SPECIALIST EDUCATION SERVICES

First Aid Policy and Practice

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SES Avocet Ltd (4926028) and SES Turnstone Ltd (7972485)
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1 INTRODUCTION

This document is to provide guidance on the policy and procedures for dealing with First Aid procedures and emergencies. SES recognises the duty of care and legal requirement for First Aid provision in our dual registered Children's Homes and Learning Centres to provide care after an injury or accident until professional medical assistance is available.

The aims of our first aid policy are is to ensure that all reasonably practical steps are taken to secure the health, safety and welfare of all persons using the premises and in particular:

- Ensure that each site has adequate, safe and effective first aid provision for every young person, 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 staff and students are aware of the procedures in the event of any illness, accident or injury.
- Ensure that all medicines are appropriately stored.
- Ensure that medicines are only administered when consent has been granted for this.
- Promote effective infection control.

2 THE LEGAL FRAMEWORK

This policy reflects a range of national guidance and legislation in terms of first aid in the work place:

- Health and Safety at Work Etc. Act 1974
- Health and Safety (First Aid) Regulations 1981
- The Management of Health & Safety at Work Regulations 1999 (SI 1999 No.3242)
- The Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) (S12013 No.1471)
- Care Standard Act 2000
- Residential Special School Minimum Standard 2015
- Children's Homes Regulations 2015
- Independent School Standards 2014

Other SES policy and practice documentation should also be read alongside this document, including:

- Health and Safety Policy and Practice
- Leadership and Management in the Deputy Care Manager's Role
- Educational, Social and Leisure Visits and Activities
- AH / TH Safeguarding and Child Protection
- Positive Management of Behaviour
- Workforce Plan

3 RESPONSIBILITIES IN FIRST AID WITHIN SES

The Principal in conjunction with the Health and Safety Sub Committee, is responsible for ensuring that:

- There are adequate qualified First Aid trained staff.
- Ensure suitable first aid boxes are kept within nominated areas and are inaccessible to young people and kept safe at all times.
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid.
- Ensuring the above provisions are clear and shared with all who may require them
- Appoint a designated person (s) to regulate the stock contained within the various first aid containers and to ensure they retain sufficient stock in reserve to replenish such containers.
- Ensure parents/carers and young people are aware of the arrangements for first aid within each setting.
- Make sure there is at least one qualified first aider at the higher level working on each shift.
- Maintain clear and consistent records of any first aid treatment given.
- In an emergency establish procedures for contacting the young person's parents/ carers and named local authority contact (if appropriate) as soon as possible.
- Establish procedures for routinely reporting all serious or significant incidents which require first aid treatment to parents/carers and named local authority contact (if appropriate).

4 PROVISION OF FIRST AID

First aid is the treatment of minor injuries that happen on the premises that would otherwise receive no treatment or do not require treatment by a medical practitioner. In cases where a person will require help from a medical practitioner, First Aid aims to preserve life and minimise the consequences of injury or illness until such help is obtained.

It is company policy to ensure that all staff have basic First Aid in the Workplace training. Further to this it is our policy to ensure that at least one member of staff on duty at any one time has a full First Aid Qualification. To this end the Deputy Care Managers/Team Leaders (one of whom is always on duty) will fulfil this role.

A basic First Aid in the Workplace course would enable staff to understand the role of the first-aider, including reference to:

- The importance of preventing cross infection;
- The need for recording incidents and actions;
- Use of available equipment;
- Assess the situation and circumstances in order to act safely, promptly and effectively in an emergency;
- Administer first aid to a casualty who is unconscious (including seizure);
- Administer cardiopulmonary resuscitation;

- Administer first aid to a casualty who is choking;
- Administer first aid to a casualty who is wounded and bleeding;
- Administer first aid to a casualty who is suffering from shock;
- Provide appropriate first aid for minor injuries (including small cuts, grazes and bruises, minor burns and scalds, small splinters).

Records of Training will be kept as a central record as well as individually on staff files together with relevant Certificates.

(a) First Aid boxes must contain the following:

ONE guidance card
TWENTY assorted individually wrapped sterile adhesive dressings
TWO sterile eye pads with attachment
SIX individually wrapped triangular bandages
SIX safety pins
SIX medium sized individually wrapped sterile unmedicated wound dressings
TWO large sterile individually wrapped unmedicated wound dressings
THREE extra large sterile individually wrapped unmedicated wound dressings

(b) First Aid boxes are to be found in the following locations:

Kitchen
House Office
Staff Sleeping in Rooms
Learning Centre
Company Vehicles (where applicable)
Portable Boxes for Trips out
SES office (Avocet House only)

A named person and a named back up person will be responsible for the systematic checking and replenishment of First Aid boxes.

4.1 BLEED KITS

SES recognises that catastrophic bleeding incidents are rare but may require immediate intervention before the arrival of emergency services. To support emergency response arrangements, bleed control kits will be located alongside site Automated External Defibrillators (AEDs) where practicable.

The purpose of a bleed control kit is to provide equipment that may help control severe bleeding in an emergency and potentially preserve life until professional medical assistance arrives.

While formal training in the use of bleed control equipment is desirable, it is recognised that similar kits are increasingly available in public locations and community settings where they may be used by members of the public with little or no previous training. The absence of formal training should not prevent a person from taking reasonable action to preserve life in an emergency where they feel able and willing to do so.
SES will ensure that:

- Basic awareness of bleed control kits and their purpose is included within one day emergency first aid at work training and induction arrangements where appropriate.
- Practical instruction in the use of bleed control equipment is incorporated into three day first aid training courses, where available.
- Staff are encouraged to summon emergency services immediately in any incident involving catastrophic bleeding and to follow advice provided by ambulance service call handlers.
- The use of bleed control equipment is voluntary and staff should only act within the limits of their confidence, competence and the circumstances of the emergency.

In any life-threatening bleeding emergency, the priority is to:

1. Call 999 and request an ambulance.
2. Follow instructions provided by emergency services.
3. Use available bleed control equipment to attempt to control severe bleeding where it is safe and appropriate to do so.
4. Continue care until emergency services arrive.

SES acknowledges that prompt action by staff and bystanders can significantly improve outcomes in serious bleeding incidents and supports the availability of bleed control kits as part of its wider first aid and emergency response arrangements.

Contents of SES Bleed Kits include –

1 x Bag
2 x Trauma Dressings (elasticated super absorbent pressure dressing)
1 x Chito Gauze Pro (Z fold haemostatic dressing) (Celox Z fold)
1 x CAT Tourniquet (Orange) & Pen (military grade and easy to use) (Code Red windlass)
1 x Fox Vented Chest Seal (easy to use as it self-vents)
1 x Shears (large scissors capable of cutting most clothing)
1 x Foil blanket (Adult size)
2 x Gloves (Nitrile)
1 x Resuscitation shield
2 x Medium Dressing (basic dressing that can also be used for packing a wound)
1 x Guidance Leaflet

The named person responsible for the systematic checking and replenishment of First Aid boxes will also check contents of the bleed kits as part of their routine.

5 EMERGENCY PROCEDURES

5.1 ILLNESS OR ACCIDENT

If anyone should become ill or suffer injury as a result of an accident the procedures below should be followed:

- First aid should be given, but only as far as knowledge and skill permit. The patient should be reassured and, only if absolutely necessary, removed from danger.
- If circumstances necessitate then the Deputy Care Manager should be summoned as the 'appointed person' and will take charge of the situation.

Unwell young people will be supported within their own bedroom within the home; the Deputy Care Manager and Head of Education will liaise regarding the arrangements and appoint a designated adult to oversee their care. In the case of a day pupil a spare bedroom within the home will be made available for their sole use.

(a) Transport to hospital. If an ambulance is required the emergency "999" service should be used. It may be appropriate in cases of a less severe nature to transport a student or staff to a casualty department by a staff member, after considering staffing levels. Response times from the emergency services may also inform the decision making in transporting a young person to hospital.
(b) No casualty should be allowed to travel to hospital unaccompanied.
(c) Reporting Accidents to children and non-employees. Immediately after the incident every case of injury or accident must be fully and accurately reported on the appropriate accident form and, where possible, detailed statements should be obtained from witnesses. Accident forms are to be complete on the Clearcare system. Completed forms should be submitted without delay and the Registered Manager will, where required, investigate the accident. Accident forms are monitored by the Principal for a second viewing. In the absence of The Registered Manager, accident forms should be passed directly the Principal. An accident form must be completed for all accidents to children or members of the public, however minor.
(d) Reporting Accidents to Employees. For employees an accident form must be completed on the Clearcare system; the Registered Manager will be alerted who will, where required, investigate the incident.
(e) For all accidents where any person is injured causing an absence in excess of seven days, the report must be forwarded immediately to the Principal who is statutorily required to forward details to the Health and Safety Executive (HSE) within fifteen days. For serious injuries reports must be made immediately online to the HSE without delay. These are the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

Nothing in this policy will 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 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 site.

6 AUTOMATED EXTERNAL DEFIBRILLATORS

Both Avocet House and Turnstone House have an AED on the premises. At Avocet House this is at the top of the basement stairs; at Turnstone House this is in the House Office. Both are accessible with the master key, ensuring they are readily available to the staff team.

All staff are trained in their use as part of the Emergency First Aid at Work course.

7 ADMINISTRATION OF MEDICINES

Full details of the Administration of Medicines are contained in the SES Health and Safety Policy, Section 28.

Children at both establishments register with the local GP practice at Chet Valley, Medical Practice, Loddon.

- It is the responsibility of the duty DCM to administer prescribed medication and homely remedies, this may be in relation to:

- cases of chronic illness or long-term complaints, such as asthma, ADHD, diabetes or epilepsy.

- cases where children are suffering from a short-term illness and are receiving a course of prescribed medication such as antibiotics.

Following a period of illness, the duty DCM in liaison with the child's GP will decide whether or not the child is fit to return to the Learning Centre and take part in general activities.

In circumstances when pupils suffer headaches or toothache, the duty DCM may provide analgesic in accordance with prescribed medication or homely remedies list.

Tablets, which will be standard paracetamol for children aged 12 and over, or preparations of paracetamol designed specifically for children under 12, will be kept in a secure place. Paracetamol tablets are kept locked away in the medical cabinet and are included in the weekly medication count. Paracetamol MUST NOT BE KEPT IN FIRST AID BOXES

On no account will aspirin, or preparations containing aspirin, be given to children. This is particularly important where children under 12 years of age are concerned.

8 CONSENT

Within the admission procedure there is an indemnity, letter of consent for parents/carers and placement authorities to allow for the administration of medication and prescribed medication. (Please refer to the end of this document for a sample format).

If the parents refuse to sign an indemnity, the Principal will make it clear to the parents (in writing) that they are acting in loco parentis and that the staff are therefore entitled and obliged, in an emergency, to take whatever action they think best in the light of the facts known to them at that time.
The admission procedures cover areas of parental/carers consent for medical treatment. This includes possible emergency treatment when the parents/carers may not be contactable.

Parents/carers who belong to religious bodies that reject medical treatment should make their views and wishes known to the Principal so that the implications of their beliefs can be discussed and, if possible, accommodated. The channels of healing desired by the parent may not be available and it is a proper and responsible decision for the Registered Manager and or Principal, acting in loco parentis, to have recourse to ordinary medical treatment if the circumstances make it absolutely necessary.

9 MEDICATION FILE

Full details on the medication file are within the Administration of Medicines Policy Statement in the SES Health and Safety Policy and Practice document

Personal Medication Record

This is the front sheet of each young person's section in the medication folder. It includes;

- Details of doctor, dentist and optician, NHS number.
- Details of any allergies and operations.
- Details of medication, past and present.
- Major illnesses and vaccinations.

Homely Remedy Cards

Filed by name of young person, when giving a remedy:

- check the remedy is on the permitted remedies list
- administer as for medication detailed above
- complete Homely Remedies Card with date, remedy, dose, reason and signature

10 CONTROL OF INFECTION

Extensive guidance on the control of infection is contained within the Health and Safety Policy, Section 22.

APPENDIX

Administration of Medication and Consent for Emergency Medical Treatment

In certain circumstances it may be necessary for a senior member of staff to administer basic medication to children. Typical examples of this type of medication would be analgesics (painkillers) appropriate to age, antiseptic or antihistamine creams, etc.

In exceptional circumstances where consent for emergency or urgent medical treatment is required (e.g. treatment recommended by a GP, hospital doctor or dentist to deal with a child's pain or distress), I may be called upon to give such consent, especially where, for whatever reason, it is impossible to contact you.

It would therefore be most useful to have your permission by completing this form.

Principal

Child's name (in block capitals): ……

Parent/carer's name (in block capitals): ……...

Parent/carer's signature: ……....

Date: ……..…

On behalf of the placing authority:

Name and role (in block capitals): …….……...

Signature: …….....

Date: ……..…

N.B. If you DO NOT wish consent to be given by the Principal for emergency medical treatment you should write a letter to the school making this clear