



New Perspectives School First Aid Policy

(Subset of the Health and Safety policy)

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New Perspectives School First aid Policy

General arrangements

Care Perspectives Board of Directors acknowledge their duties under the First Aid at Work Regulations to their employees and their common law duties of care to visitors and children in their care. The HeadTeacher at New Perspectives School has been charged with maintaining adequate first aid cover during the operating hours of the school by:

- Ensuring a suitable number of full and emergency first aid trained staff are available at all times the setting is operational (this should include the provision of first aid on Offsite Visits): This will be a mix of:
 - FAW First Aider at Work (3-day course) with a minimum of 4 one of them being the PE teacher/sports coach
 - EFAW Emergency First Aider at Work (1 day Course). Assessing with the view that the majority of school staff and all care staff are working with this level of First Aid qualification.
 - All staff should have appropriate specialist first aid training for the activity being led both on and off-site
- *Ensuring a suitable number of staff hold the additional Paediatric First Aid qualification if the schools registration covers the intake of children under the age of 8.*
- Ensuring relevant staff receive appropriate training in the treatment and procedures associated with potential injuries connected with specific hazards identified in teaching subjects such as science and D&T.
- Liaising with the training manager to ensure that first aid training is kept up (refreshed every 3 years) to date via the Groups approved first aid training provider and the training matrix is similarly updated.

- Ensuring staff visitors and children are aware of how to summon first aid assistance and who is able to provide that assistance. A notice detailing trained staff will be posted in each classroom, office and staff room on site and the latest lists of trained staff forms part of Appendix 1 of this policy.
- Ensuring a sufficient number of suitably stocked first aid kits are available across the site (HSE 10-20 person) including company vehicles. Details of specific locations are found in Appendix 1 of this Policy
- Adhering to the NMS for schools ensuring first aid kits are present in all science labs, D&T practical areas, art practical areas, food technology rooms (blue plasters) and Kitchens (Blue plasters). Such first aid kits should be suitable to meet the possible hazards found in these locations:
 - Eye wash in science, D&T, art
 - Instant ice for PE and travel kits
 - All kits to contain resuscitation masks as part of biohazard management.
- Monthly checks and restock of site first aid kits (including sign off monthly check).
- Ensuring that PE staff have access to first aid kits when leading sporting activities in setting or at away fixtures.
- Ensuring a suitable equipped room is available at all times for the treatment of children, staff and visitors and that the room remains in a clean and serviceable condition at all times the school is open.

Management of suspected fractures

In all cases where a fracture is suspected the casualty must be sent to A&E without delay.

When treating a child or member of staff for a suspected fracture, a dose of paracetamol can be administered to assist with the pain management (providing consent to administer has been obtained from the legal guardian of the child). This can only be carried out by staff that have undergone administration of medicines training or on the advice of medical professionals contacted in relation to the incident. All doses must be recorded and details sent with the casualty to hospital.

Taking staff and children to hospital

When a child or member of staff is injured beyond the ability of the school nurse/first aider to treat the injury, or they exhibit signs of serious illness, they should be sent to hospital. Depending on the severity of the situation this may be by ambulance or school vehicle.

An ambulance must always be called for:

- suspected fractures to the leg, neck and back;
- head injuries resulting in loss of consciousness;
- strangulation/ligature events;
- medical shock;
- cardiac problems; or
- severe breathing difficulties.

Hospital attendance is also required for:

- suspected overdoses
- severe cuts
- arm and rib injuries
- ongoing medical issues related to the above.

In all cases, the final decision on the need for further medical assistance will be made by the school qualified first aider. Whenever a child is taken to hospital a suitable member of staff must

accompany them and be in a position to give consent or contact the legal guardian for consent in relation to medical treatment.

Offsite visits

First aiders on offsite visits will have the same duty of care as if they were in setting. Whilst on the visit they will carry their first aid kit and attend to the needs of injured and ill students as required or back up the venues first aid staff if they are present. They will ensure that the visit leader has information regarding treatment by themselves or a third party for inclusion in the trip return or RIDDOR report.

Medical conditions

Where the school has staff or children requiring specific medical intervention for illnesses such as anaphylaxis, diabetes, epilepsy and asthma, all first aid staff should be trained on how to deal with these conditions and to administer medications required. All staff caring for or teaching these particular children should know about their conditions and the actions to be taken in the event of an emergency. In all such cases prior consent to administer such medicines must have been obtained in writing from the parent or legal guardian as per the New Perspectives School administration of medicines policy.

Head injury

Where a child or member of staff suffers a suspected head injury the following procedures will be followed. Where there is obvious injury or ill effects the casualty will be sent directly to hospital for examination and treatment. In cases where a blow to the head has been sustained but no apparent injury or symptoms are displayed, the casualty will be issued with a head injury card advising staff/parents/guardians to keep the person under observation and to seek medical help if any of the symptoms detailed on the card are exhibited.

Illness

The first aid room is provided with an examination bench for use by children and staff to rest if taken ill during the school day. Where a child is diagnosed with an infectious illness they should be isolated in the first instance and as soon as possible be sent home to recover with parents or guardians. Staff involved in the care of these persons should follow the infection control procedures below.

Infection control

Spillages of blood and body fluids should be dealt with as soon as possible. The **Head Teacher** will ensure that spill kits are available for use when dealing with body fluids. These will contain disposable gloves, disposable aprons, face masks and suitable disinfectant/absorbent media. In line with infection control practices surfaces which may have been contaminated with blood or body fluids should be wiped down with a suitable disinfectant spray. The infection control process must be followed when supporting someone under the Covid isolation risk assessment.

Disposal of Waste

Disposable items, including gloves, which have been soiled with blood or body fluids should be sealed in a clinical waste bag and disposed of in a sanitary bin or specific medical waste yellow bin.

Non-disposable items which have been soiled with blood or body fluids (for example clothing or towels) should be sluiced and washed in a washing machine at 60°C (degrees centigrade). If it is property belonging to a child the items should be placed in a plastic bag and then tied up for transport home with the child.

Investigation and Reporting

The responsibility to investigate accidents and report required incidents to the HSE has been delegated to the responsible person in each setting. In the event of any accident investigation, the appropriate union representative will be invited to attend along with Care Perspectives HSM. Accidents and near misses must be reported in all cases and recorded on the appropriate documentation any communication with parents or carers should be recorded on this form. For further guidance on reporting and recording accidents please refer to the accident reporting guidelines document issued by Care Perspectives Ltd. All significant incidents requiring treatment on site, injuries requiring hospital treatment or those arising from restrictive physical interventions (RPI) will be reported to parents/carers and those with parental responsibility asap in writing. Further details of all such communications should be recorded alongside the details of the incident. New Perspectives School is obliged to keep a monthly record of accidents and near misses which is to be sent to the HSM along with any RIDDOR reports. These documents will form the basis of reports to the board and discussion at the school's health and safety committee.

Any correspondence from parents, guardians, authorities, employers or solicitors intimating that a claim against the company and or its insurers is likely, should be referred unanswered to the Directors of Care Perspectives Ltd who will then liaise with the HSM and the company's legal advisor regarding further action. As per the New Perspectives School Communication with government and other statutory body's policy.

The names of trained first aid staff and the locations of first aid kits on site, along with details of the administration of medications policy can be found in Appendix 1.

Appendix 1

FAW trained staff:

TBC

EFAW trained staff:

TBC

Paediatric trained staff:

TBC

Location of New Perspectives School first aid kits

First Aid Room – First Floor and Main Building

Main Kitchen – Main Building

Cooking Room – Ground

Floor

Science Room – First Floor

Art – First Floor

Travel kits x 5