

First Aid and Health Care Policy**DRAFT - V1.4 - May 2020****Table of Contents****Introduction**

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Introduction

1. Clarifications

Where there are references to Ambitious about Autism in this policy, it is referring to both Ambitious about Autism (AaA) and Ambitious about Autism Schools Trust (AaAST). The policy must be implemented by both organisations.

This policy has been updated to reflect changes in Statutory Guidance that impacts upon the administration of medication in schools, and to develop a more concise and comprehensive policy for staff, pupils and parents. This policy includes guidance/information around the following areas:

- First Aid
- Accidents and Incident Reporting
- Pupil Medication Administration
- Staff Risk Assessments
- Head Injuries
- Infection Control
- Needle Stick Incidents
- Ambulance Protocol

2. Definitions

AaA	Ambitious About Autism
AaAST	Ambitious about Autism Schools Trust
COSHH	Control of Substances Hazardous to Health
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. These Regulations require employers, the self-employed and those in control of premises to report specified workplace incidents

3. Associated Policies

- Health & Safety Statement
- Health & Safety Policy & Procedure
- Risk Assessment Policy

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Policy

1. First Aid

For the purposes of this policy, “First Aid” refers to the administration of First Aid to both Staff and AaA pupils or students

All AaA sites have a number of members of staff who are qualified one-day, and three-day first aiders. These staff members can be accessed both on-site and will, when appropriate, be in attendance on educational visits.

Signage indicating currently certified First Aiders will be displayed at all AaA locations.

- When First Aid is required on-site at **Treehouse School**, a tannoy announcement should be made requesting either urgent or non-urgent first aid to the location.
- At the **Rise School**, the first aider would be contacted over the radio system.

This will be responded to and communicated via radio system. Support can be given by the first-aider at the location of the incident if appropriate, or within the designated medical rooms on-site. Both school medical rooms are equipped with First Aid supplies.

Medical Room Locations

Treehouse School – Upper School Area
The Rise School – Ground Floor
The Rise School Sixth Form – Reception Office
West Thames
CONEL – Medications Room on the Ground Floor

Once first-aid treatment has been administered, a clear assessment must be made as to whether further medical treatment (A&E or hospital attendance) is required, or whether the person is able to return to their usual activities.

The first-aid box/kit must be replenished following treatment if necessary.

The Estates and Facilities team will continually monitor the number of suitably qualified members of staff to ensure there is sufficient and appropriate coverage across the organisation. Additionally, the team will monitor the qualification expiration dates and ensure that refresher courses for first aiders are arranged as and when necessary.

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Defibrillator

Treehouse School has a Defibrillator (AED) on site, located on the wall just inside the double doors by Safeguarding Noticeboard/pigeonholes.

This is designed to give electric shocks to the heart of someone having a heart attack (cardiac arrest). First Aiders are trained to use them but this particular defibrillator has been designed to be used by anyone, as they provide clear voice and visual commands and administer shocks if needed.

Included in the defibrillator bag is the necessary first aid equipment and paediatric pads for use on children.

A video on how to use our defibrillator (AED), can be access via the URL below.

<https://heartsine.com/product/p/samaritan-pad-360p/>

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2. Mental Health First Aiders

AaA recognises the important of good mental health and takes its responsibilities in the area of the overall health of its staff very seriously. There are a variety of resources available to all staff, including access to Mental Health First Aiders.

All Mental Health First Aiders are all approachable and are trained to assist or direct all members of staff to help of resources appropriate to their need.

A link to the AaA Mental Health First Aiders is below.

https://ambitiousaboutautism.sharepoint.com/Organisational/Org_Operations/Mental%20Heath%20Resources/Helplines/MHFAiders%20poster.pdf

A link to all AaA Mental Health resources is below. This includes various resources around Mental Health for staff to access directly, as well as various resources for managers.

https://ambitiousaboutautism.sharepoint.com/Organisational/Org_Operations/Forms/AllItems.aspx?viewpath=%2FOrganisational%2FOrg_Operations%2FForms%2FAllItems%2Easpx&id=%2FOrganisational%2FOrg_Operations%2FMental%20Heath%20Resources

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3. Accident and Incident Reporting

Definitions

Accident

An unintended event that led to an injury, damage or potential loss. E.g. Trip over a carpet where person falls and pupil/adult accidentally bumps into something/someone.

Incident

An event that took place, which leads to an injury, damage or loss. E.g. where a deliberate action takes place that results in an injury no matter how small the injury might be e.g. a pupil bites/grabs/hits an adult/pupil.

Near Miss

An unplanned event that does not result in any injury, damage or loss - but had the potential to do so, e.g. Medication found on floor but not ingested, someone tripped but did not fall.

If unclear about the categorisation use 'incident'.

Staff are required to record all Accidents, Incidents and Near Misses using the Accident & Incident Software that is available within the organisation. This is currently a system called behaviourwatch.

The current software generates a letter template which is to be completed and sent home to parents, it records all accidents incidents and near misses and supports all reporting needs to SLT, ELT, Governors and Trustees. In addition, parents should be directly contacted to report any accidents or incidents. Parents do not need to be contacted in the event of a near miss, unless that near miss is something which could have led to a very serious incident or injury.

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4. Pupil Medication Administration

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they (staff) cannot be required to do so. The parent/carer has the prime responsibility for informing and providing the school or college with details of any changes made to the student's prescription medication by a health professional.

Prescription and Non-Prescription Medication Administration Consent Forms should be completed by parents/carers and returned to be signed by the Headteacher.

Prescription Medication Administration	Non-Prescription Medication Administration
Both Treehouse and The Rise Schools should ensure they have sufficient members of support staff who are appropriately trained to manage and/or administer medicines as part of their duties. It is the duty of the Head of School in each instance to ensure these members are identified and suitably trained.	
Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals.	
Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.	
Schools should only accept prescribed or non-prescribed medicines that are in-date, labelled, provided in the original container / packaging as dispensed by a pharmacist and include clear instructions for administration, dosage and storage.	
Schools should never accept medicines that have been taken out of the container or packaging as originally dispensed nor make changes to dosages on parental instructions.	
	Staff should never give a non-prescribed medicine to a child or student unless there is specific prior written permission from the parent/carer.
	A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.
All medicines should be stored safely in a controlled, locked location.	

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All medicines should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside of school hours. Parents are encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.*

*The Medicines Standard of the National Service Framework (NSF) for Children.

All pupils should be supported and encouraged to take part in educational visits and the administration of medication should not be seen as a barrier to this. Risk assessments for educational outings or residential trips must take account of any medication which may need to be administered during the course of the trip. Staff supervising visits must be aware of any medical needs of learners they are supporting and of the relevant emergency procedures, if applicable.

Where possible and appropriate, all pupils should be encouraged to be involved in the process of administering their own medication.

The safe-keeping and control of all medications taken on educational outings or visits must be considered and appropriate arrangements put in place.

Staff Training

AaA will ensure that staff required to administer medication to pupils or students are adequately and appropriately trained to do so. Regular training updates will be provided for staff in dealing with:

- First Aid (where appropriate)
- Epilepsy and Seizures
- EpiPens
- Diabetes
- Asthma

All courses are certified courses from external trainers.

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5. Staff Risk Assessments

In addition to their learners, AaA cares deeply about the well-being of all members of its staff. AaA undertakes to carry out all reasonable Risk Assessments for general, day to day operations where appropriate, and by undertaking and documenting any Risk Assessments for any specific activities that present a specific hazard or risk, or which may prevent staff from carrying out their normal roles and responsibilities fully.

It is requested that staff take responsibility for reporting any physical or well-being concerns to their line manager or a member of ELT. Where appropriate, that area of concern will be risk assessed and appropriate and reasonable adjustments made where practicably possible.

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6. Head Injuries

Head injuries are potentially dangerous and therefore require proper assessment, particularly if the person's consciousness is impaired. This applies to both learners and staff.

First Aid assessment should be carried out for anyone who has suffered a head injury. If the head injury is treated as more than a minor injury, then a hospital assessment should be carried out. An ambulance will be called based upon the attending First Aider's discretion and judgement. An ambulance will always be called in cases of a person showing signs of concussion or being unconscious, disorientation, slurring their words or being sick.

NHS Guidance on Concussion

<https://www.nhs.uk/conditions/concussion/>

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7. Infection Control

Pupils & Students

Any pupil or student who experiences diarrhoea or vomiting whilst at school **must** be collected from school to avoid the risk of infecting other pupils and staff. In these circumstances, the pupil should remain at home for at least a further 24 hours after the last episode of diarrhoea or vomiting.

This process also applies to other obviously infectious conditions e.g. conjunctivitis, gastric distress, influenza.

Staff

Similarly, members of staff who experience an illness or condition which involve diarrhoea or vomiting, should exercise their own judgement as to whether they should remain at home and report in sick via the usual Sickness Reporting procedure.

This process also applies to other infectious conditions e.g. conjunctivitis, gastric distress, influenza.

Vaccinations

Hepatitis B

It is AaA policy to offer staff identified as being potentially at risk of Hepatitis B infection are offered a vaccination. This can be arranged through their line manager or HR.

Influenza

It is AaA policy that all staff are offered an annual influenza Vaccination. This is NOT compulsory.

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8. Sharps and Needle Stick Incidents

Ambitious about Autism accepts its responsibilities under the 1974 Health & Safety at Work Act, Control of Substances Hazardous to Health (COSHH) Regulations, and all other relevant statutory provisions relating to the protection of its employees from infections that may be transmitted through contact with 'sharps'.

NB: The term 'sharps' is used in the remainder of this document and includes in particular hypodermic needles, including those attached to syringes.

Ambitious about Autism aims to ensure that all its employees, pupils or young persons, contractors and visitors are protected, so far as is reasonably practicable, from the risks arising from contact with 'sharps' by providing a range of procedures and controls to minimise the risks involved.

All discarded 'sharps' will be treated as being potentially contaminated and the procedures documented in this policy followed thoroughly on each occasion a 'sharp' is discovered.

This policy also sets out procedures to be followed if an accidental 'sharps' injury occurs.

Responsibilities

AAA shall:

- Ensure that all their staff are aware of the procedures around needle-stick Injuries.
- Determine whether any work operations within their area of responsibility present a risk of infection arising from exposure to 'sharps', to any of their staff, pupils or learners.
- Ensure that Risk Assessments are carried out and recorded where 'at risk' tasks including possible stick injuries, which could potentially affect staff, pupils/learners of AaA contractors or partners have been identified in their areas.
- Ensure that employees or pupils/learners identified as being at 'risk' are provided with sufficient information, instruction and training, to carry out their work safely and are offered a Hepatitis B vaccination at AaA's cost.

The Ambitious about Autism Health and Safety competent person, (The Head of Property & IT), or delegated Health & Safety person in each area service, shall:

- Provide information and guidance on any matter relating to needle stick injuries, to management and staff, as and when requested to do so.
- Investigate all needle stick injuries that occur and implement stricter controls if deemed necessary to prevent further injuries.
- Ensure that all needle stick injuries that occur have been reported (internally) using the Ambitious about Autism accident reporting system.

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The Head of Property & IT shall:

- Identify members of the Facilities Team that will provide the Emergency Response when 'sharps' are discovered.
- Ensure that those chosen, receive sufficient training to carry out their work safely.
- Arrange for adequate supplies of Personal Protective Equipment (PPE) and other equipment required for the safe removal and disposal of 'sharps' (see lists below).
- Carry out a risk assessment for this operation.

Facilities Team members that will provide the Emergency Response when 'sharps' are discovered shall:

- Undertake the training necessary for them to carry out their work safely.
- Be responsible for urgently responding to calls for assistance when 'sharps' have been discovered.
- Be responsible for dealing with each incident safely by
 - a) Following the procedures set out in the next section of this document and...
 - b) Following the training they have received.

All staff shall:

- Ensure all needles are kept secure when not in use.
- Ensure that all medication, used with needles, is kept secure when not in use and refrigerated if required.
- Ensure that 'use by' dates are monitored and that any needles or subsequent medication is disposed of if beyond the 'use by' date.
- Ensure a First aider or second member of staff is present when injections are given.
- Be trained to set up, test and use needles prior to giving injections.
- Follow the procedure and training received for each individual requiring an injection.
- Monitor pupils and learners before and after any injection.
- Follow written and approved behaviour plans.
- Seek First Aider response and advice without delay, should an injury occur through needle use, expected contamination or the patient becomes unwell.
- Dispose of all needles after use and clean any spillages.
- Not attempt to remove the 'sharp' unless trained and equipped to do so.
- Be responsible for immediate reporting of any 'sharps' they find to their line manager and Facilities.

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Removal/Disposal Procedure

Only persons who are trained and correctly equipped to handle 'sharps' are authorised to remove them.

1. Personnel from Facilities who are authorised to remove 'sharps' should carry out their duties in line with their responsibilities identified in the Organisation and Responsibilities section of this document.
2. Search and identify the location/presence of any other concealed 'sharps'.
3. Carry out an appraisal of the situation and decide what Personal Protective Equipment (PPE)*, and other equipment**, see below, will be required. Obtain PPE and equipment.
4. Put on PPE and ensure that a sharps container is available. Ensure that any cuts or open wounds are adequately covered before starting removal operations.
5. Open the sharps container and place it as close as possible to the 'sharp'.
6. Using tongs/litter picker, pick up the 'sharp' and place it in the sharps container.
7. Close and seal the container and store it in a safe place to await collection.
8. Disinfect area and work equipment as required.
9. Notify the Facilities team as soon as possible for them to arrange collection by a reputable clinical 'sharps' disposal company.
10. Wash hands thoroughly (even though gloves have been worn).

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9. Ambulance Protocol

If an ambulance is required:

1. Call 999 to request an ambulance. Somebody who is with the casualty will need to make the call as they will be able to answer any questions from the control centre. **(Internal phones require you to dial 9 in order to get an outside line!)**
2. If the casualty is a pupil or student, obtain a copy of the pupil's healthcare plan, if available.
3. If the casualty is a pupil in the Treehouse School or The Rise, alert the Head of School to the situation, if the Head of School is not available, alert another member of SLT.
4. If the casualty is a pupil, their parents / guardians must be contacted as soon as is practicably possible.
5. Alert Reception / Facilities so that they know where to direct the ambulance staff when they arrive.
6. Be aware that the casualty may need to go to A&E. If the casualty is a pupil, they must be accompanied by a member of staff, who will stay with them until such time as their parents / guardians have been informed and they are directly in the care of medical staff. Pupils must not be left at hospital until their parent/s or guardian/s have arrived, or clear arrangements have been agreed with their parents / guardians for their ongoing care or discharge from hospital.
7. If the casualty is a staff member, ask them if there is anyone they would like to be contacted. If they are unable to communicate, contact AaA HR to obtain their emergency contact details and arrange for an appropriate person to contact them. If necessary, find someone to accompany them to A&E.

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10. RIDDOR Reportable Injuries

RIDDOR reportable incidents should be reported to your Line Manager, the Head of Property & IT & and Human Resources immediately.

This section is for information only. First Aid Procedures or Ambulance Protocols may apply in specific instances on incidents, but this section is to provide clarity as to what is and is not reportable under RIDDOR.

Types of reportable incidents

Deaths and injuries

Not all accidents need to be reported. A RIDDOR report is required only when:

- the accident is work-related
- there are certain incidents involving gas
- it results in an injury of a type which is reportable
- types of reportable injury
- the death of any person
- all deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

Specified injuries to workers

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
 - covers more than 10% of the body
 - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness
 - requires resuscitation or admittance to hospital for more than 24 hours

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Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven-day period does not include the day of the accident but does include weekends and rest days. The report must be made within 15 days of the accident.

Over-three-day incapacitation

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

Non-fatal accidents to non-workers (eg members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

HSE Guidance on RIDDOR

<http://www.hse.gov.uk/riddor/>

END

Version Control

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