



# **First Aid Policy**

**Date Policy adopted: Sept 2020**

**Date Policy review: Sept 2021**

## First Aid

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#### **1.0 Statement of purpose/objectives**

This arrangement will assist in meeting Shropshire Council's core value for the provision of first aid for all employees, schools, service users, contractors, volunteers and visitors and also meet the legislative requirements. The main requirements are to provide sufficient first aid personnel and equipment to deal with accidents and injuries occurring at their place of work.

#### **2.0 Scope**

The scope of this arrangement is to provide information and training on first aid and to ensure that the statutory requirements and the needs of the organisation are met. Shropshire Council has a general duty of care to protect the health, safety and welfare of its employees, schools, service users, contractors, volunteers and visitors so far as is reasonably practicable by ensuring adequate provision for first aid or emergency aid treatment is available.

#### **3.0 Definition**

For the purpose of this arrangement, first aid can be defined as; "Treatment to preserve life and minimise the consequences of injury and illness until medical aid is obtained. It includes treatment of minor injuries which would otherwise receive no treatment and which do not require medical aid" (source HSE).

#### **4.0 Assessment of Risk at the Workplace**

Managers, employees, schools, service users, contractors and volunteers must work together to identify potential hazards and the significant risks in the working environment to injury and ill health. A suitable and sufficient working risk assessment must be carried out.

#### **5.0 Information, instruction and training**

Human Resources & Development, Occupational Health Service is responsible for arranging First Aid and Emergency Aid training. 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. The training has to be approved by the Health and Safety Executive. An appointed person is someone who has received emergency aid training to enable them to take charge of a situation and evaluate whether or not professional assistance is required.

#### **6.0 Implementation**

Management guidance in the form of Frequently Asked Questions will be provided and updated to support the implementation of this arrangement.

## 7.0 Compliance

This arrangement will enable Shropshire Council to conform to statutory requirements and current best practice. Further information and references are provided in the frequently asked questions and Appendix 5 Health and Safety Executive and Government Publications.

## 8.0 Review of arrangement

These arrangements will be reviewed every two years or if legislative changes occur. This will be carried out by the Human Resources and Development (Health & Safety) Team, in consultation with recognised trades unions.

### Approving Body

Consultation	Health, Safety and Welfare Group	April 2009
Approval	Health and Safety Forum	October 2009
Reviewed	HR&D Health & Safety Team	January 2014
Reviewed	HR&D Health & Safety Team	July 2017
Reviewed	Health and Safety Team	November 2018

### Key Points

All staff are expected to use their best endeavours in the event of a first aid emergency.

All staff must know:

- How to call the emergency services – dial 999 and ask for an ambulance. If there is any doubt that an ambulance is required, call an ambulance straight away.

The location of the nearest First Aid Box

### First Aid Boxes Located:

Year 2 (Downstairs)

Staff Room (In Cupboard)

Main Office

**Appointed Persons** are responsible for:

- Taking charge when someone is injured or becomes ill;
- Ensuring that an ambulance or other professional medical help is summoned if appropriate;
- Looking after and restocking the First Aid Box and any other first aid equipment in their area of responsibility.

The Appointed Person is not a First Aider but it is good practice for the Appointed Person to undertake emergency first aid training to help them cope with an emergency. This training, which does not have to be Health and Safety Executive approved, would include:

- What to do in an emergency
- Cardiopulmonary resuscitation
- First aid for the unconscious casualty
- First aid for the wounded, bleeding or burnt

Appointed Persons may undertake basic and/or advance HSE approved first aid training, if funding and vacancies allow.

### **Responsibility**

The provision of first aid at Broseley C of E School is delegated by the Governors to the Head teacher who in turn delegates responsibility to the Business Manager. The Business Manager in her role on the Health and Safety Committee, determines the number of Appointed Persons and the number of First Aiders and the level of training they should receive.

The number of Appointed Persons and First Aiders is reviewed annually by the Health and Safety Committee.

When determining the appropriate number of Appointed Persons and First Aiders, the Health and Safety Committee will take into account:

- The number of staff (and pupils) present at any one time;

The distribution of staff

- The number and locations of first aid boxes;
- Whether there are inexperienced members of staff;
- The number of staff and pupils with disabilities or specific health problems;
- Arrangements for off-site activities;
- Arrangements for out of school hour activities such as parents' evenings;
- Parts of the school premises and grounds with different levels of risks;
- Types of activity undertaken;
- The proximity of professional medical and emergency services;
- Any unusual or specific hazards (e.g. working with hazardous substances; dangerous tools of machinery);

When selecting staff to be an Appointed Person or First Aider, the Health and Safety Committee will take into account their reliability, communication skills, aptitude to learn, ability to cope with stressful situations and the ability to leave the work that they are doing at the time.

Guidance on the minimum legal requirement for Appointed Persons and First Aiders; the need for a first aid room and the contents of first aid boxes can be found in the Health and Safety (First Aid) Regulations 1981.

### **Reporting accidents and record keeping**

All members of the school community should report any accident or incident that they believe requires treatment as soon as possible after it has occurred to an appointed First Aider. The First Aider will then assess the child and decide on what treatment or further action is necessary. If the injury is serious enough to notify parents and make a record of it then the following procedure should be followed:

Complete an accident report form (available in the Admin office)

Reports must contain:

- The date, time and place of the event;
- Details of those involved;
- A brief description of the accident/illness and any first aid treatment given;
- Details of what happened to the casualty immediately afterwards e.g. went to hospital, sent home, resumed normal activities, returned to class;

The Head teacher, School Business Manager and Deputy Head should be informed of any incident if it is at all serious or particularly sensitive. For example, when a pupil has had to go to hospital, where one pupil has deliberately hurt another, or where negligence might be suggested.

A senior member of staff must inform parents when any pupil requires hospital treatment. If, as the result of an accident, an employee is taken to hospital, is unable to work or subsequently becomes absent from work, the Head teacher, Business Manager and Building Manager should be notified immediately,

A senior member of staff must report all serious accidents the HSE as required by RIDDOR.

In an emergency, the School Business Manager and the Administration staff have contact details of pupils' parents and guardians. The School Business Manager/ Administration staff have details of employees and their next of kin.

**First Aiders appointed are:**

Mrs Emma Davis (Reception class)	Paediatric First Aid / Outdoor Emergency First Aid / Defibrillator Trained.
Cheryl Power	Paediatric First Aid / Defibrillator
Julie Phillips	Paediatric First Aid / Defibrillator
Mrs Durns	Paediatric First Aid / Defibrillator
Mr Heath	Paediatric First Aid / Defibrillator
Mrs Woolley	Emergency First Aid at work /Defibrillator trained
Mrs Hartland	Paediatric First Aid / Defibrillator
Miss Simpson	Paediatric First Aid / Defibrillator
Mr Aiston	Paediatric First Aid / Defibrillator

**Basic First Aid**

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit, and familiarise yourself with how to deal with some of the more common situations opposite. If someone is injured, the following steps will keep them safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call 999 immediately; contact the Appointed

Person and First Aider.

- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive.

<p style="text-align: center;"><b>Unconsciousness</b></p> <p>If the person is unconscious with no obvious sign of life, call 999 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.</p>	<p style="text-align: center;"><b>Bleeding</b></p> <p>Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.</p>
<p style="text-align: center;"><b>Burns</b></p> <p>For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.</p>	<p style="text-align: center;"><b>Broken bones</b></p> <p>Try to avoid as much movement as possible.</p>

Prescription medication to be kept in secure plastic boxes labelled in the fridge. All medication taken regularly by a pupil must be labelled in a separate box with a photograph of the pupil on the outside of the box.

## **Anaphylaxis**

### **1. What is anaphylaxis?**

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (eg dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (eg bees, wasps, hornets). In its most severe form the condition can be life-threatening.

Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No pupil would necessarily experience all of these symptoms at the same time.

### **2. Medication and control**

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an EpiPen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy

to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Medication for an individual pupil must be kept in a locked cabinet/fridge which is readily accessible, in accordance with the school's health and safety policy. If a pupil has an Epipen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

**It is very important that key staff in the school are aware of the pupils' condition and of where the pupils medication is kept. They also must know where the medicine form giving them the relevant information to administer the prescribed medication is kept as well.**

It is not possible to overdose using an Epipen as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back. All pupils who have anaphylaxis will require an individual health care plan. The health care plan should indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the school.

Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction.

### **3. Managing pupils with anaphylaxis**

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis
- Staff should ensure that all pupils who have an Epipen prescribed to them, have their medication on them at all times.
- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction.

### **4.**

#### **Away trips: Please refer to the Staff Handbook for full procedures**

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in the administration of medicine must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

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### **5. Issues which may affect learning**

Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimise risk whenever possible.

#### **6. What are the main symptoms?**

- Itching or presence of a rash
- Swelling of the throat
- Difficulty in swallowing
- Difficulty in breathing
- Increased heart rate
- Unconsciousness

#### **7. What to do if a pupil has an anaphylactic reaction**

- Ensure that a paramedic ambulance has been called.
- Stay calm and reassure
- Encourage the pupil to administer their own medication as taught.

### **1. What is Asthma?**

Pupils with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

### **2. Medication and control**

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances.

Most pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too young or immature to take responsibility for their inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name.

***Pupils with asthma must have immediate access to their inhalers when they need them.***

It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly



labelled with the pupil's name and stored in a locked cabinet in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

Where pupils are unable to use an inhaler by themselves or where a pupil requires additional medication, eg a nebuliser, a health care plan must be completed. For pupils whose asthma is controlled by an inhaler, an information card giving the basic details should be completed and kept with the pupil's file.

Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly pupils should never take medication which has not been prescribed for their own personal use.

Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are made aware of their classmate's needs.

### **3. Managing pupils with Asthma**

- Staff should be aware of those pupils under their supervision who have asthma.
- Games staff should ensure that all pupils with asthma have their salbutamol inhaler prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack.

### **4. Away trips; please refer to the Staff Handbook for full procedures.**

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

### **5. Issues which may affect learning**

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Pupils must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. ***However, they should not be forced to take part if they feel unwell.***

### **6. What are the main symptoms?**

- Coughing

- Wheezing
- Inability to speak properly
- Difficulty in breathing out

## **7. What to do if a pupil has an asthmatic attack**

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying
- Summon assistance from Val Harrison (Asthma Co-ordinator). Try not to leave the pupil alone unless absolutely necessary.
- Make sure that any medicines and/or inhalers are used promptly.
- Help the pupil to breathe by encouraging the pupil to breathe slowly and deeply and relax.
- Help the pupil to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the child does not respond to medication or his/her condition deteriorates call a paramedic ambulance.

Liase with our Asthma Co-ordinator Julie Phillips

## **1. What is diabetes?**

Diabetes is a condition in which the amount of glucose(sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to a lack of insulin.

Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high.

Pupils with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

## **2. Medication and control**

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require an individual health care plan.

In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at

school he/she will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the pupil and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.

The issue of close communication between parents and the School is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date.

Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on a pupil's condition to his/her peer group so that they are aware of their classmate's needs.

### **3. Managing pupils with diabetes**

- Staff should be aware of those pupils under their supervision who have diabetes.
- Games staff should ensure that all pupils with diabetes have a Lucozade bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode.

### **4. Away trips: please refer to Staff Handbook for full procedures**

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in the administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

### **5. Issues which may affect learning**

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level:

- Encourage the pupil to eat or drink some extra sugary food before the activity:

- Have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia;
- After the activity is concluded, encourage the pupil to eat some more food and take extra fluid – these snacks should not affect normal dietary intake.

## **6. What to do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode**

Common causes:

- A missed or delayed meal or snack
- Extra exercise
- Too much insulin during unstable periods
- The pupil is unwell
- The pupil has experienced an episode of vomiting.

Common symptoms:

- Hunger
- Drowsiness
- Glazed eyes
- Shaking
- Disorientation
- Lack of concentration

- Get someone to stay with the pupil – call for nursing staff/ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse.
- Give fast acting sugar immediately (the pupil should have this), eg:
  - Lucozade
  - Fresh orange juice
  - Sugary drink, eg Coke, Fanta
  - Glucose tablets
  - Honey or jam
- Recovery usually takes ten to fifteen minutes.
- Upon recovery give the pupil some starchy foods, eg couple of biscuits, a sandwich.
- Inform parents of the hypoglycaemic episode.
- In some instance it may be appropriate for the pupil to be taken home from school

**NB. In the unlikely event of a pupil losing consciousness, call an ambulance.**

## **7. A hyperglycaemic episode (high blood sugar)**

Hyperglycaemic episodes occur when the blood glucose level is too high. Pupils may display the following symptoms:

- Excessive thirst
- Passing urine frequently
- A change of behaviour
- Vomiting
- Abdominal pain

Care of pupils in a hyperglycaemic episode

- Do not restrict fluid intake or access to the toilet
- Contact the parents if concerned.

In both episodes staff should liaise about contacting parents/guardians.

### **Cleaning up body fluids from floor surfaces**

Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly

- Put on gloves and a disposable apron. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
- Sprinkle 'sanitaire' absorbing powder liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.
- Remove all visible material from the moist soiled areas, using paper towel or single use disposable red cloths.
- Put all used paper towels and cloths into a yellow bag for incineration.
- The remaining visible material should be vacuumed using a designated vacuum cleaner bag these **MUST** be changed after use.
- Non-carpeted areas: Sanitize the area using appropriate detergent. 1:10 solution
- Carpeted areas: The area should be cleaned with detergent 1:10 solution. This should be put on the affected area for at least 10 minutes. The area should then be shampooed or steam cleaned within 24 hours.
- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water, then rinse with an appropriate detergent.
- Discard gloves, disposable apron into yellow bag for incineration. Finally wash your hands thoroughly using soap and water.

### **First Aid Treatment for Head Injuries**

First aid treatment for head injuries is very important and the following information will be helpful in the event that a head injury occurs.

All head injuries have the potential to be serious and therefore should always be treated carefully the in house first aid training follows the H.S.E. guidelines on all treatment.

The following treatment should be administered:

- Apply a cold compress to the injury, this can be a paper towel soaked in cold water.
- Never apply ice or ice cold materials to a head injury as this can in some instances mask the symptoms of a casualty whose condition may be deteriorating.
- If the injury is sustained during sport do not let the casualty resume the activity until they have been advised by a health care professional.
- Monitor the casualty's condition in accordance with the school policy.
- However if the casualty becomes drowsy, confused or complains of a worsening headache, double vision or vomiting call the emergency services for assistance.
- Advise parents to monitor the child for any changes in their behaviour as described above, these changes may take place sometime after the event as much as 24 or even 72 hours later.

As always should you have any doubts regarding the condition of your casualty call the emergency services.

Experienced first aiders are able to use their skills to observe if the injury is minor.

By observing and considering the mechanics of injury (i.e. the beginning of the actual injury) and what the potential for injury is, it may be possible to diagnose a minor injury. This often happens in playground injuries but always remember "to treat for the worst and hope for the best" and to look carefully for any signs and symptoms of concussion.

## **First Aid Arrangements LA**

### **Frequently Asked Questions**

#### **Contents:**

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5. Who is taken into account when accessing first aid cover?
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11. What records need to be kept?
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13. Do I need to provide a room for first aid?
14. Do I need to provide a defibrillator for use in the workplace?
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17. What is the requirement for first aid in schools?
18. What arrangements are in place for Lone Workers?
19. What is the requirement for first aid in care homes?
20. Where can I get further information and references?

Appendix 1 for First Aid Materials, Equipment and Facilities Checklist.

Appendix 2 Suggested Numbers of First Aid Personnel

Appendix 3 for An 'Assessment of First Aid Needs' checklist.

Appendix 4 First Aid Risk Assessment

#### **1. Roles and responsibilities/who does what?**

- 1.1** Shropshire Council as a local authority employer, through its elected members, has ultimate responsibility for compliance with Health and Safety legislation.
- 1.2** The Chief Executive and Corporate Management Team are responsible for ensuring:
  - The implementation of the First Aid Arrangements across all Service Areas to ensure consistency of approach.
  - The allocation of suitable and sufficient resources.
- 1.3** Area Directors are responsible for ensuring:
  - The implementation of the First Aid arrangements and that all employees, schools, service users, contractors and volunteers are familiar with the contents of the arrangements insofar as it is relevant to their role and responsibilities.
  - Service Area first aid health and safety standards and performance are monitored.
  - Suitable approved training for all employees who have volunteered to become first aiders and who have been assessed as being suitable to undertake the role.

#### 1.4 Line Managers/Supervisors are responsible for:

- Making employees, schools, service users, contractors and volunteers aware of current first aid provision.
- Maintaining records of expiry dates of first aider certificates.
- Ensure that employees, schools, service users, contractors and volunteers are familiar with the identity and location of their nearest first aider and first aid box.
- Ensuring that employees, schools, service users, contractors and volunteers are aware of the procedures to be followed in the event of illness or injury at work.
- Ensuring that an appropriate number of first aid personnel are recruited and trained (allowing for holidays, etc.) and that a sufficient number are present in the workplace at any given time.
- Adequate first aid equipment and facilities are maintained appropriate to the degree of risk, taking into account all employees, schools, service users, contractors, volunteers and visitors.
- Ensuring risk assessments are undertaken, the Health and Safety Team will provide the Service Area with advice and guidance on first aid at work to enable managers/supervisors to carry out the risk assessments effectively. In cases where employees are located on shared or multi-occupancy sites, the Facility/Premise Manager should liaise with the managers/supervisors to ascertain the level of risk using Shropshire Council's risk assessment form.

See Appendix 4 for a First Aid Risk Assessment.

#### 1.5 The Health and Safety Team is responsible for:

- Providing advice and guidance on first aid at work to enable managers to carry out their duties and responsibilities effectively.
- Ensuring, in conjunction with managers, that first aid activities are monitored on a regular basis via self-auditing and auditing processes.

#### 1.6 All Shropshire Council employees, schools, service users, contractors and volunteers including visitors are responsible for:

- Complying with the requirements of the first aid arrangement.
- Assisting with the risk assessment process, as required.
- Co-operating with the safe systems of work as identified to enable Shropshire Council to comply with its health & safety responsibilities.
- Ensuring that their activities do not put themselves or others at risk.
- Reporting immediately to their line manager/supervisor, any incidents or accidents that have arisen.

## 2. What is a first aider?

First Aid personnel are employees who have volunteered for the role and have been assessed as being suitable and who has undergone a training course in administering first aid at work and hold a current first aid at work certificate HSE approved. Refresher training is provided at intervals in order to ensure that their skills are maintained. The first aider can undertake the duties of an appointed person.

- First Aiders will take charge and administer suitable treatment when necessary where an employee, schools, service user, contractor, volunteer or visitor becomes injured or ill.

First Aid cover should be available at all times.

## 3. What is an appointed person?

An appointed person is someone you choose to:

- Take charge when someone is injured or falls ill, including calling an ambulance if required and when a first aid trained person is unavailable.



- Complete the Emergency Aid Training course.
- To ensure first aid boxes contain sufficient in date equipment and they are checked regularly (Monthly) and are replenished after use.

Appointed persons should not attempt to give first aid for which they have not been trained. Appointed persons should attend an emergency aid training course to enable them to take charge of a situation and evaluate whether or not professional assistance is required.

#### **4. How many first aiders or appointed persons do I need?**

Through the risk assessments and use of the assessment checklist it can be determined the required number of first-aid personnel. A schedule of identifying low, medium and high risk and recommended levels of first aid provision has been produced which takes into consideration the legislative guidance. The guidance identifies the cover which is required at all times and should take into consideration staff's annual leave, sickness and different patterns of shift cover.

Appendix 2 Suggested Numbers of First Aid Personnel

#### **5. Who is taken into account when assessing first aid cover?**

Whilst legislation does not require service users, contractors, volunteers or visitors to be taken into account when calculating the ratio of first aid provision for the number of employees, the Service Area should consider service users, contractors and volunteers within the risk assessment process.

The HSE also strongly recommends that employers include the visitors and others on their premises when making their assessment of first aid needs.

#### **6. What are the requirements for first aid provision?**

People at work can suffer injuries or fall ill. It doesn't matter whether the injury or the illness is caused by the work they do or not. What is important is that they receive immediate attention and that an ambulance is called in serious cases. First aid at work covers the arrangements you must make to ensure this happens. It can save lives and prevent minor injuries becoming major ones.

#### **7. What is contained within the first aid box?**

There is no mandatory list of items to be contained in a first aid box. It depends on the outcome of the risk assessment process. However as a guide, and where there is no special risk in the workplace, a minimum stock of first-aid items would be in accordance with BS8599. See Appendix 1 for a First Aid Materials, Equipment And Facilities Checklist.

#### **8. How often should the content of first aid boxes be replaced?**

Although there is no specified review timetable, many items, particularly sterile ones, are marked with 'best before dates'. Such items should be replaced by the dates given. For non-sterile items without dates, it is a matter of judgement, based on whether they are fit for purpose.

#### **9. Who arranges the training?**

Shropshire Council's Occupational Health Service is responsible for arranging First Aid at Work/Emergency Aid Training/refresher training.

#### **10. What is a Safe System of Work (SSoW)?**

The SSoW will provide a method for first aiders to carry out their work activities safely. A SSoW risk assessment should be undertaken by a competent person and they should ensure that adequate control measures have been provided and are routinely tested as necessary. Where the work presents special or unusual hazards, Service Areas must provide additional and specific training in first aid treatments relevant to these hazards.

#### **11. What records need to be kept?**

Records should be kept of the following:

- First aider's details.
- Training provided to first aiders.
- Expiry dates of certificates of competence.
- First aid supplies, including location and content of boxes.
- List of persons responsible for checking and reordering supplies.
- Details of first aid treatment administered using the Shropshire Council Corporate Accident Reporting System (CARS) Form which should include the name of the person treated and their job, the name of the person providing treatment, details of the accident/incident, date, time, and place and what first aid was given and whether the emergency services attended, what happened to the person immediately afterwards (for example went home, went back to work, went to hospital) and name and signature of the first aider or person dealing with the incident. Copies of the report will be retained by the following departments:
  - White Copy & Yellow Copy: Human Resources & Development Health and Safety Team.
  - Pink Copy: For inclusion in secure site accident file.

Records should be maintained in a confidential and secure file to comply with the Data Protection Act. Records should be maintained in accordance with Shropshire Council's data retention schedule and Shropshire Councils' guidelines for Schools.

**12. How do I find out the first aider and their location?**

Notices will be displayed in all workplaces giving the name, location and contact phone numbers of all first aid personnel within their respective area and the location of the first aid equipment.

**13. Do I need to provide a room for first aid?**

As an employer you should provide a suitable first aid room or rooms where your assessment of first aid needs identifies this as necessary.

The room should contain essential first aid facilities and equipment.

See Appendix 1 for a First Aid Materials, Equipment and Facilities Checklist.

**14. Do I need to provide a defibrillator for use in the workplace?**

As an employer, you will need to carry out an assessment of first aid needs appropriate to the circumstances of the workplace. There is no legal requirement for managers/supervisors to make a defibrillator available in the workplace. The Health and Safety (First-Aid) Regulations 1981 do not prevent someone who is specially trained from taking action beyond the initial management of a casualty; however it is important that the person who will be required to use a defibrillator, usually a first aider, is appropriately trained.

**15. How do we assess the Needs for first aid provision?**

How much first aid provision an employer has to make depends on the circumstances in each workplace. It is useful if employers record the results of their assessment of first aid needs.

See Appendix 3 for a 'Assessment of First Aid Needs' checklist.

**16. Are first aiders allowed to give tablets and medication to casualties?**

The Health and Safety (First-Aid) Regulations 1981 does not include providing tablets or medication to treat illness and such items should not be kept in the first aid box. There is also no legal requirement for employers to make such items available to employees.

**17. What is the requirement for first aid in schools?**

Employers are responsible for the provision of appropriate first aid equipment, facilities and trained first aiders in respect of their employees – this includes schools as they are

workplaces. The Education (School Premises) Regulations 1999 requires that every school must have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It must contain a washbasin and be reasonably near a water closet. It must not be teaching accommodation. Schools where the pupils are under the age of eight years old paediatric provision of at least one qualified member of staff is required.

#### **18. What arrangements are in place for Lone Workers?**

Employers are responsible for meeting the first aid needs of their employees working away from their main site. Employers assessment of first aid needs should determine whether:

- Those who travel long distances or are continuously mobile should carry a personal first aid box.
- Special arrangements need to be made for employees who work in remote areas.
- Provision for other means of summoning help, such as a mobile phone, for employees who work alone are required,

NB: Travelling First Aid Boxes should be available on all minibuses, ambulances and communal transport (i.e. people carriers, etc.) used to transport service users.

#### **19. What are the requirements for first aid in care homes?**

Employers are responsible for the provision of appropriate first aid equipment, facilities and trained first aiders in respect of their employees – this includes care homes.

The National Minimum Care Standards require that there is knowledge of how to deal with accidents and health emergencies, provision of first aid boxes and a qualified first aider at all times. (Care Homes for Adults [18-65] s13.4) and that staff are trained in use of first aid and first aid boxes. (Children Homes Regulation, s13,5).

The Training Organisations for the Personal Social Services Induction Standards, Unit 4 (Maintain Safety at Work) requires new staff to be trained in the following Emergency First Aid;

- Understand the limits of their own responsibility and ability in relation to emergency aid at this stage in the training. (Unit 4.4.4.1).
- Show they understand basic first aid techniques. (Unit 4.4.4.2).
- Know how to use the primary health care services in response to illness or accident. (Unit 4.4.4.3)

#### **20. Where can I get further information and references?**

- The Health and Safety (First Aid) Regulations 1981 *Approved Code of Practice and Guidance* L74 HSE Books 1997 ISBN 0 7176 1050 0
- Free Leaflet INDG347 (rev1), 2006) - Basic advice on first aid at work.
- Basic advice on first aid at work (2006) ISBN 0 7176 6195 4
- Electrical Shock; first aid procedures (2006) poster ISBN 0 7176 6203 9
- First Aid at Work: your questions answered INDG214 free leaflet
- Blood-borne viruses in the workplace INDG342 free leaflet
- Guidance on First Aid for Schools (DFEE) the Department for Education and Employment.
- Leaflet (MISC769) (RIDDOR) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Information on all aspects of first aid at work is available on the first aid web pages [www.hse.gov.uk/firstaid/index.htm](http://www.hse.gov.uk/firstaid/index.htm).
- Single free copies are also available online at [www.hse.gov.uk/indg214.pdf](http://www.hse.gov.uk/indg214.pdf)
- Shropshire Council Medical Arrangements Guidelines & Procedures for Schools.
- Department of Health Managing Medicines in Schools and Early Years Settings.

- Education (School Premises) Regulations 1999.
- Care Standards Act 2000  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH\\_4016513](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4016513)

Appendix 1 for First Aid Materials, Equipment and Facilities Checklist.

**First Aid containers**

- suitably stocked and properly identified
- easily accessible, near to hand washing facilities if possible
- not to contain tablets or medicines
- minimum contents (where no special risk arises in the workplace) suggested as follows: (British Standard BS8599)

Contents	Small	Medium	Large	Travel
<b>First Aid Guidance Leaflet</b>	1	1	1	1
<b>Contents List</b>	1	1	1	1
<b>Medium Dressing (12cm x 12cm) (Sterile)</b>	4	6	8	1
<b>Large Dressing (18cm x 18cm) (Sterile)</b>	1	2	2	1
<b>Triangular Bandage (Single Use) ((90cm x 127cm)</b>	2	3	4	1
<b>Safety Pins (Assorted) (minimum length 2.5cm)</b>	6	12	24	2
<b>Eye Pad Dressing with Bandage (Sterile)</b>	2	3	4	0
<b>Waterproof Assorted Plasters (hypoallergenic)</b>	40	60	100	10
<b>Moist Cleaning Wipes</b>	20	30	40	4
<b>Microporous Tape (2.5cm x 5m or 3m for Travel Kit)</b>	1	1	1	1
<b>Nitrile Gloves (1 Pair)</b>	6	9	12	1
<b>Finger Dressing with Adhesive Fixing (3.5cm)</b>	2	3	4	0
<b>Mouth to Mouth Resuscitation Device with Valve</b>	1	1	2	1
<b>Foil Blanket (130cm x 210cm)</b>	1	2	3	1
<b>Eye Wash (250ml)</b>	0	0	0	1
<b>Burn Relief Dressing (10cm x 10cm)</b>	1	2	2	1
<b>Universal Shears (Suitable for cutting clothing)</b>	1	1	1	1
<b>Conforming Bandage (7.5cm x 4m)</b>	1	2	2	1
<b>Tweezers</b>	1	1	1	1

**NB**

1. This is suggested contents list only; equivalent but different items will be considered acceptable.
2. Stock levels must be maintained.
3. All first aid containers must be identified by a white cross on green background.
4. Additional materials that might be identified as necessary could include scissors, adhesive tape, individually wrapped moist wipes, disposable aprons etc.

Where mains tap water is not readily available for eye irrigation, at least one litre of sterile water or saline (0.9%) in sealed, disposable containers should be provided. Where the seal has been broken, the container should not be used. The container should not be used beyond its expiry date

**Size of First Aid Kit required to BS8599**

Employers are required to make a risk assessment to decide what the hazard levels are and how many employees are involved in the area to be covered. Below is a useful guide to help match this risk assessment to an appropriate kit size.

Where there are special circumstances, such as remoteness from emergency medical services, shiftwork or sites with several separate buildings, there might need to be more First Aid kits than set out below.

Whilst legislation does not require service users, contractors, volunteers or visitors to be taken into account when calculating the ratio of first aid provision for the number of employees, the Service Area should consider service users, contractors and volunteers within the risk assessment process.

The HSE also strongly recommends that employers include the visitors and others on their premises when making their assessment of first aid needs.

Category of Hazard	Number of Employees	Number and Size of First Aid Kits
Low Hazard: Shops, Offices, Libraries etc	Less than 5	Small Size Kit
	5-25	Medium Size Kit
	More than 25	1 Large Size Kit (per100 employees)
High Hazard: Light Engineering and Assembly work, Food Processing, Warehousing, Extensive work with dangerous machinery or instruments, construction, chemical manufacture etc.	Less than 5	Small Size Kit
	5-25	Medium Size Kit
	More than 25	1 Large Size Kit (per 25 Employees)

## Appendix 2 Suggested Numbers of First Aid Personnel

Category of Risk	Numbers employed at any location	Suggested number of first aid personnel
<b>Lower Risk</b> e.g. shops and offices, libraries, schools	Fewer than 50	At least one appointed person
	50 – 100	At least one first aider
	More than 100	One additional first aider for every 100 employed.
<b>Medium Risk</b> e.g. light engineering and assembly work, food processing, warehousing	Fewer than 20	At least one appointed person
	20 -100	At least one first aider for every 50 employed (or part thereof).
	More than 100	One additional first aider for every 100 employed.
<b>Higher Risk</b> E.g. most construction, slaughterhouses, chemical manufacturer, extensive works with dangerous machinery or sharp instruments.	Fewer than 5	At least one appointed person.
	5 -50	At least one first aider.
	More than 50	One additional first aider for every 50 employed.

### Examples

1. A residential unit with less than 20 employees and service users, where no special risks are identified would require one Appointed Person during working hours. Sufficient additional Appointed Persons would be required to maintain cover during planned absences. One member of staff should be a First Aider. This person will be a contact point for the Appointed Person/s. National Minimum Standards (NMS) state: 'A qualified first aider should be available at all times' (NMS 38.2 for Older People and 42.2 for Younger Adults. The right first aid provision, including appropriate qualifications for staff in any particular care setting, is best decided through a first aid risk assessment, completed by the care provider.

Where a care service provider decides not complete an appropriate risk assessment to decide their service's first aid needs, then provision will be to have available someone who has undertaken a suitably approved first aid at work qualification, on duty at all times.

2. A day centre (more than 20 employees and service users) where no special risks are identified would require a First Aider during working hours and additional First Aiders for planned absences

3. An office with less than 50 employees at any one time would require an appointed person to be available during normal working hours and additional appointed persons to maintain cover during planned absences

4. An office with between 50-100 employees would require a First Aider to be available during normal working hours and additional First Aiders to maintain cover during planned absences
5. A farm or workshop with less than 10 employees and service users would require 1 First Aider to be available at all times with sufficient additional First Aiders to provide cover for planned absences
6. A farm or work shop which has more than 10 employees and service users at any one time should have one First Aider at all times. If the farm is within a remote location and spread over a number of acres, additional cover of one appointed person at all times will be required.

Appendix 3 for An 'Assessment of First Aid Needs' checklist.

Aspects to Consider	Impact on first aid provision
1. You are required by law to make an assessment of significant risks in your workplace. What are the risks of injury and ill health identified in the risk assessment?	If the risks are significant you may need to employ first aider (see Q6 and Q7)
2. Are there specific risks, e.g. working with: <ul style="list-style-type: none"> <li>• Hazardous substances;</li> <li>• Dangerous tools;</li> <li>• Dangerous machinery;</li> <li>• Dangerous loads or animals?</li> </ul>	You will need to consider: <ul style="list-style-type: none"> <li>• Specific training for first aiders;</li> <li>• Extra first-aid equipment;</li> <li>• Precise siting of first-aid equipment.</li> </ul>
3. Are there parts of your establishment where different levels of risk can be identified (e.g. in a University with research laboratories)?	You will probably need to make different levels of provision in different parts of the establishment.
4. What is your record of accidents and causes of ill health? What type are they and where did they happen?	You may need to: <ul style="list-style-type: none"> <li>• Locate your provision in certain areas;</li> <li>• Review the contents of the first aid box (see Q4)</li> </ul>
5. How many people are employed on site?	You may need to employ first aiders (see Q6 and Q7).
6. Are there inexperienced workers on site, or employees with disabilities or special health problems?	You will need to consider: <ul style="list-style-type: none"> <li>• Special equipment;</li> <li>• Local siting of equipment;</li> </ul>
7. Are the premises spread out, e.g. are there several buildings on the site or multi-floor buildings?	You will need to consider provision in each building or on several floors
8. Is there shift work or out-of-hours working?	



	Remember that there needs to be first aid provision at all times people are at work
9. Is your workplace remote from emergency medical services?	<p>You will need to:</p> <ul style="list-style-type: none"> <li>• Inform local medical services of your location;</li> <li>• Consider special arrangements with the emergency services;</li> </ul>
10. Do you have employees who travel a lot or work alone?	<p>You will need to:</p> <ul style="list-style-type: none"> <li>• Consider issuing personal first aid kits and training staff in their use;</li> <li>• Consider issuing personal communicators to employees;</li> </ul>
11. Do any of your employees work at sites occupied by other employers?	You will need to make arrangements with the other site occupiers;
12. Do you have any work experience trainees?	Your first aid provision must cover them;
13. Do members of the public visit your premises?	You have no legal responsibilities for non-employees, but HSE strongly recommends you include them in your first aid provision.

Appendix 4 First Aid Risk Assessment.

<b>FIRST AID RISK ASSESSMENT</b>
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Premises	Premise Manager
Multi-Occupied Building                      Yes/No If yes, which team is assessment based on.	Team/s
No of staff	No of Service Users
	Others

1. How many accidents have you had in the last year?

- Staff
  
- Service Users

2. How many times has a member of staff rendered first aid in the last year

3. What activities take place outside the premise?

- Lone working
  
- Recreational visits
  
- Workers within Service Users home
  
- Other – please specify

4. Are there any specific risks?

- Hazardous Substances – please specify
  
- Dangerous Tools – please specify
  
- Dangerous Machines – please specify

5. Do any employees on site have disabilities or special health needs – please specify condition(s), (not names)

6. Are your premises remote from emergency medical services, i.e. Doctors, ambulance service, hospital A&E?

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7. Do you transport service users from one place to another?

8. Do you have any volunteers? If so, how many?

\_\_\_\_\_

9. Is there adequate first aid provision?

**10 If no, additional number of Appointed Persons to be trained.**

**10 If no, additional number of First Aiders to be trained.**


Comments

Signature of Premise Manager:

Date

Signature of Team Manager

Date

Signature of District Manager:

Date

Signature of representative from Training.

Date

## **Key Points**

All staff are expected to use their best endeavours in the event of a first aid emergency.

All staff must know:

- How to call the emergency services – dial 999 and ask for an ambulance. If there is any doubt that an ambulance is required, call an ambulance straight away.

The location of the nearest First Aid Box

## **First Aid Boxes Located:**

Year 2 (Downstairs)

Staff Room (In Cupboard)

Main Office

**Appointed Persons** are responsible for:

- Taking charge when someone is injured or becomes ill;
- Ensuring that an ambulance or other professional medical help is summoned if appropriate;
- Looking after and restocking the First Aid Box and any other first aid equipment in their area of responsibility.

The Appointed Person is not a First Aider but it is good practice for the Appointed Person to undertake emergency first aid training to help them cope with an emergency. This training, which does not have to be Health and Safety Executive approved, would include:

- What to do in an emergency
- Cardiopulmonary resuscitation
- First aid for the unconscious casualty
- First aid for the wounded, bleeding or burnt

Appointed Persons may undertake basic and/or advance HSE approved first aid training, if funding and vacancies allow.

## **Responsibility**

The provision of first aid at Broseley C of E School is delegated by the Governors to the Head teacher who in turn delegates responsibility to the Business Manager. The Business Manager in her role on the Health and Safety Committee, determines the number of Appointed Persons and the number of First Aiders and the level of training they should receive.

The number of Appointed Persons and First Aiders is reviewed annually by the Health and Safety Committee.

When determining the appropriate number of Appointed Persons and First Aiders, the Health and Safety Committee will take into account:

- The number of staff (and pupils) present at any one time;

The distribution of staff

- The number and locations of first aid boxes;
- Whether there are inexperienced members of staff;
- The number of staff and pupils with disabilities or specific health problems;
- Arrangements for off-site activities;
- Arrangements for out of school hour activities such as parents' evenings;
- Parts of the school premises and grounds with different levels of risks;
- Types of activity undertaken;
- The proximity of professional medical and emergency services;
- Any unusual or specific hazards (e.g. working with hazardous substances; dangerous tools of machinery);

When selecting staff to be an Appointed Person or First Aider, the Health and Safety Committee will take into account their reliability, communication skills, aptitude to learn, ability to cope with stressful situations and the ability to leave the work that they are doing at the time.

Guidance on the minimum legal requirement for Appointed Persons and First Aiders; the need for a first aid room and the contents of first aid boxes can be found in the Health and Safety (First Aid) Regulations 1981.

### **Reporting accidents and record keeping**

All members of the school community should report any accident or incident, however minor, as soon as possible after it has occurred. When an injured person is unable to complete their own details of the accident, then the Appointed Person, First Aider and/or witness should do it on their behalf.

Complete an accident report form (available in the Admin office)  
Reports must contain:

- The date, time and place of the event;
- Details of those involved;
- A brief description of the accident/illness and any first aid treatment given;
- Details of what happened to the casualty immediately afterwards e.g. went to hospital, sent home, resumed normal activities, returned to class;

The Head teacher, School Business Manager and Deputy Head should be informed about any incident if it is at all serious or particularly sensitive. For example, when a pupil has had to go to hospital, where one pupil has deliberately hurt another, or where negligence might be suggested.

The School Business Manager must inform parents when any pupil requires hospital treatment. If, as the result of an accident, an employee is taken to hospital, is unable to work or subsequently becomes absent from work, the Head teacher, Business Manager and Building Manager should be notified immediately,

The School Business Manager must report all serious accidents the HSE as required by RIDDOR.

In an emergency, the School Business Manager and the Administration staff have contact details of pupils' parents and guardians. The School Business Manager/ Administration staff have details of employees and their next of kin.

**First Aiders appointed are:**

Mrs Davis (Reception class)	Paediatric First Aid / Outdoor Emergency First Aid / Defibrillator Trained.
Cheryl Power (Reception class)	Level 3 Emergency Paediatric First Aid
Julie Phillips (Year 2)	Level 3 Emergency Paediatric First Aid
Kay Hartland (Learning Mentor)	Level 3 Emergency Paediatric First Aid
Sam Aiston (Head teacher)	Level 3 Emergency Paediatric First Aid
Liz Simpson (Deputy Head)	Emergency First Aid at work /Defibrillator trained
James Heath (Year 4 teacher)	Level 3 Emergency Paediatric First Aid
Debbie Woolley (Year 6 TA)	Level 3 Emergency Paediatric First Aid

### **Basic First Aid**

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit, and familiarise yourself with how to deal with some of the more common situations opposite. If someone is injured, the following steps will keep them safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call 999 immediately; contact the Appointed Person and First Aider.
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive.

<b>Unconsciousness</b>	<b>Bleeding</b>
If the person is unconscious with no obvious sign of life, call 999 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.	Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.

<b>Burns</b>	<b>Broken bones</b>
For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.	Try to avoid as much movement as possible.

### **Contents of first aid boxes in school**

- General first aid guidance leaflet
- Medium Sterile Dressing 12cm x 12cm
- Large Sterile Dressing 18cm x 18cm
- Triangular Bandage Single use 90cm x 127cm
- Safety Pins (Assorted)
- Eye Pad Dressing with Sterile Bandage
- Washproof Assorted Plasters
- Moist Cleaning Wipes
- Microporous Tape 2.5cm x 5cm or 3cm
- Nitrile Gloves (1 Pair)
- Finger Dressing with adhesive fixing (3.5cm)
- Mouth to Mouth Resuscitation Device with valve
- Foil Blanket 130cm x 210cm
- Burn Relief Dressing 10cm x 10cm
- Universal Shears
- Conforming Bandage 7.5cm x 4m

Prescription medication to be kept in secure plastic boxes labelled in the fridge. All medication taken regularly by a pupil must be labelled in a separate box with a photograph of the pupil on the outside of the box.

### **Anaphylaxis**

#### **8. What is anaphylaxis?**

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (eg dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (eg bees, wasps, hornets). In its most severe form the condition can be life-threatening.

Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No pupil would necessarily experience all of these symptoms at the same time.

#### **9. Medication and control**

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an EpiPen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Medication for an individual pupil must be kept in a locked cabinet/fridge which is readily accessible, in accordance with the school's health and safety policy. If a pupil has an EpiPen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

**It is very important that key staff in the school are aware of the pupils' condition and of where the pupils medication is kept. They also must know where the medicine form giving them the relevant information to administer the prescribed medication is kept as well.**

It is not possible to overdose using an EpiPen as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back. All pupils who have anaphylaxis will require an individual health care plan. The health care plan should indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the school.

Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction.

#### **10. Managing pupils with anaphylaxis**

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis
- Staff should ensure that all pupils who have an EpiPen prescribed to them, have their medication on them at all times.
- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction.

#### **11. Away trips: Please refer to the Staff Handbook for full procedures**

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in the administration of medicine must be identified.
- Staff must give consideration to the safe storage of medication.



- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

- 

## **12. Issues which may affect learning**

Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimise risk whenever possible.

### **13. What are the main symptoms?**

- Itching or presence of a rash
- Swelling of the throat
- Difficulty in swallowing
- Difficulty in breathing
- Increased heart rate
- Unconsciousness

### **14. What to do if a pupil has an anaphylactic reaction**

- Ensure that a paramedic ambulance has been called.
- Stay calm and reassure
- Encourage the pupil to administer their own medication as taught.

## **1. What is Asthma?**

Pupils with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

## **2. Medication and control**

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances.

Most pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too young or immature to take responsibility for their inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name.

***Pupils with asthma must have immediate access to their inhalers when they need them.***

It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the pupil's name and stored in a locked cabinet in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

Where pupils are unable to use an inhaler by themselves or where a pupil requires additional medication, eg a nebuliser, a health care plan must be completed. For pupils whose asthma is controlled by an inhaler, an information card giving the basic details should be completed and kept with the pupil's file.

Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly pupils should never take medication which has not been prescribed for their own personal use.

Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are made aware of their classmate's needs.

### **3. Managing pupils with Asthma**

- Staff should be aware of those pupils under their supervision who have asthma.
- Games staff should ensure that all pupils with asthma have their salbutamol inhaler prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack.

### **4. Away trips; please refer to the Staff Handbook for full procedures.**

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

### **5. Issues which may affect learning**

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Pupils must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when

the weather is cold. ***However, they should not be forced to take part if they feel unwell.***

## **6. What are the main symptoms?**

- Coughing
- Wheezing
- Inability to speak properly
- Difficulty in breathing out

## **7. What to do if a pupil has an asthmatic attack**

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying
- Summon assistance from Val Harrison (Asthma Co-ordinator). Try not to leave the pupil alone unless absolutely necessary.
- Make sure that any medicines and/or inhalers are used promptly.
- Help the pupil to breathe by encouraging the pupil to breathe slowly and deeply and relax.
- Help the pupil to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the child does not respond to medication or his/her condition deteriorates call a paramedic ambulance.

Liaise with our Asthma Co-ordinator Val Harrison

## **1. What is diabetes?**

Diabetes is a condition in which the amount of glucose(sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to a lack of insulin.

Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high.

Pupils with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

## **2. Medication and control**

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require an individual health

care plan.

In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the pupil and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.

The issue of close communication between parents and the School is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date.

Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on a pupil's condition to his/her peer group so that they are aware of their classmate's needs.

### **3. Managing pupils with diabetes**

- Staff should be aware of those pupils under their supervision who have diabetes.
- Games staff should ensure that all pupils with diabetes have a Lucozade bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode.

### **4. Away trips: please refer to Staff Handbook for full procedures**

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in the administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

### **5. Issues which may affect learning**

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of

strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level:

- Encourage the pupil to eat or drink some extra sugary food before the activity:
- Have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia;
- After the activity is concluded, encourage the pupil to eat some more food and take extra fluid – these snacks should not affect normal dietary intake.

## **6. What to do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode**

Common causes:

- A missed or delayed meal or snack
- Extra exercise
- Too much insulin during unstable periods
- The pupil is unwell
- The pupil has experienced an episode of vomiting.

Common symptoms:

- Hunger
- Drowsiness
- Glazed eyes
- Shaking
- Disorientation
- Lack of concentration

- vii. Get someone to stay with the pupil – call for nursing staff/ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse.
- viii. Give fast acting sugar immediately (the pupil should have this), eg:

- Lucozade
- Fresh orange juice
- Sugary drink, eg Coke, Fanta
- Glucose tablets
- Honey or jam

- ix. Recovery usually takes ten to fifteen minutes.
- x. Upon recovery give the pupil some starchy foods, eg couple of biscuits, a sandwich.
- xi. Inform parents of the hypoglycaemic episode.
- xii. In some instance it may be appropriate for the pupil to be taken home from school

**NB. In the unlikely event of a pupil losing consciousness, call an ambulance.**

## 7. A hyperglycaemic episode (high blood sugar)

Hyperglycaemic episodes occur when the blood glucose level is too high. Pupils may display the following symptoms:

- Excessive thirst
- Passing urine frequently
- A change of behaviour
- Vomiting
- Abdominal pain

Care of pupils in a hyperglycaemic episode

- Do not restrict fluid intake or access to the toilet
- Contact the parents if concerned.

In both episodes staff should liaise about contacting parents/guardians.

### **Cleaning up body fluids from floor surfaces**

Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly

- Put on gloves and a disposable apron. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
- Sprinkle 'sanitaire' absorbing powder liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.
- Remove all visible material from the moist soiled areas, using paper towel or single use disposable red cloths.
- Put all used paper towels and cloths into a yellow bag for incineration.
- The remaining visible material should be vacuumed using a designated vacuum cleaner bag these **MUST** be changed after use.
- **Non-carpeted areas:** Sanitize the area using appropriate detergent. 1:10 solution
- **Carpeted areas:** The area should be cleaned with detergent 1:10 solution. This should be put on the affected area for at least 10 minutes. The area should then be shampooed or steam cleaned within 24 hours.
- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water, then rinse with an appropriate detergent.
- Discard gloves, disposable apron into yellow bag for incineration. Finally wash your hands thoroughly using soap and water.

### **First Aid Treatment for Head Injuries**

First aid treatment for head injuries is very important and the following information will be helpful in the event that a head injury occurs.

All head injuries have the potential to be serious and therefore should always be treated carefully the in house first aid training follows the H.S.E. guidelines on all treatment.

The following treatment should be administered:

- Apply a cold compress to the injury, this can be a paper towel soaked in cold water.
- Never apply ice or ice cold materials to a head injury as this can in some instances mask the symptoms of a casualty whose condition may be deteriorating.
- If the injury is sustained during sport do not let the casualty resume the activity until they have been advised by a health care professional.
- Monitor the casualty's condition in accordance with the school policy.
- However if the casualty becomes drowsy, confused or complains of a worsening headache, double vision or vomiting call the emergency services for assistance.
- Advise parents to monitor the child for any changes in their behaviour as described above, these changes may take place sometime after the event as much as 24 or even 72 hours later.

As always should you have any doubts regarding the condition of your casualty call the emergency services.

Experienced first aiders are able to use their skills to observe if the injury is minor.

By observing and considering the mechanics of injury (i.e. the beginning of the actual injury) and what the potential for injury is, it may be possible to diagnose a minor injury. This often happens in playground injuries but always remember "to treat for the worst and hope for the best" and to look carefully for any signs and symptoms of concussion.

