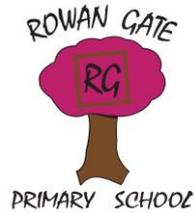


ROWAN GATE PRIMARY SCHOOL



FIRST AID POLICY

POLICY REVIEW

This policy has been reviewed in line with the following: (Reviewer please tick box)

a) Ensuring the policy is up to date and meets mandatory requirements

b) Ensuring the policy is fit for purpose and that practice adheres to the policy.

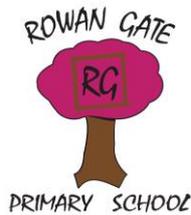
Reviewed in September 2020 by

Print Name

Health & Safety Sub-Committee Members

Policy will be reviewed again in September 2021

ROWAN GATE PRIMARY SCHOOL



FIRST AID POLICY

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.

First aid provision must be available at all time while people are on the school premises and also off the premises whilst on school visits.

Who is responsible

The Head Teacher and Governing Body are responsible for making arrangements for first aid provision covering all aspects of school activities, all employees, pupils and visitors to the school.

First aid is provided by staff volunteers who are suitably trained.

Providing information

The Head Teacher must inform all staff (including those with reading and language difficulties) of the first aid arrangements. This should include the location of equipment, facilities and first aid personnel and the procedures for monitoring and reviewing the school's first aid needs.

First Aid Notices are displayed in all rooms within the school giving the names of the qualified first aiders in school (See Appendix 1).

There is a burns kit mounted on the mobile food trolley. Portable bum bags are available for staff to take on trips out of school

Information for staff about First Aid is shared via the staff hand book and staff induction programmes.

Reassessment of first-aid provision

The governing body and/or head teacher regularly reviews the first aid needs (at least annually) and particularly after any changes to ensure the provision is adequate.

Teachers and other school staff

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks.

Teachers and other staff in charge of pupils are expected to secure the welfare of the pupils in the same way that parents are expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Qualifications and Training

A first aider's must hold a valid certificate of competence, issued by an organization whose training and qualifications are approved by the HSE.

Standard first aid at work training courses do not generally include the resuscitation of children. The employer should arrange appropriate training for this.

First aid certificates are valid for three years. Employers should arrange refresher training and retesting of competence before certificates expire. If a certificate expires, the individual will have to undertake another full course of training to become a first aider.

Training records

Schools should maintain an up to date record of first aiders and certification dates to help with the timely arrangement of further training and succession planning. The person responsible for this in school is RGW - Jane Rhodes. **See List of Qualified School Staff (Appendix 1.)**

Insurance

In the event of a claim alleging negligence by a member of the school's staff, action is likely to be taken against the employer rather than the employee.

The employer should also make sure that their insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment. It is the employer's responsibility to make sure that the statutory requirements for provision of first aiders are met, that appropriate training is provided and that correct procedures are followed. The employer should be satisfied that any training has given staff sufficient understanding, confidence and expertise.

Employees are covered by the School's Employers' Liability Insurance – Policy No. YO81349QBE 0112A

First aid materials, equipment and facilities

First aid boxes are kept:

At RGW - in the staff room, the school office, in the parent's room, kitchen, hydrotherapy pool

At RGE in the facilities office, admin office, staffroom, kitchen

In the school mini buses (grab bags).

Tablets and medications **should not** be kept in the first aid container.

There is no mandatory list of items to be included in a first aid container but it so the latest ACOP, the minimum stock of first aid items as a minimum:

- a leaflet giving general guidance on first aid (HSE leaflet *Basic Advice on First Aid at Work* – see Appendix 3);
- 20 individually wrapped sterile plasters (assorted sizes) appropriate to the type of work (may be of a detectable type for food handlers and/or hypoallergenic if necessary); individually wrapped children's

plasters. *Please note that contrary to popular belief, plasters have not been “banned” and should be included in a first aid container. A list of pupils who are allergic to plasters to be stored near the first aid container.*

- two sterile eye pads;
- four individually wrapped triangular bandages (preferably sterile);
- six safety pins;
- six medium-sized sterile individually wrapped un-medicated wound dressings;
- two large sterile individually wrapped un-medicated wound dressings;
- one pair of disposable gloves; powder-free latex examination gloves with low latex levels are normally suitable (see separate PDF document *Safe use of latex gloves*).

Responsibility for checking First Aid Boxes

The contents of first aid boxes are examined frequently by the Facilities Manager or Site Supervisor and Wallace Cameron (a company employed to ensure check the boxes and restock) and the first aid boxes are restocked as soon as possible after use with sufficient supplies and out of date materials are disposed of and replaced.

Allergies to “plasters”

Some people do experience allergic reactions to “plasters”. It is the responsibility of the individual employee or the parent(s) / carer(s) of the pupil to inform the school if such an allergy exists and in these circumstances it would be sensible for the school to have a supply of “hypoallergenic” plasters available.

If no prior knowledge of such an allergy exists, normal first aid procedures should be followed by the school; if an allergic reaction does then occur, medical assistance should be sought appropriate to the severity of the reaction. In extreme circumstances, emergency procedures may need to be instigated.

Other first aid equipment

Heat reflective foil blankets for casualties in PE / swimming situations; these items are securely stored in the swimming pool area. Ice packs are located:

RGW- in the staff room, parent room and resource room fridges
RGE – in parent room fridge

Traveling first-aid kits

A traveling first aid kit is provided in each of the school’s minibuses. These are regularly examined and replenished (by Wallace Cameron Co.)

Bum bags for staff to carry first aid provision are located:

RGW- in the Nurses office.
RGE – in the Admin office

It is necessary to ensure that in the event of an emergency, effective means of communication between the group leader and the Leadership team at school is in place.

First aid facilities

The Education (School Premises) Regulations 1996 require every school to have a suitable room that can be used for medical or dental treatment when required during school hours. The area must contain a wash basin, and be reasonably near to a WC, need not be used solely for medical purposes but it should be appropriate and readily available when needed.

At Rowan Gate First aid is administered in the Parent's room.

Hygiene/Infection Control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single use disposable gloves and hand washing facilities and should take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

When considering their arrangements for dealing with blood-borne viruses (BBVs) in the context of first aid, schools are advised to refer to the guidance contained in the HSE leaflet "*Blood-borne viruses in the workplace – Guidance for employers and employees*" which is provided as a PDF document. (See Appendix 3)

The following advice is offered to first aiders and all other persons who may have cause to give first aid treatment where loss of blood or other body fluids is a significant feature. The hygiene guidelines apply irrespective of whether a virus is known to be present or not as they represent sound first aid procedures.

Within the workplace, BBVs are mainly transmitted by direct exposure to blood or other body fluids contaminated with infected blood. Direct exposure can happen through accidental contamination by a sharp instrument such as a needle or broken glass. Infected blood may also spread through contamination of open wounds, skin abrasions, skin damaged due to a condition such as eczema or through splashes to the eyes, nose or mouth.

Managing the risk

For first aiders in the workplace, the risk of being infected with a BBV while carrying out their duties is small. There has been no recorded case of HIV or hepatitis B virus being passed on during mouth-to-mouth resuscitation and therefore the procedure should not be withheld in a life saving emergency.

First aiders are advised to follow the following precautions to reduce the risk of infection:

- cover any cuts and abrasions on their skin with a waterproof dressing;
- wear suitable disposable gloves when dealing with blood or any other body fluids;
- use suitable eye protection and a disposable plastic apron where splashing is possible;
- hands should be washed before and after administering first aid;
- hands should be cleaned with alcohol wash if available.

It is not normally necessary for first aiders in the workplace to be immunised against hepatitis B virus unless the risk assessment indicates that it is appropriate; immunisation is not available for other BBVs.

Action after possible infection with a BBV

If contamination with blood or other body fluids does occur, the following action should be taken without delay:

- wash splashes off your skin with soap and running water; if your skin is broken, encourage the wound to bleed, do not suck the wound

- rinse thoroughly under running water; wash out splashes in your eyes using tap water or an eye wash bottle, and your nose or mouth with plenty of tap water
- do not swallow the water; record the source of contamination; report the incident to your line manager as appropriate.
- Prompt medical advice is important. Treatment might be appropriate but to be effective, it may need to be started quickly and therefore contact should be made with the nearest Accident and Emergency department without delay.
- Further information is available within “*Advice on immunisation against BBV's*”.

Decontamination / Disposal of waste

It is possible for HIV and hepatitis B virus to remain infectious in dried and liquid blood for a considerable time and if materials become contaminated with blood or body fluids, they will require decontamination in a way that is designed to inactivate BBVs, mainly by using heat or chemical disinfection, or safe disposal. Schools should have in place a procedure for dealing with spillages and other forms of contamination and staff should be familiar with it.

As a general guide:

- disposable plastic gloves must be worn and paper towels used when mopping up blood or body fluids. They may be placed in yellow nappy sacks, sealed and disposed of in the PHS waste bin outside.
- clothing may be cleaned in a washing machine using the hot cycle;
- surfaces and re-usable personal protective equipment (e.g. eye protection) should be wiped down / cleaned with a solution of a suitable disinfectant.

In a lot of cases, schools will only generate what is termed “human hygiene waste” and this is generally assumed not to be clinical waste (as defined) as the risk of infection is no greater than that for domestic waste.

However, schools may have specific knowledge / experience of local circumstances (e.g. pupils’ health issues / special needs) that require separate arrangements to be made for dealing with clinical waste and if so, these should be formalised and implemented by the school.

Duty of First Aider

At school, the main duties of a first aider are to:

- ▼ give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- ▼ alert a member of the Senior Leadership team to an injury or illness
- ▼ when necessary, a member of SLT will ensure that an ambulance or other professional medical help is called.

Emergencies

If it is deemed to be an “emergency” or an otherwise serious injury, a paramedic or an ambulance will be summoned to the school by a member of the schools’ leadership team or a member of staff from the office, giving the location of the accident and details of the incident. *The use of an employees’ or other persons’ private vehicle to take the pupil to hospital should not be used in these circumstances.*

If the casualty is a pupil, then the parents/carers should be contacted and informed to meet the pupil at the hospital. When the parents/carers arrives at the hospital the member of staff should return to work in accordance with arrangements made by the Head Teacher.

In the event of the parents/carers not being able to be contacted, the member of staff should stay with the pupil and return him/her home or back to the school, whichever is appropriate after treatment.

If the casualty is an adult, then the wishes of that adult will be considered, however if the First Aider, feels that further treatment is required, an ambulance will be called.

If the injury is an adult then a member of staff should accompany him/her but when care is obtained, the member of staff should return to the school in accordance with arrangements made by the Head Teacher.

Minor injury/illness

If the injury is minor and does not warrant calling an ambulance and it is a pupil, the named contact will be contacted and be requested to take the child to hospital for further medical treatment; otherwise an ambulance will be called to take the pupil to hospital. If a parent or contact is not available, then a member of staff will accompany the pupil.

The First Aider will decide whether the injury needs a period of rest in a quiet area or needs to be taken home.

If the injury is to a pupil the:

- Parents/carer should be contacted to ascertain whether they are at home or not.
- Request parents/carer/family member to fetch the pupil from the premises
- Any child who has a minor accident involving a bump to the head will be given a note of advice for the parent to go home in the child's book back
- The first aider should complete the NCC accident log which will be forwarded to Head Teacher to be acknowledged and signed off.
- Pink "Incident" book should be completed by the member of staff and signed by the Deputy Head and Head Teacher.

It is common practice to issue an "**Ouch forms**" when a pupil suffers a blow to the head but does not require transferring to hospital etc (when parents / carers would be informed immediately).

Provided the letter gives basic information as outlined above and describes the common symptoms of more serious head injuries for the parent(s) / carer(s) to look out for, this is generally sufficient. First aiders should be able to help with this as a consequence of their training.

Site Access for Emergency Services

Access to the school site for ambulances etc should be available without delay. Where access is restricted for security reasons, the procedures for summoning an ambulance should include a designated person to open the gates etc. **A member of school office ensures**

RGW that the barrier is up and doors can be accessed as quickly as possible.

RGE that the gate is opened on arrival to allow access as quickly as possible.

In some circumstances it may be decided by the ambulance service that the "**air ambulance**" is required to transport a casualty to hospital and, where feasible, that landing within the school grounds is desirable. It will be the responsibility of the helicopter pilot to determine the safety aspects of any given landing site (atmospheric conditions, adjacent buildings, overhead cables, trees, people on the ground etc) and the ambulance crew on the ground would direct other aspects of the situation.

With the possible exception of those who do not have any large open area, schools are advised to have in place a procedure to clear the proposed landing site (playing field, playground etc) as a matter of urgency and ensure that all bystanders are either kept away or directed back into the building.

Reporting Accidents and Record Keeping

All accidents and incidents for visitors and staff are to be formally reported to Northamptonshire County Council using an online ACCIDENT/INCIDENT report form

The form is accessible via <https://www.reportincident.co.uk/Northamptonshire>

Computers in the staff room or the school office can be used access to complete this form.

It is simple to do. **The main thing that staff need to do on the form is at Section 2 – where it says “About you” Please put this email address in the box senco@rowangate.northants-ecl.gov.uk**

Child accident forms are completed and signed by the Head Teacher or Deputy Head. These are filed in the office and not sent to LA.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (Riddor), the following accidents must be reported to the HSE if they injure either the school’s employees during an activity connected with work in the UK or self employed people while working on the premises:

- Accidents result in death or major injury (including as a result of physical violence);
- Accidents resulting in specific injuries (Regulation 4)
- Accidents which prevent the injured person from doing their normal work for more than 7days (including acts of physical violence.) (3 days = record NOT report.)
- Dangerous occurrences.

See NCC Riddor Policy. The HSE must be notified without delay:

- Head Teacher
- Chair of Governors
- Chair of Health and Safety Committee
- Local Authority Health and Safety Officer (fax 01604 237532)
- Health and Safety Executive – Grey Friars, Northampton

This must be followed up within 10 days with a written report on Form 2508. See HSE Guidance.

In the HSE’s view, an accident must be reported if it relates to:

- Any school activity, both on or off the premises.
- The way a school activity has been organised and managed (eg the supervision of a trip.)
- Equipment, machinery or substances,
- The design or condition of the premises.

Accidents to pupils, staff and members of the public resulting in the victim being taken directly to hospital from the school premises must be reported immediately to the:

Head Teacher
Local Authority Health and Safety Officer (fax 01604 237532)
Health and Safety Committee Member

Statutory Accident records

The school must keep readily accessible accident records either in written or electronic form for a minimum of 3 years.

School's Central record

The School keeps a record of any first aid treatment given by first aiders on pupils. This includes:

- The date, time and place of incident;
- The name (and class) of the injured or ill person;
- Details of the injury/illness and what first aid was given;
- What happened to the person immediately afterwards (for example, went home, resumed normal duties, went back to class, went to hospital);
- Name and signature of the first aid or person dealing with the incident.

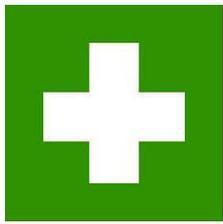
The information recorded can:

- Help the school identify accident trends and possible areas for improvement in the control of health and safety risks
- **(Members of school staff complete “Near Miss/Hazards” forms which are passed to the Facilities manager for urgent attention.)**
- Be used for reference in future first aid needs assessment
- Be helpful for insurance and investigation purposes.

This Policy was reviewed by the Health & Safety Sub-Committee on September 2020.

This Policy will be reviewed annually.

KEY: RGW – Rowan Gate Wellingborough
 RGE – Rowan Gate East, Rushden



FIRST AID - RGW

February 2020

Qualified First Aider

Name	Location	Expires	Qualification
Olga Smith	Cherries	Jan 2022	Paediatric First Aid
Kimberley Cooper	Plums	Feb 2021	Paediatric First Aid
Jessica Rose	Apricots	Feb 2021	Paediatric First Aid
Julia Coles		Jan 2022	Paediatric First Aid
Zoe Clark	Bananas	Jan 2022	Paediatric First Aid
Jade Fitzpatrick	Bananas	Jan 2022	Paediatric First Aid
Barbara Wnuk	Apricots	Jan 2022	Paediatric First Aid
Laura Clarke		Feb 2021	Paediatric First Aid



FIRST AID - RGE

February 2020

Qualified First Aider

Qualification Expires

Name	Location	Expires	Qualification
Lidia G	Plums	Feb 2021	Paediatric First Aid
Bethanie Lane	Apricots	Feb 2021	Paediatric First Aid
Victoria Gonsalves	Pineapples	Jan 2022	Paediatric First Aid
Aldam Mills	Limes	Jan 2022	Paediatric First Aid
Laura Clarke		Feb 2021	Paediatric First Aid
Julia Coles	Office x 221	Jan 2022	Paediatric First Aid



EMERGENCY TELEPHONE NUMBERS

DIAL 9 FOR an Outside line.

To make an emergency call Dial 999 (or 112)

Hospitals

Kettering General Hospital	(01536) 492000
NGH Cliftonville, Northampton	(01604) 634700

Doctor's Surgeries

Brookside Medical Centre, Bozeat	(01933) 663243
Abbey Medical Practice, Wellingborough	(01933) 233200
Albany Medical Centre, Wellingborough	(01933) 234900
Castlefields Surgery, Wellingborough	(01933) 233270
Redwell Medical Centre, Wellingborough	(01933) 423424
Harborough Field Surgery, Rushden	(01933) 354200
Parklands Surgery, Rushden	(01933) 396000
Hanspaul & Partners, Rushden	(01933) 412666
Higham Ferrers Surgery	(01933) 412777
Irchester Health Centre	(01933) 413888
Midland Road, Thrapston	(01832) 734444
Summerlee Medical Centre, Finedon	(01933) 682203
The Cottons, Raunds	(01933) 623327
Spinney Brook, Irthlingborough	(01933) 650303

Appendix 2

Arrangements for first aid provision – DfES checklist

The following checklist was formulated by the DfES in 1998 to enable schools to assess their existing provision and identify areas for development.

1. Are there an adequate number of trained first aiders to cover all locations (especially identified hazard areas) allowing for staff absences and impending retirements?
2. Is there an up-to-date list of first aiders prominently displayed on notice boards and at other strategic locations?
3. Are there sufficient numbers of first-aid boxes on the premises, including travelling kits for outside journeys?
4. Is there a designated member of staff/company who is responsible for checking and maintaining the contents of first-aid boxes and kits? (Yes - Wallace Cameron.)
5. Is there a properly equipped first aid room on the premises and, if so, does each first aider have a key to it?
6. Is there a prominently displayed up-to-date list of local hospital casualty departments and GPs with addresses and telephone numbers for use in emergencies?
7. Is there a system for notifying the parent(s) or carer(s) when an accident occurs?
8. Are all treated accident cases recorded and basic details held centrally for official notification?
9. Is there a clear procedure for notifying potential hazards to the appropriate authorities?
10. Is there a general awareness throughout the school of the importance of safety and provision for the basic training to cope with accidents and emergencies?
11. Is there an adequate supply of suitable signs and posters for display?
12. Is there a need to review current procedures in order to:
 - a) reduce the risk of accidents on the premises?
 - b) ensure that all accidents are dealt with in the most speedily and efficient way?
13. Are staff aware of the procedures needed to reduce the risk of transmission of blood-borne viruses in administering first aid?
14. Are there any pupils with disabilities, medical conditions or allergies which require special attention in case of accident or emergency? Who knows of these pupils and of the special treatment or actions needed?

Appendix 3 – HSE Guidance for employers and employees

– Blood-borne viruses in the workplace.

Safe working practices

The following steps will minimise the risk of exposure to blood products and any associated BBV, but not all will be necessary in all situations.

- Avoid contact with blood or body fluids.
- Take all necessary precautions to prevent puncture wounds, cuts and abrasions in the presence of blood and body fluids.
- Avoid use of, or exposure to, sharps (needles, glass, metal, etc) when possible, and discard sharps directly into the sharps container immediately after use, and at the point of use.
- Take particular care in handling and disposal if the use of sharps is unavoidable – 'one use only' contaminated sharps must be discarded into an approved sharps container (this is generally safer and more practical than attempting to recycle contaminated items). This must be constructed to BS 7320; 1990/ UM 3291, and used containers must be disposed of through a waste management company who will dispose of them safely as 'waste for incineration only'.
- Protect all breaks in exposed skin by means of waterproof dressings and/or gloves. Chain mail and armoured gloves are available to protect the hands when working with sharp instruments or exposed to bone splinters, etc.
- Protect the eyes and mouth by means of a visor or goggles/safety spectacles and a mask when splashing is a possibility (this will also protect against bone fragments in orthopaedic surgery and post-mortem examination).
- Avoid contamination of the person or clothing by use of waterproof/water resistant protective clothing, plastic apron, etc.
- Wear rubber boots or plastic disposable overshoes when the floor or ground is likely to be contaminated.
- Apply good, basic hygiene practices, including hand-washing, before and after glove use, and to avoid hand-to-mouth/eye contact. Disposable gloves should never be washed and reused, as they may deteriorate during use and in washing. If latex gloves are worn, powder-free, low-protein products should be chosen to help prevent latex allergy. Any disposable gloves should be CE marked for use with biological agents.
- Control surface contamination by blood and body fluids by containment and appropriate decontamination procedures.
- Dispose of all contaminated waste safely and refer to relevant guidance.