



## First Aid Policy

<b>Authorised by:</b>	Adrian Rainbow (Head)
<b>Date:</b>	September 2023
<b>Review Date:</b>	September 2024

<b>Effective date of the policy</b>	1 September 2023
<b>Circulation</b>	Governors / all staff / volunteers automatically Parents via the Parent Portal
<b>Status</b>	Mandatory  Complies with:  <i>Blood-borne viruses in the workplace: guidance for employers and employees</i> (Health and Safety Executive, 2001)  Control of Substances Hazardous to Health Regulations 2002 (SI 2002/2677)  Education (Independent School Standards) (England) Regulations 2014 (SI 2010/1997)  <i>First Aid at work: Health and Safety (First Aid) Regulations 1981: approved code of practice and guidance</i> (Health and Safety Executive, 3 <sup>rd</sup> edition, 2013)  Health and Safety at Work etc Act 1974  Health and Safety (First-Aid) Regulations 1981 (SI 1981/917)  Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471)  OEAP National Guidance May 2020

## 1 Authority and circulation

- 1.1 This policy has been authorised by Eaton Square Private Schools Limited (the **Company**) which operates Eaton Square Senior School (the **School**). It is available to parents and students and to all members of School Staff.

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- 1.2 The arrangements within this policy (for example the number of First Aiders, Appointed Persons and First Aid boxes and the contents of First Aid boxes) are based on the results of a suitable and sufficient risk assessment carried out by the School in regard to all staff, students and visitors.
- 1.3 This policy is drafted in accordance with paragraph 3(6) of the schedule to the Education (Independent School Standards) (England) Regulations 2010 (SI 2010/1997), the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917) and the *First Aid at work: Health and Safety (First Aid) Regulations 1981 approved code of practice and guidance*.
- 1.4 This policy can be made available in large print or other accessible format if required.

## 2 Definitions

**First Aid:** means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First

**First Aiders:** are members of staff who have completed an approved First Aid course and hold a valid certificate of competence in First Aid at Work (FAW) or Emergency First Aid at Work (EFAW).

**First Aid Guidance:** is the *First Aid at work: Health and Safety (First Aid) Regulations 1981: approved code of practice and guidance* (L74 3<sup>rd</sup> Edition 2013) reissued with minor amendments 2018.

**Appointed Persons:** are members of staff who maybe qualified First Aiders who are responsible for looking after the First Aid equipment and facilities and calling the emergency services if required. Appointed persons should not administer First Aid unless they have a valid certificate (FAW) or (EFAW)

**Staff:** means any person employed by the School, volunteers at the School and self-employed people working on the premises.

## 3 Aims of this policy

- 3.1 To ensure that the School has adequate, safe and effective appointed First Aid provision in order for members of the community to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- 3.2 To ensure that all staff and students are aware of the procedures in the event of any illness, accident or injury.

3.3 Nothing in this policy should 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 for the emergency services 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.

#### 4 **Who is responsible?**

4.1 The Company as the employer has overall responsibility for ensuring that the School has adequate and appropriate First Aid equipment, facilities and First Aid personnel and for ensuring that the correct First Aid procedures are followed.

4.2 The Head delegates to the Nurse the day-to-day responsibility for ensuring that there are adequate and appropriate First Aid equipment, facilities and appropriately qualified First Aid personnel available to the School. The Nurse will regularly (at least annually) carry out a First Aid risk assessment and review the Schools' First Aid needs to ensure that the Schools' First Aid provision is adequate.

4.3 The Head is responsible for ensuring that all staff and students (including those with reading and language difficulties) are aware of, and have access to, this policy.

4.4 The Head delegates to the Admissions Manager responsibility for collating medical consent forms and important medical information for each student and ensuring the forms and information are made available to the nurse.

4.5 The Head is responsible for ensuring that staff have the appropriate and necessary First Aid training as required and that they have sufficient understanding, confidence and expertise in relation to First Aid.

4.6 **First Aiders:** The Head is responsible for ensuring that the School has the minimum number of First Aid personnel with reference to the advice given in Appendix 3 of the First Aid Guidance.

4.7 The following staff have been completed a HSE approved First Aid course and hold a valid certificate of competence in First Aid at Work (**FAW**) or Emergency First Aid at Work (**EFAW**):

<b>Name</b>	<b>Qualification</b>	<b>Date</b>
Joe Hughes	FAW	Sept 2022
Marko Kezunovic	FAW	Sept 2023
Richard German	FAW	Sept 2023
Steven Roberts	FAW	Sept 2023
Shalini Teelock	FAW	Sept 2023
Camryn Pedersen	FAW	Sept 2023

Sarah Lamont	FAW	Sept 2023
Margaret Emanuel	FAW	Sept 2023
Nathan Mount	FAW	Sept 2023
Megan Lowe	FAW	Sept 2023
Claudia Venneri	FAW	Sept 2022
Ben Watkins	FAW	Sept 2022
Gergana Dimitrova	FAW	Sept 2022
Stephen Pittard	FAW	Sept 2022
Esther Haworth	FAW	Sept 2022
Sam Greene	FAW + Sport	Sept 2022
Robyn Curnow	FAW +Sport	Sept 2022

The main duties of First Aiders are to give immediate First Aid to students, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the HR Manger.

The First Aiders will undergo update training as required.

All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of First Aid.

4.7 **Anyone on School premises:** Anyone on the School premises is expected to take reasonable care for their own and others' safety.

## 5 **First Aid boxes**

5.1 First Aid boxes are marked with a white cross on a green background. The content of the First Aid boxes will be determined by the Schools' First Aid needs assessment and

stocked in accordance with *Workplace first aid kits. Specification for the contents of workplace first aid kits*, BS 8599-1:2019.

5.2 First Aid boxes are located at these positions around the School site and are as near to hand washing facilities as is practicable:

- First Aid Room – lower ground floor 106/ Ground floor 79
- School Reception - ground floor 106/79
- Kitchen - large first aid cabinet - lower ground floor 106
- Science Prep Room – lower ground floor 106/79
- Science Labs – lower ground floor 106/79
- Staff Workroom – second floor 106/ Staff room – ground floor 79
- The Gym – first floor 106
- Head's Office – mezzanine 106
- Staffroom – third floor 106
- Head of Sixth office – ground floor 79
- Art Room – lower ground floor 79
- Students Common Room – first floor 79

All requirements for the First Aid kits are supplied by Reception and are checked weekly to ensure they are fully stocked.

If staff have used any items from the First Aid kits, they should email Reception who will arrange for the replacement items to be placed in the relevant First Aid kit.

5.3 **Off-site activities:** First Aid boxes for any off-site activities are kept in the Medical Room.

## 6 **Information on students**

6.1 Parents are requested to provide written consent for the administration of First Aid and medical treatment before students are admitted to the School. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.

6.2 The Nurse will be responsible for reviewing students' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a student's functioning at the School to the Form Tutor and First Aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a student or other members of the School community.

## 7 **Procedure in the event of illness**

7.1 Students may visit the Medical Room if they feel unwell. If a student is unwell during lessons, then they should consult the member of staff in charge who will assess the

situation and decide on the next course of action. The student will, accompanied as necessary, go to the Medical Room. The Nurse will decide on the next course of action and provide First Aid as required. All First Aid administered is logged within the Medical Manager of iSAMS. If the Nurse is absent students should go to the Reception Desk.

- 7.2 On admission, the School will discuss with parents the procedure for students who may become ill or infectious.

## 8 Procedure in the event of an accident or injury

- 8.1 If an accident occurs, then the Nurse should be consulted. She will assess the situation and decide on the next course of action. If necessary, the Head, Deputy Head Pastoral or Head of Sixth Form should be called as soon as is possible. First Aiders can also be called if necessary and should be called if the Head or Deputy is not available immediately. However, minor the injury, the accident must be logged on Evolve accidentbook.
- 8.2 If the Nurse or First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance or deciding to transport the injured person to A&E or access other appropriate medical services.
- 8.3 **Ambulances:** If an ambulance is called then the Receptionist and Caretaker should make arrangements for the ambulance to have access to the accident site. For the avoidance of doubt, the address and / or GPS co-ordinates should be provided, and arrangements should be made for the ambulance to be met.
- 8.4 Staff should always call an ambulance when there is a medical emergency and / or serious injury.
- 8.5 Examples of medical emergencies include:
- a significant head injury (Refer to Head Injury and Concussion Policy)
  - fitting, unconsciousness or concussion
  - difficulty in breathing and / or chest pains
  - a severe allergic reaction
  - a severe loss of blood
  - severe burns or scalds
  - the possibility of a serious fracture.
- 8.6 Arrangements should be made to ensure that any student is accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact the parents in time.
- 8.7 If a spillage of blood or other bodily fluids occurs, the Caretaker must be informed. They will then arrange for the proper containment, clear up and cleansing of the spillage site.

## 9 Procedure in the event of contact with blood or other bodily fluids

9.1 The Nurse/First Aider should take the following precautions to avoid risk of infection:

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

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

- 9.2.1 wash splashes off skin with soap and running water;
- 9.2.2 wash splashes out of eyes with tap water or an eye wash bottle;
- 9.2.3 wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
- 9.2.4 record details of the contamination;
- 9.2.5 report the incident to the Registrar and take medical advice if appropriate.

## 10. Procedure in the event of an Allergic Reaction

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline. Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat. Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

10.1 Common triggers of anaphylaxis include:

- Peanuts and tree nuts – peanut allergy and tree nut allergy frequently cause severe reactions and for that reason have received widespread publicity
- Other foods (e.g. dairy products, egg, fish, shellfish and soya)
- Insect stings (bees, wasps, hornets)
- Latex (gloves and PPE)
- Drugs (illegal and prescription)

10.2 Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body

- Difficulty in swallowing or speaking
- Swelling of tongue/throat and mouth
- Alterations in heart rate
- Severe asthma symptoms
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop in blood pressure)
- Collapse and unconsciousness

10.3 When symptoms are those of anaphylactic shock the position of the student is very important because anaphylactic shock involves a fall in blood pressure.

- If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should not stand up.
- If there are also signs of vomiting, lay them on their side to avoid choking (recovery position).
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

10.4 Further Action to take: (Ask other staff to assist, particularly with making phone calls, one person must take charge and ensure that the following is undertaken)

- Ring 999 immediately to get the ambulance on the way.
- Ring the Nurse – state what has happened so that they can assess the situation and bring medication to the location. Please note that the Nurse may not be able to attend immediately, and there should be no delay in using the person’s medication. Locate the nearest first aider to come and assist.
- Use the person’s adrenaline device\*, or the one located in the medical room.
- Ring the Deputy Head Pastoral.
- Ensure that the Caretaker is aware that an ambulance is coming onto site.
- Stay in the immediate area to assist the Nurse and/or direct the Emergency Services
- Ensure that accidentbook on Evolve is completed if applicable.
- Staff should update their training to use the adrenaline device as required

## 10 Reporting

10.1 The Nurse/First Aider should log the incident/accident on Evolve accidentbook. All injuries, accidents/incidents must be logged on Evolve accidentbook correctly, the nurse will receive email notification of all logs.

10.2 **School Accident/Incident Recording:** All injuries, accidents, and dangerous occurrences (unless very minor) must be recorded on Evolve accidentbook. The date, time and place of the event must be noted with the personal details of those involved with a brief description of the nature of the injury or accident. What happened to the injured or ill person immediately afterwards should also be recorded.

10.3 If a child is involved in an incident but is not injured and first aid is not required, a log will not be necessary.

10.4 In the event of an investigation members of the Senior Leadership Team should be kept informed throughout the process.



- 10.5 **Off-site Accident/Incident Recording:** The First Aider/Nurse will record on Evolve accidentbook every serious or significant accident that occurs off the School site if in connection with the Schools' activities. The School will keep a record of any accident or injury sustained and details of any First Aid treatment given to a student off the School site. Records should be stored for at least three years or if the person injured is a minor (under 18), until they are 21.
- 10.6 **Illness:** All illness will be recorded by the nurse within medical manager in iSAMS. Records should be stored for at least three years or if the person injured is a minor (under 18), until they are 21.
- 10.7 **Reporting to Parents:** In the event of accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Head if necessary.
- 10.8 **Reporting to HSE:** The Company is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (**RIDDOR**) to report the following to the HSE.

#### 10.8.1 Accidents involving Staff

- (a) Work related accidents resulting in death or 'specified' injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or
- (b) work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days; or
- (c) cases of work-related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
- (d) certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

#### 10.8.2 Accidents involving students or visitors

- (a) accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:
  - (i) any School activity (on or off the premises)
  - (ii) the way a School activity has been organised or managed (e.g. the supervision of a field trip)
  - (iii) equipment, machinery or substances
  - (iv) the design or condition of the premises.

10.9 More information on how and what to report to the HSE, can be found in Incident reporting in schools (EDIS1 (revision 3)) and at <http://www.hse.gov.uk/riddor/resources.htm>.

10.10 It is possible to report online via the following link:  
<http://www.hse.gov.uk/riddor/index.htm>.

10.11 Fatal and specified injuries involving employees can also be reported 0845 300 99 23.

## 11 **Monitoring**

11.1 The Head will organise a regular review of the School's Accident and Illness Reports on Evolve accidentbook and iSAMS to take note of trends and areas of improvement. This will form part of the (at least) annual First Aid risk assessment. The information may help identify training or other needs and be useful for investigative or insurance purposes. In addition, the Head will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.