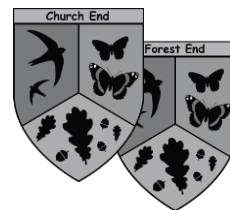


# Marston Moreteyne VC School

## First Aid Policy

### Updated January 2024



Main legislation addressed - Health and Safety (First Aid) Regulations 1981

#### RESPONSIBILITIES

##### Headteacher's Responsibilities:

The Headteacher is responsible for the provision of adequate first aid cover in the school and for:-

- a. ensuring that first aid requirements in terms of equipment and personnel are assessed
- b. arranging suitable training and refresher courses for first aiders, keeping records of the training and ensuring trained first aiders attend refresher courses as appropriate
- c. ensuring that there are adequate and appropriate signs so that members of staff are aware of who and where the first aiders and equipment are sited
- d. ensuring that members of staff report the use of equipment from the first aid box and that first aid boxes are periodically inspected

##### First Aiders' Responsibilities:

First aiders are responsible for:-

- a. providing first aid treatment as necessary
- b. keeping a record of first aid treatment given, including letters home for bumped heads
- c. reporting incidents of first aid treatment to the Headteacher, if serious
- d. reporting deficiencies in the first aid arrangements and facilities to the Headteacher

##### Class Teacher's Responsibilities:

Class teachers are responsible for:-

- a. advising the Office Manager if a child develops a medical problem that needs to be added to the school database, i.e. asthma
- b. ensuring that parents fully complete an Indemnity Form if leaving medicine for their child.

## **INTRODUCTION TO THE FIRST AID AT WORK REGULATIONS**

The revised First Aid At Work, Code of Practice, gives practical advice with respect to the Health & Safety (First Aid Regs.1981). This document draws out the significant features of both the Regulations and the Code of Practice so as to enable the school to meet its statutory responsibilities.

## **DEFINITION OF FIRST AID**

- a in cases where the person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life

and

- b treatment of minor injuries which would otherwise receive no treatment from a medical practitioner or nurse

To clarify the above definition - The aim of occupational first aid in the workplace in the event of illness or accident is:

- a. to preserve life
- b. to prevent worsening of the condition
- c. to promote recovery
- d. to deal with minor illnesses or accidents
- e. to recognise and obtain medical help when appropriate

## **Nature of the Work**

The Management of Health and Safety at Work Regulations 1999 requires that a general risk assessment is made on all aspects of health and safety at work and to identify hazards and put in place measures to prevent or control the risks arising from the hazards.

Our risk assessment identified a comparatively low risk and the number of staff involved is relatively small.

*N.B. Contractors should make their own arrangements to provide First Aid cover for their employees. Managers responsible for such contracts should ensure that such arrangements are in place. If County Council First Aid arrangements are to be used by contractors this should be clearly laid down in the contract.*

Following County Council policy, we acknowledge that all visitors will be taken into account within our first aid practice. All our first aiders are covered by the Local Authority's liability insurance to treat the public, etc. unless it is shown that they were deliberately

negligent within the context of the workplace. **Staff carrying out First Aid outside the workplace and in their own time are advised to provide their own insurance cover.**

### **Re-assessment of First Aid provision**

The First Aid provision will be reviewed annually or if shown to be inadequate after an incident/accident.

### **FIRST AID MATERIALS, EQUIPMENT AND FACILITIES**

The appointed person, currently Suzanne Parsons at Church End and Jo Reeder to Forest End in liaison with First Aiders, are responsible for ensuring adequate stock of materials, equipment, etc. This stock and equipment review takes place **termly** as appropriate. It will be checked against minimum recommended requirements to ensure an adequate supply of suitable materials and equipment is available. Medication, including inhalers, will also be checked to ensure that it is still 'in date'.

### **Medical Room**

Our medical room at Church End is situated in the Key Stage 1 corridor beside the Computer Room and at Forest End is situated next to the school office and the disabled toilet. They have a bed/sofa, sink with hot and cold running water and soap.

They also contain:

- Up to date First Aid Certificates for our appointed First Aiders
- Information on how to use inhalers and epipens and on allergies and anaphylaxis
- Epipens in named containers with care plans.
- Travel First Aid boxes.
- Defibrillator

In addition to the medical room, a first aid box is located in the Church End Acorn Classrooms beside the sink nearest to the Hall door. There is another first aid box in the Kitchens, which are the responsibility of AiP Sodexo Kitchen M

- Full Medical First Aid Box
- First Aid file including:
  - 'Bumped head' and 'accident' letters for parents.

- Medical Information file including:
  1. A list of all the children with 'medical conditions', including known allergies. This is updated if there are amendments and in September each year. Copies are also kept in the School Office (Parent Contact File).
  2. Children with more severe medical conditions have an individual Care Plan record, which includes an up to date photograph of the child - these are displayed in the Medical Room, Main Office and in the appropriate Classroom.
  3. General and Asthma Medication Record/Indemnity forms.
  4. Spare blank indemnity forms
  5. List of current First-Aiders
  
- Sick buckets, bowls, cups, towels, disposable gloves
  - Various information books

### FIRST AID PERSONNEL

Our nominated first aiders have completed a HSE approved First Aid course and are certified as 'approved'. We try to ensure that at least five members of staff have up-to-date certificates at any given time and that there is at least one first aider in each Key Stage

When nominating who should be trained as a first aider we have taken into account:

- a. reliability, disposition and communication skills
- b. aptitude and ability to absorb new knowledge and learn new skills
- c. ability to cope with **stressful** and **physically** demanding emergency procedures
- d. ability to leave their place of work to go immediately and rapidly to an emergency

At the present time the HSE First Aid Certificate is valid for three years. The refresher course can be undertaken up to three months before the expiry date. The next three-year period begins from the date of the new certificate.

Our practice is that, for more serious injuries, i.e. those with excessive blood and injuries to teeth/head a First Aider should be called. They will carry out the treatment and record the incident/treatment appropriately.

All serious injuries/head injuries should be reported to the Headteacher, immediately. The appropriate letter should be sent home to parents and the member of staff dealing with the incident should record the incident on Arbor on the child's medical profile. A phone call home should be made, by the member of staff who dealt with the accident, to let parents/guardians know that their child has had an accident at school.

If the injury is less serious, other members of staff including Midday Supervisors, should carry out treatment and record the incident/treatment appropriately. **ANY CHILD WITH REPORTED HEAD INJURIES SHOULD TAKE HOME A 'BUMPED HEAD' NOTE!**

When treating injuries involving bodily fluids it is imperative that thin surgical gloves are worn.

For guidance on treatment of different types of injury and Guidance on Infection Control in Schools please see appendices.

## **RECORDS AND FORMS**

All medical records are kept on Arbor and will be archived when the child leaves. First Aid records are reviewed frequently by the Head teacher and Designated Safeguarding Lead.

The Office Manager should be advised by the class teacher of any child who develops a medical condition in order to allow amendments to the school database to be made.

Each September the Office Manager reviews the list of children with medical conditions and contacts parents to ascertain if their condition is still current. All Care Plans are reviewed annually by the individual pupil's assigned Community Nurse, in liaison with the parents.

### **Prescribed Medicine Record/Indemnity Form**

Copies are available either from the school office or by downloading from the school's website and parents should be directed to the school office initially to ensure that details can be taken and passed on.

These forms should be fully completed by parents when prescribed medicine has to be administered at school, even if the medicine, i.e. inhalers, are to remain at school. Staff will follow the procedure detailed in the school's Administration of Medicine Policy.

All antibiotic medication should be returned home at the end of each day. Parents should be asked to collect this from the main office. Staff will **not** administer antibiotics if they are a 3 times a day prescription, as this can be done at home - breakfast, after school, bedtime.

A new Indemnity Form needs to be completed for each new or different medication.

### **Non-Prescriptive Medication**

The administration of non-prescriptive medication by staff is discouraged, as an alternative parents are permitted to attend school to administer non-prescriptive medication themselves. In rare and isolated cases non-prescribed medication will be

administered by staff on condition that parents have completed the Indemnity Forms. Staff will follow the procedure detailed in the school's Administration of Medicine Policy

## **First Aid**

First Aid record should be completed on Arbor by whoever administers the first aid treatment.

### **Accident/Bumped Head Letter to Parents**

These should be completed by whoever administered first aid treatment and sent home with the child that evening.

### **Incident/Accident/Near-Miss Report Forms**

Details of all major incidents/accidents/near-misses for both children and adults should be written or emailed to the Headteacher. This should include date, time and witness names. The Headteacher will liaise with the Office Manager before the information is submitted onto the Local Authority Online Accident Reporting Log, AssessNET.

First Aiders should not dispense medication in any form (tablets, ointments or sprays, etc) or undertake any task for which they have not been trained.

There are special situations that arise that sometimes require staff to dispense medication. These tasks are not undertaken as part of their duties as first aiders but as individuals specially trained to provide a particular service or a specific health related incident. An example might be in a school where staff have been trained to deal with anaphylactic shock for a named child with nut allergy. It could be the case that the staff who are trained for these specific instances are also first aiders (but not necessarily) but the two situations should be seen as separate. Managers should refer to the CBC policy on the administration of medicines for guidance on this issue.

## **HYGIENE AND INFECTION CONTROL**

Several serious communicable diseases can be contracted from infected blood and other bodily fluids, including HIV and Hepatitis B. Our trained First Aiders are aware of these from their training of the basic hygiene and infection control measures. They will follow an infection control technique, which avoids direct contact with bodily fluids of casualties at all times. This will involve covering any cuts or wounds they have on their hands with waterproof plasters, washing hands before and after tending a casualty and wearing disposable gloves when dealing with bodily fluids.

If a first aider is contaminated with the casualty's blood into an open wound they must try to make the wound bleed, wash the area immediately with soap and water, then dry thoroughly. The wound should then be covered with a suitable dressing. The accident should be reported and the Headteacher should complete the Incident Report form. The

first aider should then inform their GP of the incident as soon as possible to seek their advice.

## **AUTOMATED EXTERNAL DEFIBRILLATORS**

Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

Marston Moreteyne VC School have two defibrillators, one at each school site.

- Church End Site defibrillator is stored on the bracket in the medical room.
- Forest End Site defibrillator is stored in the cupboard in the medical room.

### **The chain of survival**

In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival.

There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

1. Early recognition and call for help. Dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED.
2. Early CPR - to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain.
3. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression-only CPR.
4. Early defibrillation - to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount. Early post-resuscitation care - to stabilise the patient.

Anyone is capable of delivering stages 1 to 3 at the scene of the incident. However, it is important to emphasise that life-saving interventions such as CPR and defibrillation (Stages 2 and 3) are only intended to help buy time until the emergency services arrive, Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4).

## After an Incident

Assisting an individual who has suffered a cardiac arrest can be a stressful experience for the rescuer. Should a rescuer need support after an incident, they may be able to request a debriefing from the local ambulance service. Alternatively, they can seek help from their GP.

- Most AEDs will store data, which can subsequently be used to assist with ongoing patient care. Schools should therefore contact the local ambulance service after an AED has been used and make arrangements for the data to be downloaded.
- In the meantime, the AED may still be used if required, but care should be taken not to turn it on and off unnecessarily as this could potentially erase the data.
- Schools should ensure that the AED is ready for use again by replacing pads and other consumables as required, and ensure that it is not displaying any warning lights or messages.
- Schools should also be aware that where a cardiac arrest occurs as a result of an accident or act of physical violence arising out of or in connection with work, this may constitute a reportable incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Reporting requirements will differ according to whether the individual suffering the cardiac arrest is an employee (e.g. a teacher or member of support staff) or a non-employee (e.g. a pupil, parent or visitor).

([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/843393/AED\\_guide\\_for\\_schools\\_Sept2019\\_v2\\_accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843393/AED_guide_for_schools_Sept2019_v2_accessible.pdf))

The school will provide suitable resuscitation aids to protect the first aider from contamination when carrying out cardiopulmonary resuscitation. However, it is vital that the need for resuscitation is not inhibited when resuscitation aids are not available.

## ADMISSIONS TO HOSPITAL AND REFERRAL TO GENERAL PRACTITIONERS

If anyone is taken ill or is injured and it is felt that the illness/injury is sufficiently serious as to demand urgent medical treatment the Ambulance Service will be contacted without delay.

Precise details of the hospital to which the casualty is being taken will be noted and the parents or guardian will be informed as soon as is possible. **On no account will provision of urgently needed medical treatment be delayed pending contact with, or arrival at school, of parents.** A member of staff will accompany the child/adult to hospital if necessary.

Where the illness/injury is not considered to be of a serious nature, but where referral to the appropriate general practitioner is required, contact will be made with parents in order for these arrangements to be made.

Members of staff transporting children/adults in their own car must have full cover for business use.

## **INSURANCE**

The Headteacher will ensure that employees administering first aid are covered by insurance. Those trained in first aid at work who wish to provide first aid cover outside of work are advised to obtain their own insurance.

This Policy will be reviewed every three years or as appropriate.

Date of next Review: January 2027