

First Aid Policy

Policy Owner	SLT
Formally endorsed by	Council of Trustees
Endorsement Date	March 2021
Next Review Date	March 2022

INTRODUCTION

First aid can save lives and prevent minor injuries becoming major ones. Under Health & Safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

Although there is no requirement to take account of persons who are not a member of staff, the purpose of this policy is to ensure that at the School there is appropriate first aid provision for staff, students and visitors at all times while people are on the School premises and whilst on off site visits. This is consistent with the spirit of the regulations, guidance from the Health & Safety Executive and the DCSF and with the School's obligations to students as being *in loco parentis*. The policy is designed to ensure that all staff, students and visitors are aware that a system is in place, to provide awareness of health and safety issues within the School and for off-site learning and to prevent, where possible, potential dangers or accidents.

POLICY STATEMENT

The School takes seriously its responsibility to care for the interests of its staff and students in emergency situations. The School will provide awareness of Health & Safety issues on site and during off site learning, to prevent, where possible, potential dangers or accidents. However, where accidents do occur, it is essential that the School has qualified staff and clearly defined procedures that can be called upon immediately to treat injuries with the aim of reducing the impact of the accident and if necessary to save life.

To this end, the School will appoint the appropriate number of suitably trained persons as first aiders to meet the needs of the staff, students and visitors. It will provide relevant training and ensure there is monitoring of training needs. Sufficient and appropriate first aid resources and facilities are provided. Staff and parents/carers will be informed of the first aid arrangements. The School will keep accident records and will report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

ROLES AND RESPONSIBILITIES

Responsibility for Health & Safety rests with the Trustees. The Trustees have responsibility for Health & Safety matters within the School and during off site learning. The Senior Leadership Team (SLT) will be responsible for ensuring that the policy is put into practice and that parents/carers are aware of the School's Health & Safety Policy, including arrangements for first aid.

TEACHERS AND SUPPORT STAFF

Teachers and support staff are not required to give first aid as part of their conditions of employment. All staff are expected to secure the welfare of students whilst they are in their care. The consequences of taking no action are likely to be more serious than trying to assist in an emergency. All School staff should familiarise themselves with the first aid procedures and ensure that they know who the current first aiders are. Teaching staff should be aware from the School records of specific medical details of individual students they teach or mentor.

FIRST AIDERS

Staff who volunteer to be first aiders will be given adequate appropriate training. The SLT must ensure that there are sufficient trained staff to meet the statutory requirements and assess the needs for those on the School site.

A first aider is someone who has successfully completed an HSE accredited training course in first aid at work or an emergency first aid course and for students under six years of age a paediatric first aid course. Training must be refreshed periodically every 3 years.

NUMBER OF FIRST-AIDERS

The number of first aiders at the School depends on an assessment of risk. At the School we will have a minimum of four first aiders, but when the students are taken off site ie a school trip then additional first aiders may be required to maintain cover in school. All PE staff are first aid trained.

FIRST AID MATERIALS, EQUIPMENT & FACILITIES

First aid boxes are placed around the School and contain only the items given in the table. No other items should be added to the box. They should always be adequately stocked. They should not contain medications of any kind. Travelling first aid kits are provided for out of the classroom learning ie walks through the grounds and school trips. There is a first aid box in each of the minibuses and car.

CONTENTS OF FIRST AID BOXES AND MOBILE KITS	First aid boxes	Travelling first aid kits
Guidance card	1	1
Resuscitation face shield	1	1
Disposable heat retaining blanket	1	1
Individually wrapped triangular bandages (preferably sterile)	2	1
Pack sterile gauze swabs	2	1
Plasters (assorted sizes)	20	6
Melolin dressings (small and large)	2 small 2 large	2 small
Sterile saline solution	3	1
Sterile eye pads	2	1
Medium sized individually wrapped sterile unmedicated wound dressings (approx. 12cm x 12cm)	2	1
Large sterile individually wrapped unmedicated wound dressings (approx 18 cm x 18 cm)	2	1
Individually wrapped moist cleaning wipes (non allergenic)	10	4
Pair of disposable gloves	3	1
Disposable ice packs	2	0
Roll of tape	1	1

Where tap water is not readily available for eye irrigation, sterile water or sterile normal saline in sealed disposable containers (at least 300 ml) should be provided. First aid boxes and kit containers should protect the contents from damp and dust and should be clearly marked with a white cross on a green background. The First Aid Room should check the contents of all first aid boxes on a termly basis and re-stock the boxes as appropriate. Note all first aid materials have expiry dates and should not be used after this date.

FIRST AID ROOM

The School has a designated First Aid Room, located in the Lower School which contains a first aid box and a washbasin with washing and drying materials. A chair and a bed with a blanket is provided.

The School nurse will keep the first aid boxes stocked in accordance with the list above. First aid may be administered elsewhere in the School as appropriate using the nearest available first aid box but the First Aid Room is to be notified immediately.

SIGNS AND NOTICES

There are notices within all buildings detailing the staff who are first aiders.

ACCESS FOR AMBULANCE

Unobstructed and adequate access is provided at all times for ambulances.

PROCEDURES REPORTING AN INCIDENT REQUIRING FIRST AID

All staff will:

- Never move a casualty until they have been assessed by a qualified first aider unless the casualty is in immediate danger;
- Send for help to the First Aid Room as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained;
- Reassure, but never treat, a casualty unless they are in possession of current recognised first aid certificate;
- Send a student who has minor injuries and able to walk to the First Aid Room where a First Aider will see them, this student is to be accompanied by an adult if is from class 1 to 3, by another student for classes 4 onward.
- Send a student who feels generally 'unwell' to the First Aid Room, if their deterioration seems uncharacteristic and is causing concern then send or call for help from the First Aid Room.

First Aid Room will:

- Call for a qualified first aider, unless they are one themselves, to treat any injured student or member of staff. This should be done by telephone in the case of minor injuries or in person;
- Support the first aiders in calling for an ambulance or contacting relatives in an emergency.

FIRST AID RECORDS

First aiders will record every case they treat as soon after the incident as is practicable. Dependent on how the accident / incident happened this dictates how it will be recorded.

Minor Injuries:

The following injuries are considered minor and capable of being dealt with by the first aid room and recorded in the daily accident book: grazes, small scratches, bumps and minor bruising.

Injuries requiring medical attention:

All other injuries, including those injuries sustained by School equipment or property will be also recorded on the Accident / Incident Form, held within the First Aid Room. Also the incident will be entered in CPOMS.

Each record will include:

- The date, time and place of incident
- The name and class of the injured or ill person
- Details of the injury/illness and what First Aid was given
- What happen to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital)
- Name and signature of the first aider or person dealing with the incident.

All data from the daily accident book must be entered in the pupils diary on the Sanatorium management in iSAMs.

The records are kept centrally by the Health & Safety Team, located in the Facilities Manager's Office and are readily available. These records will be linked to the statutory accident records and the RIDDOR record for the reporting of injuries and will be kept for three years.

Records of training are kept of first aiders' certification dates, and the dates of additional, specific or refresher training.

COMMUNICATION WITH PARENTS/CARERS

Where a student has been treated, the School should report the treatment to the child's parent/carer. For minor injuries such as grazes, small scratches these are not reported but recorded in the first aid book

Depending upon the nature of the incident this could be by telephone call before 'pick up time' and/or email via iSAMS by the end of the day. Sometimes it may require immediate contact.

BUMPS ON THE HEAD

Injuries to the head need to be treated with particular care. Any evidence of the following symptoms may indicate serious injury and an ambulance must be called.

- unconsciousness, or lack of full consciousness (i.e. difficulty keeping eyes open);
- confusion
- strange or unusual behaviour – such as sudden aggression
- any problems with memory;
- persistent headache;
- disorientation, double vision, slurred speech or other malfunction of the senses;
- nausea and vomiting;
- unequal pupil size;
- pale yellow fluid or watery blood coming from ears or nose;
- bleeding from scalp that cannot quickly be stopped;
- loss of balance;
- loss of feeling in any part of body;
- general weakness;
- seizure or fit.

A qualified first aider will know the procedure for dealing with a student who has a bump to the head and in any serious case the student will be taken to hospital either by a member of staff or the parent carer. However, sometimes the effects only become noticeable after a period of time perhaps several hours.

The School has a system for monitoring the student and for informing the parent / carer. Any student who has had a head injury, no matter how apparently minor it appears should be given a 'bumped head' note to show each teacher for the remainder of the day. Each teacher whose lesson the student attends should be asked to keep a look out for signs of drowsiness or distress. The parents will be inform via telephone call or email through iSAMS using the template of Head Injury Note by the end of the school day.

PROTECTION FROM DISEASES CARRIED IN BODILY FLUIDS

There are a number of infectious diseases that can be transmitted by contact with blood and other body fluids. Many such diseases do not necessarily present symptoms in the person who is carrying the bacteria or virus that causes the disease. It is important that responsible hygiene procedures are always followed whenever any first aid is being given. Such procedures will include the use of single-use disposable gloves, plastic aprons, hand washing before and after giving treatment.

Blood and Body Fluid Spillages

It is important that spillages of blood, faeces, vomit or other body fluids are dealt with immediately as they pose a risk of transmission of infection and disease, e.g. blood borne viruses, diarrhoea and vomiting illnesses, such as norovirus.

Bio-hazard kits are available within the School to deal with blood and body fluid spillages. The person responsible for checking and replenishing the kits regularly is the Facilities Manager.

General principles of blood and body fluid spillage management:

Body fluid spillages should be dealt with as soon as possible with ventilation of the area. Anyone not involved with the cleaning of the spillage should be kept away from the area and protective clothing should be worn when dealing with the spillage such as gloves and aprons.

Spillage Procedure

Cordon off the area where the spillage has occurred.

Cuts and abrasions on any areas of the skin should be covered with a waterproof dressing. Use personal protective equipment and clothing to protect body and clothes: disposable gloves and apron must be worn which is supplied within each kit.

As with other all hazardous substances used in the School, disinfectants should be stored, handled and used in accordance with COSHH (Control of Substances Hazardous to Health Regulations 2002) and the manufacturer's instructions. Product data sheets and safe use instructions should be accessible, along with risk assessments and details of actions required in the event of accidental ingestion, inhalation or contact with skin or eyes.

All chemicals must be stored in their original containers, in a cool, dry, well-ventilated place that is lockable and inaccessible to unauthorised staff, students and visitors.

Appropriate protective clothing (e.g. gloves and aprons) are to be worn when handling chemical disinfectants. Contact with skin, eyes and mouth should be avoided.

DISPOSAL OF CLINICAL WASTE

Any blood or other body fluid waste produced within the School should be disposed of using yellow bio-hazard type disposable bags. Items that should be disposed of as clinical waste will

include soiled nappies; disposable cloths used for cleaning vomit or faeces; any blooded waste. The bags should be collected on a regular basis.

EQUAL OPPORTUNITIES

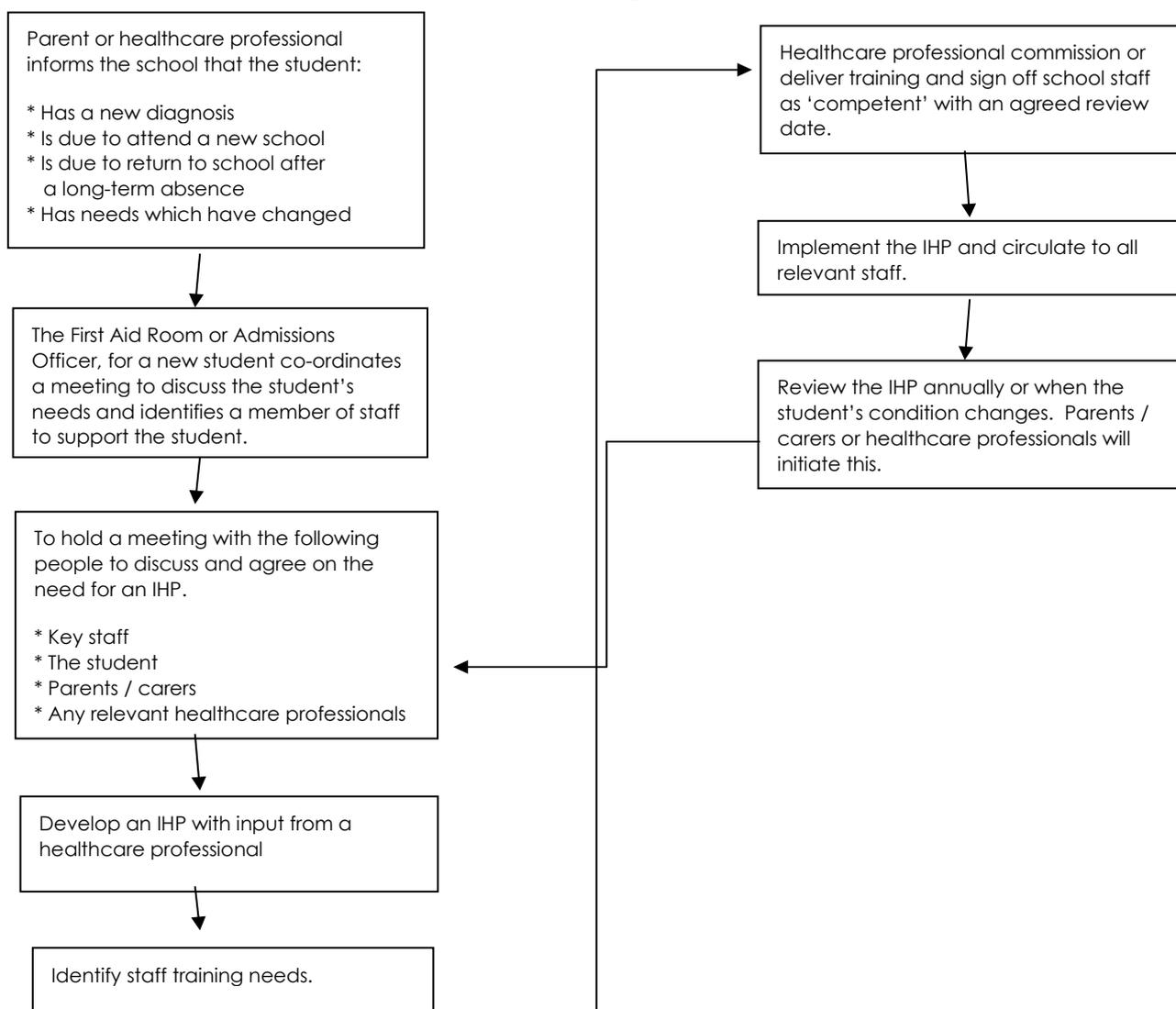
The School is clear about the need to actively support students with medical conditions to participate in the School sporting activities, events and off site trips and not prevent them doing so.

The School will consider what reasonable adjustments need to be made to enable these students to participate fully and safely in sporting activities, events and off site trips.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical condition are included. In doing so students, their parents or guardians and any relevant healthcare professionals will be consulted.

BEING NOTIFIED THAT A STUDENT HAS A MEDICAL CONDITION

When the School is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP (individual healthcare plan). The School will make every effort to ensure that arrangements are put in to place immediately.



INDIVIDUAL HEALTHCARE PLANS

The Trustees have overall responsibility for the development of the IHPs for students with medical conditions. This has been delegated to the nurse.

Plans will be reviewed at least annually or earlier if there is evidence that the student's needs have changed.

Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents / carer when an IHP would be appropriate or disproportionate. This will be based on evidence. If there is not a consensus, the School Nurse will make the final decision.

Plans will be drawn up in partnership with the School, parents / carers and a relevant healthcare professional, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health care (EHC) plan. If a student has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the student's condition and how much support is needed. The School Nurse or for new students the Admissions Office and School Nurse will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptom and treatments;
- The students resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- Specific support for the student's educational, social and emotional needs. For example how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional and cover arrangements for when they are available;
- Which staff need to be aware of the student's condition and the support required;
- Arrangements for written permission from parents / carers and the Bursar for medication to be administered by a member of staff, or self-administered by the student during school hours.
- Separate arrangements or procedures required for trips and other activities outside of the normal timetable that will ensure the student can participate eg risk assessments;
- Where confidentiality issues are raised by the student, parent / carer, the designated safe guarding staff to be entrusted with the information about the student's condition;
- What to do in an emergency, including who to contact and contingency arrangements.

MANAGING MEDICINES

The School will administer the following medicines and treatments once the parents / carers written consent has been provided. The consent would be through the parental contract and / or consent forms:

- Paracetamol
- Arnica tablets
- Arnica ointment
- Hypericum Calendula ointment
- Digestion calming drops (Melissa)
- Combudoron ointment
- Combudoron Spray

Prescription and the above topical treatments will only be administered at the School:

- When it would be detrimental to the student's health or School attendance not to do so
- Where parents / carers written consent has been provided.
- If an emergency verbal consent from parents via phone call.

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents / carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

The nurse / first aider giving a student any medication, for example pain relief will first check the maximum dosages and when the previous dosage was taken. Parents / carers will always be informed.

The School will only accept prescribed medicines that are:

- In-date;
- Labelled;
- Provided in the original container, as dispensed by the pharmacist and include instruction for administration, dosage and storage.

A medication record log is used monthly to check expiry dates. The School Nurse will contact parents when the medication is about to expiry and needs replacing. It is a parental responsibility to provide the school with the right medication when requested.

The School will accept insulin that is inside an insulin pen or pump rather than its original container but it must be in date.

All medicines will be stored safely and the nurse / first aider will be able to access at all times.

Medicines will be returned to parents / carers to arrange for safe disposal when no longer required.

INHALERS

Every child suffering from Asthma or a condition that may require the use of an inhaler should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack.

- Kindergarten: KG teacher responsible for storing the inhaler.
- Lower School: stored in the medication cupboard in First Aid Room
- Middle and Upper School: are allowed to carry their own inhaler, but its highly recommended to have a spare one in the First Aid Room cupboard

The inhaler and spacer **should not be locked away** and has to be accessible all the time. The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.

CONTROLLED DRUGS

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine and methadone.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so but they must not pass it to another student to use. All other controlled drugs are kept in a secure cupboard in the First Aid Room and only the nurse and named first aiders have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Students who are competent will be encourage to take responsibility for managing their own medicines and procedures. This will be discussed with their parents / carers and it will be reflected in the IHPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible.

Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents / carers so that an alternative option can be considered, if necessary.

Unacceptable practice

- Staff should use their discretion and judge each case individually with reference to the student's IHP but it is generally not acceptable to:
- Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every student with the same condition requires the same treatment;
- Ignore the views of the student or the parents / carers;
- Ignore medical evidence or opinion, although this may be challenged;
- Send students with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying from normal activities, including lunch unless this is specified in their IHPs;
- If the student becomes ill staff will send them to the First Aid Room unaccompanied or with someone suitable;
- Penalise students for their attendance record if their absences are related to their medical condition for example hospital appointments;
- Prevent the student from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;

- Require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their student, including toileting issues. No parent / carer should have to give up working because the School is failing to support their child's needs;
- Prevent students from participating or create unnecessary barriers participating in any aspect of school life, including school trips by requiring parents to accompany their child etc.
- Administer or ask students to administer medicine in the toilets.

EMERGENCY PROCEDURES

All staff will follow the normal emergency procedures, for example calling 999. All students IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, staff will stay with the student until the parent / carer arrives or accompany the student to hospital by ambulance.

If the pupil has to be taken to hospital, the First Aid Room staff, will arrange for one of the following methods of transport to be used, depending upon the urgency and nature of the circumstances:

- School minibus
- Parents transport
- Ambulance

Guidance on when to call for an Emergency Ambulance

An emergency 999 ambulance should be called when a qualified First Aider has assessed a casualty and deemed it necessary to do so based upon the knowledge acquired through their training. Usually this will be for casualties with the following problems:

- any instance in which it would be dangerous to approach and treat a casualty
- unconscious
- not breathing
- not breathing normally and this is not relieved by the casualty's own medication
- severe bleeding
- neck or spinal injury
- injury sustained after a fall from a height (higher than 2 metres)
- injury sustained from a sudden impact delivered with force (e.g. car knocking a person over)
- suspected fracture to a limb
- anaphylaxis (make sure to use this word when requesting an ambulance in this case)
- seizure activity that is not normal for the casualty, especially after emergency medication has been administered
- symptoms of a heart attack or stroke
- rapid deterioration in condition despite the casualty not initially being assessed as requiring an ambulance

IF IN DOUBT, IT IS BETTER TO CALL FOR AN EMERGENCY AMBULANCE THAN NOT

If, for whatever reason, a qualified First Aider is not available, the above guidelines should be used to determine whether to call for an emergency ambulance.

How to call for an emergency ambulance

Should the need arise for an emergency ambulance to be summoned, the First Aider should:

- remain calm

- ask a bystander* to call 999 or 112 and, when prompted for which service is required, ask for an ambulance
*Should a bystander not be available it may be necessary for First Aiders to leave the casualty and make the call themselves, relaying this information to the operator.
- members of maintenance staff will make sure the ambulance has access to the nearest point where the casualty is located.

The caller should:

- be ready to provide details of their name, telephone number, address and exact location within the School
- relay the condition of the casualty, as assessed by the First Aider, and how the casualty came to be in this condition
- provide details of the number of casualties along with names, age and gender if these details are known
- ask that ambulances come to 'Michael Hall School, Kidbrooke Park, Forest Row, RH18 5JA'; if possible, it should be arranged for a member of staff or bystander who knows the location of the casualty to meet the ambulance on arrival
- communicate any dangers or hazards into which the ambulance may be arriving
- stay on the line with the emergency operator until they have cleared the line
- return to the casualty immediately after the call to inform the First Aider that an ambulance is on the way and to bring a First Aid kit, blanket if necessary.

TRAINING

Staff who are responsible for supporting student with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to student with medical conditions will be included in the meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Bursar. Training will be kept up to date.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support the students;

- Fulfil the requirement of the IHPs;
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Health care professionals will provide confirmation of the proficiency of staff in a medical procedure or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example with preventative and emergency measure to they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

RECORD KEEPING

The Trustees will ensure that:

- Written records are kept of all medicine administered to students.
- Parents / carers will be informed if their child has been unwell at School or/and if any medication has been administered.
- IHPs are kept in a readily accessible place which all staff are aware of.

LIABILITY AND IDEMNITY

The Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the School's level of risk.

The details of the School's insurance policy are as follows:

Name: Ecclesiastical Insurance Office Plc

Cover period: 1st May 2019 to 31st April 2020

We will ensure that we are a member of the Department of Education's risk protection arrangement (RPA).

COMPLAINTS

Any complaint regarding a child's medical should be made through the School's complaints procedure.