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First Aid

The Health & Safety (First Aid) regulations 1981 state: "An employer shall provide or ensure that there are provided, such equipment and facilities as are adequate and appropriate in the circumstances for enabling first aid to be rendered to their employees if they are injured or become ill at work".

This same principle should be applied to the children and young people in the care of an establishment. The provision of first aid during off-site visits and activities should therefore be considered as part of the risk-benefit assessment and planning process.

Establishments should have in place an assessment to determine their first aid provision on site. Off-site provision is simply an extension of this. The determination of the appropriate requirements should take into account:

- The nature of the activity.
- The nature of the group.
- The likely injuries associated with the activity.
- The extent to which the group will be isolated from the support of the emergency services (both in terms of distance and response time).

Qualified first-aiders may not be necessary for all off-site activities and visits. However, a basic level of first aid support must be available at all times. This will require that one or more of the staff leading the activity:

- Has a working knowledge of simple first aid and is competent to use the first aid materials carried with the group.
- Knows how to access, and is able to access, qualified first aid support.

For children in the Early Years Foundation Stage (EYFS), there is a statutory requirement that at least one person who has a current paediatric first aid certificate and sufficient understanding and use of English to summon help in an emergency must accompany children on outings.

Where a group of young people is subject to remote supervision (for example during a Duke of Edinburgh Award expedition), then the supervisor should ensure that the group has:

- The ability to contact qualified first aid support.
- An appropriate level of competence and first aid materials to look after themselves until help arrives.

Most National Governing Bodies of sport and recreation activities require their qualified leaders to hold a current relevant first aid certificate. The minimum standards vary from activity to activity.

A wide range of first aid training courses and certificates is available. These include:

- Emergency First Aid in the Workplace (one day)
- Paediatric First Aid (typically two days)
- First Aid at Work (three days)
- Courses designed for outdoor activities and remote environments (typically two days and usually including the requirements of the Emergency First Aid in the Workplace course)
- More specialised courses, which may include expedition medicine etc.

To decide whether a particular course or certificate is appropriate, the employer should compare what is covered on the course with what the holder may be asked to deal with. Since October 2013 the Health and Safety Executive (HSE) has stopped approving first aid training providers and courses. It is, therefore, necessary for employers to ensure that whoever they choose to provide certificated training is suitable. HSE guidance on how to do this can be found at www.hse.gov.uk/firstaid/approved-training.htm

Basic first aid is not complicated and many lives could be saved each year if more people knew how to open an airway, place a casualty into a safe airway position and deal with major bleeding/shock. Good practical first aid training is an excellent way to provide young people with a useful life skill while enhancing their self-esteem and self-confidence. It is also an excellent team building/group-work activity. It would, therefore, be good practice for establishments to provide some form of first aid training to all students/young people and staff (whether certificated or not).

It is a legal requirement that all public service vehicles, including minibuses, must carry a first aid kit.

Young people at risk of Anaphylaxis

Any young person at risk of anaphylaxis should carry with them two emergency auto-injectors. Where a young person at known risk of anaphylaxis accompanies a school visit, the leadership team should be familiar with the Department of Health "*Guidance on the use of adrenaline auto-injectors in schools*" available at:

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

If the link does not work, try pasting it into your browser, taking care to remove and rogue spaces.

Medications

Schools are allowed to buy, without prescription, salbutamol reliever inhalers and emergency adrenaline auto-injectors (see the document 'Medication' elsewhere in this guidance). These 'spare' devices should not be seen as a replacement for a young person's own medication but as an emergency back up.

Visit planning must consider the needs of any young person who requires such emergency medication. When considering the number of 'spare' devices to purchase, the school should take into account carrying 'spares' on visits and off-site activities where visit planning has identified the need.

Examples

Example 1: a walk to the local library on a footpath adjacent to a public road with ambulance access. The school must have first aid provision on site (not necessarily accompanying the group); so must the library. The Visit Leader has some basic knowledge of first aid and is carrying a mobile phone in an area of good reception. A qualified first aider would be a bonus, but is not required.

Example 2: a walk along a rural footpath, with no vehicular access for about 2 miles, to a picnic site. Any significant injury here would involve such a time delay in accessing an ambulance as to make it necessary for there to be someone with appropriate first aid training and expertise as a member of the group, carrying a mobile first aid kit.

Example 3: an outing to the local park by a nursery school group. Someone with a current paediatric first aid certificate must accompany the group.

