Beech Lodge School

First Aid Policy

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

Legislation
The Health and Safety at Work etc. Act 1974 imposes a general duty on employers to ensure, so far as is reasonably practicable, the health, safety and welfare of all their employees. This extends to the provision of appropriate first-aid facilities.
The Health and Safety First-aid Regulations 1981 set out the basic requirements for the provision at work of first-aid equipment, facilities and appropriately qualified personnel. These requirements have been further expanded and updated by the production of the First-Aid Approved Code of Practice and Guidance 1997 (ACOP).

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 Headteacher.

At Beech Lodge two members of the full time staff hold the St John's Ambulance First Aid Certificate. Additional part-time staff members hold First Aid certificates.

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

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

First-Aiders
The School identifies the need for trained first-aiders in sufficient numbers and at suitable locations to enable first-aid to be administered without delay.

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 their 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:
- Kitchen Classroom
- Admin Office
- Class rooms

PROCEDURE FOR CALLING AN AMBULANCE

- Call a first-aider by using internal telephone . Emergency Services can be contacted by ringing 999

- First-aider decides if emergency services should be called. If so, call directly.
- Headteacher must be informed.
- If a pupil requires hospital attention, parents should be contacted and asked to meet their child at the hospital
- At all stages there must be no delay

If an ambulance is not required, the teacher with pastoral responsibility or member of 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.

If the pupil needs to travel by ambulance, they should be accompanied, where possible, by a member of staff with pastoral responsibility.

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 kitchen classroom, in the First Aid/Admin room and in classrooms . 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/Admin office.
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 contents of 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 to take to outdoor activity/events. A list of contents is to be found with each kit. Any first-aid items used should be replaced immediately on return from the trip. Any medicines should be checked before departure and replaced or replenished as necessary.
Attention should be paid not just to the actual contents but also as to whether items are still within date.

First-aid room

The Admin office on the Ground Floor is used as the First Aid room. Access to the first-aid room is available at all times when staff or pupils are on the premises. It has easy access to toilets and the entrance is wide enough for wheelchair and stretcher access.

Records

1. Students

After administering first-aid, the first-aider should ensure that the first-aid treatment log sheet is completed . Parents are informed at the end of the day if their child has had an accident requiring First Aid. Parents are telephoned if their child has received a bang to the head. The Headteacher will review the forms; matters of concern are addressed immediately and a full accident report is prepared for the Proprietorial Board each term.

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 at the beginning of the school year by the Headteacher in association with the Proprietor

January 2014
(Review date January 2015)

Appendix 1

GUIDANCE ON BODY FLUID SPILLS

1. General

Blood and body fluids from any person may contain viruses or bacteria capable of causing disease.

It is therefore advised that the following precautions are adhered to, when dealing with body fluids:

- body fluid spills should only be dealt with by a properly trained and competent person using suitable equipment and protective clothing, etc;
- first clear the immediate surrounding area of people. Hazard signs may be necessary;
- disposable latex gloves (or equivalent) and a disposable plastic apron must be worn by the person dealing with blood and other body fluid spills;
- chlorine releasing agents are among the most effective general disinfectants .
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2. Chlorine Releasing Disinfectants

Hypochlorites, either as sodium hypochlorite solution (bleach)* or as sodium dichloroisocyanurate (NaDCC) tablets or granules have a good, wide-ranging microbicidal activity.

These products are available in different strengths. Manufacturers guidelines for making up relevant concentrations must always be strictly followed.

Chlorine releasing disinfectants used in solution may **not** be effective if they are:

- used on objects soiled with organic or other material, as this will render the disinfectant inactive. Thus, organic matter should first be removed and the area cleaned with detergent and hot water, prior to disinfection;
- not freshly made up;

- made up in the wrong concentration for the particular purpose (stronger concentrations are not more effective than the correct dilution);
- it is essential that fresh batches of the chlorine releasing solutions are made up as required. 1000 parts per million for general disinfection and 10,000 parts per million for blood and body fluid spillages. Made up solutions must be discarded after 24 hours;
- NaDCC tablets are extremely stable if stored protected from moisture. Dilutions needed to achieve required concentrations are stated on the pack;
- a granular form of NaDCC is particularly suitable for spills of body fluids as they help to contain the spillage while inactivation occurs;
- adequate ventilation should always be ensured when chlorine-releasing agents are used.
  Note: Chlorine releasing agents should not be used for urine spills as chlorine gas may be released.

3. **Procedures for dealing with body fluid spills on various surfaces**

All waste materials, which are generated when mopping up body fluid spills, should be treated as 'clinical waste' and carefully disposed of accordingly.

Spills on 'hard' surfaces:

For all fluids:

- the fluid should be covered with disposable paper towels to soak up the excess. These should then be gathered up and placed in a clinical waste yellow plastic bag.

If the spillage is blood:

- the remaining spillage should then be covered with hypochlorite solution (or equivalent);
- after the appropriate time has elapsed (as per manufacturer's instructions), the whole area should be mopped using disposable towels. These should be disposed of as clinical waste.

For all fluids:

- the area should then be washed with detergent and hot water and dried thoroughly.

Spills on 'soft' surfaces:

- if carpets become soiled they should have most of the body fluid mopped up as above and then be cleaned using a steam cleaner, if available. Otherwise hot water and detergent should be used;
- on upholstery and soft furnishings, excess fluid should be mopped up with disposable towels, sponged with cold water, then cleaned with detergent and hot water, or steamed cleaned;
- if soft furnishings, carpets etc. are very badly soiled with body fluids, they may need to be considered for disposal as 'clinical waste';
- spills on clothing should be sponged with lukewarm soapy water and washed as soon as possible in the hottest wash the clothing will stand. Heat from ironing the fabric may also kill pathogens.
- If using household bleach, it should be diluted to 1 part bleach in 100 parts water (50ml bleach in 50 litres).

(Refs. Department of Health Guidance on infection control in schools and nurseries. DoH. 1999. Advisory Committee on Dangerous Pathogens. Protection against blood-borne infections in the workplace. HIV and hepatitis. HMSO 1995).

THE ADMINISTRATION OF MEDICINES BY STAFF

1. The general principle at all times is **NOT** to dispense medication where at all possible.
2. However, in practical terms, children may need to bring medication into school Parents will need to complete the permission form, with details of dosage clearly stated.This should be left in the Admin office – see Note3 below. If they are going on a school trip for the day, the same procedure should be adopted, with the medication being given to the group leader.
3. Medicines are kept in the locked cupboard in the Admin room. A record is kept of all medicines administered, the date and time of administration.
4 There is no legal requirement for a member of staff to administer any medication and, if they do volunteer, then they can be assured that they are covered by the school's insurance on employee liability.

5.This means that in normal school time no other medication, apart from that mentioned, should be dispensed. **ON NO OCCASION** should a member of staff be giving out their own paracetamol, for example, to a pupil or asking another member of staff to do so.
6 With regard to residential trips, the same general principles apply, i.e. if anyone is usually travel sick or is likely to suffer from migraine, then they should bring any medication with them and label it. If there is any doubt about the well-being of a pupil, then medical advice should be sought.
It will then be the decision of the group leader as to whether he or she wishes to take charge of the administration of any prescribed medication (see footnote) or whether he/she defers that to another member of staff eg a first aider who is willing to take that responsibility. Likewise that person may also wish to take the role of being in charge of general first aid kit with medicines such as paracetamol for use where a pupil has a signed permission form.
It is best practice for only one person to be in charge of this and records should be kept.

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

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

GUIDANCE NOTES FOR ALL STAFF
1. Anaphylaxis (Anaphylactic Shock) - severe allergic reaction
Names of Trained
Staff .....
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Symptoms:
☒ Apprehension
☒ Sweating
☒ Feeling of Faintness
☒ There may be a burning sensation around the mouth

☒ A sensation of lump in the throat which may progress to hoarseness indicating swelling of vocal cords. Airways may be obstructed
☒ Headache
☒ Dizziness

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

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

2. Hypoglycaemia – relevant to pupils with Diabetes
Hypoglycaemia occurs suddenly when the blood glucose levels fall below 4mmol.
Common signs and symptoms are:
☒ Pale or ashen skin
☒ Dizziness
☒ Confusion
☒ Feeling weak
☒ Feeling hungry
☒ Sweaty
☒ Shaky/trembling
☒ Nausea

This can occur because of the following:
☒ Too much insulin
☒ Not enough food to fuel an activity
☒ Cold weather/hot weather
☒ Missed meals or snacks
☒ A missed or delayed meal/snack
☒ Vomiting

What to do if hypoglycaemia occurs:
Pupil may be able to self-administer. If not, immediately give the pupil something sugary eg Glucose tablets x 3, Lucozade, fresh fruit juice, or sugary pop (about 100 ml). Follow this with some starchy food to prevent the blood glucose from dropping again eg sandwich or cereal bar, or fruit, or two biscuits, eg garibaldi, ginger nuts
If still hypo after 15 minutes, give some more sugary food.
Hypo stop can be massaged into the pupil's cheek if they are too drowsy to take anything themselves (check if this is kept in school for the relevant pupil).
If the pupil is unconscious, do not give her anything to eat or drink and CALL (9)999 for an ambulance. Also contact parents/carers on contact numbers immediately.