



FIRST AID POLICY

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1.0 INTRODUCTION

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

Although there is no requirement to take account of persons who are not employees, the purpose of this policy is to ensure that at the Academy there is appropriate first aid provision for employees, students and visitors at all times while people are on the Academy campus and whilst on off site visits. This is consistent with the spirit of the regulations, guidance from the Health & Safety Executive (HSE) and the Department for Education (DfE), and with the Academy's obligations to children as being *in loco parentis*. The policy is designed to ensure that all staff and students are aware that a system is in place, to provide awareness of health and safety issues within the Academy and for off-site learning and to prevent, where possible, potential dangers or accidents.

This policy has been written with reference to the [DfE'S First aid in schools, early years and further education guidance](#). All first aiders should be familiar with this document in addition to the Academy First Aid Policy. The Academy Health & Safety Policy includes arrangements for first aid.

2.0 POLICY STATEMENT

The Academy takes seriously its responsibility to care for the interests of its students in emergency situations. The Academy will provide awareness of health & safety issues on campus and during off site learning, to prevent, where possible, potential dangers or accidents. However, where accidents do occur, it is essential that the Academy has qualified staff and clearly defined procedures that can be called upon immediately to treat injuries with the aim of reducing the impact of the accident and if necessary to save life.

To this end, the Academy will appoint the appropriate number of suitably trained people as first aiders and appointed persons to meet the needs of its students and visitors. It will provide relevant training and ensure there is monitoring of training needs. Sufficient and appropriate first aid resources and facilities will be provided and staff and parents/carers will be informed of the first aid arrangements. The Academy will keep accident records and will report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

3.0 ROLES AND RESPONSIBILITIES

Responsibility for health & safety rests with the Trust Board and the Principal.

3.1 TRUST BOARD

The Trust Board has responsibility for health and safety matters within the Academy and during off site learning.

3.2 PRINCIPAL

The Principal will be responsible for ensuring that the policy is put into practice and that parents and carers are aware of the Academy's health and safety policy, including arrangements for first aid.

3.3 TEACHERS AND SUPPORT STAFF

Teachers and support staff are not required to give first aid as part of their conditions of employment. All staff are expected to secure the welfare of students whilst they are in their care. The consequences of taking no action are likely to be more serious than trying to assist in an emergency. All Academy staff should familiarise themselves with the first aid procedures in operation and ensure that they know who the current First Aiders are. Staff should be aware from school records of specific medical details of individual students they teach or mentor.

3.4 FIRST AIDERS

Staff who volunteer to be first aiders **will** be given adequate appropriate training. The Academy Council must ensure that there are sufficiently trained staff to meet the statutory requirements and assessed needs, for those on the Academy campus.

A first aider is someone who has undertaken training appropriate to the circumstances. They must hold a valid certificate of competence in either:

- **First aid at work**
- **Emergency first aid at work**
- **any other level of training or qualification that is appropriate to the circumstances**

A first-aid needs assessment will decide the appropriate level to which first-aiders should be trained.

Emergency first aid at work (EFAW) training enables a first-aider to give emergency first aid to someone who is injured or becomes ill while at work.

First aid at work training includes the EFAW syllabus and also equips the first-aider to apply first aid to a range of specific injuries and illness.

Certificates for the purposes of first aid at work last for three years. Before their certificates expire, first-aiders will need to undertake a requalification course as appropriate, to obtain another three-year certificate. Once certificates have expired the first aider is no longer considered to be competent to act as a workplace first aider.

The main duties of a first aider are to:

- give immediate help to casualties with common injuries and those arising from specific hazards on the Academy campus or during off site learning;
- ensure that an ambulance or other medical help is called when necessary.

3.5 APPOINTED PERSON

The role of the appointed person includes looking after first-aid equipment and facilities and calling the emergency services when required. They can also provide emergency cover where a first-aider is absent due to unforeseen circumstances (annual leave does not count). An appointed person does not need first-aid training; however our policy is to complete basic first aid online training..

Where an assessment of first-aid needs identifies that a trained first-aider is not required, an appointed person should be appointed to take charge of first-aid arrangements. This is the minimum requirement.

An appointed person is not necessary where there is an adequate number of appropriately trained first-aiders.

3.6 NUMBER OF FIRST-AIDERS















The number of first aiders a school requires depends on an assessment of risk. At the Academy we will have a **minimum of four first aiders, but where schools take pupils off site then additional first aiders may be required to maintain cover in school.**

All PE staff in secondary schools will be required to be first aiders.

3.7 FIRST AID MATERIALS, EQUIPMENT & FACILITIES

First aid boxes will be placed around the Academy, near to hand washing facilities if possible, so that they are easily accessible and should contain the items given in the table. They should always be adequately stocked and based on the first aid needs assessment. They should not contain medications of any kind.

The image below gives guidance on first aid kit requirements, whilst guidance is based on employees only, the number of pupils on site should be considered:

Category Of Hazard	Number Of Employees	Number & Size Of First Aid Kit
Low Hazard e.g. shops, offices, libraries	1-24 	Small 
	25-100 	Medium 
	100+ 	1x Large  per 100 
High Hazard e.g. light engineering and assembly work, food processing, warehousing, chemical manufacture, extensive work with dangerous machinery or sharp instruments, construction etc	1-4 	Small 
	5-25 	Medium 
	25+ 	1x Large  per 25 

Below are the contents required in first aid kits to comply to British Standards BS 8599:

BS8599-1:2019 Workplace First Aid Kit Contents

Kit component	New workplace first aid kit contents			New travel & motoring kit contents	Personal issue kit contents
	Small	Medium	Large		
Conforming bandage	1	2	2	1X Guidance leaflet	1X guidance leaflet, 1X contents list, 1X sterile dressing, 1X triangular bandage, 10X plasters, 4X alcohol-free wipes, 2X nitrile gloves (pairs), 1X resus shield, 1X foil blanket, 1X clothing cutters
Guidance leaflet	1	1	1	1X Contents list	
Contents list	1	1	1	1X Med. sterile dressing	
Medium sterile dressing	2	4	6	1X Triangular bandage	Critical injury pack contents 1X guidance leaflet, 1X contents list, 2X nitrile gloves (pairs), cutters, 2X large trauma dressing, 2X haemostatic dressing, 1X foil blanket, 1X clothing, 1X tourniquet
Large sterile dressing	2	3	4	10X Plasters	
Triangular bandage	2	3	4	10X Alcohol-free moist wipes	
Eye pad sterile dressing	2	3	4	2X Nitrile gloves	
Plasters	40	60	100	1X Resuscitation shield	
Alcohol-free moist cleansing wipes	20	30	40	1X Foil blanket	
Adhesive tape roll	1	2	3	2X Burn dressing	
Nitrile disposable gloves (pairs)	6	9	12	1X Clothing cutters	
Sterile finger dressing	2	3	4	1X Adherent dressing	
Resuscitation face shield	1	1	2	1X Medium trauma dressing	
Foil blanket	1	2	3		
Burn dressing	1	2	2		
Clothing cutters	1	1	1		



3.7.1 Travelling first aid containers

Before undertaking any off-site activities or educational visits, the visit leader should assess what level of first aid provision is needed and identify any additional items that may be necessary for specialised activities.

Kits compliant with BS-8599-1 contain:

Contents	Qty
First Aid Guidance Leaflet	1
HypaCover First Aid Dressing, 12x12cm	1
HypaCover First Aid Dressing, 18x18cm	1
HypaBand Triangular Bandage	1
HypaBand Safety Pins	12
HypaPlast Washproof Plasters	20
HypaBand Conforming Bandage, 7.5cm	1
HypaPlast Microporous Tape, 2.5cm	1
HypaTouch Nitrile Gloves (Pair)	1
HypaGuard Face Shield	1
HypaGuard Foil Blanket	1
HypaClens Sterile Eyewash (250ml)	1
Burn Dressing, 10x10cm	1
Clothing Cutters	1
HypaClean Sterile Wipes	4
HypaCover Eye Dressing	1

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 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. A first aider or appointed person should check the contents of all first aid boxes on a monthly basis and re-stock the boxes as appropriate.

Note all first aid materials have expiry dates and should not be used after this date.

3.8 MINI BUS FIRST AID CONTAINER

A minibus must carry a first aid container with the following items:	Number
Antiseptic wipes, foil packaged	10
Conforming disposable bandage (not less than 7.5 cm wide)	1
Large sized individually wrapped sterile unmedicated ambulance dressings (not less than 15cm x 20cm)	3
Safety pins	12
Triangular bandages	2
Sterile eye pads, with attachments	2
Individually wrapped sterile adhesive dressings (assorted sizes)	24
Pair rustless, blunt-ended scissors	1
Pair of disposable gloves	1

3.9 FIRST AID ROOM

The Academy has a suitable first aid room which contains a first aid box and a washbasin with washing and drying materials.

The first aider or appointed person will keep the first aid box stocked in accordance with the lists above. First aid may be administered elsewhere in the Academy as appropriate using the nearest available first aid box.

3.10 SIGNS AND NOTICES

There will be notices which state the names of first aiders, appointed person(s) where these are appointed and where facilities are located in each main area of the Academy.

3.11 ACCESS FOR AMBULANCE

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

The first aider or appointed person should ensure ambulance crews are met and escorted to the site of the emergency as quickly as possible.

4.0 PROCEDURES

4.1 REPORTING AN INCIDENT REQUIRING FIRST AID

ACADEMY STAFF will:

Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.

Send for help to the nearest known first aider as soon as possible either by a person, telephone or radio, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.

Reassure, but never treat, a casualty unless he/she is in possession of a current recognised first aid certificate.

Send a student who has minor injuries to the appropriate person, in the first instance if they are able to walk where a First Aider will see them; this student should be accompanied.

Send a student who feels generally 'unwell' to the first aid room / student services reception / attendance and not call a first aider, unless their deterioration seems uncharacteristic and is causing concern.

HEALTH & WELLBEING / STUDENT SERVICES / ATTENDANCE STAFF will:

Call for a qualified first aider, unless they are one themselves, to treat any injured student. This should be done by telephone in the case of minor injuries or in person. Support the first aiders in calling for an ambulance or contacting relatives in an emergency.

4.2 FIRST AID RECORDS

First aiders will record every case they treat as soon after the incident as is practicable onto the Medical Tracker system. Each record will include at least the name of the patient, date, place, time and circumstances of the incident and details of injury suffered and treatment given. It also records what happened to the patient immediately after treatment e.g. returned to class, or went home. The full name of the person completing the report and who administered first aid must also be input; this is a requirement not only of the Trust but of the HSE.

The records are kept centrally by the Business Manager/HR and Business Coordinator and are readily available. These records will be linked to the statutory accident records and the RIDDOR record for the reporting of injuries and will be kept in line with the Trust's Data Retention Policy..

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

Some accidents must be reported to the HSE. RIDDOR 2013 will be followed in these cases. See Health & Safety Policy – Accident Recording and Reporting.

4.3 COMMUNICATION WITH PARENTS/CARERS

Where a student has been treated, the Academy should report the treatment to the child's parent/carer. Depending upon the nature of the incident this could be by telephone or via Medical Tracker and may require immediate contact. All bumped heads should be notified to parents/carers.

4.4 BUMPS ON THE HEAD

Injuries to the head need to be treated with particular care.

The official NHS head injury website details the most up to date information on what to look out for and what actions to take:

<https://www.nhs.uk/conditions/head-injury-and-concussion/>

Any evidence of the following symptoms may indicate serious injury and an ambulance must be called. This list is not exhaustive and NHS guidance should always be referred to:

- unconsciousness, or lack of full consciousness (i.e. difficulty keeping eyes open);
- confusion;
- strange or unusual behaviour – such as sudden aggression;
- any problems with memory;
- persistent headache;
- disorientation, double vision, slurred speech or other malfunction of the senses;
- nausea and vomiting;
- unequal pupil size;
- pale yellow fluid or watery blood coming from ears or nose;
- bleeding from scalp that cannot quickly be stopped;
- loss of balance;
- loss of feeling in any part of body;
- general weakness;
- seizure or fit.

A qualified first aider who has attended the 3 day First Aid at Work course, 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 an accompanied member of staff or the parent. However, sometimes the effects only become noticeable after a period of time – perhaps several hours.

Staff who have only completed the one day emergency first aid at work course will not have assisting with head injuries recognised on their certificates unless the training provider has incorporated this in their training.

The Academy has a system for monitoring the child and for informing the parent. Any child who has had a head injury, no matter how minor it appears, should be given a ‘bumped head’ note or entry into their planner to show each teacher for the remainder of the day. Each teacher whose lesson the child attends should be asked to keep a look out for signs of drowsiness or distress. The student’s parent/carer should be notified of the bumped head advising them to refer to NHS guidance and that they should contact their GP or local hospital A & E department immediately if concerned.

4.5 PROTECTION FROM DISEASES CARRIED IN BODILY FLUIDS

There are a number of infectious diseases that can be transmitted by contact with blood and other bodily 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 single-use disposable gloves, plastic aprons, hand washing before and after giving treatment.

Blood and Body Fluid Spillages

It is important that spillages of blood, faeces, vomit or other bodily fluids are dealt with immediately as they pose a risk of transmission of infection and disease, e.g. blood borne viruses and diarrhoeal and vomiting illnesses, such as norovirus.

A spillage kit is available in school to deal with blood and body fluid spillages, the kit is located: **In the Site Team/Caretakers Office - only trained Mltie staff to use.**

The person responsible for checking and replenishing the kit regularly is: **Louisa Copley - Site Manager**

General principles of blood and body fluid spillage management:

Bodily fluid spillages should be dealt with as soon as possible with ventilation of the area where possible. Anyone not involved with the cleaning of the spillage should be kept away from the area and protective clothing should be worn when dealing with the spillage such as gloves and aprons.

Spillage Procedure

Cordon off the area where the spillage has occurred.

Cuts and abrasions on any areas of the skin should be covered with a waterproof dressing. Use personal protective equipment and clothing to protect your body and clothes: disposable gloves and an apron must be worn.

Hard surfaces e.g. floor tiles, impervious table tops.

Small spills or splashes of blood: Clean with neutral detergent and hot water.

Large spills

- Remove spillage as much as possible using absorbent paper towels
- Dispose of carefully in waste bag
- Cover remaining with paper towels soaked in diluted bleach solution (1:10 dilution with cold water)
- Leave for up to 30 minutes, and then clear away.

Alternatively, large spills may be covered with granules from the spillage kit for two minutes. Spillage and granules should be carefully removed with paper towels and disposed carefully into a waste bag. Clean area with neutral detergent and hot water.

Soft surfaces and fabrics e.g. carpets and chairs

- Remove the spillage as far as possible using absorbent paper towels,
- Then clean with a fresh solution of neutral detergent and water.
- Carpets and upholstery can then be cleaned using a cleaner of choice.
- Steam cleaning may be considered.

Contaminated gloves, aprons, paper towels, etc. should be carefully disposed of into a leak proof plastic bag, securely tied and placed immediately into the normal external school waste container.

Large quantities of contaminated waste should be disposed of in consultation with the local waste authority.

Wash hands after the procedure.

As with all other hazardous substances used in school, bleach and disinfectants should be stored, handled and used in accordance with COSHH (Control of Substances Hazardous to Health Regulations 2002) and the manufacturer's instructions. Product data sheets and safe use instructions should be accessible, along with risk assessments and details of actions required in the event of accidental ingestion, inhalation or contact with skin or eyes.

All chemicals must be stored in their original containers, in a cool, dry, well-ventilated place that is lockable and inaccessible to children, visitors and the public.

Appropriate protective clothing (e.g. gloves and aprons) should be worn when handling bleach and other chemical disinfectants. Contact with skin, eyes and mouth should be avoided.

4.6 DISPOSAL OF CLINICAL WASTE

Any blood or other body fluid waste produced within the Academy should be disposed of using yellow bio-hazard type disposable bags. Items that should be disposed of as clinical waste will include soiled nappies; disposable cloths used for cleaning vomit or faeces; any blooded waste. The bags should be collected on a regular basis.

4.7 HIGHER RISK AREAS IN THE ACADEMY

Practical subjects, including Technology and Art, Science and PE present special risks and each of these areas should have their own first aid facilities and ideally a first aider. However, this may not be possible, and staff should be aware of immediate remedial measures they can take whilst awaiting the arrival of the first aider.

4.8 IMMEDIATE REMEDIAL MEASURES FOR LABORATORY ACCIDENTS

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 20 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 with details of the chemical, where possible, and the amount swallowed.

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

Toxic gas – Casualty to be removed from the area and sat down outside 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.

4.9 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; a list of local dentists on call or on rota for emergencies can be obtained by dialling 111. 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 re-implanted.

Pick the tooth up carefully by the crown – the shiny part which is usually visible in the mouth. 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.

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 folded up dressing out of the first aid kit to hold the tooth in place and accompany the child to the dentist as soon as possible.

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.

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.

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.

5.0 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 their policy or verify this with their insurers. Please refer to the Transporting Students Policy.

6.0 HOSPITAL CONSENT FORMS

It is unlikely that Academy staff who take students 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 parent/carer is not available.

7.0 CONTRACTORS AND HIRERS

The Academy encourages mutual cooperation and assistance between the other users of the premises such as PFI, catering and cleaning contractor staff and the Academy in first aid matters. The contract services may have their own first aiders or appointed persons or may need to use the Academy's provision. The Academy and its contractors will exchange information about first aiders etc. in case there is a need for help and assistance in an emergency.

Groups taking out lettings of the premises will be informed where the first aid facilities are.

8.0 RELIGIOUS AND CULTURAL CONSIDERATIONS

Student's 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 an emergency if the parent is not available.