



# St Joseph's Catholic Academy

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## First Aid Policy 2019-20

Policy approved: June 2019  
Policy review date: July 2020

**Policy Statement**

The Head Teacher and Board of Governors of St Joseph’s Catholic Academy accept their responsibility under the Health and Safety (First Aid) Regulations 1981 and acknowledge the importance of providing first aid for employees, children and visitors within the Academy.

The staff of St Joseph’s Catholic Academy recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and agree to abide by the HSE procedure for reporting accidents.

Chair of Governors ..... (Print Name) Signed .....

Head teacher ..... (Print Name) Signed .....

## **Introduction**

*'First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill'.* (The Joint First Aid Manual 8<sup>th</sup> Edition). Staff administering first aid should seek to assess the situation, protect themselves and the casualty from further danger, deal with any life threatening condition and where necessary, obtain medical assistance or refer the casualty to hospital as quickly as possible.

## **Statement of First Aid Provision**

The Academy arrangements for providing first aid are:

- Place a duty on the Head teacher and Board of Governors to approve, implement and review the First Aid Policy;
- All pupil incidents requiring first aid are recorded using CPOMs. When first aid is administered to employees and visitors, any relevant accidents need to be recorded and reported to the HSE. This is also the case if a pupil goes to hospital following first aid. AR1 or AR2/3 forms must be completed and given to the site manager;
- Provide equipment and materials to provide First Aid treatment;
- Make arrangements to provide first aid training to employees, maintain records of training and review annually;
- Establish a procedure for managing accidents in the Academy which require first aid treatment;
- Provide information to employees on the arrangements for first aid;
- Undertake a risk assessment of the first aid requirements of the Academy and review on a regular basis;
- Use the information from the risk assessment of first aid to determine the number and level of trained staff and also any additional requirements (e.g. specialised training for children with particular medical needs);
- Notify parent/guardian, if needs be, that first aid treatment was given to the child.

## **Provision of First Aiders**

- Staff administering first aid according to their training and in the course of their employment should be covered by employer's liability insurance.

**To ensure adequate coverage and quick accessibility to a first aider for both students and staff the following must also be considered:**

- Adequate provision in order to cover absence, leave, offsite activities etc;
- Previous injuries/illnesses experienced;
- The layout of the premises e.g. split sites;
- The location of the Academy and remoteness from emergency services;
- Any specific hazards on site (e.g. DT machinery, hazardous substances);
- Numbers of pupils on site;
- Extended/extra-curricular Academy activities

In higher risk areas such as science, DT, PE etc. staff must be aware of immediate remedial measures in order to manage the initial injury and ensure an effective hand over of any specific information (particularly relating to chemical incidents) to the Academy first aiders.

Unless first aid cover is part of an employee's contract of employment those who agree to become first aiders do so, on a voluntary basis.

### **First Aid Equipment and Facilities**

The Academy will provide materials and equipment and facilities to provide first aid. The locations of the first aid kits in the Academy are:

*Medical Room*  
*Design and Technology*  
*Science*  
*P.E.*  
*D033*  
*Kitchen*  
*School minibuses*

A standard first aid kit will adhere to BS8599.

The contents of all first aid kits will be checked on a regular basis by *Stephen Horncastle* and all first aiders are responsible for maintaining their kits by informing Stephen Horncastle of anything which needs to be replaced between checks.

### **Academy first aiders**

*Members of support staff with a FAW certificate (3 day course) are:*

- *S Horncastle*
- *D Phippen*
- *L Hood*
- *B Foden*

*Members of teaching staff with a FAW certificate (3 day course) are:*

- *G Brown*
- *M Thomson*

*Members of teaching staff with an EFAW certificate (1 day course) are:*

- *C Oliver*

Before undertaking any off site activities, the level of first aid provision will be assessed by the Head Teacher and at least one first aid kit will be taken along.

**First aid does not include the administration of medicines and thus first aid boxes should NOT contain drugs of any kind including paracetamol, antiseptic creams etc.**

### **First Aid Arrangements**

The Head Teacher/designated person will inform all employees at the Academy of the following:

- The arrangements for recording and reporting of accidents;
- The arrangements for first aid;
- Those employees who are qualified first aiders;
- The location of the first aid kits.

In addition, the Head Teacher/designated person will ensure that signs are displayed throughout the Academy providing the following information:

- The names of employees with first aid qualifications;
- Their room number or extension number;
- Location of the first aid box.

All members of staff will be made aware of the Academy first aid policy. No member of staff should attempt to give first aid unless they have been trained.

### **In the event of a pupil needing first aid**

- The pupil should be accompanied to reception by another pupil and reception staff will direct them to a first aider, issuing them with a card to say they have been seen by reception.
- If the pupil is unable to go to reception, a responsible pupil should be sent to reception with details of the name of the pupil, the location of the accident and a brief description of what has happened.

### **Accidents involving bumps to a pupil's head**

The consequence of an injury from an accident involving a bump or blow to a pupil's head is not always evident immediately and the effects may only become noticeable after a period of time. High energy head injuries or those with any evidence of following symptoms may indicate serious injury and immediate medical advice should be sought. Symptoms to look out for include:

- Unconsciousness or lack of full consciousness (i.e. difficulty keeping eyes open);
- Confusion;
- Irritability or altered behaviour ('easily distracted', 'not themselves' 'no concentration', 'no interest in things around them')
- Any problems with memory;
- Persistent headache;

- Blurred or double vision;
- Vomiting;
- Clear fluid coming from ears or nose;
- Loss of balance;
- Reading or writing problems;
- Loss of power or sensation in any part of body, such as weakness or loss of feeling in an arm or leg;
- General weakness;
- Seizure or fit.

**Where pupils receive a significant head injury and any symptoms described above are present, their parents/carers should be informed immediately by telephone.**

### **Administering Medication**

See Appendix 1.

### **Blood Borne viruses**

First aid training courses should highlight the importance of preventing cross-infection in first aid procedures. 'Universal Precautions' must always be followed to reduce the risk of transmitting blood borne infections such as hepatitis and HIV.

This approach assumes that all blood products and bodily fluids are potentially infectious thus the following procedures should always be applied:

- Always cover any open wounds on your own hands with a waterproof adhesive dressing;
- Disposable gloves (unpowdered latex, nitrile or vinyl) to be worn when dealing with bleeding/cleaning up bodily fluids.

Small quantities of contaminated waste (soiled or used first aid dressings) can be safely disposed of via the usual refuse collection arrangements. Waste should be double bagged in plastic and sealed by knotting.

Used sharps must be disposed of in the receptacle which is kept in the medical room.

### **Ankle/leg injuries**

If there are no significant signs of injury to the pupil's ankles/legs following an accident, a lift pass can be issued by the first aider for the rest of that day. The first aider should write this in the pupil's planner.

### **Chemicals**

Any incident involving chemicals should be treated in accordance with the chemical Safety Data Sheet or CLEAPSS Hazcard.

### **Eye Wash**

Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 300ml and should not be re-used once the sterile seal is broken. At least 900ml should be provided. Eye baths/eye cups/refillable containers should not be used for eye irrigation.

### **Sickness**

Pupils who say they have been sick should be encouraged to drink some water and to go to lesson. If the first aider's opinion is that the child is genuinely not well, they should either be sent back to lesson or to the tables outside reception whilst a parent/carer is contacted and asked to collect them from school.

### **Pupils leaving school**

- If a 6<sup>th</sup> form pupil is unwell, if it is deemed by a first aider that they are safe to make their own way home, parents will be called and informed of this. They must sign out of school.
- If a parent is unable to collect a pupil in Year 10 or Year 11, with the parent's consent and deemed well enough by the first aider, pupils may make their own way home. They must sign out of school.
- Pupils in Years 7, 8 and 9 must be collected from school by an adult. If parents have transport problems, they can be advised to arrange for a taxi to collect them and for them to pay for the taxi when the child arrives home (school staff are not responsible for this).

**Any pupils who do not follow procedures regarding first aid and phone/text home for parents to collect them must be seen by a first aider to ascertain why the pupil is being collected.**

Where the Head Teacher or designated person makes arrangements for transporting a child then the following points will be adhered to:

- Wherever possible or practicable it is advisable that transport is undertaken other than in private vehicles and with at least one adult additional to the driver acting as an escort.
- If this is not possible staff should ensure that they are alone with the pupil for a minimal amount of time and must report their arrival back into school to their manager immediately.
- Staff should ensure that their behaviour is safe and should never offer to transport pupils outside of their normal working duties, other than in an emergency or where not doing so would mean the child may be at risk.

### **Transport to hospital**

The Head Teacher or designated person will determine the appropriate action to be taken in each case. Where the injury requires urgent medical attention, an ambulance will be called by the first aider and the pupil's parent/guardian will be notified and they will be asked to come straight to school. If the pupil is taken to hospital before their parent/guardian arrives in school, they will be called and informed of the situation.

If no contact can be made with parent/guardian or other designated emergency contacts, then the Head Teacher or designated person may decide to accompany the pupil to the hospital.

## **Further Guidance**

DfE good practice guide, **Guidance on First Aid for Colleges** (Please note information regarding first aid training providers in this advice is no longer current).

HSE First Aid homepage <http://www.hse.gov.uk/firstaid/index.htm>

## APPENDIX 1

### **Administering Medication**

Prescription medicines

Are only to be administered by suitably qualified staff

First aiders qualified to administer prescribed medication are:

- *Stephen Horncastle*
- *Lorraine Hood*
- *Bev Foden*

Medication will only be accepted if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

When no longer required, medicines should be returned to the parent to arrange for safe disposal, or taken to a pharmacy by staff and a receipt obtained. Sharps boxes should always be used for the disposal of needles and other sharps

Pupils requiring medication will have permission from parents/carers for staff to administer medication, using the correct form. This will be kept with the record of medications administered and stored securely

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

Medication should be stored securely but easily accessible by the relevant staff

Pupils should be aware of where their medication is kept

If a child fails to turn up for their medication, it is incumbent on relevant staff to locate the pupil and give the medication. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Information regarding medication and the associated medical conditions is to be entered on SIMS

Individual healthcare plans are to be reviewed annually by Mr S Horncastle

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Suitable staff should make sure the child takes the medication in their presence

Controlled drugs that have been prescribed for a pupil must be securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.

A record should be kept of any doses used and the amount of the controlled drug held

A risk assessment of giving medication will be updated annually by Mr Horncastle

Where necessary, medicines should be kept in a fridge located in the first aid room

There are instances when medication can be administered 'ad hoc' by a first aider who has not attended a meds training course (e.g if a child complains of a headache and a parent is able to bring in pain killers for the child). Parents are asked to complete the correct form giving permission for school to administer the medication to their child.

Any medication administered under these circumstances must be recorded on CPOMs stating

- i) the time the medication was taken and
- ii) the dose.

Any surplus medication will be held by the first aider and returned to pupil at the end of the day.