

# **West Kirby Primary School**

## **Health & Safety Management Arrangements for First Aid Provision**

### **Sept 2016**

#### **Management Guidance**

##### **Introduction**

First aid can save lives and prevent minor injuries becoming major ones. These arrangements provide guidance to managers with staff or premises responsibilities to ensure first aid provisions and sufficient cover is available at all times. These arrangements will reflect the HSE Approved Code of Practice L74 and comply with the Health and Safety (First Aid) Regulations 1981. The Council will provide information, instruction and training to ensure whenever employees require emergency medical attention that sufficient numbers of trained staff are available to provide first aid.

##### **First Aid Policy**

All school staff should be aware of and have read the document 'Guidance on First Aid for Schools' (February 2014). The most up to date/revised version is in a file in the first aid room. First aid training is made available for all members of staff.

##### **First Aid Boxes**

First Aid boxes can be located in:

- i. First Aid room
- ii. School Office
- iii. All KS1 & KS2 Classrooms
- iv. Foundation Stage Unit
- v. KS1 & KS2 Playgrounds – during all playtimes & lunchtime

For recommended contents of first aid boxes see APPENDIX G

##### **Qualified First Aiders are:**

Mrs Emma Green – KS1 Leader (Refresher training due July 2019)

Miss Rebecca Oxtan – LKS2 Teacher (Refresher training due November 2019)

Mr Mike Procter – UKS2 Teacher (Refresher training due April 2019)

##### **Paediatric First Aiders are:**

Mrs Cath Smith – FS Leader (Refresher training due September 2015)

Mrs Belinda Hope – FS Teaching Assistant (Refresher training due March 2016)

Mrs Emma Green – KS1 Teacher (Refresher training due July 2017)

Mrs Jan Billington – EYFS Teaching Assistant (Refresher Training due Dec 2019)

Miss Rachael Lancashire - EYFS Teaching Assistant (Refresher Training due Dec 2019)

##### **Automatic Emergency Defibrillator:**

The Defibrillator is mounted on the wall in the first aid room. The following 12 staff have been trained in its use.

Mrs Kate Takashima – Headteacher

Mrs Emma Bailey – Deputy Headteacher/KS2 Teacher

Mrs Belinda Hope – EYFS Teaching Assistant

Mr Mike Houghton – Caretaker

Miss Emma Liney – KS1 Teacher

Mrs Tracey McCann – KS2 Teacher

Miss Rebecca Oxtan – KS2 Teacher

Mrs Kate Ryan – Office Manager  
Mrs Cath Smith – EYFS Teacher  
Mrs Debbie Smith – KS2 Teaching Assistant  
Miss Sophie Steinmann – KS1 Teaching Assistant

### **First Aid**

Any child needing first aid is the responsibility of the member of staff working with that child. It is their duty to administer any treatment they deem necessary. In more serious situations, or for further advice, a qualified first aider should be contacted.

- **Playtime & Lunchtime** – A first aid box is to be kept in each playground during each playtime and lunchtime. A member of staff within each playground will deal with all minor injuries. In more serious situations, or for further advice, a qualified first aider should be contacted. All incidents should be recorded on the child's individual accident form (APPENDIX A)

### **Treatment**

- i. Disposable plastic gloves should be worn when dealing with wounds, particularly when dealing with nose bleeds.
- ii. Cuts and grazes can be cleaned using alcohol free antiseptic wipes.
- iii. Cuts and grazes can be covered using plasters. Check to ensure child is not allergic to plasters or has their own supply of plasters in school. Information can be found on each class's medical information sheet.
- iv. Minor bumped heads should have a 'cold pack' applied and a 'bumped head note' completed. Class teachers must be informed of the injury and the need to monitor for the rest of the day.
- v. Dental injuries of any kind should be reported to the parents/carers. They may be advised to attend their own dentist.
- vi. Serious injuries must be dealt with by a qualified first aider.
- vii. CPR – in the event of a child stopping breathing

All injuries occurring during the day should be monitored by the child's class teacher for the rest of the day.

Parents/carers should be informed directly where necessary.

Should a child's condition worsen or become more serious a qualified first aider must be contacted immediately. In the case of an emergency, or when the Head Teacher or qualified first aider consider that hospital treatment is required, an ambulance will be called.

Staff accidents or injuries must be reported to the line manager/Qualified First Aider/Head Teacher.

### **Transport to hospital**

In the case of an emergency, or when the Head Teacher or qualified first aider consider that hospital treatment is required an ambulance will be called.

Parents/carers must also be contacted at this point.

If, despite being fully appraised of the situation, the emergency service does not consider it necessary for transport by ambulance, but the school consider that further medical advice is required, the school should contact the pupil's next of kin. If the next of kin cannot be contacted and/or do not have access to own transport, the school can, **only** in these **exceptional** circumstances arrange to transport the injured person using their school staff transport.

Please note that that they must be accompanied by an additional responsible adult to support the injured person. A member of staff should stay with the injured child until their parents/guardians arrive at the hospital.

Only a member of staff with business insurance can drive a vehicle with a child in.

The school has designated members of staff with business insurance. All staff who are likely to use their own vehicles for business travel must have the appropriate business insurance, a valid MOT certificate (if required). It is the responsibility of the school's business manager to check and log these documents together with the individual's driving licence making note of any endorsements on an annual basis and maintain appropriate records.

### **First Aid away from school**

Small travel first aid kits must be carried by an appointed member of staff when taking a group of children out of school. All trips must include at least 1 member of staff who has current first aid training. All incidents/accidents will be recorded in accordance with Local Authority Guidance (WKPS Framework Health & Safety Policy)

### **Recording & Reporting Accidents & Injuries**

All accidents and injuries should be recorded on a child's individual accident form (APPENDIX A). Bumped heads will be reported to parents/carers using a 'bumped head note' (APPENDIX B).

An M13 (accident form) should be completed every time first aid-trained staff provides assistance to a casualty arising from the condition of the premises or the work they were undertaking. The name of the person giving first aid together with summary details of the treatment given should be recorded (APPENDIX C)

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Staff injuries to be recorded on individual staff record forms (APPENDIX D)

### **Analysis of Accidents – including Staff Accidents**

An analysis of accidents is carried out by the office staff and Teacher with responsibility for Health and Safety on a termly basis. The findings are then reported to the Head teacher and the governors. Any actions required will be identified and acted upon.

### **Medical conditions in school with prescribed medicines (Managing medicines)**

Staff must regularly check the expiry date on all prescribed medication kept in school. Before it expires a replacement must be requested from the parent/carer.

Teacher with responsibility for Health & Safety and First Aid (Emma Green) to check the expiry date of centrally stored prescribed medication (eg Antihistamine, Epi-pens)

If a child is required to take any form of medication that has been prescribed by their doctor, the parents/carers must complete a Form 3A - Parental agreement for school to administer medicine (APPENDIX E)

**Asthma** – Children should have clear access to their own inhalers at any time of day. Inhalers are kept in each classroom in an easily accessible place. All inhalers are marked with the child's name. A list of asthmatics is kept in each classroom and in the school office. A record of all inhaler use must be made in the appropriate classes red inhaler record book. Any child needing to use their inhaler in school will receive a

note to take home showing when they used their inhaler, and the dosage (Appendix H)

**Anaphylaxis** – This is an acute, severe allergic reaction to an allergen that requires immediate medical attention. Teaching staff have been trained in how to use an epi-pen. Epi-pens are currently kept in a locked First Aid cabinet in the school office. A risk assessment will be completed for nut allergies. Should a child experience a severe allergic reaction an ambulance must always be called and then the parents/carers informed.

**Eczema** – Children with eczema should not routinely need regular medication or cream in school. For severe cases of eczema or eczema flare-ups cream may need to be applied during the day to ease discomfort. Any cream brought into school must be kept in the school office and be accompanied by a completed form (Parental agreement for school to administer medicine).

### **Illness**

Should a child fall ill during the course of the school day they will be made as comfortable as possible by their responsible adult. Parents/carers/emergency contact adults will be contacted and asked to come to collect the child as soon as possible. If there is no-one available or contacts cannot be reached the child will be looked after in school. In the case of an emergency an ambulance will be called and school procedures will be followed.

### **Sickness**

Should a child be physically sick in school they will be made as comfortable as possible by their responsible adult, and cleaned up where necessary. Parents/carers/emergency contact adults will be contacted and asked to come to collect the child as soon as possible. If there is no-one available or contacts cannot be reached the child will be looked after in school. Following an episode of sickness the child should not return to school until 48 hours after the last episode of sickness.

### **Contagious Diseases**

If school suspect that a child is suffering from a contagious disease guidance from the Health Protection Agency will be followed (Guidance on Infection Control in Schools and other Child Care Settings). Parents/carers/emergency contact adults will be contacted and asked to come to collect the child as soon as possible. If there is no-one available or contacts cannot be reached the child will be looked after in school.

### **Disposal of Clinical Waste**

Clinical waste, including wipes, dressings, swabs or tissues used to clean wounds or clean up bodily fluids must be disposed of properly. One clinical waste bin is provided and kept in the men's toilet near the office.

### **Disposal of Nappy Waste**

Nappy waste and soiled paper is stored in yellow waste bins in Foundation Stage and the men's staff toilet (by the school office).

Children with on-going incontinence problems have in Individual Health care Plan – drawn up in consultation with parents by either Amy Thompson (School Nurse) or Emma Green (Health & Safety Leader).

### **Children who soil their clothing**

Children are encouraged to be as independent as possible while toileting. In the event of a toilet accident children are encouraged to remove any wet or soiled clothing themselves. An adult stays nearby by at all times to offer assistance, if requested or needed. When assisting a child the adult will always wear disposable gloves and place all waste in the yellow bin. Assistance might be required with the removal of wet or soiled clothing, or with cleaning a child. If a child is extremely dirty the adult will endeavour to clean them to the best of their ability, but then the parents will be informed and asked to come to school as soon as possible. If a child requires adult assistance in their toileting but declines the offer, a member of staff will call the parents/carers and ask them to come to school to clean their child. Parents are informed about all accidents via a note in a sealed envelope (APPENDIX F).

### **Head Teachers Responsibilities**

It is the responsibility of every manager to ensure:

- They assess the requirements for first aid trained staff within their team (see *appendix 2*) which should be identified from the risk assessments
- They assess the requirements for first aid supplies within their team via the risk assessment
- They consider short term and long term absence when assessing the need for first aid provision (*an additional 1 day appointed person may be sufficient*)
- They consider the first aid requirements of employees who work off-site or within the community
- They liaise with other managers in multi occupied Council buildings to determine the first aid requirements of the department

### **First Aid Trained Employee's Responsibilities**

It is the responsibility of all first aid trained employee's to ensure:

- An M13 is completed when an employee is injured in an accident/incident
- The relevant line manager is informed of any accident or incident so that an investigation can be conducted if necessary
- The first aid room (where available) is kept clean and is only used for its intended purpose
- There is sufficient first aid stock and it is within its 'use by date' (see *first aid checklist*)

### **First aid risk assessments**

Assessments for first aid provision should consider the following factors;

- Number of occupants within the premises, not just the department/section
- Are there any specific risks, e.g. working with hazardous substances, dangerous tools, machinery, dangerous animals
- Are there inexperienced workers on site, or employees with disabilities
- Are the premises spread out, e.g. are there several buildings on the site or multi-story building
- The history of accidents within the premises
- Hours of work – cover for shifts etc
- Availability of back up support available on site
- Foreseeable absence of first aid trained staff
- Mobile workers/Lone working/agile workers
- Are there parts of your establishment where different levels of risk can be identified
- Remoteness from emergency medical services

- Do any of your employees work at sites occupied by other employers
- Do members of the public visit your premises
- Periodic review of assessments.

### **Signage**

First Aid Notices should be on all Health & Safety notice boards and in communal areas e.g. reception, entrance hall, canteen etc. Notices should be easily recognisable and be green with white writing. They should provide the name of the First Aid staff and a contact telephone number. Contact Health, Safety and Resilience for information on notices.

### **Information**

In the departmental induction all new staff should be provided with information on how to obtain first aid assistance. This should include:

- General organisation of first aid in the department
- Where to find information on the nearest first aid trained staff
- Emergency telephone numbers
- Location of nearest first aid box
- Location of NHS walk in centres and access at all Council premises for lone workers

### **Links to other policies & arrangements**

These arrangements should be read in conjunction with;

- Council Health and safety policy, which identifies the roles and responsibilities of all employees and managers
- Health & Safety Management Arrangements for Accident and incident reporting and Investigation
- Arrangements for referral to Occupational Health Unit
- Health & Safety Management Arrangements for Risk Assessment
- Health & Safety Management Arrangements for Lone Working.

<b>Category of risk</b>	<b>Numbers employed at any location</b>	<b>Suggested number of first aid personnel</b>
<b><u>Lower risk</u></b>  E.g. Shops, offices and libraries, museums,	Fewer than 50	At least 1 appointed person and a deputy
	50 – 100	At least one first aider and a deputy
	More than 100	One additional first aider for every 100 employed
<b><u>Medium risk</u></b>  E.g. light engineering and assembly work, food processing, warehousing/ stores, print shops	Fewer than 20	At least one appointed person
	20 – 100	At least one first aider for every 50 employed
	More than 100	One additional first aider for every 100 employed
<b><u>Higher risk</u></b>  E.g. most construction sites/workshops, extensive work with dangerous machinery or sharp instruments, transport depots /yards	Fewer than 5	At least one appointed person
	5 – 50	At least one first aider
	More than 50	One additional first aider for every 50 employed

APPENDIX A (Pupil Accident Record)

**WEST KIRBY PRIMARY SCHOOL - PUPIL ACCIDENT RECORD**

Name of Pupil: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Unique Pupil No: \_\_\_\_\_

Form to be COMPLETED for ALL accidents and dangerous occurrences to pupil.

Date & time of Incident	Where did it occur? How did it happen? Details of any injury and any treatment given from first aid box	Hospital referral Yes/No	Parents Notified Yes/No	Form M13 Completed Yes/No	Any other comments	Signature & Date of person making report



APPENDIX B (Bumped head note)

Currently not in an electronic form

## APPENDIX C (M13 Form)

Currently not able to copy over from electronic form

APPENDIX D (Staff Accident Record Form)

**WEST KIRBY PRIMARY SCHOOL - STAFF ACCIDENT RECORD**

Name of Staff: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Employee No: \_\_\_\_\_

Form to be COMPLETED for ALL accidents and dangerous occurrences to staff.

Date & time of Incident	Where did it occur? How did it happen? Details of any injury and any treatment given from first aid box	Hospital referral Yes/No	NOK Notified Yes/No	Form M13 Completed Yes/No	Any other comments	Signature & Date of person making report

**APPENDIX E (Parental agreement for school to administer medicine)**

**Appendix 'A' Parental agreement for school to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting	
Full name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	
Daily care requirements (e.g. before sport/lunchtime)	
Describe what constitutes an emergency for the child, and action taken if this occurs	

**Medicine**

**Note: Medicines must be the original container as dispensed by the pharmacy**

Name/type of medicine (as described on the container)	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	
Dosage and method	
When to be given	
Any other instructions	
Timing	
Special precautions:	
Are there any side effects that the school/setting needs to know about?	
Self administration	
Procedures to take in an emergency	

**Contact Details**

Name	
Daytime telephone no.	
Mobile telephone no.	
Relationship to child	
Address	
Who is the person to be contacted in an emergency (state if different for offsite activities)	

Emergency telephone contact no.

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Name and phone no. Of GP

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I understand that I must deliver the medicine personally to

--

I accept that this is a service that the school/setting is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering medicine in accordance with the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of medication or if medication is stopped.

PRINT NAME \_\_\_\_\_

Signature(s) \_\_\_\_\_

DATE:

APPENDIX F (Toileting Incident Letter to parents/carers)

West Kirby Primary School

Date

Dear Parent

This is a courtesy letter to inform you that your child had a toileting accident today at school. The matter was dealt with swiftly and sensitively by..... in accordance with our Intimate Care Policy.  
Your child:

- was able to change themselves independently
- was changed with the assistance of the above named adult
- an additional member of staff was also present to provide assistance if needed

We have returned the clothing for washing. Please wash and return any items borrowed from the school at your earliest convenience. If you wish to discuss the matter further please see your child's class teacher.

## APPENDIX G

### **First Aid Box Checklist – Below are the minimum recommendations for a first aid box from the Health & Safety Executive**

Depending on the risk assessment, additional items can be included within the first aid box, but this should not include any medicines or drugs.

- First Aid Leaflet (Giving basic first aid advice)
- 20 Individually wrapped sterile adhesive dressings
- 2 Sterile eye pads
- 4 Triangular bandages
- 6 Safety pins
- 6 Medium sized sterile wound dressings (12cm x 12cm)
- 2 Large sized sterile wound dressings (18cm x 18cm)
- 1 Pair of disposable of gloves

First-aid kits for traveling/lone workers would typically contain:

- A leaflet giving general guidance on first aid (for example HSE leaflet)
- Basic advice on first aid at work
- Six individually wrapped sterile adhesive dressings
- One large sterile un-medicated dressing - approximately 18 cm x 18 cm
- Two triangular bandages
- Two safety pins
- Individually wrapped moist cleansing wipes
- One pair of disposable gloves

**Note: First aid supplies do have an expiry date. Ensure stocks are replenished. Old stock can be sent to The Health, Safety & Resilience team or taken to the local St Johns ambulance.**

### **First Aid Boxes**

Managers must carry out a risk assessment to decide what first aid items are required within the first aid box. For example, if you work in a kitchen, it's more likely you will suffer from burns or cuts; so put extra plasters or burn gels in the kit. The new British Standard recommends that individual first aid box contents are based on the risk assessment and therefore contents within boxes will differ from site to site.

The new British Standard has recommended the following changes:

#### **Notable key changes are:**

1. Increased numbers of gloves (traditional kits only had one pair) and all gloves should now be nitrile.
2. Treatment of lower limb injuries no longer includes immobilisation, so there is a reduction in triangular bandages.
3. The introduction of a new smaller dressing specifically for finger injuries that are too large for first aid plasters. Previously the smallest dressing was impractical for finger injuries.
4. Introduction of tape to secure bandages without the use of safety pins.
5. Introduction of modern wet gel type burns dressings and a conforming bandage to secure it.

6. Introduction of first aid shears, to cut clothing away from an injury site.
7. Introduction of an eye wash bottle into the travel kit, recognising that running water or fixed eye wash stations are unlikely to be available to workers travelling away from the workplace.
8. Introduction of a resuscitation device providing protection for first aiders providing rescue breaths during resuscitation.
9. The addition of a foil survival blanket as a means to keep a casualty warm, particularly in cases of shock.

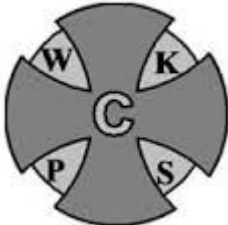


Dear Parents/Carers

We are informing you that your child

\_\_\_\_\_

used their inhaler in school today.



Date: \_\_\_\_\_

Time: \_\_\_\_\_

Dose: \_\_\_\_\_