

## **First Aid Policy**

### **Legislation and Guidance that inform this document**

- Health and Safety Advice for Schools (DfE – updated Feb 2014)
- Health and Safety at Work Act etc (1974)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995)
- Guidance on First Aid for Schools - a Good Practice Guide

### **Other Red Balloon policies to be read in conjunction with this one**

- Health and Safety - procedures for reporting accidents are detailed in this policy

### **Statement of Intent**

Under the Health and Safety at Work etc Act 1974, the employer in a school must take reasonable steps to ensure that staff and students are not exposed to risks to their health and safety. This applies to activities on or off school premises.

Red Balloon is committed to ensuring that all students and staff work and study in a safe environment, and that, should an accident occur, then first aid will be available in a timely and competent manner. We seek to effectively implement all necessary guidance and ensure good practice in all areas of the provision of first aid.

### **Responsibility for Implementation**

The coordinator holds responsibility for ensuring that there are sufficient trained staff to provide adequate cover. Those staff are responsible for providing support / treatment when needed and all staff hold responsibility for following health and safety guidelines.

## **Assessment of first aid needs**

When assessing first-aid needs, each centre must consider potential risks to students and visitors as well as staff. Points to consider include:

- the size of the centre and whether it is on different levels - if so, assessment needs to encompass additional first aid provision and the deployment of adequate first aid cover;
- the location of the centre in relation to emergency services - centres will write to their local emergency services advising them of the centre's location, the person to contact upon arrival and any circumstances that may affect access;
- any specific hazards on site such as hazardous substances or temporary works - each centre will keep a COSH file in the office;
- any special health needs or disabilities of students or staff and the age range of students.

The coordinator must ensure that there is sufficient first aid provision for:

- lunch times and breaks;
- off-site activities;
- practical areas such as those for science, cookery and PE;
- any contractors working on-site.

They must also ensure that adequate arrangements exist to cover absence of trained first aiders.

Procedures for emergencies in isolated areas must be agreed at each centre.

The responsible trustees will review the centre's first aid provision with the coordinator annually to ensure that standards are being met.

## **General first aid practice**

*Whenever students are present on site, there will be at least one qualified first aider present on the site.*

At all centres we seek to ensure that equipment is safe and fit for purpose, that staff are appropriately trained to carry out specific tasks and that there is always adequate first aid equipment available together with appropriately trained staff.

Each coordinator will ensure that sufficient trained personnel are available according to identified need in each centre.

The coordinator, or member of staff to whom the responsibility is delegated, is responsible for informing all staff of the first aid arrangements, the location of equipment, facilities and first aid personnel, and the procedures for recording and reporting arrangements as well as monitoring the centre's first aid needs.

A list of first aiders must be displayed in the vicinity of the first aid box (a green box with a white cross on it) A list of trained first aid staff, together with details as to their training and renewal of that training is available, and will be displayed, at every centre. First aid information will be included in the induction programme for staff and students.

### **First aid containers**

There is no mandatory list of items for a first aid container box. However, the HSE recommends that, where there is no special risk, minimum contents are:

- a leaflet giving general advice on first-aid,
- twenty individually wrapped sterile adhesive dressings (assorted sizes),
- two sterile eye pads,
- four individually wrapped triangular bandages,
- six safety pins,
- six medium sized (12cm x 12cm) individually wrapped sterile unmedicated wound dressings,
- one pair of disposable gloves.

Equivalent or additional items are acceptable

(Source: Guidance on First Aid for Schools: A Good Practice Guide)

### **First aid materials, equipment and facilities**

There should be at least one first aid box (marked with green cross on white background) at each site; additional containers will be needed for split sites or levels, and distant sports fields, playgrounds or off-site activities.

Inhalers must be carried on trips as required.

The first aiders are responsible for monitoring the contents of the first aid kit, replacing items as soon as possible after use. Items that have passed their expiry date should be safely discarded. Extra stock should be kept at each

centre. The visibility of first aid boxes is crucial and should be given careful consideration. If possible, they should be kept near hand washing facilities.

Each centre must have an appropriate room readily available to use for caring for sick or injured students. It should contain a washbasin and be reasonably near a WC.

### **Arrangements for students with medical conditions**

Centres will collect all available medical information regarding each student referred to them. That information will be stored and circulated to staff as necessary.

Where students are required to take medication at a centre, then advice will be sought from parents / carers and appropriate medical practitioners regarding the safest way of ensuring that the medication is stored (if required) and taken.

If a student becomes ill whilst at a centre, there is a medical room available (as required under Independent School Regulations). The student will be taken to that room, a trained first aider will ascertain any necessary course of action and that will be followed with immediate effect. Parents / carers will always be notified, and arrangements made to ensure that the student is able to 'get home safely'.

Where a student has a known condition (eg asthma, epilepsy, diabetes), full information and advice will be sought from parents / carers and medical staff. A record will be kept on the student's file. If an IHP (Individual Health Care Plan) exists, information will be circulated to staff as required. As a general guide...

*If a student suffers from an asthma attack, staff will:*

- keep calm and reassure the child;
- encourage the child to sit up and slightly forward;
- encourage the child to use her/his own inhaler – if not available, they will provide an emergency inhaler;
- remain with the child while the inhaler and spacer are brought to them;
- immediately help the child to take two separate puffs of salbutamol via the spacer;
- if there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs;
- stay calm and reassure the child;

- stay with the child until they feel better when they can return to school activities

If the child does not feel better or staff are worried, then an ambulance will be called.

*If a student undergoes an epileptic fit, staff will:*

- protect the child from injury (remove harmful objects from nearby);
- place something soft, such as a folded sweater, under their head;
- help the child to breathe by gently placing them in the recovery position once the seizure has finished;
- stay with the child until they come round and are fully recovered;
- be calmly reassuring.

They will not:

- restrain the child's movements;
- put anything in the child's mouth;
- try to move them unless they are in danger;
- give the child anything to eat or drink until they are fully recovered;
- attempt to bring them round.

If:

- the seizure continues for more than usual for that child or longer than five minutes;
- one seizure follows another without the child regaining consciousness in-between;
- the child is injured during the seizure;
- the child has difficulty in breathing... then an ambulance will be called.

*If a centre admits a student with diabetes:*

The student should have an IHP detailing the type of their diabetes. This should also provide details of triggers and symptoms for hyperglycemia (high blood sugar level) and hypoglycemia (low blood sugar level). As a general rule a child suffering from hyperglycemia needs to drink and to go to the toilet as they need. They may require extra insulin. A child suffering from hypoglycemia will usually require something sugary to eat or drink.

### *Students with known allergies:*

Medical information will always be sought at the point of referral. If a student has a known allergy, then advice will be sought as to how occurrence of the allergy can be prevented or reduced to the minimum possible level. In extremis, if a student suffers an anaphylactic reaction (symptoms may include swelling of tongue and/or throat, difficulty in swallowing or speaking, vocal changes eg hoarse voice, wheeze or persistent cough or severe asthma, difficult or noisy breathing, stomach cramps or vomiting after an insect sting, dizziness / collapse / loss of consciousness), then emergency treatment will be sought either through taking the student to an accident and emergency centre, or calling an ambulance. In any case where a student requires access to specific equipment (eg an epipen) should their allergy be triggered, first aid staff will ensure that the appropriate equipment is available, and that staff understand what action to take.

### **First aid personnel's main duties**

The first aiders' main duties are to give immediate help to casualties with common injuries, and, when necessary, to ensure that an ambulance or other professional medical help is called.

### *First aid qualifications and training*

The administrator or H&S Officer is responsible for ensuring that all first aid training courses are approved by the HSE and updated as required. A First Aid at Work Certificate is valid for only three years. Refresher training must be arranged three months before a certificate expires. The standard first aid at work course does not include resuscitation procedures for children; *the coordinator must ensure that the first aider receives this training.*

### *First aid recording*

The record that must be kept of any first aid treatment given by first aiders should include:

- the date, time and place of the incident;
- the name of the injured or ill person;
- details of the injury or illness and first aid given;

- what happened to the person immediately afterwards (ie did they go home, resume normal duties, go back to class or go to access further treatment);
- the name and signature of the first aider or person dealing with the incident.

Parents / carers will always be informed of any accident. Centre staff will attempt to contact the parent / carer by telephone, text or email. Should it not be possible to make immediate contact, messages will be left (eg voicemail, work colleagues etc) asking the parent / carer to contact the centre. Parents / carers will have right of access to any records made regarding the accident, and, should they feel that practice has been insufficient (either to prevent the accident or in responding to it), then their rights as described within the centre's complaints procedures will be explained to them.

Some accidents are reportable to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) and the administrator should check if this is necessary after an incident.

The accident record book will be kept in the office at each centre.

*Hygiene and infection control (see health and safety policy for further information)*

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 when disposing of dressing or equipment.

Blood and body fluids (BBF) may contain disease causing micro-organisms, thus any 'deposits' must be dealt with as soon as possible after a spillage has occurred. BBF may be blood, faeces, pus or vomit. It is the responsibility of all staff to deal promptly with such spills. BBF spills may be classified as high or low risk and this will determine the recommended cleaning process to be employed. A **low risk** spillage may be a urine spill through careless toilet usage, or an area that has been observed as being accidentally coughed or sneezed upon. A **high risk** spillage may be blood or vomit: both should be considered potentially hazardous. Any staff cleaning up such a spill must ensure that all precautions (gloves, appropriate cleaning materials and disposal) are pursued to reduce the likelihood of infection. Any materials produced from such clean up must be placed into a refuse bag (a store is

kept on site) and the bag disposed of into the large bin kept at the front of the centre.

### Laboratories

North West London Centre has a small space fitted out as a laboratory. The coordinator and / or science staff will ensure that eyewash (in date) is available for use should that be necessary.

### Public Service Vehicles

Transport regulations require that all minibuses and public-service vehicles carry a readily available and clearly marked first aid container stocked with the following:

- ten antiseptic wipes, foil packed,
- one disposable bandage (not less than 7.5cm wide),
- two triangular bandages,
- one packet of 24 assorted adhesive dressings,
- three large sterile unmedicated ambulance dressings (not less than 15cm x 20cm),
- two sterile eye pads, with attachments,
- twelve assorted safety pins,
- one pair of rustless blunt-ended scissors.

NB Centres do not own their own buses, but first aid staff will ensure that an appropriately stocked container is carried whenever a bus is hired to transport students.

### Travelling first aid containers

HSE recommend that where there is no special risk for off-site activities, a minimum stock of items for travelling first aid containers is:

- a leaflet giving general advice on first-aid,
- six individually wrapped sterile adhesive dressings,
- one large sterile unmedicated wound dressing (18cm x 18cm),
- two triangular bandages,
- two safety pins,
- individually wrapped moist cleansing wipes,
- one pair of disposable gloves.



Equivalent or additional items are acceptable. Additional items may be necessary for specialised off-site activities.

Policy updated Sept 2018 by Bob Sproson, Director of Education - for annual review.