

School First Aid Policy



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Responsible Directorate/Division	Enterprise, Community & Resources, Risk and Emergency Planning Division	
Supporting documents, procedures & forms of this policy	REP-SCH-POL-20.COSHH Policy.1.doc.) REP-SCH-POL-33 Supporting Pupils at School with Medical Conditions	
References & Legislation	Health and Safety at Work etc. Act 1974 Health and Safety (First Aid) Regulations 1981 EYFS Statutory Framework 2020	
Schools Consultation Audience	Joanne Bennett – Halebank Primary School Gill Threadgold – Halebank Primary School Carol Hampson – Moore Primary School Jan McDonald – Moore Primary School	
Headteachers checklist	1. Carry out a risk assessment of areas of responsibility to identify the category of first aid provision 2. Arrange First Aid initial and refresher training as required 3. Ensure that First Aid qualifications are maintained 4. The governing bodies of schools are directed to adopt the policy, as from time to time revised, and implement its procedures.	

Introduction

The Health and Safety (First Aid) Regulations, 1981 requires employers to provide qualified first aiders to administer first aid to employees within the organisation.

Under Section 3 of the Health & Safety at Work etc Act, 1974 a duty of care exists to protect the health, safety and welfare of pupils, the public and visitors to educational establishments. As such, if the school identifies a risk to those groups then there is a legal requirement to provide First Aid.

Definitions

‘First Aid’ –

- a) In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and
- b) Treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse.

‘First Aider’ –

A first aider is someone who has undergone a training course in administering first aid at work and holds a current first aid at work certificate.

‘Appointed Person’ –

- a) Take charge when someone is injured or falls ill, including calling an ambulance if required;
- b) Look after the first-aid equipment, e.g. restocking the first-aid box.

Responsibilities

Head teachers must ensure that sufficient First Aiders are available.

Records of the occupational risk assessments must be kept and any actions identified should be shared with the relevant employees. The measures need to be monitored to make sure that they are effective.

Also see defibrillators on page 4.

Assessing the level of first aid provision

First Aid provision should be risk assessed, giving consideration to the following criteria:

1. How many pupils are there on site? One first aider is required at any one time for 100 employees/ pupils
2. What is the nature of the activities – does it involve activities where there is a 'high' risk, especially on Educational visits?
3. How many fully qualified first aiders are there?
4. Sickness absence / holiday cover
5. How accessible are the first aiders? (consider layout of building or place of work)
6. How accessible are the emergency services?

Head teachers are responsible for identifying the category of first aid provision (see appendix 'b'), arranging necessary training and for ensuring parents are aware of the schools first aid arrangements.

Training Requirements

Fully qualified first aiders (FAW) must have attended a three-day course (approved by the Health and Safety Executive). In order for their certification to remain valid, three yearly refresher training is also required. An annual half day refresher course is also strongly recommended.

Emergency first aiders at work (EFAW) must have attended a 1 day course and gained an accredited first aid certificate.

Schools may wish for staff to attend a one-day course that gives them Appointed Person status but does not qualify them to carry out first aid duties. Appointed persons are responsible for calling the emergency services in the event of an incident and ensuring that adequate first aid supplies are available. Appointed persons are not to be considered as alternatives for qualified first aiders except in situations where there are less than five employees on site.

Voluntary training is available in the use of defibrillators for sites who hold this type of equipment.

Early Years Settings

In early year's settings, at least one person who has a current paediatric first aid certificate must be on the premises at all times when children are present. There must be at least one person on outings who has a current paediatric first aid certificate. First aid provision must also be made for employees at any early years setting.

Managers should carry out training-needs analysis to ensure that the proposed employee will be required to carry out first aid. In other words, is there adequate provision already taking into account the considerations listed below?

Educational Visits

It is advised that a competent First Aider attends educational visits which may involve visiting remote areas. They should have access to a travelling first aid kit. Owing to the nature of activities the 3 day course may not be appropriate (see appendix 'b').

Forest Schools

There is a requirement for Forest Schools to have staff trained specifically to deal with injuries arising from a forest setting.

First Aid Supplies, Locations and Defibrillators

For schools who have installed defibrillators, Head teachers must ensure weekly checks of the equipment are carried out and records kept. Faults and consumable requirements must be reported on a monthly basis to the relevant authority. Annual refresher training is recommended.

First aid boxes should be kept adequately stocked and located in the vicinity of the first aider and particularly in places where they are most likely to be needed e.g. D & T Work Shops, Science Labs, PE Areas, Home Economics Areas and Kitchens.

Communication

Information should be available with details of the location and contact number for the nearest designated first aiders.

Insurance

For schools buying into the Halton Borough Council Insurance scheme the insurer's have confirmed that should there be a claim for damages arising from malpractice in the provision of first aid, the person administering will be indemnified under the Employers Liability Insurance, providing that:

- Their first aid certificate is current
- They have not carried out first aid beyond the level to which they have been trained

Schools who do not buy into the insurance scheme should check with their own insurance that the same cover applies.

Aspirin / Paracetamol

In certain situations schools may wish to administer the above. This should only be done with parental consent and the appropriate staff training. Details of the request should be recorded and the tablets must be administered in line with the recommendations. A record of the pupil's name, age, dosage, date and time must be kept. Appropriate paperwork can be found within the appendices of REP-SCH-POL-33 Supporting Pupils at School with Medical Conditions.

Payment

See below¹ .

Review and Evaluation

In order to ensure that this policy continues to be effective and applicable to the Council, the program will be reviewed biennially by Risk and Emergency Planning and relevant stakeholders. Conditions which might warrant a review of the policy on a more frequent basis would include:

- Changes to legislation;
- Employee concern.

Following completion of any review, the program will be revised and/or updated in order to correct any deficiencies. Any changes to the program will be consulted through the relevant stakeholders.

Version Control and Change History

Version Control	Date Released	Date Effective	Amendment
1	January 2010	Apr 1 st - 2010	Document created.
2	May 2011	May 2011	Payment details changed after consultation with schools H & S working group.
3	August 2011	August 2011	Contents list amended in line with BS 8599
4	May 2013	May 2013	Defibrillator information included re training and equipment checks.
5	July 2015	July 2015	Reference to training added for the administration of medication. Reference to specifically trained forest schools first aiders now included.
6	April 2018	April 2018	Supporting documents updated and training requirements now include annual ½ day refresher training as a strong recommendation. Directorate name also updated.
7	June 2020	June 2020	Legislation updated for EYFS to 2020. Appendix C added. Contains HSE guidance relating to first aid cover, application and training during COVID19 pandemic Appendix D added Contains advice and guidance in relation to CPR and resuscitation during the COVID19 pandemic.

Appendix 'a'

First-aid box

What should a first-aid box contain?

There is no mandatory list of contents for first-aid boxes and HSE does not 'approve' or endorse particular products. **Deciding what to include should be based on a Head teachers assessment of first-aid needs.** BSI has outlined a guide to help employers select the most suitable kit for their requirements (BS8599):

Workplace Kit Content	Small	Medium	Large	Travel
Guidance Leaflet	1	1	1	1
Medium Sterile Dressing	4	6	8	1
Large Sterile Dressing	1	2	2	1
Triangular Bandage	2	3	4	1
Safety Pins	6	12	24	2
Sterile Eye Pads	2	3	4	1
Waterproof Plasters ²	40	60	100	10
Sterile Saline Wipes	20	30	40	4
Microporous Adhesive Tape	1	1	1	1
Nitrile Gloves (pair) ³	6	9	12	1
Sterile Finger Dressing	2	3	4	0
Resuscitation Face	1	1	2	1

² Individual wrapped sterile plasters (assorted sizes), appropriate to the type of work and demand (hypoallergenic plasters can be provided, if necessary);

³ Disposable gloves (see HSE's leaflet Latex and you) dependant upon demand;

Shield				
Foil Blanket	1	2	3	1
Sterile Eyewash ⁴	0	0	0	1
Hydrogel Burn Dressing	1	2	2	1
Scissors	1	1	1	1
Conforming Bandage	1	2	2	1

Please note the above is a guide only and does not form part of legislation.

Low Risk (e.g. offices)

Less than 25 pupils/staff – **small kit**

25 – 100 pupils/staff – **medium size kit**

Over 100 pupils/staff – **1 large kit per 100 persons**

High Risk Activities

Less than 5 pupils/staff – **small kit**

5 – 25 pupils/staff – **medium size kit**

Over 25 pupils/staff – **1 large kit per 25 persons**

How often should the contents of first-aid boxes be replaced? Although there is no specified review timetable, many items, particularly sterile ones, are marked with expiry dates. They should be replaced by the dates given and expired items disposed of safely. In cases where sterile items have no dates, it would be advisable to check with the manufacturers to find out how long they can be kept. For non-sterile items without dates, it is a matter of judgement, based on whether they are fit for purpose. It is recommended that you do not keep tablets and medicines in the first aid box.

⁴ Sterile eye wash should be kept easily accessible, near to the first aid box, travel kits must contain eyewash as it is unlikely fixed eye wash stations will be available.

First Aid Provision

Group	Requirement	Regulating body	Training available	Notes
Employees	First Aid at Work Regs: - Adequate & appropriate equipment, facilities & personnel - Determined by risk assessment ACoP - Suggested numbers for low high work areas	HSE	- First Aid at Work - 3 days - Annual half day refresher (strongly recommended) - Every 3 years -2 days refresher - Emergency Aid for Appointed Persons 1 day/6 hr	3 day course not designed for use with non-employees
Pupils and visitors	DCFS 'Guidance on FA in schools': - Minimum 1 : 100 pupils - Supplemented as required by RA	Ofsted	- First Aid at Work - 3 days - Annual half day refresher (strongly recommended) - Every 3 years -2 days refresher	Primary schools – if Paediatric First Aider not available, course to include CPR for under 8 year old children

Group	Requirement	Regulating body	Training available	Notes
Pupils Early Years	Relevant pediatric course (12hr)	Ofsted	- Paediatric course 12 hours - Every 3 years -1 day refresher	
Pupils educational visits	DfES 'H&S of pupils on Ed visits' - Refs to FA guidance doc – see above Adventure Activity Licensing Regs - suitable & sufficient arrangements for provision of FA AALA Guidance - accompanied by at least 1 person with valid, appropriate FA certificate - HSE approved provider - No list of recognised courses 3 day course may not be appropriate	Adventure Activity Licensing Authority (AALA) – specified activities only	Emergency First Aid 2 days/16 hours Rescue Emergency Care scheme syllabus + tailored	- FA training may be part of outdoor education qualification e.g. Mountain Leader, BCU 16hr course is minimum accepted by HBC

COVID19 related updates (HSE Guide dance).

1.1 First aid in non-healthcare settings

This guidance will help employers ensure first aiders are confident that they can help someone injured or ill at work during the coronavirus (COVID-19) outbreak.

Employers and their first aiders should take account of the specific guidance on giving cardiopulmonary resuscitation (CPR) from the Resuscitation Council UK.

Emergency service professionals, such as NHS ambulance workers, will receive specific advice from their employer.

HSE has guidance on First aid cover and qualifications.

1.1.1 Check your first aid needs assessment

As an employer, when reviewing your risk assessment to include working during the outbreak, consider refreshing your first aid at work needs assessment.

Ask your first aiders if there are any factors that should be taken into account as part of your risk assessment, for example vulnerable workers with first aid responsibilities.

You should discuss the risk assessment with your first aiders so they are confident about providing the right assistance. This includes knowing what equipment they can use to minimise risk of infection transmission, as explained below.

1.1.2 Guidance for first aiders

Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone.

If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model – preserve life, prevent worsening, promote recovery.

1.1.2.1 Preserve life: CPR

- Call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- Ask for help. If a portable defibrillator is available, ask for it
- Before starting CPR, to minimise transmission risk, use a cloth or towel to cover the patient's mouth and nose, while still permitting breathing to restart following successful resuscitation
- If available, use:
 - a fluid-repellent surgical mask
 - disposable gloves
 - eye protection
 - apron or other suitable covering
- Only deliver CPR by chest compressions and use a defibrillator (if available) – **don't** do rescue breaths (for pediatric advice see appendix D)

1.1.2.2 Prevent worsening, promote recovery: all other injuries or illnesses

- If you suspect a serious illness or injury, call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- If giving first aid to someone, you should use the recommended equipment listed above if it is available
- You should minimize the time you share a breathing zone with the casualty and direct them to do things for you where possible

1.1.2.3 After delivering any first aid

- Ensure you safely discard disposable items and clean reusable ones thoroughly
- Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible.

1.2 First aid cover and qualifications during the outbreak

If first aid cover for your business is reduced because of coronavirus or you can't get the first aid training you need, there are some things you can do so that you still comply with the law.

You should review your first aid needs assessment and decide if you can still provide the cover needed for the workers that are present and the activities that they are doing.

1.2.1 Keep enough first aid cover

If fewer people are coming into your workplace it may still be safe to operate with reduced first aid cover. You could also stop higher-risk activities.

1.2.2 Share first aid cover with another business

You could share the first aiders of another business, but be sure that they have the knowledge, experience and availability to cover the first aid needs of your business.

Shared first aiders must:

- be aware of the type of injuries or illnesses that you identified in your first aid needs assessment¹ and have the training and skills to address them
- know enough about your work environment and its first aid facilities

- be able to get to the workplace in good time if needed

Whoever provides the temporary cover must make sure they do not adversely affect their own first aid cover.

1.2.3 First aid certificate extensions

If you hold a first aid certificate that expires on or after 16 March 2020 and cannot access requalification training because of coronavirus, you may qualify for an extension. This applies to:

- Offshore Medic (OM)
- Offshore First Aid (OFA)
- First Aid at Work (FAW)
- Emergency First Aid at Work (EFAW)

1.2.3.1 How you qualify for the extension

To qualify for the extension, you must be able to:

- explain why you haven't been able to requalify
- demonstrate what steps you have taken to access the training, if asked to do so

1.2.3.2 Requalification training in England

The first aid training industry in England is confident that enough courses will now be available for all required requalification training to take place. HSE has therefore agreed a final deadline for requalification for these qualifications of **30 September 2020**.

1.2.3.3 Requalification training in Scotland and Wales

It is accepted that training capacity in Scotland and Wales, and for some parts of the emergency services across Great Britain, might take longer to build.

The deadline for completing requalification training in Scotland and Wales (and in relevant GB emergency services), will therefore be reviewed by HSE over the coming months. Employers or certificate holders should still try to arrange requalification training at the earliest opportunity.

1.2.3.4 Annual refresher training

If first aiders are unable to access annual refresher training face to face during the coronavirus (COVID-19) outbreak, HSE supports the use of online refresher training to keep their skills up to date.

HSE still strongly recommends that the practical elements of actual FAW, EFAW and requalification courses are delivered face to face, so that competency of the student can be properly assessed.

1.2.4 Interrupted first aid training

If because of coronavirus you cannot complete training for your first aid qualification within the usual timeframe, training can restart at a later date as long as:

- a full recap of training delivered before the interruption is done before moving onto undelivered modules
- the awarding body is content that you can show:
 - a full understanding of all aspects of the course content
 - the knowledge required and competencies at the end of the training

Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings

This statement is for anyone who is performing CPR/defibrillation in an out-of-hospital setting.

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is set against the inevitability that a person in cardiac arrest will die if no assistance is given. The first things to do are shout for help and dial 999.

Watch what to do in an emergency.

- First responders should consult the latest advice on the NHS website (<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>).
- Those laypeople and first responders with a duty of care (workplace first-aiders, sports coaches etc.) that may include CPR should be guided by their employer's advice.
- This guidance may change based on increasing experience in the care of patients with COVID-19.
- Healthcare workers should consult the recommendations from the World Health Organization and Department of Health and Social Care for further information, and advice by nation is at the conclusion of this statement.

Resuscitation Council UK Guidelines 2015 state “If you are untrained or unable to do rescue breaths, give chest compression-only CPR (i.e. continuous compressions at a rate of at least 100–120 min⁻¹)”.

Because of the heightened awareness of the possibility that the victim may have COVID-19, Resuscitation Council UK offers this advice:

- 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. 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, rescuers should place a cloth/towel over the victims mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) 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.
- If the rescuer has access to any form of personal protective equipment (PPE) this should be worn.
- 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.

Pediatric advice

We are aware that pediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in pediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.

For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur. Therefore, if there is any doubt about what to do, this statement should be used.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.