



ruskinmill
clervauxgardenschool

First Aid Policy

First Aid Policy

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Context & Philosophy

Ruskin Mill Trust provides students with holistic learning by role modelling positive relationships in the fields of arts, crafts, commerce, agriculture, nutrition, living skills and the environment with pathway support onto further education bespoke to the individual student.

Since 1987, the Trust has developed its unique brand of expertise working with young people with complex behaviour, and learning difficulties and disabilities including the autistic spectrum and conditions. Our provisions offer both day and residential placements and we accept admission applications all year round.

Clervaux Garden School is a unique and exciting school. Nestled on our 100 acre biodynamic farm, our Steiner-inspired holistic curriculum provides the skills, experience and character necessary for young people aged 10-19 years old with complex needs to flourish and thrive in modern society. Our school is a place of therapeutic learning and growing which brings together hand, heart and head to support personal development and progression

Our Vision

That each individual has the potential to shape their own future through experiencing meaningful relationships with universe, earth and people.

Our Values

We value inclusive learning and living activities that integrate practical activity, thinking and our emotions.

We value mutual respect and we strive to understand all people's differences and uniqueness.

We value the capacity for re-imagination present in all people, towards positive change and development.

We value openness, goodwill, tolerance and treating individuals with dignity and respect.

Statement of intent

Clervaux Garden School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting employees, children and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regards to all staff, students and visitors.

Clervaux Garden School will take every reasonable precaution to ensure the safety and wellbeing of all staff and students. Details of such precautions are noted in the following policies:

- Health and Safety Policy
- Behaviour Policy
- Safeguarding Policy
- Administering Medication Policy
- Food Hygiene Policy and Procedures
- Educational Visits and School Trips Policy

The Executive Headteacher has overall responsibility for ensuring that the school has adequate and appropriate first aid equipment, facilities and personnel, and for ensuring that the correct first aid procedures are followed.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Halliwell education's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals and social care professionals, local authorities, and parents and students will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of students with medical conditions are met effectively.

Other healthcare professionals, including GPs and paediatricians should notify the residential manager when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

Students with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Social workers are key partners and should be involved in the development and review of their child's individual healthcare plan, and will be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation.

Local authorities should work with schools to support students with medical conditions to attend full time. Where students would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year)

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Providers of health services - should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison. Local authorities must have regard to statutory guidance on the education of children unable to attend school because of health needs.

This guidance is available on GOV.UK with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training.

The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

Ofsted - their inspection framework places a clear emphasis on meeting the needs of disabled children and students with SEN, and considering the quality of teaching and the progress made by these students. Inspectors are already briefed to consider the needs of students with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met.

Signed:



Helen Kippax
Board of Trustees

Date:
31st May 2019



Gavin Copland
Executive Headteacher

Date:
31st May 2019

1. Legal framework

- 1.1. This policy has due regard to statutory legislation, including, but not limited to the following:

The Health and Safety (First Aid) Regulations 1981 and approved code of practice and guidance

Health and Safety at Work etc. Act 1974 and subsequent regulations and guidance

Guidance on First Aid For Schools (February 2014)

www.gov.uk/government/publications/first-aid-in-schools

Supporting Pupils At School With Medical Conditions (December 2015)

www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

2. Aims

- 2.1. All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury, and ensure this policy is followed in relation to the administration of first aid.
- 2.2. All staff will use their best endeavours, at all times, to secure the welfare of the students.
- 2.3. Anyone on the school premises is expected to take reasonable care for their own and others' safety.
- 2.4. The aim of this policy is to:
- Ensure that the school has adequate, safe and effective first aid provision in order for every student, member of staff and visitor to be well looked after in the event of any illness, accident or injury; no matter how major or minor.
 - Ensure that all staff and students are aware of the procedures in the event of any illness, accident or injury.
 - Ensure that medicines are only administered at the school when express permission has been granted for this.
 - Ensure that all medicines are appropriately stored.
 - Promote effective infection control.
- 2.5. Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of

this policy, and make clear arrangements for liaison with ambulance services on the school site.

To achieve the aims of this policy, the school will have suitably stocked first aid boxes. Where there is no special risk identified, a minimum provision of first aid items would be:

- A leaflet giving general advice on first aid;
- Individually wrapped sterile adhesive dressings (assorted sizes);
- Two sterile eye pads;
- Four individually wrapped triangular bandages (preferably sterile)
- Six safety pins;
- Six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
- Two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings; and
- One pair of disposable gloves.
- Equivalent or additional items are acceptable.

2.6. The lead first aider is responsible for examining the contents of first aid boxes. These should be checked frequently and restocked as soon as possible after use. Items should be discarded safely after the expiry date has passed.

2.7. First aid boxes are located in the following areas:

- In Classrooms;
- In the Therapy room;
- In the main kitchen;
- In the skills kitchen
- In the Office;
- In the polytunnel workshop
- In the greenwoodwork space
- In the blacksmith forge

3. First aiders

- 3.1. The main duties of first aiders are to give immediate first aid to students, staff or visitors and to ensure that an ambulance or other professional medical help is called, when necessary.
- 3.2. First aiders are to ensure that their first aid certificates are kept up-to-date through liaison with the school training department (HEaRT).
- 3.3. The office manager has a responsibility to ensure all first aid kits are properly stocked and maintained. The first aid appointed person(s) will be responsible for maintaining supplies.
- 3.4. The current first aid appointed person(s) are:
Sean Wilson, Student Engagement Officer
Sue Steer, School Administrator and Receptionist
Lone Helliwell, Craft Tutor
Gilberto Domingues, Farmer
Gabriella Vasas-Turnbull, Class Teacher

4. Emergency procedure in the event of an accident, illness or injury

4.1. YOU MUST ALWAYS CALL AN AMBULANCE IN THE EVENT OF:

An unconscious person – who doesn't wake or respond when shaken

A heart attack (suspected) – pain in the chest, especially if it is crushing or like indigestion and lasts more than five minutes. The pain may spread to the arms and jaw

Breathing difficulty – especially if the person is unable to speak more than a few words or has blue lips or mouth

Abdominal pain – if it is severe and undiagnosed

Bleeding – any major uncontrolled bleeding or any bleeding that does not stop after at least 10 minutes of continuous pressure

Back pain (severe) – after a fall or after sudden onset of back pain if the person is over 50 years of age

Burns – which are bigger than the size of a hand or cause severe pain that is not relieved with simple pain-relieving medications, or if the person has difficulty breathing

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Choking – especially if the person is unable to talk, cry or breathe

Convulsions or fitting – or if the person has no history of convulsions (such as epilepsy or brain injury)

Drowning, near-drowning, diving or scuba accident

Stroke (possible) – especially if the person experiences numbness, loss of function of hand, arm or leg, slurred speech, facial droop or severe abrupt headache

Headache (severe) – not the usual kind, with or without loss of function of arm or leg

A motor vehicle accident – if you think someone has been injured

An industrial accident – where a person is injured or trapped

Vaginal bleeding (severe) – with possible or confirmed pregnancy

A suicide attempt

Pain (severe) after a fall or injury – when the person is unable to sit up, stand or walk

A drug overdose or poisoning – whether you know for sure or just suspect an overdose

Diabetes – if the person is not fully awake or not behaving normally

An allergic reaction – especially with difficulty breathing or loss of consciousness

Electrical shock – of any kind

Trauma (injury) – if it is severe, especially to the head, neck, chest or abdomen – for example, if the person was stabbed, shot or impaled, or hit by or ran into an object

Meningococcal disease – if symptoms indicate possible infection

Hypothermia or heat stress – particularly if the person is collapsed or has an altered conscious state.

- 4.2. If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.
- 4.3. If called, a first aider will assess the situation and take charge of first aid administration.
 - 4.4. The first aider administers first aid and must record necessary details regarding accidents and other medical emergencies on an accident form. Parents/Social Workers should be informed when necessary and a record will be kept of occasions when they have been.
 - 4.5. A body map must always be completed following an accident causing injury including a nil return if necessary and copies of the Body Map sent to Parents/Social Workers. NB: The body map will of course include head injuries.
 - 4.6. If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 1995), then the School Administrator and Secretary will inform HSE.
- 4.7. In the event that the first aider does not consider that he/she can adequately deal with the presenting condition by the administration of first aid, then he/she should arrange for the injured person to access appropriate medical treatment without delay.
- 4.8. Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, one or more of the following actions will be taken:
 - Administer emergency help and first aid to all injured persons. The purpose of this is to keep the accident victim(s) alive and, if possible, comfortable, before professional medical help can be called. Also, in some situations, action now can prevent the accident from getting more serious, or from involving more victims.
 - Call an ambulance or a doctor, if this is appropriate – after receiving a parent's clear instruction, take the accident victim(s) to a doctor or to a hospital. Moving the victim(s) to medical help is only advisable if the person doing the moving has sufficient knowledge and skill to make the move without making the injury worse.
 - Make sure that no further injury can result from the accident, either by making the scene of the accident safe, or (if they are fit to be moved) by removing injured persons from the scene.

- See to any children who may have witnessed the accident or its aftermath and who may be worried, or traumatised, in spite of not being directly involved. They will need to be taken away from the accident scene and comforted. Younger or more vulnerable children may need parental support to be called immediately.

- When the above action has been taken, the incident must be reported to:
 - The Executive Headteacher;
 - The parents/carer of the victim(s)

5. Reporting to parents

- 5.1. In the event of incident or injury to a student, at least one of the student's parents must be informed as soon as practicable.

- 5.2. Parents must be informed in writing of any injury to the head, minor or major, and be given guidance on action to take if symptoms develop.

- 5.3. In the event of serious injury or an incident requiring emergency medical treatment, the student's class teacher will telephone the student's parents as soon as possible.

- 5.4. A list of emergency contact details is kept in the admin office.

6. Visits and events off-site

- 6.1. Before undertaking any off-site events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the event and persons involved. This will be reviewed by the school business manager before the event is organised.
 - 6.2. In the case of a school visit, the accompanying first aider will administer first aid and medication in line with the First Aid and Safe Administration of Medicine Policy. Reports will be completed in accordance with procedures. The trained first aider will carry a travel kit in case of need.
 - 6.3. Safe Administering of Medicines when on an Educational Visit or Trip
 - 6.4. Wherever possible the administration of medicines should not be the responsibility of school personnel.

- 6.5. Should a student require medicine to be administered, an Administration of medicine form (as attached) should be completed and signed by the residential staff/social worker (or as appropriate) prior to the medicine coming into the school.
- 6.6. Once the form has been completed and returned to the school, the medicine should be placed in the care of the school office/Lead Teacher.
- 6.7. The first aider attending specific Educational Visits or Trips should ensure they are aware of any students going on the particular trip with a requirement of prescribed medication during the trip itself.
- 6.8. The first aider should ensure that they bring prescribed medication for any students as required before leaving the school site.
- 6.9. The Administration of medicine form should be checked again for the correct dosage/time and correlation with the student.
- 6.10. The medication is then administered by a first aider once he/she is satisfied of the correct dosage/time and recipient.

- 6.11. Please see the separate Educational Visits and School Trips Policy for more information about the school's educational visit requirements.

7. Hygiene procedures in case of body fluid and /or blood spillage

Blood and body fluids for example, faeces, vomit, saliva, urine, nasal and/ or eye discharge may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and students practice good personal hygiene and are aware of the procedure for dealing with body spillages.

Staff Contact

The initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean Up Procedure'.

Initial Clean Up Procedure

Get some disposable gloves from the nearest first aid kit.

Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner).

Put more absorbent towels over the affected area and then contact the Lead Teacher for further help.

The bin that has had the soiled paper towels put in then needs to be double bagged tied up and placed in the outside bin.

Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up

The area then needs to be cordoned off until cleaned.

The area must be cleaned with disinfectant following the manufacturer's instructions.

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A 'Wet Floor Hazard' sign then needs to be put by the affected area.

The area should then be ventilated well and left to dry.

All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturer's instructions.

Wash hands thoroughly.

If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.

Management of accidental exposure to blood

Accidental exposure to blood and other body fluids can occur by:

Injury from needles, significant bites that break the skin etc.

Exposure to broken skin e.g. abrasions and grazes.

Exposure of mucous membranes, including the eyes and mouth.

Action to take if the above occurs

If broken skin encourage bleeding of the wound by applying pressure

Wash thoroughly under running water.

Dry and apply a waterproof dressing.

If blood and body fluids splash into your mouth – do not swallow.

Rinse out mouth several times.

Report the incident.

If necessary take further advice from NHS Direct.

An accident form will need to be completed and it may need to be reported to RIDDOR dependent on the severity of the injury.

8. Storage of medication

- 8.1. Medicines are always securely stored in accordance with individual product instructions, save where individual students have been given responsibility for keeping such equipment with them.
- 8.2. All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine.
- 8.3. All medicines will be returned to the parent to arrange for safe disposal when they are no longer required.
- 8.4. An emergency supply of medication should be available for students with medical conditions that require regular medication.

- 8.5. Parents should advise the school when a child has a chronic medical condition so that staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy and diabetes. A disclaimer will be signed by the parents in this regard.

9. Illness

- 9.1. When a child becomes ill during the day, the parents/carer will be contacted and asked to pick their child up from school as soon as possible.
- 9.2. A quiet area will be set aside for withdrawal and for students to rest while they wait for their parents/carer to arrive to pick them up. Students will be monitored during this time.

10. Consent

- 10.1. Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, details of allergies and chronic conditions, and consent for the administration of emergency first aid – these forms will be updated periodically.
- 10.2. Staff do not act 'in loco parentis' in making medical decision as this has no basis in law – staff always aim to act and respond to accidents and illness based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the child in mind – guidelines are issued to staff in this regard.

11. Monitoring and review

- 11.1. This policy is reviewed annually by the Headteacher in conjunction with the Trustees; any changes made to this policy will be communicated to all members of staff.
- 11.2. All members of staff are required to familiarise themselves with this policy as part of their induction programme.