

FIRST AID POLICY including EYFS DURHAM HIGH SCHOOL

This policy should be read in conjunction with: Administration of Medicines by Staff Policy; Health and Safety 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 Deputy Head.

The recommendations are that there should be a minimum ratio of 1:100 fully qualified First-aiders (i.e. FFAW) 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 FFAW qualified person, two for a larger event, with Emergency Aid persons making up the numbers at large events.

On day trips it is recommended that an Emergency Aid member of staff be present, but it is not essential unless the group is going into a remote location (eg. field trips).

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

EYFS

In EYFS a paediatric First-aiders will be present at all times that EYFS pupils are on site. When EYFS pupils are taken out on trips, a paediatric First-aiders will join them. School is aware of the duty to inform parents and does so immediately when a pupil becomes ill or appears to be infectious. A discussion takes place with the parent to decide whether the pupil remains in school or is collected. Parents are informed on the same day of any accident or injury sustained by any pupil during the school day.

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 and in a timely manner. In practical

departments such as Art and PE, First-aid assistance is readily available at all times. All members of the PE staff are FAAW trained.

There are two HSE approved courses:

- FAAW
- Emergency Aid

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 a 6-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.

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 5.00pm 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 Facilities Manager 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. Contents 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. Junior House travelling First-aid kits are kept with the Head of Junior House in her office.

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

In Senior House the First-aid room is the same location as the sick room. In Junior House the children remain with the form teacher in the classroom until collected by a parent and adult or are put into the care of the Head of Junior in the main Junior corridor.

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

A record is kept when any pupil reports feeling unwell. 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 remaining two copies (pink and blue) are then given to the Facilities Manager. The pink copy goes to the pupil file. The Facilities Manager 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 Deputy Head and the Facilities Manager.

SPILLAGE OF BODILY FLUIDS

Pupils are dealt with appropriately by a first aider. Spillage of bodily fluids including blood, faeces, nasal discharges, saliva and vomit, is dealt with immediately by caretaking staff who will cordon off, clean and disinfect the area. Staff should wear disposable gloves and any soiled items are disposed of in designated bags which are securely sealed. A Bodily fluid spillage cleaning kit is stored in the Junior House corridor.

GUIDANCE NOTES FOR ALL STAFF

1. Anaphylaxis (Anaphylactic Shock) - severe allergic reaction

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)
- Pupils should have two epipens / jextpens readily available to them at all times

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, instruct Reception, or if that is not possible call directly. It is essential that there is no delay and that the First-aider leaves the casualty for the minimum time.

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 Head of Year or teacher with pastoral responsibility, (b) inform Deputy Head to arrange cover if necessary. (c) inform relevant Head of Department to set work if necessary;
- Inform parents;
- Inform Headmistress.

Head of Year or 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 Head of Year, 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

Biology 1	
Biology 2	
Caretaker's Office	
Chemistry 1	
Chemistry 2	
Drama Studio - Salter Wing	*
Entrance Lobby - Fisher Block	*
Entrance Lobby - Hurworth	*
Entrance Lobby - Infant Block	*
Entrance Lobby - Junior Hall	*
First-aid Room	
Infant Block (Staff Room)	
Junior House Staff Room	
Junior House Toilets	
Kitchen/Dining Room	*
Assistant Head's Office	
Main Office	
Minibus	
Nursery	
Physics 1	
Physics 2	
Reception	
Science Prep Room	
Senior Hall	*
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	First Aid Qualification
Senior House		
Senior House	A Cartmell	Standard First Aid Plus
Senior House	J Lonsdale	Standard First Aid Plus
Senior House	L Middleton	Standard First Aid Plus
Senior House	C Wheeler	Standard First Aid Plus
Senior House	N Alvey	Outdoor First Aid
Senior House	J Priest	Outdoor First Aid
Senior House	J Slane	First Aid at Work
Senior House	A Jenkinson	First Aid at Work
Senior House	A Schofield	First Aid at Work
Senior House	L Lowes (maternity leave)	First Aid at Work
Senior House	D Smith	Emergency First Aid for Outdoors
Senior House	B Vallis	HSE Emergency First Aid & Defib
Senior House	C Creasey	HSE Emergency First Aid & Defib
Senior House	N Hill	HSE Emergency First Aid & Defib
Senior House	E Gentry	Emergency First Aid at Work
Senior House	G Colon	Emergency First Aid at Work
Junior House		
Nursery	J Hall	Paediatric First Aid
Nursery	M Harrison	Paediatric First Aid
Nursery	J Coxon	First Aid at Work
Nursery	K Hall	Paediatric First Aid
Nursery	A Dobson	Paediatric First Aid
Junior House	P Everett	Paediatric First Aid
Junior House	K Anderson	First Aid at Work
Junior House	R Booth	HSE Emergency First Aid & Defib
Junior House	G Wright	HSE Emergency First Aid & Defib
Junior House	C Hopper	HSE Emergency First Aid & Defib
Junior House	K Tozer	HSE Emergency First Aid & Defib
Junior House	J Tipple	HSE Emergency First Aid & Defib
Junior House	D Smith	HSE Emergency First Aid & Defib
Junior House	S Rose	HSE Emergency First Aid & Defib
Junior House	S Cehic (maternity leave)	HSE Emergency First Aid & Defib
Support Staff		
Support Staff	L Foskett	First Aid at Work
Support Staff	D Wilson	First Aid at Work
Support Staff	C Gillham	Emergency First Aid for Outdoors
Support Staff	P Steel	Emergency First Aid for Outdoors
Support Staff	A Thompson	First Aid at Work
Support Staff	P Tennant	First Aid at Work
Support Staff	K Riding	First Aid at Work
Support Staff	A Brack	First Aid at Work
Support Staff	L Tinnion	School First Aid
Support Staff	J Cummings	School First Aid

Delete the following Table

Location	Name	Renewal Date	First Aid Certificate Held
Nursery	N Evans	16 November 2020	Paediatric First Aid
Nursery	P Everett	3 October 2020	Paediatric First Aid
Nursery	L Mock	20 September 2021	Paediatric First Aid
Infant Building	M Harrison	12 January 2020	Paediatric First Aid
Infant Building	C Gorman	19 June 2021	First Aid at Work
Infant Building	K Hall	09 February 2020	Paediatric First Aid
After School	J Tipple	12 October 2020	Paediatric First Aid
Junior House	K Anderson	14 August 2021	First Aid at Work
Junior House	G Wright	31 March 2019	School First Aid
Junior House	J Coxon	12 October 2020	First Aid at Work
Senior House	I Woodland	22 June 2020	Emergency First Aid for Outdoors
Senior House	J Slane	10 May 2021	First Aid at Work
Senior House	L Lowes	07 January 2022	First Aid at Work
Senior House	A Jenkinson	29 October 2021	First Aid at Work
Senior House	A Schofield	29 October 2021	First Aid at Work
Senior House	N Alvey	7 December 2020	Outdoor First Aid
Senior House	J Priest	7 December 2020	Outdoor First Aid
Senior House	A Cartmell	14 March 2020	Standard First Aid Plus
Senior House	C Creasey	14 March 2020	Standard First Aid Plus
Senior House	N Hill	14 March 2020	Standard First Aid Plus
Senior House	J Lonsdale	14 March 2020	Standard First Aid Plus
Senior House	L Middleton	14 March 2020	Standard First Aid Plus
Senior House	S Ridley	14 March 2020	Standard First Aid Plus
Senior House	C Wheeler	14 March 2020	Standard First Aid Plus
Senior House	D Smith	26 April 2019	Emergency First Aid at Work
Senior House	J Tomlinson	07 June 2019	Emergency First Aid at Work
Senior House	G Clarke	7 March 2021	School First Aid
Support Staff	C Gilham	6 March 2021	Emergency First Aid
Support Staff	P Steel	14 March 2021	Emergency First Aid
Support Staff	D Wilson	12 February 2021	First Aid at Work
Support Staff	A Thompson	31 May 2021	First Aid at Work
Support Staff	P Tennant	17 July 2021	First Aid at Work
Support Staff	L Tinnion	03 May 2019	School First Aid
Support Staff	J Cummings	03 May 2019	School First Aid
Support Staff	L Foskett	01 August 2019	First Aid at Work
Support Staff	K Riding	15 January 2022	First Aid at Work
Support Staff	A Brack	28 November 2020	First Aid at Work
Support Staff	R Pull	19 February 2022	First Aid at Work

Copies of this list are displayed in: First-aid Room
Senior House Staff Room
Junior House Staff Room
Reception

Science Prep Room
Library Office
Nursery
Main Office

Autumn 2020

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. The Bursar must be informed 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); or
- 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.

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.

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