

First Aid and Health Care Policy

V2 - July 2022

Table of Contents

Introduction

1. Clarifications
2. Definitions
3. Associated Policies

Policy

1. First Aid
2. Mental Health and Wellbeing
3. Accidents and Incident Reporting
4. Medication Administration
5. Staff Risk Assessments
6. Head Injuries
7. Infection Prevention & Control
8. Sharps Protocol
9. Ambulance Protocol
10. RIDDOR Reportable Injuries

Appendices

Policy Owner	Deputy Chief Executive	Review Date:	June 2023
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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 includes guidance/information around the following areas:

- First Aid
- Mental Health and Wellbeing
- Accidents and Incident Reporting
- Pupil Medication Administration
- Staff Risk Assessments
- Head Injuries
- Infection Prevention and 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
- Serious Incident Investigation Process

Policy Owner	Deputy Chief Executive	Review Date:	June 2023
Policy No.	069	Version No.	2.0

Policy

1. First Aid

For the purposes of this policy “First Aid” refers to the administration of First Aid to both AaA staff and students.

All AaA sites have staff members who are qualified one-day, and three-day First Aiders.

- Signage indicating certified First Aiders is displayed at all AaA locations.
- First Aiders can be called via walkie-talkie, specifying urgent or non-urgent.
- Support can be given by the First Aider at the location of the incident or within the designated medical rooms. All medical rooms are equipped with First Aid supplies.
- First Aid kits are kept in all fleet cars.
- Once First Aid has been administered, an assessment must be made as to whether further medical treatment (A&E or hospital attendance) is required.
- First Aid boxes must be replenished following treatment.
- The Property Team is responsible for ensuring there are adequate numbers of qualified First Aiders across the organisation and arranges training.

Medical Room Locations

Ambitious College West Thames – Room B173
Ambitious College CONEL – Ground Floor Washroom Lobby
The Rise School – Ground Floor
The Rise School Sixth Form – Reception Office
TreeHouse School – Ground Floor Room G30

Defibrillator

TreeHouse School has a Defibrillator (AED) located in the first-floor staff room.

The defibrillator is fully automatic and has been designed to be used by anyone. It provides clear voice and visual instructions and will automatically deliver a shock if needed. The AED box contains all necessary First Aid equipment and paediatric pads.

[A video on how to use our defibrillator \(AED\).](#)

2. Mental Health and Wellbeing

Policy Owner	Deputy Chief Executive	Review Date:	June 2023
Policy No.	069	Version No.	2.0

AaA recognises the important of good mental health and takes its responsibilities for the overall health of its staff very seriously. There are a variety of resources available.

Mental Health First Aiders

[Mental Health First Aiders](#) are trained to assist or to direct members of staff to further help or resources appropriate to their need.

Wellbeing Hub

[The Wellbeing Hub](#) includes comprehensive information and resources around mental and physical health and wellbeing for all staff.

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 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 student bites/grabs/hits someone.

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, Near Misses, First Aid and Medication administration on BehaviourWatch (AaA's current behaviour management system).

BehaviourWatch generates templates which can be sent to parents/carers. It records all accidents incidents and near misses and supports all reporting needs to SLT, ELT, Governors and Trustees. Parents/carers should be directly contacted to report any accidents or incidents. They do not need to be contacted in the event of a near miss unless it could have led to a serious incident or injury.

[Serious incident reporting policy and procedure.](#)

Please refer to the serious incident reporting policy and procedure for the organisation's duties, roles and responsibilities around investigation of serious incidents.

Policy Owner	Deputy Chief Executive	Review Date:	June 2023
Policy No.	069	Version No.	2.0

4. Medication Administration

Each setting has a designated co-ordinator to ensure individualised medication support plans are in place and to record and co-ordinate distribution. The parent/carer has the prime responsibility for providing details of any changes made to the student's prescription medication by a health professional. Parents/carers are also responsible for filling any repeat prescriptions.

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

All medication errors should be recorded on BehaviourWatch.

Prescription Medication	Non-Prescription Medication
Each setting should have sufficient trained members of staff to manage and administer medicines. It is the responsibility of the Head of School/College to ensure they are identified.	
Staff managing or carrying out the administration of medicines should receive appropriate training and support from health professionals.	
Settings should only accept medication that has been prescribed by a doctor, dentist, nurse prescriber or pharmacist.	
Settings should only accept medication that is in-date, labelled, provided in the original packaging as dispensed by a pharmacist or approved supplier and include clear instructions for administration, dosage, and storage.	
Settings should never make changes to dosages on instructions from parents/carers.	
	Staff should never give a non-prescribed medicine 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.	
Gloves should be worn when preparing and administering medication.	
All medicines should be returned to the parent/carer for safe disposal when no longer required. If this is not possible, it should be returned to the dispensing pharmacist.	

Policy Owner	Deputy Chief Executive	Review Date:	June 2023
Policy No.	069	Version No.	2.0

Where clinically appropriate, medicines prescribed in dose frequencies which enable it to be taken outside of school hours are preferred.

All students should be supported to take part in educational outings and the administration of medication should not be seen as a barrier to this. Risk assessments must take account of any medication which may need to be administered during the trip. Staff supervising outings must be aware of any medical needs of the students they are supporting and of the relevant emergency procedures.

Where appropriate, all students 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 must be considered, and appropriate arrangements put in place.

Staff Training

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

- First Aid
- Epilepsy and Seizures
- EpiPens
- Diabetes
- Asthma

All courses are certified and from qualified trainers.

5. Staff Risk Assessments

AaA takes very seriously its commitment to staff wellbeing. AaA undertakes to carry out reasonable Risk Assessments for day-to-day operations for activities that present a specific hazard or risk, or which may prevent staff from carrying out their normal roles and responsibilities.

It is requested that staff take responsibility for reporting any wellbeing 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.

6. Head Injuries

Head injuries are potentially dangerous and require proper assessment, particularly if consciousness is impaired.

First Aid should be carried out for anyone who has suffered a head injury. If this is deemed more than a minor injury, then an hospital assessment should be carried out. An

Policy Owner	Deputy Chief Executive	Review Date:	June 2023
Policy No.	069	Version No.	2.0

ambulance will be called based upon the attending First Aider's judgement. An ambulance will *a/ways* be called in cases of a person showing signs of concussion or loss of consciousness, disorientation, slurring their words or vomiting.

[NHS Guidance on Concussion](#)

7. Infection Prevention & Control

AaA recognises that infection control is a vital part of providing support to our students and maintaining good health of all who work in and visit our settings.

Effective infection control must be fully entrenched in our daily working practice. All reasonable steps must be taken to protect everyone who uses our buildings.

Controlling the Risk of Cross Infection

Hand Hygiene

Handwashing protocols must be encouraged and adhered to. Antibacterial hand gel is also provided throughout AaA settings.

PPE

Appropriate PPE must be worn when carrying out personal care or clinical tasks and disposed of after use. These include single-use gloves, face masks, aprons and eye protection.

Immunisation

Though not mandatory, it is AaA policy to encourage vaccination where possible. AaA offers the following vaccinations to staff free of charge:

- COVID-19
- Hepatitis B (staff potentially at risk)
- HIV Post-Exposure Prophylaxis (staff potentially at risk)
- Influenza

Decontamination

After exposure to potentially infectious substances, the environment and equipment must appropriately decontaminated (deep cleaned).

Laundry

Potentially contaminated clothing and towels should be washed separately on hot wash cycle (80 or 65C for 10 minutes). PPE should be worn when dealing with soiled laundry.

Waste Management

All clinical and non-clinical waste must be appropriately disposed of in the separate bins provided. Clinical waste is any waste consisting wholly or partly of human or animal tissue, blood or bodily fluids or excretions.

COVID-19 Any person testing positive for COVID-19 will be required to follow current government guidelines.

[UK Government Information on COVID-19](#)

Policy Owner	Deputy Chief Executive	Review Date:	June 2023
Policy No.	069	Version No.	2.0

Blood Borne Viruses (BBVs)

BBVs are viruses carried by people in their blood which can cause serious disease in some people and few or no symptoms in others. BBVs can spread to others regardless of whether the carrier is ill. If any of the following BBVs are contracted at work, a RIDDOR report must be completed:

- Hepatitis B
- Hepatitis C
- Hepatitis D
- HIV

Vomiting and Diarrhoea

Students who experience diarrhoea or vomiting while at school or college should be sent home immediately to prevent further infection. They should remain home until they have been symptom-free for at least 24 hours.

Staff affected by diarrhoea or vomiting within 24 hours of their start time should not come to work until they have been symptom-free for at least 24 hours. Staff must follow the guidance in the [Sickness Absence Policy and Procedure](#).

8. Sharps and Needle Stick Incidents

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

Sharps are items that are capable of puncturing or cutting the skin and can include hypodermic needles, knives, scissors, gardening equipment, broken glass or plastic.

Where the use of sharps is unavoidable, safer designs (such as retractable needles) should be used along with safe handling practices.

All discarded sharps should be treated as potentially contaminated and the procedures documented in this policy must be followed thoroughly on every occasion.

All sharps incidents and near misses should be recorded on BehaviourWatch.

Responsibilities

AaA

- Ensure all staff are aware of procedures around sharps handling and injuries;
- Determine whether any work operations within their area of responsibility present a risk of infection arising from exposure to sharps;
- Carry out Risk Assessments where 'at risk' tasks are identified;
- Ensure that those identified as being 'at risk' are provided with sufficient information, instruction, equipment and training, to carry out their work safely;

Policy Owner	Deputy Chief Executive	Review Date:	June 2023
Policy No.	069	Version No.	2.0

- Ensure that any staff member sustaining a sharps injury be offered Hepatitis B vaccination or HIV post-exposure prophylaxis at AaA's cost.

Health & Safety Competent Person

- Provide information and guidance on sharps injuries when requested to do so.
- Investigate all sharps injuries that occur and implement stricter controls if necessary to prevent further injuries.
- Ensure that all sharps injuries have been reported on BehaviourWatch.

Dispensing Staff

- Ensure all needles and medication are kept secure when not in use.
- Ensure that 'use by' dates are monitored and that items are 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 correct procedures for every injection given.
- Monitor students after any injection.
- Follow written and approved behaviour plans.
- Seek First Aider response without delay if an injury occurs through needle use, expected contamination or the person becomes unwell.
- Dispose of all needles appropriately after use and clean any spillages.
- Not attempt to remove sharps unless trained to do so.
- Be responsible for immediate reporting any sharps to Facilities or trained staff.

Removal/Disposal of Sharps

Facilities staff who are authorised to remove sharps should carry out their duties in line with their responsibilities identified here:

- Locate any sharps to be disposed of.
- Ensure appropriate PPE is worn and any cuts or open wounds are covered.
- Place sharps container close to the sharp.
- Pick up using tongs or a litter picker and place in container.
- Close and seal container and store in safe place.
- Disinfect area and work equipment.
- Notify clinical waste disposal contractor to arrange collection.
- Dispose of PPE and wash hands.

9. Ambulance Protocol

If an ambulance is required:

- Call 999
- If the casualty is a student:
 - Obtain a copy of their healthcare plan

Policy Owner	Deputy Chief Executive	Review Date:	June 2023
Policy No.	069	Version No.	2.0

- Alert Head of School/College or SLT Member
- Inform parent/carer
- Alert Reception to instruct ambulance on arrival
- If a hospital visit is required, students must be accompanied by a member of staff who must remain with them until parent/carer has arrived or clear arrangements have been made for their care.
- If the casualty is a staff member:
 - Ask them if there is anyone they would like to be contacted.
 - Obtain emergency contact details from People Team if they are unable to respond.
 - Accompany them to A&E if necessary.

10. RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

RIDDOR reportable incidents should be reported to Head of School/College, Health and Safety Manager and Head of Property.

This section is for information only. First Aid Procedures or Ambulance Protocols may apply in specific instances, but this section outlines what is and is not reportable under RIDDOR.

Types of reportable incidents

Deaths and injuries

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.
- 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.

Specified injuries to workers

- Fractures (excluding 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

Policy Owner	Deputy Chief Executive	Review Date:	June 2023
Policy No.	069	Version No.	2.0

- 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.

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 bank holidays. 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 (e.g., 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](#)

END

Version Control

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	Head of Property
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Policy Owner	Deputy Chief Executive	Review Date:	June 2023
Policy No.	069	Version No.	2.0