



MacIntyre
Providing support...your way



First Aid Policy
MacIntyre School Wingrave

Agreed by Local Advisory Board: March 2017
Review Date: March 2019

Ethos statement

The school's Local Advisory Board (LAB) members and MacIntyre trustees are committed to promoting the safety and welfare of all members of the school community. LAB members and trustees' priorities lie in ensuring that all operations within the school environment, both educational and support, are delivered in a safe manner that complies fully not just with the law but with best practice. While every care is taken to reduce risks and keep students safe it is recognised that situations may arise where staff, students or visitors may need emergency care or first aid. The Health and Safety (First-Aid) Regulations 1981 require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. These Regulations apply to all workplaces but do not cover non employees such as visitors and students. However, in the light of the legal responsibilities for those in the care, of the school and children's home; the school carefully considers the likely risks to pupils and visitors, and makes allowances for them in the drawing up of this policy and deciding on the numbers of first-aid personnel. The first aid policy runs alongside the practices set down in the MacIntyre Health & Safety Manual (5th edition). Where students need first aid it is recognised that staff are in the position of loco parentis and may therefore need to make decisions in the best interest of the child.

Definitions

First Aid: The treatment given to an individual when in need of emergency medical care.

Infectious disease: An illness that may be passed between individuals.

Aims.

The Guidance and procedures contained in this policy are designed to ensure that anyone suffering a medical emergency or accident is given:

- Appropriate care in line with legal guidance and first aid training.
- That they suffer no further harm as a result of the care given.
- That appropriate specialised care is sort as necessary.

First Aid Methods and Key principles.

Student information that may have a bearing on care and first aid is disseminated to staff who work with the child; this will include care plans, risk assessments, protocols (epilepsy) but may not be limited to these. Staff keep this information confidential and only share it with relevant members of the school community e.g. Class & House.

Staff are asked to inform their line manager of any condition which may affect their ability to carry out their job or require first aid treatment. The line manager will then risk assess to ascertain the safety of the member of staff and how their condition may impact on the safety of staff and students they work with. A discussion and decision will then decide if the staff member is fit to carry out their duties, if they need any special procedures, equipment in place and how far this information will be disseminated amongst other staff.

Care is given in the following situations but is not limited to these and may occur in other situations as necessary:

- Emergency assistance given for any injury, which may then be passed on to a professional i.e. a nurse, doctor or paramedic, alternatively the treatment may be deemed sufficient by the person carrying out the first aid.
- Emergency assistance for the alleviation of symptoms of a medical condition or illness, care may then be passed on to a professional i.e. nurse, doctor or paramedic, alternatively the treatment may be deemed sufficient by the person carrying out the first aid or the sufferer of the condition (if competent to decide this).
- All students who suffer seizures, whether or not they have a diagnosis of epilepsy, have a protocol specifically tailored to them - this will be implemented by staff in the event of a seizure. Records will be kept and medical assistance sought in accordance with this. Students who have no previous history of a seizure but suffer from one will receive emergency care until medical assistance can be obtained. The seizure will be recorded and the information passed to the designated medical professional.

Roles & Responsibilities

Local Advisory Board:	Ensure students safety by developing policies in line with legal requirements and suitable risk assessments, appoint a Senior Leadership Team to apply the policies and meet regularly to monitor and discuss implementation of policies.
Director of Education, Children and Young People:	Liaises with MacIntyre Directors, Trustees, Local Advisory Board and Senior Leadership Team to enhance communication between the school and charity, in order that student safety is kept as the highest priority.
Senior Leadership Team:	Ensure that high quality training is given to staff, that the provision of first aid trained staff is adequate, that procedures are reviewed and developed. Coordinate any major incident that may occur including the contact of suitably qualified medical assistance or the emergency services.
Teachers, Heads of Service & Line managers	Administer First Aid as necessary, ensure first aid kits are regularly checked, that levels of first aid provision are suitable for the students and staff both on and off site, inform SLT and parents of any incident as necessary and contact suitably qualified medical assistance or the emergency services as required.
Staff	Administer first aid as necessary, in line with their training, ensure line managers have/or contact suitably qualified medical assistance or the emergency services when required.
Students	Raise the alarm if they are able and follow the guidance of staff
Visitors and Parents	Raise the alarm if they are able and follow the guidance of staff.

Related Policies

MacIntyre Medicines Policy

MacIntyre School Local Medicine Procedures

MacIntyre Health & Safety Manual (5th edition)

Success Criteria

The policy may be deemed successful if:

- Appropriate medical care is given in an emergency in line with staff training.
- Training given is in line with Assessment Principles for First Aid Qualifications (which can be found on the Skills for Health website www.skillsforhealth.org.uk)
- Numbers of First aid trained staff is equal to or in excess of the numbers set down in the HSE guidance 'First Aid at Work'
- First Aid kits are appropriately stocked according to the guidance in the MacIntyre Health & Safety Manual.

First Aid Procedures

Where a student, member of staff or visitor needs First Aid on the premises the following guidelines should be adhered to:

- There is a First Aid Kit in every classroom, house and vehicle.
- Personal Protective Equipment (PPE) should be available in all classes and houses and taken on trips.
- All treatments must be in accordance with medical guidelines recommendations
- Names of qualified First Aiders will be displayed in the Class Rooms and may be displayed in houses. (Appendix 2)
- Students requiring First Aid treatment should be dealt with initially by the member of staff involved. Where there is doubt or in more serious circumstances a message should be sent by reliable means to a qualified First Aider or the nurse.
- Where a head injury (Refer to Appendix 3) occurs if you are in any doubt about the seriousness of the injury seek medical assistance. Staff must give all information about the injury in any hand over of staff via handover books and verbally. Staff should monitor students for 24 hours and look for signs of symptoms worsening (see Appendix 3).
- Accidents to students, staff or visitors should be recorded in the relevant incident book or on an incident form as soon as possible, these should then be passed on to behaviour support at the earliest opportunity.
- Serious accidents, resulting in a person being taken to hospital, must be reported to the Principal or Deputy Principal and an accident form completed soon as possible. Parents, guardians or emergency contacts will be informed as soon as possible, this should be by the line manager responsible.
- The disposal of bodily fluids and other medical waste must be done in accordance with the method statement and disposed of in to the designated clinical waste bins.
- The Principal or Deputy Principal must be informed if it is felt necessary to send or take persons home, back to their house, to hospital or the GP due to injury.

First Aid Kits must be stocked in accordance with the guidance in the MacIntyre Health & Safety Manual.

Some of the First Aid Kits are required to contain alternative or additional items. This information can be found in the first aid Kit.

Appendix 1. should be used to check that all First Aid Kits are suitably stocked. Stock levels should be monitored regularly and re-ordered as required. Any items which have passed their expiry date should be discarded safely.

The location of all First Aid Kits should be designated with a green cross, together with a list of suitably qualified First Aiders (see Appendix 2).

A responsible person in House and Class should be designated to check the First Aid Kits both in the vehicle as well as in the class or house, on half termly or quarterly basis and after any major incident. Replacement items can be obtained from the admin office. They must ensure that First Aid Kits are replenished after every use.

Offsite procedure

Where a student or member of staff needs First Aid offsite the following guidelines should be adhered to:

- A first Aider should be included on **all** offsite trips.
- PPE should be taken on the trip or stored with the First Aid Kit on the vehicle.

- Where there is an injury away from the vehicle the First Aider should remain with the injured person and send another member of staff for the First Aid Kit or assistance as necessary.
- Where assistance is given by an External First Aider a member of staff familiar with the student must where possible stay in attendance.
- Where a head injury (Refer to Appendix 3) occurs if you are in any doubt about the seriousness of the injury seek medical assistance. Staff must give all information about the injury in any hand over of staff via handover books and verbally. Staff should monitor students for 24 hours and look for signs of symptoms worsening (see Appendix 3).
- Offsite cards giving details of the school contact must be taken on the trip to ensure the school can be contacted as soon as possible.
- School should be contacted as soon as it is safe to do so and informed of any serious incident especially where assistance may be needed. Accidents to students, staff or visitors should be recorded in the relevant incident book or on an incident form.
- Serious accidents, resulting in a person being taken to hospital, must be reported to the Principal or Deputy Principal, or Second Line on Call, immediately and an accident form completed as soon as possible.
- The disposal of bodily fluids and other medical waste must be done in accordance with the method statement and disposed of in to the designated clinical waste bins.
- The Principal, Deputy Principal or Manager on Site must be informed if it is felt necessary to send or take persons home or back to their house due to injury.
- Serious accidents, resulting in a person being taken to hospital, must be reported to the following the Principal, Deputy Principal, First Line on Call, Second Line on Call, Manager on Site, Head of Service as appropriate and an accident form must be completed as soon as possible. Parents, guardians or emergency contacts will be informed as soon as possible, this should be by the line manager responsible.

Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the School Nurse who will follow the Health Protection Agency guidelines (Appendix 4) to reduce the transmission of infectious diseases to other pupils and staff. If this spreads and becomes an epidemic the appropriate emergency procedures will be followed.

Medication

Medication and emergency medication is not covered in this policy but in the **MacIntyre Central and Local Medicines policies**. Where medication is given as part of first aid, during a seizure or in any other emergency situation it will be administered by an appropriately medication trained member of staff and in accordance with the medication policies and the guidelines and procedures laid down for the student.

Review

This policy will be reviewed biannually, and as necessary, following investigations into incidents. It will then go to Senior Leadership, Local Advisory Board and MacIntyre Central for approval.

Appendix 1.

First Aid Boxes 2016

All first aid supplies must be in date and the dates should not expire before the next inspection is due.
 A check should be completed every half term and after any major incident.

Contents	Qty	Date							
Burn Relief Dressing 10cm x 10cm	2								
Washproof Assorted Plasters	60								
Eye Pad Dressing with Bandage Sterile	3								
Foil Blanket Adult Size	2								
Large HSE Dressing 18cm x 18cm Sterile	2								
Medium HSE Dressing 12cm x 12cm Sterile	6								
Nitrile Gloves Pair	9								
Mouth to mouth Resuscitation Device with Valve	1								
Finger Dressing with Adhesive Fixing 3.5cm	3								
First Aid Guidance Leaflet	1								
Conforming Bandage 7.5cm x 4m	2								
Microporous Tape 2.5cm x 5m	1								
Cleansing Wipes	30								
Safety Pins Assorted	12								
Single Use Triangular Bandage 90cm x 127cm	3								
Universal Shears Small 6"	1								
Eye Wash 250ml	1								

Signature of person checking									
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Appendix 2.

First Aid



First Aiders:

**First Aid box
is located:**

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Appendix 3.

Symptoms of a minor head injury

Minor head injuries often cause a bump or bruise. As long as the person is awake (conscious) and with no deep cuts, it's unlikely there will be any serious damage.

Other symptoms of a minor head injury may include:

- a mild [headache](#)
- nausea (feeling sick)
- mild dizziness
- mild blurred vision

If these symptoms get significantly worse or if there are other, more serious symptoms, go straight to the [accident and emergency \(A&E\) department](#) of your nearest hospital or call 999 to request an ambulance.

Close observation

If your child or someone you know has sustained a head injury, observe them closely for 24 hours to monitor whether their symptoms change or get worse.

If you've sustained a head injury, ask a friend or family member to stay with you for the next 24 hours to keep an eye on you.

If your child has a minor head injury, they may cry or be distressed. This is normal – with attention and reassurance most children will settle down. However, seek medical assistance if your child continues to be distressed.

Signs of a serious head injury

Seek immediate medical attention if, after a knock to the head, you notice any of these symptoms in either you or your child:

- unconsciousness, either briefly or for a longer period of time
- difficulty staying awake or still being sleepy several hours after the injury
- clear fluid leaking from the nose or ears – this could be cerebrospinal fluid, which normally surrounds the brain
- bleeding from one or both ears
- bruising behind one or both ears
- any sign of skull damage or a penetrating head injury
- difficulty speaking, such as slurred speech
- difficulty understanding what people say
- reading or writing problems
- balance problems or difficulty walking
- loss of power or sensation in part of the body, such as weakness or loss of feeling in an arm or leg

- general weakness
- vision problems, such as significantly blurred or [double vision](#)
- having a seizure or fit (when your body suddenly moves uncontrollably)
- memory loss ([amnesia](#)), such as not being able to remember what happened before or after the injury
- a persistent headache
- vomiting since the injury
- irritability or unusual behaviour

If any of these symptoms are present, particularly a loss of consciousness – even if only for a short period of time – go immediately to [your local A&E department](#) or call 999 and ask for an ambulance. You should also go to hospital if someone has injured their head and:

- the injury was caused by a forceful blow to the head at speed, such as being hit by a car or falling one metre or more
- the person had brain surgery before
- the person has had problems with uncontrollable bleeding or a blood clotting disorder, or is taking medication that may cause bleeding problems, such as [warfarin](#)
- the person is intoxicated by drugs or alcohol
- it's possible the injury wasn't accidental – for example, you deliberately hurt yourself or someone else hurt you on purpose

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¹ NHS England. <http://www.nhs.uk/Conditions/Head-injury-minor/Pages/Symptoms.aspx>

Appendix 4.

Infectious Diseases.

ILLNESS	PERIOD OF EXCLUSION OR CONFINEMENT TO HOUSE.	COMMENTS
Chickenpox	5 days from onset of rash	Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing
Measles	5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all house members and any other very close contacts
Ring Worm	None but staff made aware and avoid cross contamination.	Antifungal cream recommended, medical advice should be sort.
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed for an extended period.
Hepatitis A	Exclusion may be necessary	Consult the Health Protection Agency
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	Milder illness

Threadworms	None	Treatment is recommended for the pupil and family members
Mumps	5 days from onset of swollen glands	
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better
Influenza	Until fully recovered	
Cold sores	None	Avoid contact with the sores
Warts, verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Glandular fever	None	
Tonsillitis	None	