



Treasure House (London) CIC - 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

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

[The Management of Health and Safety at Work Regulations 1992](#), which requires 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 requires employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

[Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records

[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.

The School also receives guidance from its Health and Safety advisers, namely **Salvum Ltd.** Risk Assessors

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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.

On day trips it is recommended that one of the two qualified First Aiders be present, but it is not essential.

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.

A first-aider must hold a current Certificate of Competence in First-Aid at Work. Prior to expiry a refresher course must be taken at least every three years and examination is required for renewal of the certificate's validity.

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 can give 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.

The directors are responsible for externally facilitated first-aid training, where appropriate.

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 incidents involving students are merely grazes and minor bumps requiring only time for the child to get over the shock. In these cases no formal record taking is necessary. If a first-aider is summoned and attends to a student then a record must be made.

Communication

The official first-aider is Helen Webb. All staff will be trained in Emergency First Aid. There are signs stating this, with first aid kits, in the:

- office area

If a first-aider is required, contact one of the directors who will arrange support in the appropriate location.

The emergency services can be contacted by ringing 999.

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If a student requires hospital attention, parents/carers should be contacted as soon as possible and either asked to meet their child at the hospital, or where preferred, pick their child up and take them to hospital. If the student needs to travel by ambulance, the student should be accompanied by one of the staff members, where possible, a director. The member of staff will wait at the hospital until the student's parent/carer(s) arrive. In the event that a staff member is asked to accompany a student it may be appropriate for a taxi back to school to be provided.

Reporting to the HSE

Helen Webb 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). Helen Webb will report these 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)
<http://www.hse.gov.uk/riddor/report.htm>

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Reporting to Ofsted and child protection agencies

Helen Webb will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

Helen Webb will also notify the referrer and any relevant child protection agency of any serious accident, illness or injury to, or death of, a pupil while in the school's care.

First-aid boxes

First aid boxes can be found in the office, alongside the Biohazard Kit. Back-up supplies of first-aid equipment are to be obtained from the Health & Safety Officer.

It is important to keep the first-aid boxes fully stocked. If an item is used it should be replaced immediately from a store by the first-aider. In addition, the HSO will ensure that 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. 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

All requiring first aid should contact the office. Provision will be made, if necessary, for medical support in the medical room.

Access to the office is available at all times when staff or pupils are on the premises. Both the office and the medical room have easy access to toilets and the entrance of the medical room is wide enough for wheelchair and stretcher access.

Sick children would need to be moved out of the office before first-aid is administered.

Access to the medical room is via directors enabling them to monitor its use.

A male first-aider should never be alone with a girl in the medical room. He should ensure that there is always a female member of staff present.

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Records

1. Students

- After administering first-aid, the first-aider should ensure that the first-aid treatment log sheet is completed and kept on file. The Health & Safety Officer will review the forms; matters of concern are addressed immediately and a full incident report is prepared.

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 by the HSO.

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, students may need to bring medication into school and should do so with a written agreement by a parent/guardian with any details of dosage clearly stated. This should be left in the directors' office. 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. Students may be given paracetamol, ibuprofen or antihistamine with written permission from the parent or carer. Calls are made home if there is uncertainty about when the last dosage was taken.
4. 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 student, 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 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 student has a signed permission form.

It is best practice for only one person to be in charge of this and records should be kept.

GUIDANCE NOTES FOR ALL STAFF

1. Anaphylaxis (Anaphylactic Shock) - severe allergic reaction

Names of Trained Staff
Helen Webb

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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

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- 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 them anything to eat or drink and CALL 999 for an ambulance. Also contact parents/carers on contact numbers immediately.

3. Dealing with exposure to blood or other bodily fluids

Occupational exposure to blood or other bodily fluids through spillage poses a potential risk of infection particularly to those who may be exposed to these substances in the work place setting.

The safe and effective management of these spillages is therefore essential to prevent transmission via this route and to comply with the Health and Safety at Work Act 1974. It must be assumed that every person encountered could be carrying a potentially harmful microorganism that might cause harm to others. As such, safe effective management of spillages is a precaution applied as standard.

Prevention of contamination incidents:

The aim of the policy is to ensure the protection of all staff, children and visitors where there is an accidental exposure to blood/bodily fluids when dealing with an incident. It aims

- To ensure all members of staff are aware of what action to take
- To ensure all members of staff are protected through good working practices.
- To prevent contamination

School staff dealing with an incident must;

- Always wear suitable 'single use' disposable gloves when handling blood and body fluids during first aid procedures. (these found in the first aid kits)
- Always cover any open wounds/cuts/sores/burns of the skin with a waterproof dressing

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- Place any soiled dressings/gloves in a small yellow clinical waste bag (provided in the first aid kit)
- Ensure yellow clinical waste bags are disposed of safely
- Wash hands thoroughly following removal of gloves
- Arrange for spillages to be cleaned up as quickly as possible

This policy applies to:

First aiders and any member of staff, teaching and non-teaching who may be involved in dealing with an incident. It includes all departments within the school and extends wherever practical to field trips, excursions and sporting events.

In the event of accidental exposure to a contaminant:

- Broken skin – wash immediately with soap under running water and cover with waterproof dressing.
- Eye – wash eye out thoroughly with water
- Mouth – do not swallow. Spit out and rinse mouth out with water
- Attend Accident and Emergency if necessary for further advice/treatment.
- Report any incidents of accidental contamination to a director

Spillages of blood or body fluids

A spillage is a leak or spill of blood or body fluid from a person, specimen container or equipment.

Spillages of blood or body fluids present a risk of infection and must be dealt with immediately

Viruses such as Hepatitis B, C and HIV can be transmitted through blood and other bodily fluids. Quick and effective management of spillages regardless of the setting is essential for health and safety. Before attempting to clear a spillage make sure you have gathered all necessary equipment and wear personal protective equipment.

Equipment required:

- Biohazard Kits are to be used by the Health & Safety Officer and are located in the office
- Protective gloves/apron/masks provided with the kit
- Use face visor or goggles if recommended
- Contain the spillage with absorbent towel or chlorine granules in the first instance
- Cover the spillage with NADCC granules giving a minimum of 3 minutes contact time
- Scoop up the granules with the scoop provided and discard contents in to the yellow clinical waste bag provided
- Wipe the area and any other splashes with appropriate detergent.
- Clear everything away

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PROCEDURE FOR CALLING AN AMBULANCE

Contact one of the directors, or send a member of staff or a student to do so.

Director decides if emergency services should be called and, if so will make the call.

Directors:

- Ring for ambulance if first-aider has not done so;
- Send message back to first-aider that ambulance is on its way;
- Ask member of staff to wait by entrance to guide ambulance;
- Inform parents;

Inform other director, where possible.

Arrange for appropriate staff member to accompany the student to hospital and wait until parents arrive. Staff member may take a taxi back to School, where appropriate. If an ambulance is not required, parents, where appropriate may take the student to hospital, or Helen Webb may do so. On arrival at hospital, the first-aider is no longer required and may return to School by car, taxi or public transport where appropriate.

At all stages there must be no delay.

LOCATION OF FIRST-AID KITS

Office

LOCATION OF BIOHAZARD KITS

Office

This policy was last reviewed on 12 November 2017

Signed

Helen Webb

Director

Signed

Naomi Long-Srikrotriam

Director

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