

# Maplewell Hall School



## First Aid Policy

Based on LCC version

<b>Policy Created</b>	<b>07 February 2019</b>
<b>Governing Body Committee</b>	<b>Personal Development Behaviour &amp; Welfare Committee</b>
<b>Date Reviewed by Governing Body</b>	<b>Summer Term 2021</b>
<b>Date of Next Review</b>	<b>Summer Term 2022</b>

## Table of Contents

<b>SECTION</b>	<b>TITLE</b>	<b>PAGE</b>
1.0	Introduction	3
2.0	Employers Responsibilities	3
3.0	First-Aid Facilities	4
4.0	First-Aid Training	5
5.0	Administration First-Aid	6
6.0	Reviewing and Reporting	6
7.0	Guidance for First Aiders	7
8.0	Head Injury Guidance	8
9.0	Qualified First Aiders	9
Appendix 1	Risk Assessment Briefing Form - First-Aid Risk Assessment	10

This policy has been based upon the LEA First aid policy and has been adapted to reflect the needs of the Maplewell Hall School and its students.

## **1.0 Introduction**

- 1.1 The Health and Safety at Work etc. Act 1974 imposes a general duty on employers, to ensure that their establishments are safe and healthy places.
- 1.2 The Health and Safety (First-Aid) Regulations 1981 (amended 1<sup>st</sup> October 2013) and their associated Approved Code of Practice apply to all employers and employees who work in establishments.
- 1.3 The regulations do not apply directly to non-employees although the Health and Safety Executive (HSE) Approved Code of Practice (ACOP) for First-Aid at Work places emphasis on the need, when assessing the overall risk, to take account of all persons who have access to the premises. It is therefore, sensible to combine first-aid provisions and facilities for employees and non-employees including visitors to the premises and contractors ensuring that the level of provision for employees is not diluted.
- 1.4 This guidance document sets out the Authorities arrangements to comply with the Health and Safety (First Aid) Regulations 1981 and the Approved Code of Practice. It also provides guidance to management about what First-Aid facilities should be provided, the training of First-Aid staff, administering treatment and the employer's responsibilities.

## **2.0 Employers Responsibilities**

- 2.1 It is an employer's responsibility to ensure that there is adequate and appropriate equipment and facilities in place to enable the application of First-Aid to employees who become ill or are injured at work, extending these responsibilities to visitors and contractors.
- 2.2 The First-Aid Regulations and the Approved Code of Practice require the employer to make an assessment of First-Aid needs appropriate to the circumstances (hazards and risks) of each workplace. Providing a suitable and sufficient risk assessment considering and dependent of the following:
  - (i) The number of staff, visitors and contractors to site
  - (ii) The nature of the hazards likely to be encountered and activities undertaken
  - (iii) Age group of users
  - (iv) The geographical layout of the establishment and the facilities it provides
  - (v) Accessibility to assistance and emergency medical services
- 2.3 There is no ratio for the number of first aider to employees although the Approved Code of Practice does offer some guidance:
  - Low risk workplaces such as offices, one trained first aider to every 50 employees with an additional first aider for every 100 employees.
  - High risk workplaces one trained first aider for five or more employees, with an additional first aider for every 100 employees

## **3.0 First-Aid Facilities**

- 3.1 The number of First-Aid kits, whether a dedicated First-Aid room is provided and the number of First-Aiders required will be dependent upon the assessment of risk and the criteria stated in 2.2 above.

3.2 First-Aid boxes or kits should be identifiable, signed with a white cross on a green background, easily accessible and placed in areas of greatest risk.

3.3 All staff members should be given information relating to:

- (i) Who the First-Aid trained staff are;
- (ii) Where the nearest First-Aid box/kit is located
- (iii) Site procedure for dealing with First-Aid emergencies

The same information should be clearly identified on all Health & Safety notice boards and on CIS.

3.4 LA guidance – Each box containing (minimum contents):

ITEM	QUANTITIES
Guidance Card	1
Individually wrapped sterile adhesive dressing (PLASTERS)	20
Sterile eye pads	2
Triangular bandages – sterile, individually wrapped	4
Medium size sterile un-medicated dressings	6
Large sterile un-medicated dressings	4
Disposable gloves	Minimum 4 pairs
Sterile Cleansing Wipes	4

N.B. Minimum one litre sterile water or saline container to be provided if mains water not available

Other suggestions:

- A supply of suitable disposable gloves (non-latex)
- Instant ice packs
- Disposable yellow plastic bags for clinical waste/sharps bin
- Silver foil survival blanket
- Protective Resuscitation Aid (Vent Aid)
- AED – Automatic External Defibrillator

3.4.1 It is important that a responsible person within each establishment or department is given responsibility for checking and where necessary, replenishing the contents of First-Aid boxes/kits to the above minimum quantities on a regular basis (Mr Russ Weedon – Monthly checks) This should be recorded. - N.B. For County Hall this is undertaken by Facilities Management.

3.4.2 Anti-bacterial pump soap, water and disposable drying materials or suitable equivalents must be available.

3.4.3 Sterile items are marked with a 'use-by' date. When replacing these items within the First-Aid boxes/kits the dates marked on such items should be considered ensuring that expired items are disposed of and replaced. For non-sterile items without dates, personal judgement should be made to determine whether they are fit for purpose.

#### 4.0 First-Aid Training

4.1 As of 1 October 2013, the Health and Safety (First Aid) Regulations 1981 have been amended removing the requirement for First-Aid training and qualifications to be approved by the Health & Safety Executive (HSE).

4.2 It is the employer's duty to select a competent training provider. First-Aid training providers will need to be able to demonstrate how they satisfy the criteria set by HSE (<http://www.hse.gov.uk/firstaid/first-aid-training.htm>).

4.3 The designated person should also have knowledge and competence in first aid, as demonstrated by:

- a current, valid FAW certificate; or
- being registered and licensed as a doctor with the General Medical Council; or
- current registration as a nurse with the Nursing and Midwifery Council; or
- current registration as a paramedic with the Health and Care Professions Council; and
- an in-depth knowledge of the subject of first aid and first-aid training.

4.4 There are two types of First-Aid personnel often referred to generally as "First Aiders".

- (i) Certified First-Aider (FAW) – First Aid at Work (3 day course)
- (ii) Emergency First Aid at Work (EFAW) – (6 hour course)

N.B. Additional courses (including refreshers) are available.

4.5 It is essential when selecting members of staff to fulfil the roles of First-Aid provisions, personal qualities likely to make a good First-Aider should be considered. Reliability, strength of character, ability to remain calm in an emergency situation or when others may be injured should all be considered. Additionally, it would be sensible to select members of staff who are employed in what are generally regarded as the most hazardous areas and where the greatest need is likely to arise, but establishments will need to determine their own priorities.

4.6 A qualified First-Aid person should be readily available and easily contactable, within the establishment at all times when employees are at work.

#### 5.0 Administration First-Aid

5.1 Any persons detailed in 4.3 (above) can administer First-Aid. However, it's **not** the responsibility of a First-Aider to administer routine medication. At school there are designated staff who are trained to manage and administer medication. There is also specific training for administering emergency medication such as Epipens or Buccal Midazolam. This is covered by specific training arranged by the Compass Lead and is updated annually. A copy of staff trained to do this can be found on the Teachershare/medical folder. Staff may be asked to administer medication during off site visits. This will be directed by a member of the Compass team prior to departure.

5.2 Where accidents involve external bleeding, First-Aiders must wear protective gloves ensuring that their own personal wounds are covered with a waterproof dressing.

5.3 If you as a First-Aider receive bites, scratches or needle stick injuries, wash the wound with water, make it bleed if you can and then cover with a waterproof dressing. Report the incident to your line manager and complete the incident/accident report form on the AssessNET portal. This should then be addressed within your sites workplace risk assessment to ensure sufficient and suitable control measures are in place (See Blood Borne Viruses and Needle Stick Injuries Policy for more details).

#### **5.4 Mouth to mouth resuscitation**

5.4.1 Mouth to mouth contact may be required where contaminated blood maybe present through facial injuries. For these reasons it is recommended that a Vent Aid should be kept in First-Aid boxes/kits and used in situations where mouth to mouth resuscitation may be necessary.

#### **6.0 Reviewing and Reporting**

6.1 Employers should periodically review their First-Aid needs, particularly after any accidents or incidents occur. Recording such accidents and incidents dealt with by First-Aiders, is important in the reviewing process.

6.2 For accidents involving staff injury then this report all accidents/incidents in accordance with the council's policy 'Incident Investigation, Nonconformity, Corrective Action and Preventative Action', using the AssessNET Portal on the CIS web page. (Mandy Paris, Officer Manager has the log in)

Serious incidents involving students are also reported on AssessNet. This includes all occasions where an injury has led to the child needing medical assistance, e.g. Doctor, Walk in centre, or an ambulance has been called. It also includes any accident where the injury has been caused by a harmful substance (incl. boiling water and steam) or has occurred as a result of school equipment.

Minor accidents such as cuts, grazes and strains are recorded in the accident book in Compass medical room. A copy must be sent to parents/carers. For significant injuries parents/carers must be contacted by phone.

**N.B. In the event of an emergency you must call (9) 999. This can be called from any phone on the school site.**

If any ambulance has been called you must inform reception stating what has occurred and where on site the casualty is. Reception will arrange for someone to meet and direct the ambulance and notify a member of SLT.

#### **7.0 Guidance for First Aiders**

*This guidance should be considered in relation to the training you as a first aider have received. It is intended to offer advice on commonly occurring situations in school and for the treatment of head injuries.*

7.1 Identify the injury either from the casualty or staff member. Try and get a clear description of how it occurred. Was it a fall involving an elevated position? Did anyone see which part of the body was hit or which hit the ground/object? Were they stuck by an object? If so was it done with force? Was it a hard object? These question help create a clearer picture of what the injury is likely to be.

If you have been phoned for assistance ensure you are clear where the casualty is. For very minor injuries it may be suitable to meet medical staff at the Compass medical room.

If in doubt of severity then treat where they are.

- 7.2 Depending on their location you may need to collect a First Aid grab bag/box from reception or Compass. If going via these locations will delay you getting to the injured person then direct a second staff member to collect the kit and join you. Make sure they understand where you will be.

For more serious injuries ask staff to remove non-affected pupils from the area.

- 7.3 Common injuries include grazes. Sometimes these can contain grit or dirt. The casualty should be encouraged to wash the area, with assistance if required. First Aiders should not “dig” foreign bodies out of wounds. This includes splinters.

- 7.4 Burns –where possible take to the nearest water source and treat. The science room has eye wash/water available. Ensure you are not contaminated if the burn has been caused by a corrosive.

If it is difficult to ascertain what the injury/illness is, or to judge the severity then request a second First aider to attend. Reception will have a list of staff.

- 7.5 **In the event of a collapse where it is suspected that the person heart has stopped or that this may occur then the school has a portable AED/defibrillator. This is contained in a red case and hangs on the wall behind the reception desk.**

**It can be used by non-first aiders if there is no-one available or accessing one would delay treatment. The AED is designed to be used by anyone and gives audible instruction on its use.**

- 7.6 All instances where you have administered first aid must be recorded. The book is kept in Compass. A copy should be sent home. In the case of any head injury parents/carers must be contacted as soon as possible.

Staff injury and serious pupil injury are recorded on Assesnet.

- 7.7 After completing treatment it is the first aider’s responsibility to ensure the area is left clear from any equipment or packing that has been used. Any materials contaminated with blood must be bagged and taken to the medical room and disposed of in the yellow hazardous waste bin. Gloves must be worn until all products are binned.

The first aid kit should be re-stocked when items have been used. Notify Claire Welch or Compass staff to request this.

## **8.0 Head Injury guidance**

- 8.1 Head injuries can be hard for a First Aider to assess, but in all instances **must be** considered seriously and rigorously. It is advisable to get a second opinion from a member of the Compass team when considering the next action.

It is important to get as much detail as possible about how the injury occurred. Was it a fall? If so was it from standing or a raised height? Were they hit by an object? If so was it hard, large, dropped or thrown with force? If they hit their head on a surface was it hard or soft?

- 8.2 It is vital to consider any existing medical conditions. Do they have a history of epilepsy? Have they had head surgery, for example, do they have a shunt fitted (used to treat hydrocephaly)?

For students with pre-existing medical conditions the effect of any head injury may be more severe and therefore this should be considered when deciding what action is required.

- 8.3 Most injuries will be relatively minor and not require anything more than an ice pack and observation. **However each incident must be reported to the parent/carers verbally as soon as possible.** A head injury advice slip must also go home to parents/carers, along with a written copy of the accident form. Informing parents/carers how the injury occurred, what first aid they have received and how their child is currently presenting.
- 8.4 Further assessment by a **medical practitioner** should happen if there is
- Headache (other than bruise tenderness at point of injury)
  - Dizziness
  - Nausea
  - Any suspicion of brief loss of consciousness.
  - Any visual disturbances
- 8.5 Parents/carers should be asked to collect their child and seek further advice. If they are not available then it may be necessary for two staff to take the child to a local emergency care centre. Advice can be sought from phoning 111.
- 8.6 If you have treated a child and consider that they are not showing any of the above symptoms then they can return to class. In this instance **you must inform their support staff** and ask them to report any changes in their condition or any concerns back to you immediately.
- 8.7 Criteria for referral to an **emergency AMBULANCE service for head injuries:**
- Unconsciousness or lack of full consciousness, (for example, problems keeping eyes open)
  - Any focal (that is, restricted to a particular part of the body or a particular activity) neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; loss of feeling in part of the body; problems balancing; general weakness; any changes in eyesight; and problems walking).
  - Any suspicion of a skull fracture or penetrating head injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eye, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull)
  - Any seizure ('convulsion' or 'fit') since the injury.
  - A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, a fall from a height of greater than 1 m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorized recreational vehicles, bicycle collision, or any other potentially high-energy mechanism)
  - The injured person or their carer is incapable of transporting the injured person safely to the hospital emergency department without the use of ambulance services (providing any other

### Supporting Students with self-inflicted injuries

Normal first aid procedures will apply to treat any immediate physical injury. Self-injury may indicate a serious mental health concern where there is a risk of serious injury or death. **Where students are felt to be in crisis or at further risk they should be taken by us** to the nearest A&E dept to access the on call Mental Health team. This should be discussed and agreed by a member of SLT. Parents/carers must be contacted



risk factor indicating emergency department referral is present).

## 9.0 Qualified First Aid at Work (3 Day training)

Claire Welch	Jan 2020	Jan 2023
Stuart Matthews	Aug 2020	Aug 2023
Elaine Foster	Mar 2020	Mar 2023
Georgina Smith	Jan 2022	Jan 2025
Michelle Huggins	Aug 2020	Aug 2023
Stuart Dale	Aug 2020	Aug 2023
Wayne Bradshaw	Aug 2020	Aug 2023
Nicola Mann	Aug 2020	Aug 2023
Cole Seagrave	Aug 2021	Aug 2024
Debbie Reid	Aug 2021	Aug 2024
Ed Smith-Watson	Aug 2021	Aug 2024
Emma Hewitt	Aug 2021	Aug 2024
Fleur Thornton	Aug 2021	Aug 2024
Franco Guarasci	Aug 2021	Aug 2024
Jules Donald	Aug 2021	Aug 2024
Kirsty Watts	Aug 2021	Aug 2024
Sacha Cooze	Aug 2021	Aug 2024
Samantha Sharp	Aug 2021	Aug 2024
Sandra Clark	Aug 2021	Aug 2024
Shona Tomlinson	Aug 2021	Aug 2024
Chris Hoult	March 2022	March 2025
Phil Lyon	Aug 2020	Aug 2023
Liz Bullock	March 2022	March 2025
Joanne Bell	Aug 2019	Aug 2022

The following form can be used to determine your First-Aid needs. Alternatively you can use the HSE's First aid at work assessment tool by using the following link;  
<http://www.hse.gov.uk/firstaid/assessmenttool.htm>

## First-Aid Risk Assessment

Please indicate, by ticking the relevant box, which overall category of risk you consider the area to be (see next section for further information)	Lower risk <input type="checkbox"/>	Medium risk <input type="checkbox"/>	Higher risk <input type="checkbox"/>
If the area is not considered to be 'higher risk' overall, please list opposite any parts/areas of the workplace or particular activities or special hazards that are considered higher risk.			
During what times is the building open to employees and non-employees?	Open to employees	Open to non-employees	
Please state the maximum likely number of persons on site at any one time. Include non-employees (pupils, visitors, etc.)			
How many of the following first aid personnel are available at the site/workplace currently?	Emergency First Aiders	First aiders	
According to the table below what is the <b>suggested number</b> of first aid personnel that should be available at the site/workplace?	Emergency First Aiders	First aiders	
How many additional personnel need to be trained in order to have the suggested appropriate number (see table below). Remember to consider cover for holidays, sickness and other foreseeable absences.	Emergency First Aiders	First aiders	
Is someone responsible for ensuring that refresher training is carried out before it expires? If yes, give name and position			

NOTE: Suggested minimum number of first aiders (these should be considered in conjunction with the first aid risk assessment, numbers may alter as a result)

Category of Risk	Number employed and public at location	Suggested number of first aiders
Lower risk (e.g. offices, shops, libraries)	Fewer than 25 25 – 50 More than 50	At least one EFAW person At least one EFAW person At least one FAW person for every 100 employed
Medium risk (e.g. schools, residential care homes)	Fewer than 25 25 – 50 More than 50	At least one EFAW person At least one EFAW person or FAW for every 50 employed At least one FAW person for every 100 employed
Higher Risk and Special Hazards (e.g. light engineering, warehousing, construction, extensive work with dangerous machinery or sharp instruments)	Fewer than 5 5 – 50 More than 50	At least one EFAW person At least one FAW person for every 50 employed At least one FAW person for every 50 employed

Issues to consider and guidance in providing First-Aid are contained on this page. If additional First-Aid needs are identified you should record this information in the box below.

<p style="text-align: center;"><b>Aspects to consider</b></p>	<p style="text-align: center;"><b>Guidance</b> You will need to consider:</p>
<p>Are there high risk activities such as use of chemicals or dangerous machinery?</p>	<ul style="list-style-type: none"> <li>• Providing first aiders, even if the number that occupy the premises require appointed persons only</li> <li>• Extra training for first aiders to cover any special procedures which they may need to carry out.</li> <li>• Additional first aid equipment such as eyewash or emergency showers. Blunt ended stainless steel scissors should be kept where there is a possibility that clothes might need to be cut away.</li> <li>• The precise location of the equipment, putting appropriate First-Aid equipment close to the areas where there is a high risk as well as in other parts of the building.</li> <li>• Any special arrangements which need to be made with the emergency services.</li> </ul>
<p>Do the work activities involve special hazards such as hydrofluoric acid or confined spaces?</p>	
<p>Lone working situations?</p>	
<p>Specific medical related conditions?</p>	

<p>Are there different parts of the premises where different levels of risk can be identified (e.g. kitchens)</p>	<ul style="list-style-type: none"> <li>• Providing first aiders in those locations even if the number that occupy the premises require EFAW persons only</li> <li>• The precise location of the equipment, putting appropriate first aid equipment close to the areas where there is a higher risk as well as in other parts of the building.</li> </ul>
<p>Do your records, such as incident reports, indicate that injury or ill health is more likely in certain locations? (include near misses)</p>	
<p>Are there young or inexperienced workers on site, or employees with disabilities or special health problems who are at greater risk?</p>	<ul style="list-style-type: none"> <li>• Additional training for First-Aiders</li> <li>• Additional First-Aid equipment</li> <li>• Local siting of first aid equipment</li> <li>• First-Aid provision should cover any work experience trainees</li> </ul>
<p>Are the premises spread out or is it a multi occupancy building?</p>	<ul style="list-style-type: none"> <li>• First-Aid kit and personnel may need to be located in each building and/or floor. Liaise with other occupants on first aid arrangements.</li> </ul>

<p>Are there changes in staffing levels, for example shift work, work out of hours, or when staff are absent?</p>	<p>Check the number of first aid personnel is adequate at all times the building is operational including holiday cover</p>
<p>Are any employees working on sites occupied by other employers? Are people in 'lone working' situations?</p>	<p>Make arrangements with other site occupiers to ensure adequate provision. This should be agreed in writing.</p>
<p>Is there sufficient provision to cover absences of first aid personnel?</p>	<ul style="list-style-type: none"> <li>• What cover is needed for annual leave and other planned absences?</li> <li>• What cover is needed for unplanned and exceptional absences?</li> </ul>

<b>Actions identified:</b>		<b>By whom (name) and when (date):</b>
Assessor's name: (please print)	Assessor's signature:	Date assessment completed:
<p><b>The Line Manager should sign below to show that the assessment is a correct and reasonable reflection of actions required. This document should be reviewed regularly.</b></p>		
<b>Line Manager's name:</b> <b>(Please print)</b>	<b>Line Manager's signature:</b>	<b>Date received:</b>
		<b>Date for review:</b>
<b>Date of review:</b>	<b>Reviewed by (name):</b>	<b>Comments:</b>