



# **DURANTS SCHOOL – POLICY DOCUMENT**

## **First Aid and Welfare Policy**

**January 2023**

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## **Introduction**

First-Aid is the attention given in the event of injury or sudden illness. Training in First-Aid is designed to enable an individual to recognise whether a particular injury or illness calls for speedy, expert attention, and, in relation to more serious (or potentially serious) injuries, to keep the casualty stable and comfortable until he or she can be moved to hospital, by ambulance.

The Health and Safety (First-Aid) Regulations require employers to provide adequate facilities and equipment to enable first-aid to be administered to employees who are injured or become ill at work. The Regulations place requirements on employers only in respect of their own employees while they are at work. When making provision there is no obligation on employers to take account of persons who are not their employees, e.g. pupils, visitors or hirer of premises.

However, the general responsibility for taking reasonable care of pupils enshrined, in common law, under the "in loco parentis" doctrine, places a responsibility to provide adequately for the first-aid needs of pupils. In effect, this places an obligation to act as a reasonable parent would. This can be interpreted as being able to deal with minor accidents and illnesses, but referring anything more serious to the doctor or hospital. Establishments should not try to recreate casualty or surgery facilities themselves, but rather, be aware of and recognise when such professional services are required.

## **Assessing First Aid Needs**

The Health and Safety (First-Aid) Regulations require you to provide adequate and appropriate first-aid equipment, facilities and people so your employees can be given immediate help if they are injured or taken ill at work.

A first aid needs assessment has been carried out for Durants School to determine adequate first aid provision.

## **Further Medical Attention**

If it is necessary to call an ambulance, it should, if possible be called at the scene of the incident as the operator will be asking questions about the casualty.

Should it be necessary to call an ambulance to take a pupil to hospital the London Ambulance Service have procedures they would like schools to follow. In particular they have an expectation that an adult always accompanies a pupil in the ambulance. There are three main reasons for this request:

- Although the Ambulance Service has "implied permission" to treat a child if their carer or parent is not present, it is clearly in the child's interest that someone who knows them is present. If they can bring a copy of the pupil's Care Plan (if available), this is very important if treatment has to be given in the ambulance to, for example, a pupil who suffers from asthma or epilepsy.

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- A child under 16 cannot be left unescorted in Casualty. If they are unaccompanied a member of the hospital staff with no knowledge of the child must be detailed to look after them. Clearly this is unsatisfactory for all concerned.
- Unaccompanied older children can be difficult for an ambulance crew to manage, particularly if they are ill and distressed. The crew has no authority over them, the presence of a member of school staff who knows the pupil and has authority over them can be essential to the pupil receiving appropriate care and medical attention
- In the case of an incident which occurs at school resulting in a pupil requiring medical attention above basic first aid, but which is not immediately life threatening, the parent/guardian should be contacted and advised to collect the pupil and take them to the GP or hospital as appropriate. If parent/guardian cannot be contacted, and the condition is not life threatening, and the pupil can move, a member of staff can take the pupil to hospital in their own vehicle provided they have appropriate insurance cover.

However, staff that transport children in their own cars need to be aware of the regulations on child car seats.

Any child from their 3rd to their 12th birthday, or up to 135cm in height if this is reached sooner, must use a correct child restraint when travelling in the front seat and must use a child restraint if travelling in the back of a car.

Minibuses are exempt from these regulations so there is no need for schools to purchase booster seats or booster cushions for their vehicle.

### **Definitions**

#### **First- Aider**

A first-aider is someone who has completed the appropriate training:

- **First Aid at Work certificate**
- **One day first aid at work course**
- **First aid for school staff**

### **First-Aid Boxes**

The contents of all First-Aid boxes at Durants are stocked according to the advice and guidance issued by HSE.

- a leaflet giving general guidance on first aid (e.g. HSE's leaflet Basic advice on first aid at work)
- 20 individually wrapped sterile plasters (of assorted sizes), appropriate to the type of work (you can provide hypoallergenic plasters if necessary);
- two sterile eye pads;
- four individually wrapped triangular bandages, preferably sterile;
- six safety pins;
- two large, individually wrapped, sterile, unmedicated wound dressings;

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- six medium-sized, individually wrapped, sterile, unmedicated wound dressings;
- at least three pairs of disposable gloves (you can find more advice at [www.hse.gov.uk/skin/employ/gloves.htm](http://www.hse.gov.uk/skin/employ/gloves.htm)).

The first aid needs assessment should identify if additional materials and equipment are required, for example scissors, adhesive tape, disposable aprons, hypoallergenic plasters.

First Aid Kits must **NOT** contain medicines.

### **Travelling First-Aid Kits**

Before undertaking any off-site activities, the headteacher should assess what level of first-aid provision is needed. The HSE recommend that, where there is no special risk identified, a minimum stock of first-aid items for travelling first-aid container is:

- 6 individually wrapped sterile adhesive dressings
- one medium sized sterile un-medicated dressing (approx. 10 cm x 8 cm)
- one triangular bandage (preferably sterile, but if not, sterile covering appropriate for serious wounds should be included)
- 6 safety pins
- individually wrapped moist cleansing wipes
- disposable gloves
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### **Automated External Defibrillators (AED)**

The department of Education has advised schools to consider purchasing a defibrillator as part of their first aid equipment. Please see, Supporting Pupils with Medical Conditions 2014, page 18.

The Department for Education (DfE) has produced a guidance booklet entitled, Automated External Defibrillators (AEDs): a guide for schools 2015.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/447492/AED-guide-for-schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447492/AED-guide-for-schools.pdf)

Durants now had a defibrillator on site which is located in the main school office.

### **Hygiene/Infection Control**

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single-use disposable gloves, aprons and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings, equipment and clinical waste.

The following advice has been prepared by the Borough Environmental Health Officer and the Employment Medical Advisory Service concerning the necessary hygiene precautions to protect first-aiders from Hepatitis B and the AIDS virus. These measures should be the norm and not just

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confined to persons who are known to be infected. It is important that all staff, teaching and non-teaching are aware of these precautions.

- Always cover your cuts and other skin abrasions with a waterproof dressing
- First-Aiders should thoroughly wash their hands in soapy water before and after treating a casualty
- Great care must be taken not to puncture yourself with hypodermic needles or other sharp instruments
- If called upon to give mouth-to-mouth resuscitation, mouth pieces should be available for use when carrying out this procedure
- Disposable gloves and aprons should be used when dealing with open wounds and body fluids

If despite all efforts, a needle stick or other inoculation injury, or bite or scratch is sustained, encourage the wound to bleed, wash area with soap and water, cover with waterproof plaster and seek medical attention.

### **Disposal of Clinical Waste**

Small quantities of tissue paper contaminated with urine, faeces or blood can be flushed down the toilet if there is no danger of blocking it.

First-Aid swabs can be disposed of in sanitary towel bins. Material that cannot be disposed of in this way, or larger quantities of first-aid swabs, should be sealed in a yellow plastic bag. This should then be placed in a yellow plastic sack ready for collection.

All pads must be disposed of in the clinical waste bins.

### **Spillages of Body Fluids**

Spillages of blood, vomit, urine and excreta should be cleaned up as quickly as possible. Other persons should be kept away from the contamination until it is effectively dealt with.

1. Always wear disposable plastic gloves and an apron if attempting to clear up a spillage.
2. Cover spillage with disposable paper towels to limit the spread of the spillage or the bleach.
3. Call a member of the premises team to assist with appropriate cleaning fluids.

4. Dispose of all waste in the clinical waste bins.

### **First Aid/Medical Rooms**

The Health and Safety (First-Aid) Regulations 1981 require a first-aid room to be provided where there are 400 or more employees or if the employees are engaged in high-risk activities. The Education (School Premises) Regulations 1981 require only that accommodation for medical and dental examination and the treatment of pupils is available during school hours. The accommodation does not have to be for the sole purpose of administering first-aid or medical examinations, but should contain a wash basin and be close to a toilet.

It was identified in the risk assessment that there is no longer a need for a medical room at Durants School. This space is has now been reassigned to better suit the needs of our pupils. The Parents room is always available for the school nurse and any medical clinics.

### **Managing medicines on school premises**

**The following is taken from the statutory guidance:  
Supporting Pupils at school with Medical Conditions 2014**

The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines. Although schools may already have such procedures in place, they should reflect the following details:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who

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holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips

All classrooms now have a lockable medicine cabinet located in the classroom cupboards.

- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- Durants staff may only administer medication if the pupil has an up to date, signed Care Plan.
- Durants School staff should read the separate Durants Administration of Medication policy.

### **Reportable Infectious Diseases**

The diseases listed below should be telephoned promptly to the Consultant in Communicable Disease Control on 0207 811 7000/7001. The Schools Health and Safety Team should also be informed as the disease may also be reportable under RIDDOR.

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis

- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

**The following should also be reported promptly to the Schools Health and Safety Team:**

- An unusually large number of absences due to illness in a number of children or staff, whether or not the cause is known.
- An increased incidence of vomiting and /or diarrhoea occurring either over a short or an extended period.
- Several cases of a similar infection in children in a group or class.

For information as to periods of exclusion please see poster "Guidance on infection control in schools and nurseries"

## **TB**

Most staff in Enfield will have resistance to TB either acquired from immunisation or through the body's natural immune system. If any individual member of staff is concerned they should make an appointment to see their GP.



**School Meals Staff**

Any person who handles food must ensure high standards of hygiene at all times. Hands must be washed and dried thoroughly before handling food.

Any food handler must not work if suffering from diarrhoea or open septic sores. These illnesses must be reported to the Occupational Health Department and the Environmental Health Department. If a food handler has been unwell whilst on holiday or on their return, they must report this to their manager and to the occupational health department.

Certain infections such as food poisoning, dysentery, typhoid, etc. will require exclusion from food handling duties. This will be arranged by the Environmental Health and Occupational Health Department.