

Local Procedure Title	First Aid
Site	Sedgemoor Manor School
ECS Policy number and title	AH&S 15
Local Procedure template reference	AH&S LP 15
Local Procedure date	19/09/24
Local Procedure review date	19/09/25
Local Procedure Author(s)	Sarah Ralph
Local Procedure Ratification	Checked and Approved by: Emily Bott

1. Introduction

First Aid is the immediate assistance or treatment given to a casualty for any injury or sudden illness before the arrival of an ambulance or qualified Medical Expert. It may involve improvising with facilities and materials available at the time.

Within this local procedure, the term First Aider applies to any employee with an Emergency First Aid at Work (1 day) or First Aid at Work qualification (3 days).

Within the school, First Aid is administered by qualified EFAW staff. However, other education staff will intervene, when necessary, whilst waiting for qualified staff to arrive.

We aim to ensure that:

- Safe and effective First Aid Cover is provided to all young people, staff and visitors at all times by the qualified EFAW staff.
- First Aid training for staff is actively promoted.

2. Specific responsibilities

First Aid supplies, as well as checks, are maintained by the designated First Aid/Medication Lead.

The responsibility for first aid is with the qualified EFAW staff. However, if an emergency arose that required immediate first aid, other education staff would provide the first aid until assistance from qualified staff arrived.

It is the responsibility of those administering First Aid treatment to ensure that they act in accordance with the duties outlined within training. This includes the appropriate referral onwards for medical treatment of all suspected serious injuries or ailments which fall beyond the scope of first aid treatment. This would commonly include:

- broken bones
- severe lacerations
- serious burns
- severe asthma attacks
- head injuries

All staff have undertaken training in Emergency First Aid at Work or will be trained on the next available inset day.

The Learning & Development Department is responsible for timetabling initial and refresher training.

Staff members not in possession of a valid First Aid Qualification are required to summon the assistance of a First Aider immediately should the need arise.

Education staff are responsible for completing the incident forms if the first aid treatment arose from an incident during education time.

3. Training

Staff involved in direct pupil contact undertake as a minimum the 1 day appointed Emergency First Aid at Work and all necessary subsequent refresher training.

4. Accident & Emergency department locations

Minor Injuries:

Burnham On Sea War Memorial Hospital
6 Love Lane
Burnham-On-Sea
Somerset
TA8 1ED

Tel: 01278 773100

A & E:

Weston General Hospital
Grange Road, Uphill
Weston-Super-Mare
Avon
BS23 4TQ

Tel: 01934 636 363

5. Ambulance

If an ambulance is called the First Aiders will be responsible to:

- make arrangements for the ambulance to have access to the site
- ensure that the young person is accompanied in the ambulance, or followed to hospital by a member of staff
- inform parents/carers as soon as possible

6. First Aid boxes and other supplies

First Aid boxes are marked with a white cross on a green background and are stocked in accordance with the suggested HSE guidelines. First Aid boxes are located in the following places:

- Wedmore Upstairs Staffroom
- Wedmore Staff Workroom Office
- Mark House Admin Office
- Mark House Office 1st Floor Interventions Room
- Mark House Staff Room 2nd Floor
- Blackford Science Lab (+eye wash station)
- Stables Outside Mountain Buzzards Classroom
- Blackford Kitchen
- Allerton Cookery Kitchen

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- Allerton 6th Form
- Blackford upstairs
- Blackford OT lounge
- Animal Care Classroom
- Art/DT Classroom (+ eye wash station)
- Outdoor Learning Yurt
- Dining Block Main Kitchen
- Sports Hall Ground Floor
- Maintenance Workshop
- Laundry Room

Travelling first aid kits are provided for each of the school vehicles

Emergency medication (epipens, inhalers) is kept in an unlocked cabinet in the medical room

7. RIDDOR – Incidents to be reported

- Accidents resulting in death or major injury
- Accidents which prevent normal duties for more than 3 days
- Loss of consciousness due to asphyxia or absorption of harmful substances
- Fractures / dislocations
- Amputation
- Loss of sight – temporary or permanent
- Chemicals or hot metal burn to eye
- Penetrating eye injury
- Electric shock
- Injury leading to hypothermia
- Unconsciousness needing resuscitation / hospital admission for over 24 hours.

In cases of death or major injuries, nursing staff must contact HR who will notify the enforcing authority without delay, by [reporting online](http://www.hse.gov.uk/riddor/report.htm#online) <http://www.hse.gov.uk/riddor/report.htm#online> or by telephone: 0845 300 9923.

From 6 April 2012, RIDDOR's over three day injury reporting requirement increased from over three days' to over seven days' incapacitation (not counting the day on which the accident happened). Incapacitation means that the worker is absent or is unable to do work that they would reasonably be expected to do as part of their normal work.

HR will still keep a record of all over three day injuries – the incident reporting system (Corporate Governance) entry record supports this. The deadline by which the over seven day injury must be reported will increase to 15 days from the day of the accident. New guidance that explains the change is available to download from the HSE website on 16 January 2012 (copy with HR).

8. Corporate governance

All accidents and incidents that happen during education sessions must be recorded on Engage MIS. The incident must be reported to the Headteacher at Sedgemoor Manor School. Further investigation may be necessary and education staff must ensure they assist staff with the investigation.

9. References

<http://www.hse.gov.uk/firstaid/faqs.htm>

More advice is given in HSE's free leaflet: **First aid at work: your questions answered.**
<http://priorityintranet/home/code/intranet/default.aspx>

Appendix 1



NHS Advice

Head injury observation instructions for parents and guardians

Following a head injury, you should keep the young person under adult supervision for the next 24 hours. If any concern arises that he/she is developing a problem, please seek advice from the Accident and Emergency Department or, if necessary, make arrangements to bring him/her back to hospital.

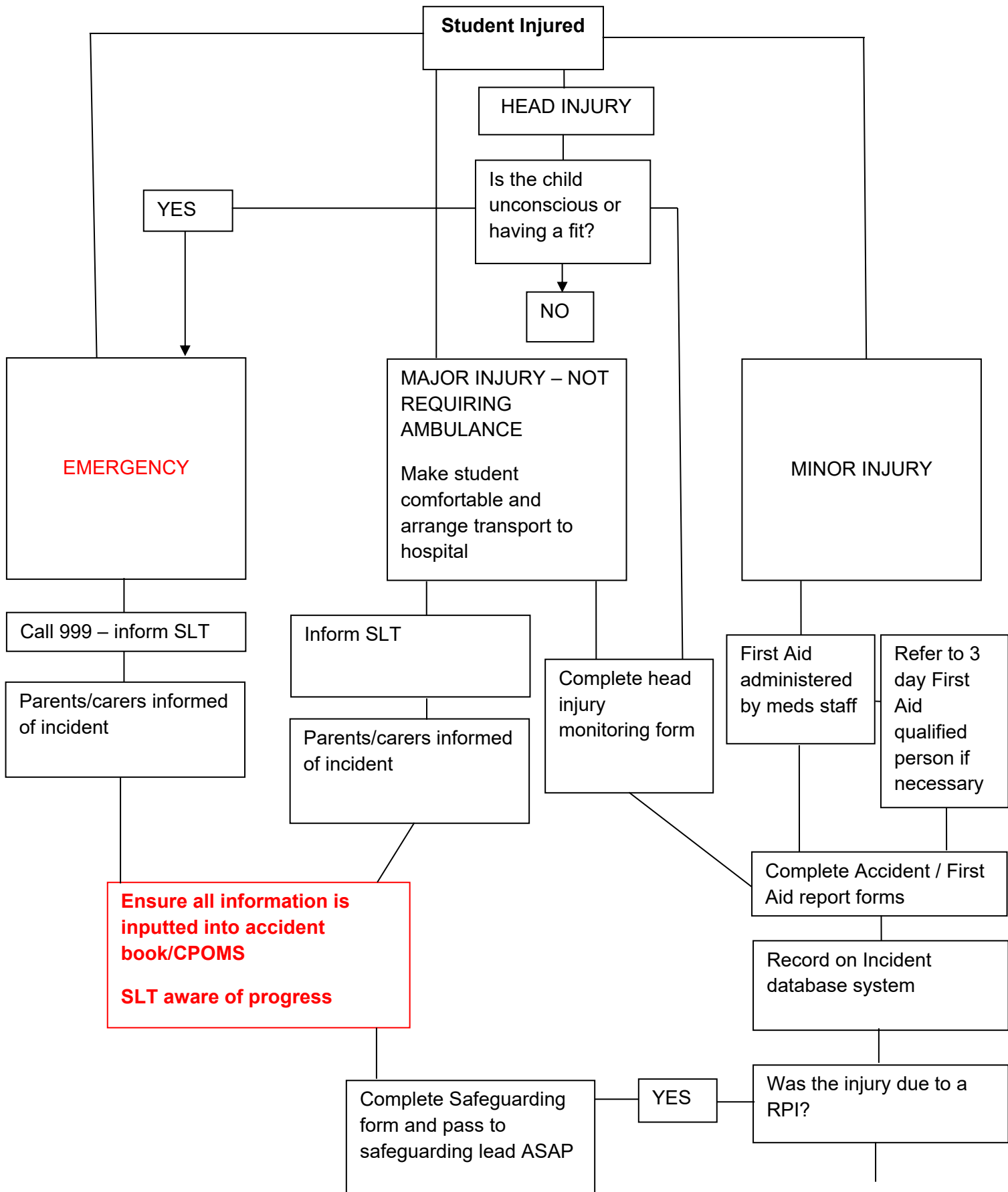
The signs that you should look out for are:

- o If the young person becomes unusually sleepy or is hard to wake up
- o Headache all the time, despite painkillers.
- o Repeated vomiting
- o Weakness of arms or legs, e.g. unable to hold things
- o Difficulty in seeing, walking, or acts clumsy and uncoordinated.
- o Confusion (not knowing where he/she is, getting things muddled up).
- o Fluid or blood coming from ear or nose.
- o Fits (convulsions or seizures)
- o Any other abnormal behaviour.

The young person should be allowed to sleep as normal. Please arrange to observe him/her on a couple of occasions overnight to check:

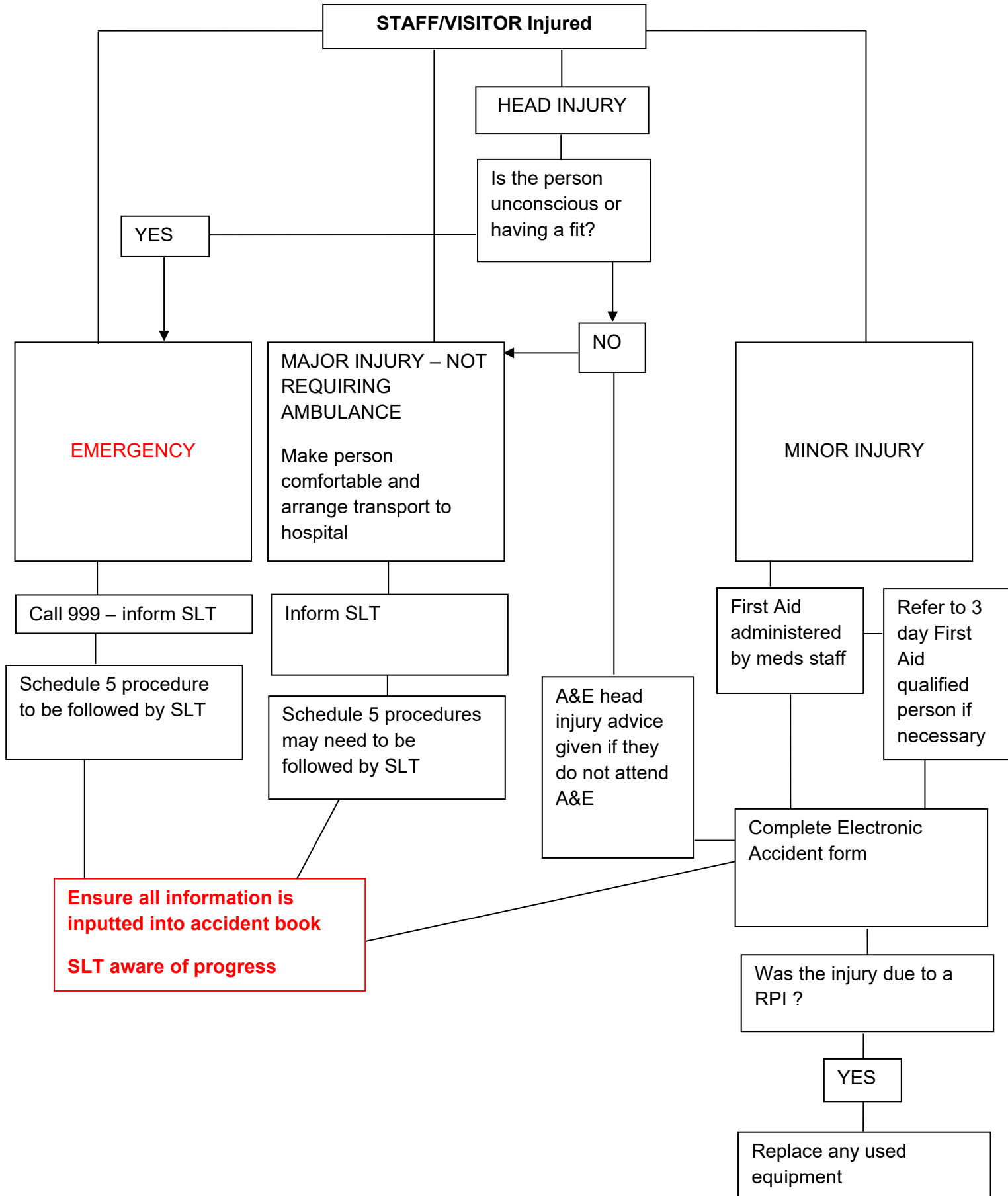
- o Does he/she appear to be breathing normally?
- o Is he/she sleeping in a normal posture?
- o Does he/she make the expected response when you rouse him/her gently?
(e.g. pulling up sheets, cuddling teddy-bear)
- o If you cannot satisfy yourself that the young person is sleeping normally, he/she should be wakened fully to be checked.

Appendix 2 – First Aid Flow Chart



Replace any used equipment

Appendix 3 – First Aid Flow Chart - Staff/Visitor



Appendix 4 – Emergency Procedures for Asthma Attacks

EMERGENCY PROCEDURE FOR ASTHMA ATTACKS

- ALL staff should be aware of the emergency procedures for use in severe attacks or when initial reliever treatment has not improved the situation.
- If the pupil is:
 - unable to speak
 - lips/fingers appear blue
 - pulse >140/min
 - breaths > 50/min
 - wheezing/breathless
 - exhausted/confused
- SEEK EMERGENCY MEDICAL ASSISTANCE IMMEDIATELY – **DIAL 999.**
- THEN:
 - Get the child to sit upright
 - Calm and reassure
 - Give 10 puffs of reliever [BLUE] inhaler via spacer
 - Repeat after 5 minutes if no improvement occurs, and continue until ambulance arrives.

Reliever inhalers sited in medical room – students have person specific inhalers. Some will carry an inhaler in their school bags.

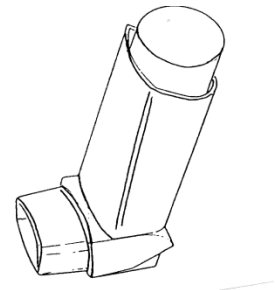
EMERGENCY INHALER PROTOCOL

PREVENTER INHALER:

- * Usually coloured brown
- * Prevent narrowing of airways
- * These are not useful once an attack has started but may be prescribed for use before potentially high risk activities
- * Usually taken regularly twice daily or as prescribed, by asthmatic students: kept in medical cupboards where students are resident

RELIEVER INHALERS:

- * Usually coloured blue.
- * Should be easily accessible **AT ALL TIMES**.
- * Standard dose TWO PUFFS, but dose may be increased in cases of asthma attack with no ill effects.



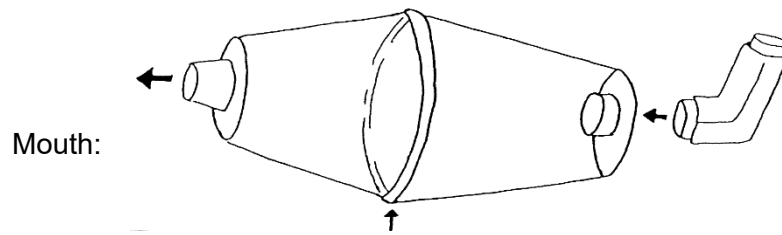
METERED DOSE INHALER:

USE:

1. Remove cap and shake inhaler
2. Breathe out gently
3. Put mouthpiece in mouth at start of attack, breath in, which should be slow and deep
4. Press down the canister and continue to breathe deeply
5. Hold breath for about 10 seconds
6. Repeat stages 2-4 after 30 seconds

METERED DOSE INHALER WITH SPACER:

More effective in asthma attacks as more of the drug is inhaled even if the student is extremely breathless and distressed.



Spacer fits together here:

- 1 Fit two parts of spacer together
- 2 Remove cap and shake inhaler
- 3 Insert inhaler into spacer
- 4 Put spacer mouthpiece in mouth
- 5 Press canister once
- 6 Take a slow deep breath then remove spacer from mouth and hold breath for 10 seconds
- 7 Repeat stages 3 – 6

Appendix 5 Diabetic Emergency

The best way to prevent diabetic emergencies is to effectively manage the disease through making healthy food choices, exercise and frequently checking blood glucose levels.

Diabetics may experience life-threatening emergencies from too much or too little insulin in their bodies. Too much insulin can cause a low sugar level (hypoglycemia), which can lead to insulin shock. Not enough insulin can cause a high level of sugar (hyperglycemia), which can cause a diabetic coma.



Symptoms of insulin shock include:

- Weakness, drowsiness
- Rapid pulse
- Fast breathing
- Pale, sweaty skin
- Headache, trembling
- Odourless breath
- Numbness in hands or feet
- Hunger

Symptoms of diabetic coma include:

- Weak and rapid pulse
- Nausea
- Deep, sighing breaths
- Unsteady gait
- Confusion
- Flushed, warm, dry skin
- Odour of nail polish or sweet apple
- Drowsiness, gradual loss of consciousness

First aid for both conditions is the same:

- If the person is unconscious or unresponsive, call 999 or your local emergency number immediately
- If an unconscious person exhibits life-threatening conditions, place the person horizontally on a flat surface, check breathing, pulse and circulation, and administer CPR while waiting for professional medical assistance

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- If the person is conscious, alert and can assess the situation, assist him or her with getting sugar or necessary prescription medication.
- If the person appears confused or disoriented, give him or her something to eat or drink and seek immediate medical assistance.

Local Procedure Review History:

Date Reviewed	Reviewer	Summary of revisions