



Scholes (Holmfirth) Junior and Infant School

First Aid Policy

| Approved by: | Date Approved: | Due for review no later than: |
|--------------|----------------|-------------------------------|
| Governors | October 2022 | October 2025 |

Version 1: 2010

Reviewed by LA: August 2016

- Regulations:
- Health & Safety (First Aid) Regulations 1981 (and Approved Code of Practice L74)
 - Childcare Act 2006
 - Special Waste Regulations 1996
 - Duty of Care Regulations 1991

- Who needs to see this document?
- Headteachers
 - Childcare Setting Managers
 - Office and Buildings Manager
 - First aiders and others with first aid duties
 - Health and Safety Representatives

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First Aid in Kirklees Children and Young People Service Premises including Schools/Childcare settings

The duties of the Employer

The Health & Safety (First Aid) Regulations 1981 and amendment regulations 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 child care settings has been that appropriate first aid provision should also be made for pupils/residents. This is consistent with the spirit of the Regulations, guidance from the Health & Safety Executive and the DfES (2005) and with child care settings loco parentis obligations to children.

First Aid Provision

Assessment of Needs

There needs to be an assessment of first aid needs appropriate to the circumstances of each workplace. This means that, taking into account all the circumstances, sufficient first aid personnel and facilities should be available to:

- Give immediate assistance to casualties;
- Summon an ambulance or other professional help.

Please see **Appendix 1** where there is a form to help the decision making process. When this is completed you will have a broad picture of the types of hazards that exist and the extent of first aid coverage required.

Assessment and Control of Risk

On completion of the 'needs assessment' a formal risk assessment can be completed by a suitable 'competent person'.

A generic risk assessment form is attached to this guidance which needs be copied and adapted to match the conditions which exist on site in terms of hazards/risks and then, following a review, the application of the controls that are needed to sufficiently control the risks identified. The items entered in red are there for guidance as an example of how to complete the assessment.

First Aiders

How many first aiders do I need?

The number of first aiders you need depends primarily on the degree of hazards and the total number of employees. See the table below to help decide how many first aiders are required.

You must make sure that there is always an appointed person present if a trained first aider is not available.

Appointed Persons

What is an appointed person and how many do I need?

An appointed person is someone who is authorised to take charge of the situation in the absence of the first aider if there is a serious injury or illness, or someone who can provide help to the first aider. We recommend emergency first aid training for appointed persons.

| |
|--|
| Minimum numbers of first aiders and appointed persons in Kirklees schools |
|--|

See also Paediatric
cover

| Type of school | +Number of staff | *Minimum number of first aiders | *Minimum numbers of appointed persons |
|--|------------------|---------------------------------|---------------------------------------|
| Primary/Middle/Special | Any | 1 | 1 |
| Secondary | Up to 50 | 1 | 1 |
| | Up to 100 | 2 | 2 |
| | Up to 150 | 3 | 3 |
| Notes: + "staff" means all teaching and support staff paid by the school. <ul style="list-style-type: none"> • These are the minimum numbers. Schools teaching higher risk subjects and activities, particularly secondary schools, should assess whether or not they need more first aiders and/or appointed persons. • NOTE- There needs to be sufficient cover for absences to keep the minimums in tact. | | | |
| Minimum numbers of first aiders and appointed persons in Offices and Accommodation | | | |
| | +Number of staff | *Minimum number of first aiders | *Minimum numbers of appointed persons |
| Offices & Accommodation | Less than 50 | | 1 |
| | 50-100 | 1 | |
| | More than 100 | 1 per every 100 | |

Training

Full First Aid Training

First aiders must have undertaken a full first aid training course (usually 3 days in length) and obtained qualifications approved by the Health & Safety Executive. First aid certificates are valid for three years. Refresher courses must be started before certificates expire, otherwise a full course will need to be taken.

Paediatric First Aid (see item below)

It is a requirement that children within scope of the EYFS **MUST** have a person qualified in paediatric first aid with them. This applies on or off site. In practice this means if a group is taken off-site they must have a paediatric FA, any group remaining on site must also have a paediatric FA.

Appointed Persons - Emergency first aid training

Where no First Aiders are appointed, it is necessary to appoint an Appointed Person, who, without any formal training would be able to ascertain and call the Head teacher/Manager/Childcare Setting Manager, an ambulance if required, or call parent/guardian immediately.

Appointed persons should undergo Emergency First Aid training (1 day course). This is to deal with breathing and circulation problems which may, if untreated, result in serious damage or death, like choking, heavy bleeding, heart attacks. This training will only take a few hours and it may be possible to arrange for the training to be provided in child care setting.

Training Records

All training records and certificates need to be readily accessible and available. It is also a requirement that all training is refreshed in accordance with the current recommendations (i.e. 3 yearly)

First Aid Containers

First aid containers should be placed so that they are easily accessible and should contain only the items given in the table. They should always be adequately stocked. They should never contain medications of any kind. Mobile kits should be provided for journeys, etc as indicated in the table.

Contents of first aid containers and mobile kits

| Item | First aid container | Travelling first aid kits. |
|---|----------------------------|-----------------------------------|
| Guidance card/leaflet on first aid | 1 | 1 |
| Individually wrapped sterile adhesive dressings (assorted sizes) | 20 | 6 |
| Sterile eye pads, with attachment | 2 | |
| Individually wrapped triangular bandages | 4 | 2 |
| Safety pins | 6 | 2 |
| Medium sized individually wrapped sterile unmedicated wound dressings (approx 12 cm x 12 cm) | 6 | |
| Large sterile individually wrapped unmedicated wound dressings (approx 18 cm x 18 cm) | 2 | 1 |
| Individually wrapped moist cleaning wipes | - | small pack |
| Disposable gloves for wear by any personnel handling saliva, blood, vomit, excreta, etc; | 1 Pack | 2 pairs |

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.

First aid containers and kit containers should protect the contents from damp and dust and should be clearly marked with a white cross on a green background.

A child care setting's first aid procedures should identify the person/s responsible for examining the contents of first aid containers. These should be checked frequently and restocked as soon as possible after use.

What other items can be used for first aid?

The following items should be ***kept separate from the box*** for first aid use:

- a) disposable drying materials;
- b) plastic bowls - one for cleaning wounds and one for cleaning vomit, excreta, etc;

- c) household bleach or similarly effective solution - one part to ten parts water for cleaning sinks and bowls and soiled surfaces;
- d) yellow bio-hazard type plastic bags for disposing of bulky amounts of blooded waste (see the next page for procedures for handling blood).

Note: Items in (c) and (d) above must be kept locked away from access by children.

First aid rooms

A first aid room where available, should have a suitable sign; be reasonably near a toilet and be easily accessible and the door be wide enough for stretchers, wheelchairs and other equipment needed to convey or treat patients. A suitable person should be designated to be responsible for the room and its contents and to clean and tidy 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.

What facilities should a first aid room have?

The facilities and equipment which should be provided in first aid rooms is as follows:

- sink with running hot and cold water;
- drinking water (if not available on mains tap) and disposable cups;
- paper towels;
- smooth-topped working surfaces;
- a range of first aid equipment (at least to the standard required in first aid boxes) and proper storage;
- chair;
- a couch, or bed (with waterproof cover), pillow and blankets;
- soap;
- clean protective garments for first aiders;
- suitable refuse container (foot operated) lined with appropriate disposable yellow plastic bags, ie for clinical waste;
- an appropriate record-keeping facility;
- a means of communication, e.g. telephone.

In situations where specialised first aid equipment is required at the workplace, this may be kept in the first aid room. The first aid room must always be ready for immediate use.

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 accident and details of injury suffered and treatment given. The records should be kept in a suitable place, and should be readily available. This will need co-ordinating with the forms and records for the reporting of injuries. See also the Guidance Note on Recording and reporting of accidents.

What records should first aiders keep?

Records of first aiders' certification dates, and the dates of additional, specific or refresher training should also be kept.

Other first aid considerations

Blood-borne diseases

See Guidance Note Blood-borne Diseases, which contains a useful section covering hygiene, accidents and first aid.

Disposal of clinical waste - environmental considerations

In the event of the need to dispose of hazardous waste this should be disposed of with accordance to the special waste regulations requirements and the Duty of Care Regulations 1991. Headteachers/ child care managers should ensure that:

- Waste carriers are registered with the Environment Agency to carry special waste;
- A consignment note is issued by the waste contractor detailing the types of waste collected, quantities, and storage and disposal route;
- Records of consignment notes are kept for a period of 3 years.

Emergency dental care

The Community Dental Services offer the following guidance on procedures to be followed when a child has a tooth displaced during an accident at the child care setting. The advice, if followed, may well prevent the disfigurement of a child by the loss of a front tooth.

Emergency first aid following trauma to the teeth

Dentists advise that 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.

6. **Do not** wrap the tooth in a wet or dry handkerchief.

Go to the dentist as soon as possible

If the tooth has been stored in milk it may be worth re-implanting 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.

Further information, if required, may be obtained by contacting the Community Dental Service, Princess Royal Community Health Centre, tel: 01484 344244.

Children with special needs

Pupils with disabilities, long standing medical conditions or allergies which requires special attention should be taken into account when deciding your policy and procedures on first aid. See also Guidance for Childcare Providers including Early Years Settings, Young Persons Service and Schools on Managing Medical Conditions and Medication.

Signs and notices

You should provide sufficient notices which state the names of first aiders, appointed persons and where facilities are. Signs can be obtained from the Yorkshire Purchasing Organisation and local safety signs suppliers.

Higher risk areas in Child care settings

The practical subjects – Art, Design & Technology, Physical Education and Science present special risks and ideally each of these areas should have their own first aid facilities and first aider. Suitable eye irrigation arrangements should be in place in Art, Design & Technology and Science (see CLEAPSS Guidance).

Children in the Early Years Foundation Stage (EYFS) – Children from Birth to Five

Paediatric First Aid

Children in this group are subject to the requirements of the Early Years and Foundation Stage document (2012).

ILLNESS & INJURY

At least one person who has a current paediatric first aid certificate must be on the premises at all times when children under 5 years of age are present, even if they are siblings.

On outings there must be at least one person present who has a current paediatric first aid certificate.

Paediatric first aid training must be from a supplier approved by the Local Authority and consistent with the guidance set out in the 'Practice Guidance for the Early Years Foundation Stage'.

There must be a first aid container with the appropriate content to meet the needs of the children concerned.

There must be a record kept of accidents and first aid treatment and parents must be informed of any accidents or injuries sustained by the child whilst in the care of the child carer and of any first aid treatment that was given.

Out of child care setting provision

Employees working over and above normal hours and organisations and individuals who hire the premises should have access to first aid facilities.

Journeys including sports and field trips

A first aider or appointed person should accompany sports or field trips and other child care setting journeys and a travelling first aid kit should be provided. The planning for such journeys will include what to do in case of accident and emergency (see also the Kirklees Guidance on Off-site visits).

Access for ambulance

Unobstructed and adequate access should be maintained for ambulances and for ambulance staff and their equipment. Suitable signs should be displayed if deemed appropriate.

Hospital consent forms

It is unlikely that child care setting staff who take pupils 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 considerations

Some families choose, for religious reasons (eg Jehovah's Witnesses), not to have blood transfusions. Pupils' 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 child 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 child who has a bump to the head and in any serious case the child 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 child care setting should have a system for monitoring the child. Each teacher whose lesson the child attends should be asked to keep a look out for signs of drowsiness or distress; and for informing the parent (perhaps by note when the child goes home) of the incident and advising that in case of undue drowsiness, sickness or dizziness they should contact their GP immediately.

The use of staff cars in emergencies

Staff who may be called upon to transport children 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. If there is any doubt get it in writing from them!

Alternatively, and specifically for schools under their Local Management of Schools insurance arrangements, the Authority has available the option to take insurance cover via the Occasional Business Use Policy for all members of staff who may use their vehicle for business purposes (which includes business such as taking a child to hospital).

Other users of the premises

Site managers should encourage mutual co-operation and assistance between the other users of the premises (for example Catering, Caretaking & Cleaning Services) and the site in first aid matters. The service will have its own first aiders or appointed persons. The site managers should co-operate and exchange information about first aiders, etc in case there is a need for help and assistance in an emergency.

Similarly, managers should inform those taking out lettings of the premises where the first aid facilities are.

This Guidance was approved at the DCYP Managing Health Safety & Welfare Committee.

Further reading

DfEE Guidance on First Aid for Schools

<https://www.gov.uk/government/publications/first-aid-in-schools>

Further advice

Further advice on first aid can be obtained from the following sources

Group Safety Advisor tel: 01484 22(860)6457

Employee Healthcare tel 01484 22(860) 3305

HSE Guidance

<http://www.hse.gov.uk/risk/controlling-risks.htm>

First aiders can be booked onto an approved first aid course by contacting:

The Authority's Corporate Learning & Development team,

tel: 01484 22(860)3303.

email: training.admin@kirklees.gov.uk

FIRST AID NEEDS ASSESSMENT

The law requires that a risk assessment is completed in order to identify the appropriate first aid provision for a child care setting. What is necessary will depend on a variety of factors; the most common of which are highlighted in the following checklist.

First aid needs checklist

Y N

1. Organisational Details

- How many employees do we have? (insert figure)
- How many sites do we have? (insert figure)
- Are any of these sites remote from the emergency medical services?
- Are these buildings spread out?
- Do we have any multi-floor buildings?
- Do we have shift /out of hours / lone working in any of our premises?
- Do levels of risk vary within individual premises?
- Do we have a canteen or staff kitchen on our site(s)?
- Do other employees regularly work out of hours?
- If so, how many? (insert figure)
- Do any of our employees work alone?
- If so, how many? (insert figure)
- Do any of our employees travel much?
- If so, how many? (insert figure)
- How far are we away from emergency medical help?

2. People

- Do we employ anyone with a disability?
- Do we employ or otherwise have anyone who is vulnerable?
- Do we employ anyone with known health problems?
- Do we have any trainees, apprentices working on our site?
- Do we have any work experience students spending time with us?
- Do we employ anyone with reading difficulties?
- Do we employ anyone with a poor understanding of English?
- Do members of the public visit our site?
- If so, do they visit regularly?
- Do we have non-employees who may need treatment (e.g. Contractors)?
- If so, how many? (insert figure)

First aid needs checklist

Y N

3. Child care setting risks

Do we have any of the following on our site(s):

- dangerous machinery (workshops)?
- dangerous or sharp tools (workshops)?
- hazardous substances (laboratories/workshops)?
- dangerous loads (Caretakers)
- animals?

4. Previous accident history

- How many accidents has our child care setting had in the last year? *(insert figure)*
- Have they occurred within one particular area?
- Did any of these accidents result in a visit to hospital?
- If so, how many? *(insert figure)*

Comments/further action to be taken:

.....

.....

.....

This checklist has been completed to the best of my knowledge.

Signed:

Date:

Note: This checklist is to be retained on file for at least three years.

The information contained in this assessment of factors needs to be used to compile a formal risk assessment which contains a list of the controls in place (see overleaf).