London Borough of Enfield

First aid and welfare
Policy and guidance
George Spicer Primary School

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This page is for Schools Health & Safety Team document control only.

This plan is subject to ongoing change and will be updated as and when required.

Contents

DIRECTOR FOR EDUCATION'S POLICY STATEMENT....4
INTRODUCTION....5
ASSESSING FIRST AID NEEDS....6
FURTHER MEDICAL ATTENTION....6
DEFINITIONS:....7
First Aider 7
Appointed person 8
FIRST-AID BOXES....9
TRAVELLING FIRST-AID KITS....10
AUTOMATED EXTERNAL DEFIBRILLATORS (AED)....11
HYGIENE/INFECTION CONTROL....11
DISPOSAL OF CLINICAL WASTE....12
SPILLAGES OF BODY FLUIDS....12
FIRST AID/MEDICAL ROOMS....13
MANAGING MEDICINES ON SCHOOL PREMISES....14
THE STATUTORY GUIDANCE FRAMEWORK FOR EARLY YEARS FOUNDATION....15
STAGE (FROM BIRTH TO FIVE)....15
REPORTABLE INFECTIOUS DISEASES....15
TB....17
SCHOOL MEALS STAFF....17

Director for Education’s Policy Statement

As Director for Education, I, have overall responsibility for all health and safety matters within schools. As such I am committed to the continuous improvement in health and safety standards for staff, clients, pupils, and visitors and a better working environment for everyone.

It is essential to the achievement of our Strategy for Health and Safety to ensure that access to the right knowledge, skills, and support is available to staff when they need it, and that this is widely communicated and understood.

I am committed to the continuous improvement in health and safety management by setting clear objectives and monitoring performance through health and safety management plans and proactive audit programmes. All Headteachers, Managers, including the Department Management Team and Service Managers must lead by example by demonstrating best practice in health and safety management and ensuring whenever possible, that all management decisions further health and safety objectives.

Effective partnerships between Headteachers, Managers and Staff are crucial to successful health and safety management. Poor health and safety management is rarely the result of malicious intent. Education and training in health and safety skills and risk management are key to achieving a strong health and safety culture which benefits all staff, clients, pupils, visitors and contractors who work in our premises, and improves the quality of our service.

Peter Nathan



Director for Education

Introduction

First-Aid is the attention given in the event of injury or sudden illness. Training in First-Aid is designed to enable an individual to recognise whether a particular injury or illness calls for speedy, expert attention, and, in relation to more serious (or potentially serious) injuries, to keep the casualty stable and comfortable until he or she can be moved to hospital by ambulance or other means.

The Health and Safety (First-Aid) Regulations require employers to provide adequate facilities and equipment to enable first-aid to be administered to employees who are injured or become ill at work. The Regulations place requirements on employers only in respect of their own employees while they are at work. When making provision there is no obligation on employers to take account of persons who are not their employees, e.g. pupils, visitors or hirer of premises.

However, the general responsibility for taking reasonable care of pupils enshrined in common law under the "in loco parentis" doctrine, places a responsibility to provide adequately for the first-aid needs of pupils. In effect, this places an obligation to act as a reasonable parent would. This can be interpreted as being able to deal with minor accidents and illnesses but referring anything more serious to a doctor or hospital. Establishments should not try to recreate casualty or surgery facilities themselves but rather be aware of and recognise when such professional services are required.

Assessing First Aid Needs

The Health and Safety (First-Aid) Regulations require you to provide adequate and appropriate first-aid equipment, facilities and people so your employees can be given immediate help if they are injured or taken ill at work. What is ‘adequate and appropriate’ will depend on the circumstances in your workplace and you should assess what your first-aid needs are.

Carry out a general risk assessment for first aid and take account of any parts of your workplace with different work activities/hazards that may require different levels of first-aid provision.

Some areas to consider when carrying out the assessment:

- How many staff and pupils do you have?
- Are your premises spread out e.g. different buildings, floors?
- Do you have enough provision to cover for your first-aiders, appointed person when they are absent?
- What types of injuries and illnesses have occurred in your workplace and where did they happen?
- Do you have under 5s in your premises?

Further Medical Attention

Should it be necessary to call an ambulance to take a pupil to hospital the London Ambulance Service have procedures they would like schools to follow. In particular, they have an expectation that an adult always accompanies a pupil in the ambulance. There are three main reasons for this request:

- Although the Ambulance Service has "implied permission" to treat a child if their carer or parent is not present, it is clearly in the child's interest that someone who knows them is present. If they can bring a copy of the pupil's Care Plan (if available), this is very important if treatment has to be given in the ambulance to, for example, a pupil who suffers from asthma or epilepsy.

- A child under 16 cannot be left unescorted in Casualty. If they are unaccompanied, a member of the hospital staff with no knowledge of the child must be detailed to look after them. Clearly this is unsatisfactory for all concerned.

- Unaccompanied older children can be difficult for an ambulance crew to manage, particularly if they are ill and distressed. The crew has no authority over them. The presence of a member of school staff who knows the pupil and has authority over them can be essential to the pupil receiving appropriate care and medical attention.

- In the case of an incident which occurs at school resulting in a pupil requiring medical attention above basic first aid, but which is not immediately life threatening, the parent/guardian should be contacted and advised to collect the pupil and take them to the GP or hospital as appropriate. If the parent/guardian cannot be contacted and the condition is not life threatening and the pupil can move, a member of staff can take the pupil to hospital in their own vehicle provided they have appropriate insurance cover.

  However, staff that transport children in their own cars need to be aware of the regulations on child car seats.

  Any child from their 3rd to their 12th birthday, or up to 135cm in height if this is reached sooner, must use a correct child restraint when travelling in the front seat and must use a child restraint if travelling in the back of a car.

  Minibuses are exempt from these regulations so there is no need for schools to purchase booster seats or booster cushions for their vehicle.

Definitions:

First Aider

A first-aider is someone who has completed training appropriate to the level identified in the 'needs' assessment. This may be:

- **First Aid at Work certificate** – this is a 3 day course which is valid for 3 years. This certificate is specifically for treating staff but does not prevent staff holding this certificate from treating others i.e. pupils, visitors etc. The First Aider must undergo a refresher course *before* their certificate expires. If this is not completed in time, they will be required to take the First Aid at Work Course in full.

- **First aid half day skills update** – The Health and Safety Executive strongly recommends that First Aiders undertake annual refresher training. A half-day session to be taken during the three year First Aid at Work certification period. Although not mandatory, this will help qualified First Aiders maintain their basic skills and keep up to date with any changes to first aid procedures.

- **First Aid at Work requalification certificate** – As the First Aid at Work certificate is only valid for three years, First Aiders must attend refresher training with retesting of competence *before* their certificate expires. First Aiders can attend a refresher course up to 3 months before the expiry of their certificate. The new certificate will then take effect from the date of expiry. If a certificate expires the First Aider must undertake the full course again and cannot undertake the refresher course.

- **Paediatric First Aid** – this is a 2 day course and provides First Aid training for those who look after children and babies (under 5s). This is in line with the Statutory Framework for the Early Years Foundation Stage (EYFS) and is designed to meet the requirements of Ofsted and Surestart.

- **Paediatric Bolt On** – this half-day course is for those delegates who have completed their First Aid at Work certificate within a year of the course. On completion of this course, students will have a Paediatric First Aider qualification valid for three years under EYFS Guidelines.

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- **First Aid for School Staff** - this course is designed to meet the needs of any school based staff required to provide first aid and welfare duties to pupils. Staff with these duties are not required by law to be qualified first aiders, however, some knowledge and skills are essential to establish competency. For further details of this course, please refer to the Schools Health and Safety Training Programme.

Appointed person

The roles of the appointed person include looking after the first-aid equipment and facilities and calling the emergency services when required. They can also provide emergency cover, within their role and competence, where a First Aider is absent due to unforeseen circumstances (annual leave does not count).

There are 1-day courses for emergency first aiders at work (EFAW), these are not as comprehensive as the full 3-day course but do cover essential first aid. Where someone is appointed to be the appointed person, good practice would be for them to do the EFAW 1-day course.

First-Aid Boxes

The contents of a First-Aid box are now determined by risk assessment. As a guide, where work activities involve low level hazards, a suggested minimum stock of first-aid items would be:

ITEMS:	QUANTITY Standard First Aid box (20 person box)
Individually wrapped sterile adhesive dressings of Assorted sizes (plasters)	3 x 20 pack
Sterile eye pads	3
Medium sized individually wrapped sterile non-medicated wound dressings (approx. 10cm x 8cm)	6
Large sterile individually wrapped non-medicated wound dressings (approx. 13cm x 9cm)	2
Finger sterile dressing	3
Burn dressing	2
Individually wrapped moist cleaning wipes	30
Triangle bandage	3
Conforming Bandage	2
Safety pins	12
Adhesive tape	1
Clinical Waste bags	2
Pair of disposable plastic gloves *(you can find more advice at www.hse.gov.uk/skin/employ/gloves.htm).*	9
Disposable Face Shields	1
Tuff – cut scissors	1
Leaflet - Basic advice on First Aid at work (What to do in an emergency) *HSE- INDG 347*	1

The designated First Aider must also have available the following 2 items:

Disposable (heat retaining) emergency blanket	2
Spill Kit (Bodily Fluids clean-up kit) contains	1

The first aid 'needs' assessment should identify if additional materials and equipment are required, for example scissors, adhesive tape, disposable aprons, hypoallergenic plasters, safety pins.

First Aid Kits must not contain medicines.

Travelling First-Aid Kits

Before undertaking any off-site activities, the headteacher should assess what level of first-aid provision is needed. The HSE recommend that, where there is no special risk identified, a minimum stock of first-aid items for travelling first-aid container is:

- 6 individually wrapped sterile adhesive dressings
- one medium sized sterile un-medicated dressing (approx. 10 cm x 8 cm)
- one triangular bandage (preferably sterile, but if not, sterile covering appropriate for serious wounds should be included)
- 6 safety pins
- 4 individually wrapped moist cleansing wipes
- disposable gloves

Automated External Defibrillators (AED)

The Department for Education has advised schools to consider purchasing a defibrillator as part of their first aid equipment. Please see Supporting Pupils with Medical Conditions 2014 page 18.

The Department for Education (DfE) has produced a guidance booklet entitled Automated External Defibrillators (AEDs): Guidance for Schools (December 2023).

Automated External Defibrillators (AEDs): a guide for schools

Hygiene/Infection Control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

The following advice has been prepared by the Borough Environmental Health Officer and the Employment Medical Advisory Service concerning the necessary hygiene precautions to protect First Aiders from Hepatitis B and the AIDS virus. These measures should be the norm and not just confined to persons who are known to be infected. It is important that all staff, teaching and non-teaching, are aware of these precautions.

- Always cover your cuts and other skin abrasions with a waterproof dressing
- First-Aiders should thoroughly wash their hands in soapy water before and after treating a casualty
- Great care must be taken not to puncture yourself with hypodermic needles or other sharp instruments
- If called upon to give mouth-to-mouth resuscitation, mouth pieces should be available for use when carrying out this procedure
- Disposable gloves and aprons should be used when dealing with open wounds and body fluids

If despite all efforts, a needle stick or other inoculation injury, or bite or scratch is sustained, encourage the wound to bleed, wash area with soap and water, cover with waterproof plaster and seek medical attention.

Disposal of Clinical Waste

Small quantities of tissue paper or biodegradable paper towel contaminated with urine, faeces or blood can be flushed down the toilet if there is no danger of blocking it.

First-Aid swabs can be disposed of in sanitary towel bins. Material that cannot be disposed of in this way, or larger quantities of first-aid swabs, should be sealed in a yellow plastic bag. This should then be placed in a yellow plastic sack ready for collection.

These yellow sacks are available from Clinical Waste Department, Environmental Services. When a collection for disposal is required telephone: 0208 379 1000 to request collection, or email: waste.services@enfield.gov.uk There is a charge for this Service which you will be advised of when calling for yellow sacks or collection of waste. This waste must not be placed in the normal refuse system.

To set up a contract with Waste Services, contact waste.services@enfield.gov.uk or tel: 0208 379 1000. They will provide the appropriate form.

Spillages of Body Fluids

Spillages of blood, vomit, urine and excreta should be cleaned up as quickly as possible. Other persons should be kept away from the contamination until it is effectively dealt with.

1. Keep other persons away from the area until the spillage has been dealt with.

2. Wearing disposable plastic gloves and apron prepare a dilution of 1 part household bleach to 10 parts of water. As bleach can be damaging to skin immediately wash off any skin splashes with running water.

3. Cover spillage with disposable paper towels to limit the spread of the spillage or the bleach.

4. Pour the diluted bleach gently onto the covered spillage.

5. Carefully wipe up the spillage with more disposable paper towels soaked in the bleach. In the event of floor spillages, ensure that the floor is dried thoroughly after the clean-up operation to avoid slipping accidents.

6. Place towels, gloves, apron and waste in a yellow plastic bag. Yellow bags should be used only for contaminated paper and waste.

7. Contact Environmental Services 0208 379 1000 about the collection and disposal of the sealed yellow plastic bag, or other contractors that you may have a contract with.

Should spillages occur on carpeted areas or on upholstery substitute diluted bleach with hot soapy water and leave the area to dry naturally.

N.B. Bleach can corrode metal and damage fabrics, particularly if used at the wrong concentration. It is recommended that supplies of bleach and yellow plastic bags are kept together for such purposes.

First Aid/Medical Rooms

The Health and Safety (First-Aid) Regulations 1981 require a first-aid room to be provided where there are 400 or more employees or if the employees are engaged in high-risk activities. The Education (School Premises) Regulations 1981 require only that accommodation for medical and dental examination and the treatment of pupils is available during school hours. The accommodation does not have to be for the sole purpose of administering first-aid or medical examinations but should contain a wash basin and be close to a toilet.

Therefore, there are no legal requirements to provide a first-aid or medical room unless the need is identified by a risk assessment. Where establishments have a first aid room the following conditions should be met:

- the room should be readily available at all times
- the room should be large enough to take a couch with space for people to walk around it, and a chair.
- the room's entrance should be wide enough to accommodate a stretcher, wheelchair or carrying chair.
- the room should contain suitable facilities and equipment, have an impervious floor covering, and should be effectively ventilated, heated, lighted and maintained.
- all surfaces should be easy to clear. The room should be cleaned each working day and suitable arrangements for refuse disposal should be provided.
- suitable facilities (for example one or more chairs) should be provided if persons requiring treatment have to wait. These should be maintained and kept clean.
- the room should be clearly identified as a first-aid room (white cross on a green background)
- a notice should be attached to the door of the first-aid room clearly showing the location of the first-aider/appointed person should the room be unattended at any time.
- the room should have access to a toilet, hot and cold running water, drinking water (tap or bottled), paper towels and soap.
- a record book for recording incidents attended by a first-aider or appointed person.

Managing medicines on school premises

The following is taken from the statutory guidance: Supporting Pupils at school with Medical Conditions 2014

The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines. Although schools may already have such procedures in place, they should reflect the following details:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so

- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered

- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed

- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

- schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips

- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be

easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school

- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted

- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Gov.UK: Supporting Pupils at School with Medical Needs

The following is taken from:

The statutory guidance Framework for Early Years Foundation Stage (from birth to five)

Medicines

- The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.
- Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).
- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable

Reportable Infectious Diseases

The diseases listed below should be telephoned promptly to UKHSA North East and North Central London Health Protection Team on 0300 303 0450 or email necl.team@ukhsa.gov.uk

The Schools Health and Safety Team should also be informed as the disease may also be reportable under RIDDOR.

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

TB

Most staff in Enfield will have resistance to TB either acquired from immunisation or through the body's natural immune system. If any individual member of staff is concerned, they should make an appointment to see their GP.

School Meals Staff

Any person who handles food must ensure high standards of hygiene at all times. Hands must be washed and dried thoroughly before handing food.

Any food handler must not work if suffering from diarrhoea or open septic sores. These illnesses must be reported to the Occupational Health Department and the Environmental Health Department. If a food handler has been unwell whilst on holiday or on their return, they must report this to their manager and to the occupational health department.

Certain infections such as food poisoning, dysentery, typhoid, etc. will require exclusion from food handling duties. This will be arranged by the Environmental Health and Occupational Health Departments.