



gus	Emma Shutt
Agreed By	Board of Trustees
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First aid must be provided to any person that we owe a duty of care to if they are injured or become ill while on our premises or involved in an off-site activity. There must be sufficient suitably qualified first aiders and adequate first aid facilities to ensure that assistance will be provided quickly to casualties and a call made to the emergency services when appropriate. Contractors who work on site must provide their own first aid.

To ensure that there are adequate and appropriate equipment and facilities for providing first-aid in the workplace.

Nominated Members of Staff: Emma B and Emily

**Operating Statement:**

Diamond Families will have:

- A suitably stocked first-aid container
- An appointed person to take charge of first aid arrangements
- Qualified personnel to administer first aid as required, both on and off-site  Information for employees on first-aid arrangements

First-aid provision must be available at all times while people are on the premises, and also off the premises whilst on visits.

**Responsibilities:**

Health and safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises. At Diamond Families this includes responsibility for all teaching staff, non-teaching staff, students and visitors (including contractors).

The employer is responsible, under the Health and Safety at Work etc. Act 1974 (HSWA), for making sure that the Centre has a Health and Safety Policy. This should include arrangements for first aid, based on a risk assessment of the Centre, and should cover:

Numbers of first aiders/appointed persons – Diamond Families will ensure that the statutory minimum number of trained first aiders are available on site. There will be at least three trained staff.

Numbers and locations of first-aid containers. These are detailed within the policy.

The employer will make sure that their insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment. It is the employer's responsibility to make sure that the statutory requirements for provision of first aiders are met, that appropriate training is provided and that correct procedures are followed. The employer should be satisfied that any training has given staff sufficient understanding, confidence and expertise.

**The Trustees:**

The Trustees have a responsibility for health and safety matters within the centre, with Managers and staff also having responsibilities.

The Trustees have general responsibility for all of Diamond Families policies, even when it is not the employer.

**Service Manager:**

The Service manager is responsible for putting the policy into practice and for developing detailed procedures.

**Staff:**

All staff will be given a written list of students with pre-existing or known medical conditions with details of their needs and what to do in an emergency. It is the responsibility of all staff to make themselves familiar with the needs of students they teach or oversee in and outside of the classroom. An appropriate number of staff will receive appropriate training to enable them to meet the needs of students with specific medical needs.

Employees' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of students are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the students in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those trying to assist in an emergency.

The employer must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/appointed persons. The employer must ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.

**Staff responsible for leading curriculum areas are responsible for the preparation of risk assessments for their areas.**

The Service manager and Proprietor are responsible for keeping a record of all first-aid related incidents that occur within onsite. Diamond Families keeps a central record of all first-aid

treatment given by a first aider/appointed person. The lead first aider is responsible for checking the first-aid containers are stocked and re-stocked as necessary. The lead first aider is also responsible for ensuring the medical room is kept hygienically clean and has all the equipment and facilities required. Parents of children with known medical conditions are to give their consent to the centres Lead First Aider / SENCO to administer drugs if necessary. The form for parents to give that consent can be found at the back of this policy.

#### **The First Aider's Main Duties:**

First Aiders must complete a training course approved by the Health and Safety Executive (HSE).

The main duties of a first aider are to:

- Give immediate help to casualties with common injuries or illness and those arising from specific hazards onsite.
- When necessary, ensure that an ambulance or other professional medical help is called.

All staff are able to request an ambulance or other professional medical help. Examples where an ambulance would be called would include: -

- chest pain
- difficulty in breathing
- unconsciousness
- severe loss of blood
- severe burns or scalds
- choking
- fitting or concussion
- drowning
- severe allergic reactions.
- suspected broken bones

*(NHS Advice 2013)*

#### **Calling the emergency services**

When you dial 999 you are not calling an ambulance but alerting the emergency services to your incident. They will decide on the response that they will provide; this can range from verbal advice over the telephone to an emergency evacuation by air ambulance. Calling 999 should not be delayed, let the emergency services decide the appropriate course of action based on the information that you give them.

#### **Selection of First Aiders**

Unless first-aid cover is part of a member of staff's contract of employment, people who agree to become first-aiders do so on a voluntary basis. When selecting first aiders, the trustees/ Service manager should consider the individuals:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergency procedures
- Normal duties, first aider must be able to leave to go immediately to an emergency.

The following employees are first aiders and have been trained in the relevant First Aid qualification:

<b>Name</b>	<b>Emma Bailey</b>
<b>Role &amp; Location</b>	<b>Manager</b>
<b>Training completed on</b>	
<b>Date of Expiry of Certificate</b>	

<b>Name</b>	<b>Emily</b>
<b>Role &amp; Location</b>	<b>Wellbeing and community coach</b>
<b>Training completed on</b>	
<b>Date of Expiry of Certificate</b>	

<b>Name</b>	
<b>Role &amp; Location</b>	
<b>Training completed on</b>	
<b>Date of Expiry of Certificate</b>	

<b>Name</b>	<b>Emma Shutt</b>
<b>Role &amp; Location</b>	<b>Proprietor</b>
<b>Training completed on</b>	<b>12/04/2019</b>
<b>Date of Expiry of Certificate</b>	

## **Appointed Persons**

An appointed person is someone who:

- takes charge when someone is injured or becomes ill
- looks after the first aid equipment e.g. restocking the first aid container
- ensures that an ambulance or other professional medical help is summoned when appropriate.

Appointed persons are not necessarily first aiders. They should not give first aid treatment for which they have not been trained. However, it is good practice to ensure that appointed persons have emergency first aid training/refresher training, as appropriate.

These courses don't require HSE approval. They normally last four hours and cover the following topics:

- What to do in an emergency
- Cardiopulmonary resuscitation  First aid for the unconscious casualty  First aid for the wounded or bleeding.

Emergency first-aid training should help an appointed person cope with an emergency and improve their competence and confidence.

### **First Aid-needs and expectations**

Employers must provide adequate and appropriate equipment, facilities and qualified first aid personnel. The regulations do oblige employers to provide first aid for anyone other than their own staff, but employers do have health and safety responsibilities towards non-employees. The Health and Safety Commission (HSC) guidance recommends that organisations, such as Centres which provide a service for others should include them in their risk assessments and provide for them.

In light of their legal responsibilities for those in their care, Centres should consider carefully the likely risks to students and visitors and make allowance for them.

### **Reassessment of First-Aid Provision**

The trustees/ Service manager/ Proprietor should regularly review the centre's first-aid needs (at least annually), and particularly after any changes, to ensure the provision is adequate. Where minimum numbers of trained first aiders are set, these should be monitored to ensure that these standards are being met.

### **Providing Information**

The employer or the manager with the delegated function must inform all staff (including those with reading and language difficulties) of the first-aid arrangements. This should include the location of equipment, facilities and first-aid personnel, and the procedures for monitoring and reviewing the centre's first-aid needs.

First aid boxes and first aid record books are kept in the following points

First aid room is located in the sensory room

Travelling first aid boxes are kept at the following points – main office and transferred to the car during trips.

## **Contacting First-Aid Personnel**

The staff should know how to contact a first aider. In the first instance the main office should be contacted when students require first aid.

The names of current first aiders and appointed persons emergency aiders are displayed at the following points:

Main office

classroom

Staff and students should be informed by the display of the first-aid notices. The information should be clear and easily understood. Including first-aid information in induction programmes will help ensure that new staff and students are told about the first-aid arrangements. It is good practice to include such information in a staff handbook.

## **Risk Assessment of First-Aid Needs**

Diamond Families will include staff, students, and visitors when carrying out risk assessments for first aid needs. Staff will liaise with the service manager where appropriate in the preparation of risk assessments for students with physical disabilities.

The HSE also produces guidance on the standards and requirements for approval of training including a list of standard first aid competences.

## **EpiPen Management & Administration**

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto injector which is commonly known as an EpiPen. Adrenaline given through an EpiPen to the outer thigh muscle is the most effective treatment for anaphylaxis, as when injected it rapidly reverses the effects of a severe allergic reaction. It is a single use preloaded automatic injection and is designed to be used as a first aid device by people without formal medical training.

If a child has been prescribed an EpiPen it is necessary that training in its use is a part of professional learning provided each year by a Registered Training Organisation, as a part of development of the Individual Anaphylaxis Management Plan. Records of staff who have received this training are kept at reception.

If a pupil has been prescribed an EpiPen, a minimum of two EpiPens must be provided by the pupil's parents.

## **Storage of EpiPens**

- EpiPens should be stored correctly and accessed quickly.
- EpiPens are stored in the first aid Room in an unlocked, easily accessible place away from direct heat. They should not be stored in the refrigerator or freezer.
- EpiPens should be clearly labelled with the pupil's name.

- Each pupil's EpiPen should be distinguishable from other students, EpiPens and medications.
- All staff should know where the EpiPen is located.
- The EpiPen should be signed in and out when taken from its usual place, such as for camps or excursions.
- Depending upon the speed of past reactions it may be appropriate to have the EpiPen in class or in a bag for outside use.
- It is important that trainer EpiPens (which do not contain adrenaline) are kept in a separate location from students' EpiPens.

### **Key information about EpiPens**

EpiPens should not be cloudy or out of date. They should last at least 12 months from time of purchase from a pharmacy and have an expiry date printed on them. It is the parent/carer's responsibility to supply the pupil's EpiPen and to replace it before it expires. It is recommended that a designated staff member, such as the senior first aider, should regularly check the EpiPen at the beginning or end of each term. At least a month before its expiry date, the designated staff member should send a written reminder to the parents/carers to replace the EpiPen. Adopting the practice of returning the EpiPen to the family at the end of each term is suggested. Return or replacement of the EpiPen should take place when the pupil returns in the new term.

Administration of EpiPen is quite safe: if a person is suspected of having a severe allergic reaction, it may be more harmful not to give it than to use it when it may not have been needed. EpiPen should be administered if there is difficulty in breathing and an ambulance should be called.

If the ambulance has not arrived and the patient has not recovered a second dose should be administered within 10 minutes. "If in doubt, give the EpiPen": from the ASCIA Action Plan for Anaphylaxis For additional information about the use of EpiPen's refer to the NSW Department of Education and Training Anaphylaxis Guidelines for Centres, or the Victorian Department of Education and Training Anaphylaxis Guidelines

### **First-Aid Materials, Equipment and First-Aid Facilities**

Employers must provide the proper materials, equipment and facilities at all times. First-aid equipment must be clearly labelled and easily accessible.

Every employer should provide at least one fully stocked first-aid container for each site. The assessment of the centre's first-aid needs should include the number of first-aid containers. Additional first-aid containers will be needed for spilt sites/levels, distant sports fields or playgrounds, any other high-risk areas and offsite activities.

All first-aid containers must be marked with a white cross on a green background.

The siting of first-aid boxes is a crucial element in the centre's policy and should be given careful consideration. If possible, first-aid containers should be kept near hand washing facilities.

### **Contents of a First-Aid Container**

There is no mandatory list of items for a first-aid container, however the HSE recommend that, where there is no special risk identified, a minimum provision of first-aid items would be:

- A leaflet giving general advice on first aid (see list of publications in Annex A)
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile)
- Six safety pins
- Six medium size (approx. 12cm x 12cm) individually wrapped sterile medicated wound dressings
- Two large (approx. 18cm x 18cm) sterile individually wrapped unmedicated wound dressings
- Three pairs of disposable gloves.

### **Travelling First-Aid Containers**

Before undertaking any off-site activities, the Principal should assess what first-aid provision is needed. The HSE recommend that, where there is no special risk identified a minimum stock of first-aid items for travelling first-aid containers is:

- A leaflet giving general advice on first aid. See list of publications in Annex A
- Six individually wrapped sterile adhesive dressing
- One large sterile unmedicated wound dressing –approx. 18cm x 18cm
- Two triangular bandages
- Two safety pins
- Individually wrapped moist cleansing wipes
- Two pairs of disposable gloves

Minibus first aid kit.

- Ten antiseptic wipes, foil packed
- One conforming disposable bandage ( not less than 7.5cm wide)
- One Triangular bandages
- One packet of 24 assorted adhesive dressings
- Three large sterile unmedicated ambulance dressings ( not less than 15.0cm x 20.0cm)
- two sterile eye pads with attachments
- Twelve assorted safety pins

*Equivalent or additional items are acceptable.*

### **Hygiene/Infection Control**

First aiders must follow their training and maintain good standards of infection control.

Whenever small amounts of body fluids/ blood have to be cleaned up, disposable plastic gloves should be worn, and disposable paper towels and a detergent solution should be used to

absorb and clean surfaces. These items should be disposed of in black plastic bin bags, tied up and placed directly into waste bins with other inert waste.

### **Reporting Accidents and Record Keeping**

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE.

All information to be recorded in the medical book.

### **Prescribed Medicines**

Medicines should only be brought onsite when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the day.

The Centre should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by pharmacists and include prescribers' instructions for administration.

The centre should never accept medicines that have been taken out of the container as originally dispensed nor make any changes to dosages or parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside Centre hours. Parents could be encouraged to ask the prescriber about this.

### **Non-prescribed medicines**

Staff should **NEVER** give non-prescribed medicine to a child unless there is a specific prior written permission from the parents.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

### **Controlled Drugs**

All controlled drugs are to be kept locked in a non-portable container and only named staff should have access

### **Children with Special Medical Conditions**

The centre should be aware of children who have allergies or that require any special medical attention.

### **Refusing Medicine**

If a child refuses to take medicine, staff should not force them to do so but should note this in the records and follow agreed procedures.

### **Monitoring, Evaluation and Review**

This policy will be reviewed every two years.

## APPENDIX A

**Parental agreement for Diamond Families to administer medicine. We will not give your child medicine unless you complete and sign this form, and the centre has a policy that staff can administer medicine.**

Name of Child	
Date of Birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine (As described on container)	
Date dispensed	
Expiry date	
Agreed review date to be initiated by	
Dosage and method	
Timing	
Special precaution	
Are there any side effects?	
Self-administration	
Procedures to take in an emergency	
Contact details	
Name	
Daytime telephone number	
Relationship to child	
Address	

**I understand that I must deliver the medicine personally to [agreed member of staff]**

**I accept that this is a service that the centre is not obliged to undertake. I understand that I must notify the centre of any changes in writing.**

Date:

Signature:

## **APPENDIX B**

Dear Parent/Carer,

Head Bump

<Name of student> had a bump to his/her head today at <time>. Children often bump their heads with no further consequences. The centre informs parents when a child bumps their head so parents can keep an eye on their child once they get home. This is because it is possible for a more serious internal injury to occur without obvious symptoms for several hours.

The chance of serious injury is highly unlikely from a simple bump to the head. This letter is not intended to alarm or worry you. It is intended to provide information that could prove vital in exceptional circumstances.

For your guidance, symptoms of serious head injury are listed below:

- Child seems disoriented
- Impaired or loss of consciousness
- Intense headache
- Vomiting
- Noisy breathing becoming slow
- Unequal or dilated pupils
- Weakness or paralysis of one side of the body
- High temperature; flushed face
- Drowsiness
- A noticeable change in personality or behaviour, such as irritability
- A soft area or depression of the scalp
- Clear fluid or watery blood leaking from the ear or nose
- Blood in the white of the eye
- Distortion or lack of symmetry of the head or face

If your child displays any of the above symptoms (they may not all be apparent), you may wish to seek immediate advice from your GP or local A&E Department.