



ST. NICHOLAS SCHOOL CHILD OKEFORD

A CHURCH OF ENGLAND VOLUNTARY AIDED PRIMARY SCHOOL

MISSION STATEMENT

‘At St. Nicholas, we nurture everyone *to be the best we can be*, in a caring and inclusive Christian environment.’

ACCIDENT REPORTING AND FIRST AID IN SCHOOL POLICY

POLICY SUMMARY

The purpose of Part One of this policy is to ensure that all relevant details are recorded; to enable prompt remedial action to be taken by relevant personnel; to ensure relevant staff take appropriate action to minimise identified hazards/ risks; to provide a mechanism to report any incapacity for work that results from work place injury; and to review existing systems of work to prevent the recurrence of an accident/ incident. The purpose of Part Two of this Policy is to ensure that First Aid is available when needed in the school, that it is provided promptly and safely by qualified staff with up to date and effective equipment and medication.

DATE ADOPTED
June 2018

REVISION NUMBER
1

LAST REVIEW

NEXT REVIEW
June 2019

PART ONE: ACCIDENT REPORTING

1. Introduction

- (1) Recent figures show that an average of 250 employees and self employed people are killed each year as a result of accidents in the workplace. A further 150,000 sustain major injuries or injuries that mean they are absent from work for more than three days.
- (2) Consistent, accurate information about the types and frequency of accidents and incidents is essential if the County Council is to effectively reduce work-related accidents and incidents.

2. Legal requirement

- (1) The County Council has a legal requirement to ensure accidents and incidents are recorded, investigated and managed under the following legislation:
 - (i) The Health and Safety at Work etc Act 1974;
 - (ii) The Management of Health and Safety at Work Regulations 1999;
 - (iii) The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 [RIDDOR 95]; and
 - (iv) The Health and Safety (First Aid) Regulations 1981.
- (2) More serious accidents and incidents must also be reported by the County Council to the Health and Safety Executive as required under RIDDOR 95.
- (3) If the County Council is to develop systems for effective health and safety management, it needs clear and accurate data across a range of safety related issues. This need for data should be supported by a robust policy and procedure to ensure a consistent approach to reporting and recording accidents and incidents at work.
- (4) Specific information on first aid can be found in the County Council's 'Code of Practice for Provision of First Aid' (2007).

3. Purpose

The purpose of this accident reporting policy and procedure is to:

- (i) assist the County Council to meet with legal requirements;
- (ii) ensure that all relevant details are recorded using a recognised consistent procedure;
- (iii) enable prompt remedial action to be taken by relevant personnel;
- (iv) ensure relevant staff take appropriate action to minimise identified hazards/risks that may present a risk for others;
- (v) provide a mechanism to report any incapacity for work that results from work place injury;
- (vi) review existing systems of work to prevent the recurrence of an accident/incident;
- (vii) identify frequently occurring incidents and 'hot spots'; and
- (viii) provide statistical information.

4. Procedure

- (1) All accidents/ incidents however minor, to staff, service users, pupils, members of the public and contractors must be recorded using the appropriate type of report form and accompanying procedure. The specific form to be completed is dependent on who is injured, the severity of the accident/ incident and the action taken. The flowchart at Appendix 1 should be used to ensure the appropriate form is completed correctly and action is taken as a result of the accident/ incident.

- (2) Members of the County Health and Safety Team will ensure that accidents and incidents that fall within the categories identified under RIDDOR 95 will be reported to the Health and Safety Executive.
- (3) All employee accidents/ incidents should be recorded on the County Council's formal accident report form (Appendix 2 – separate form accompanying this policy) and sent to the County Health & Safety Team at County Hall, with a copy kept in the workplace. No other type of employee accident book or forms need to be kept in workplaces or schools.
- (4) Employees who suffer workplace abuse and/ or violence should also use this form to record the incident. Further information on the recording of abuse and violence can be found in the County Council's Violence at Work Policy (2007).
- (5) Accidents involving non-employees such as visitors/ contractors/ members of the public should also be recorded in this way.
- (6) Any serious service user or pupil accidents/ incidents also need to be recorded on the County Council's accident report form and a copy sent to the County Health & Safety Team when:
 - (i) action has been taken by the workplace or school to manage the casualty such as calling 999 to provide further medical treatment on site and/ or removal to hospital; or
 - (ii) the accident/ incident is 'arising out of or in connection with work'.
 Accidents/ incidents arising out of or in connection with work would include:
 - (i) whilst being assisted physically as part of a package of care;
 - (ii) during the supervision of an activity or planned sports event;
 - (iii) caused by machinery, equipment and substances;
 - (iv) in relation to the condition of the premises.
- (7) Service user and pupil accidents/ incidents not requiring further medical treatment or not arising from or in connection with work (i.e. due to collisions, slips and falls) would be categorised as minor and will not usually need to be reported to the County Health & Safety Team but will need to be recorded and held in the school or workplace.
- (8) A form for minor service user and pupil accidents/ incidents has been developed (Appendix 3 – separate form accompanying this policy). It is not essential that this particular layout of form is used but Managers, Headteachers and designated staff must ensure that equivalent levels of information are recorded, including any action required as a result of the accident/ incident.
- (9) It is also important to keep a record of 'near misses'. A near miss is an unplanned event that does not cause injury or damage, but could do so. It is therefore vital that action is taken to prevent a recurrence and/ or injury and the reporting form identified at 4(8) and attached at Appendix 3 should also be used for near miss recording.

5. **Who completes the accident/ incident record?**

- (1) Every employee who is injured at work must inform their employer as soon as possible after the accident took place. The employee will have complied with this duty if they enter the required information on the accident form, and forward it to their line manager.
- (2) Accidents/ incidents involving service users and/or pupils must be completed by staff as soon as possible after the incident using the reporting method most appropriate to the seriousness of the accident/incident (in house recording should also be completed without delay).
- (3) Any visitor or contractor who is involved in an accident or incident whilst on County Council premises must report it to the person responsible, such as the Manager or

Headteacher. All information regarding the accident/ incident should be recorded using the appropriate documentation.

6. **Working in property which does not belong to Dorset County Council**

- (1) All accidents or incidents to employees while they are at workplaces which are not the property of Dorset County Council must be recorded using this accident recording system. Where the host employer expects County Council staff to complete their records, both accident recording systems should be used.
- (2) Where only the County Council recording system is used, but the accident/ incident involves equipment, systems or processes which are the responsibility of the host employer, a copy of the accident form should be given to the host employer. This ensures that the host employer has the information necessary to assess the cause[s] of the accident and make any necessary changes to prevent a recurrence.

7. **Post incident action**

Action following an accident/ incident is required to prevent a recurrence which could result in further injury. To achieve this, the Manager, Headteacher and/ or designated person should use the following procedure:

- (i) obtain appropriate treatment for the injured person;
- (ii) make the area safe following the accident to safeguard other people in the vicinity. If the accident results in a major injury, the accident scene should be left undisturbed until an investigation is completed by an authorised officer;
- (iii) ensure that the appropriate accident reporting form is completed;
- (iv) take statements from all witnesses, if necessary;
- (v) review existing workplace risk assessments and safe systems of work in light of the accident investigation;
- (vi) introduce additional control measures if necessary and ensure that all employees are informed or trained appropriately; and
- (vii) managers and/ or designated persons should encourage the reporting of 'near misses', and where appropriate, put in place control measures.

8. **Implementation and review**

- (1) The County Council will ensure that enough information and training is provided to facilitate the effective implementation of this policy and procedure.
- (2) Members of the County Health and Safety Team will ensure that accident recording systems are an integral part of their monitoring of workplaces, including schools, and that help and support is given to Headteachers and Managers to make the transition to the new Corporate Accident Recording Policy and Procedure and associated documentation.

PART TWO – FIRST AID¹ IN SCHOOL

9. Headteacher

- (1) The Headteacher (as a Line Manager) will ensure:
 - (i) this procedure is implemented and monitored within their area of responsibility and an assessment of appropriate first aid cover is carried out;
 - (ii) sufficient suitable persons are nominated to provide first aid cover, in accordance with the requirements outlined in this document;
 - (iii) risk assessments incorporate appropriate reference to first aid provision where necessary;
 - (iv) first aiders and appointed persons receive appropriate training to carry out their duties;
 - (v) first aiders hold a current first aid at work certificate;
 - (vi) where required that first aiders re-qualify before the expiry date of their certificate;
 - (vii) bring to the attention of all staff, particularly at induction, the first aid arrangements e.g. names of first aiders and/ or appointed persons and locations of first aid boxes;
 - (viii) adequate communications are in place for contacting first aiders and/ or appointed persons and emergency services; sufficient first aid boxes are provided and first aid notices displayed; and
 - (ix) accidents, injuries and dangerous occurrences are reported when work-related.
- (2) The Headteacher (as Premises Manager) will ensure:
 - (i) there are adequate first aid notices indicating the names, location and telephone numbers of first aiders and first aid boxes, around the premises, including meeting and training rooms;
 - (ii) agree and document joint first aid arrangements where a workplace is shared with other employers, agencies or departments. This should extend to the whole of the premises;
 - (iii) contractors, visitors, service users and pupils and others working temporarily on the premises are made familiar with the first aid arrangements; and
 - (iv) any arrangements for letting the facility incorporate consideration of first aid arrangements.

10. First Aiders (FAW/ EFAW)²

First aiders will be required to:

- (i) take control of a medical emergency situation and give appropriate first aid in line with their training and where necessary delegate members of staff to ring emergency services, wait for ambulance, and direct paramedics to scene of incident in line with local procedures;
- (ii) in a serious emergency clear the area of anyone not involved in the incident;
- (iii) be responsible for checking the contents of first aid boxes, ensuring there is an adequate supply of materials and items have not passed any expiry date;
- (iv) ensure that all used first aid material/ soiled dressings etc are disposed of appropriately. Note that infectious items are to be treated as hazardous waste

¹First aid is defined as the skilled application of treatment for the purpose of preserving life and minimising the consequences of injury and illness, until medical help arrives.

²A first-aider is someone who has undertaken training and has a qualification that is approved by the HSE or other recognised awarding body. This means that they must hold a valid certificate of competence in either: First Aid at Work (FAW), or Emergency First Aid at Work (EFAW). They will also normally assume the responsibilities of an appointed person to look after the first aid box and take charge in a medical emergency etc.

- and placed in appropriate containers (e.g. yellow bags) and disposed of in accordance with local arrangements;
- (v) ensure necessary records are kept of all first aid administered, in line with the DCC Accident Reporting Policy and Procedure and that managers are made aware;
- (vi) be aware that the County Council’s Employers Liability and Public Liability insurance arrangements extend to the provisions of first aid at work; and
- (vii) annually refresh first aid knowledge and skills.

11. Risk assessment of first aid requirements

- (1) The level of first aid provision and number of first aiders should be determined by managers on the basis of an assessment of the likelihood of injury arising in a workplace or as a result of a work activity. It is the policy of the County Council to ensure there are sufficient suitable persons trained either as first aiders or emergency first aid trained persons, as appropriate, to meet the needs of employees in all directorates and establishments. Some directorates or sections will only need to make the minimum first aid provision. However, there are factors which will make greater provision necessary. There is also a need to take into account the provision for non-employees e.g. pupils, service users, non paid events such as school/PTA events etc. and to ensure first aid cover is available at all times allowing for holidays and sickness absence.
- (2) Any risk assessment of first aid needs will therefore have to consider the following factors when determining the adequacy of first aid cover:
 - (i) proximity and accessibility to emergency services;
 - (ii) premises spread over a large area;
 - (iii) inexperienced workers;
 - (iv) members of the public on site;
 - (v) staffing levels and type of school
 - (vi) risk levels and workplace hazards e.g. tools, machinery, hazardous substances, kitchens and workshops;
 - (vii) previous incidents and cases of ill health that required first aid treatment;
 - (viii) the needs of peripatetic staff e.g. lone workers, and employees, service users or pupils with special needs and disabilities;
 - (ix) annual leave, shift patterns and other foreseeable absences of first aiders and appointed persons; and
 - (x) the risks associated with other employers or organisations sharing the workplace.
- (3) How many first aiders are required depends on the nature and risks inherent in each workplace. There is no prescribed fixed level for numbers of first aiders but as a guide the following ratios are deemed suitable for most workplaces:

Degree of hazard /risk	Number of employees at location	Suggested minimum number of first aid trained personnel
Low (e.g. office, shop, libraries, <i>school</i>)	<i>Up to 25</i> 25 – 50 +50	<i>1 appointed person</i> 1 first aider trained in EFAW An additional FAW trained first aider per 100 employed

- (4) However, for most purposes one appointed person or first aider will generally require two or more staff as the requirements above imply “present at all times during normal working hours” and do not take account of holidays, sickness absence, shift changes etc.

12. **First aiders in schools (minimum recommendation)**

No of Pupils	FAW trained (3 day) first aider	EFAW trained (1 day) first aider
less than 100	1	1
100–250 (Child Okeford School)	1	2
250 – 500	2	3
500 - 1000	3	3
greater than 1000	3	3

- (1) First aid provision must be available at all times while staff and pupils are on school premises, and also off the premises whilst on school visits (see paragraph 19 below for more details).
- (2) When assessing first aid requirements schools will need to determine how many first aiders (FAW, EFAW or emergency first aid trained personnel) to provide taking into account the numbers of staff and pupils and the factors listed in paragraph 11 above. More specifically when selecting first aiders, schools should consider those staff involved in high risk activities, such as physical education teachers and those leading out-of school activities, as particularly appropriate and, conversely, consider those who cannot leave their classes unattended in an emergency as probably unsuitable. It is recommended therefore that non-teaching staff are also considered.

13. **Further guidance for schools:**

- (1) *Guidance on first aid in schools* - Department for Education
<http://publications.teachernet.gov.uk/eOrderingDownload/GFAS98.pdf>
- (2) Department for Education - *Managing Medicines in Schools and Early Years Settings* - <http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005DCLEnv3final.pdf>
- (3) *Guidance on Infection Control in Schools and other Child Care Settings. April 2010*
-Health Protection Agency
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947358374

14. **Treatment of minor injuries in schools**

There is often conflicting information regarding what can and cannot be done for minor injuries. Hopefully this recommended guidance will help to the positions:

- (i) Scissors: it is generally good practice to keep a pair of scissors (preferably tuff cut type with a moulded end to prevent damage to skin) in a first aid kit. These can be used to cut dressings or remove clothing in an emergency to expose a severe or life threatening wound.
- (ii) Tweezers: it would be good practice to keep disposable plastic tweezers in your first aid kits. These could be used for removing grit and dirt from minor wounds. They can also be used for removing minor splinters from hands/skin.
- (iii) Small splinters: aim to remove the splinter and minimise risk of infection. If the splinter is small and not embedded and can easily be removed, pull out along the track of entry then gently squeeze the area which will help to flush out dirt. Clean the area and pat dry then apply a plaster. If it is not possible remove the small splinter then clean the area, pat dry and apply a plaster. The parent/ carer should be informed who can then deal with this when the child returns home. Large embedded splinters must not be removed and referred to a medical professional.

- (iv) Alcohol free moist cleansing wipes: these can be used to clean minor wounds in the absence of soap and water or on completion of washing prior to applying a plaster or non-adherent dressing (always read and follow manufacturer's advice given on the label).
- (v) Plasters: cover a minor wound (after cleaning) with a plaster providing the plaster is large enough to cover the area. If the child has a known allergy to plasters (which you should already know) then a low-allergenic plaster or non adherent dressing may be applied to prevent spread of infection.

15. **Identifying illnesses/ injuries to children**

Young children may not give a full description of symptoms so additional care is necessary so that injuries or illnesses are not overlooked. If you have doubts or concerns, then other first aiders, key teaching staff and senior management should be consulted. If remaining at school the child should be kept under observation for the rest of the school day and all relevant supervising staff and a parent/guardian informed. Further advice can be sought from the parent, the child's care plan if available or by telephoning NHS Direct on 0845 4647.

16. **Head injuries**

Any head injury is potentially a very serious condition. A head injury to a pupil however minor must be assessed by a first aider (FAW/EFAW) and treated in accordance with current first aid guidance. If a pupil has fully recovered but there has been evidence of impaired consciousness the child must be seen by a doctor. If the injury is assessed as minor and does not require the child to be referred to a doctor, then the pupil must be kept under observation for the rest of the school day for signs of deterioration and the parent/ guardian informed of the nature of the injury. Some schools find it useful to issue an advice sheet to parents.

17. **Calling an ambulance/ transporting to hospital/ moving injured children**

- (1) Where there is any uncertainty about a child's condition or extent of injury then medical assistance should be sought, and where it is required urgently, this should be by ambulance. If the situation warrants calling an ambulance then this should take priority over informing the parent/ guardian. The parents can be contacted after calling the ambulance. If parents cannot arrive at the school before the anticipated arrival of the ambulance then they should arrange to meet their child at the hospital.
- (2) Consideration should also be given to the extent of discomfort and pain which can be inflicted when self-transporting a child without appropriate immobilisation and pain relief and medical expertise afforded by paramedics/ambulance. School staff must also exercise caution before moving a pupil into or to another part of the school for further examination and treatment. If a more serious injury is evident or likely then a first aider should make a more thorough assessment of the child before deciding if it is appropriate to move a pupil. Consideration must be given to manual handling risks before first aiders attempt to move children who are injured or ill.
- (3) It may be advisable to wait for paramedic staff who are trained to move casualties and carry equipment to assist when doing so.
 - (i) Paramedic staff are able to give emergency treatment immediately using equipment carried on the ambulance.
 - (ii) Emergency vehicles travel faster through traffic congestion to hospital, and can alert A&E to any special requirements prior to their arrival.
 - (iii) Paramedic crews are trained, and are equipped to move casualties without worsening any injury.

- (4) When a child is taken to hospital, the school having responsibility for that child must ensure that they are accompanied by an adult from the school, and that they remain accompanied until a parent/ guardian arrives.

18. **Swimming pools on school premises**

Advice and guidance for supervision, emergency procedures and first aid provision at swimming pools on school premises can be found in the *Dorset County Council Swimming Pool Health and Safety Manual; Volume 4, School Use Swimming Pools – Arrangements for Safety During Swimming*.

19. **Off site visits**

- (1) First aid provision must be considered and provided on all off school/ site visits. The level of provision is decided by teachers or leaders on the basis of a risk assessment; the likelihood of injury or illness arising at a particular location or as a result of any planned activity.
- (2) Visit leaders must ensure availability of first aid cover for all visits where there is no immediate external first aid cover provided. In these situations, an appropriate first aid kit should be carried and one of the leaders should hold a first aid qualification appropriate to the environment and activity. The risk assessment may indicate that a higher level qualification is appropriate in circumstances where the risk of injury is higher or when the arrival at the scene by the emergency services may be delayed. An example could be an adventurous activity in a remote area. In this case, qualifications such as a current first aid at work certificate may be required.
- (3) When planning a visit, school management, offsite visits coordinator or leaders must make a judgment as to the level of first aid required for a particular visit. The decision could be influenced by a number of factors such as:
 - (i) location - population, terrain, response and accessibility for emergency services;
 - (ii) duration of visit;
 - (iii) weather, exposure to elements;
 - (iv) type of activity/ supervision;
 - (v) line of communication between group/ emergency services;
 - (vi) numbers of pupils;
 - (vii) numbers of support staff;
 - (viii) age, challenging behaviour from pupils;
 - (ix) special needs, illnesses, medical conditions of pupils/ staff;
 - (x) medical/ first aid provision already provided at location;
 - (xi) first aid kit/ equipment and it's accessibility;
 - (xii) associated risks at location;
 - (xiii) history of previous visits to location; and
 - (xiv) first aid provision remaining at school to cover school curriculum activities
- (4) The Dorset Off Site Visit 24 hour emergency phone number is 07623 544346. This is for use in serious emergencies only where additional support is required from the County Council.
- (5) Further advice on first aid provision/ planning for off-site visit emergencies – see links below:
 - (i) Children’s Services Policy of Safety and Guidance for Offsite Events and Adventurous Activities. Adherence to the content of this policy is a requirement for all who are working with children and young people where the local authority is the employer.
<http://www.dorsetforyou.com/media.jsp?mediaid=142609&filetype=pdf>

- (ii) Dorset for You, Offsite Events and Adventurous Activities.
<http://www.dorsetforyou.com/index.jsp?articleid=341365>

20. **Provision of information to employees detailing first aid arrangements**

All local methods of conveying information to staff should be used to ensure staff are made fully aware, understand and accept the first aid systems. The procedures should also identify who will provide this information to new staff. Strategically placed notices, stating the name, contact place and telephone extension of the nearest first aider or appointed person should be available. This information should also be incorporated into School safety systems.

21. **First aid training**

First aid training must be provided by accredited organisations and must conform to the criteria laid down in the approved code of practice and guidance (HSE) Dorset County Council Health and Safety Team is approved by the HSE to provide first aid at work training. A comprehensive corporate first aid training programme is available on the Learning Portal or directly from the Health and Safety Team. “In-house” first aid courses can also be provided.

22. **Training for first aiders**

- (1) First Aid at Work (FAW First aiders) must have fully attended and passed:
 - (i) an initial First Aid at Work Certificate course (3 days), valid for three years followed by;
 - (ii) a First Aid at Work Refresher course (2 days), also valid for three years.
- (2) Note: recertification must be completed during the period of three months before or twenty eight days after the expiry date of the certificate to maintain the qualification otherwise the first aider must repeat the full three day course.
- (3) Emergency First Aid at Work (EFAW First aiders) must attend a one-day Emergency First Aid at Work Course which is valid for three years.

23. **Basic skills refresher training**

- (1) Although not mandatory, the HSE strongly recommends first aiders (FAW and EFAW) undertake annual refresher training. First aiders attending an annual refresher course should demonstrate their competence to:
 - (i) assess the situation in an emergency;
 - (ii) administer first aid to a casualty who is unconscious (including seizure);
 - (iii) administer cardiopulmonary resuscitation;
 - (iv) administer first aid to a casualty who is wounded and bleeding; and
 - (v) administer first aid to a casualty who is suffering from shock.
- (2) Managers should allow for a minimum of three hours per year to enable a FAW/ EFAW first aider to update their skills and knowledge with annual “Basic Skills Training”.
- (3) Schools can achieve this refresher training by either using a competent first aid trainer to deliver an in-house annual refresher course (approximately three hours duration) or alternatively, conduct their own “self-teach” interim refresher training for their qualified first aiders (FAW and EFAW). This will enable those who do not require a first aid trainer led course to refresh their first aid skills, competency and confidence.

24. **Selection of first aiders:**

- (1) The selection of first-aiders depends on a number of factors, including:

- (i) ability to act safely, promptly and effectively when an emergency situation occurs at work;
 - (ii) availability, reliability and communication skills;
 - (iii) aptitude and ability to absorb new knowledge and learn new skills;
 - (iv) ability to cope with stressful and physically demanding emergency procedures; and
 - (v) normal duties. These should be such that they may be left to go immediately and rapidly to an emergency.
- (2) The purpose of training is to equip candidates to deal effectively with injuries or illness which may occur at work. The key objective is that, on completion of training, successful candidates will be able to apply the following competencies in practice:

25. HSE one-day Emergency First Aid at Work (EFAW) course

This comprises:

- (i) understand the role of the first aider including reference to the importance of preventing cross infection, the need for recording incidents and actions, use of available equipment;
- (ii) assess the situation and circumstances in order to act safely, promptly and effectively in an emergency;
- (iii) administer first aid to a casualty who is unconscious (including seizure);
- (iv) administer cardiopulmonary resuscitation;
- (v) administer first aid to a casualty who is choking;
- (vi) administer first aid to a casualty who is wounded and bleeding;
- (vii) administer first aid to a casualty who is suffering from shock;
- (viii) provide appropriate first aid for minor injuries (including small cuts, grazes and bruises, minor burns and scalds, small splinters).

26. HSE three-day First Aid at Work (FAW) course

(1) This comprises:

- (i) provide emergency first aid as above;
- (ii) administer first aid to a casualty with:
 - (i) injuries to bones, muscles and joints, including suspected spinal injuries;
 - (ii) chest injuries;
 - (iii) burns and scalds;
 - (iv) eye injuries;
 - (v) sudden poisoning;
 - (vi) anaphylactic shock; and
 - (vii) recognise the presence of major illness and provide appropriate first aid - (including heart attack, stroke, epilepsy, asthma, diabetes).

(2) Where required, DCC (Health & Safety Team) EFAW courses will include child and baby CPR and allow time to discuss any other relevant workplace emergencies. School staff should refer to relevant DCSF documentation and procedures for managing medical conditions.

27. Early Years Foundation Stage – requirement for paediatric First Aid training

- (1) The DCSF Statutory Framework for the Early Years Foundation Stage have introduced first aid requirements for schools and other settings with young children (i.e. children from birth to the end of the academic year in which a child has their fifth birthday).
- (2) From September 2008 schools and other registered providers must have at least one person present on site (and for off site visits) who is competent to provide paediatric

first aid at all times when young children (as defined above) are present. Paediatric first aid training must meet the criteria set out in Practice Guidance for the Early Years Foundation Stage Appendix 1.

<http://nationalstrategies.standards.dcsf.gov.uk/node/84490>

- (3) The main requirements for paediatric training and refresher training are a minimum of 12 hours tuition time and for it to be renewed every three years. The DCSF requirement for paediatric first aid training does not replace existing HSE first aid requirements for staff and children but is in addition to it.
- (4) Ofsted inspections from September 2008 onwards have been checking on the provision that schools have made (or have planned) to meet these new DCSF requirements.
- (5) With regard to the DCSF guidance, schools with reception year only (not pre-reception or nursery provision) will need to determine whether their existing first aid facilities and staff training takes into account issues relating to younger children (4-5 years).
- (6) There are a number of ways this type of school could ensure it meets with the requirements:
 - (i) the accredited first aid training provider for individual first aid staff has been able to focus on younger child issues as part of the qualification (one day EFAW, three day FAW or two day FAW refresher courses);
 - (ii) the school has opted to run an in-house emergency first aid course for some or all staff and have asked the accredited training provider to include younger child issues within the programme; or
 - (iii) the school can decide to fully comply with the DCSF guidance and nominate an appropriate number of staff for a paediatric first aid certificate to provide cover for school and off site activities.
- (7) For options (i) and (ii), the training provider should ensure that they provide a written outline of the programme to ensure schools can evidence that younger child issues have been covered.
- (8) All schools and settings should consider which option best suits its current training needs and take appropriate action towards fully complying with the DCSF guidance. Schools that have provision for children below reception year will need to ensure they are fully complying with the requirements of the DCSF.
- (9) Dorset Surestart currently commissions an approved Early Years paediatric first aid training provider. Dorset County Council Health and Safety Team are planning to include paediatric first aid courses into their training programme from April 2011.

28. **Defibrillator training**

- (1) There has been a Department of Health campaign in recent years to provide defibrillators in public places such as railway stations and airports. The idea is that early intervention can make a positive difference to recovery. The training, maintenance costs and the unlikelihood of a speedy response by an ambulance service would result in few DCC workplaces justifying the provision of defibrillators.
- (2) However, where a decision is made to provide a defibrillator in a workplace, it is important that those who may use it are appropriately trained. The Health and Safety Executive (HSE) does not specify the content of this training and organisations providing it do not need HSE approval. However if this is required, training courses on Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillation (AED) are available from the DCC Health and Safety Team, South Western Ambulance Service Trust and Voluntary Aided Societies.

29. **Infection control/ waste disposal**

- (1) Universal Precautions: the following hygiene precautions are recommended as safe practice for all staff. They are common sense precautions that will protect against blood borne viruses and infections that may be transmitted via blood or body fluids:
 - (i) always keep cuts or broken skin covered with waterproof dressings;
 - (ii) wear disposable gloves when contact with blood or body fluids is likely;
 - (iii) avoid direct skin contact with blood or body fluids;
 - (iv) if blood is splashed onto the skin, it should be washed off immediately with soap and water;
 - (v) splashes of blood into the eyes or mouth should be washed immediately with plenty of water;
 - (vi) if a sharp injury is sustained or blood is splashed into the eyes or mouth, or on to broken skin (e.g., eczema) medical advice should be sought promptly;
 - (vii) always wash and dry hands after removing gloves;
 - (viii) always wash and dry your hands before and after giving first aid; and
 - (ix) educate employees, service users and pupils in the need to avoid contact with other people's blood and body fluids and to wash and dry their hands before meals and after using the toilet.
- (2) Blood and body fluid spills: spillages of blood, vomit, urine and excreta should be cleaned up immediately.
 - (i) The following general actions must be taken by the person dealing with the spill:
 - (a) clear the immediate area of people. Hazard signs and cordoning off may be necessary; and
 - (b) disposable personal protective equipment (PPE); disposable gloves and if necessary a disposable plastic apron should be worn.
 - (ii) Small spills or splashes on hard surfaces: clean with disinfectant detergent and hot water.
 - (iii) Large spill:
 - (a) remove spillage as much as possible using absorbent paper towels;
 - (b) if possible (do not block the toilet) flush these down the toilet or dispose of carefully in waste bag; or
 - (c) cover remaining with paper towels soaked in diluted bleach solution (1:10 dilution with cold water) or local bleach alternative, soak, wipe clean and dispose.

30. **Disposal of waste**

- (1) Generally used paper towels, together with gloves and aprons, should be put into a plastic waste sack/ bag, top tied and placed in the outside waste collection bin. Vomit, urine and faeces should be flushed down the toilet.
- (2) All first aid kits should contain hazard (yellow) disposable bags. These can be used when treating a blood injury within a first aid context and disposed of in accordance with local procedures, into a sanitary bin or other suitable clinical waste container.

31. **Legal indemnity for first aiders**

Administering first aid in the workplace is considered to be an act of taking reasonable care. Dorset County Council (or governing bodies where applicable) will fully indemnify all first aiders, emergency first aid trained and appointed persons staff against claims for alleged negligence in relation to first aid treatment providing they are acting within the remit of their employment and training.

32. First aid boxes, equipment, supplies and facilities

(1) First aid boxes and contents:

- (i) The minimum requirement is one suitably stocked first aid box which must be available in all establishments. However additional boxes and equipment may be required. There is no mandatory list of items to put in a first aid box, it depends what you assess your needs to be.
- (ii) The HSE recommended minimum contents where work involves low hazards/ risk would include:
 - (a) a leaflet/ booklet giving general guidance;
<http://www.hse.gov.uk/pubns/indg347.pdf>
 - (b) 20 individually wrapped assorted plasters;
 - (c) 2 eye pads;
 - (d) 4 triangular bandages (preferably sterile);
 - (e) 6 safety pins;
 - (f) 2 large wound dressings (non medicated);
 - (g) 6 medium wound dressings (non medicated); and
 - (h) disposable gloves.
- (iii) Other factors to consider when deciding on the provision of first aid kits, their location and content would include the number of employees, service users, pupils, visitors, hazards, activities, geographical location, vulnerable people, specific hazards, other requirements/ requirements such as CLEAPSS (Science and Technology in Schools Advisory Service), COSHH (Control of Substances Hazardous to Health Regulations) and previous history of accidents.
- (iv) As a result of an assessment of need, the following additional first aid items may be added, particularly in schools, for treating minor injuries: scissors, bio-hazard clean up kit, clinical waste bags, disposable aprons, moist wipes, microporus tape, eye wash phials, finger dressings, blankets, foil blankets, conforming bandages, gauze swabs, non adherent dressing, tweezers.
- (v) However, first aid kits should not contain any tablets, medicines or lotions. Boxes or kits are the responsibility of the first aider or appointed person who should ensure they are fully stocked, that expiry dates are not exceeded, and the contents are in good condition. Contents should be replenished as quickly as possible after use. In addition first aid materials must be disposed of after their expiry date. First aid boxes should be clearly marked and easily identified with a green/ white cross background. They should be clearly visible to employees in the vicinity, portable and not be locked away, however they can be secured with a tamper seal if necessary to prevent unauthorised use.
- (vi) Travelling first aid kits should be made available for employees required to work away from the normal workplace, where access to facilities may be restricted such as:
 - (a) working with dangerous equipment/ activities;
 - (b) travelling in vehicles on a regular basis;
 - (c) in contact with vulnerable people; or
 - (d) remote/ isolated locations.

(2) First Aid rooms

- (i) There is no explicit requirement to have a dedicated first aid room, although there are advantages in having a room set aside for first aid treatment or recovery for persons who are ill. A suitable room should be nominated for the provision of first aid where the assessment of first aid identifies this as necessary. It does not have to be specifically used for first aid. The room

should contain essential first aid facilities and equipment. Typical examples of these are:

- (a) a sink with running water;
 - (b) drinking water and disposable cups;
 - (c) soap and paper towels;
 - (d) a store for first aid materials;
 - (e) foot-operated refuse containers, lined with disposable yellow clinical waste bags or a container for the safe disposal of clinical waste;
 - (f) a couch with waterproof protection, clean pillows and blankets;
 - (g) a chair;
 - (h) a telephone or other communication equipment; and
 - (i) accident report forms for recording incidents where first aid has been given.
- (ii) It should be clean, easily accessible to emergency services and be sited within reasonable distance from a toilet and be clearly signposted and identified.
- (3) First Aid supplies: First aid supplies should be purchased from the current procurement contracted supplier via DES.
- (4) Use of Burnshield dressings:
- (i) The use of specialised dressings, sprays and gels to cool burns is not normally recommended. However the following guidance applies if they are used. Sometimes insufficient water is available to effectively cool the burn such as remote workers/ activities and in this situation it is good practice to use a water cooling gel dressing. Water cooling gels come in sealed packs. Each pack contains a water based soluble gel that is designed to draw heat out of the burn. The gel is primarily composed of de-ionised water thickened to help it stay in place and a small amount of tea tree oil. The non-adherent sterile polyester carrier traps the gel and holds it in place over the burn site Burnshield Dressings can be purchased if required following an individual assessment of needs.
 - (ii) A Burnshield hydro shield dressing can be used in different situations:
 - (a) to cool a burn when water is unavailable; or
 - (b) to keep a burn cool after water has been used first to cool the burn (place on top of dressing).

33. Administration of medicines³

- (1) Whilst the Health and Safety Executive has no objection to medicines such as paracetamol or aspirin being made available to employees, first aid at work does not generally cover the administration of tablets or medication to treat illness. Paracetamol is an effective pain killer if used correctly to treat mild to moderate pain and/ or raised body temperature. However the giving of paracetamol is *not a life saving first aid issue and first aiders should not be required to administer paracetamol in the workplace.*
- (2) An exception to this is where a casualty with a suspected heart attack can self administer their own prescribed aspirin in accordance with currently accepted first aid protocols if safe to do so. Tablets, medicines and lotions must not be kept in the first aid container and not be kept where they can be accessed by vulnerable persons.
- (3) Some first aiders, as a result of their job role and training (e.g. in schools) may administer life saving medicines for which they have been trained in emergency situations such as an Epipen/ Auto injector to treat anaphylactic shock for which the

³ Also see Supporting Children with Medical Conditions and Managing Medicines Policy.

casualty has been prescribed. A first aider may also assist a casualty to self administer their own life saving medication providing the casualty takes the decision to use it and requires assistance.

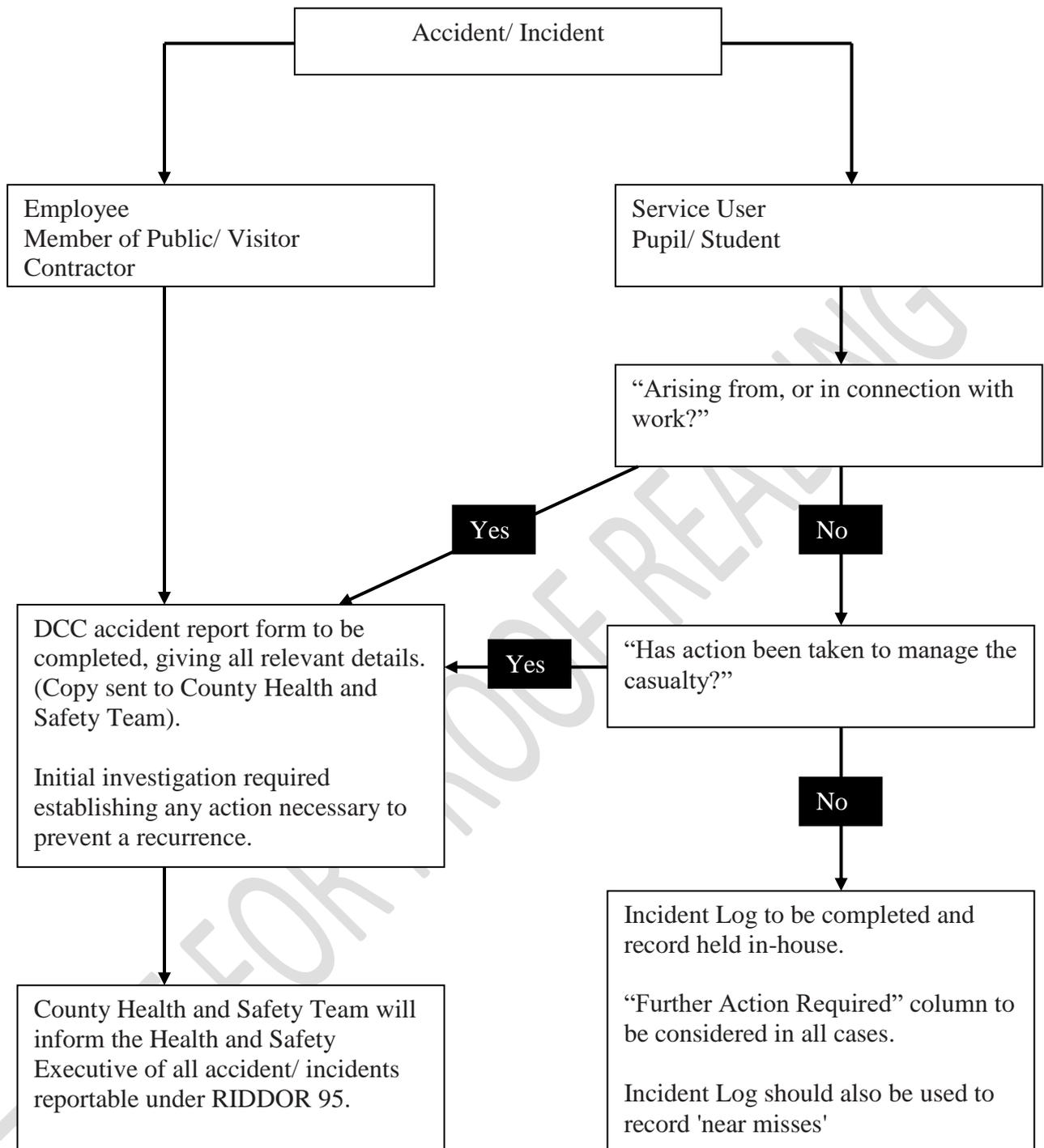
34. **Managing medicines in schools and early years settings**

- (1) Safeguarding of children is paramount. It is strongly recommended that Schools and Early Years settings have a statement of policy on the managing of medicines and medication (see footnote above).
- (2) Schools/ settings are responsible for adhering to Health Care Plans, maintaining and monitoring records and demonstrating that children are provided with appropriate medical support for which training has been given by qualified personnel. It should be noted that failure to adhere to health care plans could affect insurance cover and increase liability.
- (3) In order to safely manage a child's special medical/ medication needs, procedures and protocols laid down in the policy statement must be adhered to. The following sources will assist in developing policies and implementing procedures (including individual health care plans) to ensure that children with complex health needs can access education and childcare:
 - (i) 'Managing Medicines in Schools and Early Years Settings' Department for Education and Skills
<http://www.education.gov.uk/publications/standard/publicationdetail/page1/DFES-1448-2005>
 - (ii) 'The Administration of Medicines' National Association of Headteachers NAHT - PM006 www.naht.org.uk/medicines
 - (iii) 'Including Me' Managing Complex Health Needs in Schools and Early Years Settings – Department for Education and Skills / Council for Disabled Children.
<http://www.education.gov.uk/publications/standard/publicationdetail/page1/DFES-1448-2005>
 - (iv) 'Dorset Policy for Children with Complex Health Needs in School, Social Settings and on Transport' www.dorsetforyou.com
 - (v) 'Management of Long Term Health Conditions' - Dorset Paediatric Safeguarding Board. www.dorsetforyou.com
 - (vi) 'Administration of Medicines' UNISON - Guide for Health and Safety Representatives. <http://www.unison.org.uk/acrobat/13797.pdf>
- (4) A policy will contain information on:
 - (i) safeguarding children;
 - (ii) the roles and responsibilities of staff with regard to supporting children with complex health needs;
 - (iii) what the school or early years setting expects from the parents in terms of being kept informed and updated about their child's health needs;
 - (iv) the training which staff can expect to receive when managing children with long term health conditions;
 - (v) indemnity and additional insurance arrangements for staff working with specific children with complex medical needs;
 - (vi) risk management, detailed record keeping and procedures to be followed;
 - (vii) responses to emergency situations; and
 - (viii) any additional arrangements which need to be in place for activities which take place away from the usual school/ setting.
- (5) Schools should keep prescribed medicines only where it would be detrimental to a child's health if the medication was not administered during the school day. Health

services will provide advice and training for staff when the health care plan identifies this.

- (6) Schools should arrange for competent staff to administer medication. Alternatively voluntary staff or parents could be asked to do this. An individual's suitability must be assessed in every case, taking into account the complexity of the tasks to be undertaken and training required (see assessment tool for training staff in the Dorset Policy for Children with Complex Health Needs in School, Social Settings and on Transport or the Management of Long Term Health Conditions - Dorset Paediatric Safeguarding Board).
- (7) Department for Education and Skills Managing Medicines in Schools and Early Years Settings (see paragraph 34(3)(i) above) gives detailed advice and guidance on managing medical conditions and medication including relevant documentation:
 - (i) Form 2 Health care plan;
 - (ii) Form 3 A Parental agreement for a school (self administered);
 - (iii) Form 3B Parental agreement for a school to administer medicine;
 - (iv) Form 4 Headteacher agreement to administer medication;
 - (v) Form 5 Record of medicine administered to an individual child;
 - (vi) Form 6 Record of medicine administered to all children;
 - (vii) Form 7 Request for a child to carry their own medicine;
 - (viii) Form 8 Staff training record – administration of medicines; and
 - (ix) Form 9 Authorisation for the administration of rectal diazepam.

Appendix 1 – Flowchart for reporting information



Appendix 2 – Accident/ Incident Report Form – provided as a separate form.

Appendix 3 – Accident/ Incident Log - – provided as a separate form.