



CARLTON
ACADEMY TRUST

Carlton Academy Trust First Aid Policy

Approved on behalf of Trustees:

Roger Butterfield

Date:

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Next review date:

August 2024

Glossary

AED: Automated External Defibrillator

CEO: Chief Executive Officer

COO: Chief Operating Officer

EYFS: Early Years Foundation Stage

FAAP: School First Aid Appointed Person

HSE: Health and Safety Executive

MIS: Management Information Systems

Parents: Umbrella term also including carers

PFA: Paediatric First Aid



Section One: Responsibilities and Provision

Policy Scope

This policy covers all students, staff, or anyone else visiting or operating at school/trust sites.

Responsibilities

Trustees

Have overall responsibility for ensuring first aid provision, procedures, and training at all sites in accordance with statutory requirements.

CEO

Has overall operational responsibilities for first aid across all trust sites. They delegate these responsibilities to the COO.

COO

Are responsible for:

- Ensuring first-aid risk assessments are completed for each school and devising appropriate measures to deal with risks identified on these assessments.
- Ensuring each school has sufficient and properly trained first-aid personnel.
- Reporting 'Reportable' incidents to the HSE.
- Ensuring HOS are aware of first-aid procedures and providing support when required.

HOS

Are responsible for:

- Implementing trust first-aid policy and procedures.
- Informing staff of first-aid procedures including the location of equipment, facilities, and identities of first aid personnel.
- Informing parents of first-aid arrangements (when appropriate).
- Ensuring sufficient first-aid personnel are present in school and accompanying school visits, fixtures, events or similar.
- Ensuring a medical room is available to manage the medical needs of students.
- Informing the COO without delay of any HSE reportable accidents.
- Ensure effective systems to contact parents in emergencies.
- Reviewing first-aid provision at the school on at least an annual basis, making changes as necessary.

HOS may delegate these responsibilities to other members of staff.

FAAP

Each school has an 'Appointed Person' with overall responsibility for first aid.

Statute does not dictate that they must be first aid trained, but the trust has this expectation, so they have a full understanding of the role and its responsibilities.

Duties include:

- Leading first aid responses when someone is ill or injured.
- Conducting weekly first-aid kit checks, ensuring they are adequately stocked with sufficient stock to replenish these.
- Ensuring that an ambulance or other medical help is summoned when required.
- Informing the HOS and COO of any HSE reportable accidents without delay.
- Maintaining accurate student medical records and sharing these with relevant staff to ensure student needs are fully met.

First-Aiders

All first aiders must have an HSE approved first aid qualification. Responsibilities include:

- Being first responders to accidents, assessing circumstances and providing immediate and appropriate treatment.
- Sending students home to recover where necessary (with delegated authority from the HOS).
- Completing accident report forms without delay following an accident.
- Informing the FAAP and HOS without delay of any accidents that may need to be reported to the HSE.

Other Staff

All staff must undertake their best endeavours to secure the welfare of students in a way that parents might be expected to act towards their children.

Staff should not shy away from taking action in an emergency as generally the consequences of not taking action are likely to be more serious than taking action.

Responsibilities:

- Follow trust first-aid policy and procedures.
- Ensure they know the identity of school first aiders.
- Complete accident reports when required (no first aider in attendance).

First Aid Procedures

In-School Procedures

The following procedures must be followed for an accident resulting in injury:

- A first attending member of staff assesses the seriousness of the injury, calling a first aider when necessary. Where there is doubt, a first aider must be called.
- The first aider assesses the injury and decides if further assistance is required from a colleague or emergency services then remain with the casualty until help arrives.
- If emergency services are called, the FAAP (or other suitable staff member if not available) will immediately contact parents.
- The first aider decides whether the injured person should be moved and/or placed in the 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 them and recommend next steps in their treatment/recovery.

- The first aider/person attending the incident must complete an accident report form without delay.

Off-Site Procedures

Staff leading offsite visits, fixtures, events or similar must ensure they take the following with them:

- School mobile phone for use in emergencies.
- Portable first-aid kit.
- Information about the specific medical needs of students.
- Parent contact details.

First Aid Kit Provision

First-aid kits must be kept in the following areas – which wherever possible should be close to hand-washing facilities:

- Medical room.
- Reception.
- School hall.
- Science labs.
- All design technology classrooms.
- School kitchens.
- School minibus/vehicles.
- Sports/PE areas and facilities.

All first-aid kits must be maintained in good condition, prominently marked with a white cross on a green background and located in positions readily available to use.

They must contain all necessary items, which may be supplemented by extra equipment at the discretion of schools according to need.

Kits Kept in Schools: must contain:

- A leaflet providing general first-aid advice.
- 20 plasters of assorted sizes
- 2 sterile eye pads
- 4 individually wrapped triangular bandages (preferably sterile).
- 6 safety pins
- Disposable gloves
- 6 medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings.
- 2 large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings.
- Antiseptic wipes.
- Scissors.
- Cold compresses.
- Burn dressings.

Off-Site Activities

A first-aid kit must be taken on all off-site activities, containing:

- A leaflet giving general advice on first aid.
- 6 individually wrapped sterile adhesive dressings.
- 1 large sterile unmedicated wound dressing approximately 18cm x 18cm
- 2 triangular bandages
- 2 safety pins.
- Individually wrapped moist cleansing wipes.
- 1 pair of disposable gloves.

Minibuses

All school minibus first-aid kits must contain:

- 10 foil-packaged antiseptic wipes.
- 1 disposable bandage, (not less than 7.5 cms wide).
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings.
- 3 large sterile unmedicated ambulance dressings (not less than 15 cm x 20 cm).
- 2 sterile eye pads, with attachments
- 12 assorted safety pins.
- 1 pair of blunt-ended scissors (no rusting on blades).

First Aid Personnel

The number of first aiders required differs according to the needs of each school. This is outlined in the first-aid risk assessment.

Schools are normally classed as a lower risk workplace, which require at least one first aider per 100 people. Some schools may be classed as medium risks which require one first aider per 50 people. Schools with EYFS students must have staff trained in paediatric first aid and how to resuscitate children.

Schools should also consider the possible demands of the following when planning the number of trained first aiders:

- Staff absence.
- Cover at break and lunch.
- Needs of specialist subjects.
- Off-site and after-school activities.

Visits, Fixtures, Clubs and Events

Educational visits must always have at least one first aider, must always maintain a ratio of at least 1 first aider per 100 students, with at least one first aider per coach. If a trip includes EYFS students, they must be accompanied by a staff member with a recognised paediatric first-aid qualification, and someone trained to resuscitate children. Adequate first-aid provision must also be provided for extra-curricular fixtures, clubs, events, or similar.

First-Aid Room

Each school must have a suitable room for medical treatment and care of students during school hours. It must contain a washbasin and be reasonably close to toilets. It does not need to be used exclusively for medical purposes but should be fit for purpose and readily available when needed.

Recruiting First Aiders

Schools should look for relevant attributes:

- Be reliable with good attendance records.
- Good communication skills.
- An ability to work in stressful situations.
- Potential to develop new knowledge and skills.
- Ideally work in a role which they can leave in an emergency without too great an impact on their main work role.

Qualifications and Training

All first aiders must hold a valid HSE-approved qualification. Schools must maintain a register of all trained first aiders and certification expiry dates. This also helps in the efficient financial management of schools, as when a qualification expires staff must undertake another full course, but only need to take a shorter 'refresher' course before that time. Therefore, it is good practice for schools to send staff on 'refresher' courses up to three months before their qualification expires. If a school has EYFS students, there must be at least one member of staff with a PFA certificate and trained to resuscitate children.

Schools must regularly review first aid provision to ensure they are sufficient to need. This should be completed at least annually or change in accordance with learning from accidents. Reviews should compare provision against statutory requirements and school needs.

Providing Information

Each school must provide staff with relevant and accurate first aid information including:

- How to contact first-aiders in an emergency.
- The location of equipment and facilities.
- Emergency procedures.

This may be achieved through staffroom notices, staff briefings, staff training, email bulletins, and staff handbooks. Guidance must be simple and easily understood by all.

Section Two: Reporting, Recording, Miscellaneous

All accidents must be reported without delay to the school FAAP, who will ensure they are properly investigated and reported in accordance with statutory requirements. This ensures that:

- Learning takes place which reduces the chances of recurrence and can be used for in future first-aid needs assessments.
- Evidence is available to assist insurance investigations, defences to legal claims, or similar.

Accident Report Forms

Accident report forms must be made for all accidents, completed by the first-aider or member of staff attending the incident. This must be done without delay and include the following details:

- Date, time, and location of incident.
- Name of person/s involved (including address when involving contractors or visitors).
- Details of the injury/illness and what first-aid was given.
- What happened to the person immediately afterwards.
- Actions to prevent recurrence.
- Name and signature of the person making the report.

Accident records enable the school/trust to identify trends that may inform future risk assessments or control measures. Records must be retained for a minimum of three years, with details added to student records on MIS.

Investigations

HOS will decide whether an incident requires formal investigation. They should consult the COO where this is doubt.

All investigations will be overseen by the COO, with the following process:

Step 1: Establish Facts

- When and where.
- Who was involved.
- What happened, how did it occur, events leading to the accident.
- Take witness statements (where relevant), including sketches and photographs.
- Define short-term actions or control measures needed to prevent recurrence.

Step 2: Identify Immediate Causes

Were there any unsafe acts or conditions that led to the accident.

Step 3: Identify Underlying Causes

- Did staff have the appropriate skills and/or knowledge?
- Were people properly trained to use the equipment?
- Was there adequate supervision?
- Had equipment been adequately maintained?
- Were suitable instructions and information given to complete the activity or task?

Step 4: Identify Required Actions

- Do staff need to be retrained?
- Does the equipment need to be removed from use and if so when should this be done?
- Does the work environment need to be changed or re-organised?
- Do work procedures need to be reviewed?

HSE Reporting

The following accidents must be reported to the HSE:

- a) Accidents resulting in death or major injury, including physical violence.
- b) Accidents which prevent the injured person from doing their normal work for more than three days.

Major injuries include:

- Significant head injuries.
- Fitting, unconsciousness, or concussion.
- Difficulty in breathing or chest pains.
- Exhaustion, collapse, or signs of an asthma attack.
- Severe allergic reactions.
- Severe loss of blood.
- Severe burns or scalds.
- Severe fracture/possibility of severe fracture.
- Fractures (not fingers or toes).
- Amputations.
- Any permanent loss or reduction in sight.
- Any crush injury to the head or torso causing damage to the brain or internal organs.
- Serious burns or scalding which covers more than 10% of the body or causes significant damage to the eyes, respiratory system, or vital organs.
- Scalping requiring hospital treatment.
- Loss of consciousness caused by head injury or asphyxia.
- Any other injury arising from working in an enclosed space which leads to hypothermia, heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours.
- The accident leads to someone being taken to hospital.
- Near-miss events that may have resulted in injury such as failure of load-bearing parts of lifts/lifting equipment; accidental release of a substance likely to cause severe illness; electrical short circuit, overload, fire, or explosion.

Death or major injury reports must be made without delay, whilst all other accidents should be reported within ten working days.

The COO retains records of all HSE reports.

Reporting to Parents

Schools must have procedures in place to contact parents in emergencies. Wherever possible, all serious or significant incidents (including head injuries) should be reported to parents by telephone.

Miscellaneous

AED's

AEDs should only be used where a person is in cardiac arrest. They should not be used when a person is conscious, breathing or their heart is still beating.

The following procedures must be followed:

- Call emergency services or send someone to call emergency services.
- Clear the area round the casualty.
- Commence CPR using the instructions with the AED.
- Stay with the casualty until further assistance/emergency services arrive.

Consent

Students aged 16 and above are deemed able to provide consent for their own medical treatment unless there is significant evidence to suggest otherwise. Parental consent will be sought for the treatment of all younger students.

Head Injuries, Concussion, Return to Play Policy

Any incident which involves a blow to the head should be carefully monitored through the rest of the day as symptoms may not immediately appear. Parents must be informed so they are aware and can monitor after school hours. Students suffering a concussion should refrain from physical activity for 14 days, with a gradual return to non-contact physical activity over the next 8 days if symptom free.

Hygiene and Infection Control

All staff must follow basic hygiene procedures, with access to single-use disposable gloves and hand washing facilities. They must take care when dealing with blood or other body fluids or disposing of dressings or medical equipment.

Pre-Existing Medical Conditions

Schools must keep accurate records of all students with pre-existing medical conditions who require medicines, injections, asthma inhalers, epi-pens or similar at school. Details of these students must be provided to relevant staff. Some students may be given responsibility for keeping and administering their own medicines, which is reviewed on an ongoing basis. Where not appropriate, medication will be appropriately labelled and stored by the FAAP.

Risk Assessments

All schools must have a first-aid risk assessment, which considers the provision of first-aid equipment across all buildings and sites. Common factors considered are:

- **Hazards:** Hazardous substances; dangerous tools; machinery; building or maintenance work.
- **Specific Needs:** Of those visiting or using the site.
- **Accident Statistics:** Type; frequency; injuries; time; location; type of activity.

Appendix 1: Appointed Person and List of School First Aiders

Staff member's name	Role	Contact details



Appendix 2: School First Aid Training Record

Name/type of training	Staff Name	Date attended	Date for training to be updated (where applicable)

