



1. RISK ASSESSMENT DETAILS

NAME OF ACADEMY:	Oasis Academy Byron	DEPARTMENT:	Primary
SUBJECT OF RISK ASSESSMENT:	This assessment will consider the first aid requirements/needs of the Academy.		
ASSESSED BY:	Joanna Poplett	DATE OF ASSESSMENT:	31.08.21
DETAILS OF WORKPLACE ACTIVITY:	First Aid provision for Academy activities.	PERSONS AFFECTED (THOSE WHO MAY BE HARMED):	Staff, pupils, contractors and visitors
NUMBER OF EMPLOYEES:	30	NUMBER OF PAEDIATRIC FIRST AID TRAINED EMPLOYEES	2
NUMBER OF STUDENTS:	204	NUMBER OF EMERGENCY PAEDIATRIC FIRST AID TRAINED EMPLOYEES	0
NUMBER OF FIRST AID AT WORK TRAINED EMPLOYEES	3	Number of specialist trained employees (provide detail e.g. epi-pen, asthma etc.)	3
NUMBER OF EMERGENCY FIRST AID AT WORK TRAINED EMPLOYEES	0		

FIRST-AID NEEDS RISK ASSESSMENT

Completing First Aid Needs Risk Assessment – factors to consider

How many first-aid personnel are required

The Principal supported by the H&S Champion, Medical Advisor, First Aid Lead etc. will decide on number of First Aiders needed based on risks to staff, pupils and visitors.

Factors to consider in deciding how many first-aid personnel are required:

- Provision for lunchtimes and breaks. It is good practice to encourage lunchtime supervisors to have first-aid training;
- First Aid cover in case of staff absences;
- Cover for practical and high-risk departments, such as PE, Science, DT, Food Technology, Art;
- Cover for out of hours activities e.g. sports activities, clubs;
- Arrangements with contractors (e.g. catering providers, cleaners) on joint provision of first aid;
- Provision for trainees and volunteers working on site. They have the same status as staff for the purposes of health and safety legislation.
- The school size, number of buildings and levels and facilities that are out of the main site.
- The location of school, its accessibility and whether the school is close to A&E or a hospital. If the school is not nearby a hospital or not easily accessible arrangements should be in place to get the people as soon as possible to the nearest A&E or hospital.

What training do first aiders need?

The Health and Safety (First Aid) Regulations 1981 require employers to provide suitable first-aid equipment, facilities and trained personnel to enable first aid to be given to employees if they are injured or become ill at work. For employers to comply with this Regulation, their first aiders must have a valid certificate of competence in FAW, EFAW or PFA, issued by a suitably approved training provider.

First Aid at Work

Implementation of new first-aid training courses

As of 1 October 2013, the Health and Safety (First Aid) Regulations 1981 was amended, removing the requirement for HSE to approve first aid training and qualifications. This means that businesses now have more flexibility in how they manage their provision of first aid in the workplace.

Towards the end of the three-year certification period, first-aiders need to undertake a First Aid at Work (FAW) requalification course or an Emergency First Aid at Work (EFAW) course, as appropriate, to obtain another three-year certificate. Within any certification period, the HSE strongly recommends that first-aiders undertake annual refresher training. 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.

Content of an FAW course

On completion of training, successful candidates should be able to:

- Provide emergency first aid at work;
- Assess any given situation removing any potential danger to cause further harm to the casualty or the first aider;
- Assess the casualty for response and diagnose the casualties condition using ABC of first aid;
- Administer first aid to a casualty with:
 - Basic life support (CPR) to a casualty who is not breathing or showing signs of circulation;
 - First Aider will be trained in the use of Automated External Defibrillator;
 - Recognise and Administer First Aid techniques to choking casualties;
 - Injuries to bones, muscles and joints, including suspected spinal injuries;
 - Chest injuries;
 - Burns and scalds;
 - Eye injuries;
 - Sudden poisoning;
 - Anaphylactic shock.
- Recognise the presence of major illness and provide appropriate first aid (including heart attack, stroke, epilepsy, asthma, diabetes).

FAW courses should contain at least 18 hours learning which can be provided via blended or classroom based learning.

FAW certificates

FAW certificates are valid for three years.

FAW requalification courses should contain at least 12 hours learning which can be provided via blended or classroom based learning.

Content of an EFAW course

On completion of training, successful candidates should be able to:

- Understand the role of the first-aider including reference to:
 - the importance of preventing cross infection;
 - the need for recording incidents and actions;
 - use of available equipment.
- Assess the situation and circumstances in order to act safely, promptly and effectively in an emergency;
- Administer first aid to a casualty who is unconscious (including seizure);
- Administer cardiopulmonary resuscitation;
- Administer first aid to a casualty who is choking;

- Administer first aid to a casualty who is wounded and bleeding;
- Administer first aid to a casualty who is suffering from shock;
- Provide appropriate first aid for minor injuries (including small cuts, grazes and bruises, minor burns and scalds, small splinters).

The EFAW course is a component of FAW training but there is no final practical assessment.

EFAW courses should contain at least 6 hours of learning, which can be provided via blended or classroom-based learning.

Content of Paediatric First Aid (PFA) course

On completion of training, successful candidates should be able to be competent in:

Principles and Practise of First Aid

- Primary, Secondary Assessment and Recovery position;
- Child and Baby Resuscitation;
- Child and Baby Choking;
- Causes of Unconsciousness:
 - Fainting
 - Head injuries
 - Asthma/Anaphylaxis
 - Poisons
 - Epilepsy
 - Diabetes.
- Shock:
 - Wounds and Bleeding
 - Extremity injuries
 - Fractures
 - Dislocations
 - Sprains
 - Strains.
- Burns and Scalds;
- Eye and Ear Injuries;
- Medical Conditions:
 - Meningitis
 - Febrile convulsions
 - Anaemia/Sickle cell anaemia

- Hypothermia
- Hyperthermia.
- Regulations:
 - Recording and reporting
 - Replenishing First Aid Kits.

This training is required for students up until puberty. So primary schools should have suitable numbers of trained PFA employees.

The Early Years Foundation Stage (EYFS) guidelines, which childcare settings in England are required to follow, currently state that just one person with a current paediatric first aid certificate must be on the premises and available at all times when children are present or on outings.

After a consultation period, the government revised the statutory framework for the early years foundation stage, part of the revision was the requirements for paediatric first aid. The framework was published on the 3rd March 2017 and became effective on the 4th April 2017.

The framework details that providers should take into account the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly. The Judicium Education advice from working with schools across the country for many years, is that a trained PFA member of staff should be present in each class at all times. This is reflected in the risk assessment template and controls below. The overall responsible person in the school is required to complete the risk assessment and put in place controls that they feel work for the school. The information and advice given here should be considered when making this final assessment and agreeing controls that are put in place. All schools are different including the set up and location of EYFS classes. School managers may decide that a different provision is more suitable for them. This is the schools decision that they will need to justify if it varies from guidance and advice. That is the essence of a first aid needs assessment.

All newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, must also have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff – child ratios at level 2 or level 3 in an early years setting. Providers should display (or make available to parents) staff PFA certificates or a list of staff who have a current PFA certificate.

Specific needs

Specialised trained First Aiders should be present when staff or a student with specific medical need e.g. asthma, physical disabilities, epilepsy or severe allergy are in school.

Contacting first-aid personnel

A clear process to contact First Aiders should be in place. First Aid information should be displayed and communicated to all staff, visitors and members of public whilst at school premises.

For further information regarding this assessment, please refer to the National H&S Lead.

2. ASSESSMENT OF HAZARDS & RISKS

The hazards and controls noted below are an example of that which may be present when completing such a task. The Risk Assessment template is an example only and should either be used as a reference only or amended to reflect the actual hazards and controls identified on site by the risk assessor. When further controls are identified, these should be completed before the assessed task is carried out.

HAZARDS & RISKS		EXISTING CONTROL MEASURES	RISK LEVEL	ADDITIONAL CONTROLS REQUIRED	WHO IS RESPONSIBLE?
1.	Aggravation of injuries or illness due to the lack of provision of First Aid. The risks in not providing suitable first aid assistance and associated management procedures include inadequate identification and treatment of injuries or ill health and potential litigation claims and prosecution.	<p>Early Years':</p> <ul style="list-style-type: none"> • There are 2 members of staff with Paediatric First Aid for Early Years' Stage Foundation providing ratio of 1 for every 8 children (per class). • Newly qualified Early Years staff have a full (12hr) Paediatric First Aid qualification. • At all times, there is at least one member of staff who has completed Emergency First Aid course. • Portable first aid kits are available in easily accessible areas. • Medical plans are assessed when deciding the level of First Aid cover required. • Specialised trained First Aiders are on site if the school has a member of staff or a student with specific medical need e.g. asthma, physical disabilities, epilepsy or severe allergy. • First Aid kits will be checked and replenished regularly. <p>Primary, Secondary, Sixth Form:</p> <ul style="list-style-type: none"> • Sufficient number of First Aiders present (in accordance with guidance and overall assessment of student / employee numbers and activities). • Medical plans are assessed when deciding the level of First Aid cover required. • Specialised trained First Aiders are on site if the school has a member of staff or a student with specific medical need e.g. asthma, physical disabilities, epilepsy or severe allergy. 	Low		JP/JN/TH/JT

		<ul style="list-style-type: none"> • Students' medical plans are assessed when deciding the level of First Aid cover needed. • A member of staff that has received epi-pen training is available at all times. • First Aiders record accidents in the accident book and pass these forms to the relevant person. • There is sufficient cover for Premises, Catering and Cleaning teams. • A defibrillator has been provided and 1 staff member is trained in its use. • The defibrillator is maintained in accordance with manufacturers requirements. • First Aid kits will be checked and replenished regularly. 			
2.	Insufficient number of First Aiders due to multiple buildings or buildings with split levels	<ul style="list-style-type: none"> • First Aid cover is available at every building at all times • There are more than one First Aiders located in large buildings. • First Aider can cover one or two levels of one building. • First aid kits are available in each building and these are placed in accessible locations. 	Low		JP/JN
3.	School location	<ul style="list-style-type: none"> • School is near the hospital and easily accessible. • If the school is not nearby a hospital / it is not easily accessible, arrangements are in place to get the person as soon as possible to the nearest A&E or hospital. 	Low		JP/JN
4.	First aid in curriculum (E.g. practical, high-risk departments)	<ul style="list-style-type: none"> • First aid kits are provided in each part of the building and these are placed in accessible locations. • Portable first aid kits are taken outside for PE lessons. 	Low		JP/JN
5.	Overnight accommodation within the school boundaries	<ul style="list-style-type: none"> • The school have a First Aider present if there is overnight accommodation in each building. 	Low		JP/JN

		<ul style="list-style-type: none"> • A dedicated area to isolate people who become unwell has been designated. • Cleaning facilities are provided. • Arrangements are in place to obtain medical advice promptly. • If a student has medical needs, a person trained in the Administration of medicines is present. • Students' temperature is regularly checked. 			
6.	Lunch-time cover	<ul style="list-style-type: none"> • A Paediatric First Aider is present during Early Years' lunchtimes. • The school has First Aider cover for lunchtimes. • First aid kits are provided and these are placed in accessible locations. 	Low		JP/JN
7.	Availability of medical room	<p>If the school has a medical room:</p> <ul style="list-style-type: none"> • Where possible the school will be using medical room only to provide first aid. • The room has a sink and is near to a toilet. • Where required the room caters for students with complex needs (additional medical accommodation is provided). • The first aid room will be cleaned frequently and after each use (when first aid care has been provided). • Cleaning materials to disinfect the areas and PPE is available. PPE include disposable gloves, aprons, face masks, goggles / face shields or visors. 	Low		JP/JN
8.	Dealing with staff/child with a suspected case of Covid-19	<ul style="list-style-type: none"> • The school has identified a room that can be used for suspected cases of COVID-19; • Where an individual exhibits symptom during the school day, the individual will be escorted to the DIZ (designated isolation zone – segregated area in the small hall) to isolate from the rest of the school. 	Low		JP/JN

		<ul style="list-style-type: none"> • Staff escorting the individual will be provided with disposable gloves and apron if the 2-metre social distancing rule cannot be maintained • Where the risk of contact with droplets to the face, e.g., from coughing or vomiting, face protection should be provided • Staff will telephone the office, using the staffroom phone and inform the office staff, who will telephone parents/carers to collect the individual. • The individual will then be taken off site via the CC fire exit and handed over to their parent/carer. • If additional medical assistance is required 111 or an ambulance will be contacted. • Staff or contractors carrying out the area clean should be provided with a minimum of disposable gloves, aprons, mop heads or paper towels. • Staff that display symptoms will leave if they can, to self-isolate • First Aiders required to assist this person will wear full PPE including, apron, gloves, mask and visor; • First Aiders have completed appropriate training for 'donning and doffing' PPE – NHS video / advice https://www.hse.gov.uk/news/face-mask-ppe-rpe-coronavirus.htm • PPE is disposed of in accordance with NHS COVID-19 waste management guidance; https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings 			
9.	Waste disposal of used equipment	<ul style="list-style-type: none"> • Waste will be put in a plastic rubbish bag and tied when full; • The plastic bag is placed in a second bin bag and tied; 	Low		JP/JN

		<ul style="list-style-type: none"> • It is put in a suitable and secure place and marked for storage until the individual's test results are known; • Waste is stored safely and kept away from children; • Waste is not put in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours; • If the individual tests negative, this can be put in with the normal waste; • If the individual tests positive, then waste is stored for at least 72 hours and then put in with the normal waste; • If storage for at least 72 hours is not appropriate, a collection as a Category B infectious waste is arranged by either local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for waste bags can be sent for appropriate treatment. 			
10.	First aid provision during educational trips or visits.	<ul style="list-style-type: none"> • A First Aider will attend. • First aid kit is taken. • Staff have mobile phones to seek medical help if necessary. 			

3. RISK ASSESSMENT APPROVAL & REVIEW DETAILS

NAME & SIGNATURE OF RISK ASSESSOR:	Joanna Poplett	DATE:	31.08.21
NAME & SIGNATURE OF LINE MANAGER:		DATE:	
PROPOSED REVIEW DATE:			



Health & Safety Risk Assessment First Aid Needs Assessment

4. APPENDIX 1.0 – ASSESSING THE LEVEL OF RISK

The level of risk is expressed qualitatively as **Low, Medium, High** or **Very High**. Underlying these descriptors of risk is a probabilistic model which factors the likelihood of an accident or event against the severity of harm that may occur. The **risk rating**, calculated as **likelihood x severity**, maps into the qualitative terms used as follows:

		SEVERITY			
		Minor Injury	REPORTABLE INJURY	SERIOUS INJURY	CRITICAL
LIKELIHOOD	UNLIKELY	Low	Low	Low	Medium
	POSSIBLE	Low	Medium	High	High
	PROBABLE	Medium	High	High	Very High