

FIRST AID POLICY

1. PURPOSE

At OSG UK Lancaster Campus, the First Aid Policy and procedures are designed to comply with best practice and meet the legal obligations of the Campus as an educational establishment and place of work.

2. SCOPE

This policy applies to all staff and students at the Campus.

All staff should read and be aware of this Policy, know who to contact in the event of any illness, accident or injury and ensure this Policy is followed in relation to the administration of First Aid. All staff will use their best endeavours, at all times, to secure the health and welfare of our students.

3. DEFINITIONS

For the purposes of this Policy, the following definitions apply.

First Aid	The treatment of minor injuries which do not need treatment from a medical practitioner, and treatment for more serious injuries prior to assistance from a medical practitioner for the purpose of preserving life and minimizing the consequences of injury or illness. It does not include the giving of medicines or tablets.
First Aider	Member of staff who has completed a HSE-approved First Aid course and who holds a valid First Aid certificate.
HSE	Health and Safety Executive
Staff	Any person employed by the Trust including volunteers and contractors.

4. POLICY STATEMENT

4.1. INTRODUCTION

4.1.1. This Campus recognises its legal duty to make suitable and sufficient provision for first aid to students, staff and visitors, including those travelling or working away from the Campus premises and to appropriately respect the confidentiality and the rights of students as patients.

4.1.2. This policy is drafted in accordance with Regulation 13 of the Education (Independent School Standards) Regulations 2014 (SI 2014/3283), the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917), the First Aid at work: Health and Safety (First Aid) Regulations 1981 approved code of practice and guidance.

4.1.3. This policy is available to parents on request and to all members of staff.

4.2. POLICY AIMS

4.2.1. The aims of this policy are to ensure that:

- the Campus has adequate, safe and effective First Aid provision so that all students, staff and visitors will be well looked after in the event of any illness, accident or injury.
- all staff and students are aware of the procedures in the event of any illness, accident or injury.

4.3. FIRST AIDERS

4.3.1. The Campus will display a list of qualified First Aiders in the Staff Room and in key locations around the building. The First Aiders will undergo update training every three years.

4.3.2. The main duties of First Aiders are to give immediate first aid to students, staff or visitors as required and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the Headteacher. It is our policy that there will be at least one qualified person on every site when students are present.

4.3.3. HSE recommendations for First Aid cover:

- Term time: 1-2 Appointed Persons (i.e. max 100 workers at any time in Lower Risk Activity, with max 5-6 in Medium Risk activities)
- School Holidays: 1 Appointed Person (i.e. max 20 workers in Low/Medium Risk Activity)

4.4. FIRST AID KITS

4.4.1. First Aid kits are marked with a white cross on a green background. First aid kits are checked regularly by the Health & Safety Officer who is responsible for ensuring that kits are re-stocked, records of the checks are maintained on the Safety Cloud.

4.4.2. First aid kits are located at key positions around the site (as set out in Appendix 1) including the main Reception/Office and the Staff Room, and near to hand washing facilities where possible.

4.4.3. General First Aid Kit Minimum Contents (similar/ additional items acceptable)

- A leaflet giving general advise on first aid
- 20 individually wrapped sterile adhesive dressings/ plasters (assorted sizes)
- 2 sterile eye patches
- 4 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium (approx. 12cm x 12cm) individually wrapped sterile un-medicated wound dressings
- 2 large (approx. 18cm x 18cm) individually wrapped sterile un-medicated wound dressings
- 3 pairs of disposable gloves
- Microporous tape
- Mouth to mouth resuscitation device with valve
- 1 pair of rustless blunt ended scissors

4.4.4. In addition to the items listed in the general first aid kits, some subjects have additional risks and the Campus may wish to also include the following items in the kits in these areas:

4.4.5. Science/ D&T

- Eyewash 250ml
- Finger Dressing
- Burn/ Soothe relief dressing

4.4.6. Food Technology/Cooking

- Finger Dressing
- Burn/ Soothe relief dressing

4.4.7. Burns Kit Minimum Contents

- A leaflet giving general advise on first aid
- 20 individually wrapped sterile adhesive dressings/ plasters (assorted sizes)
- 3 Eye wash phials – 20ml

- 2 sterile eye patches
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 4 medium (approx. 12cm x 12cm) individually wrapped sterile un-medicated wound dressings
- 1 large (approx. 18cm x 18cm) individually wrapped sterile un-medicated wound dressings
- 1 finger bandage
- 3 pairs of disposable gloves
- 20 moist cleansing wipes
- Adhesive tape
- Mouth to mouth resuscitation device with valve
- 1 foil blanket
- 1 burn dressing – small 10 x 10cm
- 1 burn dressing – medium 20 x 20cm
- 1 pair of rustless blunt ended scissors
- Burn/ Soothe relief dressing

4.5. SPILLAGE KITS

4.5.1. A specialist spillage kit will be available at the Campus for Bodily fluid spills in line with COSHH (2002) to protect those responsible for Cleaning up from microbiological hazards. General contents should include:

- Super absorbent powder
- Biohazard disposal bags
- Disinfectant spray
- Alcohol free wipes
- Scoop
- Scraper
- Gloves
- Aprons

4.6. SCHOOL VEHICLES

4.6.1. All OneBus vehicles will all have a First aid kit on board which is readily available for use and which is maintained in a good condition. First aid kits must be taken when groups of students go out of school on organised trips or to participate in sports.

4.6.2. Vehicles First Aid Kit Minimum Contents (as per transport regulations requirements)

- 10 antiseptic wipes
- 1 disposable bandage (not less than 7.5cm wide)
- 2 individually wrapped triangular bandages
- 24 individually wrapped sterile adhesive dressings (assorted sizes)
- 3 large sterile un-medicated ambulance dressings (not less than 15cm x 20cm)
- 2 sterile eye patches with attachments
- 12 assorted safety pins
- 1 pair of rustless blunt ended scissors
- 1 pair of disposable gloves

4.7. EDUCATION TRIPS & SPORTS ACTIVITIES

4.7.1. First aid kits must be carried by the First Aider when groups of students go out of school on organised trips or to participate in sports.

4.7.2. Travelling First Aid Kit For Trips & Visits Minimum Contents (similar/ additional items acceptable)

- A leaflet giving general advice on first aid
- 6 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 individually wrapped triangular bandages
- 2 safety pins
- 1 large (approx. 18cm x 18cm) individually wrapped sterile un-medicated wound dressings
- 1 pair of disposable gloves
- 10 Individually wrapped moist cleaning wipes

4.7.3. PE/Sports

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings/ plasters (assorted sizes)
- 2 sterile eye patches
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium (approx. 12 x 12cm) individually wrapped sterile un-medicated wound dressings
- 2 large (approx. 18 x 18cm) individually wrapped sterile un-medicated wound dressings
- 3 pairs of disposable gloves
- Microporous tape
- Mouth to mouth resuscitation device with valve
- 1 pair of rustless blunt ended scissors
- 3 foil blankets
- 3 ice packs
- Wound wash/ 10 Individually wrapped moist cleaning wipes
- Deep freeze spray
- Deep heat spray

4.8. INFORMATION ON STUDENTS

4.8.1. Parents are requested to provide written consent for the administration of First Aid and medical treatment before students are admitted to the Campus.

4.8.2. The Campus is responsible for reviewing students' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a student to the Headteacher, Class Teacher / Form Tutor and First Aiders on a "need to know" basis. This information will be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a child.

4.8.3. Information held by the main Office will include a record of students who need to have access to asthma inhalers, epipens, injections or similar and this information should be circulated to teachers and First Aiders. Individual students (or their Class Teacher as appropriate) usually have responsibility for keeping such equipment with them. Additional spare inhalers should also be provided to the Campus by parents of children that require them. In other cases, the equipment should be suitably labelled and will be stored securely, either in the Office or the medical room (for access by suitably qualified staff and students when appropriate).

5. PROCEDURES

5.1. PROCEDURE IN THE EVENT OF ILLNESS

5.1.1. If a student feels unwell they should be taken to the main Office. If it is only a minor problem another student should accompany them, but in more serious cases a member of staff should contact the School Office to summon a First Aider.

5.2. PROCEDURE IN THE EVENT OF AN ACCIDENT

5.2.1. If an accident occurs, then the member of staff in charge should be consulted. That person will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance – see reminder note about when to call an ambulance, refer to training (first aiders) or if in any doubt call an ambulance. First Aiders can also be called for if necessary.

5.2.2. In the event that the First Aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they should arrange for the injured person to access appropriate medical treatment without delay.

5.2.3. If an ambulance is called then the First Aider in charge should make arrangements for the ambulance to have access to the accident site. Arrangements should be made to ensure that any student or adult is accompanied in the ambulance if necessary, or followed to hospital, by a member of staff if it is not possible to contact the parents in time. In this instance a photocopy of the child's medical questionnaire must be provided for medical professionals.

5.3. PROCEDURE IN THE EVENT OF CONTACT WITH BLOOD OR OTHER BODILY FLUIDS

5.3.1. If a spillage of blood or other bodily fluids occurs, a First Aider must be informed. They will then arrange for the proper containment, clear up and cleansing of the spillage site. The First Aider should take the following precautions to avoid risk of infection:

- cover any cuts and grazes on their own skin with a waterproof dressing
- wear suitable disposable gloves when dealing with blood or other bodily fluids
- use suitable eye protection and a disposable apron where splashing may occur
- use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation
- wash hands after every procedure

5.3.2. If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:-

- wash splashes off skin with soap and running water;
- wash splashes out of eyes with tap water or an eye wash bottle;
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
- record details of the contamination;
- report the incident to the Headteacher and take medical advice if appropriate.

5.4. PROCEDURE IN THE EVENT OF OFF-SITE ACCIDENT, INJURY OR ILLNESS

5.4.1. A First Aid kit should be carried by all teachers in charge of off-site activities such as PE activities. An allergy list will be part of the First Aid kit. Any treatment or incident should be recorded on return to the Campus by the member of staff in charge. Educational trip leaders must ensure that first aid provision is appropriate to the activities and groups concerned, this must be contained within the relevant risk assessment.

5.5. DEALING WITH STUDENTS WITH ASTHMA

5.5.1. Older students carry inhalers with them and use them as necessary. Younger children's inhalers are looked after by a member of staff and made available as necessary. Parents are asked to provide school with a spare inhaler.

5.5.2. See Appendix 2 – Asthma treatment

5.6. DEALING WITH STUDENTS WITH ALLERGIES

5.6.1. Information about students with allergies is provided to all teachers and First Aiders. Details of students who have been prescribed epipens to use in instances of allergic reaction are included in this information. All staff have received training on the use of epipens and should be aware of the location of spare epipens for specific students. Individual students (or their Class Teacher as appropriate) usually have responsibility for keeping such equipment with them. Details on the administration of epipens are stored with the device and in all first aid boxes, and is also displayed in the Staff Room.

5.6.2. See Appendix 2 – Anaphylaxis treatment.

5.7. **DEALING WITH STUDENTS WITH EPILEPSY** See Appendix 2 - Managing Epilepsy and Seizures

5.8. **DEALING WITH STUDENTS WITH DIABETES** See Appendix 2 – Diabetes treatment.

5.9. REPORTING

5.9.1. All injuries, accidents and illnesses, however minor, must be reported to the Main Office.

5.9.2. Accident Reporting: The member of staff in charge at the time will fill in an Accident Report Form for every serious or significant accident that occurs on or off-site if in connection with the Campus. The Form is located on the Safety Cloud and, where in place, the Accident Book should also be completed. Records should be stored for at least three years or if the person injured is a minor (under 18), until they are 21.

5.9.3. Reporting to Parents: In the event of accident or injury sustained, parents must be informed on the same day or as soon as reasonably practicable, and of any first aid given. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Headteacher if necessary.

5.9.4. The school follows the Health Protection Agency guidelines for children being too ill to attend school, details can be found on the gov.uk website or in the Parent Student Handbook: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768160/Health_protection_exclusion_table.pdf i.e. in cases of vomiting and diarrhoea children should definitely be kept off school until at least 48 hours after their symptoms have gone.

5.9.5. Reporting to HSE: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (SI 1995/3163) (RIDDOR) to report the following to the HSE (most easily done on line at <http://www.hse.gov.uk/riddor/report.htm> or by calling the Incident Contact Centre (ICC) on 0345 300 9923):

5.9.6. Accidents involving staff

- Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs).
- Work related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported within 10 days
- Cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer)
- Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

5.9.7. Accidents involving students or visitors

- Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:-

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

5.10. MONITORING

5.10.1. The Headteacher and the Health & Safety Officer will organise a monthly review of the accidents and injuries and will, if necessary, make recommendation to the Trust. In addition, the Headteacher and Trust will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major incident and whether any improvements should be made.

6. GUIDELINES

- DfE Guidance on First Aid
- ISI Integrated Handbook – Regulatory Requirements (February 2016)

7. ASSOCIATED DOCUMENTS

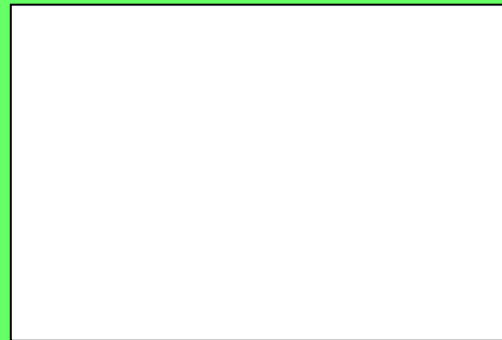
- Safeguarding Policy
- Health & Safety Policy

8. ATTACHMENTS

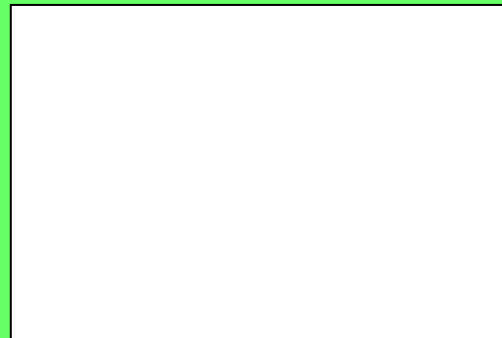
- Appendix 1 First Aid Notice
- Appendix 2 – Guidance on specific medical conditions

FIRST AID NOTICE

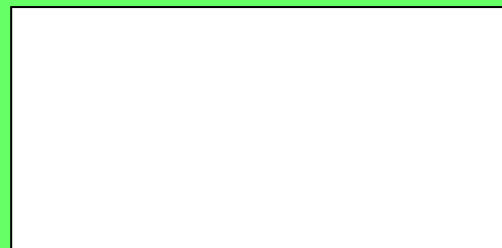
Qualified First Aiders



First Aid Location



**Accident Book
Location**



APPENDIX 2 GUIDANCE AND PROTOCOLS FOR SPECIFIC MEDICAL CONDITIONS

Anaphylaxis

Signs and symptoms of Anaphylaxis (severe allergic reaction)

What can cause anaphylaxis?

- Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, and Brazil nuts), sesame, fish, shellfish, dairy products and eggs.
- Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other drug or injection.
- In some people, exercise can trigger a severe reaction — either on its own or in combination with other factors such as food or drugs (e.g. aspirin).

What are the symptoms of a severe allergic reaction?

- generalised flushing of the skin
- nettle rash (hives) anywhere on the body
- sense of impending doom
- swelling of throat and mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma
- abdominal pain, nausea and vomiting
- sudden feeling of weakness (drop in blood pressure)
- collapse and unconsciousness

Adrenaline auto-injectors

- Delays in administering AAIs have been associated with fatal outcomes. AAIs MUST be administered without delay to students if there are ANY signs of anaphylaxis present to those students who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of AAIs have been provided.
- School staff must always call 999 and request an ambulance if an AAI is used and keep a detailed record including, where the reaction took place and how much medication was given. Relevant parents or guardian(s) should be informed as soon as practicable.
- The First Aid coordinator and the Headteacher are responsible for ensuring that the Guidance on the use of adrenaline auto-injectors in schools (the AAI Guidance) is properly implemented and followed.
- AAIs are to be stored, cared and disposed of in accordance with Part 3 of the AAI Guidance and the other requirements of this policy apply to AAIs, including but not limited to appropriate training, use and record keeping.
- The First Aid coordinator will have overall responsibility for re-stocking at least 1 AAI (which may be bought without prescription). The First Aid coordinator will check the stock on a monthly basis to ensure that the AAIs are present and in date and that replacement AAIs are obtained in good time.

- Spare AAIs should only be used on students who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of AAIs have been provided.
- The First Aid coordinator will maintain an up to date register of students at risk of anaphylaxis this includes students who have been prescribed a AAI and those who have been provided with a medical plan confirming this, but who have not been prescribed AAI and in respect of whom parental consent to the use of the spare AAI has been obtained. The register should be reviewed at least annually) to take into account students' changing needs. A copy of the register is to be stored with the spare AAIs.
- Parents are to notify the school as soon as practicable that a particular student is at risk of anaphylaxis and in that case provide their consent to use the spare AAIs. Completed consent forms should be stored on the student's file and, where appropriate, the ICHP updated accordingly.
- Further guidance and general information on how to recognise and respond to an anaphylaxis can be found at: <http://www.nhs.uk/conditions/Anaphylaxis/Pages/Introduction.aspx>

Asthma

Signs and symptoms of an Asthma attack

In childhood asthma, the lungs and airways become easily inflamed when exposed to certain triggers, such as inhaling pollen or catching a cold or other respiratory infection. Childhood asthma can cause bothersome daily symptoms that interfere with play, sports, school and sleep. In some children, unmanaged asthma can cause dangerous asthma attacks. Symptoms include:

- Frequent coughing
- A whistling or wheezing sound when breathing out
- Shortness of breath
- Chest congestion or tightness

In severe cases, you might see the child's chest and sides pulling inward as he or she struggles to breathe. The child might have an increased heartbeat, sweating and chest pain. Seek emergency care if the child:

- Has to stop in midsentence to catch his or her breath
- Is using abdominal muscles to breathe
- Has widened nostrils when breathing in
- Is trying so hard to breathe that the abdomen is sucked under the ribs when he or she breathes in

Asthma register and emergency inhalers

- The other requirements of this policy apply to emergency inhalers, including but not limited to appropriate training, use, supply, storage, care, disposal and record keeping.
- The First Aid coordinator and the Headteacher are responsible for ensuring that Guidance on the use of emergency salbutamol inhalers in schools (Inhalers Guidance) is properly implemented and followed.
- Only students who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler may use an emergency inhaler, which may belong to another student. This course of action is only to be taken in a severe emergency (An emergency inhaler may be used if a student's prescribed inhaler is not available (for example, because it is broken, or empty) or in the event of an asthma attack) and it is expected that the school holds a spare inhaler per child. The First Aid coordinator will maintain an up to date register of students who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler and in respect of whom parental consent to the use of the emergency inhaler has been obtained. The register should be reviewed regularly at least annually to take into account students' changing asthma care needs. A copy of the register is to be stored with the emergency inhalers.
- Parents are to notify the school as soon as practicable that a particular student has been diagnosed with asthma and / or has been prescribed a reliever inhaler.

- If an emergency inhaler is used by a student the First Aid coordinator or school secretary will notify the relevant parents or guardian(s) as soon as practicable.
- Emergency inhalers are also to be stored, cared and disposed of in accordance with Part 3 of the Inhalers Guidance.
- Further guidance and general information on how to recognise and respond to an asthma attack can be found at: <http://www.nhs.uk/Conditions/Asthma/Pages/Treatment.aspx>

Diabetes

Signs and symptoms of low blood sugar level (hypoglycaemia)

- Onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, more exercise, warm weather, too much insulin and stress. Individuals should test their own blood sugar levels if testing equipment available. Symptoms include:
 - Pale
 - glazed eyes
 - blurred vision
 - confusion/incoherent
 - shaking
 - headache
 - change in normal behaviour-weepy/aggressive/quiet
 - agitated/drowsy/anxious
 - tingling lips
 - sweating
 - hunger
 - dizzy
 - leading to unconsciousness

Action

- The student should be administered with fast acting glucose (lucozade drink or glucose tablets) - the student should have their own emergency supply in phase 1 staff room for phase 1 students and school office for phase 2 students. This will raise the blood sugar level quickly.
- After 5 - 10 minutes the student should be given further snacks as advised by the Parents. Do not leave the student unaccompanied at any time.
- The student should be allowed access to regular snacks and check blood sugar level again and as necessary.
- The student's Parents should be informed about the incident as soon as possible.

Action to be taken if the student becomes unconscious

- The student must be placed in the recovery position. Glucose must not be administered by mouth as this may cause choking.
- Telephone 999
- Inform Parents as soon as possible
- Accompany the student to hospital and await arrival of Parent

Signs and symptoms of high blood sugar level (hyperglycaemia)

- This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Symptoms may include:
 - feeling tired and weak
 - feeling thirsty
 - passing urine more often
 - nausea and vomiting
 - drowsy
 - breath smelling of acetone
 - blurred vision
 - unconsciousness

Action

- The School Secretary must be informed. Arrangements will be made for blood glucose testing, if possible. The student's Parents should be informed about the incident as soon as possible. 999 should be called and the student must be accompanied to casualty, where they will await the arrival of the student's Parents.
- For further information and guidance: <http://www.nhs.uk/Conditions/Diabetes/Pages/Diabetes.aspx>

Epilepsy etc

How to recognise a seizure

- There are several types of epilepsy but seizures are usually recognisable by the following symptoms:
 - the student 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 and/or face
 - possible incontinence

Action

- The following actions should be taken to assist the student:
 - try to help the student to the floor if possible but do not put yourself at risk of injury
 - move furniture etc. away from the student in order to prevent further injury
 - place a cushion or something soft under the student's head
 - clear the area of students
 - call [School Secretary]
 - cover the student with a blanket as soon as possible in order to hide any incontinence
 - stay with the student throughout duration of the seizure
 - as the seizure subsides place the student into recovery position
 - inform Parents as soon as possible
 - send for ambulance if this is the student's first seizure or, if a student, known to have epilepsy has a seizure lasting for more than 5 minutes, or if an injury occurs as a result of the seizure. The student must be accompanied until their Parents arrive
 - allow the student to rest for as long as necessary
 - reassure the other students and staff
- For further information and guidance: <http://www.nhs.uk/Conditions/epilepsy/Pages/treatment.aspx>

Policy Details

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Policy Author:	Ted Picton	Enquiries Contact:	support@focus-school.com
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Version Control

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