

## First Aid Policy

<b>Review Date</b>	November 2024	<b>Next Review by Date</b>	November 2025
<b>Reviewed By</b>	Deputy Headteacher		
<b>Approved by Governing Body</b>	November 2024		

### Rationale

The Headteacher, CEO and Board of Governors at Pathways Education Ltd. accept their responsibility under the Health and Safety (First-Aid) Regulations 1981 and acknowledge their statutory duty of care and the importance of providing First Aid for employees, Young People and visitors within the school.

Responsibility for First Aid at Pathways Education Ltd. is held by the Headteacher. All staff have a statutory obligation to follow and cooperate with the requirements of this policy.

### Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, students and visitors

- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

## Legislation and Guidance

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of students

## Equipment Organisation

Our First Aid Needs Assessment has identified the following first aid kit requirements:

School Office, Kitchen and Travel First Aid Kits for taking out on trips will be stored in school vehicles.

It is the responsibility of the Appointed Persons in consultation with the Qualified First Aiders to check the contents of all First Aid Kits every three months and record findings. The completed checklists are stored in the school office.

Emergency packs are available in the office to accompany medically vulnerable students to hospital with key data for treatment.

There is also a working defibrillator available in the office. This is checked in line with the listed recommendations on the defib machine itself.

Medication is stored securely in the locked medication cupboard of the front office; staff can access the cupboard key via the key safe on wall of the office. All members are clear on how to access and administer medication. There is an administering medication book within the cupboard that is completed when medication is administered.

## **Roles and Responsibilities**

In order to carry out their duties effectively, the First Aid Personnel which includes all members of staff have the following duties and responsibilities. First-aiders are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending students home to recover, where necessary
- Filling in an accident report on the same day or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Ensuring that risk assessments have been undertaken, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of students
- Reporting specified incidents to the HSE when necessary

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are-there are lists of first aiders in medical room, staff room and communal areas
- Completing accident reports on our online system for all incidents they attend to where a first aider is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

### **Pupils with Special Medical Needs (IHCP)**

Some pupils have medical conditions that, if not properly managed, could limit their access to education. An individual health care plan (IHCP) will have been drawn up with the school, the child, their parents/carers and the child's GP. This helps our school to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. Parents/carers have prime responsibility for their child's health and should provide schools with information about their child's medical conditions prior to starting school. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician.

## Administration of Medication

- Medication will only be received in school if it has been prescribed by a doctor or on the written request of a parent.
- Only reasonable quantities of medication should be supplied to the school, (for example, a maximum of four weeks supply at any one time)
- Each item of medication must be delivered in its original container and handed directly to the receptionist
- Where the student travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the student, including medication for administration during respite care
- Each item of medication must be clearly labelled with the following information:
  - Student's name
  - Name of medication
  - Dosage
  - Frequency of dosage
  - Date of dispensing
  - Storage requirements (if important)
  - Expiry date
- The school will not accept items of medication which are in unlabelled containers
- Unless otherwise indicated all medication to be administered in school will be kept in a locked medical cabinet
- On request the school will provide parents/carers with details of when medication has been administered to their child

- Where it is appropriate to do so students will be encouraged to administer their own medication, if necessary, under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school
- It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the student's need for medication. Parents are responsible for ensuring emergency medication stored in school is in date. The Health and Safety Co-ordinator will regularly monitor that stored medication is in date, taking action as appropriate.
- Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
- The school will make every effort to continue the administration of medication to a student whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a student on a school trip if appropriate supervision cannot be guaranteed.
- Where there is a need for a student to have pain relief in school, one of the senior First Aiders, with the consent of parents or guardians may consider the use of paracetamol. The First Aiders will follow set guidelines for administration of this medication. (see appendix 2)

An example of when paracetamol could be given is when a pupil has a headache, but does not have any pain relief on them in school, a parent is contacted and agrees that they can have paracetamol, but they are unable to attend school to provide the medication.

PROCEDURES - Guidelines to staff

## **ASTHMA**

- Medication

Asthma sufferers carry their own medication. Medication is NOT held centrally unless a parent makes a specific request, nor is it administered by the school.

- Treatment

Preventers: These are taken daily at home am & pm to make the airways less sensitive to the triggers. Generally speaking preventers come in brown (sometimes white) containers.

Relievers: These medicines, sometimes called bronchodilators quickly open up narrowed airways and help the student's breathing difficulties. Generally speaking relievers come in blue containers.

RELIEVER MEDICATION SHOULD BE CARRIED BY THE STUDENT AT ALL TIMES INCLUDING DURING ACTIVITIES SUCH AS CROSS-COUNTRY RUNS /PE

Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. As asthma varies from child to child it is impossible to give rules that suit everyone, however the following guidelines may be helpful:

- During an attack:
  - Ensure that the reliever medicine is taken promptly and properly:
  - Make sure an adult stays with the pupil. If in doubt contact a qualified First Aider
  - Stay calm and reassure the student
  - listen to what the student is saying and to what he/she wants: the student probably has been through it before
  - loosen tight clothing around the neck
  - offer the student a drink of warm water
  - try tactfully to take the student's mind off the attack
  - don't put your arm around the student's shoulder as this is restrictive
- Help the student to breathe:

- Encourage the student to breathe deeply and slowly
- Most people with asthma find it easier to sit upright or to lean forwards slightly
- The student may want to rest his/her hands on the knees to support the chest
- Make sure that the student's stomach is not squashed up into the chest
- Lying flat on the back is not recommended

IF THE RELIEVER HAS NO EFFECT AFTER 5-10 MINUTES CALL AN AMBULANCE.

- After an attack:
  - Minor attacks should not interrupt a student's concentration and involvement in school activities. As soon as the attack is over encourage the student to continue with normal activities.

## **DIABETES MELLITUS (TYPE 1 DIABETES)**

- This is a condition which is ever present in schools. The following can happen:

Hypoglycaemia – when blood sugar levels fall below normal 4mmol/l

Hyperglycaemia – prolonged high blood sugar level, which can lead to diabetic coma.

- Hypoglycaemia (low blood sugar most common) – symptoms:

Faintness

Palpitations

Strange behaviour

Sweating



Cold skin

Strong pulse

Shallow breathing

- Treatment – Follow the student's Care Plan

Mild or Moderate Hypoglycaemia; below 4mmol/l

Awake with symptoms of hypoglycaemia i.e. shaky pale sweating, hungry, dizzy, don't feel well, aggressive feel faint

Sit down, check blood glucose level. Stay with child

Give 3 dextrose tablets or sugary drink i.e. 50 mls of lucozade or 100 mls of coke or sugary drink

Students also carry emergency supplies with them.

When student recovers - blood glucose rises above 4mmol/l - give starchy food, e.g. 2 biscuits or sandwich.

In the unlikely event of a student losing consciousness call an ambulance.

- Severe hypoglycaemia

If pupil is unconscious and not able to swallow do not give anything by mouth.

Stay with the pupil put in recovery position

Call 999

- Hyperglycaemia (high blood sugar) – symptoms:

Dry skin, rapid pulse

Deep breathing, very difficult to inhale

Smell of acetone on casualty's breath

Treatment – rest and reassure patient, call for an ambulance.

(This usually comes on over days and so is not an acute problem) but can be serious.

## **ANAPHYLACTIC SHOCK**

- There is a sudden allergic reaction to: Certain foodstuffs; Drugs; A sting from an insect; Latex rubber

In such cases breathing is dramatically reduced because of tightening of the airways due to swelling. They become shocked because of dilated blood vessels.

- Symptoms:

Anxiety

Blotchy skin/rash

Swelling of face/eyes/throat

Seriously impaired breathing

Rapid pulse

Unconsciousness

- Treatment:

If a child has an auto adrenaline injector, administer as per instructions

Dial 999

If shocked, best to lie patient down

Keep patient warm

If a member of school displays those symptoms contact a First Aider IMMEDIATELY.

### **Known EPILEPSY**

- Minor Partial Seizure – A sufferer may remain conscious with the following
- Symptoms:

Sudden 'switching off'

Staring blankly

Slight twitch/jerking

Possible shouting/noise making

#### **Treatment:**

- Sit the casualty in a quiet place and observe. Remove sources of harm.
- Reassure patient
- Notify parents.

### **Complex Partial seizure – Where consciousness is affected**

#### **Symptoms:**

- Confusion
- Unaware of surroundings
- Mumbling sounds
- Chewing movements

- Not respond when spoken to

### **Treatment**

As above

### **Generalised –Tonic Clonic Seizure**

In some cases a child or young person loses consciousness

### **Symptoms:**

- May start with casualty crying out
- Casualty falls down & may go unconscious
- Rigid back
- Breathing may become difficult
- Lips may go blue
- Clenched jaw
- Convulsions
- Saliva and/or blood in the mouth

Loss of bowel control.

- Treatment:

Observe casualty

Loosen clothing

Administer Emergency Medication (as per care plan)

Place in recovery position when convulsions cease

Call 999 if fitting continues and recovery to consciousness is slow

Contact Parents

Quiet often after a seizure the child or young person may feel tired, be confused, have a headache and need time to sleep. Recovery times vary some may feel better after a few minutes while others may need to sleep for several hours

Ambulance needs to be called if someone has a seizure and are not known to have epilepsy.

If staff are not comfortable with managing a seizure, call an ambulance for advice.

## **First Aid on Out of School trips or Residential Visits**

In the event of children needing first aid on school trips:

- All staff have first aid packs and mobile phones with them
- The first aider deals with minor ailments
- For major ailments the school is informed, and advice sought. Parent / Carers are also informed by the school office
- For any incident of which the first aider is unsure, a second opinion from another first aider is sought
- Gloves are ALWAYS worn when treating an injury with bodily fluids
- Any accident or incident is reported back at school and an 'Incident in school' form filled in accurately and promptly. A note on the accident is made at the scene.
- No medication may be given to a child unless prescribed by a doctor and with a signed and dated 'Administration of medication in school' form
- The IHCP holds information about parental permission for the administration of painkillers

- No other medication may be given by anyone
- For any head injuries, the school and parents are informed immediately by telephone and a 'Head bump' letter is sent home with the child
- If children are sent home, they must be collected by a responsible adult
- In the event of a serious incident, and ambulance is ALWAYS called
- A member of staff should accompany the child in the ambulance, whilst the school contacts the Parents/Carers and arranges for them to meet the child and staff at the hospital
- In the event of parents/carers being unreachable, the next contact person on the child's forms will be phoned
- For all incidents the school's 'Emergency Procedures for Trips/Visits Away from School' as outlined in every risk assessment, will be followed

All accidents requiring first aid treatment are recorded with the following information:

- Name of injured person
- Name of the qualified first aider or appointed person
- Date and time of the incident
- Type of incident
- Treatment provided and action taken

## **First Aid Procedures**

### **In-school procedures**

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the headteacher will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

### **Off-site procedures**

When taking students off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of students
- Parents' contact details

Risk assessments will be completed by the Lead Teacher and checked by the Headteacher prior to any educational visit that necessitates taking students off school premises.

There will always be at least one first aider on school trips and visits.

## **Notifying Parents/Carers**

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should they not be contactable. In the event that parents cannot be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents every hour. In the interim, we will ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required). In the event that the child requires hospital treatment and the parents cannot be contacted prior to attendance, the qualified first aider / appointed person / another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

## **First Aid Equipment**

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors



- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

### **Record-keeping and Reporting**

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form
- Records held in the first aid and accident folder will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.
- First aid lead will check expiry dates of medication and record when checked.

### **Reporting to the HSE**

The school will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7). These will be reported to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident. Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
    - Amputations
    - Any injury likely to lead to permanent loss of sight or reduction in sight
    - Any crush injury to the head or torso causing damage to the brain or internal organs
    - Serious burns (including scalding)
    - Any scalping requiring hospital treatment

- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment
  - The accidental release of a biological agent likely to cause severe human illness
  - The accidental release or escape of any substance that may cause a serious injury or damage to health
  - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here: How to make a RIDDOR report, HSE <http://www.hse.gov.uk/riddor/report.htm>

## **Training**

All school staff are able to undertake first aid training if they would like to. All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until on staff training log. Staff are encouraged to renew their first aid training when it is no longer valid.

## **Monitoring**

This policy will be reviewed annually by SLT.

## Links with other policies

This first aid policy is linked to:

- Health and safety policy
- Risk Assessment policy

## Appendix 1

### Body Fluid Spillage Policy Rationale

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimise the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

### References

This document is to be used in conjunction with: The school's Health and Safety policy.

Health Protection Agency guidelines on Infection Control. Up to date versions are available on the internet.

### Staff Contact

The Caretaker to be contacted initially so that s/he can arrange for a member of the team to clean the area appropriately.

The initial clean-up of the situation must be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean Up Procedure'.

In the event of a member of cleaning staff not being available then there are disposable clean up kits available in the medical room

### Initial Clean Up Procedure

- Get some disposable gloves from the nearest First Aid kit
- Place absorbent towels over the affected area and allow the spill to absorb.

- Wipe up the spill using these and then place in a bin (which has a bin liner)
- Put more absorbent towels over the affected area and then contact the Caretaker for further help
- The bin that has had the soiled paper towels put in then needs to be tied up and ideally placed in the yellow bin or double bagged and
  - put in an outside bin
- Any article of clothing that has got contaminated with the spill must be wiped clean and then put in a plastic bag and tied up for the parents to take home
- The area then needs to be cordoned off until cleaned If a cleaner is not immediately available, then a disposable cleaning kit will need to be used
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly

#### Procedure for Blood and Other Body Fluid Spillage Gloves to be worn at all times

- Any soiled wipes, tissues, plasters, dressings etc. must ideally be disposed of in the clinical waste bin (Yellow bag). If not available, then the glove being used needs to be taken off inside out so that the soiled item is contained within and placed in a bin which is regularly emptied
- When dealing with a spillage, absorbent paper hand towels need to be place on the affected area so absorbing the spill
- If a disposable spillage kit is available, then the instructions for use should be followed
- If not then contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in a yellow bin or put in another bin liner and put in an outside bin
- The area must be cleaned with disinfectant following the manufacturer's instructions
- A 'Wet Floor Hazard' sign then needs to be put by the affected area
- The area should then be ventilated well and left to dry
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturer's instructions
- Wash hands

- All yellow bags to be disposed of in yellow bins as the school could potentially be fined if not adhered to

#### Management of Accidental Exposure to Blood

- Accidental exposure to blood and other body fluids can occur by:
- Percutaneous injury e.g. from needles, significant bites that break the skin
- Exposure to broken skin e.g. abrasions and grazes
- Exposure of mucous membranes, including the eyes and mouth

#### Action to take:

- If broken skin encourage bleeding of the wound by applying pressure – do not suck
- Wash thoroughly under running water
- Dry and apply a waterproof dressing
- If blood and body fluids splash into your mouth – do not swallow Rinse out mouth several times
- Report the incident to the designated staff member and Senior Management
- If necessary, take further advice from NHS Direct
- An accident form must be completed and it may need to be reported to RIDDOR.
- Needlestick injury policy

If there is any accidental injury to the person administering medicine via an injection by way of puncturing their skin with an exposed needle, then the following action must be taken:

- Bleed the puncture site
- Rinse the wound under running water for a few minutes
- Dry and cover the site with a plaster
- Seek medical advice immediately

- You may be advised to attend Accident and Emergency for a blood test

Information on how the injury occurred will be required Details of the third party involved will be required

- If the third party is a pupil, then the parents must be made aware that their child's details will have to be given to the medical team who are caring for the injured party
- This all needs to be undertaken with the full permission of the Head or Deputy Head
- An accident form must be completed

## Appendix 2

### Guidance of the Safe and effect use of Paracetamol

Paracetamol is only to be administered by one of the First Aiders; the use of this medication is to aid pain relief or fever, when a parent or guardian cannot attend school to supply the above medication. This should only be given once consent has been obtained by the parent or guardian of the pupil needing the medication.

The following need to be checked before the pupil is given Paracetamol:

They normally take Paracetamol.

They are not allergic to Paracetamol

They have not taken any other Paracetamol based products in the last 4 hours.

They have not exceeded the maximum daily dosage.

They do not have an accompanying head injury.

They have not taken any other substances or Alcohol.

### Form

Paracetamol 500mg tablets

Paracetamol 250mg/5mL suspension

Check the expiry date on the packaging

### Dosage

For those between 12 and 16 year old:

One 500mg tablet or

10mL of Paracetamol suspension 250mg/5mL.

For those over the age of 16

One or two 500mg tablets (500mg – 1000mg) or

10mL-20mL of Paracetamol suspension 250mg/mL.

Only one dose to be given, taken immediately. Tablet(s) should be swallowed with water.

### Usage

In case of:

Mild to moderate pain

Pyrexia (fever)

Desired effects

Relief of pain

Reduction in temperature.

Notes

Paracetamol may interact with other drugs, eg. Cholestyramine

Paracetamol may be taken with ibuprofen.

Undesired effects

These are rare and usually mild if they occur; they include skin rashes

Liver or Kidney damage can occur if taken in overdose.

### Documentation



Where possible get the parent or guardian to send an e-mail to the members of staff who has made contact, with further consent of medication being administered.

Recorded the use of paracetamol in the minor accident/incident log

Recorded the issuing of the paracetamol on the drug control sheet

Advise college office of actions taken by First Aider.