

Earlscliffe (Sussex Summer Schools Ltd)

FIRST AID POLICY

THE PLACE FOR FIRST AID

Statement

Our purpose is to provide a high quality educational programme of lessons and activities carried out within an environment which is safe, controlled, and well-supervised.

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

FIRST-AID PROVISION COMPRISES:

1. Suitably stocked first-aid containers situated around the premises.
2. An appointed person to take charge of first-aid arrangements as nominated.
3. Information for employees on first-aid arrangements (identified in the staff info).
4. This provision is supplemented by risk assessment to determine if any additional provision is required.
5. Risk assessments are made as required.
6. First-aid provision available at all times while people are on school premises, and also off the premises whilst on school visits.

WHAT ARE A FIRST-AIDER'S MAIN DUTIES?

The main duties of a first-aider are to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- when necessary, ensure that an ambulance or other professional medical help is called.
- enter details of injuries and treatment outcome in the appropriate record.
- administer medication if absolutely necessary and keep appropriate records.

WHAT IS AN APPOINTED PERSON

An appointed person is someone who:

- takes charge when someone is injured or becomes ill
- looks after the first-aid equipment e.g. restocking the first-aid container;
- ensures that an ambulance or other professional medical help is summoned when appropriate.

CURRENT FIRST AIDERS ARE DISPLAYED IN EACH BUILDING

SPECIFIC HAZARDS OR RISKS ON SITE

For example; hazardous substances, dangerous tools and machinery. Temporary hazards, such as building or maintenance work, should also be considered and suitable short-term measures put in place.

Are there staff or pupils with special health needs or disabilities?

QUALIFICATIONS AND TRAINING

A first-aider must hold a valid certificate of competence.

Training courses cover a range of first aid competencies. However, standard first aid at work training courses do not include resuscitation procedures for children.

First aid at work certificates are only valid for three years. Employers should arrange refresher training and re-testing of competence before certificates expire. If a certificate expires, the individual will have to undertake another full course of training to become a first aider. Schools keep a record of first aiders and certification dates.

FIRST-AID MATERIALS, EQUIPMENT AND FACILITIES

Employers must provide the proper materials, equipment and facilities at all times. First-aid equipment must be clearly labelled and easily accessible and will be checked regularly by the College Nurse.

First-aid containers are situated:

In each of the school's 7 school buildings and boarding houses. All First Aid kits are situated in communal areas on the wall. A list of First Aid box locations is kept by the College Nurse.

Day trip first aid bags available in the Wellbeing Office and will need signing out/back in
All first-aid containers must be marked with a white cross on a green background.

Contents of a first-aid container

Where there is no special risk identified, a minimum provision of first-aid items would be:

- A first aid guidance card
- At least 20 adhesive hypo allergenic plasters (including blue plasters)
- 4 triangular bandages (slings)
- Safety pins
- Cleaning wipes
- Adhesive tape
- 2 sterile eye pads
- 6 medium sized unmedicated dressings
- 2 large sized unmedicated dressings
- Disposable gloves
- 1 resuscitator
- Yellow clinical waste bag

The First-aider is the person responsible for examining the contents of first-aid containers. These should be checked frequently and restocked as soon as possible after use. Items should be discarded safely after the expiry date has passed.

Travelling first-aid containers should be taken on off-site trips

HYGIENE/ INFECTION CONTROL

All staff should take precautions to avoid infection and must follow basic hygiene procedures.

REPORTING ACCIDENTS AND RECORD KEEPING

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE.

The employer 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.

The following accidents must be reported to HSE if they injure either the school's employees during an activity connected with work, or self-employed people while working on the premises:

- accidents resulting in death or major injury (including as a result of physical violence);
- accidents which prevent the injured person from doing their normal work for more than three days (including acts of physical violence).

For definitions of major injuries, dangerous occurrences and reportable diseases see HSC/E guidance on RIDDOR 1995, and information on Reporting School Accidents.

HSE must be notified of fatal and major injuries and dangerous occurrences without delay (e.g. by telephone). This must be followed up within ten days with a written report on Form 2508. Other reportable accidents do not need immediate notification, but they must be reported to HSE within ten days on Form 2508.

An accident that happens to pupils or visitors must be reported to the HSE on Form 2508 if:

- the person involved is killed or is taken from the site of the accident to hospital; **and**
- the accident arises out of or in connection with work

Like fatal and major injuries to employees or dangerous occurrences, these accidents must be notified to HSE without delay and followed up in writing within ten days on Form 2508.

In HSE's view an accident must be reported if it relates to:

- any school activity, both on or off the premises;
- the way a school activity has been organised and managed (e.g. the supervision of a field trip);
- equipment, machinery or substances;
- the design or condition of the premises.

These records must be kept for a **minimum of 3 years**. They may:

- be used for reference in future first-aid needs assessments;
- be helpful for insurance and investigative purposes.

In an emergency, the employee in charge should have procedures for contacting the child's parent/ guardian/ named contact as soon as possible. It is also good practice to report all serious or significant incidents to the parents e.g. by sending a letter home with the child, or telephoning the parents.

Schools should keep a record of any first aid treatment given by first aiders and appointed persons. This should 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 happened 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.

What to do in the case of an accident, injury or illness

A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider (see above). The school office should be contacted if the location of a trained first aider is uncertain. Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed. The pupil or member of staff should not be left unattended. The first aider will organise an injured pupil's transfer to the sick room if possible and appropriate and to hospital in the case of an emergency. Parents should be informed as necessary by telephone by the first aider or school secretary. This will be followed up in writing and a record kept at school. A written record of all accidents and injuries is maintained in the accident book.

Contacting parents

Parents should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury including:

- Head injury (a head injury advice sheet should be given to any pupil who sustains a head injury) Available from the appointed person
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness
- If the pupil is generally unwell

If non-emergency transportation is required, an authorised taxi service will be used if parents are delayed. A member of staff will accompany the pupil until a parent/guardian arrives. The School will keep parents/ guardian informed of all information.

Contacting the Emergency Services

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a pupil becoming unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

Accident reporting

The accident book must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors. The accident book will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirements).

Pupils who are unwell in school

Any pupil who is feeling unwell should see house Manager/college Nurse who will assess them and decide if well enough to remain in school lessons. If deemed too unwell to stay in lessons, and need to rest in medical rooms or in their rooms then 2 hourly checks on student to be completed and documented on ISAMS (School Database). Suitable over the counter medication can be administered if required as long as appropriate medication checks have been completed. All medication administered as per administration of medication policy.

Any concerns for pupils health College nurse or House Manager to notify GP/NHS111 and alert parents as required.

If any emergency treatment required then staff at school to contact emergency services 999 for transfer to hospital for assessment. Parents to be notified.

First aid for school trips

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance. A First Aid kit for school trips must be collected from the nurse Office. This must be returned to the main office for replenishing on return. Any accidents/injuries must be reported to the appointed person and to parents and documented in the accident book in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed.

Pupils using crutches or having limited mobility

Parents must inform the school of the nature of injury and the anticipated duration of immobility. The form tutor will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school. Parents must inform the school of any particular difficulties.

Emergency care plans and treatment boxes

The appointed person ensures that staff are made aware of any pupil with an emergency care plan. These care plans are sent to Staff as required and recorded in ISAMS. A copy is also kept in the Nurse's Office and Deputy Head's office at School House. Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the appointed person and parents. Emergency treatment boxes must always be taken if the pupil is out of school. The boxes are kept in the Nurse's office, Deputy Head's office and appropriate Boarding houses.

Pupils with medical conditions

A list is available in the school office of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip. Please return emergency boxes on completion of the trip. If staff become aware of any condition not on these lists please inform the appointed person.

Dealing with body fluids

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed.

- When dealing with any body fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately.

Bodily fluids include:

- Blood, Faeces, Nasal and eye discharges, Saliva, Vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available from the College Nurse) then placed in the waste bin in the sick room. Avoid getting any body fluids in your eyes, nose, mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other pupils and staff.

APPENDIX: Guidance to staff on particular medical conditions

(i) Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin

Reviewed and updated November 2019

- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

(ii) Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken

1. Send someone to call for a paramedic ambulance and inform parents. Arrange to meet parents/ guardian at the hospital.
2. Send for the named emergency box.
3. Reassure the pupil help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

REMEMBER Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks.

Epi-pen treatment must only be undertaken by staff who have received specific training.

(iii) Asthma management

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the staff room. The school has a smoke free policy.

Trigger factors

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

General considerations

Pupils with asthma need immediate access to their reliever inhaler. Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the classroom, not locked away and always accessible to the pupil. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

As appropriate for their age and maturity, pupils are encouraged to be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required. A spare named inhaler should be brought to school and given to the class teacher for use if the pupil's inhaler is lost or forgotten. The college have 2 emergency inhaler packs, one in the nurse's office and one in Deputy Head's office at School House.

Recognising an asthma attack

- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Reviewed and updated November 2019

Action to be taken

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the appointed person or a first aider if she not available.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany pupil to hospital and await the arrival of a parent.

(iv) Diabetes management

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school.

Signs and symptoms of low blood sugar (hypoglycaemic attack)

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The pupil should test his or her blood glucose levels if blood testing equipment is available.

- Pale
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour-weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

Action to be taken

1. Follow the guidance provided in the care plan agreed by parents.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Pupils should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the pupil to have access to regular snacks.
6. Inform parents.

Action to take if the pupil becomes unconscious:

1. Place pupil in the recovery position and seek the help of the appointed person or a first aider.
2. Do not attempt to give glucose via mouth as pupil may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany pupil to hospital and await the arrival of a parent.

Signs and symptoms of high blood sugar (hyperglycaemic attack)

Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken

1. Inform the appointed person or a first aider
2. Inform parents
3. Pupil to test blood or urine
4. Call 999

(v) Epilepsy management

How to recognise a seizure

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.

A pupil diagnosed with epilepsy will have an emergency care plan.

Action to be taken

1. Send for an ambulance;
 - a. if this is a pupil's first seizure,
 - b. if a pupil known to have epilepsy has a seizure lasting for more than five minutes or
 - c. if an injury occurs.

2. Seek the help of the appointed person or a first aider.
3. Help the pupil to the floor.
4. Do not try to stop seizure.
5. Do not put anything into the mouth of the pupil.
6. Move any other pupils away and maintain pupil's dignity.
7. Protect the pupil from any danger.
8. As the seizure subsides, gently place them in the recovery position to maintain the airway.
9. Allow patient to rest as necessary.
10. Inform parents.
11. Call 999 if you are concerned.
12. Describe the event and its duration to the paramedic team on arrival.
13. Reassure other pupils and staff.
14. Accompany pupil to hospital and stay with pupil until family member arrives