

First Aid Policy

(Statutory)

Reviewed/Approved Trustees' Resources Committee: 02.02.21

Review Cycle: Every Two Years

Review Date: Spring Term 2023

Policy Statement:

The school recognises its responsibility as an employer to provide so far as reasonably practicable, a safe and healthy work place and working environment, both physically and psychologically, for all its students, employees, volunteers, and other visitors on the premises.

Parents have the prime responsibility for their child's health and should provide the school with all relevant information.

The Burgate School and Sixth Form recognises that students, staff and visitors may be taken ill, have longer term medical needs which require treatment or may suffer an accident whilst on the premises.

The Burgate School and Sixth Form recognises its responsibility to provide appropriate short-term care in these circumstances and to take all necessary steps to aid a fast recovery.

Groups and clubs letting facilities will be expected to provide a named person to provide first aid in an emergency.

The Burgate School and Sixth Form recognises that it must address the needs of all students who have Special Educational Needs, and that there is a continuum of needs and a continuum of provision.

It is committed to meeting the special needs of all its students, including those with statements of Special Educational Needs and those with special gifts and talents, ensuring for all the greatest possible degree of success to a broad and balanced curriculum.

First Aid Provision:

- Trained first aiders to take charge of first-aid arrangements
- A suitably stocked and labelled first-aid container situated in the school office
- First Aid kits stationed in designated areas of the school
- First-aid provision available during extended school hours and on trips and visits
- A Medical Area available for treatment and rest. This is not always supervised and sick or injured students, or staff should not be left without arrangements having been made to supervise them

- It is not expected that anyone will remain in the Medical Area for more than a short period of time
- A defibrillator is located in the main school office – staff are trained as part of their first aid training
- A community defibrillator is located outside of the drama block

*** Please see the HSE advice re COVID-19 in the appendix at the end of this document which overrides many aspects of this policy during the current pandemic**

Trips and Visits:

- A suitably qualified first aider will accompany all trips and visits
- Portable first aid kits will be carried on all trips and visits
- Trip leaders will ensure essential student medications are taken on school trips and visits and administered by trained staff following school protocol. Trip leaders will ensure they have medical details of all students on trips and visits and follow school procedure

Activities Involved in the Implementation of This Policy:

Staffing

There will be sufficient trained staff to meet the statutory requirements and assessed needs.

A core of first aiders must complete a training course approved by the Health and Safety Executive (HSE) and receive refresher training every 3 years. Specialist training is completed by a core of staff to ensure cover of specific medical issues. Additional staff receive one day first aid training to support trips and visits.

Duties

The main duties of a first-aider are as follows:

- Take charge when someone is injured or becomes ill
- Give immediate help to casualties with common injuries or illnesses and those arising from specific incidents at school
- When necessary, ensure that an ambulance or other professional medical help is called.
- Contact parents or carers to inform them of the situation to allow them to make suitable arrangements
- Enter details of injuries and treatment outcome in the appropriate record books. Administer medication and keep appropriate records
- Restock the first-aid kits

Procedures:

If a student, member of staff or member of the public is taken ill, they should make their way (if in any doubt ensure they are accompanied) to the back of the school office. A member of the first aid team will be called; if it is deemed inadvisable to move them a member of the team will be sent to the casualty.

Head Injury

Our procedure for head injuries is as follows:

- Contact parents
- Give appropriate first aid
- If student is staying in school - email teachers so they are aware

- Ensure other students who will be with the student are aware and know to bring them back to first aid if needed
- A yellow head injury alert to be stapled into their diary

For a student who is too unwell to continue at school, arrangements will be made for them to be collected. A record of all actions taken will be recorded in the First Aid Log. When necessary, parents will be informed about treatment given. Contact with parents should only be made by a member of the First Aid Team or a member of staff with managerial responsibility.

PE staff are required to ensure they have a mobile phone or walkie-talkie with them to ensure they can contact the main school in an emergency to request support and allow two way communication with emergency services.

Injuries to students on PE fixtures.

For serious injuries such as obvious impact injuries including fractures/dislocations and head injuries, staff will follow first aid procedures, administer first aid and involve emergency services as appropriate. PE staff will ensure a parent is contacted as soon as they have stabilised/dealt with the injury to make certain parents have the full information at the earliest opportunity and give parents the opportunity to leave their child with the school and in the school's care or to come and collect their child.

When available, such as at RFU rugby and county athletics/X-country events, the school will always follow the advice and guidance of the medical personnel present.

Emergency Situations:

If a medical condition or injury cannot be treated at the school, arrangements must be made to call the emergency services and inform parents (or next of kin if a member of staff or a visitor is involved). The first aider will continue care until the emergency services arrive.

Incidents requiring use of the defibrillator will be attended by a trained member of staff who will follow their training procedure.

The availability of a training DVD on the shared area is highlighted to all staff so they can familiarise themselves with the use of our defibrillator unit.

First aiders must be trained to recognise and respond appropriately to the daily and emergency needs of children with chronic medical conditions. When necessary, discussion will take place with parents or carers and medical professionals to ensure information, procedures and medication are current and accurate. Parents are responsible for providing medication and informing school of any changes. Where appropriate IHCP/Alert sheets will be created for students with medical conditions using information from parents/carers and medical personnel; these will be shared with staff.

Children with asthma need to have immediate access to their reliever inhalers. Spare inhalers may be provided by parents and kept in an unlocked cabinet in the school office with the student's asthma card. A spare asthma kit with inhaler and disposable spacer is also stored in the cabinet.

Children with diabetes are encouraged to manage their own medication and condition. Trained staff are available to support students if required. This should be discussed with child and parent. The Head of Learning Support and Student Welfare will liaise with specialist nursing services who will supply advice and training to staff when required.

The care of children with epilepsy should be discussed with the parents, child, medical professionals and the Head of Learning Support and Student Welfare

Anaphylaxis – parents and child should discuss allergies as part of the individual health care plan. Pre-loaded injection devices should be provided by the parents in the correct container, labelled with their child's name; (a number of staff will be trained to administer these in an emergency). The child will carry a pen at all times; a second pen must be stored in an unlocked cabinet in an easily accessible area of the school office. An emergency plan and contact details sheet must be completed and displayed for all staff. The catering manager completes external training to ensure compliance with allergy guidelines when preparing and presenting food in schools. Parents are responsible for providing in date medication; if a student does not have access in school to in date medication parents will be asked to collect their child and resolve the situation before returning them to school. The same applies for trips and visits when the student will be unable to leave the school site and collection will be arranged.

From 1 October 2017, schools in England have been allowed to purchase adrenaline auto-injector (AAI) devices without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working. We have taken part in this opportunity and have spare auto-injectors in school.

At the time of this review there is a worldwide shortage of adrenaline injectors – as a school we are following the guidance from Department of Health and Social Care.

If the school has to administer this injection an ambulance must always be called.

Please see Medicines and Supporting Students with Medical Conditions Policy for more information.

Medicine in School:

Asthmatic students should carry their inhalers with them at all times. Teachers, who take asthmatic students out of school (even to the field) or teach asthmatics in an environment that may cause a reaction, are requested to ask students to show their inhalers prior to the lesson.

Diabetic students may carry food and drink to consume whenever they may need it (the exception being Science lessons).

All other medicines should be handed in to the school office, with a signed consent form completed by parents/carers, to be stored in the student medication locker. All medicines will be administered by a trained member of staff in strict accordance with the instructions and a log made of the date, time and dosage. Parents are responsible for providing in date medication.

Recording Accidents or Diseases:

Accidents that occur on school premises must be reported to the Head teacher or a relevant member of LT and an Incident Report completed. A serious accident that happens to employees, students or visitors must be recorded within 15 days from the day of the accident via the H&SE website in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and in the Accident Book together with any relevant outcomes. A serious accident (one that involves death, hospitalisation or 7 + days off work not counting the day of the accident) must be reported as must those which are:

- A result of any school activity
- A result of defective premises or equipment within the school
- Incidences of COVID-19 in the workplace

a complete list of recordable incidents is available on the HS&E website <http://www.hse.gov.uk/riddor/>

All records are kept for a minimum of 3 years.

These records may be required for insurance purposes and will also be analysed to look for trends and patterns that may inform future first-aid assessments and planning.

Insurance:

Students, and visitors are covered by Public Liability Insurance for death, injury or illness up to a ceiling of £10, 000 000.

Employees are covered by Employers Liability Insurance for death, injury or illness arising from their employment for up to £10,000 000.

Hygiene Protection:

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities, and should take extreme care when dealing with blood or other body fluids.

In the event of a suspected case of Norovirus or Influenza the student will be isolated in the learning support manager’s office and PPE equipment used to reduce transmission. Parents will be contacted to collect the student as a matter of urgency. All spillage of biohazard fluids (e.g. vomit, blood) will be cleared by the site team using a biohazard kit. A deep clean will be scheduled for the area.

Child Protection:

If any concerns are raised that have child protection implications (e.g. unexplained marks or scars) whilst a student or student is being treated for first aid the first aider must inform the Designated Safeguarding Lead or a member of the team who will take appropriate action.

All staff receive annual Statutory Safeguarding Training.

Liaison with External Agencies:

The school is supported by the School Nursing Team; key members of school staff can refer students for advice and guidance.

In line with national procedures the School Nursing Team implement immunisation programmes for students in school.

Community First Responders to support maintenance of Community Defibrillator.

Monitoring

The academy’s first aid policy will be reviewed every two years by The Board of Trustees’ resources committee.

Signed: _____

Date: _____

Position: Chair of Trustees’ Resources Committee

This appendix to the first aid policy has been added by The Burgate School & Sixth Form in June 2020 in response to Covid-19 revised and amended in January 2021 following additional guidelines from PHE England and GOV.UK guidance.

This appendix applies until further notice.

Unless covered in this appendix, our normal first aid policy continues to apply.

We may need to amend or add to this appendix as circumstances or official guidance changes. We will communicate any changes to staff, parents and students.

Flow Diagram for Managing Suspected or Confirmed case of COVID-19 in Educational Setting is detailed below

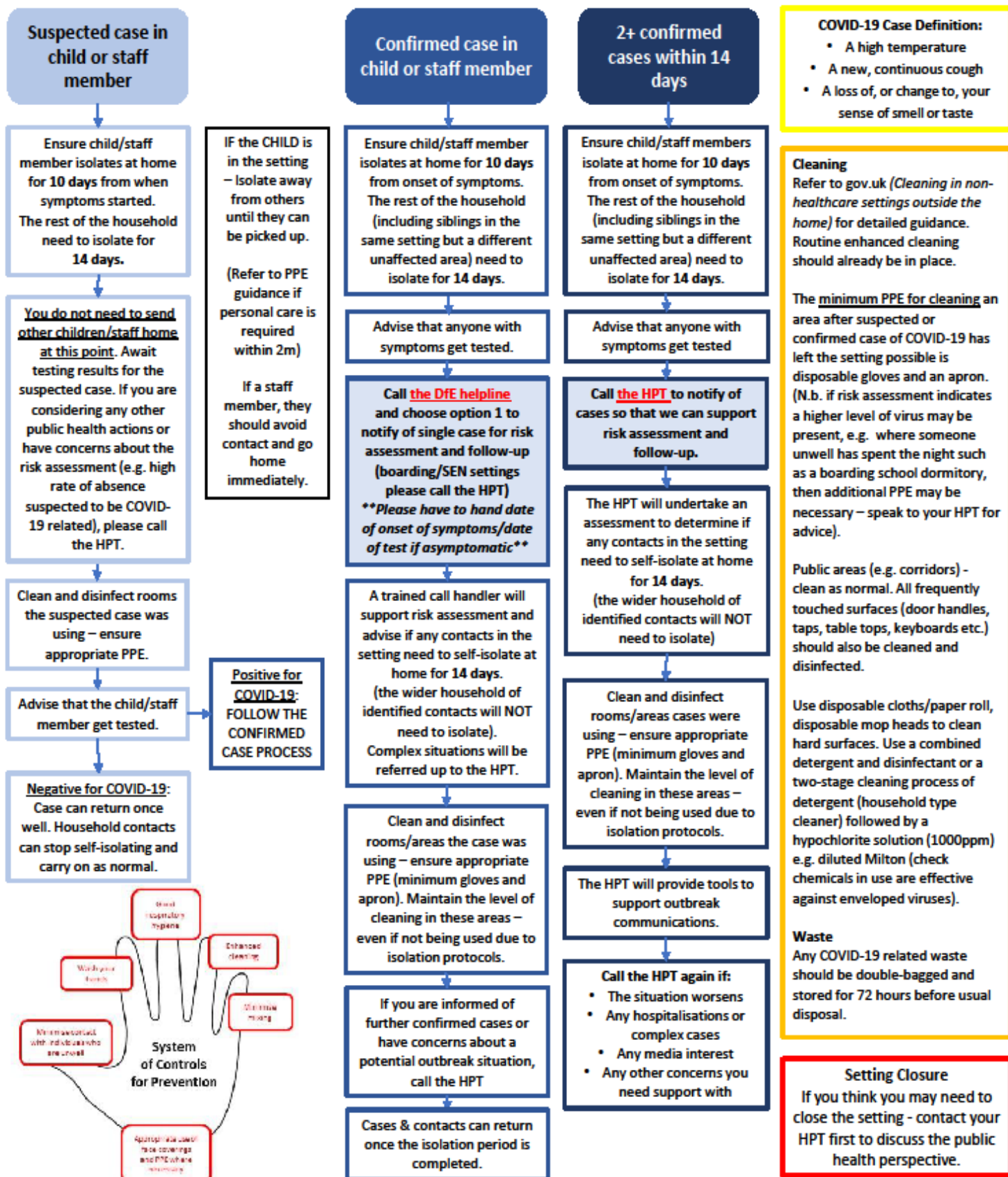
PHE South East Health Protection Team:

Managing Suspected and Confirmed COVID-19 cases in Childcare and Educational Settings

Version 4.1 Date 23/9/2020

****Prevent the spread of infection by maintaining high standards of hygiene, including hand washing and regular cleaning and disinfection of surfaces.****

- To notify of 2+ confirmed cases or for advice about a potential outbreak situation, call Hampshire & Isle of Wight Health Protection Team (HPT) on 0344 225 3861 (0844 967 0082 out of hours). If the matter is not urgent you can email HIOW@phe.gov.uk
- For general queries about COVID-19 in educational settings, or to notify of a single confirmed case, contact the DfE Helpline on 0800 046 8687 (option 1 for confirmed cases). The line is open Monday-Friday 8am-6pm and Saturday-Sunday 10am-4pm.
- For detailed COVID-19 guidance for educational settings, see www.gov.uk/coronavirus/education-and-childcare
- To book a coronavirus test, see www.nhs.uk/ask-for-a-coronavirus-test (call 119 if you don't have internet access)



- All incidents can be reported online following the normal process
- A telephone service is also provided for reporting fatal/specified incidents only - call the incident contact centre on 0345 300 9923 (opening hours are Monday to Friday 8.30am to 5pm)
- In relation to COVID-19 businesses must only make a report under RIDDOR when:
 - An unintended incident at work has led to someone's possible or actual exposure to COVID-19. This must be reported as a dangerous occurrence
 - A worker has been diagnosed as having COVID-19 and there is reasonable evidence that it was caused by exposure at work. This must be reported as a case of disease
 - A worker dies as a result of occupational exposure to COVID-19

The following scenarios also need to be reported:

Dangerous occurrences

If something happens at work which results in (or could result in) the release or escape of COVID-19 you must report this as a dangerous occurrence. An example of a dangerous occurrence would be a lab worker accidentally smashing a glass vial containing COVID-19, leading to people being exposed.

Cases of disease: exposure to a biological agent

If there is reasonable evidence that someone diagnosed with COVID-19 was likely exposed because of their work you must report this as an exposure to a biological agent using the 'case of disease' report form. An example of a work-related exposure to coronavirus would be a health care professional who is diagnosed with COVID-19 after treating patients with the disease. COVID-19 would be classified as a biological agent under the COSHH Regulations.

Work related fatalities

If someone dies as a result of a work-related exposure to COVID-19 and this is confirmed as the likely cause of death by a registered medical practitioner, you must report this as a death due to exposure to a biological agent using the 'case of disease' report form. You must report workplace fatalities to HSE by the quickest practical means without delay and send a report of that fatality within 10 days of the incident.

HSE stresses that there must be reasonable evidence linking the nature of the person's work with an increased risk of becoming exposed to coronavirus.

A number of factors are noted, although this is not intended as an exhaustive list:

- whether or not the nature of the person's work activities increased the risk of them becoming exposed to coronavirus;
- whether or not there was any specific, identifiable incident that led to an increased risk of exposure;
- whether or not the person's work directly brought them into contact with a known coronavirus hazard without effective control measures, as set out in the relevant Public Health England guidance in place such as personal protective equipment (PPE) or social distancing.

For an occupational exposure to be judged as a likely cause of the disease it should be more likely than not that the person's work was the source of exposure to coronavirus, as opposed to general societal exposure.

The responsible person is not expected to make extensive enquiries when seeking to make the determination as to whether a COVID-19 infection is work related. The judgement should be made on the basis of the information available. Importantly, it is stated in terms that there is no requirement for RIDDOR reports to be submitted on a precautionary basis, where there is no evidence to suggest occupational exposure was the likely cause of an infection.

*** First aid cover, procedures and qualifications during the COVID-19 outbreak**

Advice from the HSE is listed below which we have followed and feel confident we can comply with.

You should review your first aid needs assessment and decide if you can still provide the cover needed for the workers that are present and the activities that they are doing.

Keep enough first aid cover

If fewer people are coming into your workplace it may still be safe to operate with reduced first aid cover. You could also stop higher-risk activities.

First aid certificate extensions

If you hold a first aid certificate that expires on or after 16 March 2020 and cannot access requalification training because of coronavirus, you may qualify for an extension. This applies to:

- Offshore Medic (OM)
- Offshore First Aid (OFA)
- First Aid at Work (FAW)
- Emergency First Aid at Work (EFAW)

How you qualify for the extension

To qualify for the extension, you must be able to:

- explain why you haven't been able to requalify
- demonstrate what steps you have taken to access the training, if asked to do so

Requalification training in England

The first aid training industry in England is confident that enough courses will now be available for all required requalification training to take place. HSE has therefore agreed a final deadline for requalification for these qualifications of **30 September 2020**.

The overarching advice is as follows and has been shared with all first aid front line staff:

Guidance for first aiders

Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone.

If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model – preserve life, prevent worsening, promote recovery.

Preserve life: CPR

- Call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- Ask for help. If a portable defibrillator is available, ask for it
- Before starting CPR, to minimise transmission risk, use a cloth or towel to cover the patient's mouth and nose, while still permitting breathing to restart following successful resuscitation
- If available, use:
 - a fluid-repellent surgical mask

- disposable gloves
- eye protection
- apron or other suitable covering
- Only deliver CPR by chest compressions and use a defibrillator (if available) – **don't** do rescue breaths

Prevent worsening, promote recovery: all other injuries or illnesses

- If you suspect a serious illness or injury, call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- If giving first aid to someone, you should use the recommended equipment listed above if it is available
- You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible

After delivering any first aid

- Ensure you safely discard disposable items and clean reusable ones thoroughly
- Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible