Oakfield School

46. First Aid Policy

To be Reviewed:	July 2019 Unless legislation changes

Contents

Section 1

General Policy Statement

The Governors and Headteacher of the School accept their responsibility under the Health and Safety (First Aid) Regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the School.

The Governors are committed to the Authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

The provision of first aid in the school will be in accordance with the Authority's guidance on First Aid in School.

Signed

Headteacher

Date

Signed

Chair of the Governing Body

Date

Section 2

Statement of First Aid

The School's arrangements for carrying out the policy include nine key principles.

- Places a duty on the Governing Body to approve, implement and review the policy.
- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- Record all occasions when first aid is administered to employees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training to employees, maintain a record of that training and review regularly annually. With staff re-certified every 3 years.
- Establish a procedure for managing accidents in school which require first aid treatments.
- Provide information for employees on the arrangements for first aid.
- Undertake a risk assessment of the first aid requirements of the School.

Section 3

Arrangements for First Aid

3.1 Materials, Equipment and Facilities.

The School and Residential provision will provide materials, equipment and appropriate facilities. First aid boxes in school are located in:

- Medical room
- Design & Technology room
- Food Technology room
- Science laboratories x 2
- Staffroom
- 6 Residential Houses x 2 in each house
- Lease Transport x 6 vehicles
- Upstairs meeting room
- Downstairs meeting room
- School allotment (contents to be monitored by allotment staff)

The contents of the first aid box(es) will be checked on a regular basis by the appointed person.

The First Aid Co-ordinator will be responsible for all record keeping on first aid.

Items Kept in First Aid Boxes / Travelling First Aid Kits

- Guidance card / leaflet on first aid
- Individually wrapped large adhesive dressings
- Individually wrapped bandages / dressings
- Finger bandages
- Individually wrapped sterile plasters (assorted sizes)
- Individually wrapped sterile wound dressing
- Individually wrapped moist cleaning wipes
- Individually wrapped eye pads
- Individual one-use eye washes
- Individually wrapped triangular bandages
- Individually wrapped disposable resuscitation shields
- Disposable rubber gloves
- Disposable aprons
- Disposable vomit bags
- Disposable clinical waste bags
- Individually wrapped disposable foil blankets
- Eye wash (500ml) - available in the Medical room, Science room and Design and Technology room.

In compliance with The Education (School Premises) Regulations 2012 the Governing Body will ensure that a room will be made available for medical treatment (Room Number 0.31 – First Aid).
This facility will contain the following and be readily available for use:

- Sink with running hot and cold water
- Drinking water (if not available on mains tap) and disposable cups
- Paper towels
- Smooth-topped work surfaces
- A range of first aid equipment (at least to the standard required in first aid boxes) and proper storage
- Reclining chair
- Soap / Sanitiser
- Suitable refuse container (foot operated) lined with appropriate disposable yellow plastic bags, i.e. for clinical waste
- Appropriate record-keeping facility
- Means of communication, e.g. telephone
- Disposable drying materials
- Disposable vomit bowls
- Biohazard type plastic bags for disposing of bulky amount of blooded/ clinical waste
- Wheelchair (not in residential)

3.2 Appointment of First Aiders

The Headteacher will appoint a member of staff to be the First Aid co-ordinator. The duties of the appointed person are to:

- Take charge when someone is injured or becomes ill.
- Look after the first aid equipment e.g. restocking the first aid containers.
- Ensure that an ambulance or other professional medical help is summoned when appropriate during the school day.
- During non-school hours these duties will fall to the Senior On Duty.

The Governing Body recognises that the appointed person need not be a 3 or 4 day first aider; however they will support any member of staff who is an appointed person to undertake emergency first aid training and refresher training. In addition to meeting the statutory requirement placed upon them to provide first aid for employees the Governing Body accept their responsibilities towards non-employees. In order to provide first aid for pupils and visitors, the Governing Body will undertake a risk assessment to determine, in addition to the appointed person, how many emergency first aiders are required and if appropriate an employee with a First Aid at Work certificate of competence. In implementing the outcome of the risk assessment, the Governing Body acknowledge that unless first aid cover is part of a member staff's contract of employment, those who agree to become first aiders do so on a voluntary basis.

In determining who should be trained in first aid the Headteacher will consider each individual against the following criteria:

- Reliability and communication skills
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergency procedures
- Must be able to leave normal duties to go immediately to an emergency

3.3 Information on First Aid Arrangements

The Headteacher will inform all employees at the School of the following;

- The arrangements for recording and reporting accidents
- The arrangements for first aid
- Those employees with qualifications in first aid
- The location of first aid boxes

In addition the Headteacher will ensure signs are placed where first aid boxes are stored. All members of staff will be made aware a copy of the School's First Aid Policy.

3.4 Provision Away From the School

Provision for first aid on educational visits, out of school activities and journeys will be determined by risk assessment.

3.5 Review of the First Aid Policy

The Governing Body will review the First Aid Policy on an annual basis and make recommendations, where appropriate.

3.6 Automated External Defibrillator (AED)

Location

In view of the importance of responding swiftly to a cardiac arrest, the AED will be located strategically to ensure that it can be accessed quickly in an emergency. This location has been subject to risk assessment relating to availability to timely deployment, health and safety risks, safety and security.

The AED will be stored in **Maple House (House 1)** in the staff bedroom on the first floor, in the lower section of the wardrobe. Access will require use of a Residential House master key, of which all residential staff have a copy. As such, use of the AED will be limited to times when staff are onsite in order to gain access.

The school will ensure that the local ambulance service is informed of the make, model and location of the AED, and all access arrangements, in order to assist 999 operators and ambulance crews.

The AED will not be moved for any reason, other than an incident requiring its use.
The location will be clearly marked with the standard sign for AEDs as recommended by the Resuscitation Council (UK).

Training

AEDs, as work equipment, are covered by the Provision and Use of Work Equipment Regulations 1998 (PUWER), and as such this places duties on employers in respect of employee training and the provision of information and instructions in the use of such equipment. However, AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the AED at the time of use. The school will provide a short online training session via email in order to brief the staff on use of the AED, in compliance with statutory obligations. New staff will be briefed on this information through the induction process.

Action Plan

Cardiac arrest and heart attacks

It is important to understand the distinction between a heart attack and cardiac arrest as they are not the same, and require different interventions.
CPR and/or the use of an AED is not appropriate for an individual experiencing a heart attack and who is conscious, as the heart will still be beating, and the device will not administer a shock in these circumstances.
However, a heart attack is still a life-threatening situation, and the emergency services should be alerted immediately. A heart attack can also very quickly lead to cardiac arrest, in which case administration of CPR and use of an AED may help to save the person's life.

Cardiac arrest

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

When a cardiac arrest occurs, the individual will lose consciousness and their breathing will become abnormal or stop. If basic life support is not provided immediately, the chances of survival are greatly reduced. Cardiac arrest can happen at any age and at any time. Possible causes include:

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

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

Heart attack

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

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

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

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

5 Common symptoms of a heart attack include:

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

The chain of survival

In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival. There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

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

Anyone is capable of delivering stages 1 to 3 at the scene of the incident. However, it is important to emphasise that life-saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first step in the chain of survival. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4).

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

Defibrillation and cardiopulmonary resuscitation (CPR)

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

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

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

Best Practice Action Plan

- If one person is on the scene they should immediately call the emergency services and start CPR immediately afterwards.
- If two people are on the scene, one should call emergency services while the other starts CPR.
- The person administering CPR should not leave the casualty unless absolutely essential.
- Where possible, the AED should be brought to the scene by somebody already close to its location, as this is likely to be quicker than sending someone to fetch it. If this is not practical, the rescuer should remain with the casualty and a second person be sent to fetch the AED.

After an Incident

Assisting an individual who has suffered a cardiac arrest can be a stressful experience for the rescuer. Should a rescuer need support after an incident, they may be able to request a debriefing from the local ambulance service. Alternatively, they can seek help from their GP.

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

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

The school is aware that where a cardiac arrest occurs as a result of an accident or act of physical violence arising out of or in connection with work, this may constitute a reportable incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Safety considerations

AEDs are safe to use for all those involved, and will give a verbal warning instructing the rescuer to stand back when analysing heart

rhythm and prior to delivering a controlled electric shock. A rescuer may accidentally be subjected to a defibrillation shock if he or she does not heed this warning, but this is unlikely to cause significant harm.

Standard AEDs are suitable for use on people of all ages, except small children aged under 12 months. For children aged 1–8, it is recommended that AEDs be used in paediatric mode or with paediatric pads. However, adult pads may be used if paediatric pads are not available.

Rescuers should not hesitate to use an AED on a pregnant woman in cardiac arrest, as resuscitation of the pregnant mother is the only way to keep her unborn child alive. Early defibrillation can therefore help provide the best chances of survival for both the unborn child and the mother. When calling 999, it is advisable to notify the operator that the casualty is pregnant as this may determine which response crew/vehicle is required.

Maintenance

The school will ensure that there is a regular procedure in place for the AED to be checked on a weekly basis, and have a method for recording that these checks have taken place.
Modern AEDs undertake regular self-tests and, if a problem is detected, will indicate this by means of a warning sign or light on the machine.

Consumables

Pads, safety razors, protective gloves and pocket masks will be replaced after every incident.

Section 4

Accident Reporting

The Governing Body will implement the Council's Procedures for reporting:

- All accidents to employees/pupils/visitors (including contractors)
- All incidents of violence and aggression

The Governing Body is aware of its statutory duty under The Reporting of Injures, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to report certain accidents, diseases and dangerous occurrences **arising out of or in connection with work.**

The Headteacher will consider whether the incident was caused by:

a failure in the way a work activity was organised (eg inadequate supervision of a field trip);
the way equipment or substances were used (eg lifts, machinery, experiments etc); and/or
the condition of the premises (eg poorly maintained or slippery floors).

As it applies to employees.

- An accident that involves an employee being incapacitated from work for more that 7 consecutive days (excluding the day of the accident but including non working days and weekends)
- An accident which requires admittance to hospital for in excess of 24 hours
- Death of an employee
- Specified injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine

As it applies to non-employees including pupils :

- Where the event results in death; or
- It is an accident in school which requires immediate emergency medical treatment at hospital

For each instance where the Headteacher considers an accident to a visitor or pupil is reportable under RIDDOR the advice of the Authority will be sought. Where a pupil has an accident it shall be reported to the Authority. All accidents to non-employees (e.g. visitors) which result in injury will be reported to the Authority.

Section 5

Pupil accidents involving their head

The Governing Body recognise that accidents involving the pupil's head can be problematic because the injury may not be evident (e.g. internal) and the effects only become noticeable after a period of time.

- Where a pupil receives a blow to the head professional medical advice will be sought.

Section 6

Transport to hospital and home

- The Headteacher will determine what is a reasonable and sensible action to take in the circumstances of each case.
- Where the injury is an emergency an ambulance will be called following which the parent / carer will be called.
- Where hospital treatment is required but it is not an emergency, then the Headteacher will contact the parents / carers for them to take over the responsibility of the child.
  If the parent cannot be contacted then a member of staff may decide to transport the pupil to hospital.
- Only staff cars insured to cover such transportation will be used if Oakfield School lease cars are not available.

Section 7

Personnel

This section contains the names of employees at the school with a qualification in first aid or who have a first aid responsibility.

- Appointed 3 or 4 Day Persons – School Setting
    - Mrs Doreen Ricketts
    - Mrs Leanne Middleton
    - Mr Andrew Downsworth
    - Mrs Maria Smith
    - Ms Donna Lethem
    - Mr Steven Sunners
    - Mr Richard Berry – National Governing Body Outdoor Qualification

- Appointed 3 or 4 Day Persons – Residential Provision
    - Mr David Leeman
    - Mr Adam Thackeray
    - Mrs Sarah Cockerline
    - Mrs Tracey Lane

- Emergency First Aiders
    - All staff

- First Aiders at Work
    - All staff

- Other recognised qualifications

Insurance

New statutory responsibilities came into force on the 1st September 2014 regarding pupils with medical needs. Oakfield School purchase their insurance through the Local Authority. Zurich Municipal's Public Liability policy covers the insured, school governing body, teachers, other employees and volunteers should a claim be made against them from a pupil who alleges that they have sustained an injury or damage to their property as a result of the negligent provision of medical treatment.

The policy covers the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliance or dressings. This applies to both straightforward and complex conditions. The insurers would expect that the teachers, employees and volunteers would have received appropriate training and that the training is reviewed on a regular basis.

The policy applies to all school activities including extra-curricular activities and school trips at home and abroad. Cover also applies to any first aid activities carried out by teachers, employees and volunteers.

Claims for financial loss arising from negligent treatment would also be covered by Zurich Municipal's policies. However, the possibility of claims under this heading is likely to be very remote.

This Policy was reviewed in July 2018 and will be reviewed annually unless legislation changes

Signed: …….

Mr Lee Morfitt (Chair of Governors)

Annex 1

Pupil Accident Reporting Procedure

Accident to a pupil:

- Is the accident connected to any work being undertaken by an employee or contractor? Yes....No
- Is the accident connected to a curriculum activity? Yes....No

  Did the accident occur during lunch or break time? Yes....No

  Did the accident occur in the residential provision ? Yes…No

Did the accident result in:

- Death or Yes...No
  Major injury (definitions are shown in Annex 3) Yes...No

Was the pupil treated at the hospital as an emergency Yes...No

This accident must be reported under **RIDDOR** Action:

- Notify the Corporate Health, Safety and Emergency Planning Unit
- Notify Education Services
- Notify Parents
- Complete an Accident Report Form
- Record any First Aid treatment given.

This accident will be investigated by the Health and Safety Executive and the Corporate Health, Safety and Emergency Planning Unit.

Annex 2

Specified injuries to workers

The list of ‘specified injuries’ in RIDDOR 2013 replaces the previous list of ‘major injuries’ in RIDDOR 1995. Specified injuries are (regulation 4):

- 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) which:
  - covers more than 10% of the body
  - causes significant damage to the eyes, respiratory system or other vital organs
- 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
  - requires resuscitation or admittance to hospital for more than 24 hours

Occupational Diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Annex 3

Records and Monitoring

Monitoring

This is to check on Policy implementation

- Has the school carried out its first aid risk assessment.....**Yes**
- Has the risk assessment been reviewed because of changes in the size of the school.....**N/A**
- Has the school sufficient trained first aiders and an appointed person.....**Yes**
- Are the names of first aiders clearly displayed in school.....**Yes**
- Are first aid boxes prominent and easily accessible .....**Yes**
- Are the contents of the first aid boxes correctly stocked with sufficient items .....**Yes**
- Is there a person designated to keep records and monitor requirements .....**Yes**
- Is the AED in the designated location and in good working order……