



Rushton CE (VC) Primary School

Happy Learning Together

www.rushton.staffs.sch.uk

First Aid Policy

Related policies : Medical Conditions in School Policy, Asthma Policy, Health and Safety

Committee	Full Govs
Approved by Governors	March 18
Review Date	March 21
Cycle	3 years

This policy is written with references to Staffordshire Local Authority and HSE Policy and Procedure. All Staff will ensure that they have read the school's First Aid policy. All new staff will be given a copy of this policy on appointment as part of induction.

Introduction

First aid is the immediate treatment necessary for the purpose of preserving life and minimising the consequences of injury or illness until expert medical assistance can be obtained. First aid also includes the initial treatment of minor injuries, which will not need treatment by a medical practitioner.

The object of first aid is to offer assistance to anyone injured or suddenly taken ill before expert help from a doctor or nurse is available, or before an ambulance arrives. The aims of first aid are threefold:

- Saving life by prompt and initial action;
- Preventing the injury or condition from deteriorating;
- Helping recovery through reassurance and protection from further danger.

Aims

To implement and maintain effective systems for ensuring the provision of adequate and appropriate first aid equipment, facilities and personnel at school and during off-site activities.

First Aid Provision

The Headteacher is responsible for ensuring there is an adequate number of qualified First Aiders.

First Aiders

Following Local Authority guidelines, we are required to have an at least one first aider on site at all times. The Statutory Framework for the Early Years Foundation Stage requires that at least one person who has a current Paediatric First Aid Certificate must be on the premises at all times when children are present. In addition there must be at least one person on outings who has a current paediatric first aid certificate

The majority of staff are Paediatric First Aid trained (currently 4 members of staff)

Roles and Responsibilities First Aider

Their role involves:

- undertaking first aid treatment in accordance with their training,
- if necessary, summoning an ambulance or other external medical services,

- keeping suitable records of all treatment administered.

Mrs Capewell has taken on the responsibility of ensuring the maintenance of the contents of the first aid cabinet in the staff room and individual class teachers are responsible for their class boxes and other supplies. Records are maintained of checking of first aid boxes.

All teaching staff and teaching assistants are trained in the treatment of asthma, epilepsy and the use of an epipen (January 2018)

An Appointed Person is someone who is nominated to take charge of a situation in the absence of a qualified first aider. Their role includes:

- taking charge when someone is injured or falls ill,
- calling an ambulance (where required)

In the highly unlikely event that a first aider is not present on an occasion, an appointed person will be named.

First Aid Boxes

First Aid boxes are located and easily accessible in the staff room and each class room. A body spills kit is also located in the Caretakers cupboard. First aid boxes are identified by a white cross on a green background. First aid boxes are only used to store first aid materials. They must not contain tablets, medications, creams etc. Care is taken to discard items safely after the expiry date has passed. A supply of gloves is available for staff when contact with bodily fluids is possible.

Staffordshire Local Authority guidelines are followed regarding the contents of the first aid boxes (see Appendix 1).

Trips and Visits

A basic first aid kit will be taken on all excursions out of school. Where possible, children with asthma will take their own inhaler. Other medical equipment eg diabetes testing kit or epipens where appropriate will be kept with an adult. All staff accompanying children on a trip will carry a mobile phone and pupil's emergency contact details. At least one person on the visit will have a current paediatric first aid certificate.

Procedures Minor Incidents

Minor incidents will be dealt with and is classified as pastoral care. Examples are minor cuts or grazes, pupils who feel sick, minor bumps, slight bruises. If there is blood or vomit or other residual of the incident to be cleared up, the Site Supervisor may be asked to assist.

Children needing to be sent home will be accompanied to the School Office and office staff will contact the parent/carer.

Accidents or Injuries

At playtime, lunchtime and during other outside activities eg PE, injuries are assessed by the staff on duty, any child who complains of illness or been injured outside may be sent with another child to the designated area (school office/ staffroom) to be inspected by a First Aider and if appropriate treated. Constant supervision must be provided in this area.

If an injury occurs during class time, a qualified First Aider may be sent for in order to assess the situation. If there are any doubts about the health and welfare of a pupil, the parent/carer will be contacted.

All serious accidents should be reported to a trained First Aider and the Headteacher and an ambulance and the child's parent/ carer contacted immediately. (numbers located in the office).

If a situation is life threatening, then an ambulance should be called at the earliest opportunity without waiting to report to the Headteacher. If a pupil sustains a serious injury, they should not be moved.

Additional guidance for head injuries

Head injuries are potentially serious so it is important that parents/carers know if their child has sustained a significant bump to the head. A form is filled in with details of the incident and the parent/carer is always informed face to face at home time. In ALL cases a bumped head letter is issued to the pupil.

Recording and Reporting

All incidents are reported and recorded on an Accident Form. A copy is then sent home for the parent/carer to sign and then return to school. This ensures parents/carers are fully informed about the nature of the injury, how they occurred and what treatment was given. Once returned to school, accident forms are then filed and kept securely in in the school office. In the event that a form is not returned, the original will be filed and a note kept that parents were informed as appropriate. When pupils have sustained an injury at school, they have a right to make a personal injury claim until they reach the age of 21. For this reason, schools should try to retain pupil accident books for as long as reasonable.

Where an employee is injured they should complete the BI510 Accident Book. If this is not possible (due to their injuries) then someone may do this on their behalf. Staff accident books must be retained for a minimum period of three years from the date of the last entry. However, it is good practice to retain the book for ten years.

Where a contractor, member of the public, or other non-employee is injured on County Council premises, managers must record the circumstances of the accident and details of the injured person in the BI510 accident book.

Accidents away from "normal" locations

Where an accident occurs to an employee or school pupil "off premises" (e.g. school educational visit) the accident MUST be reported in the accident book at their normal location/school. NOTE in addition, the accident may also have to be reported in the accident book on the premises where the accident occurred.

RIDDOR

HSE regulations, (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) state that if a child/adult receives a major injury requiring hospital treatment and/or more than three days off work/school the incident needs to be fully reported. The LA Health and Safety Team must be informed by telephone or completion of a form (or both)

Accident Investigation

Every accident must be appropriately investigated. However, the depth of an accident investigation will depend upon the nature of the accident, the extent of injuries and consequences for future management of similar activities. If a full accident investigation is required, Local Authority guidelines are followed. (see Appendix 2)

Infection Control

To minimise risk of infection whilst administering first aid, first-aid personnel must cover all exposed cuts/abrasions on their own bodies with a waterproof dressing before administering treatment. They must also wash their hands before and after applying dressings. If the casualty is bleeding from the mouth the blood must be wiped away using a clean cloth or handkerchief. Disposable nitrile/vinyl gloves and aprons must be worn whenever blood, or other body fluids are handled, and disposable materials, such as paper towels and sanitising powder, must be used to mop up any substances. All disposable items must be disposed of in plastic bags. Contaminated work areas must be suitably disinfected and soiled clothing should be washed on a hot cycle or advice given to this effect if washing sent home. Further advice on infection control is available in the HR 53 Infection Control Policy and Strategic Health and Safety Service.

Liability

The County's insurers have confirmed that our employer's liability insurance policy will provide indemnity for staff acting as first aiders or emergency aiders as defined above. First Aiders must ensure that any treatment they give is administered in accordance with the training they have received. Whether or not employees receive payment for acting as first aiders is irrelevant in this respect and has no effect on the provision of insurance cover. So long as treatment is administered with good intent and in accordance with current good practice, the County Council and its insurers will support the actions of its employees in the event of a legal case relating to first aid treatment.

This policy document is for general guidance only. If further assistance on the interpretation or practical application of this policy is needed, please contact a Staffordshire Local Authority Health & Safety Adviser.

Appendix 1

Staffordshire County Council First Aid Policy - Contents of First Aid Boxes

A minimum stock of first aid items is indicated in the table below. Where activities are undertaken away from a recognised base, it will usually be appropriate to take a suitable first aid kit. As with first aid boxes, the contents of traveling kits should be kept stocked from the back-up stock at the home site.

Where the first aid assessment identifies additional equipment is required due to the circumstances of an activity, this may also be carried.

Item	First Aid Box	Travelling First Aid Box
Leaflet or card giving general guidance on first aid at work.	1	1
Individually wrapped sterile adhesive dressings (plasters) of assorted sizes appropriate to the type of work (dressings may be of a detectable type for food handlers	20	6
20 6 Sterile eye pads	2	-
Individually wrapped triangular bandages (preferably sterile)	4	2
2 Safety pins	6	2
Medium sized (12cm x12cm) individually wrapped sterile unmedicated wound dressings	6	-
Large (18cm x 18cm) sterile individually wrapped unmedicated wound dressings	2	1
Individually wrapped moist cleaning wipes	10	6
Disposable gloves (non-latex powder free)	2 pairs	1 pair

Where additional equipment such as scissors, adhesive tape, disposable aprons, individually wrapped moist wipes, blankets, or protective equipment such as resuscitators, these may be kept in the first aid box or stored separately as long as they are available for immediate use if required.

Where mains tap water is not readily available for eye irrigation, at least one litre of sterile water or sterile normal saline (0.9%) in sealed, disposable containers should be provided. Once the seal has been broken, the containers should not be kept for re-use.

Appendix 2

Accident Investigation

Where the injured person is an employee, the accident investigation is the responsibility of the injured person's line manager. Where school pupils are involved in an accident, the person responsible for supervising them at the time should investigate and complete the accident form.

Accident investigations are undertaken for a variety of reasons:

- To gain an understanding of how things went wrong Gather information on how work was being done at the time of the accident
- To define the root cause and prevent recurrence Identifying where systems/procedures and management deficiencies exist in order to improve them
- To establish the facts in order to review existing safety arrangements To support the implementation of improvements where necessary
- All accident investigations must be recorded using the Accident Investigation Form.

Stages of an investigation

1. Obtain the facts

a. Inspect the immediate scene and equipment

The accident scene should be inspected as soon as possible after the accident. Information should be collated on:

- Who was involved and their exact location at the time of the accident
- Witnesses directly involved or others in the vicinity
- What happened? Try to examine all accounts to establish this
- When did the accident occur? Is there any significance about the time e.g. lunch time or end of the day?
- Where did the accident happen? Were conditions normal, has anything changed?
- Work Equipment involved, any personal protective equipment and their condition
- Wherever appropriate, photographs and/or sketches should be taken of the scene. This is of particular importance where there is a likelihood of the scene being disturbed - e.g. to make the area safe.

b. Interviewing the injured person and witnesses to the accident

Any interviewing should be done in familiar surroundings so as not to make the person being interviewed feel uncomfortable. If the person is not too seriously injured then the accident site is ideal as the person can explain what happened.

This should be an interview to determine the facts and should not be used as an opportunity to apportion "blame".

Witnesses should be interviewed one at a time and asked for factual supporting information.

c. Documentation, training and procedures

Established working procedures should be examined for adequacy, and to check they were understood and followed.

Any risk assessments in relation to that particular activity and their associated control measures should also be examined.

The training the injured person has received (relevant to the accident) should also be investigated. Details of any previous similar accidents or reported near miss incidents should be examined.

2. Determine the cause(s) of the Accident

Accidents do not just happen in every case they are caused. The main cause of accidents in the Children and Lifelong Learning Directorate are:

- Incorrect lifting and handing methods.
- Tripping, slipping and falling Being struck by falling objects.
- Stepping on or striking objects.
- Incorrect use of hand tools.
- Accidents associated with machinery.
- Accidents can result from Unsafe Acts (e.g. human factors such as lack of knowledge, distractions, misunderstanding, over (or under) confidence, horseplay or lack of supervision) or Unsafe Conditions (e.g. physical hazards such as slippery floors, defective equipment, poor storage).
- Accidents may have multiple causes which are a combination of unsafe acts and unsafe conditions.

The accident investigation must aim to identify the root cause (or causes) of the accident, not just the immediate causes.

Immediate causes are normally very apparent to the investigator, they often include defective equipment, inappropriate working methods, inadequate lighting, inappropriate equipment etc. Root causes are less obvious and often require more consideration to identify, they often indicate a failure in the safety management system. Typical causes include:

- Failure to provide adequate supervision
- Lack of staff training and awareness
- Failure to identify hazards and assess risks
- Insufficient communication/written procedures
- Lack of available resources leading to short cutting
- Staff not following procedures or methods of work.

3. Determine any changes needed

Once the investigation is complete and the root cause or causes established, remedial action/changes may need to be developed and implemented.

Remedial action may be short and /or long term and may involve changes to the physical environment - e.g. making changes to room layouts or procedural changes such as increased supervision or provision of training.

Managers are responsible for devising an action plan to implement the defined remedial action. The actions should be implemented according to the plan and where a detailed plan is created, particularly where finance and project planning is required, this plan should be reviewed regularly.

4. Record findings

The findings of every accident investigation must be recorded in a systematic way. In most cases it will be appropriate to record the findings on accident report form. However, where more detailed reports are required, then details of the accident investigation should be recorded separately and attached to any completed accident form.

5. Communicate findings

The main findings of any accident investigation together with changes in working practices etc, must always be communicated to all staff who may be affected.

