

# FIRST AID POLICY

## **Purpose of the policy**

The School recognises its responsibility to provide first-aid and will ensure that staff, pupils and any visitors while on site, have access to adequate facilities and materials at all times during the working day.

## **Legislation**

The Health and Safety at Work etc. Act 1974 imposes a general duty on employers to ensure, so far as is reasonably practicable, the health, safety and welfare of all their employees. This extends to the provision of appropriate first-aid facilities.

The Health and Safety First-aid Regulations 1981 set out the basic requirements for the provision at work of first-aid equipment, facilities and appropriately qualified personnel. These requirements have been further expanded and updated by the production of the First-Aid Approved Code of Practice and Guidance 1997 (ACOP).

The School also receives guidance from its Health and Safety advisers, namely Safeguard.

## **General Guidance**

HMSO publish '*Guidance on First-aid in Schools*' which gives the legislation which should be followed. The regulations require employers to make an assessment of their first-aid needs within the workplace that is appropriate to their circumstances. The level of provision of first-aid facilities is based on risk assessment and the number of personnel on site. If staff consider that the first-aid provision is not adequate they should immediately make representation to the Assistant Head (IW).

The recommendations are that there should be a minimum ratio of 1:100 fully qualified first-aiders (i.e. FAAW) to people in school (i.e. staff and pupils). Emergency Aid persons then fill the gaps when extra help is required.

At school functions there should be a minimum of one FAAW qualified person, two for a larger event, with Emergency Aid persons making up the numbers at large events.

A paediatric first aider will be present at all times that EYFS children are on site. When EYFS children are taken out, a paediatric first aider will join them.

On day trips it is recommended that an Emergency Aid member of staff be present, but it is not essential.

On residential trips there should always be at least one Emergency Aid member of staff.

## **First-Aiders**

The School identifies the need for trained first-aiders in sufficient numbers and at suitable locations to enable first-aid to be administered without delay. The practical, physical education and sports departments are areas where first-aid assistance is readily available at all times. All members of the PE staff should be FAAW trained.

There are two HSE approved courses:

- FAAW
- Emergency Aid

In addition, Junior House staff may take a Paediatric First Aid course which meets the requirements of the EYFS statutory framework and Ofsted requirements.

A first-aider must hold a **current** Certificate of Competence in First-Aid at Work issued by an organisation approved by the HSE, e.g. St John's Ambulance. Training courses normally take 3 days and the certificate is valid for three years. Prior to expiry a 2-day refresher course and examination is required for renewal of the certificate's validity. Emergency Aid is either delivered in school as an 8-hour course or as a one-day external course, and is also valid for three years.

**In the event of an accident, an Emergency Aid person may be the first on the scene, but should then call a more qualified person unless the injury is minor.**

Account is taken of the person's normal duties because a first-aider must be able to leave to go to an emergency immediately. It is the School's policy to ensure an adequate number of non-teaching staff are trained first-aiders.

Whilst first-aiders carry out their duties voluntarily, they do so in the course of their employment. This is important in the event of a third party claim arising from first-aid treatment. The School gives written confirmation that it fully indemnifies the staff against claims for negligence arising from the administration of first-aid to pupils or third parties, provided that the members of staff are acting within the scope of their employment at the time, hold a current approved first-aid qualification, and are following the School's guidelines in relation to the administration of first-aid.

**The member of staff responsible for first-aid training is Mrs I Woodland who holds a St John's Ambulance training qualification.**

## **First-aid Code of Practice**

In the first instance an injury will be assessed as to how serious it is. This does not have to be done by a first-aider. If the injury is as a result of a fall from height, a knock to the head, a wound which bleeds or an abnormal swelling, then a first-aider should be called. If in any doubt, call a first-aider. The majority of playground incidents involving pupils are merely grazes and minor bumps requiring only time for the child to get over the shock and dry her eyes. In these cases no formal record taking is necessary. If a first-aider is summoned and attends to a pupil then a record must be made.

## **Communication**

The official list of first-aiders is available at the following locations:

- First-aid Room
- Senior House staff room
- Junior House staff room
- Reception
- Main office
- Science Department - Preparation Room
- Library Office
- Nursery

If a first-aider is required, contact reception who will immediately contact a qualified person and send them to the appropriate location.

After 5.00 pm radio contact can be made with the caretaker on duty. The radio is to be found in reception.

The emergency services can be contacted by ringing (9)999.

If a pupil requires hospital attention, parents should be contacted and asked to meet their daughter at the hospital. If the pupil needs to travel by ambulance, she should be accompanied, where possible, by a member of staff with pastoral responsibility. If the injury is not serious enough to require an ambulance, the pupil should be taken to hospital by a first-aider and a member of staff with pastoral responsibility who will wait at the hospital until the girl's parents arrive. The first-aider should return to school by taxi.

### **First-aid boxes**

A new BS-8599-1 compliant Workplace First Aid kit has been introduced. These first-aid boxes and other kits are to be found in strategic places around the School. There is a list in the staff room, in reception and in the staff handbook as an appendix to this policy. The contents of each first-aid kit are listed in the box and reflect the perceived need. Back-up supplies of first-aid equipment are to be obtained from a cupboard in the First-aid Room or from the Receptionist.

It is important to keep the first-aid boxes fully stocked. If an item is used it should be replaced immediately from a central store by the first-aider. In addition, the Assistant Bursar will ensure that each box is checked termly. If first-aiders also find that supplies are running low it is their responsibility to replace missing items.

## **Travelling first-aid kits**

There are first-aid kits available in the School minibus or to take to outdoor activity/events. A list of contents is to be found with each kit. Any first-aid items used should be replaced immediately on return from the trip. Any medicines should be checked before departure and replaced or replenished as necessary.

Some departments hold their own mobile kits and these should be checked as detailed above.

The PE Department specifically hold a mobile First Aid kitbag which is taken to all lessons and fixtures both on and off the premises.

Attention should be paid not just to the actual contents but also as to whether items are still within date.

## **First-aid room**

The first-aid room is the same location as the sick room.

Access to the first-aid room is available at all times when staff or pupils are on the premises. It has easy access to toilets and the entrance is wide enough for wheelchair and stretcher access.

Sick children would need to be moved out of the room before first-aid is administered.

When not in use the first-aid room should be locked. Access to the key is via reception enabling them to monitor use of the first-aid/sick room. A telephone link to reception is available in the sick room.

**A male first-aider should never be alone with a girl in the first-aid room. He should ensure that there is always a female member of staff present.**

## **Health, sickness and special circumstances**

A section dealing with these matters is to be found as a separate document in the staff handbook.

## **Records**

### **1. Students**

After administering first-aid, the first-aider should ensure that the first-aid treatment log sheet is completed and the various copies distributed. The top (white) copy is sent to the parent, the second (pink) copy goes to the pupil file and the third (blue) copy should be placed in the appropriate box file in the Bursar's corridor. The Assistant Bursar will review the forms; matters of concern are addressed immediately and a full accident report is prepared for the Health and Safety Committee.

## 2. Employees/Visitors

After administering first-aid, the first-aider should ensure that the accident book is completed.

### **First-aid inspection**

A review of staffing, procedures and First Aid kits is undertaken at least once a year by the Bursar in consultation with the Assistant Head (IW) and the Assistant Bursar.

## **THE ADMINISTRATION OF MEDICINES BY STAFF**

### **Senior House**

NB This has been checked both by a legal helpline and by our insurers, both of whom confirm the following principles:

1. The general principle at all times is **NOT** to dispense medication where at all possible.
2. However, in practical terms, girls may need to bring medication into school and should do so with a covering note signed by a parent/guardian with any details of dosage clearly stated. This should be left in Reception – see Note<sup>3</sup> below. If they are going on a school trip for the day, the same procedure should be adopted, with the medication being given to the group leader.
3. This means that in normal school time no other medication, apart from that mentioned, should be dispensed. **ON NO OCCASION** should a member of staff be giving out their own paracetamol, for example, to a girl or asking another member of staff to do so. This includes asking the kitchen staff who are legally bound not to keep such drugs on the premises.
4. With regard to residential trips, the same general principles apply, i.e. if anyone is usually travel sick or is likely to suffer from migraine, then they should bring any medication with them and label it. If there is any doubt about the well-being of a girl, then medical advice should be sought.

It will then be the decision of the group leader as to whether he or she wishes to take charge of the administration of any prescribed medication (see footnote) or whether he/she defers that to another member of staff eg a first aider who is willing to take that responsibility. Likewise that person may also wish to take the role of being in charge of general first aid kit with medicines such as paracetamol for use where a girl has a signed permission form.

**It is best practice for only one person to be in charge of this and records should be kept.**

5. Staff must make sure they are aware of any pupils in their teaching groups with anaphylaxis or diabetes.

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<sup>3</sup> There is no legal requirement for a member of staff to administer any medication and, if they do volunteer, then they can be assured that they are covered by the school's insurance on employee liability.

6. Epi-pens - the following are recommendations:
- the child should be carrying an epi-pen and, dependant on age, should be able to self-administer. There should be written notes from parents as to guidelines;
  - other children in class/group should be made aware of the condition;
  - staff should be trained in the administration of the emergency treatment by a qualified doctor/nurse;
  - copies of guidelines should be issued to all staff;
  - for some girls, a spare epi-pen may be held in Reception.

## GUIDANCE NOTES FOR ALL STAFF

### 1. Anaphylaxis (Anaphylactic Shock) - severe allergic reaction

Names of Trained Staff .....

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#### Symptoms:

- Apprehension
- Sweating
- Feeling of Faintness
- There may be a burning sensation around the mouth
- A sensation of lump in the throat which may progress to hoarseness indicating swelling of vocal cords. Airways may be obstructed
- Headache
- Dizziness

#### Immediate Treatment is required

- Stay calm - get help - contact a trained member of staff
- Place child on floor in sitting position to help relieve any breathing difficulties
- Call an ambulance
- **Requires Adrenalin Injection** (to be administered by a trained member of staff)

#### Storage, administration and disposal of Adrenalin

- Parents to ensure supplies are maintained
- Store in a place known to all staff
- Dosage as specified by GP
- Dispose of syringe in jar or sealed container. Nurse or other designated (ie First Aider) will collect
- Record date, time and action taken

## 2. **Hypoglycaemia** - relevant to pupils with Diabetes

Hypoglycaemia occurs suddenly when the blood glucose levels fall below 4mmol.

### **Common signs and symptoms are:**

- Pale or ashen skin
- Dizziness
- Confusion
- Feeling weak
- Feeling hungry
- Sweaty
- Shaky/trembling
- Nausea

This can occur because of the following:

- Too much insulin
- Not enough food to fuel an activity
- Cold weather/hot weather
- Missed meals or snacks
- A missed or delayed meal/snack
- Vomiting

### **What to do if hypoglycaemia occurs:**

Pupil may be able to self-administer. If not, immediately give the pupil something sugary eg Glucose tablets x 3, Lucozade, fresh fruit juice, or sugary pop (about 100 ml). Follow this with some starchy food to prevent the blood glucose from dropping again eg sandwich or cereal bar, or fruit, or two biscuits, eg garibaldi, ginger nuts

If still hypo after 15 minutes, give some more sugary food.

Hypo stop can be massaged into the pupil's cheek if they are too drowsy to take anything themselves (check if this is kept in school for the relevant pupil).

If the pupil is unconscious, do not give her anything to eat or drink and CALL (9)999 for an ambulance. Also contact parents/carers on contact numbers immediately.

## PROCEDURE FOR CALLING AN AMBULANCE

Call a first-aider by contacting reception: use internal telephone or radio or send a pupil or member of staff.

First-aider decides if emergency services should be called. If so, call directly or instruct reception.

Reception must be informed.

Reception:-

- Ring for ambulance if first-aider has not done so;
- Send message back to first-aider that ambulance is on its way;
- Radio maintenance to escort ambulance;
- **For Junior House** : inform Head/Deputy Head of Junior House;
- **For Senior House** (a) inform Section Head or teacher with pastoral responsibility, (b) inform appropriate Senior Manager to arrange cover if necessary. (c) inform relevant Head of Department to set work if necessary;
- Inform parents;
- Inform Headmistress.

Section Head, teacher with pastoral responsibility or member of Junior House staff accompanies the pupil to hospital and waits until parents arrive. Taxi back to School.

If an ambulance is not required, the section head, teacher with pastoral responsibility or member of Junior House staff should drive the pupil to hospital accompanied by a first-aider. On arrival at hospital, the first-aider is no longer required and may return to School by taxi.

At all stages there must be no delay.

## LOCATION OF FIRST-AID KITS

Art Room	
Biology 1	
Biology 2	
Caretaker's office	
Chemistry 1	
Chemistry 2	
Drama Studio - Salter Wing	*
DT Room	
Entrance Lobby - Fisher Block	*
Entrance Lobby - Hurworth	*
Entrance Lobby - Infant Block	*
Entrance Lobby - Junior Hall	*
First-aid room	
Infant block (Publicity Office)	
Junior House Staff room	
Kitchen/Dining Room	*
LI Office	
Library - Hurworth	
Main office	
Minibus	
Nursery	
Physics 1	
Physics 2	
Reception	
Science prep room	
Seminar Room - Salter Wing	
Senior Hall	*
Senior House Staff room	
Shed	
Sports Hall	
Textiles Room	

\* indicates location of BS-8599-1 compliant kit

## STAFF WITH FIRST-AID QUALIFICATIONS

**If assistance is required to find a first-aider, reception should be contacted.**

Location	Name	Renewal Date	First Aid Certificate Held
Junior House	A Maddison	01 November 2012	Early Years First Aid
Junior House	L Mock	01 November 2012	Early Years First Aid
Junior House	K Anderson	01 September 2012	First Aid At Work
Junior House	C Gorman	01 July 2012	First Aid At Work
Junior House	J Coxon	01 February 2013	First Aid At Work
Junior House	S Rose	01 May 2014	Emergency Aid
Senior House	J Slane	01 June 2012	First Aid At Work
Senior House	K Rochester	01 July 2012	First Aid At Work
Senior House	S May	01 January 2013	First Aid At Work
Senior House	I Woodland	01 September 2014	First Aid At Work
Senior House	N Alvey	01 October 2014	Emergency Aid
Senior House	S Egglestone	01 July 2012	Emergency Aid
Senior House	J Priest	01 July 2012	Emergency Aid
Senior House	C Creasey	01 February 2014	Family First Aid
Senior House	C Ackerley	01 February 2014	Family First Aid
Senior House	J Hush	01 February 2014	Family First Aid
Senior House	K Jackson	01 February 2014	Family First Aid
Support Staff	P Tennant	01 August 2012	First Aid At Work
Support Staff	A Thompson	01 August 2012	First Aid At Work
Support Staff	K Riding	01 November 2012	First Aid At Work
Support Staff	J Lathan	01 September 2014	First Aid At Work
Support Staff	P Steel	01 February 2015	First Aid At Work
Support Staff	D Wilson	01 February 2015	First Aid At Work
Support Staff	P Davis	01 April 2015	First Aid At Work
Support Staff	J Cummings	01 October 2013	Emergency First Aid
Support Staff	C Gillham	01 September 2014	Emergency First Aid

**Copies of this list are displayed in:**

First-Aid Room  
 Senior House Staff Room  
 Junior House Staff Room  
 Reception

Science Department  
 ICT/Library  
 Nursery  
 Main Office

*list updated March 2012*

## Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

All employers have a duty to report to the relevant enforcing authority by the quickest practicable method, and in any event within 15 days, any injury or dangerous occurrence. If:

- any person **dies** as a result of an accident arising out of or in connection with work;
- any person at work suffers a '**major injury**' (see below) as a result of an accident arising out of or in connection with work;
- any accident which prevents an employee from undertaking their normal work activities for **more than seven consecutive days** (not including the day it occurred);
- any person not at work e.g. a pupil or visitor, suffers an injury as a result of an accident arising out of or in connection with the physical condition of the premises or a curricular activity and that person is immediately taken **to a hospital** for treatment from the scene of the accident;

the Bursar must be informed.

**Major injuries** are defined as follows:

- any fracture, other than to the fingers, thumbs or toes;
- any amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (whether temporary or permanent);
- a chemical or hot metal burn to the eye or any penetrating injury to the eye;
- any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury
  - leading to hypothermia, heat-induced illness, or
  - to unconsciousness, or
  - requiring resuscitation, or
  - requiring admittance to hospital for more than 24 hours;
- loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent;
- either of the following conditions which result from absorption of any substance by inhalation, ingestion or through the skin:
  - acute illness requiring medical treatment, or
  - loss of consciousness;
- acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected materials.