



Co-op Academy Oakwood

First Aid Policy

1. Statement of Intent

The Governors and Headteacher of Co-op Academy Oakwood accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school.

The Governors are committed to the authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

The provision of First Aid within the school will be in accordance with the Authority's guidance on First Aid in school.

2. Principles and Practice of First Aid

First Aid is the skilled application of accepted principles of treatment on the occurrence of any injury or sudden illness, using facilities or materials available at the time. It is the approved method of treating a casualty until placed, if necessary, in the care of a doctor or removed to the hospital. First Aid treatment is given to a casualty to preserve life, to prevent the condition worsening and to promote recovery.

Information sharing is an essential part of effective First Aid – both preventative and responsive – and all staff are expected to share relevant information with colleagues, for example in preparation for transition or following an incident/accident during the school day.

Care Plans, with a photograph of the child attached, will be posted in the Staff Room in a position visible to all staff. It is everyone's responsibility to take note and seek out advice from the First Aider for any conditions about which they may have limited knowledge or for which they may be the first responder, such as epilepsy.

It is essential that information on accidents is shared with parents and carers, with advice being provided in Appendix 1. Where doubt exists, the practice is to act cautiously and inform the parent /carer.

In all situations, staff are reminded of the need for confidentiality.

3. First Aid Arrangements (See Appendix1)

An accident must always be reported to a First Aider.

3.1 Trained and Qualified First Aiders

- a) Trained and qualified First aiders are those members of staff who have attended a course of training on first aid (i.e. First Aid at Work or a refresher course) and have a valid current first aid certificate issued by an organisation approved by the Health and Safety Executive under the Health and Safety (First Aid) regulations 1981.



- b) The First Aid certificate is valid for three years and has to be updated using a refresher course.

The duties of the trained and qualified first aiders are:

- To assess the situation where there is an injured or ill person
- To give immediate, appropriate treatment bearing in mind that a casualty may have more than one injury and that some casualties will require more urgent attention.
- Arrange, without delay, for the casualty to be transported to a doctor, hospital or home, according to the seriousness of the condition. The first aider's responsibility ends when the casualty is handed to the care of the doctor, a nurse or other appropriate person. The first aider should not leave the incident scene until they have reported to whoever takes charge and have ascertained whether they could be of any further help.
- Ensure that there is an adequate supply of all the prescribed materials in the first aid boxes and kits and that the contents of first aid boxes and that kits are replenished after use, and the items are not used after the expiry date which is shown on the packets.
- Complete the Accident Report Folder and reporting any 'Reportable Incident' (RIDDOR) using the appropriate Trust forms. It is the responsibility of the most senior member of staff to ensure that the Trust (Deputy Director) is advised in the event of a Reportable Incident.

The treatment of minor illnesses such as the administration of tablets and/or medicines falls outside the definition of first aid. (Guidelines on the administration of medicines are provided for parents on the school website).

The names of the trained and qualified first aiders who should be contacted immediately should an accident/incident occur, are recorded in Appendix 2.

Also, listed in Appendix 2, are the staff who have had Paediatric First Aid training, training in the use of inhalers and epi-pen training.

3.2 Risk Assessments, First Aid Boxes, Travelling First Aid Kits and other Supplementary Equipment

It is the responsibility of the class teacher to monitor and assess the risk of his/her classroom environment and the impact on teaching activities or vice versa. It is accepted that this will, and should, be a dynamic process. All such risk assessments must consider the availability of medical support and materials.

Attention is specifically drawn to subjects and occurrences which increase the level of risk to staff or pupils, such as PE, trips away from school, significant weather events which may increase risk to all pupils, or some with specific conditions such as Asthma.

The location of first aid boxes, travelling first aid kits and other supplementary equipment are as follows:

- a) First Aid Boxes - in each classroom.
- b) First Aid Kits for off site visits are available from the School Office.



3.3 School Visits

The first aid requirements and procedures for calling for help or skilled assistance in the event of an accident or other emergency will be laid down when school visits are being planned. Travelling first aid kits will be provided for all school visits and are available from the Office. First Aid provision must be available at all times while people are on school premises and also off the premises whilst on school visits. Any trip involving a child who carries an Epi-pen must be accompanied by a member of staff trained in administering an Epi-pen. First aiders will be identified when planning the visit on the EVOLVE system.

3.4 Out of Hours use of School Premises

The level of first aid cover, first aid equipment and access to a telephone is in line with that required when the school is in use.

3.5 Contact with the Ambulance:

If an ambulance is required:

- Dial 999 or the emergency number shown on the number label
- Tell the operator that you want the Ambulance Service
- Give the telephone number shown on the phone
- Wait for the Ambulance Service to answer
- Give the address where help is needed
- Give any other necessary information.

3.6 Medical area within school

There will be a temporary designated 'medical space' provided next to the main office which has access to a sink, can provide a quiet, comfortable area for someone to lie down and is close to a toilet.

4. Transport to hospital or home.

The Headteacher will determine what is a reasonable and sensible action to take in each case.

- Where the injury is an emergency an ambulance will be called (see below) following which the parent will be called.
- Where hospital treatment is required but it is not an emergency, then the Head teacher will contact the parents for them to take over responsibility for the child.
- If the parents cannot be contacted then the Head teacher may decide to transport the pupil to hospital

Where the Head teacher makes arrangements for transporting a child then the following points will be observed:

- Only staff cars insured to cover such transportation will be used.
- No individual member of staff should be alone with a pupil in a vehicle.
- The second member of staff will be present to provide supervision for the injured pupil.



5. Headlice

Transmission of lice within the classroom can be a common occurrence. When it does occur, it is usually from a 'best friend' as lice are only transmitted by direct, prolonged, head-to-head contact. When a case of headlice is detected, a letter is sent out to parents in the particular class giving treatment advice. If the problem persists parents will be notified by telephone with the option of a visit from the School Nurse.

6. Pupil accidents involving their head.

The Governing Body recognises that accidents involving the pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time.

- Where emergency treatment is not required, a 'Bumped Head' letter will be sent home to the child's parents or guardians
- 'Bumped Head' letters are kept in the classroom First Aid boxes or in the office.

7. Accidents Involving Bodily Fluids

While the First Aider will normally deal with accidents and the subsequent care for an injured person and, as such will always use barrier gloves, all staff are instructed to wear barrier gloves when dealing with an accident involving the release of bodily fluids. The school holds both latex and non-latex gloves. Non-latex gloves should be used unless you are sure that you do not have an allergy to latex.

Where there is a spillage of bodily fluids, then specialist assistance should be sought (normally the Site Supervisor) and children removed from the vicinity of the spillage until cleansed.

Contaminated dressings, cleaning wipes and any specialist medical equipment associated with a specific medical condition, such as needles for the control of diabetes, must be placed in the appropriate **yellow** receptacle for safe disposal and **must not** be placed in 'normal' waste bins.



Appendix 1

Accident – Grades

Grade	Signs	Outcomes
4	Suspected break of limb. Large open wound where blood loss is significant, continuous and/or likely to require more than one or two stitches or glue.	Ambulance & contact parents directly to advise. Accident forms to be completed.
3	Bump where there are signs of a larger 'egg' type bump on any part of the head or there is an indication of immediate swelling and bruising. Any signs of concussion. Open wound where there is any concern about applying a protective covering or blood loss continues despite immediate treatment. Sickness or vomiting as a result of an incident.	Parents contacted by telephone and asked to attend to assess situation for themselves or collect the child, possibly to attend A&E or GP. If in doubt, child taken to A&E by school staff and parent informed. Accident forms to be completed.
2	Bump where there are any signs of discolouration which continues after half an hour, or which becomes discoloured but not swollen after a period of time. Cut or abrasion which requires the First Aider to apply a dressing.	Text notification to parents that child has had a minor accident that has been addressed in school. Follow up call after 30 minutes if injury enters Stage 3.
1	Head bump with no major marking or swelling. Superficial grazes which do not require dressing	FS/KS1 – Bump sticker and letter given directly to collecting adult, by teacher. KS2 – Bump note via child.

- It is the responsibility of the school employee who deals with the incident to ensure that it is reported to a named first aider, Michael Vaughan and the appropriate Class Teacher at the earliest, safe opportunity.
- Currently, 'Named' First Aiders are: Christine Cole and Tracey Hosty.



Appendix 2 Training Log – First Aid

Green – Early Years First Aid

Blue – LEVEL 2 First Aid

Red – First Aid at work (Annual Top up or 2 days refresher every 3 years)

Co-op Academy Oakwood - First Aid Training Log			
Name	Qualification	Received	Renewal Date
Holly Beastall	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
Kester Bennett	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
Claire Brennan	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
	12-hour Pediatric First Aid	Sep-17	Sep-20
Ann-Marie Burling	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
Christine Cole	First Aid at Work	Mar-16	Mar-19
Lisa Cole	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
Amanda Crossley	12-hour Pediatric First Aid	Sep-17	Sep-20
Kirsty Dunhill	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
Tina Emerson	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
	12-hour Pediatric First Aid	Sep-17	Sep-20
Marianne Francey	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
	12-hour Pediatric First Aid	Sep-17	Sep-20
Eileen Gilmartin	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
Bev Holmes	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
	12-hour Pediatric First Aid	Sep-17	Sep-20
Tracey Hosty	First Aid at Work	Mar-16	Mar-19
Michael Hunter	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
Mamoona Khalil	12-hour Pediatric First Aid	Sep '17	Sep-20
Paige Lister	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
	12-hour Pediatric First Aid	Sep-17	Sep-20
Linda Mclean	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
Michael Morrison	12-hour Pediatric First Aid	Sep '17	Sep-20
Angela Moscrop	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
	12-hour Pediatric First Aid	Sep-17	Sep-20
Susan Newsome	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
Rachel Ondova	12-hour Pediatric First Aid	Sep '17	Sep-20
Lesley Price	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
Satveer Rathour	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
Leanne Roberts	12-hour Pediatric First Aid	Sep '17	Sep-20
Julie Shortall	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
	12-hour Pediatric First Aid	Sep-17	Sep-20
Tarnya Skey	First Aid at Work	Jul-16	Jul-19
	Schools First Aid (St John Ambulance)	Oct-18	Oct-21
Nicola Ward	12-hour Pediatric First Aid	Sep-17	Sep-20
Lynne Wasytkiw	Schools First Aid (St John Ambulance)	Oct-18	Oct-21