

Fairfield House School:

First Aid Policy

**Introduction**

First-aid can save lives and prevent minor injuries becoming major ones. The Proprietor and Headteacher accept responsibility under the Health and Safety (First Aid) Regulations 1981 and acknowledge the importance of providing first aid for employees, pupils and visitors within the school. They will ensure that a First-aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits. The Proprietor and Headteacher are also committed to the procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

**Aim**

This policy sets out clearly the principles and procedures for first-aid delivery at Fairfield House School. It was written with reference to the following:

* Health and Safety (First Aid) Regulations 1981.
* Health and Safety at Work Act 1974
* Guidance on First-Aid for Schools – A Good Practice Guide (DfE Feb, 2014)
* Independent School Standards (2014)
* Guidance on Infection Control in Schools and Nurseries (Public Health England – Sept 2014)
* The Controlled Waste Regulations (2012)
* The Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

**Principles**

The school’s arrangements for carrying out the policy include the following key principles:

* The Proprietor’s duty to approve, implement and review this policy
* The provision of information to employees on the arrangements for first-aid
* The provision of appropriate training for employees and the maintenance of a record of that training to facilitate renewal (either annually or every 3 years depending on the level of training
* The provision of equipment and materials to carry out first-aid treatment
* The establishment of a procedure for managing accidents in school which require first-aid treatment
* The duty to report, record and, where appropriate, investigate all accidents
* The recording of all occasions where first-aid is administered to employees, pupils and visitors,
* Undertaking a risk assessment of the future first-aid requirements of the school.

**Informing Employees of the First-Aid Arrangements**

* The Health and Safety Coordinator will inform all employees at the school of the following during their induction:
	+ the arrangements for reporting and recording accidents
	+ the practical arrangements for first-aid,
	+ the names of those employees with first-aid qualifications,
	+ the name of the Principal First-Aider
	+ the location of first-aid boxes
	+ the location of the medical room
* In addition, the Health and Safety Coordinator will ensure that signs are displayed throughout the school providing the same information.

**Training for Staff**

* The Principal First-Aider will receive HSE approved First Aid at Work training which qualifies them as a first-aider
* All teachers who work offsite with pupils on a 1 to 1 basis will receive Emergency First Aid training which qualifies them to deliver first-aid in an emergency
* Emergency First-Aid training will be renewed annually while the HSE approved full first-aid training will be renewed every 3 years
* The name of the Principal First-Aider and all those who have received first-aid training will be displayed around the school to ensure that they are known
* The Principal First-Aider should ensure that there is always at least 1 person with first-aid training on school premises at any given time

**Medical Room**

In compliance with The Independent School Standards (2014), the Proprietor has ensured that there is a room to cater for the medical and therapy needs of pupils. This room:

* Is always available for use
* Is near a toilet facility
* Has a washbasin with running water
* Has a low bed where pupils who are sick can be accommodated and where those who are injured can be examined and given first-aid
* Has materials and equipment needed to deliver first-aid including a first-aid box and spillage kit
* Has soap, paper towels and antibacterial gel
* Has a suitable refuse container (foot operated) lined with the appropriate bag
* Has a book for recording all instances of the delivery of first-aid
* Has forms for reporting accidents
* Has a telephone
* Will have additional provisions added to cater for pupils with complex needs as needed – the nature of these provisions will be determined by the type of need

 **Practical First-Aid Arrangements**

* Pupils who begin to feel unwell during the school day should be taken to the office if unable to participate in activities. A staff member will look after them. The Principal First-aider will decide whether or not parents need to be informed or be asked to collect their children from school.
* First-aid boxes in the school are located:
	+ In the kitchen
	+ In the office
	+ In the medical room
	+ In each school car (these are travel kits)
* The contents of these boxes vary according to location and are checked on a regular basis by the Principal First-Aider and are refilled when necessary
* Each first-aid box should always contain at least the following:
	+ a leaﬂet giving general advice on ﬁrst aid;
	+ 20 individually wrapped sterile adhesive dressings (assorted sizes);
	+ two sterile eye pads;
	+ four individually wrapped triangular bandages (preferably sterile);
	+ six safety pins;
	+ six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
	+ two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
	+ one pair of disposable gloves.
* Each first-aid travel kit should always contain at least the following
	+ a leaﬂet giving general advice on ﬁrst aid;
	+ six individually wrapped sterile adhesive dressings;
	+ one large sterile unmedicated wound dressing approximately 18cm x 18cm;
	+ two triangular bandages;
	+ two safety pins;
	+ individually wrapped moist cleansing wipes;
	+ one pair of disposable gloves.
* Staff attending an accident should use the nearest first aid box to access materials to deal with the accident, if possible
* If the teacher requires assistance, they should telephone the main office to request that a staff member comes to the scene of the accident
* If the contents of the boxes become depleted, staff should inform the Principal First Aider
* All staff should take precautions to avoid infection and must follow basic hygiene procedures.
* Staff should use the single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body ﬂuids and disposing of dressings or equipment.

**Procedures for dealing with spillage of blood or other body fluid**

* All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE).
* When spillages occur, clean using a product that combines both a detergent and a disinfectant.
* Use as per manufacturer’s instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface.
* Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below.
* A spillage kit should always be available for blood spills

**Procedures for Disposal of Clinical Waste (Clinical waste management) - (see separate policy)**

* The legal definition of clinical waste is given in the Controlled Waste Regulations 2012 as: "waste from a healthcare activity (including veterinary healthcare)” It consists wholly or partly of human or animal tissue, blood or other bodily fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or in the collection of blood for transfusion, being waste which may cause infection to any person coming in contact with it.
* The safe disposal of clinical waste is a shared responsibility of the Principal First-Aider and the school staff.
* Approved ‘yellow’ bags must be used for the temporary storage of such waste
* All clinical waste bags should be less than two-thirds full and kept in clearly defined and safe areas prior to removal from the school by an authorised contractor.

**When to call an Ambulance**

* The Principal First-Aider will call an ambulance in case of emergency
* If for some reason the Principal First-Aider is not available call 999 if someone is seriously ill or injured, and their life is at risk
* Examples of instances when an ambulance should be called include (but are not limited to) the following:
	+ When someone is not breathing
	+ When someone has no pulse
	+ When someone is bleeding heavily
	+ When someone has broken bones (or the first aider suspects that they have broken bones)
	+ When someone is having a heart attack
* Follow this procedure when calling an ambulance:
	+ State your own name.
	+ Give the address as follows; If at Fairfield House School-

**Fairfield House School**

**57-59 Warburton Lane**

**Partington**

**Manchester**

**M31 4NL**

**Tel: 0161 776 2827**

* + If at another location state the location where the accident has occurred then
	+ State type and seriousness of incident and confirm correct address has been received
	+ State age, sex and number of any casualties
	+ State the nature of any learning disabilities i.e. Autism
	+ If the accident involves one of the children, collect any medical consent forms and medical record cards from the office / vehicle.
* In the event of a heart attack, ask for special aid
* When the ambulance is expected, a staff member should be waiting outside the school (if at school) at some distance so as to direct it without delay
* A member of staff should accompany the child to the hospital,
* The Headteacher should inform the parents who will resume the care of the child as soon as possible.

**Reporting Accidents and Recordkeeping**

* Staff should make a record in the First-Aid book each time they deliver first-aid and inform the Principal First-Aider
* Serious accidents/incidents should be reported verbally as quickly as possible to the Principal First-Aider
* Staff should record the accidents that led to injury in the accident book (accidents that do not lead to injury and near misses are also recorded in the accident book but that is not relevant within a first-aid context and is covered in detail in the Health & Safety policy) The person reporting the accident/incident should complete the relevant parts of the form and submit it to the Principal First-Aider who may initiate reports. Written notification should be made as soon as possible after the event and no later than the next working day
* The Principal First-Aider considers all reports and decides on any further action required before filing the form for retention in the folder of Accident Records in a lockable cabinet. A copy of the report is placed in the pupil’s individual file
* The Principal First-Aider maintains a central log of all accident report forms and all records should be kept for 3 years
* If a pupil receives more than a minor cut or graze the accident should be reported to the parents
* Bumps to the head must always be reported to parents who should be given the choice whether or not to collect their children from school
* The Proprietor is aware of and will fulfil their statutory duty under The Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) in respect of reporting the following to the Health and Safety Executive (telephone 08453009923) as it applies to employees:
	+ An accident that involves an employee being incapacitated from work for more than 3 consecutive days (excluding the day of the accident but including non-working days).
	+ An accident which requires admittance into hospital for an excess of 24 hours.
	+ Death of an employee.
	+ Major injury such as a fracture, amputation, dislocation of hip, shoulder, knee or spine.
* For non-employees and pupils an accident will only be reported under RIDDOR:
	+ where it is related to work being carried out by an employee or contractor and the accident results in death or major injury or,
	+ where it is an accident in school which requires immediate emergency medical treatment at hospital
	+ The Bursar or, in his absence, his assistant (after checking with the Head, is responsible for notifying the Health & Safety Executive Incident Contact Centre in applicable cases. (HSE Incident Contact Centre, Caerphilly Business Park, Caerphilly, CF83 3GG. Tel 0845 300 9923, Fax 0845 300 9924, e-mail riddor@natbrit.com.)
* Where an employee, pupil or visitor has been injured or becomes ill as a result of a notifiable accident or dangerous occurrence which is a cause of death within one year of the date of that accident the HSE must be informed in writing as soon as this is known.
* It is also a statutory duty to keep a record following enquiries from the DSS concerning claims for any of the prescribed industrial illnesses

**Administration of Medicines to Pupils**

* The school acknowledges that pupils may require medication during the school day as part of either long-term management of a health condition or during a short period of illness/injury.
* All staff should be informed of which pupils require medication and they should be aware of how to help them in an emergency
* The school will administer medication provided that the parent(s) of the pupil adheres to the following safety guidelines:
	+ They provide a letter giving written permission and with full instructions regarding frequency and dosage etc
	+ They (or another responsible adult) deliver the medication in the original, intact container or packaging. The pharmacy label should be clear and not obstructed in any way.
	+ A written letter stating all information contained on the ‘Administration of Medication to Pupils’ form must also accompany the medication.
* The Community Nurse will be called on to administer those medications that staff are legally not allowed to administer (e.g. suppositories and injections)
* If any type of intrusive medical attention it should be completed by a doctor or arranged by a doctor for the community nurse to carry out
* There are some exceptions to this, for example when emergency rescue remedy is required and where staff have received training in this procedure and it has been agreed by the family, placing authority and is specified in the service users care plan and meds/health plan and consent has been given by the parent/legal guardian and placing authority. An example would be rectal diazepam, used for some young people as a rescue remedy in the event of epileptic seizures.

**This policy was adopted by Fairfield House School – September 2015**

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