Hope Corner
School

First Aid Policy

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Introduction

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

Under Section 3 of the Health & Safety at Work 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.

Policy Statement

The purpose of this policy is to ensure that effective, safe First Aid is provided for students, staff and visitors within Hope Corner School, in compliance with the relevant legislation.

Headteacher Name:	Maria Houghton
First Aid Appointed Person:	Rebecca Heeley - fully qualified first aider
Deputy Appointed Person:	Natasha Hiorns - emergency first aid at work
Chair of Governors:	Theresa Worrall

Policy Date: September 2021
Next Review Date: September 2022

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.

Insurance

Hope Corner's insurers 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

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?
   - Risk assessments are produced to cover all activities that happen in school, on-site and off-site, to cover general activities, high risk activities and Educational visits.
   - Separate risk assessments created for activities which may involve risk: archery, rock climbing, allotment sessions, Equine Freedom Centre and all Educational visits.

3. How many fully qualified first aiders are there?
   - Two - Rebecca Heeley, Natasha Hiorns

4. Sickness absence / holiday cover.
   - When one fully qualified first aider is absent, the other must be present. The First Aid Appointed person is responsible for the first aid of all people in the building, in order to protect their health, safety and welfare., with the deputy taking this responsibility when necessary.

5. How accessible are the first aiders? (consider layout of building or place of work).
   - Easily accessible due to the size and layout of the building and small number of staff and students in the building.
   - At least one qualified first aider will always be with students when learning off site and for educational visits.

6. How accessible are the emergency services?
   - Emergency services are easily accessible in Runcorn.
   - Risk assessment will show how accessible emergency services are when off-site.

Head teachers are responsible for identifying the category of first aid provision 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.

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

All staff at Hope Corner School are to undertake an annual INSET on first aid at work, in order to recap and learn new information about providing first aid. Staff to be made aware of who the First Aid Appointed Person and Deputy is and to be familiar with this policy.

Educational Visits

It is advised that the First Aid Appointed Person or the Deputy attends educational visits which may involve high risk activities or visiting remote areas. Risk assessments for all educational visits will be produced and an appropriately trained first aider will attend. They should have access to a travelling first aid kit.

First Aid Supplies and Locations

The first aid box should be kept adequately stocked and located in the vicinity of the first aider - at Hope Corner School it is kept in the Headteacher's office. A first aid kit is kept in the mini bus at all times. A travel first aid kit should be taken out for all educational visits off-site.

Other Medication

Annual medical forms are to be completed by parents / guardians for each student, outlining any regular medication they are taking. For students that need to take prescribed medication during the school day, staff with appropriate training will prompt the student to take their medication at the correct times, with parental consent.

Medical Conditions and Allergies

Medical conditions and allergies for all students are to be detailed on the annual medical form. A 'medical conditions & allergies' list will be kept in the Headteacher's office, where all student's medical conditions and allergies will be added, and staff members should make themselves aware of any serious medical conditions and allergies. Specific food allergies will be listed in the kitchen and all staff who have a responsibility of cooking or supervising in the kitchen are to make themselves aware of the allergies.

Review and Evaluation

In order to ensure that this policy continues to be effective and applicable to Hope Corner School, it will be reviewed annually by the First Aid Appointed Person and the Headteacher. Conditions which might warrant a review of the policy on a more frequent basis would include:

- Changes to legislation
- Employee concern
- Changes to First Aid Appointed Person

Appendix 1: First Aid Box

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 Headteachers assessment of first-aid needs. BSI has outlined a guide to help employers select the most suitable kit for their requirements:

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.

Appendix 1: First Aid Box

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	40	60	100	10
Sterile Saline Wipes	20	30	40	4
Microporous Adhesive Tape	1	1	1	1
Nitrile Gloves (pair)	6	9	12	1
Sterile Finger Dressing	2	3	4	0
Resuscitation Face Shield	1	1	2	1
Foil Blanket	1	2	3	1
Sterile Eyewash	0	0	0	1
Hydrogel Burn Dressing	1	2	2	1
Scissors	1	1	1	1
Conforming Bandage	1	2	2	1

Table of students' allergies & medications

The following table should be filled in for each new student, where relevant, to give detail of any allergies he/she has, and any regular medications they are using. The table is to be kept with student information in the filing cabinet.

Student Name	D.O.B	Allergies	Regular Medications

Appendix 3: Table of food allergies

Table of food allergies

The following table should be filled in for each new student, where relevant, to give detail of any allergies he/she has, specifically around food. The table is to be kept with the food allergies folder in the kitchen.

Student Initials	D.O.B	Allergies

Appendix 4: COVID-19 related updates (HSE Guidance).

(August 2020)

1.1 First aid in non-healthcare settings

This guidance will help employers ensure first aiders are confident that they can hel p 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 givi ng cardiopulmonary resuscitation (CPR) from the Resuscitation Council UK.
Emergency service professionals, such as NHS ambulance workers, will receive spec ific 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 par t 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 ab out 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 t he 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 paediatric advice see appendix 5)

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 minimise the time you share a breathing zone with the casualty and di rect 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 assessment 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 re-
qualification 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 re-qualify
- demonstrate what steps you have taken to access the training, if asked to do so

1.2.3.2 Re-qualification training in England

The first aid training industry in England is confident that enough courses will now be

available for all required re-
qualification training to take place. HSE has therefore agreed a final deadline for re -qualification for these qualifications of **30 September 2020**.

1.2.3.3 Re-qualification training in Scotland and Wales

It is accepted that training capacity in Scotland and Wales, and for some parts of t he emergency services across Great Britain, might take longer to build.
The deadline for completing re-
qualification training in Scotland and Wales (and in relevant GB emergency service s), will therefore be reviewed by HSE over the coming months.
Employers or certificate holders should still try to arrange re-
qualification 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 re-
qualification courses are delivered face to face, so that competency of the studen t can be properly assessed.

1.2.4 Interrupted first aid training

If because of coronavirus you cannot complete training for your first aid qualificatio n 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 o nto 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

Appendix 5:
Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings

(August 2020)

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 wil l 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 em ployer's advice.
- This guidance may change based on increasing experience in the care of patien ts 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 abse nce 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 confirmin g cardiac arrest, the default position is to start chest compressions until help arriv es.
- Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when y ou 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 han ds 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; al cohol-
  based hand gel is a convenient alternative. They should also seek advice from th e NHS 111 coronavirus advice service or medical adviser.

Paediatric advice

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac p roblem 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 paediatric resuscitation , the most important thing is to act quickly to ensure the child gets the treatment th ey need in the critical situation.

For out-of-
hospital cardiac arrest, the importance of calling an ambulance and taking immed iate action cannot be stressed highly enough. If a child is not breathing normally an d no actions are taken, their heart will stop and full cardiac arrest will occur. Therefo re, 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 c hild/
infant. However, this risk is small compared to the risk of taking no action as this will r esult in certain cardiac arrest and the death of the child.