



READING BLUE COAT

First Aid Policy

Introduction

Reading Blue Coat School has drawn up this policy mindful of the Health and Safety (First Aid) Regulations 1981 which require adequate arrangements to be made for the administration of first aid to staff taking account of staff numbers, the nature of the undertaking and the size and location of the establishment. The Regulations do not place a legal duty on employers to make first-aid provision for non-employees such as the public or children in Schools. However, we have clear safeguarding and welfare responsibilities for students and the Health and Safety Executive strongly recommends that non-employees are included in an assessment of first aid needs and that provision is made for them. In order to ensure adequate first aid provision, it is our policy that:

- There are sufficient numbers of trained personnel together with appropriate equipment available to ensure that someone competent in basic first aid techniques can rapidly attend an incident at all times when the School is occupied
- A qualified first aider is always available during normal School hours (see below for hours of work and definition of “qualified first aider”)
- Appropriate first aid arrangements are made whenever staff and students are engaged in offsite activities and visits

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Responsibilities

The Health and Safety Committee of Reading Blue Coat School, on behalf of the Board of Governors, monitors first aid needs, which will take into account:

- Numbers of students, staff and visitors on site
- Layout and location of buildings and grounds
- Specific hazards
- Special needs
- Hours of work
- Out-of-hours and off-site arrangements

- Arrangements to provide adequate numbers of first aiders, to provide cover in the absence of first aiders, and adequate training
- First aid equipment needed
- Location of first aid equipment

Designated personnel with responsibilities and their responsibilities under the First Aid Policy are:

The Bursar:

- Under the title of Health and Safety Coordinator for the School, the Bursar will ensure that this policy is accurate and kept up to date and reviewed at least annually.
- Will, with the assistance of the appointed Health and Safety Governor, ensure the Board of Governors are informed of any significant findings.

The Medical Centre Team:

- Organising, provision and replenishment of first aid equipment in School.
- Advising the School on training resources needed for students with special medical needs.
- Liaising with the Deputy Head Pastoral to cascade information to staff on students with medical needs.
- Maintaining accurate records of first aid treatment given.
- Completing accident report forms on all injuries sustained in School and submitting the forms to the Deputy Bursar, Second Master and Health and Safety Officer for them to record, report and investigate as necessary.
- Arranging and delivering in house training for administering student medication.
- Providing emergency first aid cover when in School.
- Consult with the Deputy Head Staff to identify which teaching staff should be approached to suggest they attend first aid training, either for the first time or as a re-qualification. We always ensure that key staff hold current First Aid Qualifications, relevant to their teaching areas and activities they may be involved in.
- A full list of First Aid Trained staff can be found on the Staff Intranet under Fire, Health and Safety.
- Maintain a record of all first aid trained School staff and issue reminders for requalifying when required.

The Deputy Bursar:

- Is responsible for accident recording and investigation, and notification to the enforcing authority at the HSE incident contact centre, including RIDDOR reporting.
- Ensuring there is a first aider on the premises when the Medical Centre is closed.
- Ensure all departments are adequately covered with first aid trained staff.

The Health and Safety Officer:

- Liaise with the Deputy Bursar on receipt of Accident Report Forms (ARF), to “make safe” the area of incident and ensure trends are investigated.
- Maintaining records of ARF’s.
- Presenting accident statistics to the Health and Safety Committee at their termly meetings.

The Deputy Head Co-Curricular (Educational Visits Coordinator):

- Ensure the competence/qualifications of the trip leader is sufficient for each trip.
- Ensure all trips/visits have a risk assessment that contains all relevant medical information and emergency procedures.

The Director of Sport:

- Ensuring appropriate first aid cover, relevant to the sport of activity is available at all sport/PE activities

- Monitors maintains all Sports department First Aid Kits
- Ensuring that guidance supplied by sport's governing bodies (RFU, English Schools' Football Association, etc) regarding levels of first aid trained staff are adhered to
- Liaise with Medical Centre Team if a sports teacher requires first aid training. The Medical Centre Team will arrange this

Director of Adventure Education

- Ensure first aid kits provided for activities are sufficient and appropriate for the activities taking place.
- Teaching basic first aid to students who are involved in activities where they are expected to be "far from help", such as the Duke of Edinburgh award scheme.
- Ensure staff leading activities have a current and relevant first aid qualification
- Activity Risk Assessments contain emergency procedures relevant to the activity.

Heads of Departments

- Ensure there is adequate first aid kits within their departments of close by
- Eye wash stations are found in high-risk areas
- Ensuring risk assessments are in place for times when they are incorporating practical work into their lessons for example, the use of saws and other potentially higher risk equipment and machinery

All staff

All staff have a duty of care towards the students and should respond accordingly when first aid situations arise. All staff are aware they should inform the Medical Team when they have administered first aid. New staff are briefed during their induction about the School's Medical Centre and where to find information and help. All staff should be aware of the specific medical needs of students within the School community. Those with serious medical needs have a care plan drawn up by the Medical Team. These include students with Adrenaline Auto-Injectors (AAI's), diabetes, epilepsy, those on controlled drug and students with medical needs that might require first aid to be administered. A list is available on the Staff Intranet and is attached to the Special Educational Needs and Disabilities (SEND) register issued by the Head of Learning Support.

Hours of work

We have the Medical Team/a first aider in attendance in the Medical Centre from 8:00 until 17:00 Monday to Friday, term-time only. If they are absent, adequate first aid cover will be put in place by the Deputy Bursar.

Out-of-hours and off-site activities

Many School activities take place outside of normal School hours and/or off-site. A minimum of one member of staff who meets the requirement for 'emergency first aid at work' is always available outside of normal School hours (see above) and when people are on the premises.

Appropriate first aid cover is put in place for out of hours school events and the Educational Visits Coordinator ensures that there is adequate first aid provision on School trips and visits.

First aid personnel

The Medical Centre, based next to Reception, is staffed by the Medical Team, consisting of two qualified nurses, two Medical Centre Practitioners and one Immediate Care Practitioner who cover the centre during its opening hours with two staff on duty daily. All staff have access to the Medical Centre foyer 24 hours a day, where an AED, emergency generic AAI's, a first aid kit and emergency asthma equipment, emergency diabetic kit and emergency antihistamines are located. If the Medical Team must leave the department temporarily for any reason, they will take the emergency phone

with them, and a notice will be displayed at the entrance to the Medical Centre diverting students to report to reception. Reception can contact the Medical Team on the emergency phone if necessary.

First aid equipment

First aid kits are clearly labelled with a white cross on a green background in accordance with health and safety regulations [Safety Signs Regulations 1980 (SI 1980 No 1471)]. The contents of first aid kits may vary depending on the needs in each location (e.g., blue detectable plasters must be used in food areas). The Medical Team is responsible for supplying and replenishing first aid kits as appropriate. Staff are aware to inform the Medical Team when they have used an item from the first aid kit.

Locations of all the School's First Aid Boxes can be found on the Staff Intranet.

Eyewash Stations are in all high-risk areas

5 AEDs are located throughout the school.

Advice on the use of AEDs can be found as an appendix to this document.

Off-site activities and visits

Off-site activities and visits are overseen by the Deputy Head Co-Curricular who is the Educational Visits Coordinator and the admin team.

- For residential visits and exchanges, the School's Educational Visits Policy provides details of the measures in place for visits, trips and exchanges. The following is an indication to the information taken by the group leader:
 1. Contact details for parents/guardians
 2. Details of any medical conditions
 3. Details of medication currently taken
 4. Details of conditions such as asthma, potential anaphylaxis which require specific equipment to be carried
 5. Details of allergies
 6. Details of dietary requirements
 7. Any other relevant information of help to a health professional in case of emergency. For day trips, a similar document will be drawn up by the School Office and given to the trip leader.

First aid kits are provided by the Medical Team and are to be taken to all off site activities. It is the responsibility of the trip leader to identify students with care plans and notify the Medical Team of these students to ensure there is time to prepare the care plans for collection. The trip leader is responsible for collecting first aid bag/s, relevant care plans and relevant students own AAIs before departure and returning care plans and first aid bags.

Emergency procedures

Depending on the severity of the injury or illness students should either see the Medical Team at the next appropriate opportunity, e.g., break or lunchtime, or go immediately to the Medical Centre. The student will alert their teacher of the need for them to see the Medical Team. They should be accompanied by a responsible friend, if appropriate.

In the event of severe illness or injury, the first person attending should summon help and ensure that someone calls an ambulance if required and contacts the Medical Team by sending a runner and/or calling the Medical Centre on extension 814 or via the emergency mobile number on 07713405080.

When calling an ambulance, the information given should include telephone number, address, the exact location in the School, description of the signs and symptoms, particularly for anaphylactic shock. The ambulance should be directed to follow signs to Reception, where they will be met by a runner.

Someone should always remain with the casualty until help arrives.

Parents/next of kin of the casualty will be notified directly (i.e., not by leaving a voice message) once the ambulance crew have established the condition and the destination hospital. A responsible adult should accompany the casualty to hospital.

The Medical Team or first aider will inform parents if their child has suffered a head injury or other serious injuries.

Parents should be notified directly and informed to meet the staff member at the hospital.

If the Medical Team is not available, for example, out of hours or in holiday time, the receptionist should use radio contact to summon help from staff on site.

When does the medical centre contact parents/guardians?

The Medical Team contacts a student's parents/guardians for the following conditions.

Head Injury:

The Medical Team informs the parent/guardian and provides them with a Head Injury Advice sheet. Parents should follow these instructions implicitly. The School has a full concussion procedure in place, as shown in the [Head Injury & Graduated Return to Play document](#). Students who obtain a head injury should refrain from sports for 48 hours. Parents are asked to submit an update via the Parent Portal after 48 hours to confirm that their child has not experienced concussion symptoms in that time. The Medical Team will keep the head of sport updated on all head injury cases.

Seizures:

In the event of a seizure 999 will be called and the parents informed of all actions taken.

Suspected fractures and minor injuries:

For suspected fractures and minor injuries, parents will be advised to collect their child from the Medical Centre and attend Minor Injury Units at Royal Berkshire Hospital, RG1 5AN or Townlands Memorial Hospital, RG9 2EB.

Parents are requested to update medical staff on the outcome of any hospital visits. Medical staff can then ensure that support for the student can be put in place on their return to school.

Fever (temperature greater 37.5 degrees):

All students suffering with a temperature of greater than 37.5 degrees should not attend School and arrangements will be made by the Medical Team for parents/guardian to collect their child if this temperature occurs during the day. Students should have 48 hours clear of a temperature before returning to school.

Vomiting and diarrhoea:

Any student who has suffered with diarrhoea and/or vomiting must not attend school until they are 48 hours clear of symptoms. If these symptoms develop whilst at school, arrangement will be made by the School for parents/guardian to collect their child.

Dental pain/dental injuries:

Parents/guardians will be contacted by the Medical Team if a student requires immediate emergency dental treatment. Parents/guardian will be given an advice sheet outline further advice.

This list is not exhaustive and the Medical Team may contact parents/guardians in any other instance where necessary.

Dealing with biohazards

The aim of this procedure is to decrease the exposure risk to blood-borne and body fluid pathogens. Adherence to this policy is the responsibility of all staff who may come into contact with spillages of blood or other body fluids. All staff need to be aware of their personal responsibilities in preventing the spread of infection.

Disinfection aims to reduce the number of microorganisms to a safe level. Whilst a variety of chemical disinfectants is available, high concentration chlorine-releasing compounds provide an effective method of treating body fluid spills with activity against a range of bacteria and viruses.

Legal position

The School has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:

- Blood
- Respiratory and Oral Secretions
- Vomit
- Faeces
- Urine
- Wound Drainage
- Gastric Aspiration

Personal protective equipment

All staff dealing with a biohazard spill are to ensure that they:

- Wear a plastic disposable apron
- Wear disposable gloves
- Use the biohazard spill kits provided by the School can be found in the storage cupboard in the Medical Centre.
- Always dispose of personal protective equipment and contaminated waste in a sealed (yellow) disposable bag

Procedure

All staff dealing with a biohazard spill are to:

- Take precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular avoid blood or body fluids reaching the eyes or the areas inside the mouth and nose
- Wear appropriate personal protective equipment
- Use the biohazard spill kits provided by the School
- Place all soiled paper towel and gloves in a sealed (yellow) disposable bag to be disposed of in the large secure clinical waste bin situated outside the Medical Centre.. A waste disposal company (Select Environmental Services) is employed by the School to regularly dispose of clinical waste from this bin along with sharps bins.
- Immediately after every clean-up of blood or body fluid, hands including arms to the elbow must be washed with warm water and soap. This should be performed even if gloves have been worn
- Wash all areas that have come into contact with blood or bodily fluids

- Students soiled clothing should be placed in a plastic bag and given to the adult collecting the child.

Reporting and record keeping

A record must be kept of any first aid treatment given and should include:

- Date, time and place of incident
- Name of casualty
- Details of the injury/illness
- Treatment and/or advice given
- Details of the medication administered
- Destination of the casualty after treatment (e.g. sent home, back to class, taken to hospital, etc.)
- Name and signature of first aider or person dealing with the incident.

A record must be kept of all accidents and the first aid treatment given. An electronic copy of all ARFs will be sent to the Deputy Bursar, Health and Safety Officer and Second Master, as previously outlined. Full details of the incident and all medical treatment given will be documented on the student's electronic health record.

It is the Deputy Bursar's responsibility to notify the enforcing authority at HSE Incident Contact Centre and/or RIDDOR. It is the Health and Safety Officers responsibility to liaise with the Deputy Bursar on receipt of ARFs, to "make safe" the area of incident, keep a record of ARFs and ensure trends are investigated.

Monitoring and review of the policy

The Medical Team continually monitors first aid arrangements. This is under continual review following any significant changes in structure, such as new buildings, relocations, or changes in staffing and/or student numbers and major incidents. Any concerns regarding first aid should be reported without delay to the Deputy Bursar, Health and Safety Officer and Second Master.

Documents in place to support this policy.

Supporting Documents are available for the following conditions

- Anaphylaxis
- Asthma
- Diabetes
- Epilepsy

Policies for dealing with these specific medical conditions can be found in the links indicated at the end of this document.

Appendix 1

External Defibrillator (AEDs) There are five sets of AEDs in the School:

- Boathouse
- Swimming pool area
- Headmasters' foyer
- Entrance to Sports Centre
- Medical Centre foyer

Clear instructions in how to use the equipment is contained inside each case.

When Should an Automated External Defibrillator Be Used?

Using an automated external defibrillator (AED) on a person who is having sudden cardiac arrest (SCA) may save the person's life.

The most common cause of SCA is an arrhythmia called ventricular fibrillation (v-fib). In v-fib, the ventricles (the heart's lower chambers) don't beat normally. Instead, they quiver very rapidly and irregularly.

Another arrhythmia that can lead to SCA is ventricular tachycardia. This is a fast, regular beating of the ventricles that may last for a few seconds or much longer.

In people who have either of these arrhythmias, an electric shock from an AED can restore the heart's normal rhythm (if done within minutes of the onset of SCA).

What Are the Signs of Sudden Cardiac Arrest?

If someone is having SCA, you may see him or her suddenly collapse and lose consciousness. Or, you may find the person unconscious and unable to respond when you call or shake him or her.

The person may not be breathing, or he or she may have an abnormal breathing pattern. If you check, you usually can't find a pulse. The person's skin also may become dark or blue from lack of oxygen.

Also, the person may not move, or his or her movements may look like a seizure (spasms).

An AED can check the person's heart rhythm and determine whether an electric shock is needed to try to restore a normal rhythm.

Get Help as soon as possible to phone for an ambulance.

How to use the AED

- Switch on the AED immediately and follow the voice prompts:
- Attach the leads to the AED if necessary and attach the pads to the victim's bare chest • You may need to towel dry or to shave the chest so the pads stick properly. Only shave
- Excessive hair and don't delay defibrillation if a razor is not immediately available.
- Peel the backing from one pad at a time and place firmly in position, following the instructions on the pads.
- Place one pad below the victim's right collar bone.
- Place the other pad on the victim's left side, over the lower ribs.
- DO NOT remove the pads if you have placed them the wrong way round – the AED will still work.
- Whilst the AED analyses the rhythm – stop CPR and ensure that no one touches the casualty.

If shock is advised:

- Ensure that nobody touches the casualty (check from top to toe and shout "Stand clear!")
- Push the shock button as directed.
- Continue as directed by the voice prompts.
- Minimize, as far as possible, interruptions in chest compressions.

If shock is not advised

- Immediately resume CPR using a ratio of 30 chest compressions to 2 rescue breaths.
- Continue as directed by the voice/visual prompts.
- Continue until ambulance arrives.

Anyone can use an AED by following the automated instructions provided by the machine.

Author(s):	Carly Macey (Health & Safety Officer)
Date:	October 2023
Review Frequency:	Annually (<i>pushed back to coincide with all H&S politics</i>)
Next Review Date:	March 2024
Agreed by:	 Mike Rumbelow (Health & Safety Governor)
Date of Agreement:	November 2023