FIRST AID POLICY

Policy & Procedure No.	**HS02**
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CONTENTS

Reference to

HS01 Health and Safety
HS04 Controlled Medication Administration

1. Introduction

Amberley Court School (ACS) aims to ensure that pupils, employees and visitors will be treated for injury or sudden illness promptly and safely until, where necessary, being placed in the care of a professional or transferred to hospital.

We have the facility to instigate control measures which include:

- Assessing the risks involved and the control measures that need to be put into place e.g. provision of First Aiders or Appointed Persons
- Implementing and monitoring the control measures
- Ensuring that emergency procedures are developed and implemented
- Issuing appropriate safety equipment to the personnel involved and provide forms for recording the issue and maintenance of personal protective equipment (PPE)
- Ensuring that all staff are properly instructed and trained on the emergency procedures, personal protective equipment and other safety measures, e.g. ensuring that body fluids are cleaned up in the appropriate manner.
- Administering Medication appointed staff members.

2. Legal Requirements

Current legislation requires the workplace to provide an adequate first aid provision for their premises and this requirement will be determined by completing the risk assessment process. This risk assessment will identify the determined numbers of competent staff required to administer first aid, as well as the suitability, sufficiency and amounts of first aid equipment required to satisfy the premises needs and legislative requirements. Designated staff members will also be trained in the administration of controlled substances/medication.

3. Responsibility

The Headteacher is responsible for the management of first aid in the school, this includes:

- Undertaking an annual risk assessment of the first aid requirements in the school
- Monitoring that all staff receive first aid training, ensuring renewal at two/three yearly intervals dependent on qualification guidelines
- That staffing rotas reflect enough qualified staff on duty to meet the needs of the pupils
- Ensuring that an enough first aid boxes are available, this includes the school vehicles
- That approved signage is displayed at the appropriate locations throughout the premises where first aid boxes are sited

- That monthly monitoring checks are undertaken to ensure that first aid boxes and their contents are maintained in good condition and well-stocked with out of date items being discarded and replaced.

4. Providing First Aid Arrangements

Appropriate staff will undertake an assessment of the first aid situations that may arise within our school and the factors that will be considered are:

- Proximity - the distance to the nearest hospital from the school and how fast the emergency services can attend the scene of the incident
- How many employees and service users require cover and are any others affected (e.g. members of the public)?
- Are there any hazards that may pose an increased level of risk (e.g. an office environment has minimal risk, but a woodworking machine shop contains significant risk)?

When the assessment is completed it will be used to determine the basis of our provision of first aid supplies and number of staff, we require to be trained to administer first aid and take charge of first aid situations.

When requirements for appointed first aiders have been established; ACS will undertake a training needs analysis. This analysis will assist us to establish shortfalls (regarding trained staff) and the training requirements for the staff identified to provide first aid within our school.

A First Aider can be described as a person who has been on an approved training course and passed the necessary examination / expectations. When the certificated examination requirements have been fully met, this person can then be allowed to provide first aid.

ACS aims to have all staff trained and able to act as First Aiders but will have at least two staff appointed as 'Appointed First Aiders', that will have oversight.

The qualification lasts for a period of no longer than two to three years from the day of its award and for an employee to maintain the qualification and continue as our designated First Aider they will attend and qualify for further certification within this two to three-year period.

'Appointed Persons' can take charge of first aid situations when a fully trained and recognised First Aider is unavailable. We will ensure that 'Appointed Persons' are trained to administer first aid. They will follow practice and procedures according to their training.

Enough first aid boxes, clearly marked, are provided and the locations of these first aid boxes are indicated by the approved signage and placed at the appropriate locations throughout the school premises.

First Aid boxes are in any school vehicle and in the classrooms and offices.

An inventory is kept ensuring that first aid boxes are maintained to the required standards and management will be advised, by those qualified, when their contents require replenishing.

First aid boxes are checked monthly to ensure that they and their contents are maintained in good condition. The checking and restocking of the first aid kits are the responsibility of an 'Appointed First Aider'. Items that

deteriorate over a period are monitored to ensure their timely replacement and care will be taken to discard items safely that have passed their expiry date.

On site First Aid kits will contain:

- First Aid in an emergency booklet
- 6 HSE medium sterile dressing 12x12cm
- 2 HSE large sterile dressing 18x18cm
- 4 Triangular bandage 90x90x130cm
- 6 Safety pins
- 2 Eye pads
- 20 wash proof plasters
- 10 Sterile Moist cleaning wipes
- 1 Microporous tape 2.5cmx10m
- 5 Nitrile powder-free disposable gloves (pair)
- 2 fingers dressing 3.5x3.5cm
- 2 Face shields
- 1 Disposable heat retaining blanket
- 2 Burn shield dressing 10x10cm
- 1 Tuff-kut scissors
- 2 Conforming bandage 7.5cmx4.5m

Vehicle First Aid Kit will contain:

- 1 Adherent dressing
- 2 Burn dressings
- 10 Cleansing wipes
- 1 Dressing (medium)
- 1 First Aid bag
- 1 First Aid Guidance leaflet
- 1 Foil blanket
- 4 Gloves (single)
- 1 Resuscitation device
- 1 Trauma dressing (medium)
- 1 Triangular bandage
- 1 Universal shears
- 10 Wash proof plasters

Our first aid assessment will identify any changes to the quantity of the contents in our First Aid kits. This may be led by the pupils' individual risk assessment e.g. self-injurious/harming behaviours

For eye irrigation; the taps in the medication room is checked for legionella on a monthly basis. For outings where water is required, staff will take bottled mineral water.

5. Record keeping

All persons who receive treatment for injuries or ill health at work are required to enter the details in the 'Accident Book'. Records for staff should be forwarded to the Chair of Governors and the HR manager/Proprietor to be filed on the employee's main personnel file.

The Headteacher is responsible for undertaking a post-accident analysis and risk management.

6. Responding to an emergency

If a person is at risk or requires First Aid or Medical attention, staff will administer First Aid if it is safe to do so, notifying the Headteacher as soon as possible, and this will not impact or delay the process of calling for emergency medical help if this is required.

In the event of there being a risk of serious harm, injury or the staff feel they are unable to manage the risk safely; the Police will be notified for support.

Staff will always assess the situation; and if a medical emergency, send for medical help and an ambulance.

Whilst waiting for medical assistance to arrive:

- Try not move the person unnecessarily;
- Try to clarify information around the circumstances and what may have occurred;
- Collect any drug samples, packaging, spillages (e.g. vomit) for medical analysis;
- Do not induce vomiting;
- Keep the person calm, under observation, warm and quiet.

If the person is unconscious:

- Ensure that their airway is clear, and they are breathing and place in the recovery position;
- Do not move them if a fall is likely, to avoid moving their spine in case of severe injury;
- Do not give them anything by mouth;
- Do not attempt to make them sit or stand;
- Do not leave them unattended or in the charge of another pupil;
- Notify parents/carers.

For needle stick injuries:

- Encourage wound to bleed, do not suck the injury, wash the area with soap and water, drying it and applying waterproof dressing;
- If used/dirty needle; seek advice from GP.

When medical help arrives, pass on any information available, including vomit and any drug samples.

No further action, beyond making the situation safe and attempting to confiscate harmful drugs or substances, will be taken without the Headteacher's authorisation, in consultation with the parent/carer.

7. Information on Common Emergencies

7.1 Fainting

A brief loss of consciousness caused by a temporary lack of blood to the brain. May be a result of emotional upset, exhaustion, lack of food, heat or following physical activity. May also be a reaction to pain or fright. Pulse will be slow and weak; skin will be pale. If possible, lie the person on the floor with their feet raised 10-12 inches above their head. Loosen any tight clothing and treat for Shock. Call a First Aider and possibly 999.

7.2 Head Injury

There will be a brief or partial loss of consciousness following a blow to the head, or a fall from over shoulder height. There may be dizziness, nausea, memory loss or an intense headache. The casualty will have a strong, slow pulse and have slow, noisy breathing. They may also display changes from their normal behaviour. With a fractured skull you will get clear, yellow fluid or watery blood from an ear or the nose; blood in whites of eye; plus, lack of symmetry to head or face. There may be an area of the head, which is soft and spongy, or has a depression. Put person in the recovery position. Lie on side that allows fluid to flow out of ear. Treat for Shock. Call 999. N.B. If the person has fallen from a height, or if you suspect a skull fracture, they should not be moved. The jaw thrust can be applied to assist their breathing.

7.3 Poisoning

Is where a substance, which if taken in enough quantity can endanger, or cause loss of life. May enter the body through Mouth, Lungs, Absorption or by Injection. Symptoms will vary depending on the poison. With food poisoning there may be abdominal pain, vomiting, diarrhoea, headache, fever, collapse and the signs and symptoms of Shock. Establish what the poison is. Treat for Asphyxia and Shock. Retain any bodily discharges and send sample to hospital. Do NOT make person vomit. Call 999 and ask for Poisons Unit. If food poisoning give sips of fluids (water).

7.4 Epilepsy

Caused by unnatural charge of electricity in the brain. May be small or large in intensity. Symptoms vary greatly i.e. staring blankly, smacking lips, fiddling with clothing, incontinence, experiencing an “aura” such as a smell, feeling or taste. In a severe seizure, person may make a loud cry, fall to the round and have muscular convulsions. Mouth and lips may turn blue. Protect person from danger. Do NOT try to restrain them. Do NOT put anything in their mouth. Once the seizure has finished put the person in the recovery position. Do NOT leave unattended until fully awake and fully recovered. Person may have no recollection of seizure. Only call 999 if seizures are: repeated; over 3 minutes in duration; if the recovery period is longer than 10 minutes; there is an injury which needs hospital attention; if it is a child’s; if it is a person you don’t know; or the pattern is unusual for that particular person. If a person’s seizures are becoming more frequent then they should be advised to see their GP, as their medication may need to be altered.

7.5 Diabetic Emergency

Caused by imbalance of sugar & insulin in blood (should be =).

- With Hypoglycaemia (low blood sugar)

The onset may be very rapid. It may be the result of a missed meal, exercise or stress. The person may feel dizzy, lightheaded and confused. They will have pale, cold, clammy skin, and may begin behaving in an inappropriate “drunken” or aggressive manner. It is essential that they are given a sugar drink as quickly as possible, followed by a solid item of food (otherwise their blood sugar may drop again). Do not trust the persons’ decisions, nor should you give them insulin. If you are unable to get them sugar their condition will deteriorate quickly, and they may collapse into unconsciousness or have a seizure. If this happens, call 999 immediately.

- With Hyperglycaemia (high sugar levels in blood)

The onset is much more gradual. It may be a result of a missed insulin injection or overeating. The person will be thirsty and may need to vomit or urinate frequently. Their pulse will be rapid and weak, and their skin warm, dry and flushed. Their breath may smell of “pear drops” or acetone. This condition is harder to diagnose. The person will usually be sent to hospital because they are unwell or unconscious. If you are ever in doubt about which type of diabetes you are treating, give sugar.

7.6 Suspected fracture

Could be the result of direct or indirect force. May be pain, tenderness, swelling, loss of control, unnatural movement, shock, crepitus, irregularity, deformity or shortening of limb. Support person as you find them. Do NOT try to move the casualty unless they are in immediate danger. Control any bleeding and treat for Shock. Never elevate a fracture. Call 999.

7.7 Strains, Sprains and Dislocations

Strains occur to stretched or torn muscles and tendons e.g. legs I shoulders. Sprains occur to stretched or torn ligaments e.g. ankles, knees and wrists. Dislocations occur at a joint when the bone ends are pulled away from each other e.g. shoulder, thumbs and jaw. Signs and symptoms are like a fracture, but person may not have heard snap or break. Make the person rest - sit down and stop using the injured part. For strains and sprains apply a cold compress. Bandage, using padding around the injury, then elevate the injured part. For dislocations, support the injured area in a comfortable position. Keep person warm and reassure. Do NOT try and put the bone back in place. Call 999. An X-Ray will be needed to determine the difference between a fracture, and a Sprain, Strain or Dislocation.

7.8 Electrocution

Do NOT touch the casualty until the current is switched off. Do NOT attempt to touch a casualty if High Voltage electricity is involved. You should stand more than 25 metres away and call emergency services. If the accident involves Low Voltage electricity, then you can attempt to turn off the supply at the mains. Protect yourself by standing on dry insulating material (e.g. telephone book or rubber matting) and use wooden or plastic implements (e.g. broom or mop handle) to free the casualty from electrical source. Do the DR's ABC and treat for Shock. Call 999 and First Aider. Treat any burns (see below). Look for both a burn at the entry point of the electricity, and a scorch mark at the exit point.

7.9 Burns & Scalds

May be caused by dry heat (burn), wet heat (scald), friction, radiation, electrical wiring, excessive cold or chemicals. Person will experience pain, and a degree of redness and swelling depending on the severity. There may be numbness and the skin may peel or blister. For severe burns the skin will appear waxy white or charred black. Place burn or scald under cool running water for a minimum of 10 minutes. Cut away any non-stick clothing and remove any jewellery. Apply a non-fluffy sterile dressing (although do not wrap it around tightly). Do NOT: rub burn, burst blisters, apply ice, use fluffy dressings or remove burnt on clothing. Treat for Shock. You should call a First Aider and 999 if serious i.e. if the airways, genitals, hands or feet are affected; if the casualty is a child's or older person; if the burn extends around the limb; if there is a blister larger than the palm of their hand; any burn involving waxy or charred skin.

7.10 Hypothermia

Abnormal loss of body heat, when body temperature drops below 35°C (95°F). When the body drops below 26°C (79°F) it is usually fatal. Person will shiver in early stages only. Skin will be pale, cold and dry. Person may be confused, irrational, apathetic. Breathing will be slow and shallow; pulse slow and weakening. Person will become unconscious or have a cardiac arrest in severe cases. You must reheat the person gradually: remove wet clothing and wrap in dry blankets. If they are conscious, give warm drinks to sip (e.g. soup, NOT coffee or alcohol). Do NOT rub hands or feet or try to heat the person rapidly. Call 999.

7.11 Hyperthermia

Abnormal excess of body heat. Person may have headache, feel tired, dizzy, exhausted, nauseous, restless and suffer cramps. For Heat Exhaustion, skin will be pale, sweating, cold and clammy. Pulse rapid but weak. Temperature may be normal. Lie person down in a cool place. Raise feet, cool with wet flannel, give sips of cool water (with a little salt). For Heat-stroke, skin will be hot, flushed and dry, pulse will be slow and pounding, breathing will be slow and noisy. The casualty may become unconscious. Temperature will be above 40°C (104°F)

- this must be lowered urgently. Lie person down in cool place, remove clothing and wrap in a cold wet sheet. Continue to wet sheet (especially trunk area). Call 999.

In all cases staff are to be overly cautious as opposed to be under cautious. Staff are encouraged to seek outside medical advice or use the emergency services if they are in any doubt.

END

POSITION	Headteacher	**NAME**		**SIGNATURE**		**DATE**	
POSITION	Governor	**NAME**		**SIGNATURE**		**DATE**	