



## LEARNING OPPORTUNITIES

### FIRST AID POLICY

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The First Aid Policy has been written and approved by a team with a range of experience, and will be reviewed annually.

Date Created: January 1995

Previous Review Date: January 2021

Next Review Date: January 2022

# COVID-19 Update: Annex and First Aid Procedure

For the duration of the COVID-19 pandemic this overarching annex document will be in place as an amendment to Learning Opportunities First Aid Policy and Appendices. The document will be updated and recirculated as necessary.

The COVID-19 First Aid Procedure will ensure First Aiders are confident that they can provide First Aid to someone who sustains an injury or becomes unwell during the COVID-19 pandemic; including specific guidance on giving cardiopulmonary resuscitation (CPR).

**The main symptoms of COVID-19 are currently:**

- **a high temperature** - this means feeling hot to the touch on the chest or back (you do not need to measure the temperature with a thermometer).
- **a new, continuous cough** - this means coughing more than once an hour, or 3 or more coughing episodes in 24 hours (if the person usually has a cough, it may be worse than usual)
- **loss or change to the sense of smell (anosmia)** - this means having noticed the inability to smell or things smelling differently to normal

Most people with coronavirus have at least one of these symptoms, however some people may be **pre-symptomatic** (have not yet developed symptoms) or be **asymptomatic** (have no symptoms) but be infectious and capable of infecting others.

**How COVID-19 is spread:**

People can catch COVID-19 from others who have the virus. The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. People can catch COVID-19 if they breathe in these droplets from a person infected with the virus. This is why it is important to stay at least 2 metres away from others. These droplets can land on objects and surfaces around the person such as tables, door handles, handrails, telephones and light switches. People can become infected by touching these objects or surfaces, then touching their eyes, nose or mouth. **This is why it is essential to wash your hands regularly with soap and water or clean them with an alcohol-based hand gel.**

**First Aid in the context of COVID-19:**

All casualties must be assumed to be potentially COVID-19 positive and the following universal precautions taken to ensure the safety of the First Aider and Casualty.

**The COVID-19 First Aid Procedure:**

- The First Aider collects a First Aid Kit (containing hand gel) and the attached PPE Kit before attending the casualty. If not possible a helper will collect.
- The First Aider uses their training to assess the risk from the immediate environment to self and others present.
- The First Aider remains at a 2-metre safe distance to assess hazards and the casualty.
- If the casualty is conscious and can communicate, they should self-treat **if this is appropriate** by following instructions given by the First Aider at a 2-metre distance. The First Aider transfers the First Aid equipment required to the casualty by sliding or another appropriate method.

- If the casualty is unresponsive for the primary and secondary survey or is not able to self-treat then the following PPE must be put on in the following order by the First Aider

**BEFORE approaching the casualty within 2 metres:**

1. First remove any jewellery
2. Tie hair up if necessary
3. Gel hands as per WHO guidelines
4. Put on Apron and tie at back
5. Apply a Type IIR fluid resistant surgical facemask (ensuring this is correctly positioned to completely cover the mouth and nose and then pinch over the nose to ensure a tight fit)
6. Apply a visor\*
7. Apply gloves

\*If the risk assessment of the casualty determines that there is a risk of fluids entering the eye from, for example, coughing, spitting or vomiting, then eye protection (a visor) should also be worn and is put on **after** applying the facemask.

**First Aid Kit.**

At all times the First Aider must keep their hands away from their own face.

When assessing the casualty's breathing, the First Aider does not place their ear or cheek close to the casualty's face and does not listen or feel for breathing for 10 seconds. The First Aider instead looks at the chest to assess breathing; recognizing cardiac arrest by looking for the absence of signs of life and the absence of normal breathing.

**The First Aider shouts for help.**

- If there is any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- The helper calls 999 for emergency help while CPR is commenced.
- The helper puts the phone on speaker and hold it out towards First Aider, so they can maintain at 2-metre distance.
- If the First Aider is on their own, they use the hands-free speaker on their own phone so they can start CPR while speaking to ambulance control.
- Ambulance control are informed the casualty is potentially COVID-19 positive as appropriate.

**Cardiopulmonary Resuscitation (CPR):**

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is set against the inevitability that a person in cardiac arrest will die if no assistance is given. If there is a perceived risk of infection, the First Aider should place a cloth/towel/clothing over the casualty's mouth and nose **BEFORE COMMENCING** CPR and attempt compression-only CPR and if possible ensure the early attachment of the AED until help arrives. **The nearest AED to school is located outside the Five Bells Public House.**

## **DO NOT GIVE RESCUE BREATHS**

- Ensure mouth and nose of casualty are covered.
- Start CPR - Kneel by the casualty and put the heel of one hand on the middle of the person's chest.
- Putting other hand on top of the first. Interlock the fingers, making sure not to touch the ribs.
- Keeping arms straight, lean over casualty, press down hard, to a depth of about 5-6cm before releasing the pressure, allowing the chest to come back up. The beat of the song "Staying Alive" can help keep to the right speed.

## **THE HELPER REMINDS THE FIRST AIDER NOT TO GIVE RESCUE BREATHS**

- The First Aider continues with Chest Compressions only pausing to attach the AED pads to the chest of the casualty and following the verbal AED automated instructions, but **ignoring** the command to provide rescue breaths.
- An AED significantly increases the chances of a casualty's survival.
- The First Aider applies a shock, if prompted by the AED.
- The helper keeps a 2-metre distance. However, the First Aider is likely to become rapidly exhausted. If the helper is needed to take over CPR from the First Aider the helper puts on PPE as above. At all times the helper keeps their hands away from their face.

## **Disposal of PPE:**

When the casualty has been treated or the Ambulance Service have arrived and taken over the care of the casualty, the First Aider must remove their PPE carefully in the correct order into a lidded pedal as follows:

1. Remove gloves and drop into bin
2. Gel hands as per WHO guidelines
3. Remove apron by breaking the tie at the back. Pull apron away from the neck and shoulders by only touching the inside of the apron and fold and roll it in on itself and drop into bin
4. Gel hands
5. If wearing a visor do not bend forwards as this brings the bottom of the visor into contact with the clean upper body. Remove by holding the band at the back of the visor and lift overhead and drop into bin without touching the front of the visor\*
6. Gel hands
7. Remove facemask by unfastening bottom tie and then top tie. Do not bend the neck forward as this allows the facemask to touch the clean upper body. Pull the facemask away from face holding ties without touching the front of the facemask and drop into bin
8. Gel hands

If there is any clinical waste this is placed into the clinical waste bin next to the PPE bin first.

Any Adrenaline Auto-Injectors must be handed over safely to the Ambulance Service for safe disposal.

The First Aider must thoroughly wash their hands with Soap and Water at the first opportunity.

### **Follow-up:**

- All reusable First Aid equipment and the AED are thoroughly cleaned and disinfected using appropriate wipes.
- The SLT will ensure the First Aider and helper have an opportunity to debrief following the incident.

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### **POLICY STATEMENT**

Learning Opportunities is mindful of the need to safeguard the well-being of all students, staff and visitors to the School and will ensure that First Aid arrangements are managed in compliance with the management of Health and Safety (First Aid) Regulations 1981 and Education (Independent School Standards) (England) Regulations 2014.

This policy outlines the School's responsibility to provide adequate and appropriate first aid to students, staff, parents / carers and visitors, and the procedures in place to meet that responsibility. First aid can save lives and prevent minor injuries becoming major. The School will ensure that first aid is administered in a timely and competent manner.

It is acknowledged that major and minor incidents / accidents can take many forms and can happen without warning. No plan can provide for every eventuality; however the response to any incident is handled within an agreed management framework which has been put in place for the day to day running of the school.

This policy provides an overview of the statutory requirements and how these are met in school. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered.

The responsibility for drawing up and implementing the First aid policy is delegated to the Head Teacher, including informing staff and parents / carers. However, implementation remains the responsibility of all staff in our school in order to keep students healthy, safeguarded and protected whenever they are in our care.

First aid is the help given to someone who is injured or ill, to keep them safe until they can get more advanced medical treatment by seeing a doctor, health professional or by going to hospital.

This policy should be read in conjunction with the Supporting Students with Medical Conditions Policy and the School's First Aid Risk Assessment.

This policy is shared with all employees during their induction to ensure they are familiar with the school's first aid procedures.

### **AIMS**

The aim of providing First Aid is to save lives and to ensure that minor injuries and illnesses do not escalate into major ones.

An accident is an unplanned, uncontrolled event, which causes, or could cause injury, damage or loss. In most cases accidents can be avoided and it is our intentions to prevent as many as possible.

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, students and visitors
- Ensure that staff are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

**To achieve our Policy Aims, Learning Opportunities will:**

- Carry out a suitable and sufficient assessment of the risks posed to persons in the event that they suffer an accident, injury or ill health.
- Appoint sufficient First Aiders (qualified by training) to take charge of first aid. The certification will be reviewed regularly to ensure that it is current. The School will maintain a record of employees who have undergone first aid training, which can be requested from the Senior Leadership Team.
- Provide information to employees, students and parents / carers on the arrangements for first aid.
- Have a readily available and suitably stocked first aid boxes
- Have a procedure for managing accidents, including immediate liaison with emergency services, medical professionals and parents / carers.
- Ensure that an accident record file is maintained and every incident that requires first aid is recorded and filed including any treatment given.
- Ensure that a holder of a current, relevant First Aid certificate accompanies all off-site activities.
- Ensure notices are clearly visible throughout the School indicating the location of the first aid boxes and the names of the School's First Aiders.
- Review and monitor arrangements for first aid on regular basis.

**LEGISLATION & GUIDANCE**

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

## **CURRENT PRACTICE**

The Senior Leadership Team (SLT) undertakes an annual review of the Schools first aid needs risk assessment to ensure that adequate provision is available given the size of our school, student / staff numbers, our specific location and the needs of individuals.

Our risk assessment includes consideration of students and staff with specific conditions and major illnesses, such as asthma and epilepsy, takes account of an analysis of the history of accidents in our school, as well as the identification of specific hazards. It also includes careful planning for any trips and visits, including residential and higher risk activities, which always include a suitably trained first aider.

We ensure that first aid provision is available at all times, including off-site activities, during PE, and at other times when the school facilities are used.

We keep a written record in our accident book of all accidents or injuries and first aid treatment, and inform parent(s)/carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, of any first aid treatment.

## **PROVIDING INFORMATION**

Learning Opportunities informs all staff of the first-aid arrangements. This includes the name and location of first aiders and appointed persons, location of first aid equipment and facilities, and procedures for monitoring and reviewing the school's first-aid requirements.

Newly appointed staff are provided with first-aid information as part of their Induction Programme, details of which are also available within the Health & Safety Handbook produced in conjunction with Learning Opportunities Health & Safety Consultants (Peninsula Business Services).

## **RISK ASSESSMENT**

The Management of Health and Safety at Work Regulations 1999 require employers to make a suitable and sufficient assessment of the risks to the health and safety of their employees at work, and others who may be affected by their undertaking, and to identify what measures they need to take to prevent or control these risks.

Learning Opportunities, as a school, generally falls into the lower risk category, although it is also appreciated that some of our areas of activity may fall into the medium risk category. Our first-aid provision is based on the level of risk determined by the risk assessment undertaken for given activities.

## **ROLES & RESPONSIBILITIES**

*In practice, most of the day-to-day functions of managing health and safety are delegated and shared between the Proprietor & Head Teacher, who will ensure:*

- the health, safety and welfare of students, employees and any other individuals who may be on the school premises.
- that appropriate and sufficient training is provided and regularly updated.

- a first aid risk assessment is completed and reviewed on an annual basis or where significant change occurs.
- sufficient numbers of trained first aiders are in post
- that in the event of an accident occurring, an accident and incident report form is completed.
- that parents / carers are advised of the schools health and safety policy, including arrangements for first aid
- monthly checking of First Aid containers, in addition to restocking as required following use.

### **First Aiders Main Duties**

First Aiders have completed a training course approved by the Health and Safety Executive (HSE).

First aid is the help given to someone who is injured or ill, to keep them safe until they can get more advanced medical treatment by seeing a doctor, health professional or go to hospital.

The role of a first aider is to give someone this help, while making sure that they and anyone else involved are safe and that they don't make the situation worse.

These are the seven things a first aider needs to do:

#### **1. Assess the situation quickly and calmly:**

- Safety: Are you or they in any danger? Is it safe for you to go up to them?
- Scene: What caused the accident or situation? How many casualties are there?
- Situation: What's happened? How many people are involved and how old are they? What do you think the main injuries could be?

#### **2. Protect yourself and them from any danger:**

- Always protect yourself first - never put yourself at risk
- Only move them to safety if leaving them would cause them more harm
- If you can't make an area safe, call 999 for emergency help

#### **3. Prevent infection between you and them:**

- Wash your hands or use alcohol gel
- Wear disposable gloves
- Don't touch an open wound without wearing gloves
- Don't breathe, cough or sneeze over a wound or a casualty

#### **4. Comfort and reassure:**

- Stay calm and take charge of the situation
- Introduce yourself to them to help gain their trust
- Explain what's happening and why
- Say what you're going to do before you do it

## 5. Assess the casualty:

- If there's more than one casualty, help those with life-threatening conditions first
- Start with the Primary Survey and deal with any life-threatening conditions
- Then, if you've dealt with these successfully, move on to the Secondary Survey

## 6. Give first aid treatment:

- Prioritise the most life-threatening conditions
- Then move on to less serious ones
- Get help from others if possible

## 7. Arrange for the right kind of help:

- Call 999 for an ambulance if you think it's serious
- Take or send them to hospital if it's a serious condition but is unlikely to get worse
- For a less serious condition call 111 for medical advice
- Suggest they see their doctor if they're concerned about a less serious condition
- Advise them to go home to rest, but to seek help if they feel worse
- Stay with them until you can leave them in the right care.

## Appointed Persons

*An appointed person is someone who:*

- takes charge when someone is injured or becomes ill.
- takes charge of first aid equipment and ensure that such equipment is appropriately maintained.
- ensures that an ambulance or other professional medical help is summoned when appropriate

Appointed persons are **not** first aiders. They should **not** give first-aid treatment for which they have not been trained. However, Learning Opportunities ensure that appointed persons receive bespoke 1 day emergency first-aid training / requalification training.

## All staff

All members of staff have responsibility to take reasonable steps to ensure that no person in their care is exposed to unacceptable risk, and that they carry out activities in accordance with training and instructions. All staff must know what action to take if an accident or emergency occurs, including their responsibility for reporting accidents, near misses and dangerous situations.

It is acknowledged that in general the consequences of taking no action is likely to be more serious than that of trying to assist in an emergency. **Therefore staff will:**

- use their best endeavours, particularly in emergencies, to secure the welfare of the student(s) in the same way that parent / carers might be expected to act towards their children.
- notify the senior leadership team of all accidents and treatments

- inform the senior leadership team when First Aid equipment has been used and needs to be re-stocked.

### **MEDICAL EMERGENCIES**

All members of staff who have contact with students who have diagnosed medical conditions will be informed about the best course of action if a student becomes seriously ill and needs emergency treatment.

The student and the parents / carers will be informed about the school's arrangements and where appropriate details will be recorded in a health care plan.

The school will call an ambulance before contacting parents / carers if a student becomes seriously ill - this applies to all students and not only those with health care plans.

The school will arrange for a competent member of staff to travel to hospital in an ambulance and to act in loco parentis until the parent / carer arrives. The member of staff in loco parentis will have the right to sanction emergency procedures as advised by medical staff in the ambulance or at the hospital.

### **EMERGENCY PROCEDURES**

#### **Ambulance**

If the first member of staff present at an incident judges that an ambulance should be called, he or she should do so immediately, by calling the emergency services on 999, without hesitation and without waiting for the First Aider to arrive at the scene.

Staff should always call an ambulance if there is:

- a serious injury or illness;
- serious breathing difficulty;
- any significant head injury;
- major bleeding;
- a period of unconsciousness (excluding a faint);
- a severe burn; or
- an obvious open fracture or dislocation.

Whenever possible, an adult should remain with the casualty until help arrives and other staff can be called upon to help with moving away any pupils present.

If an ambulance is called, a member of the SLT should be notified immediately in order to open the relevant gates and direct the ambulance crew to the casualty's location.

Parents/next of kin of the casualty should be notified and a responsible adult should go to hospital with the casualty.

### **PROCEDURE IN CASE OF ACCIDENT / INJURY** (Refer to Annexe B)

#### **First aid procedures**

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a student is too unwell to remain in school, parents / carers will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps.
- If emergency services are called, a member of the Senior Leadership Team will contact parents / carers immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury. The report will include as much detail as possible, such as weather conditions, surface condition, witnesses (statements to be collected) etc.

### Off-site procedures

- First Aid kits will be taken on all off-site activities, along with individual student's medication such as inhalers, epi-pens etc. Staff who are first aid trained will accompany all off-site visits.
- When taking students off the school premises, staff will ensure they always have the following:
  - A fully charged mobile phone
  - A portable first aid kit
  - Information about the specific medical needs of students
  - Parents' / carers' contact details
- Risk assessments will be completed by the group lead prior to any educational visit that necessitates taking students off school premises.
- There will always be at least one first aider on school trips and visits.

### Treatment of Head Injuries (Refer to Appendix A)

Children often fall and bang themselves, and thankfully, most bangs to the head are harmless events and can be dealt with by the supervising adult.

Emergency First Aiders should be sought if the student:

- becomes unconscious;
- is vomiting or shows signs of drowsiness;
- has a persistent headache;
- complains of blurred or double vision;
- is bleeding from the nose or ear; and/or
- has pale yellow fluid from the nose or ear.

If any of the above symptoms occurs urgent medical attention is needed. Parents / carers should be contacted and the emergency services too.

In the event of an accident in which the student cannot stand up unaided, he/she should be left in the position that he/she was found (even if this is in the toilets or playground) so long as it is safe to do so.

Head Injuries can be potentially life threatening and do not always show clear visual signs of injury.

### **Reporting procedure to Parents / Carers**

The School will always inform parents of a bumped head via a telephone message. Parents / carers will be spoken to directly. Where necessary they will be asked to collect their child. Where we are unable to contact parents / carers we will contact Emergency Person (details available on admission form). A log will be kept in the School Office to ensure repeat phone calls are made when no parent / carer has been spoken to in person.

### **Treatment of suspected breaks/fractures**

The things to look for are:

- Swelling
- Difficulty moving
- Movement in an unnatural direction
- A limb that looks shorter, twisted or bent
- A grating noise or feeling
- Loss of strength
- Shock

If it is an open fracture:

- cover the wound with a sterile dressing and secure it with a bandage. Apply pressure around the wound to control any bleeding.
- support the injured body part to stop it from moving. This should ease any pain and prevent any further damage.
- once you've done this, call 999 for medical help.
- while waiting for help to arrive, don't move the injured person unless they're in immediate danger.
- keep checking the casualty for signs of shock.

First Aid training states that clothing should only be removed if absolutely necessary. Where clothing needs to be removed which could cause a safeguarding issue then two members of staff should be present. Only one needs to be first aid trained. However, if waiting for a second member of staff puts a student's life in danger then the first aider should not withhold treatment.

### **Asthma**

Where there is a need for a student to use an inhaler, they will remain with the student.

ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK

### **Epi-Pens**

All Epi-Pens are labelled and kept in a secure place in close proximity to the student - staff will ensure that the Epi-Pen accompanies the student on any off-site activities. Most staff members have Anaphylaxis and Epi Pen training.

Anyone can administer an Epi-Pen in an emergency if the adult/student is unable to do it themselves. Should a member of staff, who has not had the training have to do this, then the emergency services must be informed at the same time as the Epi-Pen is administered.

## **FIRST AID TRAINING**

Learning Opportunities carefully consider, and review annually, the training needs of staff to ensure that suitable staff are trained and experienced to carry out first aid duties in our school. In particular we consider the following skills and experiences:

- Reliability, communication and disposition,
- Aptitude and ability to absorb new knowledge and learn new skills,
- Ability to cope with stressful and physically demanding emergency procedures,
- Normal duties are such that they may be left to go immediately and rapidly to an emergency, and
- Need to maintain normal operations with minimum disruption to teaching and learning.

First aiders in our school have all undertaken appropriate training. They have a qualification in either First Aid at work (FAW, 3 days or 18 hours) or Emergency First Aid at work (EFAW, 1 day or 4-6 hours). Before the certificates expire, first aiders undertake a requalification course as appropriate, to obtain another three-year certificate.

Training will be updated every three years and will not be allowed to expire before retraining has been achieved.

## **FIRST AID KITS**

The British Standard for workplace first aid kits has recently been updated. The contents of standard kits have been slightly changed and new personal and critical injury packs are included. Learning Opportunities will be upgrading kits to conform to the latest standards.

**We do not keep tablets or medicines in the first aid box.**

Our first aid boxes are located in the following places:

Ringwould	Main Office KS4
	KS3 staff planning area
	Life Skills Lodge
	KS3 Kitchen
	Food Technology Room
	KS3 Office
	Science Lab
	DT Cabin

Wherever possible, these are located near hand washing facilities.

First Aid boxes are available in all school vehicles, in addition portable first aid packs are available for staff to take when attending off-site activities.  
A white cross on a green background identifies all first aid boxes.

### **FIRST AID ACCOMMODATION**

Learning Opportunities takes account of The Education (Independent School Standards) Regulations 2014 which requires schools to provide accommodation for the short term care of sick and injured students, which includes a washing facility and is near to a toilet facility. The accommodation provided may be used for other purposes (apart from teaching) provided it is always readily available to be used.

Within the school accommodation is provided in the following areas:

RW    KS4 Main Office / KS3 Staff Planning Room

### **HYGIENE / INFECTION CONTROL**

All staff take precautions to avoid infection and follow basic hygiene procedures. Staff have access to single-use disposable gloves and hand washing facilities, and take care when dealing with blood or other body fluids and disposing of dressings or equipment (refer to dealing with bodily fluids).

**Procedure in the event of contact with blood or other bodily fluids First Aiders should take the following precautions to avoid risk of infection:**

- cover any cuts and grazes on their own skin with a waterproof dressing;
- wear suitable disposable gloves when dealing with blood or other bodily fluids;
- use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- wash hands after every procedure.

If a First Aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids which are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water;
- wash splashes out of eyes with tap water and/or an eye wash bottle;
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
- record details of the contamination;
- take medical advice (if appropriate)

### **AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)**

Location of AEDs:

Ringwold site - Five Bells Public House

It is not the responsibility of Learning Opportunities to check that these defibrillators are in full working order.

## **RECORD KEEPING**

All staff know where to locate the accident book and how to complete an entry.

### **First aid and accident record book**

- An accident will be recorded by the first aider on the same day or as soon as possible after an incident resulting in an injury in the Accident record book located in KS4 Office.
- Details when reporting an accident will include the date, time of accident/incident, person's name, a brief summary of the accident and action taken.
- Records held in the Accident Register will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

The accident records are reviewed half termly by a member of the Senior Leadership Team to identify any potential or actual hazards.

The information in the accident books can:

- Help the school identify accident trends and possible areas for improvement in the control of health and safety risks;
- Be used for reference in future first-aid need assessments;
- Be helpful for insurance and investigative purposes.

Under the Data Protection Act 1998 and the General Data Protection Regulation (GDPR) 2018, all accident records containing personal information should be detached and kept in safe storage (e.g. in a lockable filing cabinet).

All completed accident books should be given to the Proprietor, who will store them for reference in future.

## **REPORTING**

Accidents to staff, visitors and students resulting in a visit to hospital or requiring medical treatment should be reported through the HSE online accident reporting system. Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia

Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)

Where an accident leads to someone being taken to hospital

- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital

### **Near Miss Events**

Near-miss events that do not result in an injury, but could have done should be recorded.

Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE

### ***Refer to Incident reporting in schools (accidents, diseases and dangerous occurrences)***

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) some incidents must be reported to the HSE (responsibility for which lies with the Proprietor).

The School will keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

### **Serious injury or death and how to deal with these events**

- As a registered provider we would notify Ofsted of any serious accident, illness or injury to, or the death of, any child whilst in our care, and any action taken in respect of it.
- We would make the notification as soon as is reasonably practical, but within 14 days of the incident occurring.
- We would also notify the local child protection agency and act on any advice given.
- We would always follow our accident procedures in any accident or injury.

### **SPECIAL ARRANGEMENTS**

Learning Opportunities acknowledge that in some cases students with medical needs may be more at risk than others. Staff may need to take additional steps to safeguard the health and safety of such students. In a few cases individual procedures may be needed and these will be detailed in an individual Risk Assessment / IHCP. The Head Teacher is responsible for making sure that all relevant staff know about and are if necessary are trained to provide any additional support these students may require.

### **CHILD PROTECTION**

If any concerns are raised that have safeguarding implications (e.g. unexplained marks or scars), whilst a student is being treated for first aid, the First Aider must inform the Designated Safeguarding Leads (Simon Graydon / Heather Tullett / Catherine Graydon), who will then take appropriate action.

### **PHYSICAL CONTACT WITH STUDENTS**

The treatment of students for minor injuries, illness or medical conditions may involve members of staff in physical contact with students. Any treatment should:

- Not involve more contact than necessary
- Be undertaken by staff who have volunteered to be designated to the task
- Be carried out wherever possible, in front of another staff member
- Be recorded in the Accident Book
- Parents / carers will be informed if their student has received any treatment at school.

### **IDENTIFICATION OF STUDENTS WITH MEDICAL NEEDS**

Some students may have medical conditions that are potentially life threatening such as epilepsy, diabetes and anaphylactic reactions. The medical forms for each new student are reviewed by a member of the Senior Leadership Team and relevant information shared with staff.

### **APPOINTED PERSONS - completed a 1 day Emergency First Aid at Work (bespoke) Course**

James Brodie  
Craig McCairn  
Christopher Turnbull  
Rob Palmer-Wilson  
Roy Sabin  
Christina Walters  
Robert Ward  
Kylea Browne  
Sharon Grainger  
Luke Breen  
Kevin Dunk  
Stacey McTaggart  
Zoey Hemmings-Cross  
Paul Smith  
Heather Tullett  
Tony Hollett

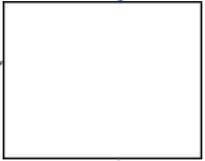
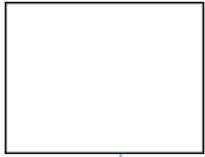
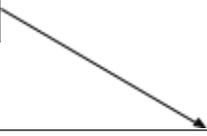
Alison Barwell  
Lou Scott  
James Ross

**ADMINISTRATION OF MEDICATION** (Refer to Supporting Students with Medical Needs Policy)

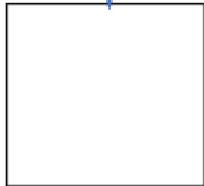
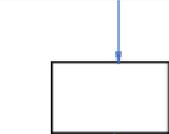
This applies to all students, including those who do not have an individual health care plan.

Medicines will be safely stored in the Main Office. A written record will be kept of all medication administered. This will include date, time, dosage and name of the member of staff who administers the medicine.

APPENDIX A



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**APPENDIX B****FIRST AID PROCEDURES**

<b>MINOR ACCIDENT PROCEDURES</b>	
1	A First Aider to assess the student and if appropriate to treat the injury or seek additional medical assistance.
2	Accident form, located in KS4 main office, to be completed.
3	If the student needs to go home a member of the senior leadership team to make necessary arrangements. If the injury requires supervision then a first aider / appointed person to remain with the student until they are collected.

<b>SERIOUS ACCIDENT PROCEDURES</b>	
Under <u>NO</u> circumstances should a student be left unaccompanied if suffering from a serious injury and especially a head injury.	
1	First Aider to assess the situation and administer immediate first aid as appropriate.
	Ambulance to be called if required.
	Member of senior leadership team to be notified of the situation - parents / carers to be informed of situation (if an ambulance is not required they should be informed of the need to collect their child).
	Accident form, located in KS4 main office, to be completed.
If hospital treatment is required, but a car journey is more appropriate than an ambulance, then the following procedure should be followed.	
2	The parents / carers should be contacted and asked to meet the student at A&E.
	An insured driver plus First aider should take the student to A&E.
	A member of senior leadership team to be kept informed of events.

## APPENDIX C

## EMERGENCY PLANNING

### Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information.

1. Your telephone number / School Telephone Number 01304 381906 (RW)
  
2. Give your location as follows:  
Learning Opportunities  
Ringwould Road  
Ringwould  
Deal  
Kent  
CT14 8DW
  
3. Give exact location in the school
  
4. Give your name
  
5. Give brief description of student's symptoms
  
6. Inform Ambulance Control of the best entrance and state that the crew will be met

**Speak clearly and slowly and be ready to repeat information if asked**

## **APPENDIX D Procedure to follow for dealing with injuries involving blood or bodily fluids**

There is always at least one first aider on site at all times and this person will be the one to deal with the injury.

Should bleeding occur at any time the following points should be followed:

- Put on latex gloves and a disposable apron.
- Try to stop the bleeding by applying pressure to the wound with a dry sterile dressing.
- Dispose of dressing into yellow clinical waste bag.
- Try and keep the person as calm as possible.
- Ensure there are 2 members of staff with the injured party so that if assistance is needed in any way one can remain with the person at all times.
- Deal with any spillage immediately using disposable items such as cloths, paper towels which can be thrown away, in the clinical waste bag, after the spillage is cleaned up. Clean the area thoroughly using diluted bleach 1 part bleach to 10 parts water.
- Ensure the area is clear of other students and adults to prevent cross contamination and spread of infection.
- Ensure all non injured students are being cared for and reassured appropriately about what is happening.
- Replace the sterile dressing on the student/adult as often as needed as described in the training.
- All waste should be treated as clinical waste and discarded in the yellow bags provided.
- Hands should be washed and dried thoroughly after the student/adult is cared for and any bleeding has stopped.
- If bleeding starts again a new apron and gloves must be put on to prevent infection.
- If you feel medical assistance is required call 999 and ask for an ambulance. If they need assistance but not as an emergency inform the parents / carers and advise them to visit their local A&E. If ever in doubt always phone for an ambulance, especially in the case of students.
- If medical assistance is needed you must inform Ofsted within 14 days that the incident occurred.

## **APPENDIX E**

### **Epilepsy**

### **Collapse**

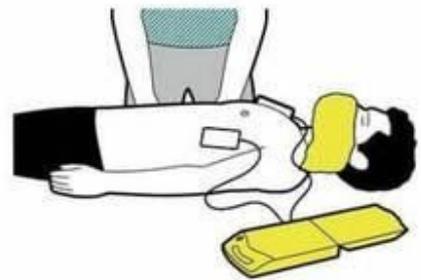
#### **Emergency procedure to be followed in school**

**Anyone finding a collapsed individual should shout for help then:**

- 1. Call 999 and request an ambulance (following the school procedure)  
Please state the exact location of the casualty clearly**
- 2. Alert the SLT and trained First Aiders**
- 3. Send a runner to take the AED located at the Five Bells Public House to the**

## How to do CPR on an adult COVID-19 update

1. If someone is unconscious and not breathing normally, do not put your face near to theirs
2. Call for an ambulance
3. Use a towel or piece of clothing and lay it over the mouth and nose
4. Do not do mouth to mouth
5. Start chest compressions to the tempo of "Staying Alive"
6. Use a Public Access Defibrillator if available.



Source: Resuscitation Council UK

Find out how St John are supporting the NHS with the COVID-19 outbreak at [sja.org.uk/COVID-19](https://sja.org.uk/COVID-19)

