

Policy H8 – First Aid and Medical Policy Academies Trust

Contents

1. Statement of purpose	2
2. Background	2
3. Roles and responsibilities	2
4. Developing a first aid system	3
5. First aid provision levels and training	3
5.1. Levels of first aid provision.....	3
5.2. Training and recertification	4
5.3. Selection of staff for first aid duties.....	5
5.4. Recommended scale of provision.....	5
5.5. Visitors, contractors and letting of premises.....	7
6. First aid equipment and facilities	7
6.1. First aid box.....	7
6.2. Adrenaline Auto-Injector devices (AAI).....	8
6.3. Automated External Defibrillators (AED)	8
6.4. First aid rooms.....	8
6.5. First aid notices.....	9
7. Procedure for medication and first aid	9
7.1. Administration of medicines to children	9
7.2. Procedure for unwell pupils/students	10
7.3. Procedure for first aid.....	10
7.4. Hygiene/infection control.....	10
7.5. Transporting injured pupils/students.....	11
7.6. Handing over the responsibility for an injured pupil/student to the parent.....	11
8. Record keeping	12
9. Policy status and review	12
Annex 1: Checklist for Training Provider Competency.....	13
Annex 2: Contents of first aid boxes in academies.....	15
Annex 3: Consent form: Use of emergency salbutamol inhaler.....	17
Annex 4: Letter to inform parents/carers of emergency salbutamol inhaler use.....	18
Annex 5: First Aid Measures in Academies	19
Annex 6: Procedure for Dealing with Dental Emergencies in Academies.....	21
Annex 7: Recognition and management of an allergic reaction/anaphylaxis.....	24

1. Statement of purpose

- 1.1 First aid is an important part of the University of Brighton Academies Trust's provision for health and safety. The purpose of this policy is to ensure that the procedures for dispensing first aid and medicines in each of the academies (and the trusts' central offices¹) are set out clearly in accordance with legislation and DfE advice.
- 1.2 This policy primarily relates to pupils/students with minor or short-term or one-off medical issues. Ongoing medical conditions are covered by a separate 'Supporting students and pupils with medical conditions' policy.

2. Background

- 2.1. Health and Safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises – i.e. pupils/students, the principal, teachers, support staff, and visitors (including contractors).
- 2.2. It is also accepted that some pupils/students may require medical treatment and/or medication during academy hours. After consultation and written agreement with parents and nominated staff, such treatment may be given, following the principles set out in this policy. It is not possible in most cases to determine precise requirements for first aid provision due to the wide nature of establishment types and activity. Each academy should assess its own requirements for first aid provision based on local needs and the minimum guidelines described in this document.
- 2.3. The purpose of first aid is twofold:
 - in cases where a person will need help from a medical practitioner or nurse, to give treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained
 - to treat minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse.
- 2.4. It is on this basis that facilities and arrangements for first aid should be provided in each academy.

3. Roles and responsibilities

- 3.1. The **Boards of Trustees** of the University of Brighton Academies Trust, as the employers, are ultimately responsible for all health and safety matters in the trust. The trusts' have responsibility for overseeing and monitoring the implementation of this policy, ensuring statutory requirements are fulfilled.
- 3.2. **Teachers'** conditions of employment do not include giving first aid, although some staff volunteer to undertake medical support and provide first aid. All staff are expected to aid pupils/students in emergencies and call for assistance, as part of their duty of care.
- 3.3. The **principal**² of each academy (or designated senior manager, in the case of the trusts' central offices) is responsible for putting this policy into practice, and for ensuring that all staff, pupils/students and parents/carers are aware of this policy, including the arrangements for first aid and medical treatment.
- 3.4. The principal must assess the level of risk associated with the activity and circumstances of the academy and determine the level of first aid provision which is suitable.
- 3.5. Many of the factors listed below will influence the principal's decision:
 - the distance of the academy from a casualty department

¹ This document primarily relates to first aid in the trusts' academies. Where relevant, similar principles are followed in the trusts' central offices. For ease of reference, the term 'academy' is used to describe the establishment

² For the purposes of this document, 'Principal' means Principal, Associate Principal, Heads of Academy, Executive Principal, Acting Principal or, in the case of the trusts' central offices, the designated senior manager

- type and level of risk of activities being undertaken (eg PE, DT and Science would be considered high risk activities)
- if an employee is isolated
- whether academy is split site and distance between the sites
- the size of the academy (*eg numbers of staff and students/pupils*)

3.6. The standards outlined in this document are minimum standards and it may be necessary to provide a greater standard of provision than minimum levels stated within. Advice is available from the trust's Estates and Facilities Management department on the implementation of this policy.

4. Developing a first aid system

4.1. An efficient system to deal with injuries in the establishment is of paramount importance. Consideration should be given to the following:

- first aiders should be appointed by the principal with a notification sent to the trusts' HR department. Amendment of contract letters will then be sent by HR, informing the first aider of their duties. These will then be signed by the employee with a copy to be retained on their personal file.
- procedures by which first aiders can be contacted in an emergency should be developed
- all persons in the academy should be made aware of who the first aiders are and how they can be contacted; this information should be displayed prominently around the premises.
- new employees, temporary employees, volunteers and students must be informed of emergency arrangements and procedures, as part of an induction process
- consideration should be given to how people will know which first aider is available on a particular day if this changes
- details of how to contact the emergency services, hospitals or GP should be recorded and communicated where necessary; this may include details of use of a particular telephone system
- siting of first aid boxes and equipment should be considered
- the establishment of a procedure for the treatment of minor first aid
- procedure and arrangements that will be required for visitors to the academy
- ensuring that first aiders are made aware of the academy's process for reporting incidents and accidents using the ESCC online reporting system.
- first aid procedures need to be considered in other emergency procedures, e.g. fire.

5. First aid provision levels and training

5.1. Levels of first aid provision

5.1.1. There are three main levels of first aid provision that can apply to a variety of establishments; however there are additional levels that may apply to specific environments for example nurseries. The levels of first aid provision that apply to trust and academy premises are:

<p>Appointed Person (AP)</p>	<p>Where an assessment identifies that a designated first-aider is not required, the minimum requirement is an AP.</p> <p>Role:</p> <ul style="list-style-type: none"> • Take charge of first aid arrangements, including looking after equipment and facilities • Take control of an emergency situation, eg calling the emergency services; sending a responsible person to open gates and direct an ambulance crew to the injured person if necessary; ensuring children and onlookers are kept away from the scene; obtaining details from the ambulance crew regarding where the injured person will be taken. <p>They do not provide first aid treatment or need to be first aid trained to fulfil their role. However where the AP has undertaken the Emergency First Aid at Work (EFAW) qualification, they may assume both roles.</p>
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Emergency First Aid at Work (EFAW)	<p>The 1 day EFAW certificate is generally suitable for low risk environments such as offices and shops.</p> <p>Role:</p> <ul style="list-style-type: none"> • Provide emergency first aid treatment only (eg resuscitation, control of bleeding, treatment of burns and unconscious casualties). • In the absence of an AP, take control of an emergency situation (see above) • in the absence of an AP, take charge of first aid arrangements, including looking after equipment and facilities <p>They have far less training than qualified first aiders and cannot, therefore, be considered as substitutes for first aiders.</p>
First Aid at Work (FAW)	<p>The 3 day FAW Certificate is generally suitable for medium to high risk environments such as educational establishments, manufacturing and construction.</p> <p>Role:</p> <ul style="list-style-type: none"> • Provide emergency first aid • Apply first aid treatment to a range of specific injuries and illnesses (eg diabetic emergency, heart attack, asthma attack and severe allergic reactions). • In the absence of an AP and/or an EFAW, take control of an emergency situation (see above) • in the absence of an AP and/or an EFAW, take charge of first aid arrangements, including looking after equipment and facilities
Paediatric First Aid (PFA)	<p>The PFA certificate is a requirement for all early years settings.</p> <p>Role:</p> <ul style="list-style-type: none"> • Respond efficiently to an ill or injured child or infant prior to the arrival of the emergency services.

5.2. Training and recertification

- 5.2.1. On successful completion of a FAW, EFAW or PFA courses, candidates are issued with a certificate valid for three years. They then need to undertake the relevant course as appropriate to obtain another three year certificate.
- 5.2.2. Every effort should be made to make sure that first aiders attend the relevant course within the three month period prior to the certificate expiry date. The new certificate will then take effect from the date of expiry. However, where it has not been possible to re-qualify in this three month period, there is a 28 day period of grace within which a *FAW recertification course* should be completed. **Please note that first aid cannot be administered beyond the date of expiry of the appropriate first aid certificate until the member of staff has re-qualified.**
- 5.2.3. Anyone re-qualifying within a period of certificate extension will have their new certificate dated from the expiry date of the previous one. Any first aider who is not able to complete a course up to a maximum of 28 days after the expiry date of their three year certificate, will need to undertake a full First Aid at Work or Emergency First Aider in the Workplace course, to obtain a valid certificate.
- 5.2.4. It is a requirement for newly qualified staff (with full and relevant level 2 or 3 childcare qualification completed on or after 30 June 2016) to hold a current Paediatric First Aid (PFA) or emergency PFA certificate in order to be included in the required staff: child ratios in an early years setting which must be completed within 3 months of starting employment. This is a requirement which applies to all children aged 0-5 with refresher training required every 3 years. In addition, early years

providers should display (or make available) staff PFA certificates or a list of staff with PFA training.

5.2.5. The Health and Safety Executive (HSE) strongly recommends that it is good practice for first aiders to complete annual 'refresher' courses during any three year FAW or EFAW certification period. Principals must ensure qualified first aiders attend these courses to help maintain their basic skills and keep up-to-date with any changes to first aid procedures.

5.2.6. First Aid training must only be delivered by organisations regulated by Ofqual. When selecting training provider, the following should be checked:

- the qualifications expected of trainers and assessors
- monitoring and quality assurance systems
- teaching and standards of first-aid practice
- syllabus content
- certification

5.2.7. The checklist in **annex 1** can be used to evaluate the competency of first-aid training providers.

5.3. Selection of staff for first aid duties

5.3.1. In seeking volunteers to be trained, principals should bear in mind a number of factors:

- reliability, disposition and communication skills
- aptitude and ability to absorb new knowledge and learn new skills
- ability to cope with stressful and physically demanding emergency procedures
- normal duties, as these will need to be left to go immediately and rapidly to an emergency.

5.3.2. If it proves difficult to find volunteers, consideration should be given to writing the task into job descriptions where appropriate. Principals are advised to seek advice from the trusts' HR Department before amending job descriptions.

5.3.3. Sports leads should be First Aid at Work qualified.

5.3.4. It is important that staff performing this role should have the responsibility formally recognised, in an amendment to their contracts, to ensure they receive fullest protection in terms of their employment rights.

5.3.5. Staff who undertake to become First Aid at Work qualified and who carry out first aid duties on a regular basis may, subject to principal approval, be paid an allowance from the local budgets. The principal should assess who is entitled to receive the allowance in recognition of their additional first aid duties.

5.3.6. The principal should confirm these details to the Trust's People department with details of the date from which the payment is to be made and a copy of the first aid certificate, which will ensure that the relevant record is amended and payment is arranged.

5.3.7. Emergency first aider at work, having lesser duties, are not eligible for an allowance.

5.3.8. All qualified members of staff taking on first aid duties will be afforded full protection under the trusts' Risk Protection Arrangements.

5.4. Recommended scale of provision

5.4.1. Principals are responsible for ensuring that there is a **sufficient number of first aid qualified staff** on site and supporting any off site activities.

5.4.2. **Every academy** shall have as a minimum one member of staff who is a trained first aider and two emergency first aiders in the workplace at all times.

Number of persons on academy site	Number of first aiders	Number of emergency first aiders in the workplace
Up to 100	1 (or 2 if persons include students with SEN)	2
101-349	2	2
350-999	3	3
1000 +	3	3

- 5.4.3. Every academy with **early years provision** must have at least one person who has a current paediatric first aid certificate on the premises and available at all times when children are present.
- 5.4.4. There should be at least one member of staff who is a trained first aider accompanying all **off site activities**. For off site activities involving **early years children** (ie those aged 0 – 5 years), there must be at least one person who has a current paediatric first aid certificate. Further information and guidance is contained in the trusts' Off-site Activities and Educational Visits Policy.
- 5.4.5. Additional trained staff may be required to ensure that suitable arrangements are in place in each academy to ensure that first aid of a sufficient standard can be administered. **Consideration should be given to the following when determining the scale of first aid provision:**
- trained staff should be available to administer first aid to employees, students and visitors at all reasonable times, if required
 - foreseeable absences should be considered in order to prevent no first aid staff being available
 - an emergency first aider in the workplace may provide emergency cover in exceptional circumstances³ but this is not an acceptable full-time alternative to a first aider
 - cover should be provided for staff who may leave the premises as part of their role if they are the first aider
 - staff appointed to be first aiders should be available to perform the task at all times of the working day when the academy is open: they must be able to leave their post immediately to attend the scene of an emergency.
 - it is preferable to avoid selecting members of staff with a heavy teaching commitment or staff who may not be present on site during part or all of the day
 - first aid cover should be spread across the main areas of activity of the academy
 - academies with students with learning difficulties or physical disabilities should have at least two first aiders regardless of numbers on site
- 5.4.6. **Special consideration** should be given in the following circumstances
- first aiders should be present on site during **out of hours activities** that occur before and after school eg breakfast club, detention and revision classes and sports clubs which are higher risk. The level of provision will depend on the level of risk of the activity; however, as a minimum an appointed person and a first aid box should be available. Where out of hours working is common it is advisable to supplement the minimum requirements for first aiders in order to cover these sessions.
 - **split sites** will need to consider the level of first aid provision in each site, taking into account the activities undertaken on the site, where the nearest first aider would be and how quickly assistance could be summoned and expected to attend
 - in accordance with 'The Amateur Swimming Association (ASA) Guidance for Schools', Academies which have their own **swimming pools** will need to extend their first aid cover to include supervisors of swimming. Responsible persons must be able to resuscitate at the poolside
 - for **off site activities**, the nature of the activity, the accessibility of a hospital, the provision of a mobile phone, any particular needs or conditions of students, the length of time spent off site and the result of risk assessments carried out prior to the activity. It is recommended that all off-site activities are accompanied by at least one supervising adult who holds a current qualification in first aid. Consideration should be given to adequate provision remaining within the academy when activities are taking place off-site. Please refer to the Off Site Activities and Educational Visits Policy.

³ Foreseeable absences such as planned leave or planned visits off site are not considered as exceptional circumstances

- **staff working alone** should have access to first aid equipment and know how to use it. Procedures, including methods of communication if an accident occurs, should be devised to be followed in the case of an emergency.
- adequate first aid provision should be available **events**, fetes, productions and entertainments and clubs.

5.5. Visitors, contractors and letting of premises

- 5.5.1. It is reasonable for the academy's first aid arrangements to include **visitors** who may be on the premises, eg parents.
- 5.5.2. Where a **contracting firm** is working on the site for a period of time, it is reasonable to expect that their employer has made arrangements for their first aid cover. This should be confirmed with the contractor or the member of technical services staff responsible for the contract during the pre-work liaison meetings. It would be reasonable, however, to provide first aid if required in an emergency.
- 5.5.3. First aid is an important consideration when **letting** academy premises. It is the decision of the principal whether first aid equipment will be provided. However, it is essential that the hirer has access to a telephone for use in an emergency and that the hirer is informed of its position and any instructions for its use. The arrangements for first aid are included in any conditions specified by the academy when hiring the premises and any contract agreed. These conditions are as follows:
- The Hirer is responsible for providing First Aid cover appropriate to the activity. The nominated person must be trained in First Aid to a suitable level.
 - The Hirer must have a method of contacting the emergency services, i.e. a mobile phone or ensure access to a landline phone is available.

6. First aid equipment and facilities

6.1. First aid box

- 6.1.1. The wide variety of establishments in terms of size, distribution of buildings and hazardous areas etc means that precise guidance in the numbers of first aid boxes required is not possible. Principals should take the following into account:
- all staff should be able to reach a first aid box within approximately 3 minutes at all times whilst they are on the premises
 - boxes should be located in or close to hazardous areas e.g. laboratories, gymnasias, workshops and food preparation areas. Where possible, it is recommended that the box be located near to hand washing facilities.
 - only authorised users should use first aid materials except in an emergency
 - containers should be made of a suitable material to protect contents from dirt, damp or dust. The container must be identified by means of a white cross on a green background in accordance with the Safety Signs and Signals Regulations 1996.
- 6.1.2. First aid boxes should:
- contain a sufficient quantity of first aid equipment and nothing else (the list of items which can be contained in first aid boxes is in **annex 2**)
 - contain only those items which first aiders have been trained to use.
 - have their content replenished as soon as they are used
 - be checked regularly to ensure sufficient materials are available for use and to ensure expiry dates are still current.
- 6.1.3. Travelling First Aid Kits should be available to all groups operating off site. In addition consideration should be given to the provision of first aid kits for sports fixtures held externally on academy premises e.g. football, Rugby and Hockey. A list of the items these kits should include is contained in **annex 2**.
- 6.1.4. Playground Packs: were introduced for use in the playground and can be developed in-house by academies. The packs are to be used for the treatment of minor first aid only. In the case of a more serious accident, a qualified first aider must be contacted. A list of the items these packs should

include is contained in **annex 2**.

6.1.5. A first aid box may contain an **emergency inhaler for asthma sufferers** and may be used by pupils who have been diagnosed as asthmatic by a medical doctor. If a first aid box contains an emergency inhaler it must also contain a list of those pupils who are noted as asthmatic at the academy. Parents/guardians must provide consent for their child to use the emergency inhaler (see **annex 3**), and must be notified in writing the day that the inhaler is used (see **annex 4**: Letter to inform parents of emergency salbutamol inhaler use)⁴.

6.2. **Adrenaline Auto-Injector devices (AAI)**

6.2.1 Academies are allowed to obtain, without a prescription, adrenaline auto-injector (AAI) devices, if they wish, for use in emergencies. This will be for any pupil who holds both medical authorisation and parental consent for an AAI to be administered. The AAI(s) can be used if the pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

6.2.2 If an academy decides to hold spare AAIs then these should be stored as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record.

6.2.3 If an academy has made the decision to keep spare AAIs on the premises then all First Aid trained staff must be familiar with, and follow, the guidance [Adrenaline Auto-injectors in schools](#), and be trained to use an AAI device.

6.3. **Automated External Defibrillators (AED)**

6.3.1. An AED is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest (heart has stopped beating). If this happens, quick action (in the form of early CPR and defibrillation) can help save lives. AEDs are easy and safe to use and academies may consider purchasing one as part of their first aid equipment. This decision would be based the academy's first aid risk assessment. If an academy installs an AED for general use they should notify the local NHS ambulance service of its location.

6.3.2. Further guidance on buying, installing and maintaining an AED is available [Automated External Defibrillators \(AEDs\) in Schools](#)

6.4. **First aid rooms**

6.4.1. Each academy must have a suitable room that can be used for medical treatment when required and for the care of pupils/students during academy hours. The room must contain a washbasin and be reasonably near to a WC. It does not need to be used solely for the purposes of first aid but must be readily available for use when required.

6.4.2. In relation to first aid rooms, academies should adhere to the following guidance:

- a first aider should be responsible for the room and its contents
- although the room may be used for multiple purposes, the room should be readily available at all times should there be a need to administer first aid

⁴ For further information see the Department of Health's *Guidance on the use of emergency salbutamol inhalers in schools* (March 2015).

- the room should be as near as possible to point of access for transport to hospital taking into account the layout and location of the establishment. The room should be large enough to hold a couch with enough space for people to work around it
- the room should have suitable facilities and equipment, have an impervious floor covering and be effectively ventilated, heated, well-lit and maintained. All surfaces should be easy to clean. The room should be cleaned each working day an effective arrangements made for the disposal of waste
- the room should be clearly identified as a first aid room with details of first aiders displayed
- where separate rooms are used for first aid purposes there should always be means by which a member of staff can summon help or assistance immediately.

6.5. First aid notices

- 6.5.1. First aid notices, indicating the location of the nearest first aid box, and a list of each academy's Appointed Person and First Aiders are prominently displayed throughout the Academy.

7. Procedure for medication and first aid

7.1. Administration of medicines to children

- 7.1.1. Medicines should only be administered at an academy when it would be detrimental to a child's health or school attendance not to do so. When administering medications to pupils/students academies must ensure the following:

Primary/infant academies

- In the trusts' primary academies, only prescription medicines will be administered. Prescriptions must have been issued by a doctor, nurse, dentist or pharmacist. However in *exceptional* circumstances an academy may administer non-prescription medication with written parental consent, when it would be detrimental to a child's health or school attendance not to do so e.g. where a pupil/student has a long term condition that is treated by non-prescription medication.
- Non-prescription medicines will not normally be administered to nursery children in the trust's academies. In *very exceptional* and *one off* circumstances, non-prescription medicines may be administered to nursery children with written parental consent. This will be entirely at the principal's discretion whose decision is final.
- Any non-prescription medicines must be in the original packaging, in date, and age appropriate. The parent must provide written confirmation of the dosages administered during the previous 24 hours, and that the child has used the medicine before with no adverse reactions.

Secondary academies

- In the Trust's secondary academies, non-prescription medicines (for example, paracetamol) can be administered if written permission is received from the student's parent/carer.
- The administering of pain relief is only carried out after checking what the maximum dosage is and when the previous dose was taken. Parents must be informed. NB – academies or staff members must not provide pain relief medication to pupils/students; they may administer pain relief provided by parents/carers only in accordance with the points above.
- Prescription and non-prescription medicines are only administered with written parental consent

All medicines

- Medicine containing aspirin is never administered unless prescribed by the student's GP
- All medicines brought to an academy for administration to pupils/students are: provided in the original container as dispensed by a pharmacist, in date, clearly labelled, with name of pupil/student, instructions for administration, dosage and time of medication. It should be noted that, in the event of an asthma attack, academies will instead follow [emergency advice](#) from Asthma UK and this course of action is reflected in the Individual Health Care Plan for the child.
- Medicines are handed to the first aid room on arrival at the academy, with the exception of inhalers. If the pupil/student is able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them
- If staff have medication in the academy, they are responsible for ensuring it is locked in a secure place
- All medicines are kept in the refrigerator or locked in the medical cabinet
- All medication given in the academy will be administered in the first aid room by authorised

trained staff only

- Staff members administering medication will record all medication given immediately, and in full, on the relevant academy recording system.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes must always be used for the disposal of needles and other sharps

7.2. Procedure for unwell pupils/students

- If a secondary academy student is unwell during a lesson s/he should be encouraged to wait until the next break before reporting to first aid staff
- Primary academy pupils are not expected to wait until the next break and should receive immediate attention if required
- Pupils/students who have to leave lessons due to illness must normally have a note from their class/subject teacher
- If a pupil/student is too unwell to remain in lessons, parents/carers will be contacted to take them home. This will normally be with the permission of a senior leader (in conjunction with a member of first aid staff) in the case of the trusts' primary academies, or a member of first aid staff, in the case of the trusts' secondary academies
- In cases where illness may warrant hospital treatment, staff will inform the parent/carer, escort the pupil/student and await the parent/carer's arrival
- When a pupil/student has attended the first aid room, the parent/carer will be informed by letter if the condition is constant or may need further treatment
- Pupils/students should not contact home themselves without prior permission from staff
- Early years children should not attend their academy until 48 hours after they have been administered antibiotics for the first time

7.3. Procedure for first aid

- If an accident occurs, resulting in injury, first aid staff should be notified immediately, via a pupil/student or member of staff
- First aid staff will perform emergency first aid
- In all cases of accident in the academy, accident forms should be completed by the attending medical staff and submitted using the ESCC online reporting system
- The principal should be notified of all pupils/students who require hospital treatment
- The member of staff administering first aid may allow the pupil receiving first aid to use the inhaler registered to the school if either the pupil has been diagnosed as suffering from asthma and has been prescribed an inhaler that is not present

7.4. Hygiene/infection control

7.4.1. The use of strict hygiene procedures will minimise the risk of contracting an infectious disease. It is the responsibility of the academy to ensure that they have suitable hygiene procedures in place, that first aiders and other responsible persons e.g. site and cleaning teams are familiar with:

- All staff should take precautions to avoid infection and must follow basic hygiene procedures. This is essential with regard to hand washing and cleaning equipment
- Those dealing with injuries should cover all cuts and/or abrasions before treatment is started
- Disposable gloves and aprons must be used
- Dressings and/or infected materials should be placed in a sealed plastic bag
- Needles and blades should be placed in a 'sharps' container and disposed of following health and safety guidelines. Containers are kept in the medical room
- First aiders and staff working in special educational needs facilities may wish to consider additional protection against the Hepatitis B virus, by obtaining a vaccination with this procedure and first aiders must ensure their Principal approves the expenditure before incurring costs. A receipt is needed to claim reimbursement from the academy
- Further information on first aid measures and contagious diseases in academies is contained in **annex 5**
- Academies should also take account of Public Health England's 'Guidance on Infection Control

7.5. Transporting injured pupils/students

7.5.1. Use of an ambulance

- (i) An ambulance should normally be called in the event of a serious injury/illness. However, if there is any doubt, staff should not hesitate to call an ambulance. The ambulance service is always ready to respond in these circumstances.
- (ii) Serious injuries include a suspected bone fracture, a probable injury to a joint; severe wounds with bleeding or shock or where the wound is grossly contaminated with dirt; burns and scalds, except for very small areas; head and eye injuries.
- (iii) The distinction between these groups cannot be clearly defined and injuries mentioned are only given as guides. The Principal must, therefore, decide on the appropriate action to be taken in each case.
- (iv) It is recommended that a member of staff accompany the student to hospital. This could be a suitably qualified and experienced member of support staff but in cases where emergency treatment of a student is required and the parents cannot be contacted (or on an academy visit, have not given their earlier consent), then the decision on authorising treatment remains with the a senior professional member of staff e.g. Principal. The member of staff should take a copy of all relevant contact details and addresses with them.

7.5.2. Use of a taxi

- (i) If a taxi is used, a member of staff must accompany a student. Use of a taxi would require only one member of staff. The taxi could be used in circumstances to take a student home where the parent/carer does not have transport or dental emergencies.

7.5.3. Use of a car belonging to a member of staff

- (i) Members of staff may use their car to take a student home, to a doctor or to hospital, provided they are authorised to do so and their insurance cover entitles the driver to use their car on academy business. A mileage allowance may be payable from the academy budget. Use of a car will require a second member of staff to care for the injured/ill student.

7.6. Handing over the responsibility for an injured pupil/student to the parent

- (i) Initially it is the Principal's responsibility to endeavour to contact the parent/carer of an injured student to make arrangements for the necessary treatment.
- (ii) If the parent/carer cannot be reached, it is the responsibility of the Principal to make appropriate arrangements and to contact the parent/carer at the earliest possible time. Until that has been done, the Trust, through the person of the Principal is responsible for the student. It should not be left to the hospital, doctor or police to notify the parent, although they may wish to do so as well as the Principal.
- (iii) The responsibility for deciding whether medical treatment, such as an operation is required must be a decision for the medical staff involved. However, if it has not been possible to contact the parent/carer, the medical staff may seek the consent of the teacher acting in loco parentis. Although there can be no hard and fast rules about the line that the teacher should take in this situation, it is extremely unlikely that a parent/carer would succeed in any legal action against a teacher who has consented to a student being treated.
- (iv) It occasionally happens that a student can be delivered to his/her parent/carer, but that the parent/carer is not in a position to seek immediate treatment. For example, a parent may have a

young baby whom they cannot leave and could be distressed if suddenly asked to cope on their own. Principals are, therefore asked to satisfy themselves that the parent/carer can take over the responsibility for the student before returning to the academy.

8. Record keeping

8.1. Records should be kept for the following:

- All first aid administered. This can be a book, a form or an online system and should include the following: name of person who had an accident, occupation, date of entry, date and time of accident, place and circumstances, type of injury - treatment given, ambulance/ hospital, parents informed, signed
- all accidents that occur on the premises (entered in the first aid book or the online Incident Reporting System)
- all medicines administered
- allergies that a person may have, eg plasters
- stock control (first aid boxes)
- COSHH assessments carried out for hazardous substances used for first aid (bleach)
- Details of staff who are first aid trained, including the type of qualification and certification dates

8.2. Records must be maintained and kept appropriately according to the Trust Retention Schedule. Such records may be useful for investigations and insurance claim purposes. Records will be audited during the annual Health and Safety Audit conducted by the Trust's Estates and Facilities Management team

8.3 Academies with Early Years Foundation Stage provision should also be aware of additional notification requirements:

- **Notifying parents**

The relevant staff member will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

- **Reporting to Ofsted and child protection agencies**

The relevant member of staff must notify the Trust Health & Safety Officer who will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident. The Trust Health & Safety Officer will also notify the relevant Local Authority's child protection agencies of any serious accident or injury to, or the death of, a pupil while in the academy's care.

9. Policy status and review

Written by:	Health & Safety Officer and HR Manager
Owner:	Director of Strategy
Status:	Approved
Approval date:	V2 = HAT BoD 9/3/17; UoBAT BoD = 22/3/17 V2a – Merger editorial changes 1 September 2017 V3 = R&A December 2017 V4 = Link to guidance for AED added 8/2/18 V5 = RAC 27-06-18 V6 = RAC (Chairs action) 25-08-2020 V6a = Minor procedural amendments only
Review Date:	By 2022/23
Summary of changes	V6a = Clarification added: <ul style="list-style-type: none"> • For procedure in the event of an asthma attack • That staff administering medication complete the academy recording system immediately without the requirement for pupil/student signature.

Annex 1: Checklist for Training Provider Competency

CHECK	YES	NO	NOTES
Trainers/assessors			
Do the trainers/assessors have a current FAW certificate or qualify for an exemption?			
Do the trainers/assessors have an appropriate training/assessing qualification?			
Quality assurance			
Is there a documented quality assurance plan designating an individual to take responsibility for quality assurance, including assessment of the performance of trainers/assessors at least annually?			
Does the designated person have a current FAW certificate or qualify for an exemption?			
Does the designated person have an assessing/verifying qualification?			
Is there a documented course evaluation procedure?			
Is there a documented complaints procedure?			
Teaching currently accepted first-aid practice			
Is FAW/EFAW taught in accordance with current guidelines on adult basic life support published by the Resuscitation Council (UK), and for other aspects of first aid, in accordance with current guidelines published by the Voluntary Aid Societies or other published guidelines that are supported by a responsible body of medical opinion?			
Training syllabus			
Does the course content adequately meet the needs of your workplace as indicated by your first-aid needs assessment?			
For FAW, does the syllabus include the topics listed in Appendix 1 and does the course include at least 18 training and assessment contact hours, over three days?			
For FAW requalification, does the syllabus include the topics listed in Appendix 1 and does the course last at least 12 training and assessment contact hours, over two days?			
For EFAW, does the syllabus include the topics listed in Appendix 2 and does the course last at least six training and assessment contact hours, over one day?			
For EFAW requalification, does the syllabus include the topics listed in Appendix 2 and does the course last at least six training and assessment contact hours, over one day?			
Certificates			

<p>Do the certificates issued to students assessed as competent contain the name of the training organisation, the title of the qualification (eg FAW or EFAW), reference to the Health and Safety (First-Aid) Regulations 1981, the date of issue and confirmation the certificate is valid for three years? (If training is neither FAW nor EFAW the certificate should also list the learning outcomes of the syllabus on which candidates have been assessed.)</p>			
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Annex 2: Contents of first aid boxes in academies

The below table shows the approved **standard list of First Aid supplies** for use in academy first aid boxes which may be made available to untrained staff and/or students. It complies with the recommendations made under the Health and Safety (First Aid) Regulations 1981. No other items should be included in the first aid boxes.

Item	Recommended Quantity
First aid guidance leaflet	1
Large dressing 18cm x 18cm, sterile, unboxed	2
Medium dressing 12cm x 12cm, sterile, unboxed	6
Burn relief dressing with adhesive fixing 3.5cm	3
Eye pad dressing with bandage sterile	3
Finger dressing with adhesive fixing 3.5cm	3
Singular use triangular bandage 90cm x 127cm	3
Conforming Bandage 7.5cm x 4m	2
Washproof assorted plasters	60
Foil blanket adult size	2

Soap and water and disposable drying materials should be provided for first aid purposes (paper towels or tissues, *not* cotton wool). Where soap and water are not available, individually wrapped moist cleansing wipes which are not impregnated with alcohol may be used. *The use of antiseptics is not necessary for first aid treatment of wounds.*

Note: It is recommended that Latex gloves including powder free are no longer used for first aid purposes. As an alternative, Nitrile gloves may be used.

The following table shows **additional first aid supplies** that are approved for use in academies. Items which are not included in this list should not be purchased without authorisation. *They may only be used on the authority of the academy's Appointed Person or First Aider and should be kept separate from the first aid box(es).*

Item	Recommended Quantity
Nitrile gloves (aprons and plastic bags should be available for first aiders to use)	9 pairs
Mouth to mouth resuscitation device with valve	1
Safety pins, assorted	12
Universal shears small 6"	1
Cleansing wipes individually wrapped	30
Microporus Tape 2.5cm x 5m (for use for children known to react to plasters)	1
Where mains tap water is not readily available for eye irrigation, sealed disposable containers of sterile water or saline solution for use as an eye wash (eye baths/eye cups/refillable containers may not be used for eye irrigation)	250ml

The contents of **travelling first aid kits** should be appropriate for the circumstances in which they are to be used. The following table shows the items that should be included:

Item	Recommended Quantity
First aid guidance	1
Large dressing 18cm x 18cm, sterile, unboxed	1
Medium dressing 12cm x 12cm, sterile, unboxed	2
Burn relief dressing 10cm x 10cm	1
Eye pad dressing with bandage sterile	1
Waterproof assorted plasters	10
Conforming bandage 7.5cm x 4m	1
Single use triangular bandage 90cm x 127cm	1

Mouth to mouth resuscitation device with valve	1
Safety pins, assorted	2
Microporus tape 2.5cm x 5m (for use for children known to react to plasters)	1
Cleansing wipes individually wrapped	4 pkt
Nitrile gloves	1 pair
Universal Shears small 6"	1

Playground packs are wearable and contain the following:

- brief instruction sheet
- disposable gloves
- pack of tissues
- polythene bag (for disposal of used material).

Supplementary Equipment

The equipment listed in the below table does not form part of the statutory first aid box but may be used by trained first aiders if required.

Blankets	It is recommended that wherever blankets are used they should be stored alongside first aid equipment in such a way as to keep them free from dust and damp
Gloves & Apron	Disposable plastic gloves and aprons should be provided near the first aid materials and should be properly stored and checked regularly to ensure they remain in good condition
Scissors	Where there is a possibility that clothing may need to be cut away, blunt-ended, stainless steel scissors should be kept (minimum length 12.70 cm)
Waste Disposal	Plastic disposable bags for soiled or used dressings should be provided. A first aider should be responsible for ensuring that waste is disposed of safely
Disinfectant	Household bleach is normally used by first aiders on surfaces where there have been spillages of blood and/or bodily fluids. The solution must be freshly diluted one part bleach plus nine parts water. Such solutions must not come into contact with the skin.

Annex 3: Consent form: Use of emergency salbutamol inhaler

Name of academy	
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1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed	
Date	
Parent / carer's name	
Child's name	
Class	
Parent / carer's address and contact details	
Telephone	
Email	

Annex 4: Letter to inform parents/carers of emergency salbutamol inhaler use

Name of academy	
Child's name	
Class	
Date	

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....(*give details*).....
A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

or

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.
[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Annex 5: First Aid Measures in Academies

Personal Hygiene

- Hand washing at appropriate times cannot be over emphasised for both children and staff. Hot and cold water, together with soap and disposable towels or hot air dryers should always be available. Old fashioned roller towels are unhygienic (and physically dangerous) and contra-indicated for use
- Students and all staff should be regularly and positively encouraged to cover minor cuts, open or weeping skin grazes, boils, etc, with waterproof or other suitable dressings
- Staff who routinely administer first aid to children, however minor, should at all times have breaks in their own skin covered with a waterproof dressing
- Face flannels, toothbrushes, towels and razors should never be shared and must be hung individually without touching.

Materials for Use in First Aid Procedures

- The academy will need to maintain an adequate supply of waterproof and other dressings
- Staff who administer first aid to children will need access to a supply of disposable vinyl gloves and aprons for use at all times when dealing with situations involving vomit, blood or other body fluids
- They should also have swift access to a small first aid kit containing a selection of clean dressings and pads, a pair of disposable gloves, a plastic apron, some clean disposable towels and a yellow plastic bag large enough to accept the used dressings and pads
- The basic disinfectant for use on work surfaces where there have been spillages of blood and/or other bodily fluids is household bleach *freshly* diluted one part bleach plus nine parts cold water. *Such solutions must not come into contact with the skin.* Bleach can corrode metal and burn holes in fabric if used for too long or in the wrong concentration and must never be used on the skin. Alternatively, spill kits can be purchased for this use. Please contact the Trust's Health and Safety Officer for further information.
- The basic material for mopping up spillages of blood and other bodily fluids is disposable paper towels. Discard fluid contaminated material together with your disposable gloves into a plastic bag - seal and secure the bag and dispose according to local guidance. Where small quantities are involved, soft toilet tissue is appropriate as it is easily flushed down the toilet. Gloves must be worn at all times when dealing with any of the above.

Accidents involving external bleeding

- Normal first aid procedures should be followed and should include the use of disposable gloves and where possible apron for dealing with any injury to any child
- For minor wounds where possible, wash the wound immediately and rinse copiously with water. Apply a suitable dressing and pad if needed
- For extensive, open wounds apply firm pressure and seek medical advice
- Splashes of blood on skin should be washed off immediately with soap and water
- Splashes of blood into the eyes and mouth should be washed out immediately with water and medical advice should be sought
- Soak up all blood/vomit using paper towels and disposable gloves; these are disposed of in a yellow clinical waste bag
- Wash surface with household detergent and rinse
- Disinfect surface using 1 part bleach to 9 parts water. Disposable gloves and aprons should be worn
- Small quantities of soiled but disinfected paper may be flushed down the toilet where this will not cause a blockage. Larger quantities, together with the disposable gloves, apron and pads should be placed in a plastic bag, sealed, placed in a second bag and sealed then disposed of with normal refuse. Academies with consistently large quantities of first aid waste should consider disposal via a yellow bag (clinical waste) system. The service is available at a small cost through local refuse collection and waste disposal services
- Normal mouth to mouth resuscitation should be carried out when required by trained personnel
- Report in the accident book any puncture wound caused by a sharp instrument contaminated by another person's blood as well as biting. Encourage any such wounds to bleed freely if possible under running water before applying a dressing. Medical advice should be sought
- Clothes and linen that are stained with blood should be washed in a washing machine on the hottest wash for that material.

These measures have been agreed by the health authorities as being effective against infectious diseases including HIV and Hepatitis B. They should be drawn to the attention of teaching staff, ancillary staff and all those working in the academy. They should be applied in all cases involving adults as well as children.

Note: Care should be taken when using bleach on soft furnishings and carpets as it will remove some colour and stain.

Notifiable Infectious Diseases

Academies should also take account of the Public Health Guidance on Infection Control in Schools and other Childcare Settings. Specifically, certain infectious diseases are notifiable and must be reported to the Public Health England (PHE) via the local PHE Centre. The trusts' the local PHE Centre is:

The Surrey and Sussex Health Protection Team
County Hall
Chart Way
Horsham
RH12 1XA

Tel. 0344 225 3861 (select option 1 & then option 2).

If an Academy has been informed by a parent/carer that their child has an infectious disease and/or the academy suspects there might be an outbreak, in the first instance they must contact the local PHE Centre who will advise how to proceed. So as not to cause undue alarm academies should not issue any formal notification to parents/carers until the PHE Centre has established that a suspected case /outbreak of infectious disease is genuine ie confirmed by a GP. Once confirmed the PHE Centre will (if necessary) provide academies with appropriate text or in some situations a template letter to be sent to parents.

Please note that cases of infectious disease are not required to be recorded on the trusts' online incident reporting system. Academies are required to record such cases on the pupil/student absence records.

Annex 6: Procedure for Dealing with Dental Emergencies in Academies

Dental emergencies are likely to fall into two categories:

- the child who attends the academy with dental pain or sepsis, or develops either of these during the time s/he is at the academy
- injuries to the teeth and mouth which occur during academy hours.

Where a child attends academy with dental pain or sepsis, headteachers should firstly endeavour to contact parents or guardians to establish whether they have taken, or will be taking, appropriate action. The Community Dental Service will always try to help a child who is a dental emergency, but it should be noted that treatment is not normally possible unless parental consent has been obtained. If headteachers are unable to contact parents, or would like advice on a particular dental condition, then they should contact the relevant District Dental Officer or the NHS Helpline by dialing 111.

In cases of dental accident at the academy such as teeth being fractured or knocked out, headteachers should again endeavour to contact parents to ascertain whether there is a family dentist a child can attend. If it is not possible to contact parents, or if headteachers wish to obtain advice on how best to proceed, they should ring the District Dental Officer or the NHS Helpline by dialing 111.

In any cases where teeth are fractured, every effort should be made to find missing teeth or parts of teeth. On no account should anyone attempt to put back in a child's mouth a tooth or part of a tooth. These should be stored immediately in fresh milk or water and taken quickly to the dentist for professional advice.

Contact details:

NHS Helpline - 111

East Sussex – 01323 440022

Crawley area – 01293 518541

Haywards Heath area – 01444 440695

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:




- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector* without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.