



ParkviewEducation
Shaping Minds. Building Futures

Parkview Academy: First Aid Policy and Procedures



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First Aid Policy and Procedures

Our vision is to forge strong, positive connections with students so they can achieve independence, build confidence, and gain academic knowledge.

Policy Owner
Headteacher / Teacher in Charge

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Contents

1. Aims
2. Legislation and Guidance
3. Roles and Responsibilities
 - Appointed Person/s and First Aiders
 - The Proprietor
 - The Teacher in Charge
 - Staff
4. First Aid Arrangements
 - Use of Plasters in First Aid
 - Aspirin
5. First Aid Procedures
 - Infection Control
 - In-school Procedures
 - Off-site Procedures
 - Threshold for calling an Ambulance
6. First Aid Equipment
7. Record Keeping and Reporting
 - Student Accidents involving their Head
 - Reporting to the HSE
8. Training
9. Off-site Activities/Transportation
 - Transport to Hospital or Home
10. Monitoring Arrangements
11. Links with other Policies
12. Appendices
 - Covid
 - Putting on Personal Protective Clothing
 - Taking off Personal Protective Clothing
 - List of First Aiders

1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, students, and visitors
- Ensure that staff and senior management are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and Guidance

This policy is based on advice from the Department for Education on *first aid in schools and health and safety in schools*, and the following legislation:

- *The Health and Safety (First Aid) Regulations 1981*, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- *The Management of Health and Safety at Work Regulations 1992*, which require employers to assess the risks to the health and safety of their employees
- *The Management of Health and Safety at Work Regulations 1999*, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- *The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013*, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- *Social Security (Claims and Payments) Regulations 1979*, which set out rules on the retention of accident records
- *The Education (Independent School Standards) Regulations 2014*, which require that suitable space is provided to cater for the medical and therapy needs of students.

3. Roles and Responsibilities

Appointed Person/s and First Aiders

Our school's first aiders will be displayed prominently around the school. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Contacting the Teacher in Charge if the students need to be sent home
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

It is emphasised that the qualified First Aiders are NOT trained doctors or nurses.

The Proprietor

The proprietor has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Teacher in Charge and staff members.

The Teacher in Charge

The Teacher in Charge is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are always present in the school
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that staff undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of students
- Reporting specified incidents to the HSE when necessary

Staff

School staff are responsible for:

- Ensuring they follow first aid procedures

- Ensuring they know who the first aiders in school are
- Completing accident reports for all incidents they attend to where a first aider is not called
- Informing the Teacher in Charge or their manager of any specific health conditions or first aid needs

4. First Aid Arrangements

The Teacher in Charge will inform all employees at the school of the following:

- The arrangements for recording and reporting accidents.
- The arrangements for First Aid.
- Those employees with qualifications in first Aid.
- The location of First Aid kits

In addition, the Teacher in Charge will ensure that signs are displayed throughout the school providing the following information:

- Names of employees with first aid qualifications
- Location of first aid boxes.

All members of staff will be made aware of the school's first aid policy.

Use of Plasters in First Aid

Parkview Academy first aid cabinets/boxes, grab bags and vehicle kits are supplied with Wash-proof Low Allergy Plasters. However, plasters should not be applied to persons with a known allergic reaction to adhesive plaster.

Where parents/carers inform the school that the students have such an allergy, or a skin condition negates the use of an adhesive plaster, a standard lint free dressing will be used.

Aspirin

Under no circumstances will Aspirin be either stored or dispensed on site for students, except for medication supplied by parents/carers, as part of prescribed medication, authorised by a GP.

5. First Aid Procedures

Infection Control

First Aid Staff must:

- Ensure all own injuries are covered with waterproof dressings before commencing treatment.
- Wash their hands before and after applying dressings.

- Only use mouth pieces when administering mouth-to-mouth if trained to do so.
- Use disposable gloves whenever blood or other bodily fluids are handled.
- Use disposable materials such as paper towels and sanitizing powder to clear up spills of bodily fluid.
- Dispose of blood and bodily waste in a way that does not allow others to come into contact with it. (Seek medical advice if contact is made with any other person's bodily fluids).

In-school Procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment.
- The first aider, if called, will assess the injury, and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the first aider judges that a student is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.
- If emergency services are called, the SLT will contact parents immediately.
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

Off-site Procedures

When taking students off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of students
- Parents' contact details

Risk assessments will be completed by the trip organiser and approved by the SLT, prior to any educational visit that necessitates taking students off school premises.

Threshold for calling an Ambulance

The decision will vary from case to case, but it is strongly advised to administer First Aid and **call an ambulance if someone:**

- Appears not to be breathing.
- Is having chest pain, difficulty breathing or experiencing weakness, numbness or difficulty speaking.
- Experiencing severe bleeding that you are unable to stop with direct pressure on the wound.
- Is struggling for breath, possibly breathing in a strange way appearing to 'suck in' below their rib cage as they use other muscles to help them to breathe.
- Is unconscious or unaware of what is going on around them.
- Has a fit for the first time, even if they seem to recover from it later.
- If they are having a severe allergic reaction accompanied by difficulty in breathing or collapse – get an ambulance to you, rather than risk things getting worse whilst you are in the car.
- If a child is burnt and the burn is severe enough that you think it will need dressing – treat the burn under cool running water and call an ambulance. Keep cooling the burn until the paramedics arrive and look out for signs of shock.
- If someone has fallen from a height, been hit by something travelling at speed or has been hit with force.
- If you suspect that someone may have sustained a spinal injury – do not attempt to move them and keep them still whilst awaiting an ambulance.

6. First Aid Equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- Staff offices
- Medical room
- C lassrooms
- School kitchen
- School vehicles

First Aid kits will be checked routinely every term and contents audited and replenished or replaced, as necessary. Kits will also be checked after reported incidents have occurred. Records of routine and intermediate checks will be held within the school First Aid file.

7. Record keeping and Recording

First aid and accident reporting and recording

- An accident form will be completed by staff on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident
- A copy of the accident report form will also be added to the student's educational file
- Records will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

Accidents and incidents are reported to the school Senior Leadership Team. We also encourage all employees, students, and visitors to report health and safety related concerns so that we can consider them in terms of accident prevention.

Student Accidents involving their Head

The school recognise that accidents involving the students head can be problematic because the injury may not be evident, and the effects only become noticeable after a period of time.

- Where emergency treatment is not required, a 'Head bump' letter will be sent home to the child's parents/carers together with a copy of the accident.

Reporting to the HSE

The Teacher in Charge will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Teacher in Charge will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death

- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs, and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalding requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
 - absorption of any substance by inhalation, ingestion or through the skin causing acute illness requiring medical treatment or loss of consciousness.
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here: [How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)
<http://www.hse.gov.uk/riddor/report.htm>

Training

All school staff undertake first aid training (1 day). All first aiders (3 day) must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders,

what training they have received and when this is valid until.

Staff are encouraged to renew their first aid training when it is no longer valid. The staff member should contact the Teacher in Charge or the Training Manager 2 months before the end of the certificate expiration if they have not already been contacted.

8. Off-site Activities/ Transportation

At least one first aid kit will be taken on all off-site activities, along with individual student/student's medication as appropriate.

A person who has been trained in first aid will accompany all off site visits.

Transport to Hospital and Home

- The Teacher in Charge will determine what is a reasonable and sensible action to take in each case
- Where the injury is an emergency, an ambulance will be called following which the parent/ carers will be called
- Where hospital treatment is required but it is not an emergency, then the Teacher in Charge will contact the parent/carers for them to take over responsibility for the child
- If the parent/carers cannot be contacted, then the Teacher in Charge may decide to transport the student to hospital.

Where the Teacher in Charge makes arrangements for transporting a child then the following points will be observed:

- Only vehicles insured to cover such transportation will be used
- A risk assessment will be considered to determine if more than one member of staff is required on the journey
- The second member of staff if required, will be present to provide supervision for the injured student.

9. Monitoring Arrangements

This policy will be reviewed by the Teacher in Charge every year. At every review, the policy will be approved by the Head of Education.



10. Links to other Policies

This first aid policy is linked to:

- Health and safety policy
- Risk assessment policy
- Medication Policy

Appendix 1 – Covid

During the COVID-19 period all aspects of the First Aid Policy will apply. The following additions must be adhered to.

First Aid – COVID update

In case of an accident or emergency requiring first aid refer to the list of first aiders/and allocated first aid area if applicable, for the school bubble.

First aiders must wear PPE when administering first aid within a 2m distance following the guidance on appropriate use.

Fully stocked first aid boxes are located around the school site and in the vicinity of classrooms in use.

Protocol

1. Staff to wash their hands prior to administering first aid
2. Staff to wear disposable gloves when providing first aid support.
3. Staff to wash their hands after providing first aid support.
4. Gloves and first aid items used to be double bagged and placed in the waste bin.

Personal Protective Equipment

- PPE should be used if a student becomes unwell with symptoms of coronavirus, while at school waiting for their parent to collect them.
- Where it is not possible to maintain a 2 metre or more distance away from an individual who may require first aid, disposable gloves and a disposable plastic apron are recommended.
- Disposable gloves should be worn if physical contact is likely to be made with potentially contaminated areas or items.
- The use of a fluid repellent surgical face mask is recommended, and additional use of disposable eye protection (such as face visor or goggles) should be risk assessed when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.
- Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE.
- In all circumstances where some form of PPE is used, the safe removal of the PPE is a critical consideration to avoid self-contamination.
- Gloves and first aid items used to be double bagged and placed in the waste bin.

The following guidance should be followed when wearing and removing PPE.



Putting on personal protective equipment (PPE) Standard Infection Control Precautions

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

<p>1 Perform hand hygiene before putting on PPE.</p> 	<p>2 Put on apron and tie at waist.</p> 	<p>3 Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.</p> 
<p>4 With both hands, mould the metal strap over the bridge of your nose.</p> 	<p>5 Don eye protection if required.</p> 	<p>6 Put on gloves.</p> 

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Taking off personal protective equipment (PPE) Standard Infection Control Precautions

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

<p>1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.</p> 	<p>Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.</p> 
<p>2 Clean hands.</p> 	<p>3 Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself.</p> <p>Break tie at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.</p> 
<p>4 Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.</p> 	<p>5 Clean hands.</p> 
<p>6 Remove facemask once your clinical work is completed. Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.</p> 	<p>7 Clean hands with soap and water.</p> 

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Helping unwell individuals

- If you need to help an individual who is symptomatic and may have COVID-19, wherever possible, place the person in a place away from others.
- If a student/member of staff are awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the student, with appropriate adult supervision if required. Windows are opened for ventilation.
- Where it is not possible to isolate staff/students they are to be moved to an area which is at least 2 metres away from students and staff.
- Where staff/students need to use toilet facilities a separate toilet is to be accessed if possible.
- Following access to the toilet area, the area is cleaned and disinfected using standard cleaning products before being used by anyone else.
- Staff who have helped a student/staff member presenting COVID-19 symptoms and any students who have been in close contact with them **DO NOT** need to go home to self-isolate.
- Following any contact with someone who is unwell staff/students must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser.
- The area around the person with symptoms must be cleaned with normal household bleach after they have left to reduce the risk of passing the infection on to other people the guidance [COVID-19: cleaning of non-healthcare settings guidance.is](#) to be followed.

Providing CPR: During COVID 19

During the current ongoing situation regarding COVID-19 if you are at work and a first aider you may still be called upon to undertake CPR.

As there is no way of knowing whether the casualty has COVID-19, we would advise all first aiders to follow the advice below:

- As with any first aid situation assess the area for dangers before approaching the casualty.
- Where you can, you should wash your hands before commencing any first aid procedure. As a minimum you should put on gloves (and if you have them a fluid repellent facemask and apron)
- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. **Do not listen or feel for**

breathing by placing your ear and cheek close to the patient's mouth.

- Make sure an ambulance is on its way and if there is a defibrillator and trained operator available ask for that to be brought to you. (If COVID 19 is suspected, tell them when you call 999)
- If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- If PPE is not available or there is a perceived risk of infection, first aiders should loosely place a cloth/towel or piece of clothing over the victim's mouth and nose and **begin compression only CPR** do not attempt to give rescue breaths (and if available defibrillation) until the ambulance (or advanced care team) arrives.
- When working with the casualty either performing compressions or undertaking defibrillation, keep your face away from the casualty's (for example compressions can be undertaken with your face turned away from the casualty's)
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- Continue to perform CPR until either: emergency help arrives and takes over, the person starts showing signs of life and starts to breathe normally or you are too exhausted to continue (if there is a helper, you can change over every one-to-two minutes, with minimal interruptions to chest compressions)
- If the casualty shows signs of becoming responsive such as coughing, opening eyes, speaking, and starts to breathe normally, put them in the recovery position. Leave their face covering in place and remember to keep your face as far from theirs as possible. Monitor their level of response and prepare to give CPR again if necessary. If you have used a defibrillator, leave it attached.

After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

Appendix : List of First Aiders

Our schools Appointed First Aid Lead is: **Andrew Watt**
Additional First Aiders are: **Lorraine Miller, Steve Bing & Peter Caspell.**

Any of these person/s or the Teacher in Charge can call the emergency services.

These people or the Teacher in Charge or Assistant Teacher in Charge may contact parents.

Name of First Aider	Type of Certification	Expiry date
Andrew Watt	First Aid at Work incl Paediatric First Aid	06/09/2027
Lorraine Miller	First Aid at Work incl Paediatric First Aid	06/09/2027
Steve Bing	First Aid at Work incl Paediatric First Aid	06/09/2027
Peter Caspell	First Aid at Work incl Paediatric First Aid	06/09/2027

Amendment Record	
WHAT	WHEN POLICY AMENDED
Additional First Aiders added	August 2023
Change of First Aiders	September 2024