

## FIRST AID POLICY

### *This policy applies to the whole school including boarding*

This Policy is publicly available on the School's website and upon request a copy may be obtained from the School Office. All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures, both within and outside of normal school hours, including activities away from school.

**Monitoring and Review:** This policy is subject to regular monitoring, refinement and audit by the Principal and the Executive Regional Director. There will be a full annual review of this policy and procedures, including implementation, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require. This discussion will be formally documented in writing. As such, staff can contribute to and shape this policy and its appendices. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay. All staff will be informed of the updated/reviewed policy which will be made available to them in either a hard copy or electronically.

Signed:

Date reviewed: January 2018

Date of next review: January 2019



Ms. Amanda Woods  
Principal

Ashwicke Hall School has an Appointed Person who is the School Nurse with responsibility for the First Aid, inclusive of first aid with reference to the School's employees, students and any other persons on the premises. This includes all teaching and non-teaching staff, volunteers, children and visitors (including contractors). The appointed person must ensure that relevant risk assessments regarding the Medical Centre and first aid undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.

**Policy Statement:** The School will undertake to ensure compliance with all the relevant legislation with regard to the provision of First Aid for students, staff, parents and visitors. We will ensure that procedures are in place to meet that responsibility. This policy should be read in conjunction with the Ashwicke Hall School Medical Protocol and Practice, Health and Safety policy, and policy on Safeguarding - Child Protection.

### **Aims and Objectives**

- To ensure that First Aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.
- To provide First Aid treatment when required for all users of the school (with particular reference to students and staff) and seek professional medical help where necessary.
- To treat a casualty, relatives and others involved with care, compassion and courtesy.

*Ashwicke Hall School is committed to safeguarding and promoting the welfare of students and expects all staff and volunteers to share this commitment. It is our aim that all students fulfil their potential.*

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school.
- To provide sufficient and appropriate resources and facilities.
- To inform staff and parents of the School's First Aid arrangements.
- To provide awareness of Health and Safety issues within School and on school trips, to prevent, where possible, potential dangers or accidents.

**Practical Arrangements at the Point of Need:** Ashwicke Hall School will:

- provide the appropriate number of first-aid containers according to the risk assessment of the site, which are marked with a white cross on a green background;
- provide the names of those qualified in First Aid and ensure their training is regularly updated;
- have at least one qualified person on the School site when students are present;
- show how accidents are to be recorded and parent(s) and/or guardian(s) informed;
- follow hygiene procedures for dealing with the spillage of body fluids;
- provide guidance on when to call an ambulance;
- refer to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 9923)
- ensure first aid supplies are also kept near hand washing facilities;
- have arrangements in place for the checking and replenishment of First Aid supplies/kits as necessary;
- check medication such as inhalers and EpiPens regularly to ensure they have not passed the expiry date and new medication requested to replace any due to expire;
- share a list of all student allergies and medical conditions with all staff to ensure they are aware of students' needs.

**Classification for First Aiders:** There are now three levels of workplace first aider:

- Emergency First Aider at Work (EFAW) – 6-hour course
- Paediatric First Aider – 12-hours paediatric course (not applicable at Ashwicke Hall School)
- First Aider at Work (FAW) – 18-hour course.

The majority of staff (both teaching and non-teaching) at Ashwicke are required to complete either EFAW or FAW.

**The Nature of the Workforce:** During term time, there will be at least one First Aider on duty, usually supported by the School Nurse. During school holidays, there should be at least one Emergency First Aider at Work (EFAW) available. Before a student with specific health problems/disability (such as heart conditions, asthma, diabetes etc) is accepted to the school, a care plan will be completed by the School Nurse, who will consider the training needs for the nurses/teachers/First Aiders within the school. The School Nurse and HR Officer are responsible for ensuring that there is adequate first aid cover available at all times, including when a nurse is on annual leave, a training course, a lunch break or other foreseeable absences. It is not acceptable to provide an 'Emergency First Aider at Work' (6-hour course) to cover foreseeable absences of a nurse or 'First Aider at Work' (18-hour course).

### Definitions

**First Aid:** The arrangements in place to initially manage any injury or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out. First Aid does not include giving of any tablets or medicine to treat illness.

**Full First Aider:** A person who has completed a full (18-hour) FAW course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

**Emergency First Aider:** A person who has completed a 6-hour EFAW course of emergency first aid from a competent trainer and holds a current certificate.

**Nurse (Appointed Person):** qualified medical personnel who can administer first aid, medication and provide advice and treatment.

**First Aid Facilities:** There is a central surgery, known as the Medical Centre, and additionally First Aid kits are in key locations throughout the School, including Boarding houses and Sports Centre, with there being portable First Aid kits to be taken on activities away from the School site.

**Training:** The School Nurse is fully First Aid trained and has had specific instruction regarding some other health conditions. The list of staff with current First Aid Certificates is available in Appendix One and the School Office. All First Aid qualifications are updated in accordance with regulations. Additionally, staff members able to administer medication will receive accredited training to do so.

**Nurse/First Aiders' responsibilities:**

- To summon an ambulance through the Medical Centre or School Office when necessary.
- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible.
- Help fellow nurses/First Aiders at an incident and provide support during the aftermath where required.
- To insist that **any** casualty who has sustained a head injury is seen by professionals at the hospital.
- To inform the Medical Centre or School Office when students are too unwell to stay in class. The Medical Centre or School Office will inform parents, when required, of illness or accident.
- The Medical Centre will keep an online record of medications with dates, times and treatment given.

**Policy on First Aid in School:** All students with minor injuries should be brought to the Medical Centre for assessment. During lesson time, the Medical Centre or Duty First Aider will administer first aid. During the school day, outside of lesson time, if an accident occurs and first aid is required, then one of the staff on duty can assist. If there is any concern about the first aid administered, then the Nurse must be consulted. A copy of the Accident Report Form is kept in the Accident Report file, in the Medical Centre. The First Aiders are authorised to apply dressings and compresses and take reasonable steps to facilitate symptom relief. Outside of lesson time, the Office staff or Boarding Duty Team will:

- call for the nurse/First Aider, unless they are a First Aider themselves, to treat any injured student;
- support the nurse/First Aiders in calling for an ambulance or contacting relatives in an emergency; and
- **NOT** administer paracetamol or other medications unless they have had appropriate training and the School has parental permission to do so (please see Medical Protocol and Practice document for guidance on the administration of over the counter and homely remedies).

Notices will be displayed in prominent locations throughout the establishment identifying how to summon first aid in an emergency, and who the first aiders are within school, other than the School Nurses.

**Contractors :** The Finance and Facilities Controller, on advice from the School Nurse, will ensure contractors have suitable or sufficient first aid provision, or that the contract may include their use of the School's first aid facilities.

**The Nurse/First Aiders' procedure for dealing with sick or injured students:**

- Ascertain by inspection and discussion with student or staff member the nature of the injury or illness.
- Comfort or advice as necessary. This may be sufficient and students can return to class or break. Inform staff member of nature of any concerns if appropriate.
- The Nurse/First Aider will treat the injury or illness if required. Depending on the nature of the wound/injury, clean wound with saline or running water, apply pressure until the bleeding has stopped (or reduced) and cover with a plaster if still bleeding and no allergy exists.

- The Nurse/First Aider will record action taken in the Accident Report Book as necessary.
- If the student is then well enough he/she will return to class.
- If problem persists or there are doubts as to the seriousness of any injury then, for day students, parent(s) and/or guardian(s) will be telephoned and asked what they would like to do. If parent(s) wish to collect their child appropriate arrangements are made. If they are boarding students, the School nurse will make the decision how parent(s) and/or guardian(s) are to be informed.
- If a severe illness or injury is suspected, then the emergency services will be called (or the most appropriate member of staff will take the student to hospital if deemed more efficient) and administrative staff will contact the parent(s) and/or guardian(s) to inform them. No student will travel in an ambulance unaccompanied.
- If any issue arises during treatment or discussion with the student that the School Nurse feels should be taken further, she will telephone or speak to the parent(s) and/or guardian(s).

N.B. The First Aiders will have up to date Emergency First Aid training and some will have a full and current First Aid at Work Certificate. They are not, however, medically qualified and hence cannot give medical advice. Only nursing staff (or our GP) can provide medical advice.

**Guidance on when to call an ambulance:** The following is guidance only and cannot be considered to be comprehensive, however a paramedic should be called if:

- if there are signs of a stroke, poisoning, drug overdose or evidence of a suicide attempt
- if a casualty is trapped, unconscious, has sudden or severe back pain, chest pain or broken bones
- if there is any sign of a heart attack such as severe chest pain or pain in the patient's arm or jaw
- if a casualty has suffered a fall from height
- there is a serious head injury
- there is severe bleeding
- there is a severe or growing allergic reaction (anaphylaxis)
- there is an asthma attack continuing despite using an inhaler,
- there is a seizure
- there are signs of stroke
- there is a rash which does not blanch when using the 'tumbler test'
- there is any neck injury (particularly sustained in a sport such as rugby).

It should be re-emphasised that these examples are only illustrative, **if in doubt get professional help.**

**Guidance on how to call an ambulance:** Follow the steps below.

**From all landlines in the School phone 999. From a mobile phone 112/999.**

- They will ask you what service you require. Say 'ambulance'.
- They will ask where you are located. Be as precise as possible: the School postcode (for satnav) is SN14 8AH.
- They will ask you how many casualties. If a child, state 'a child'
- They will ask what is wrong with casualty. Tell them what you are sure of: they are likely to ask for further information such as the casualty's name, date of birth, GP surgery etc. If the casualty is not near a telephone, you will find it helpful to enlist another member of staff to help you with making the call and relaying details.
- They will give you a reference number; note this down in case you need to call back and update them.
- They will ask if other services required.
- After you hang up you must wait with the casualty until the ambulance arrives, and send someone to direct the ambulance (or contact Reception/the Gatehouse to assist with this).

**Hygiene/Infection control/HIV Protection:** Staff should take precautions to avoid infection and must follow basic hygiene procedures:

- protective garments such as aprons, masks, gloves and overshoes, should be worn as appropriate to the situation. Travel biohazard body spill kits are available for school trips
- Absorbent granules should be spread over spillage to form a gel-like substance. Blood and body fluids should be covered with paper towels to help prevent airborne spread of infection.
- The gel is scooped up and disposed of in yellow biohazard bags using a scoop or allocated body fluid dustpan and brush provided
- The area should be disinfected with disinfectant and hot water, taking account of the surface where the incident happened. Carpets may need steam cleaning. The area should be thoroughly dried before use.

Advice from Wessex Public Health England relating to gastroenteritis is as follows: 'Both norovirus and *Clostridium difficile* spores are very hardy and disinfectants such as alcohol have little or no effect. The recommended disinfectant is Hypochlorite at 1000 parts per million. This should already be available within the school/nursery, as it is the disinfectant recommended for use after a spillage of blood or body fluid. Hypochlorite is a bleach solution, which must be made up freshly in order to be effective (examples of chlorine releasing tablets are *Haztabs* and *Sanichlor*). Instructions on how to make the solution to the correct strength can be seen on the packet and some manufacturers provide a mixing container to accurately mix the solution in. An alternative to these chlorine releasing tablets is Milton solution. Manufacturers of the disinfectants should supply COSHH (Control of Substances Hazardous to Health) Data Sheets that specify the requirements for safe use.

### **Disposal of contaminated products**

All body fluids should be treated as 'clinical waste' and disposed of appropriately in a securely sealed yellow bag to be collected by a nominated waste disposal company for incineration. Non-disposable equipment should be washed thoroughly and disinfected using bleach (kept in locked cleaning cupboard); items that need laundering (clothes, bedding etc) should be sealed in a red waste bag and flagged to Laundry staff. Staff should wash hands thoroughly. For small spillages, anti-viral/anti-bacterial wipes are available from the Medical Centre. Gloves should be worn and waste disposed of in a yellow bag as detailed above.

**Supporting sick or injured students:** With reference to sick students and medicine, we:

- make every effort to keep abreast of new information relating to infectious, notifiable and communicable diseases and local health issues and contact the School Nurse or our GP for advice if we are unsure about a health problem;
- isolate a student (min 24 hrs) if we feel that other students or staff are at risk and contact parent(s) and/or guardian(s) to take students home if they are feeling unwell/being sick/have diarrhoea/have had an accident/may have an infectious disease, respecting confidentiality;
- ring emergency contact numbers if the parent(s) and/or guardian(s) cannot be reached;
- make every effort to care for the student in a sympathetic, caring and sensitive manner; and
- keep other parent(s) and/or guardian(s) informed about any infectious diseases that occur and expect parent(s) and/or guardians to inform the Health Centre if their child is suffering from any illness or disease that may put others at risk.

**Confidentiality:** Information given by parent(s) and/or guardian(s) regarding their child's health will be treated in confidence and only shared with other staff or external agencies when necessary or appropriate. (Please see the Medical Protocol and Practice document for further details).

**Monitoring:** Accident Report Forms can be used to help the School Nurse and Finance and Facilities Controller to identify trends and areas for improvement. They also help to identify training or other needs and may be useful for insurance or investigative purposes. The School Nurse regularly reviews the accident records. This policy will be reviewed at least annually.

**Reporting to HSE:** The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (**RIDDOR**) legislation (2013) [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor) Tel: 0845 300 9923 to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23). The School nurse must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

Accidents arising out of or in connection with work at Ashwicke School Hall which result in death or major injury (including as a result of physical violence) to any person (adult or child, staff or visitor), or which prevent the injured person from doing their normal work for more than three days, must be reported to the HSE immediately.

Accidents arising out of or in connection with work can be defined as:

- Any school activity, both on or off the premises;
- The way the school activity has been organised and managed and condition of premises;
- Equipment, machinery or substances owned or used by the School.

These need to be reported without delay to HSE, followed by Form F2508. For more information on how and what to report to the HSE, please see: <http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link.

**The nature of the work, the hazards and the risks.** The following table, compiled using information from the Health & Safety Executive, identifies some common workplace risks and the possible injuries that could occur:

Hazard	Control measures/Notes	Possible injuries requiring first aid	Risk Rating
Manual Handling	Mainly pertains to kitchen/cleaning and maintenance staff.	Fractures, lacerations, sprains and strains	Low
Slip and trip hazards		Fractures, sprains and strains, lacerations	Low
Machinery	There are very few machines within the school, which are capable of causing amputations and fractures.	Crush injuries, amputations, fractures, lacerations, eye injuries	Low
Work at height	Working at heights is restricted to adults: below one meter an adult can work alone; over one meter a full-size ladder or scaffold tower is used with 2 or more people present at all times.	Head injury, loss of consciousness, spinal injury, fractures, sprains and strains	Low
Workplace transport	It is unlikely that workplace transport injuries will occur as the minibus is only used for people carrying.	Crush injuries, fractures, sprains and strains, spinal injuries	Low
Electricity	All wiring is tested every 5 years and portable appliances 100% every 3 years, there is also an annual visual H&S self-audit which should identify any shortcomings, and these would then be rectified, couple to this is the appointment of H&S reps who are responsible for monitoring all H&S matters within their area of responsibility.	Electric shock, burns	Medium

Chemicals	All chemicals are kept under lock and key and their issue and use is supervised by qualified adults/personnel.	Poisoning, loss of consciousness, burns, eye injuries	Low
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**Record keeping:** The School Nurse must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years. This should include:

- The date, time and place of incident; the name of the injured or ill person; details of their injury/illness and what first aid was given; what happened to the person immediately afterwards; and name of the nurse/first aider or person dealing with the incident.

**School Accident and Illness procedures:** All injuries, accidents, illnesses and dangerous occurrences must be recorded in the Accident Report Book. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored for at least 3 years or if the person injured is a minor. This will be kept in the Medical Centre.

**Incidents / Hazards / Near Miss Book:** This should be used to record the unplanned or uncontrollable event. Assessment and review will be undertaken at regular intervals to consider further action.

### Specific Conditions

Physical Sickness – If a student is physically sick inside the school building, the area is cleaned and disinfected and the student is sent home or to a sick room as appropriate.

### Annex A:

#### Basic First Aid

If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm and if people are seriously injured call 999 / 122 immediately; contact the Nurse/First Aider.
- Make sure you and the injured person are not in danger; remove the source of danger (only move the casualty if essential).
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive; if their condition changes (eg. they lose consciousness) dial 999 again and quote the reference number to update them.
- Do not give the casualty food or hot drinks.

<p><b>Unconsciousness</b></p> <p>If the person is unconscious with no obvious sign of life, call 999 / 112 and ask for an ambulance. If you or any bystander has the necessary skills, give them resuscitation while you wait for the emergency services.</p>	<p><b>Bleeding</b></p> <p>Lay or sit the person down if possible. Control severe bleeding by applying firm pressure to the wound using a clean, dry cloth and raise it above the level of the heart if possible. Reassure them, keep them warm and loosen tight clothing.</p>
<p><b>Burns (heat, electrical or chemical)</b></p> <p>For all burns, cool with cold running water for at least 20 minutes. Do not apply dry dressings, keep the patient comfortable and call for qualified help.</p>	<p><b>Broken bones</b></p> <p>Try to avoid as much movement as possible. Support the casualty in as comfortable position as</p>

possible and continue to monitor them until help arrives.

**Embedded Objects and Splinters:** An object embedded in a wound (other than a small splinter) should not be removed as it may be stemming bleeding and further damage may result. Leave object in place, carefully clean the area with warm soapy water; use sterile dressing to cover it and seek qualified help.

**Managing students with hemiplegia:** Hemiplegia is a neurological condition which can result in one side of the body being weaker than the other; sufferers may also be prone to epilepsy. It is essential to include the weaker side in play and everyday activities, to make the child as two-sided as he or she can be. As they get older, many children and young people with hemiplegia can be encouraged to develop better use of their weaker side through involvement in their chosen sports and hobbies. Staff should encourage students to take part in all activities. If a student feels unwell, the nurse should be contacted for advice.

#### **Legal Status:**

This policy is drawn up and implemented to comply with The Education (Independent School Standards) (England) (Amendment) (Regulations) currently in force:

- Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR) (2013). The school is mindful of its duty to report to the Health and Safety Executive (0845 3009923) any instances that fall within the Reporting Injuries, Diseases or Dangerous Occurrences Regulations Act 2013 (RIDDOR).
- Guidance on First Aid for Schools Best Practise Document published by the Department for Education (DfE) and *Health and Safety: Advice on legal duties and powers* (2014)
- Health and Safety (First Aid) Regulations 1981 (amended 1997)
- First Aid at Work Guidelines for Employers published by the Health and Safety Executive 2009
- Health and Safety: advice on legal duties and powers for Local Authorities, school leaders, school staff, and governing bodies (DfE: 2014)

#### **Related external documents and references:**

- Welfare, Health and Safety Policy; Medication (giving and storage); First Aid Treatment; Automated External Defibrillators (AEDs) – A Guide to schools (DfE: October 2015); Ebola: Advice and Risk Assessments for Educational Childcare and young person's settings (Public Health England: Feb 2015); Guidance on the use of emergency salbutamol inhalers in schools (DoH: 2015), Supporting students at school with medical conditions (DfE: September 2014); School Trips and Outdoor Key Activities (HSE).

**Appendix 1: First Aid Trained Staff****FIRST AID TRAINING**

<b>Name</b>	<b>Course</b>	<b>Expiry</b>
Anca Sitov	FAW	2.9.2019
Amanda Woods	FAW	18.1.2021
Rachel Hassanyeh	FAW	18.1.2021
Kathryn Baker	FAW	18.1.2021
Caroline Stanley	FAW	18.1.2021
Saeda Ayche	FAW	18.1.2021
Nikke Bennett	EFAW	2.9.2019
Cathy Dathan	EFAW	2.9.2019
Ehab Hafez	EFAW	2.9.2019
Manal Arbid	EFAW	2.9.2019
Rana Laham	EFAW	2.9.2019
Diane McCleary	EFAW	2.9.2019
Fatima Villalba-Carrasco	EFAW	2.9.2019
Aude Munday	EFAW	2.9.2019