

NEW FOREST CARE EDUCATION

First Aid & Medication Policy

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This policy applies to all areas of New Forest Care Education’s business, including Registered Independent Schools, Alternative Provisions, Farms, Post-16 and all other Educational Services.

1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, students and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and statutory guidance

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of students

3. Roles and Responsibilities

3.1 Appointed person(s) and first aiders

A list of the school’s and Alternative Education Provisions appointed persons can be found in (Appendix 1).

They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

In addition, all education staff are trained to 1 Day EFA level. First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending students home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
- Keeping their contact details up to date

3.2 Directors and Governing Boards

The directors of New Forest Care have ultimate responsibility for health and safety matters in its Schools and Alternative Education Provisions, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The Headteacher or Head of Alternative Education

The Headteacher or Head of Alternative Education is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of first aiders are present at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.4 Education Staff

Education staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in are
- Completing accident reports for all incidents they attend to where one of the nominated school first aiders is not called
- Informing the Headteacher, Head of Alternative Education or their manager of any specific health conditions or first aid needs

4. First Aid Procedures

4.1 On-site Procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a student is too unwell to remain in the education setting, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the lead first aider or the school matron will contact parents immediately
- The first aider/staff member will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

4.2 Off-site Procedures

When taking students off site, staff will ensure they always have the following:

- A mobile phone is available
- A portable first aid kit
- Information about the specific medical needs of students
- Parents' contact details

Risk assessments will be completed by the staff member leading the trip and checked/signed off by a member of the Senior Leadership Team prior to any educational visit that necessitates taking students off site.

There will always be at least one first aider on trips and visits and in normal circumstances most, if not all staff supporting the trip will be first aid trained to a suitable level.

5. First Aid Equipment

A first aid kit will be appropriate to the educational setting or the activity being undertaken, with any variations or additions made by a competent person.

A typical first aid kit will include the following:

- A leaflet with general first-aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are also stored in:

- The medical room/office on each site
- All science labs
- All design and technology classrooms
- All food technology rooms
- All education vehicles

6. Recording & Reporting

6.1 First Aid and Accident Forms

- An accident form will be completed by the first aider/member of staff on the same day or as soon as possible after an incident resulting in an injury and uploaded to Arbor
- As much detail as possible should be supplied when reporting an accident.
- Records held on Arbor will be retained for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

6.1 Reporting to the HSE

The Director responsible for HSE will keep a record of any accident resulting in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Director responsible for HSE will report these to the Health and Safety Executive as soon as reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools and educational settings include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

7. Training

All staff undertake first aid training to 1 day Emergency First Aid at Work level.

Appointed persons undertake first aid training to 3 Day First Aid at Work level.

Staff responsible for delivering Outdoor Education and leading Offsite Activities will undertake specific extended first-aid training.

All first aiders must have completed a suitable training course and hold a valid competence certificate to demonstrate this. Schools and Alternative Education Provisions will keep a register of all trained first aiders, what training they have received, and its expiry date on Bamboo HR.

Staff are required to renew their first aid training and ensure it is kept up to date.

8. Administration of Medication

8.1 Prescribed Medication

The administration of prescribed medication to a student will be by the School Matron or Designated First Aider. These staff will have completed medication training.

The exception to this will be students who self-medicate (This will be risk assessed to ensure safe storage of this medication) or students/staff requiring epi-pens and/or Ventolin.

Keeping Salbutamol (Ventolin) inhalers on school sites in case of emergency is now considered acceptable for students who have been prescribed reliever medication and whose own inhaler may have been lost, forgotten or broken. Each setting will secure the school salbutamol in the medicines cabinet like any other controlled medicine.

Staff/ Parents/Carers must bring medication in an envelope containing the original packaging, clearly marked with the child's name, any specific storage instructions and administration guidelines.

A photocopy of this information will be held in the medication file.

8.2 Non-Prescribed Medication

The matron or designated first aider will take responsibility for administering non-prescribed medication (i.e. Paracetamol).

A stock of Paracetamol and Piriton that would be considered reasonable for the size of the setting will be kept in the locked first aid cabinet within the staff office or medical room.

Any administering of non-prescribed medication will be recorded in the medical cabinet log.

The school matron or designated first aider will be responsible for handover to parents/carers.

The school matron or designated first aider will contact the parents/carers prior to administering non-prescribed medication to ascertain previous medication use.

- Written consent from the parent/guardian must have been received in advance and administration is in accordance with guidance provided in the *Health Guidance for Schools* document and young person's risk assessment.
- Children under 16 years old are **never** to be administered aspirin or medicines containing Ibruprofen unless prescribed by a doctor.

- Responsibility for decision-making about the administration of all non-prescribed medicines will always be at the discretion of the School Matron or Head Teacher who may decide to administer in exceptional circumstances.

8.3 Maintenance Drugs

It is our policy to manage the administration of maintenance drugs (e.g. Insulin) as directed following consultation and agreement with, and written consent from the parents.

On such occasions, a Health Care Plan will be written for the child concerned and administered by either the Company Nurse, parent or carer.

8.4 Non-Routine Administration

Emergency Medicine

- It is our policy to manage the administration of emergency medicines such as:
 - Injections of adrenaline for acute allergic reactions.
 - Rectal diazepam for major fits.
 - Injections of Glucagon for diabetic hypoglycaemia.

In such cases, permissions and procedures will be detailed in a student's Health Care Plan.

- Professional training and guidance from a competent source will be received in all cases before commitment to such administration is accepted.

9. Infection Control

9.1 Aim

To make staff aware of the immediate first aid action to be taken following any incident; which involves contamination with blood or body fluids.

To ensure a Risk Assessment is undertaken for each incident and appropriate action taken to protect the staff from infection with blood borne virus(es).

New Forest Care Education will ensure:

- All staff employed will undergo basic staff training on the risks associated with infection within the school.
- A supply of protective gloves and other PPE will be kept available for the use of both students and staff. Any additional equipment required such as bio hazard bags or sharps bin will be assessed and put into place on an individual basis.

The school will display information regarding confidential advice centres for those concerned with issues such as H.I.V

9.2 Introduction to Infection

Infection may be transmitted from infected patients to staff members through inoculation (e.g. needle stick or bites) or by contamination of open skin lesions, conjunctivae or mucous membranes by patient's blood or body fluids. Therefore:

- All blood and body fluids and tissues should be regarded as potentially infectious.
- It is therefore important that staff adopt Standard Precautions when in contact with blood/body fluids.
- Sharps must be safely disposed of in a suitable container.
- Needles must not be re-sheathed prior to disposal. The following action must be taken to try to prevent contamination, and to assess risk so that appropriate treatment can be given.

The guidance is divided into two sections, the first being incidents where the patient or source is known to be HIV Positive or highly suspected to be HIV Positive and in the second part, all other incidents where the risk may be of Hepatitis B or Hepatitis C, or other blood borne virus(es). Most occupational incidents will relate to the second part of the guidance.

9.3 Legal requirements

Employers are required by law to carry out adequate risk assessments of workplace activities and to provide suitable and sufficient training to ensure the safety of their staff while on the employer's business.

The Control Substances Hazardous to Health Regulations (2002) further require that adequate Risk Assessments of any practices which involve the use of, or exposure to hazardous substances, including micro-organisms are carried out and that significant findings are recorded.

Risk Assessments should be extended to cover dangers to others on the employer's premises, including patients, visitors and contractors.

Legislation also requires that employees have a duty to cooperate with the employer on all matters associated with health and safety and to abide by local safe systems of work.

9.4 Exposure to Infection

Definitions of Incidents

Incidents can happen occupationally in one of three ways:

Percutaneous exposure

- From sharps; needles, sharp edged instruments, broken glass contaminated with blood/body fluids. Sharp spicules of bone or teeth.
- Blood borne virus(es) are potentially transmittable by human bite, if the bite breaks the skin of the person bitten. The risk of Hepatitis B contamination is high in this instance but minimal for HIV.
- Deep scratches where the skin has been broken have the potential to be infected from other's nails, especially when contaminated by blood/body fluids.

Cutaneous exposure –

- From spraying of blood/body fluids onto broken skin (abrasions, cuts, eczema etc) although the risk of HIV contamination in this instance is low.
- There is no evidence that blood borne virus(es) can be transmitted by contaminated blood on to intact skin'.

Mucous membrane Exposure

- From blood/body fluids into eyes, up the nose or into the mouth.

Staff's main protection is education in Standard Precautions and appropriate protective clothing.

Abrasions and cuts must be protected by waterproof dressings.

10. Monitoring Arrangements

This policy will be reviewed by the Headteacher, Registered Mental Health Nurse and Director of Education every year.

At every review, the policy will be approved by the Directors of New Forest Care and shared with the Governing Board where appropriate.

11. Linked Policies

This first aid policy is linked to the following policies:

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions
- Physical Intervention Policy

Appendix 1: Matrons & Designated First Aiders

New Forest Care Education Site Specific First Aiders

NFCE Registered Schools

New Forest School

ROLE/ORGANISATION	NAME	CONTACT DETAILS
Site First Aiders'/Matrons	Beverley Wells – Totton Matron Sarah Hartley – Dibden Matron Nicola Hole – OLC Head of School Corriene Young – Fawley Matron	
Mental Health Nurse	Gavin Downie	

OEA Education

ROLE/ORGANISATION	NAME	CONTACT DETAILS
Site First Aiders'/Matrons	Nikki Peace – OEA Education Head Teacher	07894 127744
Mental Health Nurse	Tiffany Bray	

NFCE Alternative Education

OEA Alternative Education

ROLE/ORGANISATION	NAME	CONTACT DETAILS
Site First Aiders'	Tom Jones – OEA AE	07823 863475
Mental Health Nurse	Tiffany Bray	

OLC Alternative Education

ROLE/ORGANISATION	NAME	CONTACT DETAILS
Site First Aiders'	Jane White – OLC AE	
Mental Health Nurse	Gavin Downie	