



Introduction

Unforeseen incidents are likely to occur from time to time in a school and boarding environment that may require first aid to be given to pupils, staff and/or visitors. These incidents may involve illness, exacerbation of a known medical condition, or accidents causing injury.

Provisions for First Aid

The College and boarding residence, is risk assessed to ensure appropriate levels of first aid provision. These risk assessments are carried out by a competent person and reviewed annually and updated as necessary as a result of a statutory or other significant change.

As well as the minimum provision required, the risk assessments set out in detail any additional provision required specific to the site.

The risk assessments identify needs for each of the sites, high risk areas and activities and (when required) individuals requiring specific or specialist provision. They also take into consideration out-of-hours activities and provision for those on site out of term time. Provision for first aid for expeditions is risk assessed separately by the Group Leader.

Qualifications and Training

The aim of training is to give staff sufficient understanding, confidence and expertise in first aid. Staff should not provide first aid treatment if they have not been trained to do so.

First Aiders

First Aiders must have completed a training course, and refresher training as required, approved by the Health and Safety Executive (HSE) and appropriate for the role. Their main duties will be to provide immediate care for common injuries or illnesses and those arising from specific hazards within the College and its undertakings. A list of qualified First Aiders is available in from Reception.

When necessary, First Aiders will be responsible for ensuring that an ambulance or other professional medical assistance is contacted.

Appointed Persons

The College has Appointed Persons in addition to First Aiders. Such persons will have received formal training and their duties include:

- taking charge when someone becomes ill or is injured;
- looking after first aid equipment, e.g. restocking of supplies; and
- ensuring that an ambulance or other professional medical help is called when appropriate;
- Medication Awareness

First Aiders and Appointed Person training will be renewed at least every 3 years.

Boarding students

All boarding students are required to register with the local practice (XXXXXXXXXXXX) unless their parents are resident in the UK and they prefer their child to remain where they are currently registered. Details of contact numbers for the surgery, NHS Direct (111), dentists, opticians and counselling services are available from the boarding staff.

Anaphylaxis training for staff

When there are students on the College roll who may be required to use an AAI, all staff will be required to have training on anaphylaxis which will be refreshed every three years, which includes:

- recognising the range of signs and symptoms of an allergic reaction;
- understanding the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild symptoms;
- appreciating the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse;
- awareness of the anaphylaxis procedures;
- how to access the emergency AAI's;
- who the appointed persons who have responsibility for helping to administer an emergency AAI are, and the policy and procedures on how to access their help; and
- practical instruction in how to use the different AAI devices available.

Access to First Aid

Information concerning first aid arrangements will be given to all staff and pupils during induction training and lists of First Aiders and Appointed Persons will be available both electronically and displayed in hard copy in various locations around the College.

First Aid Equipment

The College has made provision for first aid areas in line with the Education (School Premises) Regulations, which require every school to have a suitable room that can be used for medical treatment when required and for the care of pupils during school hours.

In respect of the boarding houses, boarding students either have their own individual en-suite room which can be

used for medical treatment when required.

There are First Aid Kits available throughout the College, including on school vehicles. All First Aid Kits will be clearly marked FIRST AID. Nominated members of staff will check first aid equipment such as First Aid Kits on a termly basis and replenish them as necessary. A First Aid Kit will be taken when pupils leave the school on organised trips or participate in sports activities, away from the main sites.

All medicines are stored and administered within guidelines laid out in the College's Medicines Policy. Nominated members of staff will also ensure that any medicine held in school for pupils with medical conditions is available to appropriate members of staff for trips and that they are competent in administering this medicine.

Emergency First Aid Equipment

Emergency salbutamol inhalers

The College has emergency salbutamol inhalers at the following areas which are located as follows:

- College medical area
- Boarding Residence

Emergency adrenaline auto injectors

The College will keep (when there are students on roll who may need them) emergency adrenaline auto injectors (**AAIs**) at the following College areas which are located as follows:

- College medical area
- Boarding Residence

Guidance on when to call an ambulance or access urgent medical care services can be found at Appendix 1 to this Policy below.

Accident Reporting

All accidents and incidents requiring first aid should be reported to the Business Manager and recorded on the Incident Report Form (**IRF**) where applicable, and a notification sent to parents. Incidents including those reportable under RIDDOR must also be logged. Incidents reportable under RIDDOR also need to be reported through the IRF.

Reviewed: September 2020

Review History

Date of adoption of this policy	01 September 2020
Date of last review of this policy	01 September 2020
Date for next review of this policy	Summer Term 2022
Policy owner	Principal

Revision History

APPENDIX 1

Guidance on when to access urgent and emergency care services

NHS 111

Call NHS 111 if you are worried about an urgent medical concern.

NHS 111 advisers can also assess if an ambulance is required and will send one immediately if necessary.

999

Call 999 in a medical emergency. Medical emergencies can include:

- loss of consciousness
- an acute confused state
- fits that are not stopping
- persistent, severe chest pain
- breathing difficulties
- severe bleeding that cannot be stopped
- severe allergic reactions, including anaphylaxis or suspected anaphylaxis
- severe burns or scalds
- Choking

An ambulance must be called for any episode of anaphylaxis requiring treatment with an AAI, any asthma attack in which the initial use of the pupil's inhaler does not relieve the symptoms, any diabetic coma, any seizure or any medical emergency/injury requiring paramedic support (e.g. Immobilisation).

In the event of a student requiring treatment at a hospital a member of College staff will accompany the student until a parent/carer can reach the hospital.

APPENDIX 2

Practical arrangements at point of need

Procedures

Accessing first aid

If you need to contact a first-aider please call Main Reception on *02475 092 950*

Pupil Illness

If a pupil feels unwell, it is the responsibility of the teacher or member of staff on duty in the first instance to try to establish the cause. The member of staff (or a pupil if deemed appropriate) should escort the pupil to the Nominated Person who will inform the appropriate responsible adult. The nominated member of staff or member of the senior leadership team will decide whether to contact the child's parents and send the child home.

Boarding students

Procedures for dealing with boarding students who are sick during College hours

If a boarding student is not well enough to attend College they should speak to the boarding staff at the AM welfare check. The boarding staff will contact Reception to inform staff of any boarding students who have reported sick and are not able to attend.

If a boarding student is reported absent from class, Reception will ring the student and/or boarding staff and if they say they are sick, the boarding staff will be informed who will arrange to see the boarding student. The boarding staff will communicate the outcome (e.g. coming in to College, boarding student ill in bed, boarding student going to doctors etc) to Reception in due course.

The boarding staff will speak to the student to assess his or her needs, treat the boarding student as appropriate and will monitor as necessary. The member of boarding staff will remind the boarding student to let house staff know if symptoms worsen. The student will also be reminded to stay in the Residence that evening. If necessary the boarding staff will make a doctor's appointment for the student and, if they are too ill to go unaided, accompany them if requested or in the case of the boarding students on the Pre-A-level course accompany them. Boarding students have access at the surgery to either a male or female doctor.

The boarding staff will update other boarding staff, as part of their handover, and the College staff, as appropriate. Boarding staff will check on ill students during the course of the day, in the evening and at curfew time, and will provide food and drink as necessary, depending on the severity of the illness. There is no designated sick room in the boarding houses as students are housed in single rooms with their own bathroom.

If a boarding student requires a GP appointment and they are aged 16 years or younger they will be accompanied by a member of boarding staff.

During College hours, any boarding student who is told by the doctor to go to the hospital or who is involved in an accident will be taken by the boarding staff or another designated member of staff by taxi, unless an ambulance is

called. The member of staff will stay with the boarding student at least until they have been seen by the doctor, had x-rays or other assessments and been admitted to a ward. The member of staff will communicate with the Boarding Manager to determine who should ring parents and to decide who will visit during the evening/provide support to the boarding student during their stay in hospital.

Boarding students should never be told to make their own arrangements for emergency treatment and should always be accompanied by a member of College staff.

Boarding students who become ill during the evening or weekends

If a boarding student is unwell during these times, they should let the boarding staff know as soon as possible.

The doctor's surgery is open from XXXXXXXXXXXX for pre-booked appointments only. Outside these times, if the boarding staff and student feel that the problem cannot wait they should call 111. NHS Direct will usually get a doctor to call back and speak to the patient and then give advice on what to do next. If they advise hospital treatment the boarding staff should immediately speak to the Boarding Manager to decide which member of staff should accompany the boarding student to the hospital. Procedures then follow the pattern above.

If a student obviously needs emergency treatment, the boarding staff should ring 999 for an ambulance and ring the Boarding Manager as soon as possible. If a student receives treatment at the hospital during the evenings or at weekends, boarding staff will be informed as part of the handover.

"Gillick" competence

"Gillick competence" is used in medical law to determine whether a child (aged 15 or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge. A child will be deemed "Gillick competent" if they have sufficient age and understanding to make an informed decision, including both the nature and the implications of that decision. A student aged 16 years and above will be assumed to be competent and therefore Year 1/2 students (i.e. those aged 16 or over) may give or withhold their own consent for medical treatment. Although there is no lower age limit for Gillick competence to be applied, it would rarely be appropriate or safe for parents not to be involved in decisions relating to a child of under 12. The College will therefore assess the competence of any students aged under 16 on a case by case basis, with reference to the facts and in accordance with the test for Gillick competence. A student who is deemed to be "Gillick competent" may also give or withhold their own consent for medical treatment.

Spillage of Bodily Fluids

For any spillage of bodily fluids (e.g. bleeding, vomiting or other), the Business Manager is to be contacted immediately. They will arrange for the spillage to be cleaned up. Disposable gloves must be worn when dealing with such spillages.

Protecting from Blood-Borne Viruses

The College aims to prevent or control the risks to staff from blood-borne viruses (BBVs) that they may encounter during the course of their work, the main viruses of concern being human immunodeficiency virus (HIV, which causes

AIDS), Hepatitis B virus and Hepatitis C virus. BBVs are carried in the blood of infected people (it is possible for a person to be infected but be unaware of it). They are also carried in other body fluids. Some Bodily fluids such as saliva and urine may contain one or more of the viruses but are unlikely to be an infection risk unless they contain visible blood.

Risk Assessment and Control

Tasks where staff could be exposed to BBVs will be assessed and controls introduced to eliminate or reduce the risks to the lowest reasonably practicable level. The findings of these risk assessments will be communicated to the staff concerned and training in the use of the control measures will be provided. The procedures that should be followed if a member of staff is exposed to blood that may contain a BBV will also be explained.

- Staff identified as being particularly at risk from Hepatitis B virus may be vaccinated.
- Where risks from BBVs cannot be reduced to acceptable levels by other means, staff will be provided with suitable personal protective equipment (PPE) and trained in its use.
- All potentially infected materials and equipment (e.g. clinical waste, soiled clothes, syringes and needles) will be identified and arrangements made for them to be handled and disposed of safely.
- All needle-stick injuries, puncture wounds and incidents involving exposure to blood or bodily fluids will be investigated by Management and the relevant risk assessments reviewed and, if necessary, amended.

All staff are responsible for using the control measures described in the risk assessments for tasks that they carry out.

Procedures

Where there is a risk of exposure to blood or bodily fluids, equipment or materials contaminated with these, the following precautions must be adopted:-

- cover all cuts, sores, chapped skin or other open wounds with a waterproof dressing;
- when collecting abandoned sharps always wear gloves;
- wherever possible, use litter tongs to pick up rubbish and abandoned sharps;
- when litter picking, wear safety boots; place discarded sharps in a yellow sharps box. When three-quarters full, yellow sharps boxes must be disposed of as contaminated waste by a licensed waste carrier;
- do not use teeth when putting on/removing gloves;
- wear disposable gloves when administering first aid;
- pull off gloves so that they are inside out;
- hands must be washed with soap before and after applying dressings;
- hands and other parts of the body must be washed immediately with soap and water after contact with blood, other bodily fluids and after removing gloves;
- blood and bodily fluids (except urine) should be cleaned up by using absorbent materials and a solution of one part bleach to ten parts water; N.B. DO NOT use bleach on urine spillages - use soap and water;

- when handling needles and other sharp equipment take care to avoid accidentally cutting or piercing the skin. Used needles must be placed immediately into a sharps container found in the medical room and disposed of by incineration;
- if a needlestick injury or puncture wound occurs or you come into contact with blood or bodily fluids that may contain a BBV, please seek advice from the Nominated Person in the first instance.

Needlestick or Sharps Injury Protocol

If a needlestick injury or puncture wound occurs or you come into contact with blood or bodily fluids, the procedure below should be followed:

- Encourage cuts and wounds to bleed.
- Wash the affected area thoroughly with soap and running water.
- After bleeding the wound and holding under running water, if available, clean the affected area with a Mediswabs or medicated hand wash.
- If mucous membrane or eyes are affected, wash the affected area with copious quantities of running water.

Attend the nearest hospital Accident and Emergency Department immediately and advise the following information:

- the date, time and location of the incident;
- a description of the incident.

As soon as possible report the incident following the Incident Reporting Procedure.

APPENDIX 3

Additional COVID-19 First Aid Arrangements

This document supplements the existing first aid arrangements and staff should read this in conjunction with the Coronavirus (COVID-19) Reopening Policy and Procedures and associated risk assessments.

Specific considerations relating to management of first aid is covered in [COVID-19 Guidance for all education settings](#).

Safe Working arrangements

Avoid close contact in the first instance. Consider where you may be able to instruct a person about what to do, or pass them items that they need in order to treat minor injuries.

Stand at a distance if this is appropriate.

If a person has suspected COVID-19, wherever possible, ask them to move to a location away from others. If there is no physically separate room, or the individual is not able to move to another room, ask all other persons not required to assist in first aid provision to leave the vicinity.

Where a close contact response is needed (for symptomatic people), the following equipment is required:

- Disposable gloves
- Plastic apron
- Fluid repellent surgical mask
- Disposable eye protection (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)
- Resus face shield
- Hand sanitiser
- Two bin bags
- Disinfectant wipes (for cleaning first aid box)

Public Health have confirmed that PPE is not required for first aid for non-symptomatic people.

Storing PPE - PPE should be kept in a labelled box or bag with First Aid kits so that it is readily available and can be accessed quickly.

Using PPE -

The appointed person at each site has been designated to support children with suspected symptoms but it is vital that any member of staff who uses PPE reads the national guidance ([COVID-19 Personal Protective Equipment Guidance](#)) and takes the time to familiarise themselves with the instructions for [donning](#) (putting on) and [doffing](#) (taking off) PPE. We would ask that staff watch [this video](#), and read the [guidance note](#) prepared by our Public Health Team, in readiness for responding to a first aid event.

Removal of PPE

Remove PPE when close contact is no longer required by following the sequence for removal included within the guidance note. It is critical that you do this in order to avoid self-contamination. You should not walk through the premises whilst wearing this. You can use hand washing facilities after you have followed the [PPE removal sequence](#), or hand sanitizer, where hand washing facilities are not in close proximity.

Cleaning

If you provided first aid to a symptomatic person, all surfaces that the person has come into contact with after they developed symptoms should be cleaned following the cleaning requirements which are outlined in the specific guidance document for the school/setting that you work in. Please see the COVID-19 Reopening Policy and Procedures and the relevant risk assessments for further information on cleaning requirements. Additional cleaning is not required in areas where a symptomatic person has passed through and spent minimal time (e.g. corridors). If these are not visibly contaminated, they can be cleaned using the setting's usual procedures.

Clothing

You do not need to change your clothing, unless your clothing has become contaminated or soiled as a result of close contact but should change your clothing on arrival at home (after close contact or wearing PPE). Clothes should be washed separately from other household linen, in a load not more than half the machine capacity - at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

Staff Responsibilities

The Principal must ensure that:

- The requirements relating to the management of first aid outlined in [COVID19 Guidance for all education settings](#) have been implemented.
- The additional equipment that is specified within the 'Safer Working Arrangements' section is provided.
- An adequate supply of PPE is available to enable first aiders to familiarise themselves with the equipment, or practice using it as required (for circumstances where they are not otherwise familiar with wearing PPE).
- First aiders take time to practise the use of PPE prior to needing to use it.
- First aiders do not fall into a clinically vulnerable group (unless a specific assessment has been carried out).
- Discuss this guidance with first aiders and ensure that they understand the requirements included within it.

First Aiders must ensure that:

- They familiarise themselves with the guidance and follow these requirements where it is possible to do so.
- They undertake first aid duties applying the principles of social distancing and infection control as much as is possible.
- Where close contact is required they follow the requirements for wearing PPE, specifically paying attention to the sequence for PPE removal in order to avoid self-contamination.
- Ensure that the equipment is ready for use as part of their response arrangements.

Cardiopulmonary resuscitation

If you need to perform cardiopulmonary resuscitation (CPR), you should conduct a dynamic risk assessment and adopt appropriate precautions to reduce the risk of virus transmission. It is acknowledged that you may not have had the opportunity to put on PPE.

In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen). The following steps are recommended:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth (unless you are wearing a fluid resistant mask). If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If the individual is suspected to have COVID19, make the operator aware when you dial 999.
- If there is a perceived risk of infection, first aiders should place a cloth/towel over the victim's mouth and nose (unless the first aider is wearing a face mask) and attempt compression only CPR and early defibrillation until the ambulance arrives. Put hands together in the middle of the chest and push hard and fast.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection
- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.
- Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxial arrest), therefore chest compressions alone are unlikely to be effective. If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.

We do recognise that some first aiders will still choose to administer rescue breaths or instinctively respond in this way. This is a personal choice.

First Aider Actions

- If you have been in close contact with a person and/or have given mouth-to mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days.
- Wipe down the first aid box after use using a disinfectant wipe.
- Replace used PPE so that it is available for the next first aid event.
- Follow your normal arrangements for recording first aid and checking stock.

APPENDIX 4

First Aid and Medical Staff and Equipment in the College

Nominated person in College

The person responsible for ensuring students with medical conditions are identified and properly supported in the College, and for supporting staff who are implementing a student's Individual Health Care Plan is:

Name of nominated person: **Faith Grant-Ghent**

Nominated person in College

The person responsible for ensuring students with medical conditions are identified and properly supported in the Residence, and for supporting staff who are implementing a student's Individual Health Care Plan is:

Name of nominated person: **Cassie Earle – Boarding Manager**

The First Aid Team

The first aiders in **College** who are able to administer medicines are:

- **Faith Grant-Ghent**
- **Cassie Earle** (administration of Medicines trained)

Other first aiders in the College are:

- Dr Penny Robotham

The first aiders in **Residence** who are able to administer medicines are:

- ???????

First Aid Boxes

The first aid posts are located in:

- Medical Room
- Reception
- Each floor of the Hall of Residence as well as Reception at the Hall of Residence

Medication In College

Students' medication is stored in:

Location of store: **Medical Room**

The person who has control of the medication store is: *Name of responsible*

person: **Faith Grant-Ghent**

In Residence

Students' medication is stored in:

Location of store: ????

The person who has control of the medication store is:

*Name of responsible person: **Duty Warden on each floor (see duty rota for named person)***