Bere Clinic School

FIRST AID POLICY

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Ratified by: **Sheetal Shah & Nick Rose**
Chair of Management Committee
Head of Education

Elysium Children and Education is committed to promoting equality in all its activities.
We aim to provide an environment free from discrimination and unfair treatment.

Statement of Intent:

Bere Clinic School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, pupils and visitors. The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors.

This policy aims to:

• Ensure that the school has adequate, safe and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.

• Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury.

• Ensure that medicines are only administered at the school when express permission has been granted for this.

• Ensure that all medicines are appropriately stored.

• Promote effective infection control.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

Equal Opportunities and Scope

Bere Clinic School acknowledges its responsibility to have appropriate first aid arrangements. This will include ensuring there is adequate and appropriate equipment, facilities and personnel available to enable first aid to be given to its staff and others who may be affected by its business, should they become injured or become ill whilst at work.

All staff will adhere to this policy in line with the organisation's obligations under equality legislation. The Head Teacher will ensure that all reasonable adjustments or supportive measures are considered to allow equality of access and opportunity regardless of age, gender, ethnicity, sexual orientation, disability, faith or religion, gender identity, pregnancy or marital status.

Legal framework

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

• Health and Safety at Work etc. Act 1974

• The Health and Safety (First Aid) Regulations 1981

• The Management of Health and Safety at Work Regulations 1999

• The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

• DfE (2017) 'Supporting pupils at school with medical conditions'

• DfE (2022) 'First aid in schools, early years and further education'

• DfE (2023) 'Automated external defibrillators (AEDs): a guide for maintained schools and academies'

The policy is implemented in conjunction with the following school policies:

• Behaviour Policy

• Child Protection and Safeguarding Policy

• Health and Safety Policy

Roles and Responsibilities

The Management Committee is responsible for:

• The overarching development and implementation of this policy and all corresponding procedures.

• Ensuring that the relevant risk assessments, and assessments of the first aid needs of the school specifically, have been conducted.

• Ensuring that there is a sufficient number of appointed first aiders within the school based upon these assessments.

• Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents' evenings.

• Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.

• Ensuring that appropriate and sufficient first aid training is provided for staff and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties.

• Ensuring that adequate equipment and facilities are provided for the school site.

• Ensuring that first aid provision for staff does not fall below the required standard and that provision for pupils and others complies with the relevant legislation and guidance.

• Ensuring that the school has: - A suitably stocked first-aid kit. - An appointed person to take charge of first-aid arrangements. - Information for all employees giving details of first-aid arrangements.

The Head Teacher is responsible for:

- The day-to-day development and implementation of this policy and its related procedures.
- Ensuring that all staff and parents are made aware of the school's policy and arrangements regarding first aid.
- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.
- Staff undertake Basic Life Support training so they may respond to Mayday calls as necessary in the school.
- Personal needs assessments for lone/mobile workers or those with specific health needs are undertaken.

Staff are responsible for:

- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Securing the welfare of the pupils at school.
- Making pupils aware of the procedures to follow in the event of illness, accident or injury. First aid staff are responsible for:
- Completing and renewing training as dictated by Elysium and the Management Committee.
- Ensuring that they are comfortable and confident in administering first aid.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Keeping up to date with government guidance relating to first aid in schools

First Aid Personnel are responsible for:

- Overseeing the school's first-aid arrangements.
- Taking charge when someone is injured or becomes ill.
- Recording any first aid treatment given
- Keeping first aid treatment records secure in line with data protection

- Appropriately maintain the medical confidentiality of the person they are treating
- Keeping their training up to date including refreshers and keeping a record of this
- Treat casualties in accordance with the training they have been given.
- Ensuring contents of first aid box(es) are checked monthly to establish supplies are sufficient to meet requirements
- Be aware of the Health and Safety and First Aid policies for BCS .
- If the first aid personnel are ward staff, to ensure that any incidents that led to first aid required to being administered is communicated with the Head Teacher.
- Report insufficiencies in first aid arrangements to the Head Teacher in the first instance and the Head Teacher.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Calling the emergency services where necessary.
- Maintaining injury and illness records as required.
- Undertaking Basic Life support emergency first aid training to ensure they have knowledge of:
    - What to do in an emergency.
    - How to assess and monitor a casualty.
    - First aid for the unconscious casualty.
    - First aid for someone who is having a seizure.
    - Maintaining injury and illness records as required.
    - Paediatric first aid

In the school, the appointed person is the Headteacher. In the absence of the Headteacher, the Deputy will be the appointed person. The school will use the Hospital Team s qualified first aiders to administer First Aid. (Please see Appendix for further information on the difference between an appointed person / first aider.

Appointed persons do not require First Aid training. However, they must receive instruction on how to carry out their duties. You do not need to have an Appointed Person if you have Emergency First Aiders or First Aiders on duty and it is important to note that due to a hospital setting, we have qualified nurses and HCAs that are onsite 24 hours a day.

Appointed Person(s) at Bere Clinic School :

- Sarah Taylor (Headteacher)
- Lisa Thompson (Deputy Headteacher)
- Joanna Pettitt (School administrator)

Emergency First Aider

No staff are Emergency First Aiders at Bere Clinic School, but the school is within the same building as the wards for young people and all school staff are required to undertake basic life support training as part of their induction and annual training. In the event of a life-or-death emergency, the protocol within the hospital will be carried out using the "Mayday Mayday" call over the radio to alert the nursing team to an emergency. Onsite staff who are emergency first aid trained (and qualified nurses / doctors) will attend the scene as an emergency, carrying a "grab bag" with them which contains all necessary equipment to be able to respond to such a situation (including a defibrillator). 999 will be called as necessary using the school phone, and a member of staff will be appointed to do this during the incident.

First Aider

This is someone trained to provide first aid to a range of specific injuries and illnesses, as well as emergency first aid. They must have undergone First Aid at Work training (an 18-hour course) and will need to undertake a requalification course every three years to keep their qualification current. They will also need to undertake annual refresher training to ensure they are able to use their skills if called upon. We do not have qualified first aiders in the school team, but due to being in a hospital setting there are nurses, doctors, HCAs and members of MDT or site team who are qualified and always on site in close proximity with alarms provided for all staff in case of emergency.

First aiders that attend incidents in school will be a nurse in charge, ward manager, or other qualified professional from the hospital. All incidents that require first aid will be attempted to be treated on the ward rather than in school as a first option. If a young person is not able to go down to the ward, then a trained member of staff will attend school to carry out first aid, utilising the school equipment.

All incidents that require first aid that take place *in school* will be recorded in the school first aid logbook.

First aid provision

The school will routinely re-evaluate its first aid arrangements through a risk assessment, at least annually, to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school, the needs of any vulnerable individuals onsite, and the nature and distribution of pupils and staff throughout the school.

The school will have suitably stocked first aid boxes in line with the assessment of needs. There is not a definitive list of what items should be in the first aid box. The following is a guide of suggested minimum stock where there is no special risk in the workplace:

- A leaflet giving general guidance on first aid e.g. HSE leaflet – basic advice on first aid at work
- 20 individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (you can provide hypoallergenic plasters if necessary)
- Two sterile eye pads
- Two individually wrapped triangular bandages, preferably sterile
- Six safety pins (have been replaced with microporous tape)
- Two large, individually wrapped, sterile, unmedicated wound dressings
- Two medium sized, individually wrapped, sterile, unmedicated wound dressings
- At least three pairs of disposable gloves (preferably latex free)
- One foil blanket
- One conforming bandage
- One Resuscitation Shield
- One Emergency cool pack dressing for burns
- A minimum of ten wound cleansing wipes

There is a checklist of items contained in the first aid kit kept with it inside the school cupboard and this is monitored monthly to audit any items out of date or sooner if there needs to be replacements due to use.

The first aid box location is:

- Back store cupboard in the classroom

No medication of any kind, for example, paracetamol, antiseptic creams, burn sprays, EpiPens, insulin, asthma inhalers etc, should be kept in first aid boxes or kits, nor should these be used as a form of first aid. The reasoning behind this is:

- In the case of tablets, you may not know if any medication has previously been taken, or if it has, what dosage and when. Giving such medication may adversely affect treatment or surgery that may be required.
- The ward staff are the sole staff in the hospital that can administer medication appropriately, and without risk of overdose. Many of our young people are on very high doses of strong anti-psychotic medication, anti-depressants or otherwise, and the effects of administering medication (and potential adverse reactions with interference) are not known.
- If the wrong cream is used for the wrong injury, or used inappropriately, there may be serious scarring or long-term discomfort for the casualty. There may also be the chance of an adverse allergic reaction.
- A first aiders role is to assist persons and nursing team, contact emergency services not to be a medic replacement

Prescribed medicines kept for young people do not fall under this policy. Staff will refer to the administration of prescribed medication policy with regard to the storage and administration of specifically prescribed medicine.

First aid kits will be checked regularly so that stocks can be maintained. The container should protect first aid items from dust and damp. Any items with expiry dates should not be used beyond their expiry date. First aid kits will be clearly identifiable (container should have a white cross on a green background) and readily accessible to staff. Kits will be placed conveniently, if possible near to hand washing facilities. Kits will also be available in areas of greater risk, for example, the kitchen.

Accommodation and First Aid Rooms

Due to the high-risk nature of our young people, First Aid rooms are fully equipped with the following, but no patients are allowed to enter this room under any circumstances without a qualified member of staff.

Accommodation - As this is a hospital school, the school will use the hospital rooms that are suitable to use as and when it is needed, and medication will be administer by the hospital staff.

Any emergency first aid that is required on site in the school area where a patient is not able to be moved will be carried out in school, in the area that the incident has taken place (all young people and staff not taking part in the first aid are to be removed from the area). This will notably be in a serious emergency, or for example where a patient will not be able to walk.

Emergency procedures:

If an incident, illness or injury occurs, the member of staff in charge will call/radio for assistance from the Hospital Team, who will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or administering first aid.

If called, a first aider will assess the situation and take charge of first aider administration. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately.

Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. The Hospital Team will decide if immediate action can prevent the accident from becoming increasingly serious, or from involving more victims. Where the seriously injured or unwell individual is a pupil, the following process will be followed:

The Hospital Team will check on the pupil and administer support and medication. The Hospital Team will:

• Decided if a call to 999 is necessary and follow the instructions of the operator – this may include the administering of emergency first aid.

• Where an ambulance is required, the Hospital Team accompanies the pupil in the ambulance and calls the pupil's parent as soon as possible to inform them of the course of action taken.

• Where an ambulance is not required, but medical attention is needed, the Hospital Team will administer care.

• Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted.

Once the above action has been taken, details of the incident will be reported promptly to:

• The headteacher.

• The Hospital Team

• The parents of the young person

Reporting accidents and record keeping In the event of incident or injury to a pupil, the Hospital Team will be informed, and the school will complete an Accident form (Appendix 3), and do a verbal handover to the Nurse in Charge. The Hospital staff will provide details of the injury on the Hospital Care Notes and IRIS.

If staff see, or are involved in, a near-miss, they should report it using a Near-miss Incident Reporting Form, in order to allow for the consideration of how to prevent a possible accident happening in the future.

If staff members see something they believe to be an immediate and/or significant hazard, they should instantly report it to the headteacher. Staff, pupils, contractors, and visitors are encouraged to report any condition or practice they deem to be a hazard that could lead to a near miss.

Reporting should be conducted verbally, e.g., to the site manager, as soon as possible and recorded on IRIS if necessary. A list of emergency contacts will be kept at the school office.

The appointed person will ensure that records are kept of any injuries or accidents on IRIS (Hospital reporting system), as well as any first aid treatment that is given – this will include:

• The date, time and place of the incident.

• The name and class of the injured or ill person.

• Details of the injury or illness and what first aid was given.

• Details of what happened to the person immediately afterwards, e.g. whether they were sent home or went back to class.

• The name and signature of the first aider or person dealing with the incident.

(See Appendix 3 – screenshots of IRIS)

All completed records of first aid treatment will be kept in a secure location to comply with the requirements of data protection legislation. Only blank copies of the form will be kept with first aid equipment.

All first aid that has taken place in school will be completed in the First Aid logbook and incidents recorded on IRIS. Should an incident take place in school where First Aid is needed to be administered later on by the ward, the school will liaise with the ward as to the appropriate above details.

The headteacher will ensure that any injury or accident that must be recorded on IRIS and reported to the HSE or LA under RIDDOR obligations is reported in a timely and detailed manner. (See Appendix 3)

Offsite visits and events

Before undertaking any offsite visits or events, the teacher organising the trip or event will work with the Hospital Team to assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

The school will take a first aid kit on all offsite visits which contains at a minimum:

• A leaflet giving general advice on first aid.

• Six individually wrapped sterile adhesive dressings.

• One large sterile unmedicated dressing.

• Two triangular bandages individually wrapped and preferably sterile.

• Individually wrapped moist cleansing wipes.

• Two pairs of disposable gloves.

Additionally, the school will ensure that all large vehicles and minibuses have a first aid box readily available and in good condition which will have appropriate items as directed by the hospital.

Storage of medication

As this is an Hospital School, no medicines will be stored in the school. Medicines will be stored securely and appropriately on the wards

Illnesses:

When a pupil becomes ill during the school day, the Hospital Team will be contacted and asked to sign the pupil out of school as soon as possible.

Monitoring and review

This policy will be reviewed annually by the management committee, and any changes will be communicated to all members of staff.

Staff will be required to familiarise themselves with this policy as part of their induction programme. Staff will be informed of the arrangements that have been made in connection with the provision of first aid, including the location of equipment, facilities and personnel.

Appendix 1: Appointed Person/First Aider Roles and Responsibilities:

NB: School staff will be responsible as appointed person who have all completed Basic Life Support training and the hospital team, trained MDT staff are responsible as qualified first aiders.

What's the difference between an appointed person / first aider?

An **appointed person** is someone who is nominated to take charge of first aid arrangements, such as looking after the first aid kit and calling an ambulance in an emergency.

A **first aider** is someone who is qualified to give first aid treatment in the event of an injury or illness.

Responsibilities	Appointed person	First aider
Looks after first aid equipment and facilities	✓	✓
Takes charge when someone is injured or becomes ill	✓	✓
Calls the emergency services if they are needed	✓	✓
Makes an initial assessment of the injury or illness	✗	✓
Gives appropriate first aid to the casualty until help arrives	✗	✓
Maintains injury/illness records as required	✓	✓

What training does an appointed person / first aider person need?

Appointed persons don't have to be formally trained, but we recommend they take an **appointed persons** course.

First aiders must be qualified (and hold a current certificate) in **first aid at work** or **emergency first aid at work**.

Courses which entitle you to act as an	Appointed person	First aider
First aid at work	✓	✓
First aid at work requalification	✓	✓
Emergency first aid at work	✓	✓
Paediatric first aid	✓	✗
First aid for appointed persons	✓	✗
First aid annual skills update	✓	✗

Appendix 2: Emergency First Aid Leaflet:
https://www.hse.gov.uk/pubns/indg347.pdf

What to do in an emergency

Priorities
Your priorities are to:

- assess the situation – do not put yourself in danger;
- make the area safe;
- assess all casualties and attend first to any **unconscious** casualties;
- send for help – do not delay.

Check for a response
Gently shake the casualty's shoulders and ask loudly, 'Are you all right?'
If there is no response, your priorities are to:

- shout for help;
- open the airway;
- check for normal breathing;
- take appropriate action.

A Airway

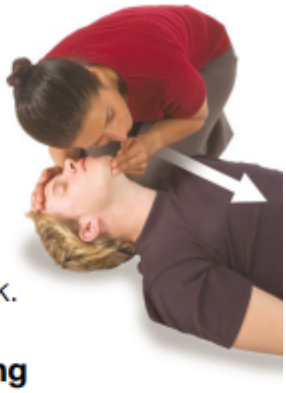
To open the airway:

- place your hand on the casualty's forehead and gently tilt the head back;
- lift the chin with two fingertips.

B Breathing

Look, listen and feel for normal breathing for no more than 10 seconds:

- look for chest movement;
- listen at the casualty's mouth for breath sounds;
- feel for air on your cheek.



If the casualty is breathing normally:

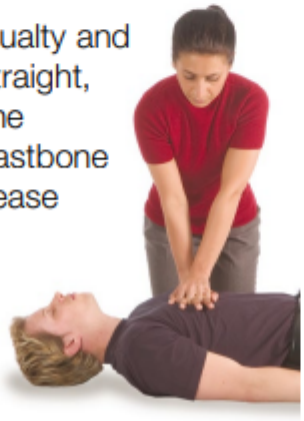
- place in the recovery position;
- get help;
- check for continued breathing.

If the casualty is <u>not</u> breathing normally:

- get help and call for an AED* if available
- start chest compressions (see CPR).

C CPR

To start chest compressions:



- lean over the casualty and with your arms straight, press down on the centre of the breastbone 5–6 cm, then release the pressure;
- repeat at a rate of about 100–120 times a minute;
- after 30 compressions open the airway again;
- If an AED* is available use in accordance with your training/ manufacturer's instructions
- pinch the casualty's nose closed and allow the mouth to open;
- take a normal breath and place your mouth around the casualty's mouth, making a good seal;
- blow steadily into the mouth while watching for the chest rising;

- remove your mouth from the casualty and watch for the chest falling;
- give a second breath and then start 30 compressions again without delay;
- continue with chest compressions and rescue breaths in a ratio of 30:2 until qualified help takes over or the casualty starts breathing normally.

Severe bleeding

If there is severe bleeding:

- apply direct pressure to the wound;
- raise and support the injured part (unless broken);
- apply a dressing and bandage firmly in place.

Broken bones and spinal injuries

If a broken bone or spinal injury is suspected, **obtain expert help.** **Do not move casualties** unless they are in immediate danger.

Burns

Burns can be serious so if in doubt, seek medical help. Cool the affected part of the body with cold water until pain is relieved. Thorough cooling may take 20 minutes or more, but this must not delay taking the casualty to hospital.

Certain chemicals may seriously irritate or damage the skin. Avoid

* Where an employer has identified through their needs assessment that they wish to provide an Automated External Defibrillator (AED) in the workplace, then the Provision and Use of Workplace Equipment Regulations 1998 (PUWER) apply. For the purpose of complying with PUWER in these situations the employer should provide information and written instructions – for example, from the manufacturer of the AED - on how to use the AED. The Approved Code of Practice (ACOP) and guidance on PUWER (L22 - http://www.hse.gov.uk/pubns/priced/l22.pdf) provides information on instructions, maintenance, inspection and the suitability of work equipment.

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contaminating yourself with the chemical. Treat in the same way as for other burns but flood the affected area with water for 20 minutes. Continue treatment even on the way to hospital, if necessary. Remove any contaminated clothing which is not stuck to the skin.

Eye injuries

All eye injuries are potentially serious. If there is something in the eye, wash out the eye with clean water or sterile fluid from a sealed container, to remove loose material. **Do not attempt to remove anything that is embedded in the eye.**

If chemicals are involved, flush the eye with water or sterile fluid for at least 10 minutes, while gently holding the eyelids open. Ask the casualty to hold a pad over the injured eye and send them to hospital.

Record keeping

It is good practice to use a book for recording any incidents involving injuries or illness which you have attended. Include the following information in your entry:

- the date, time and place of the incident;
- the name and job of the injured or ill person;
- details of the injury/illness and any first aid given;
- what happened to the casualty immediately afterwards (eg went back to work, went home, went to hospital);
- the name and signature of the person dealing with the incident.

This information can help identify accident trends and possible areas for improvement in the control of health and safety risks.

Further information

For information about health and safety visit https://books.hse.gov.uk or http://www.hse.gov.uk. You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

To report inconsistencies or inaccuracies in this guidance email: commissioning@williamslea.com

This leaflet contains notes on good practice which are not compulsory but which you may find helpful in considering what you need to do.

This leaflet is available in priced packs from HSE Books, ISBN 978 0 7176 6668 3.

Revised 2017.

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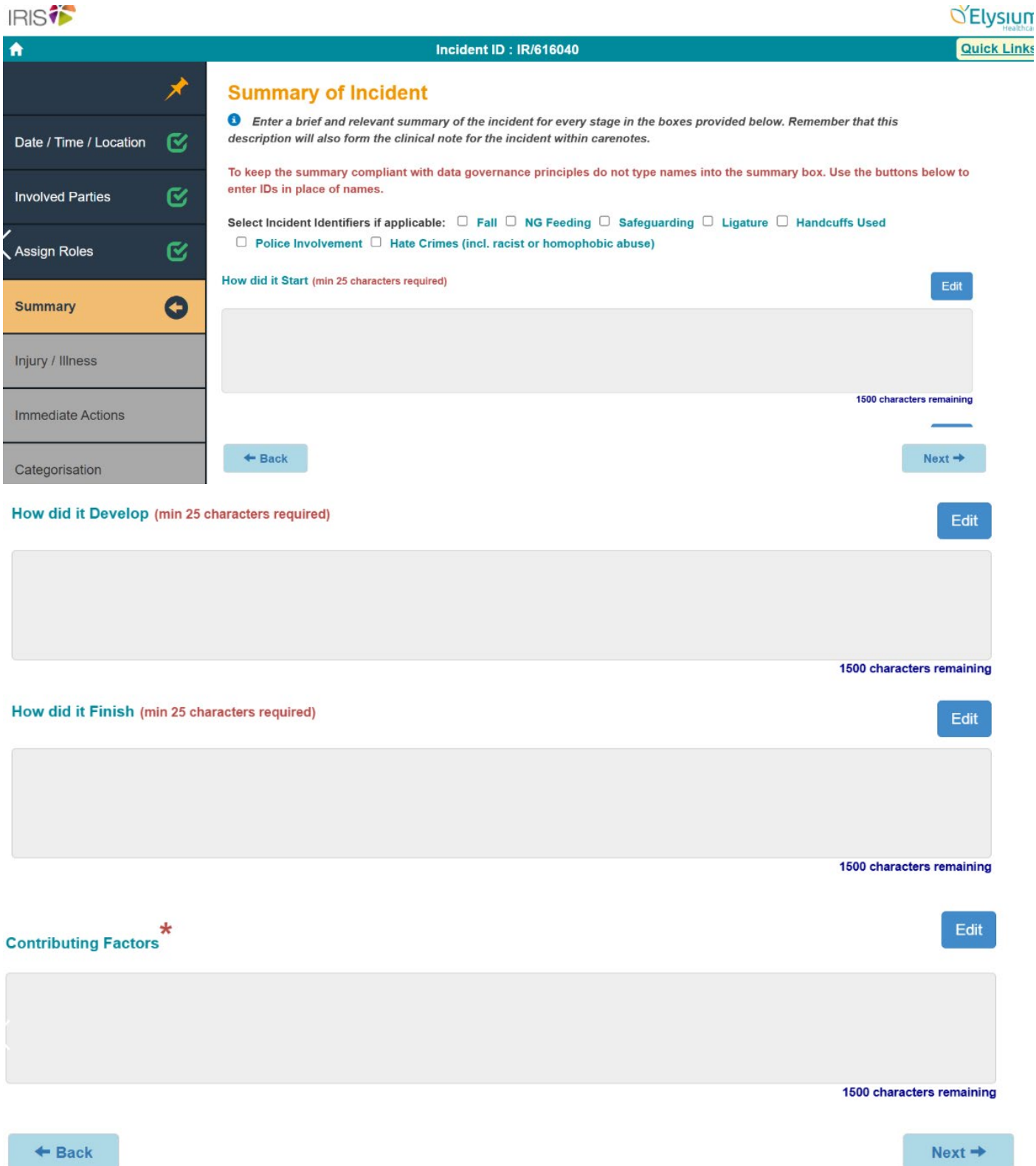
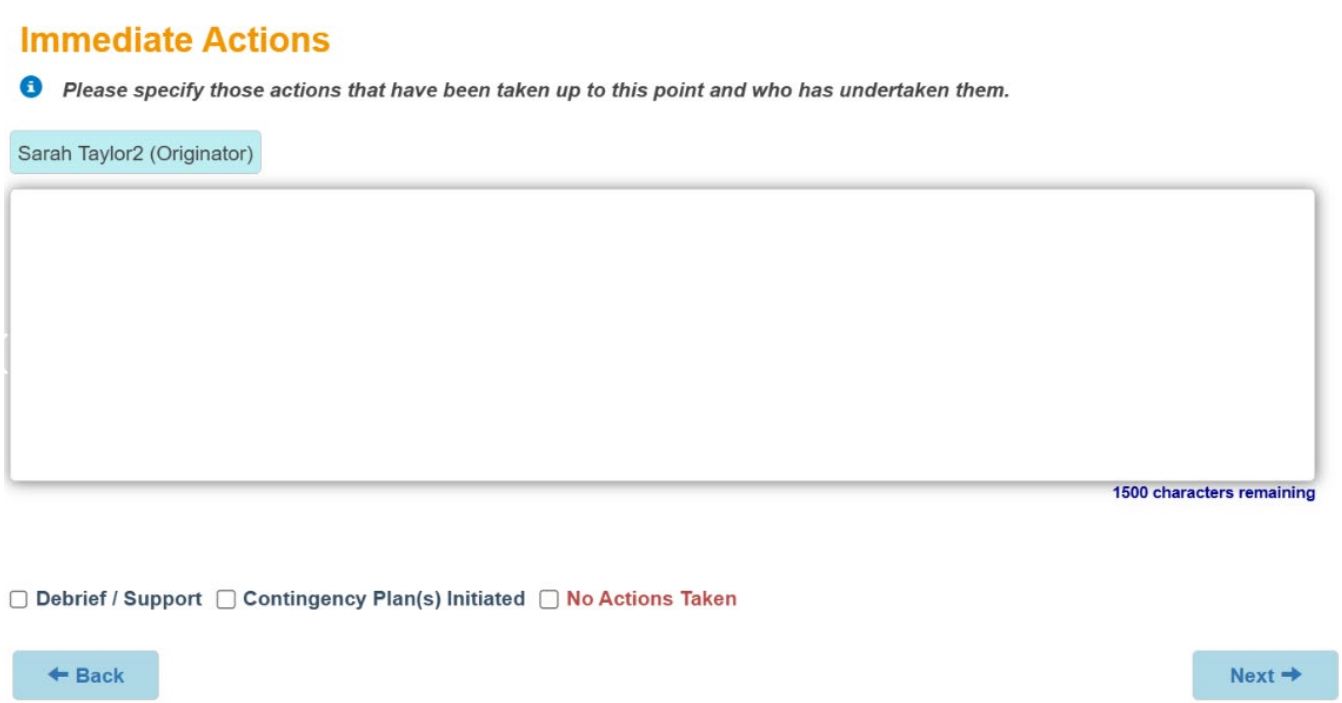
Appendix 3: IRIS Report




Incident ID : IR/616040
Quick Links
Date / Time / Location
Involved Parties
Assign Roles
Summary
Injury / Illness
Immediate Actions
Was Anyone Injured or Taken Ill?
Use the respective buttons to add new injury or illness records. If there are none to record please select 'Not Applicable' to move on.
Not Applicable
Injuries
Add Injury
Injured Party
Injury
Injury Cause
Injury BodyParts
Injury Occurrence
There are no injuries identified for the incident
Illness
Add Illness
Illness Party
Illness Details
There are no illness identified for the incident


Immediate Actions
Please specify those actions that have been taken up to this point and who has undertaken them.
Sarah Taylor2 (Originator)
1500 characters remaining
Debrief / Support
Contingency Plan(s) Initiated
No Actions Taken
Back
Next

Appendix 4 Serious incident report

Serious incident report			
Date and time of injury	DD/MM/YYYY 00:00	Name of injured individual	Name
Details of injury, including where the incident occurred, the nature of the injury, the circumstances leading up to the injury occurring, and whether the incident was reported to the HSE			
Details of any first aid administered, including name of staff member administering first aid			
Details of what happened following the incident, including whether the individual went to hospital			
Details of any further action taken			
Name and role of staff member recording incident	Name, teacher	Name and role of staff member verifying report	Name, headteacher
Signature		Signature	
Date	DD/MM/YYYY	Date	DD/MM/YYYY

Appendix 5- Near-miss incident Sheet

If you have seen a near-miss incident you believe to be an immediate and/or significant hazard, you will need to instantly report it to **the Headteacher**.

Reporting should be conducted verbally to the **Hospital Manager** as soon as possible, who will then follow reporting procedures.

If you are reporting a near-miss using this form, the remedial action must be detailed.

Date of near-miss incident	
Time of near-miss incident	
Name of employee reporting near-miss incident	
Department	
Name of head of department	
Location of near-miss incident	

Status		**Name of person(s) involved**
Employee	☐	
Pupil	☐	
Visitor	☐	
Contractor	☐	
Third party	☐	

Type of near miss	
Unsafe equipment	☐
Unsafe act	☐
Unsafe condition	☐
Unsafe use of equipment	☐

Details of near-miss incident (including activity taking place)
Description of corrective action taken (e.g. remove the hazard, replace, repair, or retrain in the proper procedures for the task)
Were there any preventative measures in place before the near-miss incident occurred? If so, were these followed? (e.g. risk assessments, personal protective equipment, written procedures)