doctor, hospital, home, or remain under the care of school according to the seriousness of the condition.* The appointed person's responsibility ends when the casualty is handed to the care of the doctor, a nurse or other appropriate person. The appointed person should not leave the incident scene until they have reported to whoever takes charge and have ascertained whether they could be of any further help.
- iv) ensure that there is an adequate supply of all the prescribed materials in the first aid boxes and kits and that the contents of first aid boxes and kits are replenished after use and the items are not used after the expiry date which is shown on the packets.
- v) complete an accident report record ('bumped head' slips are available in the classrooms along with duplicated records for other bumps and grazes. Formal Accident Reports are kept in the school office for serious incidents).

***Where a child is injured or suffers an accident the decision of the Appointed Person regarding the appropriate point at which to inform parents or carers will be taken when it is reasonably practicable, proportionate and with discretion**

according to the severity of the injury and distress of the child. This may involve seeking further consideration from the Headteacher or other senior staff in school.

All staff whether Appointed Person or not are mindful that all actions can only be and are expected to only be within the recognition of Duty of Care:

'Anyone caring for children including teachers, other school staff and day care staff in charge of children have a common law duty of care to act like any reasonably prudent parent.'

3. First Aid equipment

The location of first aid boxes, travelling first aid kits and other supplementary equipment are as follows:

- a) First aid boxes are available in all class rooms, the hall, kitchen, staff room. For activities outside the class room (but on school site eg PE, Outdoor Learning), a first aid box can be found in the playground equipment store.
- b) Travel first aid kits are available in the staff room.

See Annex 1 for OCC recommended minimum equipment

4. Administering Medicine

The administration of medicines falls outside the remit of first aid. See 'Administering Medicines' Policy.

5. School Visits

The first aid requirements and procedures for calling for help or skilled assistance in the event of an accident or other emergency will be laid down when school visits are being planned. Travelling first aid kits will be provided for all school visits. First Aid provision must be available at all times while people are off the premises whilst on school visits. When planning a trip the 'Administrastion of Medicines Policy' must be followed to meet the needs of pupils with on-going medical plans eg Epi-pen, asthma.

6. Out of Hours use of School Premises

The level of first aid cover, first aid equipment and access to a telephone is in line with that required when the school is in use.

Annex 1

What should be in a First Aid Container?

The contents of first aid containers should be appropriate for the circumstances in which they are used. The following should be included as a minimum:

Contents	Recommended quantity
First Aid Guidance Card - HSE leaflet http://www.hse.gov.uk/pubns/indg347.pdf	1
Individually wrapped sterile adhesive dressings (plasters) (assorted sizes) (Dressings should be of a detectable colour for food handlers).	20
Sterile eye pads	2
Individually wrapped triangular bandages (preferably sterile)	4
Safety pins	6
Medium sized individually wrapped sterile un-medicated wound dressings (approx. 12 cm x 12 cm)	6
Large sterile individually wrapped un-medicated wound dressings (approx 18 cm x 18 cm)	2
Pair of disposable gloves	1

Travelling First Aid Containers

The contents of travelling first aid containers should be appropriate for the circumstances in which they are to be used. The following should be included as a minimum:

Contents	Recommended Quantity
First Aid Guidance Card - HSE leaflet http://www.hse.gov.uk/pubns/indg347.pdf	1
Individually wrapped sterile adhesive dressings (plasters) (assorted sizes)	6
Large sterile un-medicated dressing (approx. 18 cm x 18 cm)	1
Triangular bandages	2
Safety pins	2
Individually wrapped moist cleansing wipes	
Pair of disposable gloves	1

Date Completed: June 2020

Oxfordshire County Council

Chesterton Primary School

First Aid Risk Assessment

This RA is an appendix as referred to in the First Aid Policy June 2020

Date of Activity/Regularity: Ongoing	Nature of activity: Activities undertaken in the normal life of school which may require the use of first aid as described in the First Aid Policy	Location (inc environment): School and off school sites for the purpose of education
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1. Significant Hazards and Identification of Risks <i>Detail any specific hazards relating to this visit / activity and/or group</i>	2. Who might be harmed? <i>Number / age of participants Number of accompanying staff Any others at risk</i>	3: Existing Risk: H/M/L	4. Control Measures <i>Specific control measures for Col 1. This should result in a risk that is at the lowest acceptable level. Anything other than this will require further Control measures to be put in place This should state relevant sources of guidance as applicable</i>	5. Residual Risk H / M / L <i>Aim for L, if not reconsider Col 3</i>
Major incident (e.g. Critical illness, life threatening emergency, major injury, loss of consciousness)	Staff, pupils, visitors to site	H	Risk assessments for school site and activities in place. Health and safety procedures updated and reported Dial 999 for ambulance service response. First aid given as per training to maintain life until support arrives Contact next of kin	L
Serious incident (e.g. Suspected broken limb, severe head injury/wound, severe bleeding, suspected serious illness)		M	Risk assessments for school site and activities in place. Health and Safety procedures updated and reported. Discretionary, proportionate action taken as that of prudent parent – Immediate first aid given and contact made with next of kin	L
Minor incident (e.g playground accidents, minor cuts, bruises, grazes, bumped head, minor illness / ailments)		L	Discretionary, proportionate action taken as that of prudent parent. First aid administered as appropriate (cleaning cuts, plaster, cold compress etc. Children returned to classroom / playground. Bumped head note/duplicate record sent home where appropriate.	L
Cross – contamination / infection following bleeding or open wound.		M	Health and Safety procedures updated and reported Plastic gloves worn when dealing with incidents. Blood/soiled dressings and gloves disposed of in sealed plastic bag. Injuries involving external bleeding open or weeping skin should be covered with suitable dressing. Splashes of blood from one person to another should be washed off immediately.	L

			Any contaminated surface to be disinfected.	
Specific examples:				
Splinters	Casualty	M	<p>Splinters can be easily removed from the skin using tweezers. However, if the splinter is deep in the skin it can be difficult to remove and should be left in place. Parents should therefore be formed at the end of the day.</p> <p>What to do: Clean the area around the splinter carefully with warm water and soap. Grasp the splinter with the tweezers (kept in office first aid kit) as close to the skin as possible, and draw it out in a straight line keeping it at the same angle as it goes into the skin. Squeeze the wound carefully to encourage slight bleeding as this will help to remove any dirt. Clean and dry the wound and cover with a dressing.</p>	L
Eyes	Casualty	M	<p>Foreign objects (such as grit, a loose eyelash or a contact lens) that lie on the surface of the eye can easily be rinsed out. Sharp fragments like metal or glass may cut or penetrate the eye and become embedded. If this is the case, the person should not attempt to remove the object but cover the eye and seek medical help as soon as possible.</p> <p>Look for:</p> <ul style="list-style-type: none"> - pain or discomfort in the eye or eyelid - redness and watering of the eye - a visible wound or a bloodshot appearance - blurred, partial or a total loss of vision. <p>Advise the casualty not to rub their eye as this could make it worse. Ask them to sit down facing a light. Stand behind them and gently open their eyelids with your thumbs. Ask them to look right, left, up and down as you look closely at the eye. If you can see something, ask them to tip their head backwards and wash it out by pouring clean water from the inner corner from a glass or jug. <u>Do not attempt to remove the object from their eye yourself.</u></p> <p>Eye Wounds The eye can be bruised or cut by direct blows or by sharp fragments of metal, grit, and glass. All eye injuries are serious as they can affect the casualty's vision. Even superficial grazes can lead to scarring or infection with the possibility of permanent deterioration of vision.</p>	L

			<p>Signs and symptoms Pain in the eye or eyelids. A visible wound or a bloodshot appearance. Partial or total loss of vision. Discharge of blood or clear fluid from a wound.</p> <p>What to do</p> <ul style="list-style-type: none">- Help the casualty to lie on their back and support their head to keep it as still as possible.- Tell them to keep both eyes still. Movement of the 'good' eye will cause the injured eye to move which may damage it further.- Give the casualty a sterile dressing or clean, non-fluffy pad to hold over the affected eye. Gently secure the pad in place with a bandage.- Seek medical advice straight away.	
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Signed: Position: Date: