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Cavendish View School

First Aid

Policy

**Statement and Vision**

This document is to provide guidance on the policy and procedures for dealing with First Aid emergencies. Cavendish View School recognises the duty of care and legal requirement for First Aid provision on our site to provide care after an injury or accident until professional medical assistance is available.

This policy is written in response to;

* Health and Safety at Work Etc. Act 1974
* Health and Safety (First Aid) Regulations 1981
* The Management of Health & Safety at Work Regulations 1999 (SI 1999 No.3242)
* The Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) (S12013 No.1471)
* Care Standard Act 2000
* Residential Special School Minimum Standard 2015
* Special Care England Children and Young Persons; Children’s Homes Regulations 2015
* Independent School Standards Compliance 2015

**Aims**

Who does the policy cover?

This policy applies to all pupil’s in our care and members of staff in all working environments; support staff, teaching staff, senior staff, administrative and ancillary staff, temporary workers, and visitors. (There are no requirements under the Health and Safety (First Aid) Regulations 1981 to provide members of the public with first aid treatment, but HSE strongly recommends we include them).

**Definitions**

First aid is the treatment of minor injuries that happen on the premises that would otherwise receive no treatment or do not require treatment by a medical practitioner. In cases where a person will require help from a medical practitioner, First Aid aims to preserve life and minimise the consequences of injury or illness until such help is obtained.

A first aider is someone who has undergone a training course in administering first aid at work and holds a current first aid certificate.

All staff are trained in: Emergency First Aid at Work A one day course every three years. On completion of training, successful candidates should be able to:

 Understand the role of the first aider, including reference to:

 The importance of preventing cross infection.

 The need for recording incidents and actions; Page 3 POL-SCH-LS-00634-v3-1120

 Use of available equipment.

 Assess the situation and circumstances in order to act safely, promptly and effectively in an emergency.

 Administer first aid to a casualty who is unconscious (including seizure);

 Administer cardiopulmonary resuscitation.

 Administer first aid to a casualty who is choking.

 Administer first aid to a casualty who is wounded and bleeding.

 Administer first aid to a casualty who is suffering from shock;

 Provide appropriate first aid for minor injuries (including small cuts, grazes and bruises, minor burns and scalds, small splinters).

In the event of an accident the first trained member of staff to reach the scene will, as far as s/he is able, assess the injuries sustained by the casualty. Any casualty judged capable of being moved by the first aider should be accompanied to the medical room to be treated. In extreme circumstances an ambulance should be called first and immediate first aid given to the casualty until medical assistance arrives. Casualties with suspected fractures/breaks or back and neck injuries must not be moved unless under instruction from the ambulance personnel or if it is felt the patient is in danger of sustaining further serious injury.

All our information and guidance concerning First Aid (including accident records and forms) will be kept on site until such time they are archived.

**Roles and Responsibilities**

The SLT, in consultation with the appointed Health & Safety Officer will:

1. Dynamic risk assessments will be used in relation to first aid. These will include the arrangements for covering all off-site activities and trips and extraordinary events e.g. open days. To be reviewed annually or on significant change.

2. Ensure that adequate training is put in place for staff (Emergency First Aid at Work for all staff either refresher or induction training for new staff.)

3. Include first aid arrangements for staff/young person as part of the induction programmes and staff/young person handbooks.

4. First aid training is part of the staff induction process and is completed within 6 months of being employed.

5. Ensure suitable first aid boxes are kept within nominated areas and are inaccessible to young people and always kept safe.

6. Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid.

7. Ensuring the above provisions are clear and shared with all who may require them Page 4 POL-SCH-LS-00634-v3-1120

8. Appoint a designated person (s) to regulate the stock contained within the various first aid containers and to ensure they retain sufficient stock in reserve to replenish such containers. These checks are to be completed and recorded monthly.

9. Ensure parents/carers and pupils are aware of the arrangements for first aid within each setting. Parents/carers are to give prior written permission for their child with regards to the administration of first aid and appropriate non- prescription medicine.

10. Make sure there is at least one qualified first aider working on each shift.

11. Maintain clear and consistent records of any first aid treatment given by first aiders and appointed persons. This record is to include the pupil’s name, date, time, why you are administering first aid – i.e. state the injury and what first aid has been given. This record is to be signed by a responsible person and all records to be monitored weekly by an appropriate designated senior member of staff.

12. In an emergency establish procedures for contacting the pupil’s parents/ carers and named local authority contact (if appropriate) as soon as possible.

13. Establish procedures for routinely reporting all serious or significant incidents which require first aid treatment to parents/carers and named local authority contact (if appropriate). All incidents should be similarly recorded in writing and a copy retained in the pupil’s file, the school’s medical reporting system.

**First Aid – Sequence of events**

In the event of an accident the first aider takes charge of the first aid emergency treatment, commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance. (If unsure at any time the first aider could call NHS Choices [dial 111 for further advice]

The first aider will always call an ambulance on the following occasions:

 In the event of a serious injury

 In the event of any significant head injury

 In the event of a period of unconsciousness

 Whenever there is a possibility of a fracture or where this is suspected

 Whenever the first aider is unsure of the severity of the injury

 Whenever the first aider is unsure of the correct treatment

If an ambulance is called, the caller must speak to the emergency services and give the following information;

1. State what has happened

2. The casualty’s name

3. The age of the casualty

4. Whether the casualty is breathing and/or unconscious

5. The location of the school, including the postcode

**Off- site Activities**

In the event of children needing first aid on trips out:

 All staff have first aid packs and mobile phones with them.

 The first aiders deal with minor ailments.

 For major ailments the school is informed, and advice sought.

 For any incident that the first aider is unsure of, a second opinion from another first aider is sought, or by calling NHS Choices (dial 111).

 Gloves are ALWAYS worn when treating injuries.

 Any accident or incident is reported back to the school and an accident form filled in as soon as possible on return, within 48 hours.

 No medication may be given to a child unless prescribed by a doctor and signed for

 In the event of a serious incident an ambulance is ALWAYS called.

**Record Keeping**

All accident records MUST be written in BLACK INK in accordance with the Nursing and Midwifery Council guidelines for record-keeping.

All accidents requiring treatment are recorded with the following information:

 Name of injured person

 Name of qualified/emergency/first aider/employee number [found on payslips] instead of home address

 Date and time of the accident

 Type of accident (e.g., bump on head etc.)

 Where it happened

 Treatment provided and action taken

 Doctor (GP)/ Hospital visit required, date and time, treatment, diagnosis and advice given

 Physical Intervention recording numbers added to the accident form if required

Inform a member of Senior staff, there may be a need to make a telephone call to a parent/guardian/social worker

**Portable First Aid Boxes are located in – All school vehicles, Main Office, Therapy Office**

**A Lockable First Aid cabinet is located in – Medical Room**

Plastic gloves are in all first aid boxes. Staff should use the protective plastic gloves when treating open wounds, to prevent the spread of any possible infection, e.g., hepatitis, HIV etc. Page 7 POL-SCH-LS-00634-v3-1120

All off-site activities must take a first aid box with them; this is the responsibility of the activity/party leader.

**Hygiene/Infection control**

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should also access to Bio-Hazard Body Fluid Clean Up Kits, PPE and hand washing facilities when dealing with bodily fluids for example – blood, faeces, vomit, saliva, nasal and eye discharge.

Spills of Bodily fluids should be considered infected and must be dealt with immediately.

If the need arises to deal with bodily fluids, then a bio-hazard body fluid clean up kit needs to be used and wearing of PPE [gloves and aprons] and all abrasions covered.

All contaminated materials should be disposed of in a yellow clinical waste bag or double bagged. Wash hands thoroughly with soap and water after the incident.

Avoid getting any bodily fluids in your eyes, nose, mouth or open sores. If this does occur, wash the area well with soap and water or irrigate with copious amounts of saline or clean water.

**Reporting Injuries**

Statutory requirements under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) state some accidents must be reported to the HSE (Health & Safety Executive). The Health and Safety Officer must keep a record of any reportable injury, disease or dangerous occurrence. This must include the date and method of reporting, the date and place of the event, personal details of those involved and a brief description of the nature of the event or disease.

Reports to the HSE are to be submitted within 15 days of the accident (not counting the day of the accident but including weekends and other rest days). The duty to notify and report such accidents/incidents, rests with a ‘responsible person’ at each setting. Risk Management are also to be notified of any RIDDOR’s filed.

Guidance regards ‘Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013’ (RIDDOR) can be found at ‘Incident reporting in schools (accidents, diseases and dangerous occurrences. Guidance for employers. Education Information Sheet No. 1 (Revision 3).

**Policy created – January 2021**

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