

Policy title	First Aid
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Policy contents:	
Purpose	2
Scope	2
Policy statement, provision and safeguards	2
General first aid practice	2
First aid containers	3
First aid materials, equipment and facilities	3
Arrangements for students with medical conditions	4
First aid personnel's main duties	6
First aid qualifications and training	
First aid recording	6
Hygiene and infection control	7
Laboratories	7
Travelling first aid containers	8
Legislation and Guidance that inform this document	8
Other Red Balloon policies to be read in conjunction with this one	8

Purpose

Red Balloon, under the Health and Safety at Work Act 1974, must take reasonable steps to ensure that staff and students are not exposed to risks to their health and safety. This applies to activities on or off school premises.

Red Balloon is committed to ensuring that all students and staff work and study in a safe environment, and that, should an accident occur, then first aid will be available in a timely and competent manner. We seek to effectively implement all necessary guidance and ensure good practice in all areas of the provision of first aid.

Scope

The Head of Centre holds responsibility for ensuring that there are sufficient trained staff to provide adequate cover. Those staff are responsible for providing support / treatment when needed and all staff hold responsibility for following health and safety guidelines.

Policy statement, provision and safeguards

The Head of Centre must ensure that there is sufficient first aid provision for:

- lunch times and breaks,
- off-site activities,
- practical areas such as those for science, cookery and PE,
- any contractors working on-site.

They must also ensure that adequate arrangements exist to cover the absence of trained first aiders.

The responsible governors will review the Centre's first aid provision with the Head of Centre annually to ensure that standards are being met.

General first aid practice

Whenever students are present on site, there will be at least one qualified first aider present.

RBET - Norfolk seeks to ensure that equipment is safe and fit for purpose, that staff are appropriately trained to carry out specific tasks and that there is always adequate first aid equipment available together with appropriately trained staff.

The Head of Centre will ensure that sufficient trained personnel are available according to identified need as documented in the First Aid Needs Risk Assessment.

The Head of Centre is responsible for informing all staff of the first aid arrangements, the location of equipment, facilities and first aid personnel and the procedures for recording and reporting arrangements as well as monitoring the Centre's first aid needs.

A list of first aiders must be displayed in the vicinity of the first aid box (a green box with a white cross on it). A list of trained first aid staff, together with details as to their training and renewal of that training is available and will be displayed at every centre. First aid information will be included in the induction programme for staff and students.

First aid containers

There is no mandatory list of items for a first aid container box. However, the HSE recommends that, where there is no special risk, minimum contents are:

- a leaflet giving general advice on first aid,
- individually wrapped sterile adhesive dressings (assorted sizes),
- sterile eye pads,
- individually wrapped triangular bandages (preferably sterile),
- safety pins,
- large and medium-sized sterile, individually wrapped, unmedicated wound dressings,
- disposable gloves.

(Source: HSE - First aid in work: What to put in your first aid kit - HSE)

First aid materials, equipment and facilities

There will one first aid box (marked with green cross on white background) located in the office. An additional first aid box is used for visits or off-site activities. A catering first aid box is located in the kitchen. Eye wash stations are located in the science laboratory and kitchen.

Inhalers must be carried on trips as required.

The first aiders are responsible for monitoring the contents of the first aid kit, replacing items as soon as possible after use. Items that have passed their expiry date should be safely discarded. Extra stock should be kept in the Centre. The visibility of first aid boxes is crucial and should be given careful consideration. If possible, they should be kept near hand washing facilities.

The ground floor toilet is readily available to use for caring for sick or injured students. It contains a sick bay bed, washbasin and is near a WC.

Arrangements for students with medical conditions

RBET - Norfolk will collect all available medical information regarding each student referred to them. That information will be stored and circulated to staff as necessary. Where students are required to take medication at a centre, then advice will be sought from parents / carers and appropriate medical practitioners regarding the safest way of ensuring that the medication is stored appropriately (if required) and taken at the prescribed time.

If a student becomes ill whilst at a centre, there is a medical room available (as required under Independent School Regulations). The student will be taken to that room, a trained first aider will ascertain any necessary course of action and that will be followed with immediate effect. Parents / carers will always be notified and arrangements made to ensure that the student is able to 'get home safely.'

Where a student has a known condition (e.g. asthma, epilepsy, diabetes), full information and advice will be sought from parents / carers and medical staff. A record will be kept on the student's file. If an IHP (Individual Healthcare Plan) exists, information will be circulated to staff as required.

As a general guide:

If a student suffers from an asthma attack, staff will:

- keep calm and reassure the child,
- encourage them to sit in a comfortable position,
- if this is their first attack, call 999 or 112 for emergency help,
- remain with the child while their own inhaler and spacer are brought to them,
- encourage them to take the usual dose of their own inhaler,
- if there is no immediate improvement, ask them to take a puff every 30 to 60 seconds, until they have had 10 puffs. Help them to use their inhaler if they need assistance.
- stay calm and continue to reassure the child,
- stay with the child until they feel better and feel able to return to school activities.

- If the attack is severe and they are getting worse or becoming exhausted call 999 or 112 for emergency help.
- Monitor their breathing and level of response. If the ambulance hasn't arrived within 15 minutes, ask them to take another puff of their own inhaler every 30 to 60 seconds, until they have had 10 puffs. If they become unresponsive at any point prepare to give <u>CPR</u>.
- If their symptoms improve and you do not need to call 999, advise their parent / carer to get an urgent same-day appointment for their child to see their GP or asthma nurse.

If the child does not feel better or staff are worried, then an ambulance will be called.

Important: This asthma attack information is not for patients on a Maintenance and Reliever Therapy (MART) plan; this may include a steroid preventer medicine and a certain type of long-acting bronchodilator medicine which can also be used as their emergency reliever. The child will know which they should use in an emergency and may carry a written plan.

(Source: Asthma Attack - Symptoms & First Aid Advice | St John Ambulance (sja.org.uk)

If a student has a seizure, staff will:

- make a note of the time that the seizure started,
- ask bystanders to stand back,
- clear any objects away from around the child that could be dangerous,
- place pillows or soft padding, such as rolled up towels, around the child and loosen any clothing around their neck,
- call 999 for emergency help
- try to cool the child down, making sure there is fresh air circulating,
- place them in the recovery position when the seizure has stopped to keep the airway open,
- monitor the child's level of response and make a note of how long the seizure lasted,
- prepare to give CPR if the child becomes unresponsive at any time,
- remain calm and reassure the child until emergency help arrives.

Staff will not:

- restrain the child,
- put anything in their mouth,
- try to move them unless they are in immediate danger.

(Source: Seizures in Children - Paediatric First Aid | St John Ambulance (sja.org.uk)

If a Centre admits a student with diabetes:

The student should have an IHP detailing the type of their diabetes. This should also provide details of triggers and symptoms for hyperglycaemia (high blood sugar level) and hypoglycaemia (low blood sugar level). As a general rule a child suffering from hyperglycaemia needs to drink and to go to the toilet as they need. They may require extra insulin. A child suffering from hypoglycaemia will usually require something sugary to eat or drink.

Students with known allergies:

Medical information will always be sought at the point of referral. If a student has a known allergy, then advice will be sought as to how occurrence of the allergy can be prevented or reduced to the minimum possible level. In extremis, if a student suffers an anaphylactic reaction (symptoms may include swelling of tongue and/or throat, difficulty in swallowing or speaking, vocal changes e.g. hoarse voice, wheeze or persistent cough or severe asthma, difficult or noisy breathing, stomach cramps or vomiting after an insect sting, dizziness / collapse / loss of consciousness), then emergency treatment will be sought either through taking the student to an Accident and Emergency Centre, or calling an ambulance. In any case where a student requires access to specific equipment (e.g. an EpiPen) should their allergy be triggered, first aid staff will ensure that the appropriate equipment is available, and that staff understand what action to take.

First aid personnel's main duties

The first aiders' main duties are to give immediate help to casualties with common injuries and when necessary, to ensure that an ambulance or other professional medical help is called.

First aid qualifications and training

The Head of Centre is responsible for ensuring that all first aid training courses are approved by the HSE and updated as required. A First Aid at Work Certificate is valid for only three years. Refresher training must be arranged three months before a certificate expires.

First aid recording

A record will be kept of any first aid treatment given by first aiders; this will include:

• the date, time and place of the incident,

- the name of the injured or ill person,
- details of the injury or illness and first aid given,
- what happened to the person immediately afterwards (i.e. did they go home, resume normal duties, go back to class or go to access further treatment),
- the name and signature of the first aider or person dealing with the incident.

Parents / carers will always be informed of any accident. Centre staff will attempt to contact the parent / carer by telephone, text or email. Should it not be possible to make immediate contact, messages will be left (e.g. voicemail, with work colleagues etc.) asking the parent / carer to contact the Centre. Parents / carers will have right of access to any records made regarding the accident and should they feel that practice has been insufficient (either to prevent the accident or in responding to it), then their rights as described within the Centre's complaints procedures will be explained to them.

Some accidents are reportable to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) and the attending first aider should check if this is necessary after an incident. The accident record book will be kept in the office at each Centre.

Hygiene and infection control

Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and handwashing facilities and should take care when dealing with blood or other body fluids and when disposing of dressing or equipment.

Blood and body fluids (BBF) may contain disease causing microorganisms, thus any 'deposits' must be dealt with as soon as possible after a spillage has occurred. BBF may be saliva, blood, faeces, pus or vomit. It is the responsibility of all staff to deal promptly with such spills. BBF spills may be classified as high or low risk and this will determine the recommended cleaning process to be employed. A **low risk** spillage may be a urine spill through careless toilet usage, or an area that has been observed as being accidentally coughed or sneezed upon. A **high risk** spillage may be blood or vomit: both should be considered potentially hazardous. Any staff cleaning up such a spill must ensure that all precautions (gloves, appropriate cleaning materials and disposal) are pursued to reduce the likelihood of infection. Any materials produced from such clean up must be placed into a refuse bag (a store is kept on site) and the bag disposed of into the large general waste bin kept at the front of the Centre.

Laboratories

The Head of Centre, cook and science staff will ensure that eyewash (in date) is available for use should that be necessary.

Travelling first aid containers

HSE recommend that where there is no special risk for off-site activities, a minimum stock of items for travelling first aid containers is:

- a leaflet giving general advice on first aid,
- individually wrapped sterile adhesive dressings (assorted sizes),
- sterile eye pads,
- individually wrapped triangular bandages (preferably sterile),
- safety pins,
- large and medium-sized sterile, individually wrapped, unmedicated wound dressings,
- disposable gloves.

(Source: HSE - First aid in work: What to put in your first aid kit - HSE)

Legislation and Guidance that inform this document

- Health and Safety Advice for Schools (DfE updated Feb 2014)
- Health and Safety at Work Act etc (1974)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995)
- Guidance on First Aid for Schools a Good Practice Guide

Other Red Balloon policies to be read in conjunction with this one

- Health and Safety procedures for reporting accidents are detailed in this policy
- First Aid Needs Risk Assessment