

De La Salle College



First Aid Policy

Compiled by: The Head Master	Date: January 2019
Policy Holder: Ms Karen Wall	Revision date: June 2019

Policy Statement:

De La Salle College will undertake to ensure compliance with all the relevant legislation with regard to the provision of First Aid for students, staff, parents and visitors. We will ensure that procedures are in place to meet that responsibility. This policy should be read in conjunction with De La Salle's Health and Safety policy and policy on Safeguarding children on school visits. It will be reviewed annually.

Aims and Objectives:

- To identify the First Aid needs of De Salle College in line with current legislation regarding the Management of Health and Safety at Work Regulations.
- To ensure that First Aid provision is available at all times whilst people are on the premises and on premises used by the school.
- To ensure that when recruiting staff, an appropriate number of successful candidates hold relevant First Aid qualifications and have been suitably trained, or are prepared to undertake training.
- To maintain a record of all First Aid training at De La Salle College and to review First Aid needs and procedures annually.
- To provide ongoing training and ensure monitoring of training needs.
- To provide sufficient appropriate resources and facilities.
- To provide awareness of Health and Safety issues within De La Salle College and on school trips to prevent, where possible, potential dangers or accidents.
- To inform staff, parents and students of the First Aid arrangements at De La Salle College.
- To report, record and where appropriate investigate all accidents.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulation in force at the time.

First Aid Provision:

First Aid kits are available in the following locations

SECONDARY SCHOOL

- The Secretaries office/medical room (ground floor)
- DT
- DT2
- The Upper Deck area (Art Department)
- The Lower Deck area – (Mr Livesey's office)
- Music Room

- Gym
- Games Hall - office
- Pyramid Building
- St Jean Baptiste Building – Library lower floor

- Jubilee Block – Entrance
- The Science Block – Prep room and Lab 5.
- New Sports Hall – Storeroom/office

- Additionally, a first aid box is carried on all of the sports coaches.

PRIMARY SCHOOL:

- KS 1 (Brother Anthony Building) - staffroom and a smaller box in every classroom.
- KS 2 (Brother Edward Building) - in medical room & staffroom and a smaller box in each classroom.
- Portable First Aid kit for general outing use – Kept at Reception and to be signed out.
- Portable First Aid kits for sports outing use - Kept in each coach and Minibus.

- The named First Aid Secretary will check the contents of kits every half term and restock as necessary. A kit should also be checked every time it has been used. It is the responsibility of the person who opened the First Aid box to report any replenishing requirements to the First Aid Secretary.
- The First Aid room will be located off the Secretaries office on the ground floor of the main administration building and the medical rooms in the Brother Edward and Brother Anthony buildings. At no time should an injured or ill person be left unattended in the designated room.
- All members of staff, teaching and support must ensure they have read this First aid Policy.

First Aid Training:

As part of personnel duties, Karen Wall is responsible for ensuring that there is an adequate number of qualified First Aiders/Appointed persons.

All members of staff will be trained annually in the use and administration of **Epipens**. A list of all students who may require this treatment will be held with the qualified first aid ladies in the secretaries office – ground floor – administration building, and notified to all staff at the start of each academic year. At KS 1 & KS 2 information relating to boys who need Epi-pens are kept in each staffroom. Class teachers are notified by Leesa Sale (Deputy Head) of any such “confidential information”.



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FIRST AIDERS HOLDING FIRST AID AT WORK QUALIFICATION AND THEIR LOCATIONS

PRIMARY SCHOOL – there are currently 8 qualified first aiders in the Primary School holding First aid at Work certificates – renewal period 3 years.

Additionally, all Primary staff undertake an Emergency First Aid at Work course each year.

SECONDARY SCHOOL – there are currently 25 qualified first aiders in the secondary school holding First Aid at Work certificates – renewal period 3 years.

DEFIBRILLATOR - three staff at De La Salle College are currently trained in the use of the Defibrillator and retraining takes place annually.

Head Injuries:

Accidents involving the head can be problematic because the injury may not be evident eg internal and the effects only become noticeable after a period of time.

Even if the injury is minor, all head injuries should be closely monitored and a head injury report form should be completed and given to the parents.

Any serious head injury should always be referred for hospital treatment following the emergency procedures below.

Emergency procedures:

- Where the injury is an emergency, an ambulance must be called following which the parents will be contacted.
- Where hospital treatment is required but it is not an emergency, the Receptionist/First Aider or First Aid T.A. at KS 1 & 2 will contact the parents for them to take over the responsibility of the student.
- In the event that the parents, or the person designated by the parents cannot be contacted, a member of the staff of the school will be asked to accompany the student to the

hospital and remain with them until the parents can be contacted and arrive to take over responsibility. The parents will be asked to keep the Head Master or Deputy Head Master fully updated of developments.

An ambulance must always be called:

- In the event of a serious injury.
- In the event of any significant head injury.
- In the event of a period of unconsciousness.
- Whenever there is a possibility of a fracture or where this is suspected.

Hygiene/Infection control:

- Hands must be cleansed thoroughly, by either washing, or by the use of Gel before and after giving First Aid.
- Single-use disposable gloves must be worn when treatment involves blood or other body fluids.
- Any soiled dressings etc must be put in a clinical waste bag and disposed of appropriately.
- Any body fluids on the floor should have absorbent granules sprinkled on them and be swept up with the designated dustpan and brush. If possible the area should be bleached.
- Body fluid spillages on hard surfaces should be cleaned up and then bleached by the maintenance staff.
- Exposed cuts and abrasions should always be covered.

Incident Reporting:

All incidents/injuries/head injuries and treatment will be recorded on the 'Administration of First Aid' sheet which is kept in the First Aid room, by the named first-aider. Parents are informed by use of the Head Injury Report form of all head injuries to their son/daughter.

The named First Aider will contact the parents if there are any concerns about an injury or should a student need to be sent home through illness.

Any significant injury also needs to be entered in the Accident Book /Student Accident Book. This needs to be completed by the person administering First Aid and by the person who has dealt with the accident. At the earliest opportunity it should be signed by the person who was the subject of the injury. These records should be kept for 7 years.

If the nature of the accident involves contacting 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' Jason Turner – Head of College or G Coutanche, Head of Primary will be the persons designated to undertake this on behalf of De La Salle College .

Sharing of information:

At the start of each academic year, the office will inform all members of Secondary staff of the updated list of students who are known to have medical conditions/problems and Leesa Sale will

inform Primary staff. This list will be reviewed each time a student is to be added or deleted from the list.

Medical Consent forms for out of school visits can be obtained from the RM Staff (T:) drive/College Documents/School Trip Paperwork/Approval Forms folder or from the office and these are readily available to all staff for use related to school outings.

Administration of Medicines

Under no circumstances should a student be offered any medication, prescribed or non prescription such as aspirin or paracetamol, without first having written parental approval.

There will be times when a student is well enough to attend school but requires medication but in general, where a child requires medication or treatment, he or she should be kept at home until the course of treatment is complete. The exception to this are:

- When a student has almost fully recovered and simply needs to complete a course of medication e.g. antibiotics for a day or so.
- Where a student suffers from asthma, severe allergic reaction or other occasional ailment and may need to use an inhaler or Epi-pen.

Where equipment such as an inhaler is necessary we strongly encourage students to take care of and responsibility for these items as early as possible.

- Clearly identified spare inhalers, also stating the required dosage, should be supplied by the parents and kept in the First Aid rooms or by class teachers at KS 1 & KS 2.
- Parents whose child requires the administration of intramuscular adrenalin due to a severe systemic allergic reaction (anaphylaxis) are responsible for ensuring there is an 'in date' Epi-pen in school at all times.
- The location of the pens will depend on the age of the student and are as follows:
 - Reception and Key Stage 1; one Epi-pen kept in the student's classroom.
 - Key Stage 2; one Epi-pen in the student's classroom, one in the medical cabinet in the Primary school first aid room and one in the playground medical box.
 - Key Stage 3 and above; one Epi-pen to be kept by the student at all times. This could be kept in their pencil case or blazer pocket. A second Epi-pen should be kept in the Secondary school first aid room.

Legal aspects:

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it, this is purely a voluntary role. Staff should be particularly cautious agreeing to administer medicines where:

- The timing is crucial to the health of the student.
- There are potentially serious consequences if medication or treatment is missed.
- A degree of technical or medical knowledge is required.

Staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and/or training specific to the student's medical needs, for example, medical plans and Epi-pen training.

Safety checklist –

- Has the parent completed the Medical Consent form and has a copy been filed?
- Is any specific training required to administer medicines?
- Is any necessary protective clothing or equipment available?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information, particularly for the GP and parent or guardian clear?
- What action is necessary in the event of an accident or failure of the agreed procedures?
- Details of this policy and procedures will be publicised and available from the school website.
- Will medication be stored in the same place and at a suitable temperature?
- Staff must be aware of information on infectious diseases that is held in the Primary and Secondary school's First Aid rooms and on the Staff notice boards at KS 1 & KS 2.

Instruction and Training:

- Specific instruction and training should be given to staff before they are required to assist with or administer medicines or medical procedures. This must include the identification of tasks that should **not** be undertaken.
- Such safeguards are necessary both for the staff involved and to ensure the well being of the student. Even administering common medicines can sometimes be dangerous if children are suffering from non-related illnesses or conditions.

Record Keeping:

The following information must be completed by the parent-

- Name and date of birth of the student
- Name of parents/guardians, contact address and telephone numbers of landline and all mobiles
- Name, address and telephone number of the student's GP
- Name of medicines
- Details of prescribed dosage
- Date and time of last dosage given
- Consent given by parents/guardian for staff to administer the specific medicine/s
- Expiry date of the medicines
- Storage details

The parent consent form, providing all the above information, will be copied and retained in a central file as a record for future reference.

Safe storage and disposal of medicines:

- Medicine should be administered from the original container or by a monitored dosage system such as a blister pack. The designated member of staff should not sign the

medicine record book unless they have personally administered, assisted or witnessed the administration of the medicines

- When medicines are used, staff will need to ensure that they fully understand how each medicine or drug should be stored. Storage details can be obtained either from the written instructions of the GP/Pharmacist or from parents
- All medicines should be stored in the original container, be properly labelled and kept in a secure place, out of the reach of children. Arrangements may be needed for any medicines that require refrigeration. These should be clearly labelled and kept separate from any foodstuff
- Medicines should only be kept whilst the child is in attendance
- Where needles are used, a sharps container and adequate arrangements for collection and disposal should be in place. Such arrangements are necessary for any equipment used which might be contaminated with body fluids such as blood etc
- Any used or outdated medication will be returned to the parent for safe disposal.

Accidental failure of the agreed procedures:

Should a member of staff fail to administer any medication as required, they will inform the parent as soon as possible. However, the position would not normally arise as any student requiring vital medication or treatment would not normally be at school.

Students with infectious diseases:

Students with infectious diseases will not be allowed in school until deemed safe by their GP or the relevant local Health Authority a doctor's certificate or letter confirming this will be required.

Information on exclusion periods for common infections can be found in the States of Jersey, Health & Social Services Policy 'Prevention and Control of Infection Guidelines for Early Years and School Settings 2016'



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MEDICAL CONSENT FORM

**Important: School employees are not required to undertake this responsibility
Please print in black ink throughout**

Student's name: _____

Date of birth: _____

Parent emergency contact (please give as many numbers as possible):

Doctor: _____ **Surgery:** _____ **Phone:** _____

Medication: _____ **Storage details:** _____

Dosage: _____ **Use before date:** _____

Please enter below any special guidance/frequency of dosage etc:

Please enter below consequences if medication or treatment is missed/action required:

Parent/Guardian consent. (Please read and sign)

This task is being undertaken voluntarily and in a spirit of general care and concern. We will make every effort to administer this medication on time and as required. The member of staff responsible can make no absolute guarantees, and may decline to accept responsibility once they have read these instructions. If so, you will be informed immediately.

Signature of parent/guardian _____ **Date:** ____

Staff member, do you understand exactly what is required? YES NO (Please delete)

Signature:

Original: Retain with medication

Copy: To be filed in Medication File

Appendix

Biting Policy

Policy and Practice Guidance

1. Policy Statement

De La Salle College shall strive to achieve the highest standards of health and safety consistent with their responsibilities outlined by the States of Jersey and under the Health and Safety at Work (Jersey) Law 1989, and any other relevant statutory laws and duties.

At De La Salle College we will ensure, so far as is reasonably practicable, the health, safety and welfare of its staff, students and visitors while working on our premises.

2. Introduction

De La Salle College recognises that biting can be an age appropriate developmental stage, a behaviour that is not uncommon among young children. De La Salle College also recognises its responsibility to provide and maintain a safe environment and this policy has been developed to enhance everyone's safety by summarising the steps that should be taken in response to a child biting either other children and/or adults in settings/schools.

From time to time and for a variety of reasons, young children may attempt to bite others. Biting behaviour can be explained in a number of ways. A child may be teething or over tired. He or she might be experimenting or trying to gain the attention of staff or other children. Alternatively, biting might represent a child's frustrations in response to a range of environmental demands. There may, however, also be occasions when a child bites another individual for no apparent reason. Due to the speed and randomness with which biting incidents may occur, it is not always possible to prevent this from happening.

A bite that breaks the skin brings a risk of possible infection including tetanus and hepatitis. As a result, parents are advised to ensure their child's vaccinations/ immunisations are up to date. Because of the potential risks associated with this behaviour, however, repeated biting within settings/schools will not be tolerated and there is a requirement for positive intervention and support on the part of both school staff and parents.

In an instance where a child has been bitten the following guidelines should be used to respond to the situation.

Pupils

The pupil who has been bitten:

1. The child should be examined immediately for any visible injury and appropriate first aid should be administered and in line with the school's policy. If the skin is not broken, clean the wound with soap and water and apply a cold compress. If the skin is broken let the wound bleed gently (do not squeeze it), clean the wound carefully with soap and water and apply a temporary covering, if appropriate. If the skin is broken medical advice should be sought. Please see points 13 and 14 below.
2. In the case of a notifiable incident it should be recorded and reported on an Incident Report Form as soon as possible. This form should be completed by any member of staff who has witnessed or was in close vicinity of the incident.
3. Incidents that are not classified as notifiable should also be recorded in the school's class incident log stating where and when the incident happened, who was there and how it was dealt with.
4. The Head teacher must be informed and they must be provided with a copy of the class incident report.
5. The child's parents/carers should be contacted by phone and informed of the incident.

The child who has caused the bite:

6. The child should be taken aside and told that biting is not allowed. Words such as 'naughty' and 'bad' should not be used to define the child. Phrases such as "good choices and bad choices" may be used to deal with this situation.
7. On the first occasion, parents may be informed, and will certainly be informed if the bite is particularly big or involves broken skin. This acknowledges that this could be a 'one off' incident and that for the majority of children this behaviour will not be repeated.
8. The child should be observed for a period of time following the incident.
9. If the child shows any intention to bite another child at school on a second occasion, or actually bites for a second time then school should contact the parents/carers.
10. Consequences appropriate for the age and stage of the child should be considered and in line with the school's policy.

When biting continues:

11. If a child continues to bite, school should make arrangements to observe the child's behaviour and any noteworthy incidents recorded. This should include an analysis of the child's behaviour, which considers (for e.g.) antecedents, behaviour and consequences (often referred to as ABCs). At this stage, the setting/school might consider the

involvement of an educational psychologist. If biting reoccurs, the child should be immediately removed from the class to prevent any further harm coming to other children or staff.

12. At this stage, school should arrange to meet with the child's parents/carers and involve education psychology, EYIT or SEMHIT (as appropriate) to develop and agree a structured and individualised plan to support the child. This plan should be subject to regular review and should focus on a reduction in the frequency with which the child bites others. If the plan fails to show improvement in the frequency of biting, requiring 'duty of care' interventions to safeguard the child, other children or staff then the Head of College will meet with the parents to discuss what support the college is able to offer and if the college is able to meet the behavioural and emotional needs of the pupil.

In the circumstances where the frequency of biting becomes excessive requiring regular 'duty of care' interventions the Head of College will meet with parents to aid transition to a educational establishment better placed to support the needs of the child.

If either a child or a member of staff is bitten:

13. Whether the bite is minor or serious, notify a member of the school's Senior Leadership Team (SLT). Parents of the child or the staff member concerned are to be advised to notify their GP.
14. If a child or a member of staff is bitten by a pupil where the skin has been broken it is advised that they have a blood test. The blood test can be arranged by the Education department in confidence with the Health department. The parents of the child who has done the biting should also be advised to take a blood test.
15. Ensure that all staff are advised to remain up to date with relevant vaccinations (including tetanus).
16. Ensure that any 'member' of staff who may have a blood disorder or infection, which has been made known to the 'schools management team', is as far as reasonably practicable excluded from any situation that might involve the use of physical intervention with a child engaging in biting behaviour.
17. In the rare occurrence where a child or staff member involved in a biting incident is known to have to have a blood disorder, whether biting or bitten, this should be reported to the Headteacher immediately. In such an eventuality, the Head of College, in confidence, will take responsibility for informing the affected individual/parents.