

# **MEADOWCROFT SCHOOL POLICY**

## **First Aid Guidelines**

**MC 76**

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<b>Owner Name</b>	<b>Darren Singh</b>
<b>Owner Job Title</b>	<b>Head of Service</b>

## **Policy Statement**

Meadowcroft School will undertake to ensure compliance with the Independent Schools Regulations 2014 (Part 3 13) with regard to provision of First Aid to all pupils and to ensure best practice by extending the arrangements as far as reasonably practicable to all employees and anyone else on the school premises. This includes responsibility for the Headteacher, teachers, non-teaching staff and visitors, (including contractors), who may be affected by our activities, injured or become ill on school premises.

School obtains and keeps a record of parental permission for pupils for medical and dental treatment, and the administration of first aid and non-prescription medication.

## **Policy Objective**

This policy will be achieved by:

- Provision of appropriate First Aiders and First Aid Training.
- Ensuring there are suitable and sufficient facilities and equipment available to administer First Aid across all the school's sites.
- To comply with the Health & Safety (First Aid) Regulations 1981.
- Ensuring the above provisions are transparent and clear to all who may require them.

## **Responsibilities**

The Headteacher and Facilities Supervisor will ensure that the First Aid Policy and Procedures for the school are reviewed regularly (at least annually), and particularly after any changes, to ensure the provision is adequate.

The Headteacher and Facilities Supervisor will ensure all staff are informed (including those with reading and language difficulties) of the first-aid arrangements. This will include the location of equipment, facilities and first-aid personnel, and the procedures for monitoring and reviewing the school's first-aid needs.

The Headteacher and Facilities Supervisor will ensure that minimum numbers of FirstAiders are provided.

The Facilities Supervisor will ensure that suitable first-aid equipment is provided and will ensure the suitable first-aid notices are displayed, which detail names of First Aiders and contact information.

The Facilities Supervisor will ensure adequate provision for practical departments, such as science, technology, physical education and catering.

The Headteacher will ensure adequate first aid provision for lunchtimes and breaks.

Heads of Departments to ensure first-aid provision for off-site activities i.e. school trips.

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

First Aiders must hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the Health and Safety Executive (HSE). Ideally, this should include resuscitation procedures for children.

Before first-aid certificates expire, First-Aiders should attend refresher training and retesting of competence. If certificates expire before refresher course then the individual will need to complete the first-aid course in full.

Under the direction of the Headteacher, there will be a person responsible for examining the contents of first-aid containers. They will be checked frequently and restocked as soon as possible after use. The Facilities Supervisor will ensure extra stock is available in the school surgery.

<div> <div>EFA – Emergency First Aid PFA – Paediatric First Aid FAAW – First Aid at Work</div> <div>FSFA – Forest School First Aid</div> <div>MR – Mountain Rescue</div> </div>					
Name		Post	Location/Base	Type	Expiry Date

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**At school the main duties of a First Aider are to:**

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- When necessary, ensure that parents, care staff or in some circumstances, an ambulance, or other professional medical help is called.
- All staff should take precautions to avoid cross infection and must follow basic hygiene procedures. Staff will have access to 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.
- First-Aiders will ensure that all first-aid treatments are recorded in the legally prescribed accident book and treatment records.
- The Headteacher and Facilities Supervisor will ensure that audits are carried out periodically to ensure the effectiveness of first-aid arrangements.
- First Aid box locations -

**Main school**

Pastoral  
Office  
Surgery  
Main kitchen  
Teaching Kitchen  
Maintenance Workshop

Science  
Hair & Beauty Salon  
Motor Vehicle Unit  
Design & Technology Room  
**ALL VEHICLES**

**Accident books** are located in the main school office, surgery and the Maintenance Workshop. All completed accident forms need to be handed to Leo Guy, Headteacher) who will then input data on to Xcenta. If a pupil has had an accident, their parents and form tutor will need to be informed.

#### **How accidents are recorded and parents informed**

- All accidents are recorded on an accident sheet, and then recorded into Xcenta (Acorn Health and Safety system). All paper copies are stored in the main school office.
- Accident books are located in main school office, Lower School, and house groups. Completed sheets are given to the Headteacher to record and file.
- Accident records kept for at least 25yrs after date of birth of pupil. For staff accident records are kept for 7yrs.
- If first aid is given this is recorded on pupil treatment sheets and parents are phoned to inform them.

**RIDDOR – Reporting of Injuries, Diseases, Dangerous Occurrences Regulations** Full guidelines on reportable accidents/incidents are located in the main school office. Only specified injuries are reported or if an employee has been off work for more than 7 consecutive days due to injury at work or if a pupil or visitor is taken directly from site to hospital. Any fatal or major injuries should be reported ASAP to HSE (telephone **0845 300 9923**).

Any other reportable accidents should be reported within 10 days, RIDDOR reports can be filled out and sent to the HSE via the Xcenta software. All copies of RIDDORs are kept in the main school office. All RIDDOR reports are discussed with SLT, Acorn Education and Care and the H&S Committee. All RIDDOR reports are kept for 7yrs.

#### **Accident investigation**

All major accidents and RIDDOR reportable accidents are fully investigated. The investigation should involve finding out how the accident occurred and actions to be taken to prevent further accidents. This should involve SLT and Acorn Education and Care. Accident data is collated and discussed at H&S Committee meetings for trends

and any action that needs to be taken.

**Arrangements for pupils with specific conditions – asthma, epilepsy, diabetes** If a pupil requires any specific medical or intimate care procedures this will be clearly indicated on his Health Plan or Health, Care and Placement plan for residential pupils and the protocol to be followed will be made clear in this document. Such procedure will only be used with written authorisation from the parent, prescribing doctor or responsible qualified medical professional in relation to the individual pupil concerned.

The medical needs of pupils are assessed at admission and an Individual Risk Assessment is produced. The pupil risk assessments are communicated to staff to be aware of individual needs. Specific needs are also recorded on the central medical trip list which is taken on offsite trips (this will give warnings on medication needs, allergies, asthma etc.) staff will check this list before leaving site in case medication needs to travel with the pupil.

## **Seizures**

Pupils that are at high risk of seizures have an alert on their risk assessment, this is communicated to all staff. The following guidelines are particularly relevant for convulsive seizures.

### **Seizures - What to do**

1. **Stay calm.**
2. **Look around** - is the person in a dangerous place? If not, don't move them. Move objects like furniture away from them.
3. **Note the time** the seizure starts.
4. **Stay with them.** If they don't collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.
5. **Cushion their head** with something soft if they have collapsed to the ground.
6. **Don't hold them down.**
7. **Don't put anything in their mouth.**
8. **Check the time again.** If a convulsive (shaking) seizure doesn't stop after 5 minutes, call for an ambulance (dial 999).
9. **After the seizure has stopped,** put them into the recovery position and check that their breathing is returning to normal. Gently check their mouth to see that nothing is blocking their airway such as food or false teeth. If their breathing sounds difficult after the seizure has stopped, call for an ambulance.

## **10. Stay with them until they are fully recovered.**

Call an ambulance if –

- it is the person's first seizure
- they have injured themselves badly
- they have trouble breathing after the seizure has stopped
- one seizure immediately follows another with no recovery in between
- the seizure lasts two minutes longer than is usual for them
- the seizure lasts for more than five minutes and you do not know how long their seizures usually last.

If possible another member of staff to move other pupils away from area and supervise. Call another member of staff for assistance.

## **Guidance on when to call an ambulance**

**Always call 999 if someone is seriously ill or injured, and their life is at risk.**

Examples of medical emergencies include (but are not limited to):

- chest pain
- difficulty in breathing
- unconsciousness
- severe loss of blood
- severe burns or scalds
- choking
- fitting or concussion
- drowning
- severe allergic reactions

## **Head Injuries**

All head injuries are potentially serious and require proper assessment because they can result in impaired consciousness. Injuries may be associated with damage to the brain tissue or to the blood vessels inside the skull, or with a skull fracture.

Minor head injury and knocks to the head are common, particularly in children. Following the injury, if the person is awake (conscious), and there is no deep cut or severe head damage, it is unusual for there to be any damage to the brain. However, sometimes a knock to the head can cause damage to the brain or to a blood vessel next to the brain.

## **If a severe head injury isn't correctly treated, it can cause serious brain damage**

### **The signs of a severe head injury can include:**

- Unconsciousness, either briefly or for a longer period of time
  - Difficulty staying awake or still being sleepy several hours after the injury
  - Clear fluid leaking from the nose or ears
  - Bleeding from one or both ears
  - Bruising behind one or both ears
  - Any sign of skull damage or penetrating head injury
  - Difficulty understanding what people say
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- Reading or writing problems
  - Balance problems or difficulty walking
  - Loss of power or sensation in part of the body, such as weakness or loss of feeling in an arm or leg
  - General weakness
  - Vision problems, such as blurred or double vision
  - Having a seizure or fit
  - Memory loss, such as not being able to remember what happened before or after the injury
  - A persistent headache
  - Vomiting since the injury
  - Irritability or unusual behaviour
  - Difficulty breathing

**If any of these symptoms are present, particularly loss of consciousness (even for just a short time), go immediately to A&E or call 999 for an ambulance.**

**If the person is not breathing immediately call 999 for an ambulance.**

A person should also go to hospital if they have injured their head and;

- The injury was caused by a forceful blow to the head or a forceful blow to the head at speed (such as being hit by a car or falling one meter or more)
- The person has had previous brain surgery
- The person has had previous problems with uncontrollable bleeding or blood clotting disorder, or is taking medication that may cause bleeding problems (such as warfarin)
- The person is intoxicated by drugs or alcohol

**If in any doubt about a head injury or any of the symptoms above the person should be taken to A&E**

Minor Head Injuries often cause a bump or bruise. As long as the person is conscious with no deep cuts, there is unlikely to be any serious damage

Other symptoms of a minor head injury may include:

- A mild headache
- Feeling sick (but not being sick)
- Mild dizziness
- Mild blurred vision

If the person experiences these mild symptoms after a knock or bump to the head they won't usually require any specific treatment. However you should still go to A&E or

Doctor for a check-up. A person should be observed for at least 24 hours after a head injury, if any symptom changes or worsen they need to go to A&E for a checkup.