

Health & Safety Policy

HSP 4

First Aid & Medication

Key Document details:

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Title:	HSP 04 – First Aid
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Application:	<p>This policy applies equally to all The White Horse Federation (TWHF) employees including agency or casual staff, and to all premises where TWHF is either the ‘employer’ or is in control of the premises.</p> <p>The Health and Safety (First-Aid) Regulations 1981 place a duty on TWHF to make an assessment of first-aid needs appropriate to the circumstances of each workplace. In practice this means that a sufficient number of suitably competent personnel, appropriate equipment and facilities are provided so that first-aid can be administered.</p>

Definitions	For the purpose of this policy, the following definitions apply;	
	First Aid	Initial help given to a sick or injured person until full medical treatment is available, or the person is well enough to continue with normal activities.
	First Aider	A trained person who holds a valid full certificate of Competence in “First Aid At Work” or the Emergency First Aid at Work training.
	Accident Report	A written report of any accident, incident or near miss that occurs on TWHF premises or as a result of TWHF activities.
	First Aid Kit	A supply of first aid equipment provided for the initial treatment of a casualty following an accident or incident.
	Appointed Persons	A person appointed by the employer to take charge of the first aid arrangements, including looking after the equipment and facilities and calling for emergency services in the absence of a first-aider or when the appointment of a first-aider is not necessary.
	Workplace	For the purpose of this policy the workplace shall be any site, building or vehicle occupied by employees of TWHF who are undertaking work on behalf of TWHF.
Policy Aims	<p>To ensure that there are sufficient numbers of trained first aiders on duty and available for the numbers and risks on TWHF premises.</p> <p>To ensure that there are suitable and sufficient facilities and equipment available to administer first aid.</p>	
Policy	It is the policy of TWHF to ensure that the provision of first aid at work is adequate and appropriate in the circumstances to aid employees and service users who are injured or who become ill.	
Risk	Lack of effective and timely first-aid to avert further suffering in the event of injury to a person at work.	
Responsibility	This responsibility must be discharged primarily at the line management/operational level.	

	Roles & Responsibilities
1.	<p>Roles and responsibilities are defined in HSP2 Organisation.</p> <p>Any specific actions are detailed in the arrangements section below.</p>
	Arrangements
1.	<p>Provision of First Aid</p> <ul style="list-style-type: none"> • First-aid provision must be available at all times while people are on school premises and also off the premises whilst on school visits. • There are certain circumstances, such as special events, there may be a need to put in place special arrangements to meet the requirements of the First Aid Regulations. These arrangements should be made in conjunction with the Site Manager, Principal or Regional Estates Manager. Organisers of such events are required to ensure that adequate first aid arrangements are made. • The number of first aiders that schools/departments require will be determined by a first aid risk assessment, taking into account the activity risks, (science, DT, PE etc.), location of the premises, number of buildings or split levels, any specific needs (medical conditions) and the guidance provided by the DFE. The risk assessment should be reviewed regularly as a result of a change in the type of activity, numbers of staff, an increase in the numbers of accidents reported, higher risk activities or persons with specific needs. • First Aiders are to provide initial treatment and to prevent further injury. Professional medical advice should then be sought if further treatment is required. • First Aiders are not to provide professional medical treatment, provide diagnoses, dispense medicines or give medical oxygen, unless directed by ambulance or medical professionals. • TWHF recommends 1 First Aider per 100 staff, students and visitors combined. Enough first aiders must be available to cover for sickness, absence, off site visits (where required subject to risk assessment) and any specific medical needs. • First aid cover must be provided for all staff, students and visitors whilst on site. • Each school/site will clearly define what the local arrangement are including the names and locations of first aid staff, paediatric first aid staff, first aid room and first aid equipment. See Local Arrangements for First Aid HSF 4.5. • Any delivery of first aid treatment will be recorded according to HSP 5 Accident Reporting Policy, following HSG 5.2 Accident/Incident Reporting Flow Chart
2.	<p>First Aid Training</p> <ul style="list-style-type: none"> • First Aiders must undertake and pass either a First Aid at Work (FAW) or Emergency First Aid at Work (EFAW) course and thereafter hold a valid certificate. • Contact the Central HR Team for training provider details. • Candidates must check with their Line Manager before booking onto a first aid training course and confirm there is a need and budget available. • A re-certification course must be undertaken every 3 years and commence prior to expiry of current certificate. • If you decide not to renew your certificate, please email Central HR and your name will be removed from the first aider's database. • First Aiders must act in accordance with the training received.

3.	<p>First Aid Assistance</p> <ul style="list-style-type: none"> • Principals and Managers are responsible for ensuring that the details of first aiders are communicated to all staff under their responsibility. • Local Arrangements for First Aid (HSF 4.5) are to be posted on notice boards and within communal and staff areas on TWHF premises. • In the event that a first aider is required: <ul style="list-style-type: none"> - Contact the nearest First Aider to you. - Where local site procedures differ to these general requirements, please ensure to adhere to your local site procedures. • Non first aid trained staff must use their best endeavour to assist if a trained first aider is not available. Refer to professional medical advice as soon as possible for serious or life threatening situations.
4.	<p>First Aid Equipment</p> <ul style="list-style-type: none"> • Each school will provide First Aid equipment and facilities as set out in DFE Guidance on First Aid for Schools. • The location of First Aid kits will be available from the school office. • The contents of each First Aid kit will be checked regularly by a designated member of staff. • The minimum contents of each first aid kit is detailed in HSG 4.1 First Aid Kit Recommended Contents. • Non latex gloves should always be used when dealing with bodily fluids. • Biosteriostatic absorbent powder should be used on any bodily fluid spillage.
5.	<p>Medical Conditions/Medicines</p> <p>Administration of medicines</p> <p>Medication will only be administered in school if it is determined that it is key to their health and attendance at school. Parents/carers are encouraged to administer medicine at home whenever possible.</p> <p>Parents/carers will be made aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication.</p> <p>Non-prescription medication (Calpol) will not be administered within school by school staff. Parents/carers may request that they come to school to administer the medicine themselves. Medicine may then be administered by the parent/carer having received confirmation that the school agree.</p> <p>All use of medication, even if the child can administer the medication themselves, is done under the supervision of a member of staff at the school. If medication is taken more than once in a day the parents are informed.</p> <p>Each school will have it's own procedures for managing medication as per GRA 4.1 Medication Risk Assessment.</p> <p>Records for Medicine Administration</p>

Medicine will only be administered in school if the pupil either:

- An Individual Healthcare Plan (IHP HSF 4.4a) for long term medication
- Short term medication parent Authorisation Form (HSF 4.4b)
- All controlled medication administration must be countersigned by another staff member.
- Records of all medication administered will be recorded (ICP administration HSF 4.4c or prescribed short term medication 4.4d)

Parents are responsible for giving the school information on medication administration and any changes in the dose and administration method.

Training

Training is given to all staff members who agree to administer medication to children, where specific training is needed. Training records to be kept on HSF 4.4e

School staff should be aware of anything that may trigger severe medical events, based on information provided by parents or carers.

All school staff have been informed through training that they are required under common law duty of care, to act like any reasonable prudent parent in an emergency situation. This may include taking action such as administering prescribed medication.

Emergency Medication

- All children at school with medical conditions have easy access to their emergency medication.
- Where appropriate all children are encouraged to administer their own emergency medication (I.E Inhalers), when their parents/carers and health specialist determine they are able to start taking responsibility for their condition.
- Children know where their medication is stored and how to access it.
- Children understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.
- Asthma inhalers may be kept by the teacher (Nursery and KS1), or by the child (KS2 and above).
- A generic asthma inhaler (Salbutamol) may be held on site in a secure location to cover for lost or forgotten personal inhalers. This should only be used in emergencies if the prescribed personal inhaler cannot be obtained and if written consent has been given by the parent or guardian. Use must be recorded and parents informed. A register of children who have been prescribed with an inhaler and who have permission granted to use the schools inhaler in an emergency must be maintained and held with the schools inhaler.
- If a child suffers a severe medical event, a first aider should be utilised and ambulance called if required. Parents and the Principal (or other nominated person) should be informed ASAP.
- The use of Epi pens shall be risk assessed on a case by case basis considering activities such as PE, Trips etc. and taking in to account the students individual capacity to look after the pen

Educational Visits

All staff attending off site visits are aware of any pupil with medical conditions on a visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed

If a trained member of staff, who is usually responsible for administering medication is not available alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

All medicines must be taken on any out of school trip.

Medication storage

Emergency medication is readily available to children who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug (such as medicine for epilepsy) and needs to be locked up, the keys are readily available and not held personally by members of staff.

The Pupils know exactly where to access their emergency medication.

All non-emergency medication is kept in a secure place. Pupils with medical conditions know where their medication is stored and how to access it. Staff ensure that medication is only accessible to those for whom it is prescribed

Expiry dates for all medication stored at school is checked at the end of each term

A member of staff, along with the parent/carer of pupils with medical conditions, ensure that all emergency and non-emergency medication is brought in to school is clearly labelled with the pupils name, the name and dose of the medication and the frequency of dose.

Medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Schools will identify where pupil refrigerated medicine will be stored. This may be in a specific fridge located in the office or first aid room.

All medication is sent home with pupils at the end of. each school term

It is the parent/carers responsibility to ensure new and in date medication comes into school on the first day of the new academic term.

Safe Disposal

- Parents/carers are asked to collect out of date medication.
- If parents do not pick up out of date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- Staff are responsible for checking the dates of medication stored in their classroom and arranging for the disposal of any that have expired. This check should be done at the end of each term.
- Sharp boxes are used for the disposal of needles when needed. Parents/carers obtain sharps boxes from the pupils GP or paediatrician or precision. All sharps boxes in school are stored in a locked cupboard
- If a sharps box is needed off site or on a residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or to the parents/carers.
- Collection and disposal of sharps boxes is arranged with a licenced disposal company.

6.	<p>Contacting Emergency Services</p> <ul style="list-style-type: none"> • In the event that emergency services are required, contact the emergency services in the usual way by dialling 999 from any TWHF telephone extension or mobile phone. (See HSF 4.4f) • A member of the School office, Principal (or nominated person) must be informed whenever contacting the emergency services. • Ensure this is recorded on the accident/incident form. • Parents or carers must be informed if an ambulance is required.
7.	<p>Transporting Casualty to Hospital</p> <ul style="list-style-type: none"> • In the event of an emergency, an ambulance should be called in the usual way (by dialling 999). • In the event that the casualty does not wish to go to hospital, this should be noted on the accident form by the First Aider, who should also obtain the signature of the casualty, if possible. • If the casualty has an Individual Healthcare Plan this must be transported with them. • Parents must be contacted immediately if any child needs to go direct to hospital or if hospital treatment is recommended. • After an accident, if the casualty is transported directly to hospital for treatment this is RIDDOR reportable. See HSP 5 Accident and Incident Reporting for further details.
8.	<p>Non-Emergency Situations</p> <ul style="list-style-type: none"> • Any significant injury or head injury to a child must be reported to the parent/guardian as soon as possible. Head injury advice sheet should be given for ALL head injuries. See HSF 4.1. • If the casualty requires medical attention, which is not considered to be an emergency they should be referred to a drop-in medical Centre, NHS Treatment Centre, General Practitioner or local Pharmacist. • If the patient/casualty requires transport, a TWHF vehicle may be used if available, or a privately owned vehicle may be used if it is covered by commercial use insurance and the driver is on the authorised drivers list. See HSP 11 Vehicle and Driver Policy for details.
9.	<p>Needle Stick Injuries</p> <ul style="list-style-type: none"> • For needle stick injuries or sharps injuries which have been contaminated with human body fluids or material that is believed to be infected, follow HSG 4.3 guidance for initial first aid • The injured person should immediately be referred to the nearest Accident and Emergency Unit. This should be within the first hour following exposure. • The Principal (or other nominated person) should also be informed following initial treatment and immediately in the event of any accident where exposure to a pathogen or infectious material may have occurred. • A full accident record should be prepared and as soon as possible.
10.	<p>Head Injury's</p> <p>The majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of pupils can suffer from a severe injury to the brain. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain.</p>

	<p>In order to assess the level of treatment required first aiders will follow HSG 4.5 Managing Head Injury's Guidance.</p> <p>Each head injury that requires first aid will be recorded on HSF 4.1 Head Injury Advice Form and a copy given to the pupils parent/guardian so that they can continue to assess for signs of concussion.</p> <p>For internal monitoring and records each head injury will be recorded on HSF 5.1 Accident-Incident Report Form, following HSG 5.2 Accident reporting flow chart.</p>
10.	<p>Limitations of this Policy</p> <p>The policy cannot anticipate all eventualities; therefore professional judgement should be used to identify the appropriate course of action needed to protect those who are vulnerable and/or at risk. This judgement should derive from multi-disciplinary team discussion rather than any one individual where possible.</p>
11.	<p>Appendices</p> <ol style="list-style-type: none"> 1. HSF 4.1 Head Injury Advice Sheet 2. HSF 4.2 Minor Injury Record 3. HSF 4.3 Minor Head Bump Record 4. HSF 4.4 a Individual Healthcare Plan 5. HSF 4.4 b Short Term Medication – Parent Authorisation Form 6. HSF 4.4 c Record of Medication Administered to a Pupil with an IHP 7. HSF 4.4 d Record of Medication Administered to All Pupils 8. HSF 4.4 e Training Record for Administration of Medication 9. HSF 4.4 f Contacting Emergency Services Information 10. HSF 4.4 g Model Letter Inviting Parents to Contribute to an Individual Healthcare Plan Development 11. HSF 4.5 Local Arrangements for First Aid 12. HSF 4.6 Return to School Form 13. HSF 4.7 Accident Slip for Parents/Carers 14. HSG 4.1 First Aid Recommended Contents List 15. HSG 4.2 Infection Control Guidance 16. HSG 4.3 Needle Stick Injury Guidance 17. HSG 4.4 Infection Control Guidance 18. HSG 4.5 Managing Head Injury Guidance 19. GRA 4.1 Medication Risk Assessment Template 20. GRA 4.2 First Aid Risk Assessment Template 21. GRA 4.3 Bodily Fluids Risk Assessment Template

Date	Issue	Section	Changes
September 2020	1.5	5	Medical Conditions and Medicines HSF 4.4 forms re-numbered HSF 4.7 Accident Slip for Parents/Carers
November 2020	1.6	10	Head Injuries HSG 4.5 Managing Head Injury Guidance