



First Aid Policy

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FIRST AID MANUAL

Contents

1.	Introduction	1
2.	Scope	1
3.	Definitions	1
4.	References	1
5.	Aims of First Aid at Work	1
6.	Provision of First Aid	1
	<i>Site risk assessment process</i>	2
	<i>Communications</i>	2
	<i>How to choose a First Aider</i>	3
	<i>First Aid Boxes</i>	3
	<i>First Aid Room</i>	3
	<i>First Aid Training</i>	3
	<i>First Aid Treatments</i>	3
	<i>Protection for First Aiders</i>	4
	<i>Eye wash</i>	4
7.	Monitoring the Policy	4
8.	Records	4
9.	Reporting	4
10.	Review of Policy	4
	 Appendices	
	1. <i>Recommended numbers of First Aiders per site</i>	5
	2. <i>Site Risk Assessment</i>	6
	3. <i>Contents of First Aid Boxes</i>	8
	4. <i>Weekly check of First Aid Boxes</i>	9
	5. <i>First Aid Room requirements</i>	10
	6. <i>Precautions</i>	11
	7. <i>Training</i>	12
	8. <i>What to do in an emergency</i>	13
	9. <i>Record of First Aid Treatments</i>	16
	10. <i>List of First Aiders and contact numbers</i>	17

FIRST AID POLICY

1. INTRODUCTION

2. DEFINITIONS

Emergency First Aider –

First Aider – An employee who has been trained to competently administer first aid at work and holds a current 'First Aid at Work' certificate and appointed by the company.

3. REFERENCES

The Health and Safety at Work etc Act 1974
Management of Health & Safety at Work Regulations 1999 (MHSAW)
The Health and Safety (First Aid) Regulations 1981

4. RESPONSIBILITIES OF FIRST AIDER

- To preserve life until medical help arrives
- To limit the effects of the injury or illness
- To evacuate the casualty safely
- To promote recovery
- To get the casualty medical help if required

5. PROVISION OF FIRST AID

6.1 Site risk assessment process

It is not possible to give hard and fast rules about the numbers of First Aiders required on each site or situation. This will depend on the circumstances and situation of the workplace and the hazards and risks present. However, the Health and Safety Executive has given some general guidelines (Appendix 1) to be followed bearing in mind the checklist to be used in Appendix 2. It should be noted that the minimum requirement is for an emergency first aider to be present when there are workers on site.

6.2 Communication

All arrangements for First Aid must be brought to the attention of all employees. For visitors and the self-employed it is important that they are aware of local arrangements. Checks should be made to ensure liability insurance cover would apply. In the event of an incident requiring First Aid, procedures should be in place to ensure immediate notification and release of a First Aider. Tannoy systems or pagers could be used. On larger sites it may be necessary to have a 'duty' first aider to avoid confusion when calling for First Aid personnel.

6.3 How to choose a First Aider

There are some basic qualities which will be needed:

- Calm in a crisis
- Trusted by their co-workers
- Able to pass an examination – practical and written
- Physically able to give CPR
- Able to leave their work at short notice
- Have an interest in health and safety

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6.4 First Aid boxes

Containers for First Aid equipment can be boxes, bags or cupboards and should be made of material able to protect the contents from damp and dust. Containers should be marked with a white cross on a green background. There should be at least one box per site.

The contents of the First Aid containers are covered by the First Aid Regulations and the type of dressings etc should be determined by risk assessment and agreed with Occupational Health or Health and Safety. The contents of the container should be regularly checked and replenished, usually by First Aid personnel. See Appendix 3 for the standard contents. See Appendix 4 for signature checking chart.

Blue metal detectable plasters should be checked to ensure that they are detectable and records kept supporting this (required for audit purposes).

Those who work off site or travel on behalf of the company should be given a personal first aid kit.

6.5 First Aid Room

The need for a First Aid room will be assessed from the risk assessment process (see above) and will not be required on all sites. Appendix 5 sets out the requirements for a first aid room

6.6 First Aid Training

All First Aiders must attend a HSE approved training course and hold a current certificate for First Aid at Work from the training organisation. The training organisation should be made aware of any special hazards on site so that relevant First Aid training is received.

Initial training is normally of 4 days duration with a practical and written test at the end of the taught course. The First Aid at Work certificate is valid for 3 years with a 2-day re-qualification period required before the 3-year expires. It should be noted that if the certificate expiry date is over one month, then a full 4-day course is required to receive a valid certificate. Appendix 7 sets out the typical First Aid course content.

New guidance from the HSE suggests that First Aiders and Emergency First Aiders should undertake annual refresher training over half a day during any 3 year period to keep skills up to date.

First Aid training records and lists of First Aiders will be kept in a readily accessible format for audit and inspection purposes e.g. HR or Security (Appendix 10).

6.7 First Aid Treatments

All First Aid staff should only give treatments for which they have been trained. The procedures for giving First Aid are set out in the First Aid Manual of Quallsafe awards Basic life support and emergency procedures are included in Appendix 8.

6.8 Protection for First Aiders

All First Aid staff who regularly treat cuts and come into contact with blood should ensure that they follow safe handling procedures to protect themselves against blood borne viruses such as Hepatitis B and HIV. In case of contamination or body fluid spills follow the procedures outlined in Appendix 6.

6.9 Eyewash bottles and Equipment

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This equipment should be considered as First Aid equipment and maintained as such.

6. MONITORING THE POLICY

Health and Safety and/or Occupational Health & Wellbeing will audit 5% of all entries in the Accident book that require treatment.

7. RECORDS

All accidents at work must be recorded in the Accident Book. The First Aider will make records of all treatment given at the time of the incident. (Appendix 9)

8. REPORTING

First Aid staff will report to Occupational Health and Safety regarding First Aid matters but to the line manager for all other duties.

9. REVIEW OF THE POLICY/PROCEDURE

This procedure will be reviewed 2 yearly or if changing legislation indicates and communicated to all Health and Safety personnel.

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NUMBERS OF FIRST AID PERSONNEL REQUIRED AS RECOMMENDED BY HSE *Appendix 1*

Category of risk	Number employed at any location	Suggested number of FA personnel
Lower risk <i>e.g. offices libraries</i>	Fewer than 50	At least one emergency first aider
	50 –100	At least one FA'er
	More than 100	One additional FA'er for every 100 employed
Medium Risk <i>e.g. light engineering and assembly work, simple food processing, warehouse</i>	Fewer than 20	At least one emergency first aider
	20 –100	At least one FA'er for every 50 employed
	More than 100	One additional FA'er for every 100 employed
Higher risk <i>e.g. most construction, chemical manufacturers, work with dangerous machinery or sharp instrument, bakeries and complex mechanised food production areas.</i>	Fewer than 5	At least one emergency first aider
	5-50	At least one FA'er
	More than 50	One additional FA'er for every 50 employed
	Where there are hazards for which additional skills are necessary	In addition, at least one FA'er trained in the specific emergency action

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Appendix 2

FA (FA) RISK ASSESSMENT FOR SPRING HILL C P SCHOOL SITE

Risk assessment conducted by..... GE and SA.....

Date.....27.11.2020..... Areas covered.....Whole school site.....

Aspects to consider	Impact on FA provision	Currently in place	Areas needing addressing
1. Person appointed to take total charge of FA arrangements. Local arrangements will apply on sites	This person will need to hold the records of training, arrange supplies of equipment on request etc	T.Riley arranges training/supplies etc	None
2. Suitably stocked & numbers of FA boxes (see appendix 1)	Bear in mind the type of injuries to be treated, review previous injury history to ensure relevant issues considered	Boxes located at EYFS, KS1 resource area, 2 in KS2 resource area, First Aid room, office, Hall, library	None
3. Are there suitable and sufficient first-aiders / emergency first aiders to cover the area? (see appendix 2)	Take into account holiday, cover for sickness and all shift times.	13 x Paediatric First Aiders (Oct 2020) 8 x Emergency First Aid at Work (Nov 2019)	None
4. Information to employees on first-aid arrangements	<ul style="list-style-type: none"> How to access Who local first-aider is What to do in an emergency 	List of First Aiders displayed in the office and on the staff noticeboard	Add list to handbook (BS/SA) Display list in First Aid room
5. What are the risks of injury and ill health arising from the work as identified in risk assessment?	If the risks are significant more FA's may be needed	Low risks identified Extra First Aiders to cover trips	None
6. Are there any specific risks, e.g. <ul style="list-style-type: none"> Hazardous substances Dangerous tools Dangerous machinery Confined spaces or heights 	Consider: <ul style="list-style-type: none"> Specific training for FA's Extra FA equipment Precise siting of FA equipment Informing emergency services FA room 	No	
7. Are locations where different levels of risk can be identified?	May need to make different levels of provision in high risk areas	No	
8. What type of accidents and ill health have you had in the past? What type and where?	May need to: <ul style="list-style-type: none"> Locate provision in certain areas Review contents of FA boxes 	Sport injuries in PE Trips, slips, falls	None
9. Are the premises spread out or multi-floor buildings	Consider provision in each building or on several floors	No	

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Aspects to consider	Impact on first-aid provision	Currently in place	Areas needing addressing
10. Is there shift work or out of hours working?	Remember FA provision required at all times people are at work	No	
11. How far away is the local hospital?	Do you need to: <ul style="list-style-type: none"> • Inform local medical services of hazardous work/substances • Consider special arrangements in event of mishap 	Accrington Victoria Hospital – Minor injuries Unit (1.2 miles) Royal Blackburn Hospital -Acc & Emergency (4.4 miles)	
12. Do employees have to travel on business or work alone?	<ul style="list-style-type: none"> • Issue personal FA kits and training staff on use • Issue instructions on what to do in an emergency 	No	
13. Do any of your employees work at sites occupied by other employers?	Make arrangements with the site occupiers	No	
14. Do you have any work experience trainees?	Remember FA provision must cover them	No	
15. Do members of the public visit your premises?	The HSE recommends that the public and visitors are to be covered by FA provision	Yes – covered by school First Aiders	
16. Do you have employees with reading or language difficulties?	Make special arrangements to communicate first-aid information especially where English is not the first language.	No	
Other areas considered addressing? (State)		No	
How many First Aiders and Emergency first aiders are required for this site? (State)		Minimum of 2	

For further information refer to the First Aid at Work Regulations

Completed by (signed).....*S P Ali*..... (Name).....Saeda Ali.....

Completed by (signed).....*G Ellis*..... (Name).....Glyn Ellis.....

Completed on date.....27.11.2020..... Date of review.....27.11.2021.....

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Appendix 3

BASIC FIRST AID BOX CONTENTS

CONTENTS REQUIRED FOR 10-20 PERSON BOX	CONTENTS FOR INDIVIDUALS / CAR DRIVERS
<ul style="list-style-type: none">• A leaflet giving general guidance on FA• 20 individually wrapped sterile adhesive plasters (assorted sizes)• 2 sterile eye pads• 6 triangular bandages (individually wrapped)• 6 safety pins• 10 individually wrapped wipes• 6 medium size individually wrapped wound dressings (12 cm x 12cm)• 3 large size individually wrapped wound dressings (18cm x 18cm)• 2 pairs of disposable gloves• Indicate if there are additional items required as standard	<ul style="list-style-type: none">• A leaflet giving general guidance on FA• 6 individually wrapped sterile adhesive plasters / dressings• 1 sterile eye pad• 2 triangular bandages (individually wrapped)• 6 safety pins• 6 individually wrapped wipes• 1 medium size individually wrapped wound dressings• 1 large size individually wrapped wound dressings• 1 pair of disposable gloves• Indicate if there are additional items required as standard

In food production units, waterproof blue detectable plasters are advisable. These must be metal detectable if required by customers.

In addition to the items above:

1. Soap and water and disposable drying materials should also be available.
2. Where tap water is not available for eye irrigation, disposable, sterile eye irrigators must be used. At least 1 litre must be readily available.
3. Aprons if required, or any other suitable protective equipment, should be provided in or near the First Aid Box.

First Aid Room Requirements

Rooms

- 1 room large enough for a couch and to keep First Aid supplies
- Preferably ground floor because of access
- Entrance wide enough for stretcher/wheelchair access
- Ventilation by windows or wall vent
- Close access to toilet

Fixed Equipment

- Sink with elbow or automatic taps
- Kitchen-type base units and wall cupboards
- Telephone with facility to dial out
- Notice board

Portable Equipment

- Examination couch with step up
- Pillows with disposable pillowcases
- Blankets
- Disposable sheet roll
- Transport chairs
- Waste paper bin
- Clinical Waste bin, check waste carrier and disposal notes
- Sharps Box
- Chairs (2)

Medical Equipment

- Large emergency first aid box
- Eyewash bottles to replenish site and used bottles
- Dressings
- Blunt ended scissors
- Tissues and paper towels
- Vomit bowls
- Disposable gloves

Other

- Soap
 - Hand cream
 - Accident book
 - Emergency contact telephone numbers on notice board
 - List of first aiders on site
 - Clinical waste collection and disposal contract
-

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Appendix 6

First Aid Precautions

Contamination can occur when body fluids gain entry through the skin or mucous membranes such as the eyes or mouth. It is always safest to assume that all body fluids carry some infection and take adequate precautions to prevent contamination.

Types of Infection

There are mainly three types of common infections (although there are others):

- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)
- Human Immunodeficiency Disease (HIV)

Prevention of incidents

- Waterproof dressings should be used to dress cuts and grazes as these may be potential routes of infection
- When dealing with any blood or bodily fluids protective clothing should always be worn
- Wash your hands after dealing with any incident involving blood or body fluids
- Ensure all contaminated/protective equipment is disposed of in clinical waste bins

Protective clothing

<i>Gloves</i>	Whilst still penetrable, gloves reduce the risk of transmission of infection. Wearing an outer and an inner glove reduces this risk even further.
<i>Apron</i>	Will protect the individual from splashes and spills from cleaning and dripping wounds.

Management of blood and body fluid exposure incidents

First aid treatment

- If the mouth or eyes are involved, they should be washed thoroughly with water.
- If skin is punctured, free bleeding should be gently encouraged and the wound should be washed with soap and water but not scrubbed or sucked

All exposure incidents should be reported promptly to Occupational Health. This is important for three reasons.

- To ensure appropriate management to reduce the risk of blood-borne virus transmission
- To document the incident and the circumstances of it.

The management of an incident will be as determined by the local Occupational Health Adviser but referral to A&E may be indicated.

Exposures to hepatitis B or C or HIV are reportable to the Health and Safety Executive, under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995(RIDDOR) as a dangerous occurrence

TRAINING SCHEDULE

First Aid at Work (FAW) - Course Information

Students will receive training in the First Aid at Work (FAW) competencies:

- Aims and Rules of First Aid at Work (FAW)
- Basic Life Support
- Treatment of the unconscious casualty
- Treatment of a casualty who is wounded, bleeding or shocked
- Treatment of fractures, dislocations and soft tissue injuries
- Treatment of burns, poisoning and eye injuries
- Treatment of common major and minor illnesses
- Prevention of cross-infection during First Aid at Work (FAW) procedures
- Emergency transport of casualties
- Legal aspects of First Aid at Work (FAW)

First Aid at Work (FAW) Course Certificate

After successful completion of the taught course and a final practical assessment, the student will be awarded the Ofqual recognised, First Aid at Work (FAW) Certificate which is valid for 3 years.

First Aid at Work (FAW) Course (3 Days)

First Aid at Work Refresher Course (2 Days)

For those who hold a FAW Certificate that is about to expire. Your FAW Certificate is valid for 3 years and you must re-qualify within one month of certificate expiry if you want to avoid having to do the full 4-day course again.

Emergency First Aid Course (1 Day) Emergency first aider

Paediatric First Aid Course (2 Day) Paediatric First Aider

Appendix 8

What to do in an Emergency

Priorities

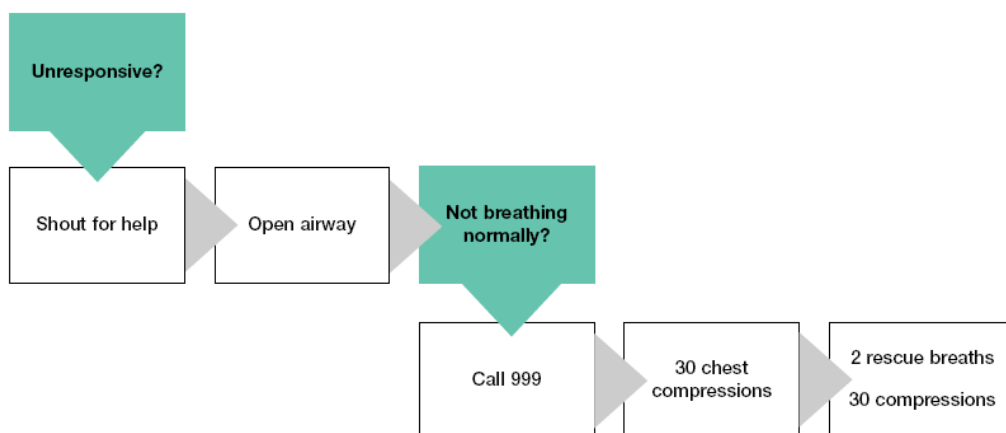
Your priorities are to:

- Assess the situation – do not put yourself in danger;
- Make the area safe;
- Assess all casualties and attend first to any **unconscious** casualties;
- Send for help – do not delay.

Check for a response

Gently shake the casualty's shoulders and ask loudly, 'Are you all right?' If there is no response, your priorities are to:

- Shout for help;
- Open the airway;
- Check for normal breathing;
- Take appropriate action





A Airway

To open the airway:

- place your hand on the casualty's forehead and gently tilt the head back;
- lift the chin with two fingertips.

B Breathing

Look, listen and feel for normal breathing for no more than 10 seconds:

- look for chest movement;
- listen at the casualty's mouth for breath sounds;
- feel for air on your cheek.

If the casualty **is** breathing normally:

- place in the recovery position;
- get help;
- check for continued breathing.



If the casualty is **not** breathing normally:

- get help;
- start chest compressions (see CPR).

C CPR

To start chest compressions:

- lean over the casualty and with your arms straight, press down on the centre of the breastbone 4-5 cm, then release the pressure;
- repeat at a rate of about 100 times a minute;
- after 30 compressions open the airway again;
- pinch the casualty's nose closed and allow the mouth to open;
- take a normal breath and place your mouth around the casualty's mouth, making a good seal;
- blow steadily into the mouth while watching for the chest rising;
- remove your mouth from the casualty and watch for the chest falling;
- give a second breath and then start 30 compressions again without delay;
- continue with chest compressions and rescue breaths in a ratio of 30:2 until qualified help takes over or the casualty starts breathing normally.



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Severe bleeding

If there is severe bleeding:

- apply direct pressure to the wound;
- raise and support the injured part (unless broken);
- apply a dressing and bandage firmly in place.

Broken bones and spinal injuries

If a broken bone or spinal injury is suspected, **obtain expert help. Do not move casualties** unless they are in immediate danger.

Burns

Burns can be serious so if in doubt, seek medical help. Cool the affected part of the body with cold water until pain is relieved. Thorough cooling may take 10 minutes or more, but this must not delay taking the casualty to hospital.

Certain chemicals may seriously irritate or damage the skin. Avoid contaminating yourself with the chemical. Treat in the same way as for other burns but flood the affected area with water for 20 minutes. Continue treatment even on the way to hospital, if necessary. Remove any contaminated clothing which is not stuck to the skin.

Eye injuries

All eye injuries are potentially serious. If there is something in the eye, wash out the eye with clean water or sterile fluid from a sealed container, to remove loose material. **Do not attempt to remove anything that is embedded in the eye.**

If chemicals are involved, flush the eye with water or sterile fluid for at least 10 minutes, while gently holding the eyelids open. Ask the casualty to hold a pad over the injured eye and send them to hospital.

Record keeping

It is good practice to use a book for recording any incidents involving injuries or illness which you have attended. Include the following information in your entry:

- the date, time and place of the incident;
- the name and job of the injured or ill person;
- details of the injury/illness and any first aid given;
- what happened to the casualty immediately afterwards (eg went back to work, went home, went to hospital);
- the name and signature of the person dealing with the incident.

This information can help identify accident trends and possible areas for improvement in the control of health and safety risks.

Source Health and Safety Executive

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