

MORE HOUSE SCHOOL

POLICY

FIRST-AID

Rationale:

First-aid can save lives and prevent minor injuries becoming major ones. This policy is designed to promote the health, safety and welfare of pupils, staff and visitors to this School through the provision of first-aid equipment and trained personnel in accordance with the requirements of The Health and Safety (First Aid) Regulations 1981.

Purpose:

The aim of this policy is to ensure that there is adequate provision of appropriate first aid at all times. More House School will achieve this by having in place a suitably qualified person who is given the authority to take charge of the first aid arrangements at the School and communicate these arrangements rigorously.

Broad Guidelines:

Information set out in this policy serves towards ensuring that all members of the School community are aware of the guidelines to follow in the event of an accident or medical emergency, the support available and the role that they play.

First Aid Provision: The School employs Registered Nurses who are located in the Surgery, which is adjacent to the Main House. The surgery is open between 0800hrs and 1700hrs, Monday to Friday during term time only. The surgery contains a small sick bay with two beds, a toilet and a wash basin. In addition to the nurses, 25 members of staff, including all boarding and PE staff, are trained first-aiders.

The Nurses employed by the School are required to be registered with the Nursing and Midwifery Council (NMC) and act within their scope of professional practice and adhere to the NMC's code of conduct at all times. The Lead Nurse is the qualified person with delegated responsibilities for the first aid arrangements at the School and the implementation of this policy in conjunction with the Bursar. The implementation of this policy involves the following guidelines:

- **The application of First Aid:** The School seeks to ensure that there is an effective application of first aid to its students, staff and visitors. The School will employ a sufficient number of qualified nurses to achieve this objective. The nursing team will give immediate help to those with common injuries or illnesses and those arising from specific hazards, and where necessary ensure that an ambulance or other professional medical help is summoned.
- **First Aid Training:** In addition to the team of nurses, the School will appoint and train other persons to act as first-aiders who will apply appropriate first-aid whilst awaiting a member of the nursing team to arrive or, in their absence, awaiting other professional

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help. All School first-aiders will complete a certified first-aid training course which is renewed in accordance with the requirements of its validation. All boarding and PE staff will be first aid trained. Where possible trained first-aiders will accompany pupils on educational visits out of school. The Lead Nurse/Bursar will be responsible to ensure nursing staff remain up to date with their registration and ensure first-aiders undergo regular refresher training. Those involved with the giving of medicines will also receive Medicines Awareness for Schools (Foundation) training which will be updated on a two-yearly basis. Clear training records will be kept. Information on the School's first-aid provision will be provided as part of the induction training programme for all new staff.

- **Defibrillator Training:** Automatic External Defibrillator (AED) training will be arranged by the Lead Nurse to those who could be called upon to use a defibrillator. A record of the training will be maintained and a clear date for refresher training identified. An AED is located in the surgery's waiting room which is kept unlocked and accessible at all hours. Whole staff awareness training takes place every 2 years.
- **First Aid Policies & Review:** Surgery policies are collated together into a Surgery Policy Manual which shows on the front cover the date of collation. This manual includes policies on a) confidentiality, b) care of pupils who are unwell, c) immunisations, d) accidents or medical emergencies, e) care of staff, f) head injuries, g) asthma, h) anaphylaxis, i) epilepsy, j) diabetes, k) medicines management, l) automated external defibrillator, m) intimate care, and n) infection control. Methods of working and School policies that link and/or relate to First-Aid best-practice are to be reviewed on a yearly basis or sooner if experiences show evidence that changes are necessary. Changes should be made as and when required and not delayed until the yearly review. Allergens are addressed by the Catering section as part of its Catering & Food Safety policy. All changes must be agreed with the Headmaster/Bursar and reported to the Governors.
- **Medication:** The Lead Nurse will hold a list of approved household medications and topical applications that are communicated to parents and consent sought from the parent for administration of them. Students are allowed to self-medicate under certain conditions following an assessment, and a self-medication form signed by the nurse completing the assessment is used to manage this situation safely. The recording of medication received into and out of the surgery and the reconciliation of those numbers is kept by the nurses and retained in the surgery. A specific procedure is written for the administration of medications in boarding at the times when the surgery is closed.
- **The Storing of Medicines:** Medicines are kept in the surgery. Keys to the surgery are restricted to the nursing staff, Head and Senior Boarding staff and Headmaster. Particular medicines are kept refrigerated. Controlled medicines are kept under lock and key and dispensed by the 'Dispenser' with the aid of a member of the nursing team into

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dosette boxes on a weekly basis. This method of working will effect a secondary check so as to ensure the dispensing is accurate and reduces the risk of human error.

- **The Maintenance of Records/Risk Assessments:** The keeping of precise, accurate and timely records is vital and the procedures that are operated by the nursing team must be meticulous and detailed. All first-aid applied is recorded as well as the medication given, and conversation with parents/teachers/boarding staff which is associated with a health matter. Risk-assessments form a significant part of this process so that a full, holistic picture of the student can be made evident, and possibly inform on other issues that may arise from time to time.
- **First-Aid Boxes:** A number of first-aid boxes, emergency asthma and diabetic kits are strategically located around the School site. The first-aid boxes will be marked with a white cross on a green background, located near hand-washing facilities, and stocked in accordance with HSE recommendations. All School minibuses and other School vehicles will have a first-aid box on board. First-aid boxes will be made available for all School trips and for sporting and other activities that take place over 200 metres from School buildings. First-Aid notices giving the location of first-aid boxes and the names of members of staff who are certificated first-aiders will be prominently displayed in a) the school office, b) staff-rooms and other common rooms and c) all locations where sports, physical activities or practical lessons involving machinery or similar equipment take place.

The minimum requirements for the School's First-aid kits are as follows: 1 guidance card, 10 individually wrapped adhesive dressings, 2 sterile eye pads with attached bandage, 2 triangular bandages, 4 safety pins, 4 dressings with a conforming bandage, 4 sterile gauzes, 6 antiseptic wipes, 1 vomit bag and 3 pairs of disposable gloves. First-aid boxes are checked termly and must be given into the surgery for restocking when any item is used.

- **RIDDOR Reporting:** The Lead Nurse has the responsibility to ensure that all accidents and injuries, diseases or dangerous occurrences/near misses are recorded in the Accident Book and upon review the Bursar will inform upon the reportable ones to the Health & Safety Executive (HSE). All accidents and injuries will be recorded in a written daily-log book and such records will be kept for a minimum of three years.

The recording of any first-aid treatment given by the nurses or first-aiders will include:

- the date, time and place of the incident;
- the name of the injured or ill person;
- details of the injury or illness and what first-aid was given;

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- what happened to the pupil or member of staff immediately afterwards (e.g. went home, resumed normal duties, went back to class or went to hospital);
- the name and signature of the first-aider or person dealing with the incident.

Serious or significant incidents will be reported to parents by direct contact with the parent or carer. The following types of accidents will be reported to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR):

1. accidents which result in death or a specified injury must be reported without delay;
2. accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accidents, but including weekends and other rest days) must be reported within 15 days of the accident;
3. any 'reportable' disease that affects an employee/student that a doctor confirms in writing.

Most playground accidents due to collisions, slips, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity. This includes incidents arising because of a) the condition of the premises or equipment was poor, e.g. badly maintained play equipment; or b) the School had not provided adequate supervision, e.g. where particular risks were identified, but no action was taken to provide suitable supervision.

Infection Control: All staff will be made aware of how to follow basic hygiene procedures and how to take precautions to avoid infections because the health of its community is very important. It is the policy of the School to ensure that students, staff and visitors/contractors have easy access to appropriate hand hygiene products. The School encourages awareness of the importance of hand hygiene, using a variety of strategies including posters and positive role modelling. Applicable to the role of certain staff, the School requires the wearing of uniforms and other protective clothing suitable for their working environment. Protective clothing and equipment provided must be worn and used. All staff will have access to single-use disposable gloves and hand washing facilities. A soap-dispenser will be provided in all cloakrooms in place of bar-soap, which is not permitted.

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All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately and personal protective equipment used. Disposable gloves must be worn at all times when dealing with blood or other body fluids or when disposing of dressings or other potentially contaminated equipment. The School has in place safe methods for the disposal of clinical waste and sharps, and the management of soiled/infected linen.

All kitchen staff must be aware of the food handling and preparation guidelines, policies and risk-assessments held by the catering manager. Protective uniforms with short sleeves will be worn during working hours and changing facilities are provided to allow changing and laundering of the uniforms on the School premises.

School trips:

The embedded practice regarding School Outings requires the organiser of the outing to liaise with the surgery regarding the pupils attending so as to ascertain medical requirements. The School will make every effort to continue the administration of medication to a pupil whilst on a trip away from School premises. Prescribed and non-prescribed medication will not be accepted on the School trip without complete written and signed instructions from the parent. The School will not accept items of medication in unlabelled containers. Medication will be dispensed in the surgery prior to the visit and handed to the organiser for distribution once the Lead Nurse is confident with the organiser's ability. Where it is known that pupils engaged in an out-of-school activity have specific health needs or a disability, the contents of the first-aid container will include the resources to meet these specific needs.

It is the policy of the School that first-aid will be available at all times while people are on the school premises and also off the premises while on school visits.

Conclusion:

All staff, including non-first-aiders, have a responsibility in ensuring the welfare of pupils. They should be aware of first-aid procedures and know how to summon a member of the nursing team and/or a first-aider and locate first-aid equipment.

References:

More House School First Aid Policies and Procedures.
The School Premises (England) Regulations 2012.
The Health and Safety (First Aid) Regulations 1981.