



# Thriftwood School

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## First Aid Policy

May 2019

## **Arrangements for First Aid**

The School will provide materials, equipment and facilities as set out in DfE (2014) 'Guidance on First Aid for Schools'.

In the event of a significant accident a First Aider will be available to administer treatment or make recommendations.

### **The location of First Aid Kits in school are:**

Mini Bus X 2  
Food Technology room  
School Kitchen  
First Aid Room  
B & E  
Apex

Kits to be taken on offsite/on trips (located in the First Aid Room). The contents of the kits will be checked on a regular basis by Ms Hussain.

**The defibrillator (AED) is located in the staff room.**

Medication for named individuals is kept in a **locked** cupboard in class boxes within the First Aid room.

### **Off Site activities**

At least one first aid kit will be taken on all off site activities, along with individual pupil's medication including inhalers, epi-pens, and epilepsy rescue medication. A person who has been trained in first aid will accompany off site visits when deemed necessary. A person trained in administering epi-pens, and epilepsy rescue medication will accompany all off-site visits.

### **Reporting Accidents**

The Local Academy Committee is aware of its statutory duty under RIDDOR in respect of reporting the following to the Health and Safety Executive as it applies to employees.

- An accident that involves an employee being incapacitated from work for more than three consecutive days
- An accident which requires admittance to hospital for in excess of 24 hours
- Death of an employee
- Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine

For non-employees and pupils an accident will only be reported under RIDDOR:

- Where it is related to work being carried out by an employee or contractor and the accident results in death or major injury or:
- It is an accident in school which requires immediate emergency treatment at hospital

For each instance where the Head Teacher considers an accident to a visitor or pupil is reportable under RIDDOR the advice of the HSE will be sought.

All accidents to employees and non-employees which result in injury will be recorded in the 'green' Accident Book.

Accidents to pupils requiring basic first aid are recorded in the 'red' First Aid Record. All records will detail pupil name, description of accident, first aid administered and method of contact with parents.

When any pupil has received first aid, their parents will be informed either using the home school diary or by phone call.

All incidents of aggression and violence are reported to the Head Teacher using an Incident Record sheet. This information is logged onto SIMS under the pupil's name.

Termly analysis of incidents and accidents are reported to the Local Academy Committee.

## **Treatment**

When treating an injured child, all staff should take precautions to avoid infection and must follow basic hygiene procedures.

Staff will be briefed on the procedure of accident/incident management as part of their induction. Training will be refreshed regularly.

## **Pupil's accidents involving their head**

Thriftwood recognises that accidents involving the pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time.

Parents will be informed by phone call, with the recommendation that the child is closely supervised for 12 hours.

## **Transport to hospital or home**

- The Head Teacher will determine what is a reasonable and sensible action to take in each case.
- Where the injury is an emergency, an ambulance will be called, following which the parent will be called.
- Where hospital treatment is required but it is not an emergency, then the Head Teacher will contact the parents for them to take over responsibility for the child.
- If the parents cannot be contacted then the Head Teacher may decide to transport the pupil to hospital.

Where the Head Teacher makes arrangements for transporting a child then the following points will be observed:

- Only staff cars insured to cover such transportation will be used (Business Cover)
- The second member of staff will be present to provide supervision for the injured pupil.
- All minor accidents will be logged in the First Aid Record book detailing pupil name, description of accidents, first aid administered and method of contact with parents

## **Emergency at Work First Aiders**

First Aiders will update their training, through an accredited course, every 3 years. A list is displayed on each site.

## **Epilepsy**

Staff who volunteer to attend training on Epilepsy will receive an update refresher every 2 years. The school nurse will sign each person off on individual care plans as necessary.

## **Anaphylaxis and Asthma**

Staff who volunteer to attend training on Anaphylaxis and Asthma will receive an update every 2 years.

A full list of staff trained to administer emergency medication to pupils suffering from epilepsy, asthma or anaphylaxis is available with the medication.

School site hold a spare asthma inhaler and spacer. This can be used, with parental permission, for any child displaying breathing difficulties.

Children in Year 9 and above carry their asthma inhaler with them. Younger students will access their inhaler with an adult, as it is kept in the medical cupboard.

## **Other medication**

The school site also keep in the locked medical cupboard a supply of paracetamol and antihistamine medication for use as directed by parents.

## **Defibrillators**

In the UK, approximately 30,000 people sustain cardiac arrest outside hospital and are treated by emergency medical services each year. The scientific evidence to support early defibrillation is overwhelming; the delay from collapse to delivery of the first shock is the single most important determinant of survival. If defibrillation is delivered promptly, survival rates of 75% have been reported. The chances of successful defibrillation decline at a rate of about 10% with each minute of delay; basic life support will help to maintain a shockable rhythm but it is not a definitive treatment.

An AED is a computerised life-saving medical device that will analyse the heart rhythm to detect cardiac arrest and will deliver an electric shock to the heart if necessary – this is called defibrillation.

The aim of an AED (Automated External Defibrillator) is to increase the rate of survival of people who have sudden cardiac arrests. AEDs make it possible for both trained and non-trained people to administer defibrillation prior to the arrival of emergency medical services.

Where possible the AEDs will be used by first aid trained members of staff, but it should be noted that this should not cause any delay in deployment of the AED which can be successfully operated by a person with no training.

- Thriftwood School and College have 1 Mediana HeartOn A15 automated external defibrillator (AED) on each site.
- The Mediana HeartOn A15 AEDs are switchable between adult and paediatric mode and **do not** require the use of different electrode pads.
- The AEDs are stored in the following locations:
  - School – Staff Room
  - College – Reception area
- All staff members are aware of the AED's location and what to do in an emergency.
- A risk assessment regarding the storage and use of AEDs at the school and college has been carried out.
- No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first opened; however, staff are trained in cardiopulmonary resuscitation (CPR) as this is an essential part of first aid and AED use.
- The emergency services will always be called where an AED is used, or requires using.
- AEDs will be used in paediatric mode for pupils under the age of eight.
- Maintenance checks will be undertaken on AEDs on a weekly basis by the Site Manager, with a record of all checks and maintenance work being kept up-to-date by the designated person.
- Employee Liability Insurance will cover any member of staff who, in the line of duty acts reasonably to resuscitate a casualty.

## **Procedure for use**

The Resuscitation Council (UK) sets the standard for resuscitation training for both the general public and health care professionals. Therefore the following guidelines are issued by them.

Sequence of actions – the following sequence applies to the use of fully automatic AEDs in a person who is found to be unconscious and not breathing normally.

- Administer normal good quality CPR until the AED is brought to the scene and is available for use – do not delay CPR. It is not recommended to administer CPR for a certain length of time before using the AED.
- This early CPR is vital and must only be interrupted when it is necessary for the AED to analyse the rhythm and deliver the shock.
- As soon as the AED arrives continue with CPR until it is switched on. If you are alone, stop CPR and switch on the AED.
- Follow the voice prompts.
- Attach the electrode pads to the casualty's bare chest.
- Ensure that nobody touches the casualty while the AED is analysing the heart's rhythm.
- If a shock is indicated, ensure nobody touches the casualty whilst the AED automatically delivers the shock.
- If no shock is indicated, resume CPR immediately using a ratio of 30 compressions to 2 rescue breaths and continue as directed by voice prompts.
- Continue to follow the AED prompts until qualified help arrives and takes over responsibility, or the casualty starts showing signs of regaining consciousness (e.g. coughing, opening eyes, moving purposefully and starts to breathe normally) or you become exhausted.

## **Placement of AED pads**

- Placement of AED pads should be as shown the pad packaging. You must ensure that one pad is lower than the other. Ensure pads are clear of any breast tissue.
- If positions are reversed it does not matter, as removing them to replace correctly will waste time and may not adhere to skin when re-attached.
- The casualty's chest must be sufficiently exposed to enable correct pad placement – it may be necessary to dry-shave a person's chest if excessively hairy. This will ensure the shock delivered is effective. A razor can be found in the AED Prep Kit.

## **Defibrillation if casualty is wet**

- As long as there is no direct contact between the user and the casualty when the shock is delivered, there is no direct pathway that the electricity can take that would cause the user to experience a shock.
- Try to dry the casualty's chest so that the adhesive AED pads will stick – a paper towel for drying can be found in the AED Prep Kit.

## **Children**

- The pads used with the Mediana HeartOn A15 AED are universal and are suitable for both adults and children. The shock is differentiated by the means of a switch on the AED.

## **Storage and use of AEDs**

- AEDs should be located in areas that are immediately accessible to the ‘rescuers’ – sites should be noted during new staff induction.
- AEDs must not be stored in locked cabinets or rooms as this may delay usage.
- Use of the UK standardised sign is encouraged, to highlight storage location.
- All staff must know where the AEDs are kept.
- Should any member of staff have any concerns regarding the AEDs then please contact the site manager in the first instance.

**Please ensure a member of staff has dialled 999 stating  
‘CARDIAC ARREST’.**

Review Date: May 2021