



**First Aid Policy**

**First Aid and Administering of Medicines**

Date	Review Date	Contact
01.09.18	01.09.19	Principal

**Legal Status**

- Regulatory Requirements, Part 3, Paragraph 14 of the Education (Independent School Standards) (England) Regulations

**Applies to:**

- the whole school along with all activities provided by the school, including those outside of the normal school hours;
- all staff (teaching and non-teaching) working in the school.
- volunteers
- visitors

**Related Documents:**

- Educational Visits and Off-site Activities Policy
- Health and Safety Policy
- Health and Safety Manual

**Availability**

This policy is made available to parents, staff and Students in the following ways: via the School website, within the Policies Folder in the office and on request a copy may be obtained from the School Office.

**Monitoring and Review:**

- This policy will be subject to continuous monitoring, refinement and audit by the Principal.
- The Proprietor undertakes a formal annual review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than one year from the date shown below, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

**Policy Statement:**

Newbury Hall will undertake to ensure compliance with all the relevant legislation with regard to the provision of First Aid for students, staff and visitors. We will ensure that procedures are in place to meet that responsibility including the timely and competent administration of first aid and the effective implementation of the policy . This policy should be read in conjunction with Newbury Hall's Health and Safety policy and policy on Safeguarding students on school visits. It will be reviewed annually.

**Aims and Objectives:**

- To identify the First Aid needs of Newbury Hall in line with current legislation regarding the Management of Health and Safety at Work Regulations.
- To ensure that timely and competent First Aid provision is available at all times whilst people are on the premises and on premises used by the school.
- To ensure that when recruiting staff, an appropriate number of successful candidates hold relevant First Aid qualifications and have been suitably trained, or are prepared to undertake training.
- To maintain a record of all First Aid training at Newbury Hall and to review First Aid needs and procedures annually.
- To provide ongoing training and ensure monitoring of training needs.
- To provide sufficient appropriate resources and facilities.
- To provide awareness of Health and Safety issues within Newbury Hall and on school trips to prevent, where possible, potential dangers or accidents.
- To inform staff, students and parents of the First Aid arrangements at Newbury Hall.
- To report, record and where appropriate investigate all accidents.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulation in force at the time.

**First Aid Provision:**

First Aid kits will be available in the following locations:

- The main offices of the school and the Residence
  - The kitchen
  - The Science Lab
  - Portable First Aid kit for general outing and sports use – Kept in the Residence office and to be signed out
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- An appropriate first aid trained member of staff will check the contents of kits every half term and restock as necessary. A kit should also be checked every time it has been used. It is the responsibility of the person who opened the First Aid box to report this fact to Reception or Residence Staff.
  - The First Aid room will be located in the ground floor corridor of the Residence. At no time should an injured or seriously ill person be left unattended in the designated room.
  - All members of staff, teaching and support must ensure they have read this First aid Policy.

**Definitions****First Aid**

The arrangements in place are to initially manage any injury or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out. It does not include giving of any tablets or medicine to treat illness.

### **Full First Aider**

A person who has completed a full (3-day) course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

### **Appointed Person**

A person who has completed a 1-day course of emergency first aid from a competent trainer and holds a current certificate.

### **First Aid Facilities**

The Principal must ensure that the appropriate number of first-aid containers are available according to the risk assessment of the site are available. Newbury Hall has First Aid containers in both the residence and school.

All first-aid containers must be marked with a white cross on a green background;

First aid containers always accompany the students when using any specialist facilities and during any off-site activity/educational visit. First aid containers must accompany Physical Education (PE) teachers off-site;

All vehicles carry a first aid kit; this is the responsibility of the school travel providers. Sports staff will always carry first aid boxes to all activities off site.

First aid containers should be kept near to hand washing facilities;

Spare stock should be securely kept in school in the Residence Office. Stocks are monitored by the Student Services Manager and responsibility for checking and restocking the first-aid containers is also that of the Student Services Manager. The First Aiders must notify the Student Services Manager of any necessity of restocking of the First Aid boxes.

**First Aid Training:** The Principal is responsible for ensuring that there is an adequate number of qualified First Aiders/Appointed persons. The list of staff with current First Aid Certificates is available from all the school offices. All First Aid qualifications are updated every three years in accordance with regulations.

Relevant members of staff will be trained annually in the use and administration of Epipens. A list of all students who may require this treatment will be held at Reception and the Residence office and notified to all staff at the start of each academic year.

### **Policy on First Aid in School**

First aid trained staff, both teaching and non-teaching are responsible for dealing with minor incidents requiring first aid. During lesson time first aid is administered by a qualified staff member.

First Aiders are authorised to apply dressings and compresses and take reasonable steps to facilitate symptom relief. Fully stocked First Aid kits are available from reception and the Medical Room. Any action taken should be recorded. Accidents of a more serious nature should be recorded on an incident/accident report form, and if serious, parents/guardians should be informed by telephone. If an injury or illness involves spillage of body fluids gloves should be worn.

If there is any concern about the first aid which should be administered then the Student Services Manager must be consulted.

The arrangements for first-aid provision will be adequate to cope with all foreseeable incidents. The number of designated first-aiders will not, at any time, be less than the number required by law. This is determined by risk assessment (Local Authority guidance). Designated staff will be given such training in first-aid techniques as is required to give them an appropriate level of competence. The Principal is responsible for ensuring that a sufficient back-up stock is held on site. Notices will be displayed in prominent locations

throughout the establishment identifying how to summon first aid in an emergency and who the first aiders are. All first aid-signs and containers must be identified by a white cross on a green background. A written record will be kept of all first-aid administered either on the school premises or as a part of a school related activity.

#### **The First Aiders' procedure for dealing with sick or injured Students:**

1. Ascertain by inspection and discussion with child or staff member the nature of the child's injury or illness.
2. Comfort or advice as necessary. This may be sufficient and child can return to class or activity. Inform staff member of nature of any concerns if appropriate.
3. Treat injury or illness if required. Clean wound with approved antiseptic wipe or running water and cover with a plaster if still bleeding and no allergy exists.
4. Record action taken in the Incident/Accident Form Book held in the residence office, if serious injury, complete an accident record form and give a copy to the Principal to sign.
5. If child is then well enough he/she will return to class.
6. If problem persists or there are doubts as to the seriousness of any injury then appropriate arrangements are made, eg student escorted to Accident & Emergency.
7. If a severe illness or injury is suspected then the emergency services will be called. No student will travel in an ambulance unaccompanied.
8. If any issue arises during treatment or discussion with the student that the Student Services Manager feels should be taken further, she/he will telephone or speak to the parents and/or the Designated Safeguarding Officer or most appropriate member of staff.

N.B. First Aiders will have up to date Emergency First Aid training but are not, however, medically qualified and hence cannot give medical advice.

#### **First Aid and Accident Reporting procedures:**

A First Aid box is held in the main office at the school and the Residence) and portable boxes are available from the residence office for off-site visits.

The names of all qualified First Aiders will be circulated to all staff and a copy held with the First Aid Policy. The incident/accident report book and report forms for all injuries and the procedures to be followed are clearly outlined in the First Aid policy. The arrangement for First Aid for sports, outdoor pursuits and field trips are the responsibility of supervising staff.

#### **Incident Reporting:**

All incidents/injuries/minor head injuries and treatment will be recorded on the 'Incident/Accident Report Book which is kept in the residence office. Any significant injury needs to be entered in the Accident Book, which is signed by the Principal. This will be completed by the person administering First Aid and by the person who has dealt with the accident. At the earliest opportunity it should be signed by the person who was the subject of the injury. These records are kept for 7 years. If the nature of the accident involves contacting 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations', the Principal will be the person designated to undertake this on behalf of Newbury Hall.

#### **Sharing of information:**

At the start of each academic year, the Senior Leadership Team will be informed of all students who are known to have medical conditions/problems. The list of students will be reviewed each time a student is to be added or deleted from the list. Medical details of students for out of school visits can be obtained from the school office and these are taken on all school visits. For overseas or residential trips up to date medical consent forms will be obtained for all students attending.

**Reporting to Parents:** In the event of accident or injury, parents/guardians must be informed as soon as practicable (within 24 hours). The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Principal if necessary. Parents/guardians are always called if there is a head injury, no matter how apparently minor.

**Accidents involving Staff:** Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs). All accidents must be reported in the Staff/Visitor Incident Record Book

Work related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported within 10 days. Cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer). Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

**Accidents involving Students or visitors:** Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

- any School activity (on or off the premises)
- the way a School activity has been organised or managed (e.g. the supervision of a field trip)
- equipment, machinery or substances
- the design or condition of the premises.

Need to be reported without delay to HSE, followed by Form F2508.

For more information on how and what to report to the HSE, please see:

<http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link

### **Practical Arrangements at the Point of Need**

#### **Head Injuries:**

Accidents involving the head can be problematic because the injury may not be evident eg internal and the effects only become noticeable after a period of time. Even if the injury is minor, all head injuries should be closely monitored and the incident/accident report form should be completed. Any serious head injury should always be referred for hospital treatment following the emergency procedures below.

#### **Emergency procedures:**

Where the injury is an emergency, an ambulance must be called without delay. Where hospital treatment is required but it is not an emergency, a member of the staff of the school will be asked to accompany the student to the hospital and remain with, keeping the Principal fully updated of developments.

#### **An ambulance must always be called:**

- in the event of a serious injury;
- in the event of any significant head injury;
- in the event of a period of unconsciousness and
- whenever there is a possibility of a fracture or where this is suspected.
- in the event of a severe allergic reaction

#### **Hygiene/Infection control:**

In order for Newbury Hall to upkeep hygiene standards and reduce the risk of infections spreading:

- hands must be washed before and after giving First Aid;
- single-use disposable gloves must be worn when treatment involves blood or other body fluids;

- any soiled dressings etc must be put in a clinical waste bag and disposed of appropriately;
- any body fluids on the floor should have absorbent granules sprinkled on them and be swept up with the designated dustpan and brush. If possible the area should be bleached;
- body fluid spillages on hard surfaces should be cleaned up and then bleached and
- exposed cuts and abrasions should always be covered.

Students with infectious diseases will not be allowed into school until deemed safe by their GP or the relevant local Health Authority.

## **Annex A:**

### **Basic First Aid**

Knowing what to do in an emergency is vitally important. The school supports staff in attending first aid training and in knowing what to do in an emergency. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call 999 immediately and contact a trained First Aid Officer.
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive.

<b>Unconsciousness</b>
If the person is unconscious with no obvious sign of life, call 999 / 112 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.

<b>Bleeding</b>
Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.

<b>Burns</b>
For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.

<b>Broken bones</b>
Try to avoid as much movement as possible.

### **Embedded Objects and Splinters**

An object embedded in a wound (other than a small splinter) should not be removed as it may be removed as it may be stemming bleeding, or further damage may result. In principle leave splinter in place, carefully clean the area with warm soapy water; use sterile dressing to cover it.

## **Annex B: Anaphylaxis**

### **What is anaphylaxis?**

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (eg dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (eg bees, wasps, hornets). In its most severe form the condition can be life-threatening.

Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No student would necessarily experience all of these symptoms at the same time.

### **Medication and control**

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an EpiPen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Students with severe allergies and a prescribed EpiPen, will have an individual Health Care Plan with full details of their allergy and treatment, and kept in the student's file.

Medication for an individual student must be kept in a locked cabinet in the Residence office which is readily accessible, in accordance with the School's health and safety policy. If a student has an EpiPen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the student's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

***It is important that key staff in the School are aware of the student's condition and of where the student's medication is kept, as it is likely to be needed urgently.***

It is not possible to overdose using an EpiPen as it only contains a single dose. In cases of doubt, it is better to give a student experiencing an allergic reaction an injection rather than hold back.

All Students who have anaphylaxis will require a medical consent form which parents/guardian should complete prior to starting at Newbury Hall. The medical consent form has basic details and indicates whether in some circumstances the student should be allowed to carry medication on his/her person around the School. This will be kept with the student's file.

Following discussion with the student and his/her parents/guardian, individual decisions will be made as to whether to provide basic information on the student's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow students will also be advised not to share food or drink with a student who is likely to experience an anaphylactic reaction.

### **Managing Students with anaphylaxis**

- Staff are made aware of those students under their supervision who have a severe allergy resulting in anaphylaxis by the Student Services Manager.
- The Health Care Plan is kept up to date, with any further allergic reactions that may develop.
- Staff must ensure that all Students who have an EpiPen prescribed to them are aware that the EpiPen is kept in the medical room in the Residence.
- Staff must ensure that they know what to do if a student has an anaphylactic reaction. (Staff to seek advice from the Student Services Manager).
- If a student feels unwell, the Student Services Manager must be contacted for advice.
- A student must always be accompanied to the hospital or GP surgery by a member of staff.

**Away trips:**

- A member of staff trained in the administration of medication must accompany the trip, taking responsibility for the safe storage of students medication, if the Students cannot carry it themselves (See EpiPen policy)
- Staff supervising the trip must be aware of the student's condition and of any relevant emergency procedures.

**Issues which may affect learning**

Students with anaphylaxis are encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a student will not come into contact with an allergen during the school day but staff should bear in mind the potential risk to such students in the following circumstances and seek to minimize risk whenever possible.

**What are the main symptoms?**

- Itching or presence of a rash, swelling of the throat, difficulty in swallowing, difficulty in breathing, increased heart rate and unconsciousness

**What to do if a student has an anaphylactic reaction**

- Ensure that a paramedic ambulance has been called, stay calm and reassure the student, encourage the student to administer their own medication as taught or administer the medication by a trained member of staff, summon assistance immediately and liaise with the Student Services Manager.

**Annex C: Asthma****What is Asthma?**

Students with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The student may become distressed and anxious and in very severe attacks the student's skin and lips may turn blue.

**Medication and control**

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances. Most students with asthma will take charge of and use their inhaler from an early age and it is good practice to allow students to carry their inhalers with them at all times, particularly during PE lessons. If a student is too young or immature to take responsibility for the inhaler, staff must ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the student's name.

***Students with asthma must have immediate access to their inhalers when they need them.***

It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is lost or runs out. Spare inhalers must be clearly labelled with the student's name and stored in a locked cabinet in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date. All asthmatic students will require a medical consent form which parents/guardians should complete prior to starting at Newbury Hall. The medical consent form should give the basic details and indicate whether in some circumstances the student should be allowed to carry medication on his/her person around the School. This will be kept with the student's file.

Note that it is difficult to "overdose" on the use of an inhaler. If a student tries out another student's inhaler there are unlikely to be serious side effects, although clearly Students should never take medication which has not been prescribed for their own personal use. Following discussion with the student and his/her parents/guardian individual decisions should be made as to whether to provide basic information on the student's condition to his/her peer group so that they are made aware of their classmate's needs.

### **Managing Students with asthma**

- Staff must be aware of those Students under their supervision who have asthma.
- Games staff must ensure that all Students with asthma have their salbutamol inhaler prior to commencement of a session.
- Staff must ensure that they know what to do if a student has an asthma attack. (Staff to seek advice from First Aid Officer)
- If a student feels unwell, the First Aid Officer must be contacted for advice.
- A student must always be accompanied to the hospital or GP surgery by a member of staff if the parents are not available

### **Away trips:**

- A member of staff trained in the administration of medication must accompany the trip, taking responsibility for the safe storage of Students medication, if the Students cannot carry it themselves. Staff supervising the trip must be aware of the student's condition and of any relevant emergency procedures.

### **Issues which may affect learning**

Students with asthma are encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Students must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit Students with asthma in the same way as other Students. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all Students, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. *However, they should not be forced to take part if they feel unwell.*

### **What are the main symptoms?**

- Coughing, wheezing, inability to speak properly and difficulty in breathing out.

What to do if a student has an asthmatic attack

- Stay calm and reassure the student. Speak calmly and listen to what the student is saying.
- Summon assistance from the First Aid Officer. Try not to leave the student alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are used promptly and help the student to breathe by encouraging the student to breathe slowly and deeply and relax.
- Help the student to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the student does not respond to medication or his/her condition deteriorates call an ambulance on 999.

Liaise with the Student Services Manager about contacting the student's parents/guardians.

### **Annex D: Diabetes**

#### **What is diabetes?**

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin.

Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high. Students with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a student may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a student may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

### **Medication and control**

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All students with diabetes will require a specific Health Care Plan. In most cases Students will have their insulin injections before and after school but some Students may require an injection at lunchtime. If a student needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the student may require privacy in which to administer the injection. Some Students may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A student with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most students with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a student with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the student and his/her parents/guardian where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode. The issue of close communication between parents and the School is fundamental to the care of students with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date. All diabetic students will require a Health Care Plan which parents or guardians should complete in conjunction with the school prior to starting at Newbury Hall. The HCP should give the basic details and indicate whether in some circumstances the student should be allowed to carry medication on his/her person around the School. This will be kept with the student's file. Following discussion with the student and his/her parents/guardian individual decisions should be made as to whether to provide basic information on a student's condition to his/her peer group so that they are aware of their classmate's needs.

### **Managing Students with diabetes**

- Staff must be aware of those students under their supervision who have diabetes.
- Games staff must ensure that all students with diabetes have a hypo kit with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff must ensure that they know what to do if a student has a hypoglycaemic episode or a hyperglycaemic episode (Staff to seek advice from the Student Services Manager for training).
- If a student feels unwell, the Student Services Manager must be contacted for advice.
- A student must always be accompanied to the hospital or GP surgery by a member of staff.

### **Away trips:**

A member of staff trained in the administration of medication must accompany the trip, taking responsibility for the safe storage of students medication, if the students cannot carry it themselves. Staff supervising the trip must be aware of the student's condition and of any relevant emergency procedures.

### **Issues which may affect learning**

Students with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a student with diabetes in maintaining an adequate blood glucose level: Encourage the student to eat or drink some extra sugary food before the activity, have glucose tablets or a sugary drink readily available in case the student displays symptoms of hypoglycaemia, after the activity is concluded, encourage the student to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

### **What do in an emergency if a student has a hypoglycemic (low blood sugar) episode**

#### Common causes:

A missed or delayed meal or snack, extra exercise, too much insulin during unstable periods, the student is unwell or the student has experienced an episode of vomiting.

#### Common symptoms are::

- Hunger, drowsiness, glazed eyes, shaking, disorientation, lack of concentration
- i. Get someone to stay with the student - call for an ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse.
- ii. Give fast acting sugar immediately (the student should have this), eg:  
Lucozade, fresh orange juice, sugary drink, e.g. Coke, Fanta, glucose tablets, honey or jam, 'Hypo Kit' this should be taken on all lessons/trips off site)
- iii. Recovery usually takes ten to fifteen minutes.
- iv. Upon recovery give the student some starchy food, eg couple of biscuits, a sandwich.
- v. Inform the First Aider Officer and parents of the hypoglycaemic episode, or record on the student's diary.

**NB. In the unlikely event of a student losing consciousness, call an ambulance (999) and the Student Services Manager.**

### **A hyperglycaemic episode (high blood sugar)**

Hyperglycaemic episodes occur when the blood glucose level is too high. Students may display the following symptoms:

- Excessive thirst, passing urine frequently, vomiting, abdominal pain
- A change of behaviour

#### Care of students in a hyperglycaemic episode

- Do not restrict fluid intake or access to the toilet
- Contact medical practitioner to discuss the administration of a correction dose of insulin.

In both episodes, liaise with the Head of Boarding about contacting the student's parents/guardian.

### **Annex E: Cleaning up body fluids from floor surfaces**

All appropriate precautions will be taken by the support staff when cleaning up after an incident involving blood, vomit, etc. Disposal of body fluids must be placed in the designated bins in the medical room and then put directly in the central refuse place. Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly.

- Put on gloves and a disposable apron. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
- Sprinkle absorbent granules liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.

- Remove all visible material from the most soiled areas, using paper towel.
- Put all used paper towel and cloths into a medical bin for disposal.
- The remaining visible material should then be cleaned. If a vacuum cleaner is used, the bag MUST be changed after use, and the hose and pipe disinfected with bleach.
- Non-carpeted areas: Sanitize the area using bleach, leaving on the affected area for a minimum of 10 minutes.
- Carpeted areas: The area should be cleaned with the appropriate solution and the affected area not used for at least ten minutes. The area should then be shampooed or steam cleaned within 24 hours.
- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water and then rinse with the appropriate cleaner.
- Discard gloves and disposable apron, and wash hands thoroughly using soap and water.

## **Annex F: RIDDOR**

### **Reporting to HSE**

Statutory requirements: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (SI 1995/3163) (**RIDDOR**) to report the following to the HSE. The Principal 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.

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 three days
- 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 organised 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. The Principal is responsible for ensuring this happens. Together with reporting the incident to HSE, the Principal will also contact the insurance company.

### The nature of the work, the hazards and the risks

The following table, compiled using information from the Health & Safety Executive, identifies some common workplace risks and the possible injuries that could occur:

<b>Risk</b>	<b>Possible injuries requiring first aid</b>	<b>Assessed risk to employees, Students and visitors/co ntractors</b>	<b>Remarks</b>
Manual Handling	Fractures, lacerations, sprains and strains (mainly pertains to kitchen/cleaning and maintenance staff)	Low	
Slip and trip hazards	Fractures, sprains and strains, lacerations. (mainly students)	Low	
Machinery	Crush injuries, amputations, fractures, lacerations, eye injuries – there are very few machines within the school which are capable of causing amputations and fractures.	Low	
Work at height	Head injury, loss of consciousness, spinal injury, fractures, sprains and strains – working at heights is restricted to adults, below one metre an adult can work alone; over one metre a full size ladder or scaffold tower is used with 2 or more people present at all times.	Low	
Workplace transport	Crush injuries, fractures, sprains and strains, spinal injuries – it is unlikely that workplace transport injuries will occur as the minibus is only used for people carrying.	Low	
Electricity	Electric shock, burns – all hardwiring is tested every 5 years and PA 100% every 3 years, there is also an annual visual H&S self-audit which should identify any shortcomings and these would then be rectified, couple to this is the appointment of H&S reps who are responsible for monitoring all H&S matters within their area of responsibility.	Low	
Chemicals	Poisoning, loss of consciousness, burns, eye injuries – all chemicals are kept under lock and key and their issue and use is supervised by qualified adults/personnel	Low	

First Aid trained staff names are displayed at various points around the buildings.

Signed:

Date: 01/09/18



Jon Crocker

Principal

**Current First Aiders - Name/Job Title/Date Trained/Main Location**

Maria Rodrigues - Houseparent - 16.07.18 - Residence  
Rafa Da Silva - Houseparent - 16.07.18 - Residence  
Gabriel Fischer - Chef - 23.05.17 - Kitchen  
Charlene Lepeck - Student Services Manager - 23.05.17 - Kitchen  
David Haines - Office Manager - 23.05.17 - Main Office  
Laura Hergueta - Finance and HR - 23.05.17 - Main Office  
Ben Crompton - Operations Lead - 23.05.17 - Main Office  
Ana Britos - Houseparent - 23.05.17 - Residence  
Emily Cunningham - Houseparent - 23.05.17 - Residence

List correct as at 01/09/18

*All last for 3 years*