



Arbour House School

First Aid Policy & Procedures

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Policy owner	Nicola Murphy
Signed off by	The Governing Body
Distributed to	All staff, including the Governing Body, the Proprietors, or anyone working on behalf of the Proprietors (Potens) at Arbour House School

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Introduction - Management of First Aid

First Aid must be provided to any person that Arbour House School owe a duty of care too if they become ill or are injured whilst on the school premises or involved in an off- site activity. Arbour House must ensure that sufficient suitably qualified first aiders and first aid facilities and equipment are in place to ensure that assistance can be provided quickly and a call is made to the emergency services promptly where necessary.

Any contractors working on the school site are responsible for their own first aid provision.

To ensure that the arrangements are appropriate a **First Aid Provision Risk Assessment (Appendix 1)** must be undertaken and reviewed at least annually.

First Aiders

The number of qualified first aiders necessary for any educational establishment will vary depending upon the size and layout of the premises and the number of people it accommodates as well as the nature of the activities carried out.

Arbour House School's nominated First Aider at Work is Nicola Murphy, School Administrator who has undertaken a 3 day First Aid at Work (FAW) course by a training provider who has been approved by the Health and Safety Executive (HSE).

The nominated First Aider at Work is responsible for:

- Reviewing the first aid assessment and policy on an annual basis or more often when required
- Ensuring that first aid supplies are replenished, kept up to date and correctly stored.
- Coordinate first aid training to ensure continuation of competency.
- Manage first aid related paperwork.
- Ensure that medication is appropriately managed, stored, recorded and disposed of.

At Arbour House School all staff that work directly with pupils undertake a HSE approved 'Emergency First Aid at Work' training course for 0.5 days.

A further two First Aiders are nominated who have undertaken a one day course in First Aid.

Letter of appointment

Staff who agree to act as a Nominated First Aider must be given a formal letter of appointment, unless the role of first aid provider is already included in their job description.

Appendix 2 –Appointment letter.

Contacting First Aiders

The Head Teacher is responsible for ensuring that everybody on the premises knows how to summon a first aider in an emergency. Notices identifying the First Aiders at Arbour House School are strategically placed around the school. The procedure to summon First aiders should be included in the induction training of new staff and student safety briefing.

Providing First Aid – Appropriate Practice

The nominated First Aiders are responsible for assessing injuries or ill health and use their training and knowledge to decide on the appropriate response and action. This can involve treating the individual if the injury falls within their scope of training, referring them to hospital for assessment or further treatment, or calling the emergency services.

Medical Accommodation

Schools are required to have accommodation to care for pupils during school hours, and for health professionals to carry out medical and or dental examinations. It does not need to be used solely for these purposes but it must be appropriate for this use and be available when needed. The room must be well lit and also contain a wash basin and have a toilet nearby. The floor and walls must be easy to clean and disinfect.

Arbour House has a dedicated medical room situated on the 1st floor which provides a range of first aid equipment and a chair.

First Aid Boxes

Our First Aid Boxes are located in the following areas:

- Medical Room
- Main School Office
- Main Kitchen
- Independent Living Skills Kitchen
- Mini Buses and car (travel kit)
- Further travel kits are available from the School Office for staff taking pupils out on trips as required.

The contents of the first aid boxes is checked regularly to ensure there is adequate stock and will be replenished where required. (**Appendix 3** – monthly first aid box contents check list).

There is a new British Standard for First Aid box contents. All new kits will conform to the new British Standard for First Aid Boxes as follows:

- 1 leaflet giving general guidance on first aid
- 6 pairs of nitrile disposable gloves
- 40 individually wrapped sterile adhesive dressings
- 2 sterile eye ad dressing with bandage
- 2 individually wrapped sterile triangular bandages
- 1 conforming bandage
- 6 safety pins
- 1 large individually wrapped sterile undedicated wound dressing
- 1 foil blanket
- 1 mouth to mouth resuscitation device which includes a one-way valve
- 20 alcohol free moist cleansing wipes individually wrapped (sterile)
- 1 micro porous adhesive tape.
- 2 finger sterile dressings with adhesive fixing
- 1 burn relieve dressing/gel
- Scissors

Existing kits conforming to previous standard do not need to be replaced until new kits are required.

Antiseptic creams, lotions or any type of medication or drugs must not be kept in the First Aid kit.

Travelling first aid kit for off-site visits must be appropriate to the type and duration of the visit, but should contain as a minimum:

- 1 leaflet giving general advice on first aid
- 1 content list giving the first aid components in the kit
- 1 pair of nitrile disposable gloves
- 10 individually wrapped sterile adhesive dressings
- 1 sterile eye pad dressing with bandage
- 1 conforming bandage
- 2 safety pins
- 1 medium sized, individually wrapped, sterile, unmedicated wound dressing.
- 1 large, individually wrapped, sterile un medicated wound dressing
- 1 foil blanket

- 1 mouth to mouth resuscitation device which includes a one way valve
- 4 alcohol free, moist cleansing wipes individually wrapped
- 1 micro porous adhesive tape
- 1 burn relief dressing
- Scissors
- 1 eye wash

Calling the Emergency Services

When you dial 999 you are not calling an ambulance but alerting the emergency services to your incident. They will decide on the appropriate response and it is important to be clear about the details to provide. 'Request for Ambulance' signs are displayed in the First Aid Room and in the School Office. (**Appendix 4**)

Calls to the Emergency Service should not be delayed - let the Emergency Services decide the appropriate course of action based on the information that you give them.

Supporting pupils with medical conditions and managing medicines

First Aiders need to be informed if a pupil with a medical condition is likely to need special emergency treatment. Pupils' health care plans must be available to first aiders and a copy should be provided to any medical practitioner providing emergency medical treatment. Health care plans are kept on pupils' files and in the Medical Room.

The nominated First Aider at Work is responsible for:

- Overseeing the school's management of medicines to ensure Health and Safety standards are met and that parents can have confidence in the school's ability to support their child's medical needs.
- Review of the First Aid Policy on an annual basis.
- Keep, maintain and monitor records as detailed in this policy.
- Make sure that arrangements for staff are in place for adequate and appropriate training for them to support pupils with medical needs.

Management of medication

- If a pupil is required to take/be assisted with medication during school times, this must be handed to the School Manager or another appropriate adult in the school by the parent/carer or the transport escort.
- Medication must be received in the original container from the pharmacy, clearly labelled with the pupil's name, name of medication, dosage and frequency required.
- Medication received must then be logged on a weekly **Individual Medicine Administration Record (Appendix 5)**.
- School staff must not administer medication to pupils unless written parental consent has been received.
- All medication must be kept locked in the Medical Room dedicated medication locker.
- A fridge is available in the Medication Room for any medication which requires refrigeration storage.
- Two staff must be present at all times when a pupil is taking/being assisted with medication and must sign the Individual Medication administration record.
- Refusal of medication will be clearly marked and parents/carers will be advised.

- For off-site activities all necessary medication is the responsibility of the Class Teacher.
- School staff must not dispose of any medication. Medication is to be returned to the parent/carer at the end of the school week. Parents/carers are responsible for the disposal of date-expired medication.
- The disposal of sharps is the responsibility of any visiting Community School Team Nurses.

Management of pupils with medical needs

The Council for Disabled Children together with the Royal College of Nursing have produced a list of clinical procedures which can be taught and subsequently delegated to non-health qualified staff (September 2012) as follows:

- Administering medicines in accordance with prescribed medicines in a pre-measured dose via nasogastric tube, gastrostomy tube, orally or applied to skin, eyes and or ears.
- Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's care plan. (Preloaded devices should be marked when to be administered eg. For diabetes the dose might be different am or pm. In many circumstances there may be two different pens.)

Any staff required to assist a pupil with the above will be suitably trained by a qualified Nurse.

Hygiene and Infection Control

First Aiders must follow their training and maintain good standards of infection control. Whenever small amounts of body fluids have to be cleaned up, disposable plastic gloves should be worn and disposable towels and detergent solution should be used to absorb and clean surfaces. These items must then be disposed of in the clinical waste - yellow plastic bags.

A "spill kit" is located in the Medical Room cupboard.

To prevent contact with body fluids the following guidelines should be followed.

- When dealing with any body fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately.
- Bodily fluids include: blood, faeces, nasal and eye discharges, saliva, vomit

Record Keeping & Reporting

First Aiders should ensure that a record is made of all first aid treatment provided. This should include:

- Date, time and place of injury or illness occurring.

- Name of the injured or ill person and their status, such as employee, pupil, client or visitor.
 - Details of the injury or illness and what first aid was given.
 - What happened to the person immediately afterwards, for example, sent home, sent to hospital, returned to normal duties.
 - Printed name of the first aider or person dealing with the casualty.
- 1. A medical and first aid assistance record** is kept in the office for non-accident related occasions where the First Aider at work provides assistance.
 - 2. Accidents** to pupils and staff should be recorded on the accident forms provided (**Appendix 6**). Pupils accidents must be reported to parents via their teacher or the School Office.

Serious accidents, resulting in a person being taken to hospital, must be reported to the Headteacher and reported to the Potens' Regional Director.

The Headteacher is responsible for reporting and recording any notifiable accident that occurs on school premises to a pupil, member of staff, parent, visitor or contractor to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR).

All notifiable accidents and near misses are reviewed by the Headteacher and Governing Body on a regular basis with a view to assessing whether any measures need to be taken to prevent recurrence.

The Headteacher must be informed if it is felt necessary to send or take persons home due to illness or injury.

Infectious diseases

If a pupil is suspected of having an infectious disease advice should be sought from the appointed First Aider who will follow the Health Protection Agency guidelines as laid out in the Infectious Diseases Guidelines below (**Appendix 7**) to reduce the transmission of infectious diseases to other pupils and staff.

Pupils' Medical Information

It is the parent/carer's responsibility to ensure that Arbour House School has sufficient and up to date information about their child's medical needs.

All pupils' medical information, whether medicated or not, is stored in a confidential file in the Medical Room.

Appendix 1

First aid provision risk assessment - Example

This risk assessment is designed to assist in determining the first aid needs for Arbour House School i.e. both the numbers and type of first aid personnel, equipment and content of first aid kits.

Consideration should be given to each section to establish their impact on the current level of first aid facilities.

When completing this assessment it is recommended that reference is made to the Citation fact sheet entitled 'First aid at work'.

How many of the following type of first aid personnel are currently available in the workplace?		
Appointed persons	Emergency first aiders	First aiders
Are all relevant training up to date for the above listed ?		YES NO
What first aid facilities, e.g. emergency showers, eyewash stations, and first aid kits, including travel kits, etc. are currently available, where are they located and who is responsible for checking these?		

Assessment Factors	Yes	No	Impact on FA provision
Does the school have higher risk areas such as science labs or workshops?			Ensure First is available close to these rooms
Are there any specific risks such as hazardous substances, dangerous tools or machinery or animals?			Consider – provision of additional first aid cover, extra equipment needed, positioning of equipment
Is there adequate first aid provision close at hand for sports activities (consider curriculum) and for all offsite activities and visits?			Ensure: Travel First Aid kit is maintained Adequate number of First Aiders for lessons, events or visits. Where off site visit is rural or remote you may need additional first aiders with better qualifications as emergency services may take longer. Check sports activity/ visits have own qualified first aider on premises.

Does the curriculum contain swimming lessons?			Use facilities with a lifeguard or ensure that staff are trained to perform rescues and resuscitation.
Do pupils and visitors have special health needs?			There must be sufficient and suitably trained staff to deal with pupils with specific medical health needs
What is the history of accidents and cases of ill health? What type are they and where did they happen?			Check records to review adequacy of location and equipment
Consider the layout of the school – are the premises spread out? Are there several buildings on site?			Consider suitability of layout and medical room location
Employees			
How many employees work on site?			
Are staff working out of hours or after school activities?			
How many of these employees work away from the main site, work alone or travel on work related business?			
Are staff travelling a lot and working alone?			
Do you have any temporary works, volunteers or other children at the school site?			
Non-employees	Yes	No	
Do members of the public visit your premises?			
Accidents and cases of ill health			
Where there any work related injuries or cases of ill health during the last 12 months.			
What is the approximate distance and travel time to the nearest first aid facilities, e.g. first aid kits, other equipment, or medical centre with emergency services?			
What is the approximate distance and travel time to the nearest hospital with A & E facilities?			

Where applicable, provide details of any special first aid requirements recommended in safety data sheets?			
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Recommendations

After giving consideration to the information entered above assess whether any additional first aid provision is necessary and provide details, below.

Recommended number and type of additional first aid personnel (take account of planned and unplanned leave, e.g. holidays and sickness)			
Appointed persons	Emergency first aiders	First aiders	
Recommended number and location of additional first aid kits:		Person responsible:	Action date:
Name of assessor:		Assessor's signature:	
Date of assessment:		Date to be reviewed:	

Appendix 2 Sample letter of appointment

Dear

Following our discussion and your agreement to act as a First Aider, please find below the duties that you have agreed to undertake.

- Undertake regular training in line with the appointment to ensure best practice in first aid provision
- Administering first aid in accordance with your training.
- Deciding when to refer casualties for further treatment or assessment or to call the emergency services.
- Maintaining accurate first aid records
- Maintain first aid boxes and travelling first aid kits
- Maintain Medical room
- Maintain effective communication.

Should you have any queries at any time please let me know.

Please sign below to indicate your agreement to the appointment as above.

Yours sincerely

Head Teacher

I, confirm that I accept the position of
..... and will comply with the duties laid out above.

Signed:.....

Dated:.....

Appendix 3 - ARBOUR HOUSE SCHOOL MONTHLY FIRST AID BOX CONTENTS CHECKLIST - EXAMPLE

Month: January 2019

ITEM	QTY	School Office		Kitchen		Medical Room		ILS Room		Disaster Bag	
First Aid Guidance	1	1		√		√		√		√	
Scissors	1pr	1		√		√		√		√	
Moist Wipes	10	9	1	7	3	√		6	4	√	
Sterile eye pads	2	1	1	√		√		√		√	
Triangular bandages	4	√		√		√		√		√	
Safety pins	6	√		√		√		√		√	
Sterile dressings med	6	√		√		√		√		√	
Sterile dressings large	2	√	+1	√		√		√		√	
Sterile washproof plasters	20	13	7	√		√		18	2	√	
Disposable gloves	3 prs	√		√	+2	√				√	
Eyewash Bottles	2	√		√		√		√		√	
Hypoallergenic tape	1	√		√		√		√		√	
Small, medium, large bandages				√		√				√	
Foil blanket	1	√		√		√		√		√	
Finger Dressings	2	1	1	2		√		√		√	
Emergency burn care dressing	1	√		√		√		√		√	

Checked by:.....

Date:

Order Date: Received Date: Distributed and Replenished Date:

Appendix 5 - Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number
01305 781400
2. Give your location as follows:
**Arbour House School
15-17 Glendinning Avenue
Weymouth
Dorset**
3. State that the postcode is
DT4 7QF
4. Give exact location in the school/setting
Arrive at main school reception
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked

Appendix 6 Arbour House School Accident Report

Name:		Reference:	
Date:		Time:	
Location:		Room:	
Duration:			

Intensity:	Tick	Intensity:	Tick
Negligible		Moderate	
Minor		Major	
Catastrophic			

Who was involved

Please choose from the following for Role: *Catalyst, Present, Reporter, Victim, Other and Witness*

Staff Name	Role	Pupil Name	Role
Other	Role		

Narrative – Please include the nature of the incident, immediate action taken, description of events leading to accident and any medical treatment.

Type of accident

Injury	
Property Damage	
Near Miss	
Risk	
Other	

Severity of Injury (if applicable)

Negligible	
Minor	
Moderate	
Major	
Catastrophic	

Injury Details (if applicable)

Reportable to	Reference	Reported by	Date
RIDDOR			
Police			

Details	Reporter	Report date
First aid given		
Regulator Informed		
Headteacher informed		
Area Manager informed		
Family representative informed		
Relevant statutory regulator informed		
Headteacher/Social worker informed		
Does a referral need to be made to BSTT?		
Taken to hospital		
Has the accident book been signed?		
Risk assessment review		
<i>Comments</i>		

Staff (Please delete as appropriate)

Able to resume work	Yes / No
Sent home	Yes / No
No. of days off work	

Accident Cause

Immediate cause- Please tick the appropriate boxes			
Absconding	<input type="checkbox"/>	Abusive Behaviour	<input type="checkbox"/>
Aggression	<input type="checkbox"/>	Anxiety & Agitation	<input type="checkbox"/>
Damage to Property	<input type="checkbox"/>	Defective tools, equipment	<input type="checkbox"/>
Contact with/ trapped by machinery, equipment, vehicle or furniture	<input type="checkbox"/>	Exposure to extreme heat/cold	<input type="checkbox"/>
Extreme Behaviour	<input type="checkbox"/>	Hiding weapons	<input type="checkbox"/>
Inhalation, ingestion, absorption, Injection of hazardous substance /matter	<input type="checkbox"/>	Improper/clumsy use of tools or equipment	<input type="checkbox"/>
Medication error	<input type="checkbox"/>	Missing person	<input type="checkbox"/>

Noise		Offensive language	
Road traffic accident		Self harm	
Slip, trip or fall		Struck by falling/ moving object (unrelated to SU behaviour)	
Sudden movement		Threats of violence	
Using wrong/inappropriate tools or equipment		Other (See notes)	

Underlying cause- Please tick the appropriate boxes			
Adverse response to stimuli		Aggression	
Alcohol and/ or drugs		Communication deficit	
Deterioration in mental health / psychosis		Distraction	
Epilepsy		Failure to follow procedures / methods	
Hazardous environmental Conditions		Inadequate supervision	
Lack of awareness		Lack of skill or training	
Noise		Not using, improper use or inadequate PPE	
Obsessive, ritualistic behaviour		Peer pressure	
Poor motor skills		Poor house keeping	
Other (See notes)			

Management

Review	Yes/No	Comments
Was an appropriate risk plan in place?		
Has it been reviewed following this incident?		
Does a new risk assessment/personal plan need to be introduced?		
Has the Headteacher been informed?		

Staff Completing Form: (Print name)		Sign:		Date:	
Headteacher Sign Off: (Print name)		Sign:		Date:	

Appendix 7 – Infectious diseases guidelines

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
Chickenpox	5 days from onset of rash	Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any pupil being treated for cancer or on high doses of steroids should also seek medical advice.
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing
Measles	5 days from onset of rash	Any pupil being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed
Hepatitis A	Exclusion may be necessary	Consult the Health Protection Agency
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatment is recommended for the pupil and family members
Mumps	5 days from onset of swollen glands	
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Conjunctivitis	None once treatment has started	Pupils do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better.