

Weston Point College

First Aid Policy

General Outline

- Steve Pascall, Steph Jones and Craig Hoyland hold First Aid at Work Certificates.
- Bridge 4 Learning will endeavour to provide First Aid training for all staff within 6 months of appointment.
- Steve Pascall, Steph Jones and Craig Hoyland are the currently the appointed persons.
- There will be First Aid kits kept in the **Staff Office and First Aid Room**.
- Staff are required to ensure that there is a basic first aid kit in there own vehicle. College will provide if necessary.
- In the event of accident or illness there is a First Aid room for privacy and assessment.
- Information regarding pupils' health will be gathered on entry to the school e.g. parents will be asked to inform the school of asthma etc.
- The school will complete risk assessments to minimise the risk of injuries.
- The school will provide a calm ethos to minimise risk of injury.

Procedures

- In the event of any **Head** injury parent/carers are to be informed and the pupil monitored.
- The Headteacher has a Medication Management certificate so **all** enquiries regarding medication should be referred to him.
- Should an ambulance be required staff will ring 999 and inform the service of the school address.
- In the case of an accident of a potentially serious nature the casualty should **not be moved** unless the consequences of this are more dangerous e.g. **imminent risk of fire**. The casualty should be kept **safe, warm and reassured. Other pupils should be cleared from the area.**
- All activities with a risk attached such as sporting activities should be led by a member of staff with a First Aid Certificate (at least one day course) or have a qualified person at the site e.g. Pool Attendant.
- All incidents will be recorded in the school accident book (located in the office) at the end of the school day if it is not possible before. Parents and carers should be informed straight away.
- All information gathered from the accident recording log will inform future risk assessments and practice.

In the event of major injuries staff are required to report to the HSE in the following instances:

- fracture, other than to fingers, thumbs and toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury leading to hypothermia, heat-induced illness or unconsciousness, or requiring resuscitation, or requiring admittance to hospital for more than 24 hours;

- unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

Over-seven-day injuries

As of 6 April 2012, the over-three-day reporting requirement for people injured at work changed to more than seven days.

Now you only have to report injuries that lead to 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 an occupational accident or injury (not counting the day of the accident but including weekends and rest days). The report must be made within 15 days of the accident

Cleaning up bodily fluid guidance

Guidance for clearing up body fluids – vomit, faeces, blood etc.

The main hazards in cleaning body fluids are infectious micro-organisms following hand to mouth/nose/eye contact or through broken skin. The cleaning products used may contain hazardous substances.

- Barriers and notices should be erected when cleaning body fluids.
- Dedicated cleaning products and equipment should be stored in the locked cleaning cupboard.
- Closeable bags or containers should be used to remove the residue waste, this should be clearly labelled 'Clinical waste'
- Ensure a good standard of ventilation
- Provide sterile wipes and clean water to cleanse wounds and sterile adhesive waterproof dressings.
- Provide a disposable plastic apron and waterproof gloves
- Clean and disinfect the area
- Wash before eating or drinking and after touching any surface that might be contaminated

This guidance is in line with HSE OCE23 Cleaning up bodily fluids

Tim Whittle

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