

<b>Local Procedure Title</b>	<b>First Aid</b>
<b>Service</b>	<b>Aspris Queenswood School</b>
<b>ACS Policy number and title</b>	<b>AH&amp;S15</b>
<b>Local Procedure template reference</b>	<b>ACS LP 15 v01</b>
<b>Local Procedure date</b>	05/06/2024
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<b>Local Procedure Author(s)</b>	Robert Coles
<b>Local Procedure Ratification</b>	Checked and Approved by:

<p><b>1. Purpose</b></p> <p>To ensure all staff understand the school's approach to first aid.</p>
<p><b>2. Aims</b></p> <p>To ensure children and young people, colleagues and visitors will be treated for injury or sudden illness promptly and safely until, where necessary, being placed in the care of a professional or transferred to hospital.</p> <p>To ensure that there are adequately trained staff at the Queenswood School in emergency first aid at work (EFAW).</p> <p>To ensure the correct equipment is available and it is fit for use and in date.</p>
<p><b>3. Objectives</b></p> <ul style="list-style-type: none"> <li>• This Policy applies to all staff who work with children, young adults and staff.</li> <li>• To ensure that there is clear guidance for all staff on expectations accompanying their role in relation to administering first aid.</li> <li>• To ensure staff are aware of the first aid systems in place.</li> <li>• Each first aid trained person is aware of the location of the first aid room, first aid boxes and be knowledgeable of the content of the boxes.</li> <li>• To demonstrate Aspris' commitment to the safety of its users, staff and visitors.</li> <li>• To demonstrate that Queenswood fulfils its legislative requirements in relation to staff being first aid trained.</li> </ul>
<p><b>4. Responsibilities</b></p> <p>The Site Lead (Head Teacher) is responsible for:</p> <p>Ensuring that sufficient trained first aiders and first aid equipment is available to meet local needs and that all colleagues are made aware of the local first aid arrangements.</p>

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All colleagues for whom they have responsibility know how to obtain first aid assistance for both children and young people and colleagues, how to call a first aider and the location of any first aid and emergency equipment

Any special first aid requirements within their area of responsibility (e.g. for specific chemical or biological hazards) are identified and adequate first aid arrangements are put in place (including the provision of appropriate and adequately maintained and sited specialist equipment)

Where special hazards are identified, their colleagues are made aware of the local procedures and equipment for dealing with them.

**First Aiders** and doctors and nurses who have accepted an appointment to provide first aid, are responsible for:

Providing immediate first aid assistance, as required within their level of competency

Attending any training arranged to maintain their competency/registration

Raising any concerns about their level of knowledge and training, in relation to their ability to undertake first aid duties for which they have been appointed

Ensuring that any first aid containers/supplies for which they have been allocated responsibility, are adequately stocked and maintained

Completing relevant records of treatment (e.g. logged on MIS-Engage) after first aid has been administered and, where relevant, ensuring that accident reporting procedures have been followed

### 5. First Aid Boxes

- Location of first aid boxes – main administration/reception blocks, first aid rooms, staff-based offices in each area of the school, kitchens and specialist subject classrooms. Each school vehicle will each have a first aid box located in the glove box (or other appropriate location such as the boot) for any offsite provisions or visits.
- First Aid boxes will be checked for suitability, dates, and stock regularly. Stock records are kept by staff and replenished as required.
- Each box will contain an inventory to ensure standards are followed.
- Any medication or tablets are kept securely in the medicine cabinet in the designated admin/reception block and/or first aid room as appropriate.

### 6. Exposure to Bodily Fluids

For any staff member that has been exposed to bodily fluids such as blood regardless of if they are wearing gloves, they should wash hands as soon as is practicable. If any fluids enter the eyes, nose

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or mouth, then these areas should be flushed with water. The provision of spill kits should be easily accessible to clean up bodily fluids, which should be appropriately disposed of in the site clinical waste bins.

Where pupils are known to have harmful infections and/or viruses such as Hepatitis B/C, the staff will be supported to ensure that they have appropriate vaccinations.

### **7. Overall Responsibility**

- The responsibility for overseeing all first aid requirements is given to the Health and Safety Co-ordinator (Site Lead). They will then be supported by a suitable first aid co-ordinator from the Education Staff (Administrator).
- First Aid sits under the Health and Safety (first aid) regulations 1981.

Pupils who show signs of illness or injury or complain of sickness will be assessed by the staff member they are with. Dependent upon the severity of the situation the following procedures should take place. They should be initially offered time out in the fresh air, drink of water etc. If they continue to feel unwell, the Parents or Carers of pupils who continue to feel unwell should be contacted. In the event a pupil is required to return home, the school will ensure that they will have appropriate supervision on their return.

Depending on the situation, a pupil will wait in the main administration building and/or the First Aid room as appropriate whilst being accompanied by a member of school staff until their taxi or parent/carer arrives. In the circumstance there is a shared taxi and/or a parent is unable to collect, school may be able to provide transport.

Parents or Carers who send their children to school with contagious illnesses, i.e. conjunctivitis, impetigo, will be contacted and a request will be made for the pupils to be collected until the illness has cleared, based on an assessment of risk.

### **8. Role of the First Aider**

Assess the situation, what has happened, count the casualties, look for history, signs and symptoms.

First Aid is defined as the initial help given to a sick or injured person until full medical treatment is available if required

Protect self and group from danger by assessing for further danger. A first aider must protect themselves first then others.

A first aider must call for help if needed, this includes members of the public, colleagues, and emergency services.

Prioritise treatment by treating the most urgent thing first, making a dynamic risk assessment and prioritising using the ABCD guidance. Airways, Breathing and Circulation and Disfigurement

First aiders must minimise infection risk by washing hands, wearing gloves, covering own cuts, dispose of clinical waste within the on-site clinical waste bins and use sterile, undamaged, in-date dressing.

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A primary survey will be completed by the trained first aider of the person needing assistance includes Danger, Response, Airways, Breathing and Circulation and Disfigurement. A secondary survey will include the first aider looking for signs and symptoms, allergies, medication, past medical history, last meal, and event history. When a situation is assessed and additional support is required, it is important for staff to summon a first aider. If the situation requires more support than simply First Aid and/or we are required to ensure the safety of a child/ colleague, then the emergency services must be contacted on 999 / 112. Examples of this will include:

- The casualty's situation is life threatening
- Moving the casualty could cause further harm or injury
- The casualty will likely require the skill or paramedics and/or other suitably qualified medical practitioners
- Driving a casualty to a hospital would cause a significant delay in seeking further medical help
- You are not sure what to do when a casualty is in danger

When resuscitating follows the primary survey, look, listen and feel for normal breathing. Give 30 chest compressions and 2 rescue breaths. This process is repeated until medical help arrives to take over, the person starts breathing or the first aider becomes exhausted. (5 initial breaths for a child)

If a defibrillator (AED) is available, use and follow its instructions. **AED located in Callows main reception block corridor and in Yarkhill Zone 2 Careers Office (both locations are centre points to each site).**

In the event of a casualty choking, the first aider will instruct the person choking to cough, if this is unsuccessful then 5 back blows are delivered (checking each time if the blockage has been released). If this is unsuccessful then the first aider is to deliver 5 abdominal thrusts. Repeat steps 2 and 3. After administering abdominal thrusts medical support should be sourced.

### **Safeguarding Procedures:**

If possible, the first aider should administer first aid in the presence of a witness (preferably another member of staff). Staff present should be recorded in the accident/incident form.

### **Incident reporting :**

All accidents at work must be recorded on MIS-Engage. This includes all accidents that the young people/pupils/staff have had.

Accidents may need reporting to RIDDOR. The person in control of the building will follow the regulations instructions and contact [HealthandSafety@aspris.com](mailto:HealthandSafety@aspris.com).

Accidents should be reported to parents/carers in a timely fashion with a phone call in the first instance. If unreachable by telephone a message should be left advising to return a call to school.

## **9. Administration of Medicines**

The administration of medicines and creams are done by trained employees. All medication is kept in a locked Bristol Maid cabinet. Records will be kept when administering them.

They will be dispensed by a trained member of staff and recorded using MAR sheets.

## **10. Staff Training**

### **Emergency First Aid at Work (EFAW 6hrs) – Course Outline**

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- Introduction
- Priorities of Treatment
- Scene Assessment
- Primary Survey
- CPR
- Insight into AED
- Unconscious Casualty & Seizures
- Choking
- Wounds and Bleeding
- Seizures
- First Aid Box & Record Keeping
- Scenarios and Skill Consolidation
- Course Completion

Although we can cover the entire site with a minimal amount of first aiders (fewer than 50 employees – at least one person trained to EFAW per shift, including absence cover) as a school, EFAW is a mandatory training requirement for all staff. Where new staff starters join, we look to encourage this training as soon as is feasibly possible.

### 11. Trained Staff for the 2023-2024 Academic Year

Service Name	Colleague Name	Emergency First Aid at Work
Queenswood (410)	Andrew Libby	01/11/2024
Queenswood (410)	Anna Shaw	27/02/2026
Queenswood (410)	Ann Brennan	23/01/2027
Queenswood (410)	Barbara Corrick	23/01/2027
Queenswood (410)	Bethany Davies	19/02/2027
Queenswood (410)	Casey Dyke	08/10/2024
Queenswood (410)	Catherine Edwards	13/06/2025
Queenswood (410)	Cecelia Bowater	27/02/2026
Queenswood (410)	Cherish Haines	27/02/2026
Queenswood (410)	Craig Hearne	01/11/2024
Queenswood (410)	Gareth Thomas Law	08/10/2024
Queenswood (410)	Grant Heymer	19/02/2027
Queenswood (410)	James Lavender	19/02/2027
Queenswood (410)	John Phillips	19/02/2027
Queenswood (410)	Kathryn Caffull	08/10/2024
Queenswood (410)	Kelly Mills	27/02/2026
Queenswood (410)	Lesley Bennett	08/10/2024
Queenswood (410)	Lucas Johnston	19/02/2027

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Queenswood (410)	Lucy Gwynne	27/02/2026
Queenswood (410)	Nicholas Dyke	08/10/2024
Queenswood (410)	Penelope Williams	08/10/2024
Queenswood (410)	Rachel Lavender	19/02/2027
Queenswood (410)	Rebekah Poyser Smith	27/02/2026
Queenswood (410)	Robert Coles	18/10/2025
Queenswood (410)	Rui Noutel	01/11/2024
Queenswood (410)	Sandra James	08/10/2024
Queenswood (410)	Sophia Farmer	19/02/2027
Queenswood (410)	Stacey O'Connell-West	19/02/2027
Queenswood (410)	Stephen Thomas	08/10/2024
Queenswood (410)	Steven Mathieson	27/02/2026
Queenswood (410)	Theo Molberg	01/11/2024

### 12. Hazards in Subject Areas

The below is not an exhaustive list but gives some indication of the hazards associated within subject areas.

English	Please see classroom risk assessments
Maths	Please see classroom risk assessments
Science	Chemical Burns Heat burns Eye injuries from splashes Cuts from broken glass/flying objects Inhaling dangerous gases Slips, and falls from slippery floors
Art & Design	Pupils not washing hands correctly Ingesting inappropriate materials Exposure to toxic materials Room not being adequately ventilated Use of electric tools in art Slips, and falls from any spillages
Design Technology	Numbers of pupils Use of hand tools Use of electric tools/machinery Requirement to wear PPE Types of activity Getting clothes caught in machines Storage of materials and tools Safe working practices Safe working areas
Humanities	Please see classroom risk assessments
Physical Education	Extreme weather Inappropriate clothing

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	<p>Inappropriate footwear                  Not wearing recommended safety equipment                  Lack of knowledge/understanding of rules                  Slips, trips and falls                  Not storing equipment safely, moving equipment                  Equipment used in poor condition                  Adequate skills set to perform activities</p>
PSHE	Please see classroom risk assessments
Food Technology	<p>Burns and scalds from hot dishes, carrying boiling water                  Cuts from use of sharp knives, opening tins                  Not washing hands correctly after handling foodstuffs</p>
Digital Media	<p>Trailing cables                  Poor posture over prolonged periods of time                  Repetitive strain injuries                  Vision affected by spending prolonged periods looking at screens</p>

**13. Relevant Information**

No.	Relevant Information
1.	<p><b>Number of Emergency First Aiders</b> - The majority of Aspris services will require only Emergency First Aid at Work trained colleagues as the training they receive will be sufficient to deal with the types of incidents that generally occur. There must be sufficient cover for holidays, days off, the number of shifts and sickness.</p> <p>In certain circumstances for example where a high risk has been identified sites may require a combination of Emergency First Aid at Work trained colleagues and First Aid at Work trained colleagues.</p> <p>An Emergency First Aid at Work trained colleague should be available at all times. It is for services to reach a decision on the numbers of colleagues that should be available and AH&amp;S Form 05 should be completed to help enable such a decision to be reached.</p>
2.	<p>Colleagues who are to be appointed as a first aider must attend and successfully complete an approved training course. This course is currently one day and following successful completion, certificates of competence are issued. The certificates are valid for three years.</p>
3.	<p>Responsibility for Training Coordination - First Aid certificates are valid for three years. To maintain registration first aiders must attend a re-qualification course within three months before the current certificate expires. In addition to this all Emergency First Aid trained colleagues will be required to complete an annual Learning Lounge refresher (i.e. on year one and two).</p>
4.	<p>First Aid Equipment - Every location must have sufficient first aid equipment to meet the local needs.</p> <p>The relevant first aider should normally be given responsibility for checking on the contents of first aid boxes under their control.</p> <p>First aid containers must be checked regularly (at least quarterly) for general condition. Contents must be checked regularly to ensure that materials used are replenished, materials remaining are sufficient and are in date. Dated records of these checks and actions must be kept (local form can be used for this in line with service requirements).</p>

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<p>5.</p>	<p><b>Standard (Medium) Workplace First Aid Kits</b> - First aid boxes should be easily identifiable with a white cross on a green background and located in a place that is easily accessible. The following list is based on the BS8599-1:2019 recommended kit which will serve up to 50 colleagues:</p> <p>Guidance Leaflet x 1          Contents Label x 1          Medium 12 x 12cm Dressing x 4          Large 18 x 18cm Dressing x 3          Triangular Bandage x 3          No.16 Eye Pad and Bandage x 3          Assorted Washproof Plasters x 60 (Kitchens will require blue plasters)          Moist Cleansing Wipes x 30          Microporous Tape 2.5cm x 10m x 2          Nitrile Gloves (Pairs) x 9          Finger Dressing 3.5cm x 3.5cm x 3          Resusciate x 1          Foil Blanket x 2          Burn Dressing 10cm x 10cm x 2          Heavy Duty Clothing Shears x 1          Conforming Bandage 7.5cm x 4m x 2</p> <p>Tablets, medicines, lotions and creams should <u>not</u> be kept in a first aid box.</p>
<p>6.</p>	<p><b>Travelling and Motoring First Aid Kits</b> - These kits are to be kept in vehicles used for transporting children and young people. The following list is a suggested list of contents is based on the BS8599-1:2019 recommended kit:</p> <p>Guidance Leaflet x 1          Contents Label x 1          Medium 12 x 12cm Dressing x 1          Triangular Bandage x 1          Washproof Plasters x 10          Moist Cleansing Wipes x 10          Nitrile Gloves (Pair) x 2          Resusciate x 1          Foil Blanket x 1          Burn Dressing 10cm x 10cm x 2          Heavy Duty Clothing Shears x 1          Low Adherent Wound Pad 7cm x 6cm x 1          Trauma Dressing 10cm x 18cm x 1</p>
<p>7.</p>	<p>Eyewash Stations - Eye wash stations are only required where mains tap water is not readily available and there is a foreseeable need (e.g. some plant rooms). At least one litre of sterile water or normal saline (0.9%) in a sealed disposable container should be made available. They should be kept close to the first aid box and preferably wall mounted. Once the seal is broken the remainder of the contents must be disposed of. Eye wash should not be used after the expiry date.</p>
<p>8.</p>	<p>Spare Supplies - Sufficient spare supplies should be kept to enable first aid kits to be promptly re-stocked. The responsibility for maintaining spare supplies should be allocated.</p>
<p>9.</p>	<p>Other Special Provisions - Special or unusual risks should be assessed by using the assessment tool H&amp;S Form: 06.</p> <p>The first aid provision for 'one-off' individual work activities involving special or unusual hazards should be determined on a case by case basis and included in a specific risk assessment covering all the safeguards for the work involved. In some cases such work is undertaken by contractors in which case the primary responsibility</p>



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	for the provision of first aid will rest with the contractor unless a specific agreement is made with Aspris to the contrary.
<b>10.</b>	Notices - Signs indicating the contact details for first aiders should be displayed for the attention of colleagues. Standard signs complying with the Health and Safety (Safety Signs and Signals) Regulations 1996 can be obtained from good sign suppliers.  Alternatively, H&S Form: 07 may be completed then printed on a colour printer and laminated.
<b>14. Related Documentation</b>	
AH&S15 First Aid (v05) AH&S03 Reporting of Injuries Diseases and Dangerous Occurrences (RIDDOR) AOP04 Incident Management, Reporting and Investigation AOP13 Cardio-Pulmonary Resuscitation (CPR) and other Medical Emergencies Health and Safety (First Aid) Regulations 1981 RIDDOR Regulations 2013 Independent School Standards 2019 The Children’s Act 1989 Keeping Children Safe in Education (KCSIE) 2024	

<b>Contents Checklist</b> (Local Sites may add additional items – this is a core list)			
Purpose	X	Role of the First Aider	X
Aims	X	Administration of Medicines	X
Objectives	X	Staff Training	X
Responsibilities	X	Trained Staff for the 2023-2024 Academic Year	X
First Aid Boxes	X	Hazards in Subject Areas	X
Exposure to Bodily Fluids	X	Relevant Information	X
Overall Responsibility	X	Related Documentation	X

**Local Procedure Review History:**

Date Reviewed	Reviewer	Summary of revisions