

# **First Aid Policy**

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**Independent Day and Boarding School for Boys and Girls**

**Royal Hospital School**

1 February 2010

## 1. **Authority and Circulation**

- 1.1. This policy has been authorised by the Governors of The Royal Hospital School ("School"). Its status is advisory only. It is available to parents and pupils and to all members of School Staff.
- 1.2. The arrangements within this policy (for example the number of First Aiders, Appointed Persons and First Aid boxes and contents of First Aid boxes) are based on the results of a suitable and sufficient risk assessment carried out by the School in regards to all Staff, pupils and visitors.
- 1.3. This policy complies with s3(6) of the Independent School Standards, the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981, and the Approved Code of Practice and Guidance for the Health and Safety (First Aid) Regulations 1981.

## 2. **Definitions**

- 2.1. "**First Aid**" means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted first aid practice to treat a suspected heart attack.
- 2.2. "**First Aiders**" are members of staff who have completed a HSE approved First Aid course and hold a valid certificate of competence in First Aid at Work (FAW) or Emergency First Aid at Work (EFAW).
- 2.3. "**First Aid Guidance**" means the Approved Code of Practice and Guidance for the Health and Safety (First Aid) Regulations 1981.
- 2.4. "**Appointed Persons**" are members of staff who are not qualified First Aiders who are responsible for looking after the first aid equipment and facilities and calling the emergency services if required. Appointed persons should not administer first aid.
- 2.5. "**Staff**" means any person employed by the School, volunteers at the School and self employed people working on the premises.
- 2.6. The "**School Doctor**" is a Doctor from the Holbrook Practice who is contracted to provide medical services to pupils at the School and who is responsible for medical supervision.
- 2.7. The "**Health Centre Sister**" is Anne Thompson who is primarily located in the School's Health Centre.

3. The "**Health Centre**" is located at the east end of the campus and is clearly signposted. It is used for the provision of medical or dental treatment, including First Aid, when required. The Health Centre has essential First Aid facilities and equipment.

#### 4. **Aims of this Policy**

- 4.1. To ensure that the School has adequate, safe and effective First Aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- 4.2. To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- 4.3. Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services on the School site.

#### 5. **Who is Responsible**

- 5.1. **The Governors** of Royal Hospital School, as the employer have overall responsibility for ensuring that there is adequate and appropriate First Aid equipment, facilities and First-Aid personnel and for ensuring that the correct First Aid procedures are followed.
- 5.2. **The Headmaster** delegates to the Health Centre Sister the day to day responsibility for ensuring that there are adequate and appropriate First Aid equipment, facilities and appropriately qualified First Aid personnel available to the School. The Health Centre Sister will regularly (at least annually) carry out a First Aid risk assessment and review the School's First Aid needs to ensure that the School's First Aid provision is adequate.

The Headmaster is responsible for ensuring that all staff and pupils (including those with reading and language difficulties) are aware of, and have access to, this policy.

The Headmaster delegates to the Health Centre Sister responsibility for collating medical consent forms and important medical information for each pupil and ensuring the forms and information are accessible to staff as necessary.

The Headmaster is responsible for ensuring that staff have the appropriate and necessary First Aid training as required and that they have sufficient understanding, confidence and expertise in relation to First Aid.

5.3. **First Aiders:**

The Headmaster is responsible for ensuring that the School has the minimum number of First Aid personnel (First Aiders and/or Appointed Persons) with reference to the guidance in Appendix Three of the First Aid Guidance. There will be at least one First Aider on each school site when children are present.

For more information please see <http://www.hse.gov.uk/firstaid/legislation.htm>

The staff listed in Appendix One have been completed a HSE approved First Aid course and hold a valid certificate of competence in First Aid at Work (FAW) or Emergency First Aid at Work (EFAW).

The main duties of First Aiders are to give immediate First Aid to pupils, staff or visitors when needed 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 Headmaster.

The First Aiders will undergo update training at least every three years.

5.4. **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 welfare of the pupils.

5.5. **Anyone on School premises:** Anyone on the School premises is expected to take reasonable care for their own and others' safety.

6. **First Aid Boxes**

First Aid boxes are marked with a white cross on a green background and are stocked in accordance with the suggested guidelines in Guidance Note 37 of the First Aid Guidance.

For more information please see <http://www.hse.gov.uk/firstaid/legislation.htm>.

6.1. First Aid boxes are located at these positions around the School site and are as near to hand washing facilities as is practicable:

The Health Centre  
Reception  
School kitchen  
Science prep room\*

Design & Technology classroom  
Art room\*  
Clerk of Works' workshop  
Sports Dept  
Teachers' staff room  
All boarding houses  
Sports pavilions  
Dining Hall

The First Aid boxes marked \* are only to be used in an emergency when unable to get to the Health Centre. If First Aid boxes are used, contact should be made with the Health Centre and replenishment stocks will be issued.

All requirements for the first aid kits are supplied by the Health Centre and are regularly stocked at request of individual departments. This should be done by email at least once per term.

- 6.2. **School minibuses:** The School's minibuses should have a prominently marked First Aid box on board which is readily available for use and which is maintained in a good condition. The First Aid box should be stocked in accordance with Part II of Schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 which is set out in Appendix Two.
- 6.3. **Off-site activities:** First Aid boxes for any off-site activities are kept in the Health Centre.

## 7. **Information on Pupils**

Parents are requested to provide written consent for the administration of First Aid and medical treatment before pupils are admitted to the School.

The Health Centre Sister will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the School to the Headmaster, class teachers and First Aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a pupil or other members of the School community.

**Use of asthma inhalers, epipens, injections etc** The information held by the Health Centre will include a record of pupils who need to have access to asthma inhalers, epipens, injections or similar and this information should be circulated to teachers and First Aiders. Where appropriate, individual pupils will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis. In other cases, the equipment will be

kept, suitably labelled, in the Health Centre and houses. Additional arrangements are included at Appendix Three.

## 8. Procedure in the event of illness

8.1. **Pupils** may visit the Health Centre during break or lunch. If a pupil is unwell during lessons then they should consult the member of staff in charge who will assess the situation and decide on the next course of action. The pupil will, accompanied as necessary, be told to go to the Health Centre. The Health Centre will decide on the next course of action and provide the First Aid as required.

8.2. **Staff** may visit the Health Centre as and when necessary, but appropriate cover must be arranged.

## 9. Procedure in the event of an accident or injury

9.1. 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. If necessary, the Health Centre should be called for as soon as is possible. Appointed Persons or First Aiders can also be called for if necessary and should be called if the Health Centre is not available immediately. However minor the injury, the Health Centre should always be informed, if not called for.

9.2. 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 from the Health Centre or by dialling 999.

9.3. **Ambulances:** If an ambulance is called then the Health Centre Sister or 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 pupil is accompanied in the ambulance, or followed to hospital, by a member of staff. Parents will be contacted as soon as possible.

9.4. If a spillage of blood or other bodily fluids occurs, the Logistics Manager must be informed. The Logistics Manager will then arrange for the proper containment, clear up and cleansing of the spillage site.

## 10. Procedure in the event of contact with blood or other bodily fluids

10.1. The First Aider should take the following precautions to avoid risk of infection:

10.1.1. cover any cuts and grazes on their own skin with a waterproof dressing;

10.1.2. wear suitable disposable gloves when dealing with blood or other bodily fluids;

10.1.3. use suitable eye protection and a disposable apron where splashing may occur;

10.1.4. use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;

10.1.5. wash hands after every procedure.

10.2. 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:

10.2.1. wash splashes off skin with soap and running water;

10.2.2. wash splashes out of eyes with tap water or an eye wash bottle;

10.2.3. wash splashes out of nose or mouth with tap water, taking care not to swallow the water;

10.2.4. record details of the contamination;

10.2.5. report the incident to the Health Centre Sister and take medical advice if appropriate.

## 11. First Aid in the PE Department

11.1. **Location of First Aid Equipment:** The department is responsible for providing first aid boxes and bags for the relevant sporting areas within the School. The fixed positions are as follows:

- Gymnasium: staff toilet - on the wall;
- Swimming Pool: by emergency telephone - on the wall;
- Jubilee Pavilion: on the wall in foyer;

- “Old Pavilion”: upstairs on the wall.

There are six bags which can be used by team managers for home and away fixtures.

The Head of PE/Games is responsible for ensuring that the boxes are stocked correctly.

An emergency stretcher and blankets are available in the Main Pavilion.

- 11.2. **Away fixtures:** A medical bag should be taken with the travelling team. If an incident occurs medical treatment should be sought from the visiting school first aid staff. If necessary, the pupil should be taken to nearest casualty by a member of staff. Treatment and after-care should then be followed up by Royal Hospital School Health Centre. Any incident of treatment must be reported to the Health Centre on return to School.

## 12. Reporting

- 12.1. The First Aider should complete a Record of first aid (Appendix Four).
- 12.2. All injuries, accidents and illnesses, however minor, must be reported to the Health Centre Sister and she is responsible for ensuring that the accident report forms and books are filled in correctly and that parents and HSE are kept informed as necessary.
- 12.3. **School Accident and Illness book:** all injuries, accidents, illnesses and dangerous occurrences (unless very minor in the view of the Health Centre Sister) must be recorded in the School Accident Book. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored for at least 3 years or if the person injured is a minor (under 18), until they are 21.
- 12.4. **Accident report form:** The Health Centre Sister will fill in an accident report form for every serious or significant accident that occurs on or off the School site if in connection with the School. This will be kept by the Health Centre Sister. Records should be stored for at least 3 years or if the person injured is a minor (under 18), until they are 21.
- 12.5. **Reporting to Parents:** In the event of accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Health Centre and with the Headmaster if necessary.

12.6. **Reporting to HSE:** The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) to report the following to the HSE (during term time, this is done by the Health Centre and outside term time this is most easily done by calling the Incident Contact Centre (ICC) on **0845 300 99 23**):

#### 12.6.1. **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 3 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).

#### 12.6.2. **Accidents involving pupils 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 School activity (on or off the premises);
  - the way a School 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.

For more information on how and what to report to the HSE, please see <http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link.

### 13. **Monitoring**

The Headmaster will organise regular reviews of the Incident Books in the Boarding Houses and the Health Centre in order to take note of trends and areas of improvement. This will form part of the (at least) annual First Aid risk assessment. The information may help identify training or other needs and be useful for investigative or insurance purposes. In addition, the Headmaster will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.

Authorised by	The Headmaster on behalf of the Governors and for Resolution by the Board of Governors in March 2010
Date	February 1 2010

<b>Effective date of the policy</b>	February 1 2010
<b>Circulation</b>	Governors / all staff / volunteers automatically Parents on request
<b>Status</b>	Complies with paragraph 3(6) of the Schedule to the Education (Independent School Standards) (England) Regulations 2003. Health and Safety at Work etc Act 1974 Health, Safety (First Aid) Regulations 1981. Control of Substances Hazardous to Health Regulations 2002 and HSE Guidance: Blood-borne viruses in the workplace. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. Road Vehicles (Construction and Use) Regulations 1986.

## Appendix One

### List of First Aiders

#### 06-Feb-09

Debbie	Hitchen
David	Simmons
Sarah	Smith

#### 17-11-08

Mike	Barraclough
Sue	Bourhill
Marc	Godfrey
Chris	Graham
Catriona	Herbert
Chris	Herbert
Malcolm	Jeffrey
Jonathan	Pooley
Sue	Tansley
Martin	Warren

#### 12-06-07

Garry	Ravenhall
Sarah	Hirst
Andy	Nutton

## **Appendix Two**

### **Part II Schedule 7 of Road Vehicles (Construction and Use) Regulations 1986**

#### **First Aid Equipment**

- 10 antiseptic wipes, foiled packed;
- 1 conforming disposable bandage (not less than 7.5cm wide);
- 2 triangular bandages;
- 1 packet of 24 assorted adhesive dressings;
- 3 large sterile unmedicated ambulance dressings (not less than 15.0cm x 20.0cm);
- 2 sterile eye pads, with attachments;
- 12 assorted safety pins, and
- 1 pair of rustless blunt ended scissors.

## **Appendix Three**

### **Arrangements for pupils with medical conditions (e.g. asthma, epilepsy, diabetes)**

#### **Anaphylaxis**

1. Keep calm and assess the situation.
2. If patient feeling faint or weak, lie them down & elevate legs.
3. If signs of vomiting lie them in the recovery position.
4. If having difficulty breathing, they might feel more comfortable propped, sitting up.
5. If symptoms potentially life-threatening – administer Epipen into pupils outer thigh (through clothing if necessary) NB Note time this was administered.
6. Seek medical attention...contact Health Centre but **DO NOT LEAVE PATIENT UNATTENDED.**

Signs and Symptoms Could be all of these or just 1 or 2

1. Urtcaria (nettle-rash) over the body.
2. Difficulty in swallowing/ speaking, breathing.
3. Swelling of lips/mouth/throat.
4. Asthma-like symptoms.
5. Rapid pulse.
6. Nausea/vomiting
7. Sense of impending doom.
8. Collapse/unconsciousness

#### **Asthma Attack - Plan of Action**

What to do if a pupil becomes breathless, wheezy or coughs continually.

##### **In School**

1. Keep calm. It is treatable.
2. Let the pupil sit in the position he/she finds most comfortable. Do not make the pupil lie down.
3. Let the pupil use his/her usual reliever treatment, e.g. 2 puffs of their Ventolin/Salbutamol (blue) inhaler.
4. Send the pupil to the Health Centre or ring for assistance.

##### **Outside School - Away Sports Fixtures etc**

1. Keep calm. It is treatable.
2. Let the pupil sit in the position they find most comfortable. Do not make them lie down.
3. Let the pupil use their usual reliever treatment, e.g. 2 puffs of their Ventolin/Salbutamol (blue) inhaler.
4. If symptoms disappear/improve\* no further immediate action is necessary, but pupil should be observed and sent to Health Centre on return. If involved in sport at time of attack pupil should take no further part.
5. Medication may be repeated after 5 - 10 minutes if necessary.
6. If normal medication has no effect - call doctor to come immediately.
7. If doctor not immediately available - take to nearest casualty department - if necessary call ambulance.

8. If School has resident nurse, ask for assistance.
9. Note: usual reliever inhaler can be used up to four times every 5 - 10 minutes in an emergency.

### **Signs and Symptoms of Severe Asthma Attack**

1. Normal relief medication does not work.
2. Pupil is breathless enough to have difficulty in speaking properly.
3. Pulse rate is 120 per minute or more.
4. Rapid breathing of 30 or more breaths per minute.

### **Diabetes**

Hypoglycaemia – low blood sugar

1. Keep calm. It is treatable.
2. Give pupil something sugary i.e a drink of Lucozade, sports drink, Coca-Cola  
Pupils own glucose tablets x 3  
Pupils own GlucoGel
3. This may be repeated after 15 minutes if patient still feeling unwell.
4. Contact Health Centre for advice.
5. Transfer to Health Centre as soon as possible.
6. IF UNCONSCIOUS put into recovery position and contact Health Centre. DO NOT LEAVE UNATTENDED.

Signs & Symptoms of Hypoglycaemia

1. Hunger, Sweating
2. Trembling, Shakiness.
3. Drowsiness, Irritability.
4. Rapid Pulse.

Hyperglycaemia- high blood sugar

1. Contact Health Centre for advice.
2. Pupil may feel confident enough to give him/herself an insulin injection.
3. Transfer to Health Centre for further monitoring.

Signs and Symptoms of Hyperglycaemia

1. Vomiting/Nausea
2. Deep and rapid breathing.
3. Blurred vision.
4. Breath smells of acetone (nail polis remover)

### **Epilepsy**

1. Keep calm. Continually reassure the patient.
2. Protect the person from injury.( removing harmful objects nearby)
3. Safeguard airway but do not restrain the patient in any way.
4. If possible place in recovery position as soon as is possible.

5. Seek medical assistance but **DO NOT LEAVE PATIENT UNATTENDED!**

### Signs & Symptoms

1. Loss of consciousness, body stiffens and falls to the floor.
2. Jerking movements
3. Blue tinge around mouth area.
4. Loss of bladder and /or bowel control may occur.
5. After a minute or 2 the jerking movements lessen and stop and slowly  
Consciousness returns.

**Appendix Four**  
**Record of First Aid**

It is good practice for a book to be kept to record incidents. Where there are a number of first aiders it is advisable that there is one central book, if possible. The book should be kept in accordance with the requirements of the Data Protection Act 1998.

<b>Record of First Aid</b>	
Date	
Name of pupil who required first aid	
Location of administration of first aid and location of incident (if applicable)	
Details of the injury/illness and what first aid was administered	
What happened to the person immediately afterwards (did they go home/to hospital etc)	
Name of first aider/appointed person	
Signature	
Date of signature	