



KINGSGATE

SCHOOL

Kingsgate School

First Aid Policy

Owner: Tim Rogers

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September 2023 reviewed by TR

Next Review Date: September 2024

FIRST AID

First Aid is the immediate assistance or treatment given to a casualty for any injury or sudden illness before the arrival of an ambulance or qualified Medical Expert. It may involve improvising with facilities and materials available at the time.

Within this policy the term First Aider applies to any employee with an Emergency First Aid at work (1day) or First Aid at work qualification (3days)

Appointed Persons and First Aiders:

- should act always within the guidance given in their training.
- are all expected to administer First Aid treatment to students, staff, and visitors within the scope of their skills and learning.
- are expected to recognise the limitations of their roles, to ensure that appropriate medical intervention is sought where necessary.

We aim to ensure that:

- Safe and effective First Aid Cover is provided for students, staff, and visitors always
- An Appointed Person or First Aider is always present on site and that all off-site groups and activities are staffed by a First Aider or Appointed Person.
- First Aid training for staff is actively promoted.
- All staff involved in higher risk activities are First Aid trained, in accordance with specific activity guidelines and regulations.
- Appropriate First Aid kits are provided and regularly checked in accordance with Health and Safety Recommendations.
- First Aid provisions and procedures accord with the requirements of the Health and Safety (First Aid) Regulations 1981.

Specific Responsibilities

- First Aid supplies are maintained by the appointed first aider.
- Regular checks on kits located in the rooms within the school are carried out by the appointed first aider. A record of such checks is maintained in the First Aid file in the staff room. (Appendix 1)
- Portable first aid kits for school visits/trips are in each school vehicle and are additionally available from the staff room. Individual staff members using the kits are responsible for ensuring that any First Aid Kit they take out is complete and ordering any replacement items from the Receptionist on their return. (Appendix 2)

- It is the responsibility of those administering First Aid treatment to ensure that they act in accordance with the duties outlined within training. This includes the appropriate referral onwards for medical treatment of all suspected serious injuries or ailments which fall beyond the scope of first aid treatment. This would commonly include:
 - broken bones
 - severe lacerations
 - serious burns
 - severe asthma attacks
 - head Injuries

- All staff have undertaken, as a minimum online training in Emergency First Aid at Work.

- The Learning & Development Department is responsible for timetabling initial and refresher training.

- Staff members not in possession of a valid First Aid Qualification are required to summon the assistance of a First Aider immediately should the need arise.

Training

- Appointed staff across the team involved in direct student contact undertake as a minimum, the 1 day Appointed, Emergency First Aid at work and all necessary subsequent refresher training.

FIRST AID PROCEDURE

Students:

- Ensure necessary First Aid treatment is given.
- Refer onwards as necessary (e.g., First Aid at Work qualified person/ Casualty)
- Document completed with treatment given
- First Aid Kit stock replacement form should be used to replenish boxes (Appendix 2)
- Clean up any spillages of body fluid: Refer to Infection Control and Communicable Diseases Guidelines Section 6 for details.

Follow up to any first aid administered - reporting:

- Medical form has been completed. (Student/staff/visitor Internal Accident/Incident Form - Appendix 3) and entered on behaviour watch
- Ensure contact has been made with residential home and/or parents/carers as appropriate to advise of incident.
- Replace used equipment or complete request for replacement.
- Debrief First Aider as appropriate (See Appendix 4 and 5).
- Highlight any Health and Safety concerns to Health and Safety Coordinator
- For Casualty visits refer to Casualty Guidelines.

First Aid Flow Chart – Appendix 6

Staff/visitors:

- Ensure necessary First Aid treatment is given.
- Refer onwards as necessary.
- Ensure treatment is recorded on the medical form (Appendix 2& 3)
- Replace used equipment or complete request for replacement.
- Debrief First Aider as appropriate (See Appendix 3).
- Highlight any Health and Safety concerns to Health and Safety Coordinator
- For Casualty visits refer to Casualty Guidelines.

First Aid Flow Chart – Appendix 6a

Head Injury

If after a head injury a child/staff/visitor remains unconscious or fits an ambulance should be called immediately and, in the case of a student the parents / authority contacted. For staff the next of kin should be contacted. For visitors the company/authority they are representing should be contacted.

After any head injury medical advice must be sought at Casualty. (NHS Advice Appendix 7)

Complete a Head Injury information note in addition to the above and ensure contact has been made with residential care and/or parents/carers and parents/carers of Day Students as appropriate (Appendix 7)

Copies of Appendix 7 and 8 to residential care and to the parents / carers of day students on the day of accident/incident

Copies of Appendix 7 for staff and visitors

Children may appear well immediately after sustaining a head injury but show signs of complications later in the day. School staff must remain vigilant and take the appropriate action if the child develops a problem.

Physical Intervention

If any injuries are sustained during a physical intervention incident the above procedure must be followed, body map completed on physical intervention log and safeguarding procedures adhered to.

Asthma Guidelines See
Appendix 9

(See Asthma Management and Guidelines)

Casualty – Accident and Emergency Departments Locations

Minor injuries including minor head injuries when patient has not passed out

St Mary's NHS Treatment Centre
Milton Road
Portsmouth
PO3 6DW

Tel: 0333 200 1822

Acute medicine unit and emergency department (A&E), as well as the dedicated eye casualty.

Queen Alexandra Hospital
Southwick Hill Road
Portsmouth
PO6 3LY

Tel: 023 92 286 000

Ambulance

If an ambulance is called the Appointed First Aider / Pastoral Coordinator should:

- plan for the ambulance to have access to the site
- ensure that the student is accompanied in the ambulance, or followed to hospital by a member of staff
- Inform Parents/carers as soon as possible

See Appendix 10 – Emergency Planning – calling an ambulance

Off site activities

A medical Travel Bag must be taken by the Off-Site Visit Leader. Any incident of treatment must be reported to the Head Teacher on return to the site and the necessary forms completed.

FIRST AID BOX LOCATIONS

First Aid boxes are marked with a white cross on a green background and are stocked in accordance with the suggested HSE guidelines

There are 3 First Aid boxes in school. They are located:

Downstairs

- Staff Room – Wall mounted First Aid Kit/Eye Wash Station/Burns Kit/Hazardous kit
- Food Technology Building – First Aid kit and HSE Catering Kit
- Kitchen – First Aid kit under the sink

Upstairs


- Outside Medical Room

Off-site activities

The Travel Kits are stored in the staff room under the sink.

- If an accident occurred off site the relevant accident forms must be completed on return
- The First Aid kit order form (Appendix 1) must be also completed to request replacement item/s

Contents:

X 2  bandages
X 1 Large dressing
X 6 safety pins
X 2 Wipes
X 10 Plasters
X 1 Leaflet
X 1 Gloves (pairs)
X 2 Resuscitation Masks

Replacing contents of First Aid kits

Although there is no specified review timetable, many items, particularly sterile ones, are marked with expiry dates. They should be replaced by the dates given and expired items disposed of safely. In cases where sterile items have no dates, it would be advisable to check with the manufacturers to find out how long they can be kept. For non-sterile items without dates, it is a matter of judgement, based on whether they are fit for purpose.

RIDDOR – INCIDENTS TO BE REPORTED

- Accidents resulting in death or major injury
- Accidents which prevent normal duties for more than 7 days
- Loss of consciousness due to asphyxia or absorption of harmful substances
- Fractures / dislocations
- Amputation
- Loss of sight – temporary or permanent
- Chemicals or hot metal burn to eye
- Penetrating eye injury
- Electric shock
- Injury leading to hypothermia
- Unconsciousness needing resuscitation / hospital admission for over 24hours.

In cases of death or major injuries, you must contact HR who will notify the enforcing authority without delay, by **reporting online**. <http://www.hse.gov.uk/riddor/report.htm#online>
Or by telephone 0845 300 9923.

Corporate Governance –

All accidents and incidents that happen in school must be recorded on the relevant form and passed to the administrator within 48-72 hours so that it can be entered on the management reports. Further investigation may be necessary.

.Appendices:

Appendix 1 – First aid kit checklist

Appendix 2 – First Aid Audit/Replacement form

Appendix 3 – Accident / Near Miss form

Appendix 4 – Staff debrief form

Appendix 5 – Young person moving on form

Appendix 6– First Aid Flow Chart – Students

Appendix 6a – First Aid Flow Chart – Staff and Visitors

Appendix 7 – NHS Head Injury advice

Appendix 8 – Head injury information note

Appendix 9 – Emergency procedures

Appendix 10 – Emergency Planning

Links to

- Asthma local procedures
- Sun Smart local procedures
- Diabetic Emergency procedures
- The Administration of Medicines
- Infection Control

Appendix 1 – First Aid kit check list (Monthly audit)

CONTENTS LIST FOR FIRST AID BOXES

MONTHLY AUDIT: *insert month audit completed here*

Where no special risk arises in the workplace, a minimum stock of first aid items is indicated in the table below.

Where activities are undertaken away from a recognised base, it will usually be appropriate to take a suitable first aid kit. As with first aid boxes, the contents of traveling kits should be kept stocked from the back-up stock at the home site.

Where the first aid assessment identifies additional equipment is required due to the circumstances of an activity, this may also be carried.

Item	First Aid Box	Travelling First Aid Box	AUDIT LEVELS
Leaflet or card giving general guidance on first aid at work.	1	1	
Individually wrapped sterile adhesive dressings (plasters) of assorted sizes appropriate to the type of work (dressings may be of a detectable type for food handlers)	20	6	
Sterile eye pads.	2	-	
Individually wrapped triangular bandages (preferably sterile).	4	2	
Safety pins	6	2	
Medium sized (12cm x12cm) individually wrapped sterile unmedicated wound dressings.	6	-	
Large (18cm x 18cm) sterile individually wrapped unmedicated wound dressings.	2	1	
Individually wrapped moist cleaning wipes	10	6	
Disposable gloves (non-latex powder free)	2 Pairs	1 pair	

Where additional equipment such as scissors, adhesive tape, disposable aprons, individually wrapped moist wipes, blankets, or protective equipment such as resusci-aides, these may be kept in the first aid box or stored separately as long as they are available for immediate use if required.

Where mains tap water is not readily available for eye irrigation, at least one litre of sterile water or sterile normal saline (0.9%) in sealed, disposable containers should be provided.

Once the seal has been broken, the containers should not be kept for re-use.

Audit completed by	
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2 – First aid kit audit and order form for replacement items

Standard 20 First Aid Box Audit and Replacement form

Location of Box:.....

Contents	Date Audited	Items Required Number ?	Date ordered	Date Replaced
Guidance Card				
Safety Pins				
HSE 18cm Dressings				
HSE 12cm Dressings				
Sterile Adhesive Plasters*				
Triangular Bandages				
Moist Cleaning Wipes				
Disposable Gloves (prs)				
Eye Pad Dressings				
Face Resuscitation Masks				
+ for Food Tech				
Blue Plasters*				

Travel Kit Audit and Replacement form

Contents	Date Audited	Items Required Number ?	Date ordered	Date Replaced
△ bandages				
Large dressing				
safety pins				
Wipes				
Plasters				
Gloves (pairs)				
Leaflet				
Face Resuscitation Masks				

Other items Audit and Replacement form

Location of items: Staff Room Fridge – freezer compartment/cupboard
Sports Hall - PE cupboard

Cold Packs				
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KINGSGATE SCHOOL – FIRST AID POLICY – APPENDIX 3 Accident / Near Miss Event - Reporting Form

(Circle to indicate what is being reported)

Complete this form if a member of **staff, client** or **any other person** has an **accident**, or is involved in a **near miss event**.

Home/establishment name	Person making the report Name: Position:
Date of accident/near miss event:	Time of accident/near miss (24 hr clock)
<p><u>Details of the person injured/involved</u></p> <p>Full name: Male <input type="checkbox"/> Female <input type="checkbox"/> Age <input type="checkbox"/></p> <p>Employee <input type="checkbox"/> Client/Resident <input type="checkbox"/> Agency staff <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/></p> <p><i>(Tick)</i></p> <p>Job title <i>(where applicable)</i></p> <p>Address and home phone number if a non-employee</p>	
<p>Describe exactly what happened <i>(use additional sheets if necessary)</i> (Please supply a sketch/plan of where people were if it will help with your description)</p> <p>Location (in the home, office etc) of accident/near miss event:</p> <p>Names of those involved:</p> <p>Was any <u>equipment/property damaged</u> or used during the accident/near miss YES/NO <i>(if YES give brief details)</i></p> <p>Was the <u>weather, lighting or the floor surface</u> a factor YES/NO <i>(if YES give brief details)</i></p> <p>Describe concisely how the injury was sustained</p>	

Details of any injury

- **What part of the body was injured?** e.g. left arm, right leg etc.

- **What type of injury did you get?** e.g. bruise, strain, cut.

- **Any other relevant details:**

First aid given YES / NO *(Delete as applicable)*

The person was: Sent home Sent to hospital Detained in hospital
(tick)

To be completed by the injured person/person involved in the accident/near miss event.

I confirm that the details of the accident/near miss event are correct

Name: Signature:

.....

To be completed by the Service/Home Manager

Is any further investigation required? YES/NO If yes please give details.

What action have you taken to prevent a re-occurrence?

Is it necessary to review the risk assessment covering this activity? YES/NO

(If YES, by what date will that review be completed?)

.....

Is this to be reported under RIDDOR? YES/NO

If yes - Date the report sent

HSE reference number

Manager's Name: Signature: Date:

.....



Kingsgate School
Staff Debrief Form

Are You ok?

What have you learnt from this/What could you have done differently?

Would you like a repair and rebuild meeting with the young person?

Have you updated/reported all areas of this incident in the relevant places?

Is there any other way that we can support you? are you happy with the action taken to date?

Signed:

Person completed
Debrief:

Date:


Date:

KINGSGATE SCHOOL – FIRST AID POLICY – APPENDIX 5

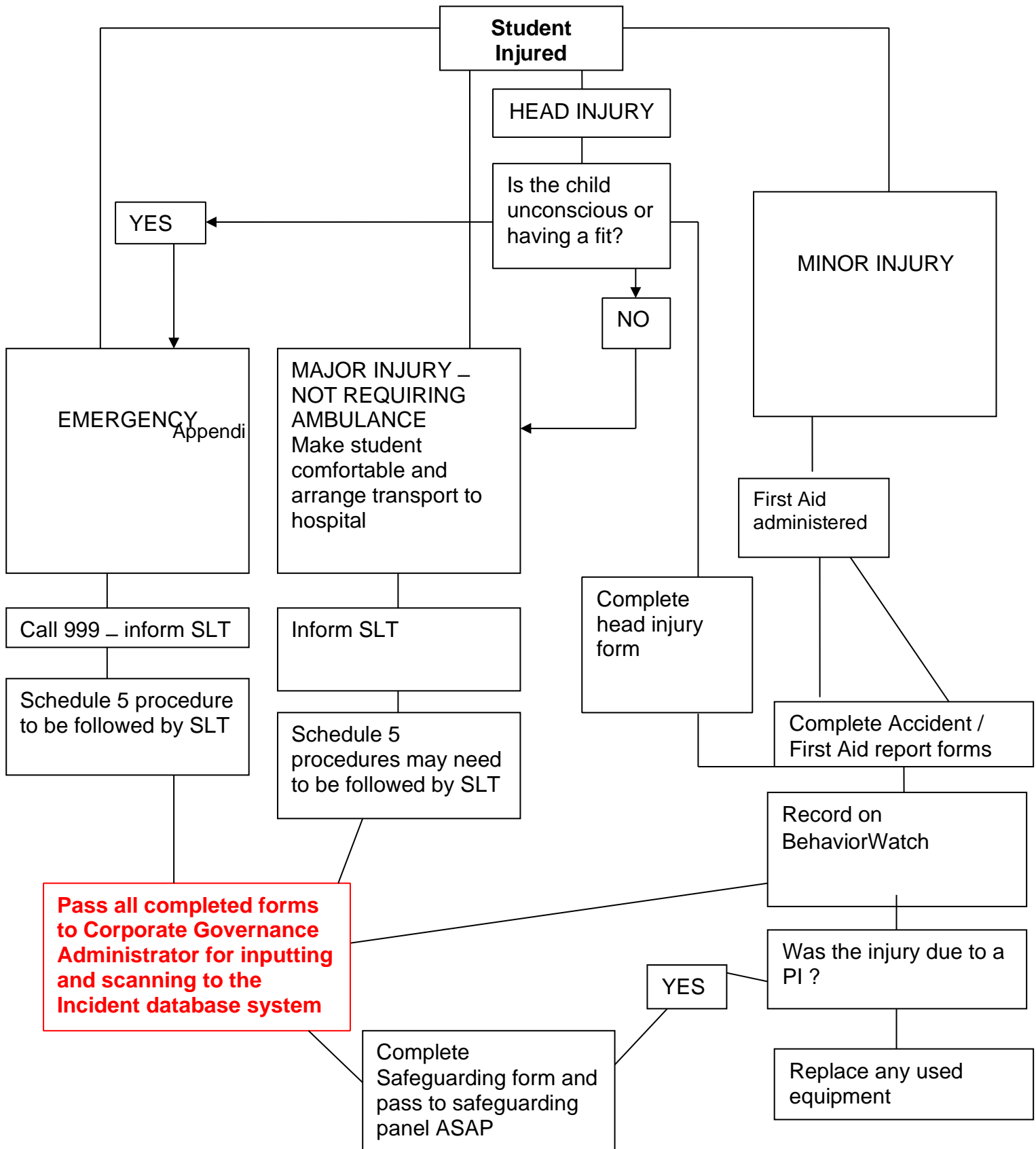
My Moving On Plan

Date Completed:

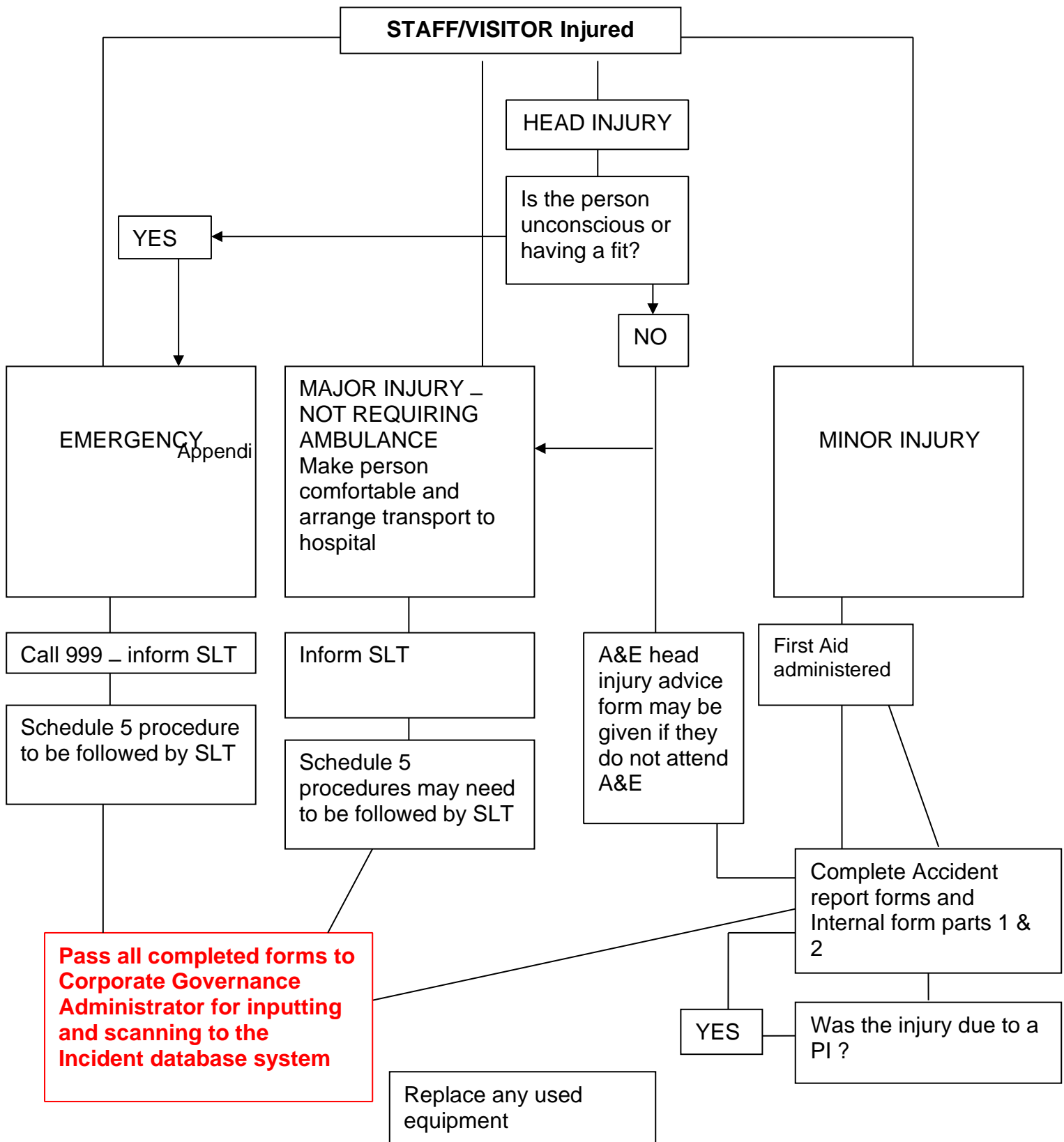
Staff member supporting Moving On Plan:

What happened?			
Staff will support you with completing this form:			
How I felt at the time? (tick)			
			Other:
What should have been done differently?			
How am I going to move forward? Is an apology due / tidy up or make repairs / Do a useful job / Talk with Head Teacher or Senior Staff.....			
By signing below, I can confirm that the moving on plan has been actioned			
Adult		Student:	

KINGSGATE SCHOOL – FIRST AID POLICY – APPENDIX 6 – STUDENT FLOW CHART



Appendix 6a – First Aid Flow Chart - Staff/Visitor



Appendix 7



NHS Advice

Head injury observation instructions for parents and guardians

Following a head injury, you should keep the young person under adult supervision for the next 24 hours. If any concern arises that he/she is developing a problem, please seek advice from the Accident and Emergency Department or, if necessary, make arrangements to bring him/her back to hospital.

The signs that you should look out for are:

- o If the young person becomes unusually sleepy or is hard to wake up
- o Headache all the time, despite painkillers.
- o Repeated vomiting
- o Weakness of arms or legs, e.g. unable to hold things
- o Difficulty in seeing, walking, or acts clumsy and uncoordinated.
- o Confusion (not knowing where he/she is, getting things muddled up).
- o Fluid or blood coming from ear or nose.
- o Fits (convulsions or seizures)
- o Any other abnormal behaviour.

The young person should be allowed to sleep as normal. Please arrange to observe him/her on a couple of occasions overnight to check:

- o Does he/she appear to be breathing normally?
- o Is he/she sleeping in a normal posture?
- o Does he/she make the expected response when you rouse him/her gently?
(e.g. pulling up sheets, cuddling teddy-bear)
- o If you cannot satisfy yourself that the young person is sleeping normally, he/she should be wakened fully to be checked.

Appendix 8 – Head Injury Information Note

Kingsgate School - Head Injury Information Note

_____ had an accident / incident today and sustained an injury to their head.

Date of Injury: **Time of Injury:** **Place of Injury:**

Brief Details:

He / She has been checked by: _____ Registered First Aider on site []

Or taken to Accident and Emergency at:
St Marys Treatment Centre **Tel:** 0333 200 1822 [] Queen

Alexandra Hospital **Tel:** 02392 286 000 [] **Treatment**

offered:

NHS head Injury Information Note is on the reverse of this form

He / She returned to his lessons at: _____ (time) and has shown no ill effects.

He / She did not return to lessons and has been:

We ask you to have the injury checked by his/her own doctor asap We suggest you seek medical advice if at all concerned

Signed _____ Print Name: _____

Contact number if further information required. 023 92 250 963

Appendix 9 – Emergency Procedures for Asthma Attacks

EMERGENCY PROCEDURE FOR ASTHMA ATTACKS

- ALL staff should be aware of the emergency procedures for use in severe attacks or when initial reliever treatment has not improved the situation.
- If the student is:
 - Unable to speak.
 - Lips/fingers appear blue.
 - Pulse >140/min.
 - Breaths > 50/min.
 - Wheezing/breathless
 - Exhausted/confused
- SEEK EMERGENCY MEDICAL ASSISTANCE IMMEDIATELY – **DIAL 999**.
- THEN:
 - Get the child to sit upright.
 - Calm and reassure.
 - Give 10 puffs of reliever [BLUE] inhaler via spacer.
 - Repeat after 5 minutes if no improvement occurs, and continue until ambulance arrives.

Reliever inhalers sited in administration office together with the Register of asthmatics if applicable

EMERGENCY INHALER PROTOCOL

PREVENTER INHALER:

- * Usually coloured brown
- * Prevent narrowing of airways
- * These are not useful once an attack has started but may be prescribed for use before potentially high risk activities
- * Usually taken regularly twice daily or as prescribed, by asthmatic students: kept in medical cupboards where students are resident

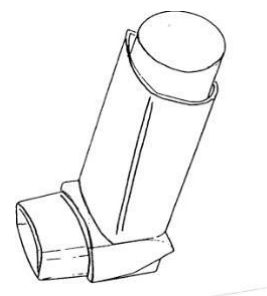
RELIEVER INHALERS:

- * Usually coloured blue.
- * Should be easily accessible **AT ALL TIMES**.
- * Standard dose TWO PUFFS, but dose may be increased in cases of asthma attack with no ill effects.

METERED DOSE INHALER:

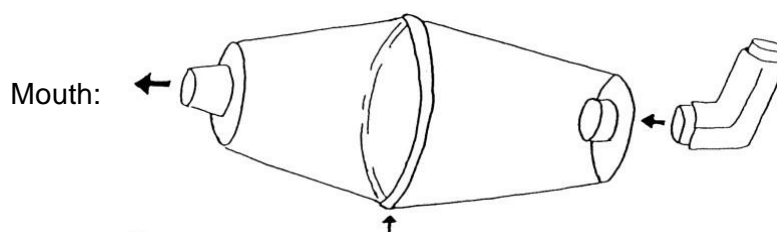
USE:

1. Remove cap and shake inhaler
2. Breathe out gently
3. Put mouthpiece in mouth at start of attack, breath in, which should be slow and deep
4. Press down the canister and continue to breathe deeply
5. Hold breath for about 10 seconds
6. Repeat stages 2-4 after 30 seconds



METERED DOSE INHALER WITH SPACER:

More effective in asthma attacks as more of the drug is inhaled even if the student is extremely breathless and distressed.



Spacer fits together here:

1. Fit two parts of spacer together
2. Remove cap and shake inhaler
3. Insert inhaler into spacer
4. Put spacer mouthpiece in mouth
5. Press canister once
6. Take a slow deep breath then remove spacer from mouth and hold breath for 10 seconds
7. Repeat stages 3 - 6

Appendix 10 – Emergency Planning

Emergency Planning

Request for an Ambulance to School site

Dial 999, ask for ambulance and be ready with the following information

1. Telephone number – 07790649987
2. Location:

Kingsgate School
239 West Street
Fareham
PO16 0HY
3. Give your name
4. Give brief description of student's symptoms
5. Inform ambulance control that they will be met on arrival at site and taken to... state where

Appendix 11 Diabetic Emergency

The best way to prevent diabetic emergencies is to effectively manage the disease through making health food choices, exercise and frequently checking blood glucose levels.

Diabetics may experience life-threatening emergencies from too much or too little insulin in their bodies. Too much insulin can cause a low sugar level (hypoglycemia), which can lead to insulin shock. Not enough insulin can cause a high level of sugar (hyperglycemia), which can cause a diabetic coma.

Symptoms of insulin shock include:

- Weakness, drowsiness
- Rapid pulse
- Fast breathing
- Pale, sweaty skin
- Headache, trembling
- Odorless breath
- Numbness in hands or feet
- Hunger

Symptoms of diabetic coma include:

- Weak and rapid pulse
- Nausea
- Deep, sighing breaths
- Unsteady gait
- Confusion
- Flushed, warm, dry skin
- Odour of nail polish or sweet apple • Drowsiness, gradual loss of consciousness

First aid for both conditions is the same:

- If the person is unconscious or unresponsive, call 999 or your local emergency number immediately.
- If an unconscious person exhibits life-threatening conditions, place the person horizontally on a flat surface, check breathing, pulse and circulation, and administer CPR while waiting for professional medical assistance
- If the person is conscious, alert and can assess the situation, assist him or her with getting sugar or necessary prescription medication.
- If the person appears confused or disoriented, give him or her something to eat or drink and seek immediate medical assistance.

