

Promoting Ambition for Change

TEMPLE LEARNING ACADEMY



**FIRST AID POLICY
2016 - 2017**

Health and Safety Handbook for Schools

First Aid

Section 5: General School Safety

Guidance Note PG504

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Introduction

The Health & Safety (First Aid) Regulations 1981 place a duty on employers to make adequate first aid provision for their employees. Although there is no requirement to take account of persons who are not employees, the long standing practice in schools has been that appropriate first aid provision should also be made for learners. This is consistent with the spirit of the Regulations, guidance from the Health & Safety Executive and the DfES and with schools obligations to children as being *in loco parentis*.

First aiders

Definition

A first aider is someone who has successfully completed a training course in first aid at work. Such a course must be approved by the HSE and will last for at least 4 days. Training must be refreshed every 3 years, refresher courses will usually last 2 days. If a first aider fails to attend and successfully complete a refresher course within the 3 year period they must successfully complete a full 4 day course to remain as a first aider. Even if the first aider's certificate is only one day past the full 3 years they will be required to retake the 4 day course. Anyone who has undertaken first aid training but has not done so with an organisation that is approved by HSE cannot call themselves a first aider under the Regulations.

Number of first-aiders

The number of first aiders a school will require depends on an assessment of risk. This should examine the number and type of hazards within the school, the total number of employees, the dispersion of employees (multi-site or on one location) and the history of accidents and injuries occurring within the school. In a generally low hazard workplace such as a primary school there should be at least one first aider. Secondary schools should have more depending on the number of staff (both teaching and non-teaching) employed. The minimum legal requirement is that there is at least one appointed person present if a trained first aider is not available.

Appointed person

An appointed person is someone who will take charge of the situation and immediately summon medical assistance. If there is no full first aider it would be appropriate for the appointed person to have received at least basic emergency first aid training.

Emergency aid training

A risk assessment may indicate – particularly for primary schools, that it would be more beneficial for the school to train a number of people in emergency first aid, rather than only one or two people as full first aiders. This may assist where school trips and extra curricular activities are undertaken.

The following table gives an indication of the minimum numbers of first aiders and appointed persons that there should be in schools.

Type of school	Number of staff	Minimum number of first aiders	*Minimum number of appointed persons
Primary/Special	N/A	1	1
Secondary	Up to 50	1	1
	Up to 100	2	1
	Up to 150	3	3

Notes

+ "staff" means all teaching and support staff paid by the school.

These are the minimum numbers. Schools teaching higher risk subjects and hazardous activities, particularly secondary schools, should assess whether or not they need more first aiders and/or appointed persons.

Training

Leeds City Council has a contract with Leeds Metropolitan University (LMU) for the provision of first aid training. Any staff employed by the council, who will provide first-aid to employees must receive training via LMU. LMU provide the full 4 and refresher 2 day first aider training as well as 1 day emergency aid courses. Places can be booked by contacting:
Sally Nickson, Leeds Metropolitan University, Tel: 0113 2837437

First aid boxes and kits

First aid boxes should be placed around school so that they are easily accessible and should contain only the items given in the table. They should always be adequately stocked. They should not contain medications of any kind. Mobile kits should be provided for journeys, etc as indicated in the table.

Contents of first aid boxes and mobile kits

Item	First aid boxes	Travelling first kits
Guidance Card	1	1
Individually wrapped sterile adhesive dressings (assorted sizes)	20	6
Sterile eye pads, with attachment	2	
Individually wrapped triangular bandages	6	2
Safety pins	6	2
Medium sized individually wrapped sterile unmedicated wound dressings (approx 10 cm x 8 cm)	6	
Large sterile individually wrapped sterile unmedicated wound dressings (approx 13 cm x 9 cm)	2	1
Individually wrapped moist cleaning wipes	1 pack	1 pack

Where tap water is not readily available for eye irrigation, sterile water or sterile normal saline in sealed disposable containers (at least 300 ml) should be provided. Note all first aid material have expiry dates and should not be used after this date. Cleaning wipes should be individually wrapped non allergenic and are available from YPO as well as other suppliers. First aid boxes and kit containers should protect the contents from damp and dust and should be clearly marked with a white cross on a green background. It is recommended that the first aider should check contents of first aid boxes, on a monthly basis and re-stock the boxes as appropriate.

Further items for first aid use

The following items should be kept separate from the box for first aid use: (a) Latex disposable gloves for wear by any personnel handling blood, vomit, excreta, etc; (b) disposable drying materials (c) plastic bowls – one for cleaning wounds and one for cleaning vomit, and other bodily fluids; (d) household bleach solution – one part bleach to ten parts water for cleaning sinks and bowls and soiled surfaces; (e) yellow bio-hazard type plastic bags for disposing of bulky amounts of blooded waste. A small supply of paracetamol for dysmenorrhea (period pains) may be held within secondary schools but should be kept secure and issued as necessary by a person designated by the Principal. Records must be kept of all paracetamol issued (how many tablets, to whom, when and why).

First aid rooms

An area that can be used as a medical room has to be available under the Education (School Premises) Regulations. Where practicable this can also be used as a first aid room. The First Aid Regulations do not state that a first aid room must be available, it will depend upon the school's assessment of need.

Where a room is provided it should contain a first aid box and a washbasin with washing and drying materials. A chair or a bed with a blanket should also be provided. Someone should be designated to thoroughly clean the room each week and to arrange for any laundering as required. The first aider should keep the box stocked in accordance with the list on the previous page.

First aid records

First aiders should record all the cases they treat. Each record should include at least the name of the patient, date, place, time and circumstances of the incident and details of injury suffered and treatment given. The records should be kept in a suitable place, and should be readily available. This may need co-ordinating with the records for the reporting of injuries. Records should also be kept of first aiders' certification dates, and the dates of additional, specific or refresher training.

Other first aid considerations

Protection from diseases carried in bodily fluids

There are a number of infectious diseases that can be transmitted by contact with blood and other body fluids. Many such diseases do not necessarily present symptoms in the person who is carrying the bacteria or virus that causes the disease. It is important that responsible hygiene procedures are always followed whenever any first aid is being given. Such procedures will include the use of disposable gloves, plastic aprons, hand washing before and after giving treatment.

Disposal of Clinical Waste

Any blood or other body fluid waste produced within a school should be disposed of using a yellow bag special waste collection. Items that should be disposed of as clinical waste will include soiled nappies; disposable cloths used for cleaning vomit or faeces; any blooded waste. Environmental Services provide yellow bio-hazard type disposable bags. The bags are collected on a regular basis by agreement between the school and Environmental Services. Many schools take advantage of this service for the disposal of used dressings, other blooded waste, incontinence pads and nappies.

Emergency first aid following trauma to the teeth

Following trauma to the mouth it is important that the child is assessed by a dentist as soon as possible, even if there is no apparent damage to the teeth. This treatment may be provided by the child's dentist, by the Community dentist at the nearest Community Dental Clinic, or by any other dentist who can be contacted and is willing to provide immediate treatment. It is not advisable to attend hospital for the urgent dental treatment required as valuable time may be lost during travelling or waiting while more serious accident cases are treated. When one or more of the permanent front teeth are completely knocked out immediate first aid is essential for successful treatment. This advice does not apply to teeth with broken roots or baby teeth, neither of which should be reimplanted.

1. Pick the tooth up carefully by the crown – the shiny part which is usually visible in the mouth.
2. If the tooth looks quite clean do not worry about further cleaning, but if it has been badly contaminated with dirt or mud, GENTLY wash under warm tap water, or milk. Do not scrub, or apply any form of disinfectant.
3. Next, push the tooth gently back into the socket, still holding the crown only. If this is done quickly it is not usually painful. Get the child to bite on a clean handkerchief to hold the tooth in place and accompany the child to the dentist as soon as possible.
4. However, if no-one is prepared to attempt this, the tooth should be stored in milk and taken with the child to the dentist immediately.
5. Do not store the tooth in water, or disinfectants such as Savlon or Milton. **Do not** wrap the teeth in a wet or dry handkerchief.
6. **Go to the dentist as soon as possible** if the tooth has been stored in milk it may be possible to re-implant it up to twelve hours after the accident. However, chances of success are greatest within thirty minutes and are still high up to two hours later.

After receiving dental treatment, if anti-tetanus protection is required, the child will need to attend the family doctor.

Signs and notices

Sufficient notices which state the names of first aiders, appointed persons and where facilities are should be provided. Signs can be obtained from YPO and local safety signs suppliers.

Higher risk areas in schools

Practical subjects, including Design & Technology, Food Technology, Textiles, Science and Art, present special risks and ideally each of these areas should have their own first aid facilities and first aider. However, it is accepted that this is not always possible, and staff should be aware of immediate remedial measures they can take whilst awaiting the arrival of the first aider.

Immediate remedial measures

The First Aid Regulations do not necessarily require there to be a qualified first aider among specialist subject staff, yet this is clearly desirable. Nevertheless, all staff will wish to carry out remedial measures immediately while waiting for first aid or professional medical treatment. The following advice covers common laboratory accidents and is intended as a supplement to any local guidance on dealing with non-laboratory events, e.g. epileptic fits. The following guidance is reproduced from the CLEAPSS manual for Science but may apply equally well for other practical subjects.

Chemical splashes in the eye

Immediately wash the eye under running water from a tap for at least 10 minutes. The flow should be slow and eyelids should be held back. Afterwards, the casualty should be taken to hospital.

Chemical splashes on the skin

Wash the skin for 5 minutes or until all traces of the chemical have disappeared. Remove clothing as necessary. If the chemical adheres to the skin, wash gently with soap.

Chemicals in the mouth, perhaps swallowed

Do no more than wash out the casualty's mouth. After any treatment by the first aider, the casualty should be taken to hospital.

Burns - Cool under gently running water until first aid arrives.

Toxic gas - Sit the casualty down in the fresh air.

Hair on fire - Smother with a cloth.

Clothing on fire

Smother by pushing the casualty to the ground, flames underneath. Spread a thick cloth or garment on top if necessary. A fire blanket is ideal but use only if very close by.

Electric shock

Use a non conducting object, such as a wooden broom handle, to switch off or pull out the plug. If it is necessary to move the casualty clear, use a broom handle or wooden window pole or wear rubber gloves. Summon a first aider and medical assistance immediately and inform them that the person has suffered an electric shock. Do not approach the casualty unless you are certain the electrical supply is off.

Bad cuts

Apply pressure on or as close to the cut as possible, using fingers or a pad of cloth. Leave any embedded large bodies and press round them. Lower the casualty to a chair or the floor and raise the wound as high as possible.

Access for ambulance

Unobstructed and adequate access for ambulances should be maintained and suitable signs displayed if deemed appropriate.

Hospital consent forms

It is unlikely that school staff who take learners to hospital after accidents will be asked by the hospital to sign consent forms but if asked they should decline. The hospital will have procedures for obtaining consent from other sources if the parents are not available.

Religious and cultural considerations

Learners' record cards should have an appropriate entry regarding this and this should be known to the first aider or teacher who may have the duty of taking the learner to hospital in emergency if the parent is not available.

Bumps on the head

A qualified first aider will know the procedure for dealing with a learner who has a bump to the head and in any serious case the learner will be taken to hospital either by a member of staff or the parent. However, sometimes the effects only become noticeable after a period of time – perhaps several hours. The school should have a system for monitoring the learner and for informing the parent. Each teacher whose lesson the learner attends should be asked to keep a look out for signs of drowsiness or distress. It is advised that a 'bumped head' note is sent to the parents of any learner who has had a head injury, no matter how apparently minor it appears, advising that in case of undue drowsiness, sickness or dizziness they should contact their GP or local hospital A & E department immediately.

The use of staff cars in emergencies

Staff who may be called upon to transport learners to hospital in an emergency using their own car should ensure that their insurance covers this use. In most cases it will but if in doubt staff should check the policy or verify this with their insurers.

Other users of the premises

Principals should encourage mutual co-operation and assistance between the other users of the premises (for example for Catering & Cleaning Services) and the school in first aid matters. The contract services may have their own first aiders or appointed persons or may need to use the school's provision. The school and the DSOs should cooperate and exchange information about first aiders, etc in case there is a need for help and assistance in an emergency. Similarly, Principals should inform those taking out lettings of the premises where the first aid facilities are.

Other Guidance

The DfEE produced guidance on first aid in schools in 1998, which may be useful to read in conjunction with this guidance note.