

# **Poringland Primary School and Nursery**

## **First Aid Policy**

**Date of Policy:** Autumn 2021

**Review Date:** Autumn 2022

**Members of staff responsible:** Senior Leadership Team

## First Aid Policy

<b>Name of school:</b>	Poringland Primary School and Nursery
<b>Date of Policy:</b>	Autumn 2021
<b>Review of Policy:</b>	Autumn 2022
<b>Member of staff Responsible:</b>	Senior Leadership Team

### Contents:

#### Statement of intent

1. Legal framework
2. Risk assessment
3. Facilities
4. Fixed and portable first-aid containers
5. Selection of first-aiders
6. Training
7. Roles and responsibilities
8. Reporting accidents and record keeping
9. Circulation

### Appendices

- A) First-aid box supply checklist
- B) Travel first-aid box supply checklist
- C) Minibus first-aid box supply checklist
- D) Incident reporting form
- E) Addendum to First Aid Policy in view of COVID-19

## **Statement of Intent**

The governing body of Poringland Primary School and Nursery acknowledges and accepts its responsibilities under the Health and Safety (First Aid) Regulations 1981, to provide equipment and facilities as are adequate and appropriate for enabling first-aid to be rendered to employees, pupils and visitors in the school.

Our First Aid Policy will be successfully implemented through the delivery of the following aims and objectives:

Undertaking a First Aid Needs Assessment to determine the requirements for the provision of first-aid within the school premises.

- Ensuring that there are suitable facilities and equipment to administer first-aid, where necessary.
- Ensuring that there is a sufficient number of staff trained in first-aid on duty at all times.
- Ensuring that the requirements of this policy are clear and appropriately circulated, including the location of first-aid equipment, facilities and personnel.

The appointed person, responsible for first-aid, is: Headteacher.

Where the appointed person is unavailable, the following person(s) will deputise: Deputy Headteacher.

### **1. Legal framework**

#### 1.1

This Policy will have consideration for, and be in compliance with, the following legislation and regulations:

- Health and Safety at Work Act 1974.
- Health and Safety (First Aid) Regulations 1981.
- The Management of Health and Safety at Work Regulations 1992.
- The Education (School Premises) Regulations 1999.
- Health and Safety (The Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)) Regulations 2013.

#### 1.2

This Policy will also have regard to the following statutory and non-statutory guidance:

- First Aid for Schools (August, 2000).
- Advice on Standards for School Premises (May, 2013).
- Incident reporting in schools (accidents, diseases and dangerous occurrences) (October, 2013).

## **2. Risk assessment**

- 2.1 The school will ensure that an annual risk assessment of first-aid needs is undertaken, appropriate to the circumstances of the School.
- 2.2. Where a minimum number of trained first-aiders is set, this will be monitored to ensure that the needs identified in the risk assessment are met.

## **3. Facilities**

- 3.1 First-aid will be administered in a room that meets the requirements of the DfE guidance. Specifically, to:
  - Be large enough to hold the necessary equipment.
  - Have washable surfaces and adequate heating, ventilation and lighting.
  - Be kept clean and tidy at all times.
  - Be positioned as near as possible to a point of access for transport to hospital.
  - Have a sink with hot and cold water, if possible.
  - Have drinking water and disposable cups.
  - Have soap and paper towels.
  - Have a suitable container with disposable waste bags.
- 3.2 The Medical Room is the School's designated medical room, opposite the School Office.

## **4 Fixed and portable first-aid containers**

- 4.1 First-aid containers are identified by a white cross on a green background.
- 4.2 The School has two first-aid cabinets, which can be found in the Medical Room and the Stock Room. These cabinets contain a sufficient number of suitable provisions to enable the administration of first-aid.
- 4.3 The School has a number of travelling first-aid containers and 'bum bags' for use during school trips and off-site visits, which are stored in the Stock Room. There is a First Aid container on the School Minibus.
- 4.4 No medicinal substances or materials are permitted within a first-aid container.
- 4.5 Blunt-ended stainless steel scissors should be kept in the container in case clothing needs to be cut away prior to treatment.
- 4.6 Inventories are kept of all first-aid supplies including expiry dates. Full lists can be found in each first-aid container.

## **Fixed**

- 4.7 Fixed first aid-containers will contain, at a minimum:
- A leaflet giving general advice on first-aid.
  - 20 individually wrapped sterile adhesive dressings (assorted sizes).
  - Two sterile eye pads.
  - Four individually wrapped triangular bandages (preferably sterile).
  - Six safety pins.
  - Six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings.
  - Two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings.
  - One pair of disposable gloves.

## **Portable**

- 4.8 Portable first-aid boxes will contain, at a minimum:
- A leaflet giving general advice on first aid.
  - Six individually wrapped sterile adhesive dressings.
  - One large (approximately 18cm x 18cm) sterile unmedicated wound dressing.
  - Two triangular bandages.
  - Two safety pins.
  - Individually wrapped moist cleaning wipes.
  - One pair of disposable gloves.

## **Minibuses**

- 4.9 The School minibus will have on board a first-aid container with the following items:
- Ten antiseptic wipes, foil packaged.
  - One conforming disposable bandage (not less than 7.5cm wide).
  - Two triangular bandages.
  - One packet of 24 assorted adhesive dressings.
  - Three large (no less than 15cm x 15cm) sterile unmedicated ambulance dressings.
  - Two sterile eye pads, with attachments.
  - Twelve assorted safety pins.
  - One pair of rust free blunt-ended scissors.
- 4.10 First-aid containers will be:
- Prominently marked as a first-aid container.
  - Maintained in a good condition.
  - Suitable for the purpose of keeping the items referred to above in good condition.
  - Readily available for use.

## **5 Selection of first-aiders**

- 5.1 When selecting first-aiders, the Headteacher should consider an individual's:
- Reliability 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. A first-aider must be able to leave immediately in an emergency.
- 5.2 Unless first-aid cover is part of a staff member's contract of employment, people who agree to become first-aiders should do so on a voluntary basis.

## **6 Training**

- 6.1 The Headteacher is responsible for organising first-aid training.
- 6.2 New staff members are made aware of the procedures for first-aid.
- 6.3 At lunchtime, first aid provision is available.
- 6.4 The School keeps a record of who is trained in first-aid and the date that their certificates expire.
- 6.5 First-aiders will be re-trained within 3 months prior to the end of the third year, when their first-aid certificates expire.

## **7 Roles and responsibilities**

- 7.1 The main duties of the appointed person are to:
- Take charge of first-aid arrangements, including looking after equipment and calling the emergency services, where necessary.
  - Bear in mind that they are not first-aiders. They should not give first-aid treatment for which they have not been trained, although it is good practice to ensure that they have emergency first-aid/refresher training, including:
    - What to do in an emergency.
    - Cardiopulmonary resuscitation.
    - First-aid for the unconscious casualty.
    - First-aid for the wounded or bleeding.
  - Liaise with the Secretary, where necessary, to facilitate the replacement of out-of-stock or expired first-aid material or equipment.
  - Remain on-site throughout the school day.
- 7.2 The main duties of first-aiders are to:

- Complete a training course approved by the Health and Safety Executive (HSE).
- Give immediate help to casualties with common injuries and those arising from specific hazards at the School.
- Ensure that an ambulance or other professional medical help is called, where appropriate.

## **8 Reporting incidents and record keeping**

### **Reporting**

- 8.1 The Headteacher will ensure that procedures are in place to report any major or fatal injuries without delay (e.g. by telephone), as required by RIDDOR. Other reportable injuries will be reported within 10 days.

### **Record keeping**

- 8.2 The Headteacher will ensure that records are kept of any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR.

- 8.3 Reportable injuries include:

- Fractures, other than to fingers, thumbs and toes.
- Amputations.
- Any injury likely to lead to permanent loss of sight or reduction in sight.
- Any crush injury to the head or torso causing damage to the brain or internal organs.
- Serious burns (including scalding), which cover more than 10 percent of the body or cause significant damage to the eyes, respiratory system or other vital organs.
- Any scalping requiring hospital treatment.
- Any loss of consciousness caused by head injury or asphyxia.
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours.

- 8.4 Reportable occupational diseases include:

- Carpal tunnel syndrome.
- Severe cramp of the hand or forearm.
- Occupational dermatitis e.g. from work involving strong acids or alkali, including domestic bleach.
- Hand-arm vibration syndrome.
- Occupational asthma e.g. from wood dust or soldering.
- Tendonitis or tenosynovitis of the hand or forearm.
- Any occupational cancer.
- Any disease attributed to an occupational exposure to a biological agent.

- 8.5 Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR, as a reportable injury has to have resulted from a work-related incident.
- 8.6 Dangerous occurrences include:
- The collapse or failure of load-bearing parts of lifts and lifting equipment.
  - The accidental release of a biological agent likely to cause severe human illness.
  - The accidental release or escape of any substance that may cause a serious injury or damage to health.
  - An electrical short circuit or overload causing a fire or explosion.
- 8.7 Injuries to pupils and visitors who are involved in an accident at school, or an activity organised by the School are only reportable if the accident results in:
- The death of a person which arose out of or in connection with a work-related activity.
  - An injury that arose out of or in connection with a work-related activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).
- 8.8 Records will be also be kept of all occupational injuries where a staff member is away from work or incapacitated for more than three consecutive days, although this doesn't need to be reported.
- 8.9 The School does not have to report injuries where the pupil remains at school, is taken home or is simply absent from school for a number of days.
- 8.10 First-aiders will ensure that they comply with the reporting procedures of the school after administering treatment, including recording:
- The date, time and place of the incident.
  - The name (and class) of the injured or ill person.
  - Details of the injury/illness and what first aid was given.
  - What happened to the person immediately afterwards? (e.g. went home, resumed normal duties, went back to class, went to hospital).
  - Name and signature of the first aider or person dealing with the incident.
- 8.11 Records will be maintained for no less than three years after the incident.
- 8.12 The accident reporting book is kept in the Medical Room.

## **9 Circulation**



- 9.1 The Headteacher will inform all staff, including those with reading and language difficulties, of the first-aid arrangements. This should include:
- The location of the first-aid equipment, facilities and personnel.
  - The procedures for monitoring and reviewing the School's first-aid needs.
- 9.2 Copies of this policy will be made available on the notice boards of each school building, in the staff room, and published on the School's website.

## Appendices

### A) First-aid box supply checklist

Item	Suggested stock	Current stock	Ordered if required?
A leaflet giving general advice on first-aid.	1		
Individually wrapped sterile adhesive dressings (assorted sizes).	20		
Sterile eye pads	2		
Individually wrapped triangular bandages (preferably sterile).	4		
Safety pins.	6		
Medium-sized (12cm x 12cm) individually wrapped sterile unmedicated wound dressings.	6		
Large (18cm x 18cm) individually wrapped sterile unmedicated wound dressings.	2		
Disposable gloves.	1 pair		

**B) Travel first-aid box supply checklist**

<b>Item</b>	<b>Suggested stock</b>	<b>Current stock</b>	<b>Ordered if required?</b>
A leaflet giving general advice on first aid.	1		
Individually wrapped sterile adhesive dressings.	6		
Large sterile unmedicated wound dressing (18cm x 18cm).	1		
Triangular bandages.	2		
Safety pins.	2		
Individually wrapped moist cleansing wipes.	10		
Disposable gloves.	1 pair		

**B) Minibus first-aid box supply checklist**

<b>Item</b>	<b>Suggested stock</b>	<b>Current stock</b>	<b>Ordered if required?</b>
Foil packaged antiseptic wipes.	10		
Conforming disposable bandage (not less than 7cm wide).	1		
Triangular bandages.	2		
Assorted adhesive dressings.	24		
Assorted safety pins.	12		
Large sterile unmedicated ambulance dressings (no less than 15cm x 15cm).	3		
Rustless blunt-ended scissors.	1 pair		
Sterile eye pads with attachments.	2		



Appendix E

## **Poringland Primary School and Nursery**

### **Addendum to First Aid Policy in view of COVID 19**

**Written by M. Walker (DSL)**

**9.9.20**



## **1. Aims**

- 1.1 Poringland Primary School and Nursery has an effective First Aid Policy in place reflecting business as usual. This document serves as a COVID-19 annex/addendum and reflects how we have adapted our provision to meet the current circumstances.

## **2. Risk assessment**

- 2.1 As part of the Risk Assessment undertaken for the reopening of the school, we will continue to ensure that there is adequate first aid provision at all times.

## **3. First Aid locations**

- 3.1 The Medical Room is the School's designated medical room, opposite the School Office.
- 3.2 In the current circumstances, we will establish mobile first aid kits that will be available in all classrooms. This is to reduce the need for movement of staff and children throughout the school. If first aid cannot reasonably be administered in the classroom location, then the child will be moved to the medical room.
- 3.3 If First Aid is administered, then it is the staff member's responsibility to complete the school accident book. Copies of the form will be available in all the locations above, so that these can be added to the central file in the medical room. Staff should indicate if PPE was used.
- 3.4 PPE will be located in the First Aid room and in the Bungalow. If required, PPE is available to all staff.
- 3.5 Cold packs are stored in two locations: staffroom fridge and Junior Corridor freezer.

## **4. Administration of First Aid**

4.1 Wherever possible, the first aider should instruct the child to administer their own first aid. If this is not practicable, due to the age of the child or the nature of the injury, then the First Aider should wear disposable gloves (available from office), and if appropriate, PPE.

## **5. Equipment**

5.1 The school must ensure that:

- The requirements relating to the management of first aid outlined in COVID-19 guidance for educational settings have been implemented
- The additional equipment that is specified in this guidance is provided
- An adequate supply of PPE is available for first aider familiarisation and practice (for circumstances where they are not otherwise familiar with wearing PPE)
- First aiders take time to practice the use of PPE prior to needing to use it
- First aiders do not fall into a clinically vulnerable group (unless a specific assessment has been carried out)
- This guidance is discussed with first aiders and they understand these new requirements.

5.2 First Aiders must ensure that:

- They familiarise themselves with this information and follow these requirements where it is possible to do so.
- They undertake first aid duties applying the principles of social distancing and infection control as much as is possible
- Where close contact is required they follow the requirements for wearing Personal Protective Equipment, specifically paying attention to the sequence for PPE removal in order to avoid self-contamination (follow the instructional video which can be found in this guidance)

- Ensure that the equipment is ready for use as part of their response arrangements.

## **6. Reporting incidents and record keeping**

6.1 Staff should record, on the accident form, if PPE has been worn and if the child has self-administered first aid. Recording forms are located in each of the classroom bubbles. Once completed, it is the staff member's responsibility to obtain a new copy.

## **7. Children or staff with suspected symptoms of COVID-19**

7.1 The symptoms of COVID-19 are:

- **a high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **a new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **a loss of or change in, your normal sense of taste or smell (anosmia)**

Parents/carers should **NOT** send their child to school if they are in any way unwell.

- 7.2 If staff are concerned about the health of a child, we will contact parents/carers immediately and request that they collect their child. We may use temperature checkers if we believe that a child has a high temperature, but will not do this routinely on arrival at school.
- 7.3 Parents/carers should ensure that the school holds up-to-date emergency contact information so that children can be collected promptly if they become unwell.
- 7.4 If a child displays symptoms of COVID-19, their parent/carer will be contacted and they will need to arrange for their child to be collected urgently. They will be quarantined and supervised by two staff, wearing PPE, until they are collected. The child or staff member will be asked to wear a face mask.



- 7.5 The designated quarantine area is the bungalow (front office). After use, it will require thorough deep cleaning.
- 7.6 If a child has symptoms, they, and their household, should self-isolate until test results are returned. If the test result is negative, the child can return to school and their household can end self-isolation.
- 7.7 In the event of a confirmed positive test result, the child or staff member will self-isolate for 10 days. The rest of their class or group will self-isolate for 14 days. The households of their class or group would not need to self-isolate unless symptoms develop.

## **8. Close Contact**

8.1 Where a close contact response is needed (for symptomatic and non-symptomatic people), the following equipment is required:

- Disposable gloves and plastic apron
- Fluid repellent surgical mask
- Disposable eye protection (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)
- Resus face shield
- Hand sanitiser
- Two bin bags
- Disinfectant wipes (to clean down first aid box).

## **9. Putting on PPE**

9.1 First aiders must follow the COVID-19 Personal Protective Equipment Guidance -19 and ensure that they familiarise themselves with the instructions for putting on and removing PPE in readiness for responding to a first aid event.

## 10. **Cardiopulmonary resuscitation**

10.1 If you need to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment and adopt appropriate precautions to reduce the risk of virus transmission. It is acknowledged that you may not have had the opportunity to put on PPE.

10.2 In **adults**, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen). The following steps are recommended:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth (unless you are wearing a fluid resistant mask). If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
- If there is a perceived risk of infection, first aiders should place a cloth/towel over the victims mouth and nose (unless the first aider is wearing a face mask) and attempt compression only CPR and early defibrillation until the ambulance arrives. Put hands together in the middle of the chest and push hard and fast.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

10.3 Cardiac arrest in **children** is more likely to be caused by a respiratory problem (asphyxial arrest), therefore chest compressions alone are unlikely to be effective. If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.

10.4 We do recognise that some first aiders will still choose to administer rescue breaths or instinctively respond in this way. This is a personal choice.

## **11. Remove and dispose of PPE**

11.1 Remove PPE when close contact is no longer required by following the sequence for removal that is detailed in PPE guidance, it is critical that you do this in order to avoid self-contamination (do not walk through the premises wearing PPE). You can use hand washing facilities after you have followed the PPE removal sequence or if not in close proximity to where you remove the PPE use hand sanitizer.

11.2 Double bag used items, any dressings or waste generated from delivering first aid can also be disposed of in the waste bag.

## **12. Cleaning**

12.1 If you provided first aid to a symptomatic person, all surfaces that the person has come into contact with after they developed symptoms should be cleaned following the cleaning requirements which are outlined in the specific guidance document for the setting that you work.

12.2 Please note: additional cleaning is not required in areas where a symptomatic person has passed through and spent minimal time (such as corridors) but which are not visibly contaminated with body fluids can be cleaned as normal.

## **13. Clothing**

13.1 You do not need to change your clothing, unless your clothing has become contaminated or soiled as a result of close contact

13.2 You should change your clothing when you get home (after close contact, wearing PPE) and wash your clothes:

- separately from other household linen

- in a load not more than half the machine capacity
- at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

#### **14. First aider actions**

14.1 If you have been in close contact with a person and/or have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days.

- Wipe down the first aid box after use using a disinfectant wipe.
- Replace used PPE so that it is available for the next first aid event
- Follow your normal arrangements for recording first aid and checking stock.
- Replace any used items from the first aid kit. These can be located in the central store.

#### **15. Administration of medication**

15.1 Staff will continue to administer medication, in line with school policy.

15.2 Asthma inhalers and Auto-injectors will be stored centrally.

15.3 PPE will be available to staff administering medication, should it be required.

#### **16. Review**

16.1 This addendum will be reviewed on an ongoing basis, according to changes in guidance from the government.



