



ASPIRATIONS

LIVINGSTONE ACADEMY BOURNEMOUTH

FIRST AID POLICY

Date of last review:	November 2019	Review period:	2 years
Date of next review:	November 2021	Owner:	AAT DFO
Type of policy:	Trust wide	LAB or Board approval:	LAB

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Legal framework

This Policy will have consideration for, and be in compliance with, the following legislation and regulations:

- Health and Safety at Work Act 1974.
- Health and Safety (First Aid) Regulations 1981.
- The Management of Health and Safety at Work Regulations 1992.
- The Education (School Premises) Regulations 1999.
- Health and Safety (The Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)) Regulations 2013.

This Policy will also have regard to the following statutory and non-statutory guidance:

- First Aid for Schools (August, 2000).
- Advice on Standards for School Premises (May, 2013).
- Incident reporting in schools (accidents, diseases and dangerous occurrences) (October, 2013).

Risk assessment

The Executive Director of Learning will ensure that an annual risk assessment of first-aid needs is undertaken, appropriate to the circumstances of the Academy.

Where a minimum number of trained first-aiders is set, this will be monitored to ensure that the needs identified in the risk assessment are met.

Facilities

First-aid will be administered in a room that meets the requirements of the DfE guidance. Specifically, to:

- Be large enough to hold the necessary equipment.
- Have washable surfaces and adequate heating, ventilation and lighting.
- Be kept clean and tidy at all times.
- Be positioned as near as possible to a point of access for transport to hospital.
- Display a notice on the door advising of the names, locations and telephone numbers of first-aiders.
- Have a sink with hot and cold water.
- Have drinking water and disposable cups.
- Have soap and paper towels.
- Have a suitable container with disposable waste bags.

Rooms G109, G125 and A027 are the Academy's designated medical room.

Fixed and portable first-aid containers

First-aid containers are identified by a white cross on a green background.

The Academy has a medical room, which can be found in the following locations: G109, G125 and A027 next to the main reception. These rooms contain a sufficient number of suitable provisions to enable the administration of first-aid.

The Academy has multiple travelling first-aid containers for use during school trips and off-site visits, which are stored in the medical room.

No medicinal substances or materials are permitted within a first-aid container.

Blunt-ended stainless steel scissors should be kept in the container in case clothing needs to be cut away prior to treatment.

Inventories are kept of all first-aid supplies including expiry dates. Full lists can be found in each first-aid container.

Fixed

Fixed first aid-containers will contain, at a minimum:

- A leaflet giving general advice on first-aid.
- 20 individually wrapped sterile adhesive dressings (assorted sizes).
- Two sterile eye pads.
- Four individually wrapped triangular bandages (preferably sterile).
- Six safety pins.
- Six medium-sized (approximately 12cm x 12cm) individually wrapped sterile un-medicated wound dressings.
- Two large (approximately 18cm x 18cm) sterile individually wrapped un-medicated wound dressings.
- One pair of disposable gloves.

Portable

Portable first-aid boxes will contain, at a minimum:

- A leaflet giving general advice on first aid.
- Six individually wrapped sterile adhesive dressings.
- One large (approximately 18cm x 18cm) sterile un-medicated wound dressing.
- Two triangular bandages.
- Two safety pins.
- Individually wrapped moist cleaning wipes.
- One pair of disposable gloves.

Minibuses

The Academy minibus will have on board a first-aid container with the following items:

- Ten antiseptic wipes, foil packaged.
- One conforming disposable bandage (not less than 7.5cm wide).
- Two triangular bandages.
- One packet of 24 assorted adhesive dressings.
- Three large (no less than 15cm x 15cm) sterile un-medicated ambulance dressings.
- Two sterile eye pads, with attachments.
- Twelve assorted safety pins.

- One pair of rust free blunt-ended scissors.

First-aid containers will be:

- Prominently marked as a first-aid container.
- Maintained in a good condition.
- Suitable for the purpose of keeping the items referred to above in good condition.
- Readily available for use.

Selection of first-aiders

When selecting first-aiders, the Executive Director of Learning should consider an individual's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Normal duties. A first-aider must be able to leave immediately in an emergency.

Unless first-aid cover is part of a staff member's contract of employment, people who agree to become first-aiders should do so on a voluntary basis.

Training

- The Executive Director of Learning is responsible for organising first-aid training.
- New staff members are offered first-aid training as part of their induction training.
- Lunch time supervisors will also undertake first-aid training.
- The Academy keeps a record of who is trained in first-aid and the date that their certificates expire.
- First-aiders will be re-trained within 3 months prior to the end of the third year, when their first-aid certificates expire.
- All staff should ensure that they have read the school's First Aid Policy and sign the training record to say they have done this.

First aid provision for the early years foundation stage (EYFS)

It is a legal requirement when looking after children in EYFS, for at least one person who has a current full paediatric first aid (FPA) certificate to be on the premises and available at all times when children are present, and on school trips and outings.

All newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, must also have either a full PFA certificate or emergency PFA certificate.

A fully qualified PFA must be in attendance on all EYFS trips.

Paediatric CPR

Unlike adults, paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, ventilation is therefore crucial to the child's chances of survival. Consequently, first responders may be faced with giving CPR to a child during the coronavirus, which will undoubtedly raise concerns about the transference of the virus when giving rescue breaths. To assess the risk of transmission, before rescue breaths are given, staff attending the child should perform dynamic risk assessment (a mental observation and assessment of the situation) to establish factors such as:

- History of child's collapse.
- Any known medical history.
- The presence or otherwise of COVID-19 signs/symptoms.
- Medical history of the rescuer/first responder.

As CPR requires close contact, staff attending should be wearing PPE. Antibacterial barrier masks are available to schools to use in the event rescue breaths are required on a child.

Roles and responsibilities

Our Academy Administrator has been appointed to oversee first aid arrangements at the Academy. Their main duties are to:

- Take charge of first-aid arrangements, including looking after equipment and calling the emergency services, where necessary:
 - What to do in an emergency.
 - Cardiopulmonary resuscitation.
 - First-aid for the unconscious casualty.
 - First-aid for the wounded or bleeding.
- Liaise with the Academy Administrator, where necessary, to facilitate the replacement of out-of-stock or expired first-aid material or equipment.
- Remain on-site throughout the school day.

The main duties of first-aiders are to:

- Complete a training course approved by the Health and Safety Executive (HSE).
- Give immediate help to casualties with common injuries and those arising from specific hazards at the Academy.
- Ensure that an ambulance or other professional medical help is called, where appropriate.
- Reporting details of any injury, and any treatment provided.

The main responsibilities of other staff are to:

- Call a first aider if you are aware that anyone on the school premises has been taken ill or had an accident.
- Where a child is involved to contact the parents/carers, having agreed with a member of SLT. If they cannot be contacted to advise a member of SLT accordingly.
- To not remove first aid kits from their designated locations, and to report any loss, damage or low stocks.

Reporting incidents and record keeping

Reporting

The Executive Director of Learning will ensure that procedures are in place to report any major or fatal injuries without delay (e.g. by telephone), as required by RIDDOR. Other reportable injuries will be reported within 10 days.

Record keeping

The Executive Director of Learning will ensure that records are kept of any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR.

Reportable injuries include:

- Fractures, other than to fingers, thumbs and toes.
- Amputations.
- Any injury likely to lead to permanent loss of sight or reduction in sight.
- Any crush injury to the head or torso causing damage to the brain or internal organs.
- Serious burns (including scalding), which cover more than 10 percent of the body or cause significant damage to the eyes, respiratory system or other vital organs.
- Any scalping requiring hospital treatment.
- Any loss of consciousness caused by head injury or asphyxia.
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours.

Reportable occupational diseases include:

- Carpal tunnel syndrome.
- Severe cramp of the hand or forearm.
- Occupational dermatitis e.g. from work involving strong acids or alkali, including domestic bleach.
- Hand-arm vibration syndrome.
- Occupational asthma e.g. from wood dust or soldering.
- Tendonitis or tenosynovitis of the hand or forearm.
- Any occupational cancer.
- Any disease attributed to an occupational exposure to a biological agent.

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR, as a reportable injury has to have resulted from a work-related incident.

Dangerous occurrences include:

- The collapse or failure of load-bearing parts of lifts and lifting equipment.
- The accidental release of a biological agent likely to cause severe human illness.
- The accidental release or escape of any substance that may cause a serious injury or damage to health.
- An electrical short circuit or overload causing a fire or explosion.

Injuries to students and visitors who are involved in an accident at school, or an activity organised by the Academy are only reportable if the accident results in:

- The death of a person that arose out of or in connection with a work-related activity.
- An injury that arose out of or in connection with a work-related activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

Records will be also be kept of all occupational injuries where a staff member is away from work or incapacitated for more than three consecutive days, although this doesn't need to be reported.

The Academy does not have to report injuries where the student remains at school, is taken home or is simply absent from school for a number of days.

First-aiders will ensure that they comply with the reporting procedures of the school after administering treatment, including recording:

- The date, time and place of the 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? (e.g. went home, resumed normal duties, went back to class, went to hospital).
- Name and signature of the first aider or person dealing with the incident.

Records will be maintained for no less than three years after the incident. The accident reporting book is kept in the medical room.

Circulation

The Executive Director of Learning will inform all staff, including those with reading and language difficulties, of the first-aid arrangements. This should include:

- The location of the first-aid equipment, facilities and personnel.
- The procedures for monitoring and reviewing the Academy's first-aid needs.

Copies of this policy will be made available on the notice boards of each school building, in the staff room, and published on the Academy's website.

The Executive Director of Learning will make arrangements so that staff are advised regarding students with particular medical needs and the location of any EpiPen or inhaler as appropriate.

Appendices

Appendix 1 - First-aid box supply checklist

Item	Suggested stock	Current stock	Ordered if required?
A leaflet giving general advice on first-aid.	1		
Individually wrapped sterile adhesive dressings (assorted sizes).	20		
Sterile eye pads.	2		
Individually wrapped triangular bandages (preferably sterile).	4		
Safety pins.	6		
Medium-sized (12cm x 12cm) individually wrapped sterile unmedicated wound dressings.	6		
Large (18cm x 18cm) individually wrapped sterile unmedicated wound dressings.	2		
Disposable gloves.	1 pair		

Appendix 2 - Travel first-aid box supply checklist

Item	Suggested stock	Current stock	Ordered if required?
A leaflet giving general advice on first aid.	1		
Individually wrapped sterile adhesive dressings.	6		
Large sterile unmedicated wound dressing (18cm x 18cm).	1		
Triangular bandages.	2		
Safety pins.	2		
Individually wrapped moist cleansing wipes.	10		
Disposable gloves.	1 pair		

Appendix 3 - Minibus first-aid box supply checklist

Item	Suggested stock	Current stock	Ordered if required?
Foil packaged antiseptic wipes.	10		
Conforming disposable bandage (not less than 7cm wide).	1		
Triangular bandages.	2		
Assorted adhesive dressings.	24		
Assorted safety pins.	12		
Large sterile unmedicated ambulance dressings (no less than 15cm x 15cm).	3		
Rustless blunt-ended scissors.	1 pair		
Sterile eye pads with attachments.	2		

Appendix 4 - Incident reporting form

Date of incident	Time of incident	Place of incident	Name of ill/injured person	Details of the illness/injury	Was first-aid administered? If so, give details	What happened to the person immediately afterwards?	Name of first-aider	Signature of first-aider

Staff will complete this in the form of a google form:

https://docs.google.com/forms/d/e/1FAIpQLScruBB8FJooAW5gJjTFhkVK_8xHt0MBFq0I9MGPUbIuNB4UFQ/viewform