



De La Salle School

First Aid Policy

De La Salle School is a Christian community, inspired by the vision and example of Saint John Baptist De La Salle, where each person is invited to become the person God intended him or her to be and to live a life of faith and love, following the example of Christ.

First Aid Policy

This policy outlines De La Salle School's responsibility to provide adequate and appropriate first aid to students, staff, parents and visitors and the procedures in place to meet that responsibility. This policy applies to all students in the school. The policy will be reviewed annually.

Aims

- To identify the first aid needs in line with the Management of Health and Safety at Work Regulations.
- To ensure that first aid provision is available at all times while students and staff are on school premises, and also off the school premises whilst on school visits.
- Health and safety work Act.

We aim to ensure that our policy is in line with the DFE Guidance on First Aid for Schools – A Good Practice Guide (a copy of which is attached at the end of the policy).

Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the School.
- To provide relevant training and ensure monitoring of the training needs.
- To provide sufficient and appropriate resources and facilities.
- To make the School's first aid arrangements available for staff and parents on request.
- To keep accident records and to report to the HSE as required under the
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

Responsible Personnel

The proprietors (Business Manager) are responsible for the health and safety of their employees and anyone else on the premises. This includes the Head and teaching staff, non-teaching staff, students and visitors (including contractors).

The proprietors must ensure that a risk assessment of the School is undertaken and that the appropriate training and resources for first aid arrangements are appropriate and in place.

The proprietors (Business manager) should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ.

The Headteacher is responsible for putting the policy into practice and for developing detailed procedures. He should ensure that the policy and information on first aid is available for parents on request.

Teachers and other staff are expected to do all they can to secure the welfare and safety of the students

First Aid Staff

The appointed person(s) the Student Support Assistant would have undertaken emergency first aid training. Other staff members have also undertaken the same training. All first aiders will:

- Take charge when someone is injured or becomes ill
- Look after the first aid equipment e.g. re-stocking the first aid boxes
- In an extreme emergency an ambulance may be called. A person will be detailed to receive the ambulance at the nearest point of entry to the school.

Casualties with suspected back or neck injuries must not be moved unless ambulance personnel are present.

The First Aider must have completed and keep up-dated a training course approved by the HSE.

First Aiders will:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.

In selecting first aiders, Headteachers should consider the person's:

- 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.
- Normal duties. A first aider must be able to leave to go immediately to an emergency.

Procedures

Risk Assessment

Reviews are required to be carried out at least annually. Recommendations on measures needed to prevent or control identified risks are forwarded to the Proprietors or the Headteacher.

Re-assessment of first aid provision

As part of the School's monitoring and evaluation procedures:

- The Headteacher shall review the School's first-aid needs following any changes to staff, building/site, activities, off-site facilities, etc.
- The School Health and Safety Officer monitors the number of trained first aiders, alerts them to the need for refresher courses and organizes their training sessions.
- Student Services check their first aid box. All other departments to check theirs and keep up to date. Student Services keep extra stock to replenish the first aid boxes when requested.

Provision

The School is a low-risk environment, but the Headteacher will consider the needs of specific times, places and activities in deciding on their provision.

In particular they should consider:

- Off-site PE
- School trips
- DT/Art rooms
- Adequate provision in case of absence, (including trips)
- Out-of-hours provision, (e.g. clubs/events)

Arrangements should be made to ensure that the required level of cover of both first aiders and appointed persons is available at all times when people are on school premises.

First aiders

The recommended number of certified first-aiders is one per 50 students/staff.

Qualifications and Training

First aiders hold a valid certificate of competence, issued by an organization approved by the HSE. The majority of staff hold a 3-day first-aid certificate especially designed for schools entitled "Emergency First Aid at Work".

First Aid Materials, Equipment and Facilities

The Headteacher must ensure that the appropriate number of first-aid containers according to the risk assessment of the site are available.

All first aid containers must be marked with a white cross on a green background. The school mini bus must carry a first-aid container. First aid containers must accompany PE teachers off-site. First aid containers should be kept near to hand-washing facilities. Spare stock should be kept in school.

Responsibility for checking and re-stocking the first-aid containers is that of the particular first aiders in their departments.

Any sick children will be seen in the first instance by the Student Services Administrator, for assessment. If she feels it necessary to send a child home the parent or primary carer will be contacted.

Hygiene/Infection Control

Basic hygiene procedures must be followed by staff. Single-use disposable gloves must be worn when treatment involves blood or other fluids. Care should be taken when disposing of dressings or equipment.

In relation to hygiene procedures for spillage of body fluids, the site team has a bio-hazard pack and the relevant training for the disposal of body fluids.

Reporting Accidents

Statutory requirements: under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR), some accidents must be reported to the HSE.

The proprietors must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

If deemed necessary by the student services staff, parents will be informed of an accident by telephone. It will be recorded in the accident book. All serious incidents/accidents will be entered on to the Essex Schools Info Link. Appendix 7.

The following accidents must be reported to the HSE: -

Involving employees or self-employed people working on the premises: -

- Accidents resulting in death or major injury (including as a result of physical violence).
- Accidents which prevent the injured person from doing their normal work for more than seven days.

For definitions, see HSC/E guidance on RIDDOR, and information on Reporting School Accidents.

Involving students and visitors:

- Accidents resulting in the person being killed or being taken from the site of the accident to hospital **and** the accident arises out of or in connection with work.

i.e. if it relates to:

- Any school activity, both on or off the premises
- The way the school activity has been organized and managed
- Equipment, machinery or substances
- The design or condition of the premises

HSE must be notified of fatal and major injuries and dangerous occurrences without delay by telephone and be followed up in writing within 10 days on HSE form 2508.

The Headteacher is responsible for ensuring this happens.

The Head must complete the RIDDOR Form online, the e-mail address is <http://www.hse.gov.uk/> To report an incident over the telephone call 0345 300 9923 (Monday to Friday 8.30am to 5.00pm).

Identification and Treatment of students with particular medical conditions

Parents complete a medical form when registering their child. The original is kept in the student's file and entered on to Sims. A copy of the health and safety form is taken on all off-site visits and every class teacher has a copy of the medical conditions form with all the relevant/important details.

Any regular medicines are named and kept with Student Services. They are stored in a locked first-aid cupboard with the exception of antibiotics which are stored in a medical fridge.

Currently the only specific medical conditions are asthma, ADHD, eczema, epilepsy and diabetes. It is important that prescribed inhalers for asthmatics are kept in the pockets of children to whom they have been prescribed so that they can be self-administered, a spare can be left in a locked cupboard in Student Services.

A signed medical form must be completed by the parent/carer before any medication can be held by student services.

Further information on Medical Conditions can be found on Sims for the individual students.

Identification and Treatment of SCHOOL STAFF with particular medical conditions

Staff have a responsibility to inform the Headteacher if they are currently or have recently been diagnosed with a medical condition that may require treatment, self-administer or administered by a first aider. This would then require an action plan to be put in place to support the staff member so that they can still carry out their work, be it full or part time role.

The medical information would be noted on the staff member's individual personnel file.

Record Keeping

Statutory accident records: The proprietors must ensure that readily accessible accident records, written or electronic, are kept **for a minimum of three years**.

School's central record: This can be combined with the RIDDOR record and the Accident Book, providing all legislation requirements are met.

The Headteacher and Health and Safety Officer must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This should include:

- The date, time and place of accident / incident.
- The name (and class) of the injured or ill person.
- Details of their injury/illness and what first aid was given.
- What happened to the person immediately afterwards.
- Name and signature of the first aider or person dealing with the incident.

The Headteacher must have in place procedures for ensuring that parents are informed of significant incidents.

Appendix 1

ASTHMA (Guidance from St John's Ambulance website)

The narrowing of the airways, the bronchi, in the lungs making it difficult to breathe, causes asthma. An asthmatic attack is the sudden narrowing of the bronchi. Symptoms include attacks of breathlessness, coughing and tightening in the chest. They are often sensitive to a number of common irritants, including grass pollen, tobacco fumes, smoke, glue, paint and fumes from science experiments.

People with asthma usually deal well with their own attacks by using a blue reliever inhaler, however you may be required to assist someone having an asthma attack or having an attack for the first time.

Recognition features

- Difficulty in breathing.

There may also be:

- wheezing as the casualty breathes out
- difficulty speaking and whispering
- distress and anxiety
- coughing
- features of hypoxia, such as a grey-blue tinge to the lips, earlobes and nailbeds (cyanosis).

Treatment

Your aims during an asthma attack are to ease the breathing and if necessary get medical help.

You need to keep the casualty calm and reassure them.

If they have a blue reliever inhaler then encourage them to use it. Children may have a spacer device and you should encourage them to use that with their inhaler also. It should relieve the attack within a few minutes.

Encourage the casualty to breathe slowly and deeply.

Encourage the casualty to sit in a position that they find most comfortable. Do not lie the casualty down.

A mild asthma attack should ease within a few minutes of them using their inhaler. If it doesn't then assist them to use their inhaler (one or two puffs) every two minutes until they have had 12 puffs.

Monitor their vital signs - breathing, level of response and pulse.

Caution:

If this is the first attack, the attack is severe, the inhaler has no effect or the attack appears to be getting worse.

Dial 999 (or 112) for an ambulance.

Appendix 2

EPILEPSY

Epilepsy is a tendency to have seizures (convulsions or fits, focal seizures – day dreaming)

A seizure or convulsion can occur at any age and is due to abnormal electrical activity in the brain resulting in uncontrollable muscular activity and loss of consciousness. There are many types of seizure, with some being relatively mild and others severe and prolonged.

A full-scale epileptic seizure involves violent jerking of the limbs, facial twitching, and foaming at the mouth due to saliva being blown through clenched teeth. The seizure may last for a few minutes and the patient may need several hours in which to recover. Symptoms and signs – Not all may be present

- jerking or twitching of the face and limbs
- foaming at the mouth
- loss of consciousness
- loss of control of bladder and/or bowel
- blue/purple skin colour and blue lips
- flushed and dry skin in a child having a feverish convulsion

Seizures or Convulsions

How you can help

1. Protect the patient from injury
 - Check the immediate area for hazards and remove them if possible. Move furniture away from the person, but take special care with electrical appliances or cooking utensils to avoid a burn or scald.
 - If the patient is close to a wall or hard furniture, pad the area with clothing or a pillow to avoid further injury.

DO NOT move or try to restrain the patient's movements because this may result in a broken bone or soft tissue injury.

DO NOT try to pad between the patient's teeth because this may damage the tissues in the mouth.

2. Manage the seizure or convulsion
 - Stay with the patient until the seizure ends.
 - If in a public place, keep bystanders clear and reassure them that the seizure will end soon.

If seizure occurs – call for an ambulance every time.

3. After the seizure
 - As soon as the seizure ends, quickly roll the unconscious patient onto their side and open and clear the airway.
 - Cover the patient lightly with a coat or blanket. Check that normal breathing has resumed.
 - Allow the patient to sleep until fully recovered, but check for a response every few minutes.

4. Aftercare
 - Check for a MedicAlert pendant or bracelet stating that the wearer suffers from epilepsy.
 - Check for any injuries and apply necessary first aid.
 - Reassure the patient as full consciousness is restored.
 - Advise the patient not to drive. Try to arrange for someone to be with the patient until safely home.
 - Advise the patient to contact their doctor to report the seizure and check that any prescribed medication is adequate.
 - If the patient is known to have epilepsy, there is no need for medical aid or an ambulance unless the seizure lasted more than 5 minutes or a second seizure followed. If it is the first known seizure, medical advice is vital to avoid any future complications.

Aftercare

Feverish Convulsions

Convulsions in infants and young children may occur following a sudden rise in body temperature. This is commonly associated with infections. Such convulsions without complications from the underlying illness do not cause damage or result in epilepsy. How you can help

- Ensure the child's safety from any hazards
- Remove all clothing
- Cool the child slowly by uncovering them down to a nappy or pants.
- Sponge with cool water to reduce the temperature.
- Avoid giving anything to drink until the child is fully conscious.
- Wait until the convulsion ends before rolling the child or baby onto their side in a supported position.
- Open and clear the airway
- Check that normal breathing has returned.
- Reassure parents
- If not breathing normally after the seizure-call for an ambulance.

Appendix 3

ANAPHYLACTIC SHOCK

Severe allergic reactions (Anaphylaxis)

Introduction

A severe allergic reaction will affect the whole body, in susceptible individuals it may develop within seconds or minutes of contact with the trigger factor and is potentially fatal. Possible triggers can include skin or airborne contact with particular materials, the injection of a specific drug, the sting of a certain insect or the ingestion of a food such as peanuts. Recognition features

- Impaired breathing: this may range from a tight chest to severe difficulty
- There may be a wheeze or gasping for air
- Signs of shock
- Widespread blotchy skin eruption
- Swelling of the tongue and throat
- Puffiness around the eyes
- Anxiety

Treatment

Your aim is to arrange immediate removal of the casualty to hospital.

- Dial 999 for an ambulance
- Give any information you have on the cause of the casualty's condition
- Check whether the casualty is carrying any necessary medication. If they are, help them to use it.

If the casualty is conscious:

- Help them to sit up in a position that most relieves any breathing difficulty, this is usually sitting up and leaning forward slightly.

If the casualty becomes unconscious:

- Open the airway and check breathing
- Be prepared to give rescue breaths and chest compressions
- Place them into the recovery position if the casualty is unconscious but breathing normally.

IF STAFF MEMBER OR STUDENT FINDS A STUDENT OR STAFF MEMBER HAVING AN ANAPHYLACTIC SHOCK CONTACT STUDENT SERVICES STRIAGHTAWAY, SEND A STUDENT TO GET A FIRST AIDER. CONTACT THE PARENT OR CARER.

Appendix 4

DIABETES MELLITUS

(low blood sugar)

Introduction

When the blood-sugar level falls below normal (hypoglycemia) brain function is affected. This problem is sometimes recognized by a rapidly deteriorating level of response. Hypoglycemia can occur in people with diabetes mellitus and, more rarely, appear with an epileptic seizure or after an episode of binge drinking. It can also complicate heat exhaustion or hypothermia.

Recognition features

There may be:

- A history of diabetes; the casualty may recognize the onset of a "hypo" attack
- Weakness, faintness, or hunger
- Palpitations and muscle tremors
- Strange actions or behaviour; the casualty may seem confused or belligerent
- Sweating and cold, clammy skin
- Pulse may be rapid and strong
- Deteriorating level of response
- Diabetic's warning card, glucose gel, tablets, or an insulin syringe in casualty's possessions.

Treatment

Your aim is to raise the sugar content of the blood as quickly as possible and to obtain medical help if necessary.

- Help the casualty to sit down
- If they have their own glucose gel, help them to take it. If not, give them up to the equivalent of 10g of glucose, e.g. a 100ml glass of non-diet fizzy drink or fruit juice, two teaspoons of sugar or sugary sweets
- If they improve quickly, let them rest
- If they don't improve look for other causes, dial 999 or 112 and monitor breathing, pulse and level of response.
- Warning! If their consciousness is impaired don't give them anything to eat or drink as they may not be able to swallow or drink it properly.

If the casualty is unconscious:

- Open the airway and check breathing (primary survey)
- Give chest compressions and rescue breaths if necessary
- If the patient loses consciousness but is still breathing normally place them in the recovery position
- Dial 999 for an ambulance

- Always monitor and record the vital signs, levels of response, pulse and breathing or instance and give this information to the emergency services when they arrive.

Hyperglycemia (high blood sugar)

Introduction

High blood sugar levels (hyperglycemia) over a long period can result in unconsciousness. Usually the casualty will drift into this state over a few days. Hyperglycemia requires urgent treatment in hospital.

Recognition features

- Warm, dry skin
- Rapid pulse and breathing
- Fruity/sweet breath
- Excessive thirst
- If untreated, drowsiness, then unconsciousness.

Treatment

Your aim is to arrange urgent removal of the casualty to hospital.

- Dial 999 for an ambulance
- Monitor the level of response and look for any other possible causes. If the casualty is unconscious: SEE ABOVE WITH THE HYPOGLYCAEMIA
- Open the airway and check breathing (primary survey)
- Give chest compressions and rescue breaths if necessary
- If the patient loses consciousness but is still breathing normally place them in the recovery position
- Dial 999 or 112 for an ambulance
- Monitor and record breathing, levels of response and pulse. NOTIFY PARENT OR CARER.

STAFF INFORMED WHICH STUDENTS YEARLY ARE DIABETIC ON THE SCHOOL REGISTER.

Appendix 5:

SUN PROTECTION

We want all the students and staff at De La Salle School to enjoy the sun but it is important that students are educated about the dangers of the sun.

PE staff and those supervising educational visits will inform parents that sun cream can be applied. The school do however ask to supply their son / daughter with the sun-cream, apply it before school. If more is required during the day then parents need to supply extra in their child's bag.

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ACCIDENT REPORT AND INVESTIGATION FORM

Form Number: HSF045
Version: 1.0
Issue Date: April 2013
Procedure HSP 12.0

Please only complete this form if you cannot access and/or complete the ECC [online accident report form](#)

PART A

Section 1: ABOUT THE INJURED PERSON

Surname		Forename	
Staff Number		Work Tel Number	
Home Address (including postcode)		Home Tel Number	
Date of Birth		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Job Title		Unit & Sub Unit	

Is the person involved a: employee? visitor? student? contractor? Other? _____

Section 2: WHEN DID THE ACCIDENT HAPPEN?

Date of the accident		Time of the accident	
Did this happen during your normal working hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What are the normal working hours?	

Section 3: WHERE DID THE ACCIDENT HAPPEN?

Address of the location where the accident happened?		Department/ location where the accident happened?	
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Section 4: WHAT HAPPENED?

Description of Accident Event (include work activities, physical environment, equipment used, condition etc. where applicable)

Section 5: ABOUT THE INJURY?

<input type="checkbox"/> Cut to skin <input type="checkbox"/> Puncture or penetration wound <input type="checkbox"/> Abrasion <input type="checkbox"/> Bruising <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Dental <input type="checkbox"/> Dislocation	<input type="checkbox"/> Crush <input type="checkbox"/> Fracture <input type="checkbox"/> Amputation <input type="checkbox"/> Embedded object <input type="checkbox"/> Eye injury <input type="checkbox"/> Fatal Injury <input type="checkbox"/> Hair pulling	<input type="checkbox"/> Heat Burn <input type="checkbox"/> Cold Burn <input type="checkbox"/> Chemical Burn <input type="checkbox"/> Ingestion of toxic substance <input type="checkbox"/> Shock <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Stress/trauma	<input type="checkbox"/> Inhalation of fumes <input type="checkbox"/> Concussion <input type="checkbox"/> Electric Shock <input type="checkbox"/> Suffocation <input type="checkbox"/> Other (please specify)
Part and side of body affected (e.g. left, right, hand, arm, etc.)			

Section 6: CAUSE OF THE ACCIDENT?

<input type="checkbox"/> Physical contact (not assault) <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Collapse of structure <input type="checkbox"/> Contact electricity <input type="checkbox"/> Hazardous substance <input type="checkbox"/> Machinery in operation	<input type="checkbox"/> Fire <input type="checkbox"/> Falling objects <input type="checkbox"/> Contact heat <input type="checkbox"/> Infectious agent <input type="checkbox"/> Fall from height <input type="checkbox"/> Manual handling	<input type="checkbox"/> Moving vehicle <input type="checkbox"/> Physical assault <input type="checkbox"/> Sport or physical training <input type="checkbox"/> Psychological <input type="checkbox"/> Road traffic accident <input type="checkbox"/> Slips, trips and falls	<input type="checkbox"/> Bite <input type="checkbox"/> Struck against <input type="checkbox"/> Struck by <input type="checkbox"/> Stress/trauma <input type="checkbox"/> Other (please specify)
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Section 7: FOLLOWING THE ACCIDENT

Was first aid treatment given?	<input type="checkbox"/> Yes	By Whom	
	<input type="checkbox"/> No	Why not	
Immediately following the accident, the injured person:		<input type="checkbox"/> Continued working <input type="checkbox"/> Was sent home <input type="checkbox"/> Referred to GP	
Was the injured person taken to hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which hospital?	<input type="checkbox"/> By ambulance <input type="checkbox"/> By car

Section 8: WITNESS INFORMATION/DETAILS

Were there any witnesses to the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Witness	
Witness statement attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact number	

Section 9: YOUR DETAILS

Reported by		Job Title	
Date		Signature	

PART B

To be completed by the Line Manager directly responsible for this person or their work.
 Please answer questions as fully as possible and provide evidence, photographs, documentation etc. where possible.

Section 10: ABOUT THE LINE MANAGER/SUPERVISOR

Name		Job Title		Contact No.	
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Section 11: ABSENCE

Period of time affected person expected to be absent from work?	<input type="checkbox"/> None <input type="checkbox"/> 1 – 4 hours <input type="checkbox"/> 1 day	<input type="checkbox"/> 2 days <input type="checkbox"/> 3 – 6 days <input type="checkbox"/> Over 7 days	Has the injured person returned to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it reportable under RIDDOR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 12: ABOUT THE ACCIDENT EVENT

What were the immediate causes?					
What were the root causes?					
Was the injured person authorized to undertake this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the injured person received training for this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Is there a risk assessment for this activity?		<input type="checkbox"/> Yes (please attach a copy of the risk assessment) <input type="checkbox"/> No (please review your current risk assessments)		
Section 13: CORRECTIVE & PREVENTATIVE ACTION				
What preventative actions are being taken following the accident? (tick relevant boxes)		<input type="checkbox"/> Additional supervision <input type="checkbox"/> Training <input type="checkbox"/> Modifying existing systems of work <input type="checkbox"/> Repair to premises		
		<input type="checkbox"/> Review risk assessment <input type="checkbox"/> Review maintenance procedures <input type="checkbox"/> No further action required <input type="checkbox"/> Consider for recording on violent markers register		
Ref	Action	By Whom	By When	Completed
1				
2				
Section 14: ANY OTHER COMMENTS/RECOMMENDATIONS				
Signature		Date		
Please retain a copy and send original report form with associated documents to hs@essex.gov.uk within five days. Thank you for completing this form.				