

POLICY STATEMENT



Policy	First Aid
School Department	Buckswood Health Centre

Updated by	Louise McCarthy RN
Approved by	Di Durrant
Date of Approval	10 th September 2018
Next major review date	August 2019
Location and disseminations	A copy of the policy can be found, in the school admin office and on the school website.
The context of the policy and its relationship to other policies.	This policy should be considered in conjunction with other whole school and health centre policies.

1. INTRODUCTION

This policy informs practice at Buckswood School.

First aid can save lives and prevent minor injuries becoming major ones.

Health and Safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises. In schools this includes teaching and non-teaching staff, pupils and visitors (including contractors). Employer's duties also include ensuring that there is adequate and appropriate equipment and facilities for providing first aid and that this is available at all times.

Arrangements for first aid are based on a risk assessment of the school, and should cover:

- Numbers of first aiders/appointed persons.
- Numbers and locations of first aid containers.
- Arrangements for off-site activities/trips.

2. POLICY

2.1 The School ensures that their insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment. In the event of a claim alleging negligence by a member of the school staff, action is likely to be taken against the employer rather than the employee.

2.2. Teacher's conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

2.3. The School aims to arrange adequate and appropriate training and guidance for staff that volunteer to be first aiders/appointed persons. The aim is to ensure that there are enough trained staff to meet the statutory requirements and assessed needs.

3: ROLES & RESPONSIBILITIES

3.1. PRINCIPALS

The Principals are responsible for the development, implementation and monitoring of the School's First Aid Policy in conjunction with designated school staff; including the Deputy Principal Pastoral, BHS Nurse and Health & Safety Manager

The Principals are responsible for the recruitment and training (including periodic refresher training) of sufficient numbers of trained first aiders in accordance with the requirements of this Policy in conjunction with the BHS Nurses and Health & Safety Manager

3.3. DESIGNATED SCHOOL MANAGERS

Designated School Managers include: Building Managers; Heads of Department; House Tutors; Director of Sport; Transport Manager

Designated School Managers are responsible for the implementation of the School's First Aid Policy in the activities and buildings under their control:

- Ensuring the recruitment and training of staff to be First Aiders in accordance with the requirements and/or recommendations of the Policy in conjunction with the HR Manager, BHS Nurse and Health & Safety Manager

- Ensuring that where appropriate, staff receive additional specialist first aid training, in relation to the activities under their control

- Ensuring the provision and maintenance of first aid kits for the buildings, vehicles or activities under their control in conjunction with the BHS Nurse.

Building Managers are responsible for ensuring the provision & maintenance provision and maintenance of first aid facilities, equipment including first aid kits within the buildings under their control in conjunction with BHS Nurses and Health & Safety Manager.

Heads of Department are responsible for ensuring Trip Leaders carry or have access to a suitable first aid kit whilst on School trips

The Head of Sport is responsible for ensuring:

- Sports staff carry first aid kits
- Rugby Coaches receive additional specialist training on dealing with head, neck & spinal injuries

The Transport Manager is responsible for ensuring that coach and minibus drivers regularly check the first aid kits provided in School coaches and minibuses

3.4. BHS NURSE

The BHS Nurse is responsible for the development, implementation and monitoring of the School's First Aid Policy in conjunction with the Principals; Building Managers; Designated School Managers & Staff and Health & Safety Manager.

The BHS Nurse is responsible for the identification & provision of suitable First Aid Training for School staff in accordance with the requirements of this Policy in conjunction with the Designated School Managers and Health & Safety Manager.

The BHS Nurse is responsible for:

The provision & maintenance of suitable first aid kits in School buildings, for School Trips & Sports Activities

The provision of guidance on the inspection & maintenance of first aid kits to Building Managers in other School buildings

The BHS Nurse is responsible for maintaining the Schools First Aider Register in conjunction with the HR and Health & Safety Managers.

3.5. HEALTH & SAFETY MANAGER

The Health & Safety Manager is responsible for the development, implementation and monitoring of the School's First Aid Policy in conjunction with the Principals; Building Managers; Designated School Managers & Staff and BHS Nurse.

The Health & Safety Manager is responsible for maintaining the Schools First Aider Register in conjunction with the BHS Nurse and HR Manager

4. SCHOOL FIRST AID ARRANGEMENTS

4.1. FIRST AID KITS

First aid kits will be provided:

- In all boarding houses
- In other School buildings

- In all School minibuses and coaches
- For Sports Coaches & PE Staff
- For School Trips

The location of First Aid Kits in School buildings (exc. boarding houses) will be posted in School buildings.

First Aid Kits must only contain approved first aid supplies and equipment, as listed on the kit contents list contained within the kit. They must not contain any items not listed or pain killers, medicines etc. Guidance on what should and should not be contained in first aid kits is available from the BHS Nurse.

First Aid Kits should be checked at least every half-term and re-stocked as necessary.

First Aid Kit Location	To be checked by	To be re-stocked by
Boarding Houses	House Tutor	BHS Nurse
Main School Buildings	BHS Nurse	BHS Nurse
Coaches & Minibuses	Transport Manager	BHS Nurse
Sports	Sports Coach	BHS Nurse
Trips	BHS	BHS Nurse

4.2. FIRST AIDERS

First Aiders are members of staff who have been trained and certificated to a standard approved by the Health & Safety Executive (HSE) and registered with the School to provide first aid to persons injured or who become ill whilst at the School or on School activities. Trained First Aiders must hold one of the following training certificates (or an equivalent):

A: FIRST AID AT WORK (FaWC) CERTIFICATE

FaWC Training will only be available to designated School staff including:

- BHS Nurses, Health Care Assistants and stables staff.

FaWC training must be provided by an approved training provider and re-certification training (2-Day Course) must be completed every 3 years.

B: EMERGENCY FIRST AID AT WORK (EFaWC) CERTIFICATE

EFaWC training will be available to designated staff where first aid training is considered relevant to the Department/Building or Activities undertaken but where FaWC not considered necessary, including:

- Science Staff
- Art Staff

- Boarding Staff
- Sports Staff
- Transport Manager; Coach & Minibus Drivers
- Kitchen Staff
- Estates Staff
- Building Managers

EFaWC training (1-Day Course) must be provided by an approved training provider and re-certification training (1-Day Course) must be completed every 3 years.

For further guidance on whether staff should receive first aid training and to what level, Designated School Managers should contact the BHS Nurse and Health & Safety Manager.

All First Aid Training will be recorded on a First Aid Training Register held by the BHS Nurse and Health & Safety Manager.

4.3. OTHER FIRST AID TRAINING

C: SPECIALIST TRAINING FOR SPECIFIC INJURY REQUIREMENTS

Specialist First Aid Training will be provided where identified as necessary to the School's requirements e.g. Rugby - Head, Neck & Spinal Injuries etc.

5. SPILLAGE OF BODY FLUIDS

All spillages of blood, urine, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur a product that combines both a detergent and a disinfectant should be used. All cleaning chemicals should be used as per manufacturer's instructions and should be effective against bacteria, viruses and be suitable for use on the affected surface. Mops should not be used for cleaning up any body fluid spillages – disposable paper towels should be used and clinical waste discarded in the appropriate manner. A spillage kit should be available for cleaning up body fluids. A spillage kit is available at BHS. All cuts and abrasions should be covered with waterproof dressings prior to cleaning body fluid spillages.

6. BUCKSWOOD HEALTH CENTRE

Buckswood Health Centre is open to staff, students, contractors and visitors at the following times:

Term-Time: 07.00 – 21.00 hrs (Monday –Friday)

7. AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

The School has an AED located outside the entrance to the Health Centre. The access code for the AED box is available from BHS Staff when open and when closed, from the ambulance service by dialling 999 – contact instructions are posted on the wall adjacent to the AED. Whilst First Aiders receive training on the use of the AED, it can be used by untrained staff in the absence of a first aider via guidance provided over the phone by the emergency operator.

The AED will be inspected regularly by BHS Staff and serviced at least annually by an external contractor.

8. ACCIDENT & INJURY REPORTING

Where staff provide first aid to staff, students, contractors, visitors they must record the accident, injury and treatment details on a School Accident, Incident, Near Miss & Dangerous Occurrence Report Form and return the completed form to the Health & Safety Manager.

Where an accident has occurred and a student is injured, parents should be contacted as soon as possible. It is preferable to contact parents by telephone and where language may be a potential barrier to communication assistance may be sought from the staff in the Overseas Admissions Department.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE. Records are kept of any reportable injury, disease or dangerous occurrence. This includes the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. The following accidents must be reported to HSE if they injure either the school's employees during an activity connected with work, or self-employed people while working on the premises:

- Accidents resulting in death or major injury (including as a result of physical violence).
- Accidents which prevent the injured person from doing their normal work for more than three days (including acts of physical violence).

For definitions of major injuries, dangerous occurrences and reportable diseases see HSC/E guidance on RIDDOR 1995 and information on Reporting School Accidents. HSE must be notified of fatal and major injuries and dangerous occurrences without delay (e.g. by telephone). This must be followed up within ten days with a written report. Other reportable accidents do not need immediate notification, but they must be reported to HSE within ten days.

The list of "specified injuries" in RIDDOR 2013 replaces the previous list of "major injuries" in RIDDOR 1995. Specified injuries 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) which:
 - covers more than 10% of the body
 - causes significant damage to the eyes, respiratory system or other vital organs
- 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
 - requires resuscitation or admittance to hospital for more than 24 hours

An accident that happens to pupils or visitors must be reported to the HSE, if the person involved is killed or is taken from the site of the accident to hospital; and the accident arises out of or in connection with work. Like fatal and major injuries to employees or dangerous occurrences, these accidents must be notified to HSE without delay and followed up in writing within ten days on.

In HSE's view an accident must be reported if it relates to:

- Any school activity, both on or off the premises.
- The way a school activity has been organised and managed (e.g. the supervision of a field trip).
- Equipment, machinery or substances.
- The design or condition of the premises.

9. CONTACTING EMERGENCY SERVICES

An Ambulance must be called for any injury that is deemed to require emergency treatment. Any student taken to hospital by ambulance must be escorted by a member of staff until a parent arrives.

10. FIRST AID ADVICE

Emergency advice can be obtained by contacting the NHS helpline Telephone 111, the advice line is open 24 hours a day.

The nearest A&E department is at the Conquest Hospital, The Ridge, Hastings, TN37 7RD. Telephone 01424 755255.

First Aid Advice is available on the St John Ambulance website <http://www.sja.org.uk/sja/first-aid-advice.aspx> and appendix 1 provides information on specific medical emergencies that may be helpful to staff prior the arrival of a first aider.

Severe Allergic Reaction

An allergy is the body's unexpected reaction to something it has come into contact with.

Something that triggers an allergic reaction is called an allergen.

One of the most common allergens is plant pollen, which often causes hay fever. Other allergens include: animal hair, insect stings, specific drugs, and foods – especially fruit, shellfish and nuts.

People develop allergies because their body's immune system mistakes the allergen for a threat, like an infection, and tries to fight it off.

A severe allergic reaction can develop within just a few seconds of the person coming into contact with the allergen. It can affect the whole body and, if not treated quickly enough, can potentially lead to death.

What to look for - Allergic reactions

These are the six key things to look for:

1. Difficulty breathing (e.g. tight chest and wheezing)
2. Swelling of the tongue and throat
3. Itchy or puffy eyes
4. An outbreak of blotchy skin
5. Anxiety
6. Signs of shock

What you need to do - Allergic reactions

- If you notice these symptoms and you think someone is having an allergic reaction then you need to get emergency help to get them to hospital as fast as you can (even if the symptoms are mild or have stopped).
- Dial 999 or 112 straight away. Tell them you think someone is having a severe allergic reaction and give any information you have on what may have triggered it (e.g. an insect sting, or certain food, like peanuts).
- If the person knows what their allergy is, they may have medication with them, like an auto-injector (for example Epipen®, JEXT® or Emerade®). This is a pre-filled injection device, containing adrenaline/epinephrine, which when injected can help reduce the body's allergic reaction. Check if they have one, and if they do, help them to use it or do it yourself following the instructions.
- Help them into a comfortable sitting position, leaning forward slightly, to help their breathing.
- If they become unresponsive, open their airway and check breathing. Follow the instructions for treating someone who is unresponsive.

Asthma Attack

In an asthma attack, the muscles of the air passages in the lungs go into spasm. This makes the airways narrower, making it difficult to breathe.

Sometimes something specific can trigger an attack, such as an allergy, a cold, or cigarette smoke. At other times, someone may have a sudden attack with no obvious trigger.

People with asthma usually deal with their own attacks by using a blue reliever inhaler at the first sign of an attack. But if someone doesn't have an inhaler, or the attack is severe, you may need to help.

What to look for - Asthma attacks

If you think someone is having an asthma attack, these are the five key things to look for:

1. Difficulty breathing or speaking
2. Wheezing
3. Coughing
4. Distress
5. Grey-blue tinge to the lips, earlobes and nailbeds (known as cyanosis).

What you need to do - Asthma attacks

- First, reassure them and ask them to breathe slowly and deeply which will help them control their breathing.
- Then help them use their reliever inhaler straight away. This should relieve the attack.
- Next, sit them down in a comfortable position.
- If it doesn't get better within a few minutes, it may be a severe attack. Get them to take one or two puffs of their inhaler every two minutes, until they've had 10 puffs.
- If the attack is severe and they are getting worse or becoming exhausted, or if this is their first attack, then call 999/112 for an ambulance.
- Help them to keep using their inhaler if they need to. Keep checking their breathing, pulse and level of response.
- If they lose responsiveness at any point, open their airway, check their breathing and prepare to treat someone who's become unresponsive.

Head Injuries

All head injuries are potentially serious because they can damage the brain and make someone lose responsiveness. The severity of a head injury depends on how someone hit their head and how hard the impact was.

A head injury may cause damage to the brain tissue or to blood vessels inside the skull, or even break the skull (a skull fracture). Clear fluid or watery blood leaking from the ear or nose, and a deteriorating level of response, are some of the signs of serious injury.

These are the most common things which may happen if someone has had a head injury:

Concussion is a brief period of unresponsiveness – someone with concussion may be confused, but only for a short time, followed by complete recovery.

Cerebral compression – a severe blow to the head can cause bleeding or swelling inside the skull that can press on the brain – this is called cerebral compression and is life-threatening.

Skull fracture – if there is a head wound this is a sign that there may be deeper damage within the head, like a crack or break in the skull (skull fracture), which may be serious.

Spinal injury – you should always assume that someone who has had a head injury may also have a [neck \(spinal\) injury](#) and treat them for this as well.

What to look for - Head injuries

If you think someone has a head injury, there are six key things you should look for:

1. Brief loss of responsiveness
2. Scalp wound
3. Dizziness or nausea
4. Loss of memory of events before or during the injury
5. Headache
6. Confusion

For a severe head injury, you also need to look for:

- reduced level of response
- loss of responsiveness
- leakage of blood or watery fluid from the ear or nose
- unequal pupil size

What you need to do - Head injuries

1. Sit them down and give them something cold to hold against the injury. You can use a cold compress, or a bag of ice or frozen peas wrapped in a cloth.
2. Treat any scalp wounds like a bleed, by applying direct pressure to the wound.
3. Check their level of responsiveness, using the **AVPU** scale below. Make a note of their reactions, especially any changes to their level of response, to pass on to the ambulance, in case you have to call one.

4. The AVPU scale – alert, voice, pain, unresponsive

A – Alert: Are they alert? Are their eyes open and do they respond to questions?

V – Voice: Do they respond to voice? Can they answer simple questions and respond to instructions?

P – Pain: If they're not alert or they're not responding to your voice - do they respond to pain? Try pinching them - do they move or open their eyes?

U – Unresponsive: Do they respond to questions or a gentle shake?

If they are alert or responsive then they're responsive and their head injury is probably mild, but you should wait with them until they recover.

If they're not alert or responsive then they may be partially or fully unresponsive and their head injury could be severe. Call 999/112 for an ambulance and explain their response to the AVPU test.

If they lose responsiveness at any point, open their airway, check their breathing and prepare to treat someone who's become unresponsive.

While you're waiting for an ambulance, keep checking their breathing, pulse and any changes in their level of response.

Other factors to look for

If they:

- are over 65
- have been drinking or taking drugs
- have been unresponsive for even a few seconds, or
- If you think they're getting worse

Encourage them to get medical help.

Seizures (fits)

A seizure can be caused by something interrupting the electrical activity in the brain. This leads the muscles in the body to contract uncontrollably and usually causes the person to lose responsiveness. It's also known as a convulsion or fit. Seizures are the most common symptom of epilepsy, but they can be caused by other things, such as a head injury, alcohol poisoning or someone with diabetes having a 'hypo' when their blood glucose is too low.

Epilepsy is a condition which affects the brain and causes repeated seizures, which are often sudden and dramatic.

What to look for - seizures

With any kind of seizure it is really important to keep checking:

- Their level of response and pulse
- And that the person is breathing.

It is also important to protect them from harming themselves during the fit

If you think someone is having a seizure, there are six key things to look for:

1. Sudden loss of responsiveness
2. Rigid body with an arching back
3. Noisy difficult breathing
4. Convulsions (jerky uncontrolled movements)
5. Loss of bladder and bowel control
6. Afterwards they may be confused, tired and fall into a deep sleep

What you need to do - seizures

Don't restrain or move them.

Protect them from hurting themselves. Clear away any potentially dangerous objects, like hot drinks or sharp objects.

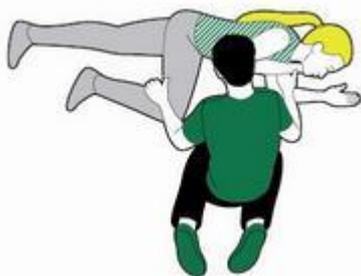
Make a note of the time when the seizure started and how long it lasts.

Protect their head by placing something soft underneath it, like a towel, and loosen any clothing around their neck.

Call 999 or 112 for medical help

Once the seizure has stopped, they may fall into a deep sleep – if they do, open their airway and check their breathing.

If they're breathing, put them in the recovery position. Keep checking their breathing, pulse and level of response.



If they stop breathing at any point, prepare to treat someone who is unresponsive and not breathing.

Diabetic Emergency

Diabetes is a lifelong medical condition where the body cannot produce enough insulin. Insulin is a chemical made by the pancreas (a gland behind the stomach), which regulates the blood sugar (glucose) level in the body.

Normally our bodies automatically keep the right blood sugar levels, but for someone with diabetes their body can't. Instead, they have to control the blood sugar level themselves by monitoring what they eat, and taking insulin injections or pills.

There are two types of diabetes: Type 1, or insulin-dependent diabetes, and Type 2, also known as non-insulin-dependent diabetes.

Sometimes people who have diabetes may have a diabetic emergency, where their blood sugar becomes either too high or too low. Both conditions are potentially serious and may need treatment in hospital.

Hyperglycaemia

Too little insulin can cause high blood sugar (hyperglycaemia).

If it's not treated and gets worse, the person can gradually become unresponsive (going into a diabetic coma). So it's important to get them to see a doctor in case they need emergency treatment.

Hypoglycaemia

Too much insulin can cause low blood sugar or hypoglycaemia (hypo).

This often happens when someone with diabetes misses a meal or does too much exercise. It can also happen after someone has had an epileptic seizure or has been binge drinking.

If someone knows they are diabetic, they may recognise the start of a hypo attack, but without help they may quickly become weak and unresponsive.

What to look for - Diabetic emergency

If you think someone is having a diabetic emergency, It is most likely that their blood sugar is too low.

Low blood sugar (hypoglycaemia)

- Weakness, faintness or hunger
- Confusion and irrational behaviour
- Sweating with cold, clammy skin
- Rapid pulse
- Trembling
- Deteriorating level of response
- Medical warning bracelet or necklace and glucose gel or sweets
- Medication such as an insulin pen or tablets and a glucose testing kit

What you need to do – for low blood sugar (hypoglycaemia)

Help them sit down. If they have their own glucose gel, help them take it. If not, you need to give them something sugary like fruit juice, a fizzy drink, three teaspoons of sugar, or sugary sweets.

If they improve quickly, give them more sugary food or drink and let them rest. If they have their glucose testing kit with them, help them use it to check their glucose level. Stay with them until they feel completely better.

If they do not improve quickly, look for any other causes, it may be that their blood sugar is too high. Contact a first aider or call 999 or 112 for medical help.

While waiting, keep checking their responsiveness, breathing and pulse.

Appendix 2

Buckswood School List of First Aid Trained Staff

Mike Lawless

Angelo Micolli

Jenny O'Shea

Carole Rivett-Carnac

Toby Cuthbert

Frazer Fitchet

Abbie Grove

Nicole Trevett

Duncan Wichet

Rebecca Semple

Louise McCarthy

Rhea Vickers

Maxine Garry

Melodie Fisher

Natalie Kalisiak

Sebastian Kalisiak

Joseph Rowe

Matthew Wienand

Jade Chatfield

Loeleigh Feenan