

Gladesmore Community School



First Aid Policy & Procedures

[HS6.1]

Last updated : 18 May 2023	Review : Every 3 years Appendix: Annually	
Governing Body :		
Status : Guidance	Index : Health & Safety	Website : N

FIRST AID POLICY

EMPLOYER RESPONSIBILITY AND LEGISLATION

Under the Health and Safety at Work Act 1974 the employer is responsible for the health and safety of employees and other people on the premises. This will include pupils and visitors such as parents and contractors. The employer may be the local authority or the governing body for grant and voluntary aided schools; this responsibility is usually delegated to the Head Teacher in respect of the daily running of the school, and specifically for the provision of a Health and Safety policy as part of the workplace arrangements document. The policy should detail the arrangements for first aid for the school/centre, based on an assessment of need.

RISK ASSESSMENT

The details of the school's first aid needs are based on a risk assessment and take account of the following factors:-

- The number and age of pupils
- The number of staff
- The likelihood and nature of hazards, e.g. power tools used in technology workshops
- Any potentially high risk situations, e.g. chemicals used in science lessons or photographic development.
- The existing accident /incident record, e.g. the most common injuries, times, locations and activities
- Provision required for out of school and after school activities, i.e. educational visits, evening lettings, parents evenings, after school clubs
- Any pupils with Special Needs
- Provision for lunch time and break time cover and the periods before and after school time.
- As a result of carrying out a Risk Assessment (a "suitable and sufficient Risk Assessment by a competent person") the first aid provision, comprising staff, equipment and accommodation, can be determined. It should be fully documented.

FIRST AID STAFF TRAINING AND RESPONSIBILITIES

Any staff undertaking first aid duties should be provided with adequate and appropriate training.

There are no rules specifying exact numbers, however, schools are considered as being in a low risk category and the DFE guidance indicates one First Aid Officer for 100 people.

Qualified first aid officers must hold a valid certificate (usually issued for 3 years) from an organisation recognised by the Health and Safety Executive. A record of training should be kept and refresher training arranged before the expiry date of the certificate.

A qualified First Aid Officer's responsibilities are to give immediate assistance to people with injuries and to ensure that an ambulance or further professional assistance is obtained if necessary.

An “Appointed Person” has a shorter less detailed training which is usually one day. They are responsible for taking charge in the event of injury or illness, obtaining professional assistance and having charge of the first aid equipment / supplies, including restocking.

FIRST AID EQUIPMENT, ACCOMMODATION, SIGNAGE AND INFORMATION

The DFE guidance states that “every employer should provide at least one fully stocked first aid container for each site”, the assessment of the school’s needs being indicated by the Risk Assessment, and additional provision being identified for split site buildings, high risk areas; educational visits and other specific identified hazards. All supplies should be clearly marked with white lettering / cross on a green background.

(1) Suitable accommodation must be provided in order to cater for the medical and therapy needs of the pupils, including accommodation for – a) the medical and dental examination and treatment of pupils; and b) the short term care of sick and injured pupils, which includes or is adjacent to a toilet facility.

(2) The accommodation provided under paragraph (1) may be used for other purposes (apart from teaching) provided it is always readily available to be used for its primary purpose.

The headteacher is responsible for informing all staff of the location, facilities and staff for first aid; this is usually by displaying notices (minimum one per building) and inclusion in induction programmes, including temporary and casual staff.

Although there is no required list of contents for a first aid box the Health and Safety Executive guidelines suggest that a first aid container should have a minimum provision as detailed in paragraph 58 of the DFE Guidance on First Aid for schools; with paragraph 60 detailing first aid provision for a portable kit for off-site activities.

BODY FLUIDS AND CONTAMINATED WASTE

In accordance with the Personal Protective Equipment Regulations staff who deal with body fluids (including blood) and contaminated waste (e.g. wound dressings) should be provided with disposable gloves and aprons. Bleach, a bucket and paper towels should be available to clean up spillages (blood, vomit, urine and excreta), and schools/ centres should consider the purchase of “fluid absorbent powder”. There should also be access to hand washing facilities. A supply of yellow plastic bags will be required for the disposal of contaminated waste. The contaminated area should be separated off until it is cleaned to prevent the spread of infection.

Detailed guidance is given in the Haringey Healthy Schools Handbook pages 52-4, and the HSE leaflet “Blood borne viruses in the workplace”.

TECHNOLOGY AND SCIENCE

The use of machinery and equipment, e.g. lathes, saws, drills and chemicals, e.g. acids should be considered in the compilation of the school's risk assessment for first aid needs and consideration given to the provision and siting of additional staff and first aid equipment. Appropriate training in the use of machinery etc in these areas is important and personal protective equipment, e.g. gloves, overalls, safety spectacles should be provided with pupils being advised of their importance. Arrangements for the storage and disposal of chemicals should be detailed in the Health and Safety Workplace arrangements document, with relevant entries in the COSHH Register.

ANIMALS AND PLANTS

Biology lessons, nature projects and educational visits to farms and zoos may involve handling a variety of live or dead animals and plants. Basic hygiene precautions of washing hands after handling should be followed and prove adequate in most situations, unless otherwise advised by the venue. Protective gloves should be available for use in the handling of potentially poisonous animals and plants.

ADMINISTRATION OF MEDICINE

Council's policy provides only for the administration of **prescription medicines**, with written parental consent records of such administration by designated staff should be kept, and photographic pupil identification is recommended.

Council policy prohibits the administration of any medicine containing analgesics, i.e. painkillers such as aspirin, paracetamol even with parental consent.

There is no current policy concerning the administration of **non-prescription** items, e.g. "alternative" and over the counter items excepting that of self-administration by pupils of appropriate age.

PUPILS WITH SPECIAL NEEDS

The Council's policy of inclusive education aims to provide children who have short or long term medical conditions with main stream schooling, to include off site outings such as educational visits and field study trips as far as possible.

The Headteacher is responsible for implementing the Council/Governing body policy and developing procedures for such. This will include ensuring that adequate training in relevant medical procedures is available for staff volunteering to undertake such duties, that adequate records are kept, emergency plans are in place and appropriate storage facilities are made available separate to that of first aid equipment /supplies, e.g. a refrigerator.

Pupils with specific special medical needs who require emergency treatment and/or invasive medical procedures or personal care will need to have an "individual treatment plan" drawn up by arrangement with the parent/guardian, class teacher and designated staff (usually a first aid officer/s). Advice in doing so may be obtained from the GP or School Nursing Service. Such needs are likely to include allergic reactions requiring Epi-pens, epileptic fits needing rectal Diazepam, use of catheters and tracheostomies.

Personal protective equipment should be made available for staff use, e.g. disposable gloves and aprons.

Detailed information is available in the Haringey Healthy Schools Handbook pages 59-72.

INSURANCE AND NEGLIGENCE

Staff performing first aid duties and administering medicine or performing personal care who “act within the scope of their employment” are indemnified by the Council against claims for alleged negligence, including staff employed in voluntary aided schools.

LEGISLATION

Health and Safety at Work Act 1974

Management of Health and Safety at Work Regulations 1992

Workplace Health Safety and Welfare Regulations 1992

Personal Protective Equipment at Work Regulations 1992

Health and Safety (First Aid) Regulations 1981

Education (School Premises) Regulations 1996

Control of Substances Hazardous to Health Regulations (COSHH) 1994

Health and Safety (Safety Signs and Signals) Regulations 1999

FIRST AID PROCEDURES

1. The medical rooms are situated in the Learning Mentors' rooms, B8 and the Hut.
2. Pupils should request medical assistance only during break and lunch times unless there is an obvious emergency, when pupils may be sent to the General Office or On-Call Support Room with an appropriate note in the homework diary.
3. In serious cases it is best to send for First Aid trained staff; these include, for instance, Learning Mentors on Call and General Office Staff. List of first aid trained staff can be found in Appendix 1.
4. The First Aid staff, in the General Office, keep medication for individual pupils who have Medical Care Plans, e.g. epipens, asthma inhalers. Other members of staff should not dispense any medicines, tablets (such as aspirin, ibuprofen) etc. to pupils.
5. First Aid staff will record all visits for treatment showing time, problem and action.
6. If a pupil is sent for medical assistance during a lesson, the subject teacher should provide a note.

Procedures for First Aiders

- On occasions that a child requires First Aid assistance, a written record under the following headings: name of pupil; tutor group; reason for visiting; action taken; date; time of call; time of departure.
- All drugs must be secured in the General Office and not be easily accessible to children.
- Drugs must not be administered by staff. If a child is on medication and needs to be supervised taking their prescription, a letter from a parent or carer or a doctor must be kept on file along with the pupils Medical Care Plan.
- A list of Epipen trained staff can be found in Appendix 2.
- If a child needs to go home, parents or carers must be contacted immediately and asked to collect their child. At the same time, the Head of Year or the Assistant Head teacher must be informed.
- If an ambulance is required, parents or carers must be informed immediately so they can either call into school or meet the ambulance at the casualty department. At the same time, the Head of Year and the appropriate Assistant Head teacher must be consulted immediately. In cases where a parent cannot collect their child from school arrangements will be made for a member of staff to accompany the pupil to hospital. A list of staff members who will accompany a pupil to hospital can be found in Appendix 3.
- Whenever there are medicals or inoculation sessions in school, parents and children must be informed if written consent is required.
- If a child receives a head injury, they will usually attend hospital. However, if a parent/carer comes to collect them instead, they should be given the standard letter re advice on head injuries.
- A file is kept in the General Office of all pupils with medical conditions and their care plans. This is updated regularly. Head of Year also have a list of pupils in their Year Group with Medical Conditions.
- The Location of all first aid boxes around the school can be found in Appendix 4.

AUTOMATED EXTERNAL DEFIBRILLATORS (AED)

INTRODUCTION

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

In 2013, emergency medical services attempted to resuscitate approximately 28,000 cases of out-of-hospital cardiac arrest in England. Overall survival rates vary across the country, but range between 2% and 12%. However, survival rates as high as 75% have been reported where CPR and defibrillation are delivered promptly. This is why the statutory guidance on supporting pupils at school with medical conditions advises schools to consider purchasing an AED as part of their first-aid equipment.

Cardiac arrest and heart attacks

It is important to understand the distinction between a heart attack and cardiac arrest as they are not the same, and require different interventions.

CPR and/or the use of an AED is not appropriate for an individual experiencing a heart attack and who is conscious, as the heart will still be beating, and the device will not administer a shock in these circumstances.

However, a heart attack is still a life-threatening situation, and the emergency services should be alerted immediately. A heart attack can also very quickly lead to cardiac arrest, in which case administration of CPR and use of an AED may help to save the person's life.

Cardiac arrest

Cardiac arrest is when the heart stops pumping blood around the body. It can be triggered by a failure of the normal electrical pathway in the heart, causing it to go into an abnormal rhythm or to stop beating entirely. Oxygen will not be able to reach the brain and other vital organs.

When a cardiac arrest occurs, the individual will lose consciousness and their breathing will become abnormal or stop. If basic life support is not provided immediately, the chances of survival are greatly reduced.

Cardiac arrest can happen at any age and at any time. Possible causes include:

- heart and circulatory disease (such as a heart attack or cardiomyopathy)
- loss of blood
- trauma (such as a blow to the area directly over the heart)
- electrocution
- sudden arrhythmic death syndrome (SADS; often caused by a genetic defect)

When a cardiac arrest occurs, CPR can help to circulate oxygen to the body's vital organs. This will help prevent further deterioration so that defibrillation can be administered.

Heart attack

A heart attack (sometimes referred to as a myocardial infarction), is caused by a clot forming in one of the arteries that supply blood to the heart muscle. This prevents oxygen from getting to a particular region of the heart. As a result, cells in this region start to die. The longer this continues, the more damage is caused to the muscle. This damage is permanent. However, as the heart is still beating, CPR and defibrillation are not appropriate.

Not all people experiencing a heart attack will experience pain or discomfort. They will often remain conscious throughout. However, a heart attack is a serious, life-threatening emergency that requires immediate treatment and can trigger a cardiac arrest.

If a person experiences a heart attack, the correct course of action is to call 999 immediately. The person should be made comfortable, ideally seated on the floor supported by a wall or a person knelt behind them, and reassured until the ambulance arrives.

Heart attacks are very rare among children, but the number of incidents in the adult population means that coronary heart disease (the most common cause of heart attacks) is the leading cause of death in the UK.

5 Common symptoms of a heart attack include:

- chest pain or tightness, like a belt or band around the chest, and which is not relieved by rest
- pain which may spread to neck, jaw, back and arms
- feeling sick, sweaty, short of breath, lightheaded, dizzy or generally unwell along with discomfort in the chest

The chain of survival

In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival.

There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

1. Early recognition and call for help. Dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED.
2. Early CPR – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression-only CPR.
3. Early defibrillation – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.
4. Early post-resuscitation care – to stabilise the patient.

Anyone is capable of delivering stages 1 to 3 at the scene of the incident. However, it is important to emphasise that life-saving interventions such as CPR and defibrillation (stages

2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first step in the chain of survival. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4).

The chain as a whole is only as strong as its weakest link. Defibrillation is a vital link in the chain and, the sooner it can be administered, the greater the chance of survival.

Defibrillation and cardiopulmonary resuscitation (CPR)

When a person suffers a cardiac arrest, it is essential for effective CPR to be initiated as soon as possible; only dialling 999 should take precedence. The person performing CPR should not stop except where this is necessary in order to attach the pads or when instructed to do so by the AED, usually before it delivers a shock. If possible, somebody else should attach the pads to the patient while CPR continues.

An AED will only administer a shock if the patient's heart is in a shockable rhythm. The application of CPR can maximise the opportunities for defibrillation to be administered effectively. The AED will continue to analyse the patient's heart rhythm after each shock and will provide ongoing instructions about continuing CPR.

Some cardiac arrest patients will not present with a shockable rhythm (i.e. one which is suitable for defibrillation), and the AED will not administer a shock. In such cases, it is essential that CPR is maintained until the emergency services arrive.

Location and access

In view of the importance of responding swiftly to a cardiac arrest, AEDs should be located strategically to ensure that they can be accessed quickly in an emergency.

Our defibrillator is held within a carry case and is stored in a clearly identified cabinet behind the main office. A list of trained staff who are able to use the AED can be found in Appendix 5.

Training

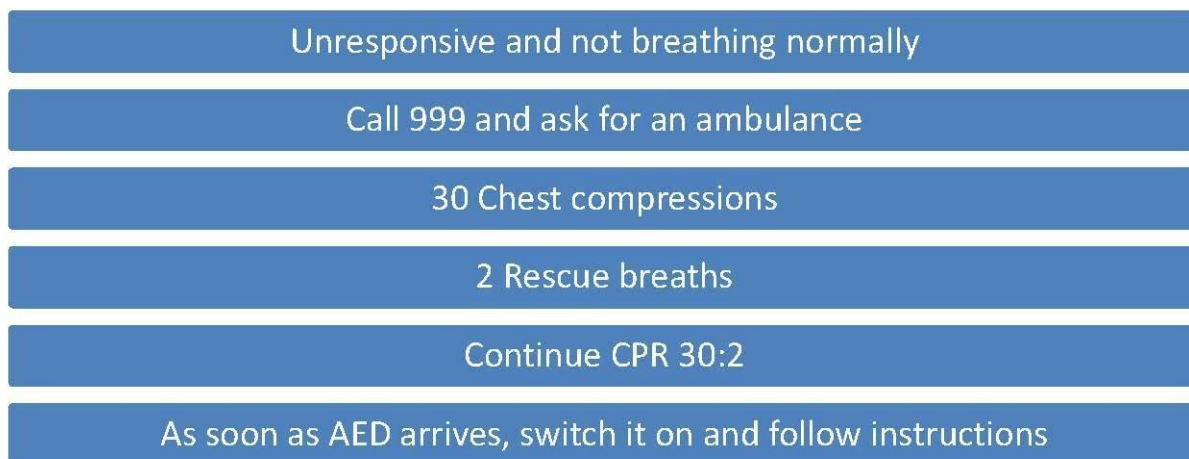
AEDs, as work equipment, are covered by the Provision and Use of Work Equipment Regulations 1998 (PUWER), and as such this places duties on employers in respect of employee training and the provision of information and instructions in the use of such equipment. However, AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the AED at the time of use. It should therefore be sufficient for schools to circulate the manufacturer's instructions to all staff and to provide a short general awareness briefing session in order to meet their statutory obligations. Schools may want to use this opportunity to raise awareness of the AED in school and to promote its use should the need arise.

All designated First Aiders at Gladesmore have been trained on the use of AEDs as part of their First Aid training. All other staff will receive a yearly awareness briefing during our INSET training days.

Action Plan

A resuscitation plan sets out best practice, including how and by whom tasks should be carried out.

If one person is on the scene, they should immediately call the emergency services - 999 (step 1 of the chain of survival) and start CPR immediately afterwards (step 2). If two people are on the scene, one should call the emergency services while the other starts CPR. The person administering CPR should not leave the casualty unless absolutely essential. Where possible, it is suggested that arrangements are implemented to enable the AED to be brought to the scene by someone already close to its usual location, as this is likely to be quicker than sending somebody to fetch it. If this is not practical, the rescuer should remain with the casualty and a second individual should be sent to fetch the AED.



After an incident

Most AEDs will store data, which can subsequently be used to assist with ongoing patient care. Schools should therefore contact the local ambulance service after an AED has been used and make arrangements for the data to be downloaded. In the meantime, the AED may still be used if required, but care should be taken not to turn it on and off unnecessarily as this could potentially erase the data.

Schools should ensure that the AED is ready for use again by replacing pads and other consumables as required, and ensure that it is not displaying any warning lights or messages.

Schools should also be aware that where a cardiac arrest occurs as a result of an accident or act of physical violence arising out of or in connection with work, this may constitute a reportable incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Reporting requirements will differ according to whether the individual suffering the cardiac arrest is an employee (e.g. a teacher or member of support staff) or a non-employee (e.g. a pupil, parent or visitor). Further information can be found in the Health and Safety Executive guidance on incident reporting in schools.

List of First Aiders

Name	Expiry Date		Name	Expiry Date
Mustafa Muktadir	Nov 25		Jema Emery	Feb 27
Richard Vernon	Jun 26		Igli Gjozi	Nov 25
Alexis O'Brien	Jun 26		Jenny Irish	Feb 27
Dominic Rees	Feb 27		Shereen Marshall	Dec 25
Tachaan Marshall	Nov 25			
Mayya Patroclou	Nov 25		Ernest Regisford	Nov 25
Tasaddaq Ashraf	Dec 24		Amani Moaka	Nov 25
Yvonne Dyer	Mar 25		Gulten Sahbaz	Feb 27
Cory Lawrence	Dec 24		Epiphany Hampson	Nov 25
Pauline Jones	Dec 25		Adeva Bryan	Feb 27
Angela Franklin	Dec 24		Martha Lamot	Oct-22
Subashani Naidoo	Mar 25		Janet Socas	Nov 25
Ricardo Lawrence	Nov 25			
Zac Kamil	Dec 24		Catherine Cameron	Mar 25
Dennis Gardner	Dec 24		Veronika Murray	Feb 27
Reyhan Safak	Dec 24		Rasul Muhammad	Feb 27
Sonia Bardouille	Mar 25		Ruth McCallum	Feb 27
Nicole Constantinou	Mar 25		Nevroz Fehimli	Feb 27
Godfrey Davis	Mar 25		Angelo Giacobazzi	Feb 27
Karen Gill	Mar 25			
Odette Brooks	Nov 25			
Clement Mussotte	Nov 25			
Tural Hassan	Nov 25			

Additional Training:

Certificate in First Aid Awareness in Schools
National College Training Provider
Online training done by all GCS staff

Appendix 2

Epipen & Asthma Trained Staff

Date Done: 13 December 2017 by Margaret Palmer

School Nurse Team Leader

Tynemouth Road H.C

Refresher Training done Nov/Dec 2018 – STS Training Provider

Epipen & Asthma Update February - 2020

Asthma Friendly Training - June 2021

EpiPen/Asthma/ Diabetics/ AED incl in (Certificate in First Aid Awareness Online National College)

all staff – June/July 2021

2022/2024 - Updated and Covered in Refresher First Training Course

Staff Attended	Staff Attended
Tas Ashraf	Alexis O'Brien
Yvonne Dyer	Dominic Rees
Barry Silk	Varna Fermoye
Richard Vernon	Mayya Patroclou
Sonia Bardouille	Dennis Gardiner
Gulten Shabaz	Nicole Constantinou
Phyllis McBurnie	Jema Emery
Laura Osbourne	
Zac Kamil	
Godfrey Davis	
Ilhan Gozubuyuk	
Subashani Naidoo	
Reyhan Safak	
Sarah Heslin	

Accompanying a pupil to hospital by ambulance

Thank you for agreeing to accompany pupils to hospital. In the rare event of this happening your role is to act as a supportive and reassuring adult until the child's parent or carer arrives. Please observe the following:

- Check with the general office that an ambulance has been called.
- Check with the general office that the parent or carer has been notified.
- Make sure that you have a contact telephone number for the parent or carer before you leave.
- Make sure that you have the child's possessions with you.
- Ask for the taxi fare to return from the hospital at the general office and make sure that you have a mobile phone or money for making a call.
- Speak in a calm reassuring way to the pupil.
- Stay with the pupil until the parent/carer arrives.
- Be aware that you will not be required to give permission for any medical procedures – this is the responsibility of the parent/carer.

DAY	ON CALL	RESERVE
MONDAY	Nicole Constantinou	Zac Kamil
TUESDAY	Viktorija Osipova	Dennis Gardiner
WEDNESDAY	Reyhan Safak	Dennis Gardiner
THURSDAY	Viktorija Osipova	Zac Kamil Nicole Constantinou
FRIDAY	Dennis Gardiner	Dominic Rees Nicole Constantinou
SATURDAY	Sonia Bardouille	Tachaan Marshall

Location of First Aid Boxes

Location	
General Office	X1
Learning Mentors	B8
Technology	T1
Technology	T3
Art	A1
Science	S04
Science	S14
Physical Education	P6
Physical Education	P9

Overall responsibility for First Aid Boxes – **Nicole Constantinou.**

**Location of
Automated External Defibrillators (AED's)**

Location	
General Office	X1
Learning Mentors	B8
Physical Education	P6

List of Trained staff

Sonia Bardouille
Nicole Constantinou
Dennis Gardiner
Karen Gill
Zac Kamil
Subashani Naidoo
Alexis O'Brien
Reyhan Safak
Cory Lawrence