



First Aid Policy

Management Log

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First Aid Policy

Introduction

First aid is accepted to be: The provision of immediate care to a person with an injury or illness, with the aims of preventing further injury, preserving life and promoting recovery.

Intent

Nova Education Trust recognises its responsibility to provide adequate first aid provision as required under Health and Safety (First Aid) Regulations 1981 and DfE guidance.

It will ensure that suitable arrangements are in place to comply with regulatory requirements relating to employees who are working for the trust and students who are under the care of trust employees or on trust property.

Responsibilities

The final responsibility for Health and Safety, which includes First Aid, rests with the Directors of the Trust.

The CEO of the trust is responsible for ensuring that the policy requirements are put in place and maintained but he/she may delegate the operational activities to ensure this takes place across the separate Academy Schools within the trust. In the case of trust academy's/school's the CEO has delegated day to day operational responsibility to the Head Teacher.

All first aid trained staff are responsible for providing first aid assistance, within their competency, when it is required and to do this to the best of their abilities and training.

Non-first aid trained staff are required to act appropriately if they become aware of any individual requiring first aid whilst going about their normal employment. This includes acting within the bounds of "in loco parentis" and ensuring that the relevant trained personnel are informed of the situation as soon as possible.

Students within our academy's/school's also have responsibility for informing an appropriate adult as soon as possible if they become aware of an individual requiring first aid.

Arrangements

The number and competency of first aiders available and the number and placement of first aid kits should be formally recorded by each school with a copy kept by the Head Teacher. A template first aid needs assessment is attached as Appendix 1.

The control of first aid equipment including regular re-stocking of first aid kits and re-supply requirements will be delegated by the Head Teacher to a specific member of staff within their own organisation nominally known as the 'First Aid Responsible Officer'. First aid kits, must be checked regularly to ensure that:

- They are well stocked, and no items are missing.

- There is no damage to the kit container or contents.
- Sterile items have not expired.
- There are no unauthorised items, e.g. medication and tablets.

The First Aid Responsible Officer will also be responsible for the collation, recording and retention of first aid reports using the health and safety management system referred to as Atlas.

All first aiders must complete a first aid report form for each incident in which they are involved and after detaching the form from the book will pass this to the First Aid Responsible Officer.

All first aid reports will be assessed by the First Aid Responsible Officer to decide whether further action needs to be taken, this could include communication of information to the behavioural team, the initiation of an accident investigation or other activities which may arise as a result of the information detailed on the first aid report.

All first aid reports will be retained as hard copy or scanned pdf document and uploaded to Atlas until the child is at least 25 years old and also entered onto the Trusts electronic recording system for the creation of statistical information and reporting purposes.

All regulated information will be retained in compliance with the Data Protection Act 2018 (GDPR) requirements.

The reporting of incidents as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) will be delegated by the CEO/Headteacher to a designated member of staff who will be supplied training to ensure they are competent to complete this function. Guidance should be sought from the Trust competent person [Citation] before submitting a RIDDOR F2508 Report to the HSE.

Details of all RIDDOR reportable incidents will be supplied to the Directors/Governors as soon as reasonably possible after the RIDDOR report has been completed.

Listings of current qualified first aiders and placement of the available first aid kits will be made available, at least termly, in an easily accessible format, by the First Aid Responsible Officer to all staff within their organisation.

Relevant first aid information to assist staff in ensuring their knowledge is up to date will also be made available, at least termly, in an easily accessible format, by the First Aid Responsible Officer to all staff within their organisation.

The administration of prescribed medicines is dealt with in greater detail in the Nova Education Trust Supporting Pupils with Medical Conditions policy.

Arrangements should be made to take a first aid kit and a member of staff who is First aid trained on all off site Educational Trip and Visits [ETV]. Further information can be found in the Nova Education Trust Educational Trips and Visits Procedure.

In school's/academy's that open their facilities for private hire customers must be advised that they MUST provide their own first aid personnel.

Automated external defibrillators (AEDs)

The Government currently encourages schools to have an automated external defibrillator [AED] on their premises as part of their first aid equipment. Defibrillators [AED] have the potential to save the lives of pupils, staff and visitors in schools, with latest research showing that accessing these devices within 3-5 minutes of a cardiac arrest increases the chance of survival by over 40%.

Where schools wish to buy defibrillators, they must ensure they come with both visual and voice prompts. The Mediana A-15 is recommended. The Mediana A-15 defibrillator is suitable for adult and paediatric use and comes with universal pads that can be used for both, except on children under 12 months.

Secondary schools with two or more defibrillators will be provided with an internal cabinet.

Schools are encouraged to place at least 1 AED in their sports facility, as physical activity is linked to an increased likelihood of cardiac arrest. Where the sports facility is used by the local community, this can help increase the availability of the defibrillator so that more people can benefit from it.

Location and access

In view of the importance of responding swiftly to a cardiac arrest, defibrillators should be located strategically to ensure that they can be accessed quickly in an emergency. Schools should ensure the location is highly visible and well signposted so that anyone who needs to take one to an incident can locate the defibrillator quickly and easily.

Schools may have, or decide to have, several defibrillators to ensure easy access from anywhere on the school premises. Devices should ideally be situated no further than a two-minute brisk walk from the areas where they are most likely to be needed.

All proposed defibrillator locations should be subject to a risk assessment considering:

- availability for timely deployment (including the likely time required to climb stairs, open doors, unlock a cabinet etc)
- health and safety risks (e.g., slip, trip and fall hazards)
- safety and security (e.g., is the area well-lit? Does the location render the defibrillator susceptible to tampering or vandalism and, if so, what measures would be proportionate to counter that risk?).

Schools should always ensure that all defibrillators are registered on The Circuit, <https://www.thecircuit.uk/> the national defibrillator network. This will ensure they are visible to local ambulance services and means someone can be directed to the defibrillator location.

Members of the community may ask to use your defibrillator in an emergency. The DfE encourages schools to make their defibrillator available in these circumstances, but this is a school decision. The school may wish to accompany their device.

Maintaining your defibrillator

Modern defibrillators undertake regular self-tests and, if a problem is detected, will indicate this by means of a warning sign or light on the machine. Schools should ensure that they have a procedure in place for defibrillators to be checked for such a warning on a regular (and no less frequently than weekly) basis, possibly by the First Aid Responsible Officer or other designated person, and record this compliance check on Atlas when a check has taken place.

Replacing consumables

Pads, safety razors, protective gloves and pocket masks need to be replaced after every incident.

Training

Defibrillators, as work equipment, are covered by the Provision and Use of Work Equipment Regulations 1998 (PUWER). As such, this places a duty on employers in respect of employee training and the provision of information and instructions in the use of such equipment. However, **defibrillators are designed to be used by someone without any specific training**, by following step-by-step instructions on the defibrillator at the time of use. It should therefore be sufficient for schools to provide a short general awareness briefing session to staff in order to meet their statutory obligations. Schools may want to use this opportunity to raise awareness of the defibrillator in the school and to promote its use should the need arise

The chain of survival

In the event of a cardiac arrest, defibrillation can help save lives. To be effective, it should be delivered as part of the chain of survival.

There are four links to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest.

They are:-

1. **Early recognition and call for help** – dial 999 to alert the emergency services. Place your phone on speaker so your hands are free. The emergency services operator can stay on the line and advise on giving CPR and using a defibrillator.
2. **Early CPR** – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform rescue breaths (also known as 'mouth to mouth'), they may still perform compression-only CPR.
3. **Early defibrillation** – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.

Anyone is capable of delivering stages 1 to 3 at the scene of the incident

4. **Early post-resuscitation care** – to stabilise the patient.

It is important to emphasise that life-saving interventions such as CPR and defibrillation stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first link in the chain of survival. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4).

Schools should also be aware that where a cardiac arrest occurs as a result of an accident or act of physical violence arising out of or in connection with work, this may constitute a reportable incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Reporting requirements will differ according to whether the individual suffering the cardiac arrest is an employee (e.g., a teacher or member of support staff) or a non-employee (e.g., a student, parent or visitor). Contact our competent person, Citation for more information

Developing an action plan

Schools should develop and implement a resuscitation action plan to facilitate a swift response to incidents of cardiac arrest. This might cover issues such as how to initiate the chain of survival and how to keep children away from the scene.

Purchasing a defibrillator

In view of the vital role that defibrillators can play in saving the lives of pupils, staff and other users of school premises, the Department for Education is providing state-funded schools in England with defibrillators, where existing provision is not already in place.

The Department for Education, working with NHS Supply Chain, has negotiated an arrangement for schools to purchase defibrillators at a reduced cost. . Current prices can be obtained by contacting Aero Healthcare Ltd directly on 01403 599209 or emailing d4s@aerohealthcare.co.uk

Cardiac arrest can affect people of any age and without warning. If this happens, swift action is vital, and you must call 999 immediately for an ambulance. While the ambulance crew are on their way, early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life

Appendix 1

First Aid Needs Assessment

Name of First Aid Responsible Officer:

Building name and address:

First – aid personnel	Required Yes/No	Minimum Number required
First aider with first aid at work certificate	Yes	Determined by the risk assessment. Minimum 1:25
First aider with emergency first aid at work certificate	Yes	
Paediatric First Aid at Work Certificate for Infants and Children	Yes	
Appointed person	No	N/A0
First aid equipment and facilities	Required Yes/No	Number required
First aid container British Standard BS 8599-1 covers the contents of workplace first aid kits, In BS 8599-1, the size of the first aid kit and contents are determined by the number of employees and the category of hazard.	Yes	
Additional equipment (Specify) Burns and scalds from contact with hot water, steam and hot surfaces, e.g. when preparing hot food and drinks. Musculoskeletal injuries and foot injuries from manual handling of office equipment and supplies. Sprains and fractures from slips, trips and falls on the same level. Cuts and punctures from using office equipment, e.g. scissors and guillotines. Head injuries due to objects falling from height, e.g. from shelves, collision with another person during contact sports Cuts, bruises and fractures due to individuals falling from height, e.g. using steps. Electrical injuries, such as shocks.	Yes	

<p>Skin and eye irritation from contact with hazardous substances, such as cleaning chemicals, chemicals used in Science.</p> <p>eyewash, moist wipes, microporous tape, face shields and alcohol sanitiser (for COVID-19).</p> <p>Academy Schools looking after children under five years old (e.g. nurseries), it will also need to comply with the Early Years Foundation Stage (EYFS) statutory framework, as well as the Health and Safety (First-Aid) Regulations 1981. The EYFS (3.50) states that "providers must ensure there is a first-aid box accessible at all times with appropriate content for use with small children".</p>		
Travelling first aid kits	Yes	
First aid room	No	

Other additional notes:

Maximum expected number of staff and visitors on site at any one time: 80

Maximum number of pupils expected to be on site at any one time: 570

Environment is medium hazard - particular attention to practical teaching areas and specifically PE.

List of first aid kits, type and locations:

First Aid room – Emergency grab bag and Travel kits.

Sports reception – Emergency grab bag.

Science Prep room – First aid kit.

DT Classroom - First aid kit.

Food Technology - First aid kit.

Administration of Medicines Including the Use of EpiPen's

Description

Many students will need to take medication, or be given it at some time in their academic life. For most learners, this will be for a short period to allow them to finish a course of antibiotics or apply a lotion.

In some cases, there may be a long term need for students to take medication. To allow students to take or be given medication minimises the disruption that could be caused by illness and allows their education to proceed at a steady rate alongside their peers.

Associated Hazards

- Unauthorised access to medicines
- Mal administration of medicines
- Medicines allergies

Trust's Responsibilities

The Headteacher will work in partnership with parents, students, Business Operation Managers and professionals to ensure that students who require medication during teaching time are able to receive it in a safe and secure environment that enables them to continue to make progress at throughout the day.

The Headteacher and Business Operation Managers will develop and implement a local policy for administration of prescribed medicines and will ensure that:

- Appropriate training is delivered to enable colleagues to support students with medical needs that involve the administration of prescribed medication
- The content of training will include all health and safety measures required as a result of a health and safety risk assessment
- Where prescribed medication is required that could involve a hazard to the administering member of colleagues, or to other students (e.g. use of hypodermic syringe), a specific risk assessment will be completed
- Information about a student's medical condition and related needs are only disseminated to those Colleagues who require to know in order to ensure the students well-being. Such information will only be passed on with the consent of parents
- Parents are encouraged to contact the Head Teacher if they feel that procedures need to be adapted to suit their child's specific needs
- The policy and guidelines are reviewed in line with local and national developments and relevant legislation.

Sources of further information

- Supporting pupils at school with medical conditions: statutory advice for governing bodies of maintained schools and proprietors of academies in England; publication ref. DFE-00393-2014 – <https://www.gov.uk/government/publications/supportingpupils-at-school-with-medical-conditions--3>
- Guidance on first aid in schools, early years and further education – <https://www.gov.uk/government/publications/first-aid-in-schools>