

First Aid and Health Care Policy

September 2018

Where there are references to Ambitious about Autism in this policy, it is referring to both Ambitious about Autism and Ambitious about Autism Schools Trust. The policy must be implemented by both organisations.

This policy has been updated to reflect changes in Statutory Guidance that impacts upon the administration of medication in schools, and to develop a more concise and comprehensive policy for staff, pupils and parents. This policy includes guidance/information around the following areas:

1. First Aid
2. Accidents and Incident Reporting
3. Pupil Medication Administration
4. Staff Risk Assessments
5. Head Injuries
6. Infection Control
7. Needle stick
8. Staff Training
9. Ambulance Protocol

1. First Aid

TreeHouse School has a number of staff who are qualified one-day, and three-day first aiders. These staff members can be accessed both on-site and in attendance on educational visits. When First Aid is required on-site a tannoy should be made requesting either urgent or non-urgent first aid to the location. This will be responded to and communicated via the walkie system. Support can be given at the location or within the two medical rooms on-site. Both medical rooms are equipped with First Aid supplies.

2. Accident and Incident Reporting

Accident

An unintended event that led to an injury, damage or potential loss. E.g. Trip over a carpet where person falls and pupil/adult accidentally bumps into something/someone.

Incident

An event that took place, which leads to an injury, damage or loss. E.g.

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where a deliberate action takes place that results in an injury no matter how small the injury might be e.g. a pupil bites/grabs/hits an adult/pupil.

Near Miss

An unplanned event that does not result in any injury, damage or loss - but had the potential to do so, e.g. Medication found on floor but not ingested, someone tripped but did not fall.

If unclear about the categorisation use 'incident'.

Staff are required to record all Accidents, Incidents and Near Miss using the Accident & Incident Software that is available on all computers at TreeHouse School. Any reports are required to be witnessed by another member of staff, and for a member of the School Leadership Team to review and write an action. The software generates a letter which is to be sent home to parents, which also needs to be witnessed by a member of the School Leadership Team. In addition parents should be directly contacted to report any accidents or incidents.

3. Pupil Medication Administration

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. The parent/carer has the prime responsibility for informing and providing TreeHouse School with details of any changes made to the student's prescription medication by a health professional. Prescription and Non-Prescription Medication Administration Consent Forms should be completed by parents/carers and returned to be signed by the Headteacher.

Prescription Administration	Medication	Non-Prescription Administration	Medication
Schools should ensure they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.			
Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals.			
Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.			
Schools should only accept prescribed or non-prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.			
Schools should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.			
		Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parent/carer.	

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	A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.
All medicines should be stored safely.	
All medicines should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist.	
It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are encouraged to ask the prescriber about his. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.*	
*The Medicines Standard of the National Service Framework (NSF) for Children.	

All pupils should be encouraged to take part in educational visits and the administration of medication should not be seen as a barrier to this. Risk assessments for educational outings or residential trips will take account of medication. Staff supervising visits must be aware of any medical needs of learners they are supporting and of the relevant emergency procedures. Where possible all pupils should be encouraged to be involved in the process of administering their own medication.

4. Staff Risk Assessments

TreeHouse School takes into account staff well-being by documenting any Risk Assessments that prevent staff from carrying out their roles and responsibilities fully. It is requested that staff take responsibility for reporting any physical or well-being consideration to the Manager of Allied Health Professionals. This will impact on how TreeHouse School is able to make any reasonable adjustments to support staff.

5. Head Injuries

Head injuries are potentially dangerous and therefore require the proper assessment, particularly if the person's consciousness is impaired. First Aid assessment should be carried out for anyone who has a head injury. If the head injury is treated as more than a minor injury then hospital assessment should be carried out. An ambulance will be called based upon the attending First Aiders discretion and judgement. An ambulance will be called in all cases of a person showing signs of concussion or being unconscious, slurring their words or being sick.

RIDDOR reportable incidents should be reported to your Line Manager, School Administrator, the General Service Manager and HR immediately.

Types of reportable incidents

Deaths and injuries

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Not all accidents need to be reported. A RIDDOR report is required only when:

- the accident is work-related
- there are certain incidents involving gas
- it results in an injury of a type which is reportable
- types of reportable injury
- the death of any person
- all deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

Specified injuries to workers

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
 - covers more than 10% of the body
 - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness
 - requires resuscitation or admittance to hospital for more than 24 hours

Over-seven-day incapacitation of a worker

Accidents must be reported where they result in 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 their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

Over-three-day incapacitation

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

Non fatal accidents to non-workers (eg members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

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There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

6. Infection Control

Any pupil who has diarrhoea or vomiting **must** be collected from school to avoid risk of infection. In these circumstances the pupil should remain at home for at least a further 24 hours after the last episode. This process also applies to other infectious conditions e.g. conjunctivitis.

7. Needle Stick

Guidelines for managers / individuals

The Ambitious about Autism Health and Safety competent person shall:

Ensure that all staff members of Ambitious about Autism, including the Executive Leadership Group, Trustees, Governors and the Pupil welfare committee are aware of the Ambitious about Autism policy on Needle stick Injuries etc.

The members of the Ambitious about Autism Health and Safety committee shall:

- Ensure that all their staff are aware of the policy on needle stick Injuries etc.
- Determine whether any work operations within their area of responsibility present a risk of infection arising from exposure to 'sharps', to any of their staff, pupils or learners.
- Ensure that Risk Assessments are carried out and recorded where 'at risk' tasks, employees or pupils/learners have been identified in their areas.
- Ensure that employees or pupils/learners identified as being at 'risk' are provided with sufficient information, instruction and training, to carry out their work safely and are offered a Hepatitis B vaccination.

The Ambitious about Autism Health and Safety competent person, or delegated Health & Safety person in each service, shall:

- Provide information and guidance on any matter relating to needle stick injuries, to management and staff, as and when requested to do so.
- Investigate all needle stick injuries that occur and implement stricter controls if deemed necessary to prevent further injuries. Ensure that all needle stick injuries that occur have been reported (internally) using the Ambitious about Autism accident reporting system.

The group FM Manager shall:

- Identify members of the Facilities Team that will provide the Emergency Response when 'sharps' are discovered.
- Ensure that those chosen receive sufficient training to carry out their work safely.
- Arrange for adequate supplies of Personal Protective Equipment and other equipment required for the safe removal and disposal of 'sharps' (see lists below).

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- Carry out a risk assessment for this operation.

Facilities Team members that will provide the Emergency Response when ‘sharps’ are discovered shall:

- Undertake the training necessary for them to carry out their work safely.
- Be responsible for urgently responding to calls for assistance when ‘sharps’ have been discovered.
- Be responsible for dealing with each incident safely by
 - a) Following the procedures set out in the next section of this document and...
 - b) Following the training they have received.

Report to the HSE, where applicable, details of any needle stick injuries that occur.

All staff shall:

- Ensure all needles are kept secure when not in use.
- Ensure that all medication, used with needles, is kept secure when not in use and refrigerated if required.
- Ensure that ‘use by’ dates are monitored and that any needles or subsequent medication is disposed of if beyond the ‘use by’ date.
- Ensure a First aider or second member of staff is present when injections are given.
- Be trained to set up, test and use needles prior to giving injections.
- Follow the procedure and training received for each individual requiring an injection.
- Monitor pupils and learners before and after any injection.
- Follow written and approved behaviour plans.
- Seek First Aider response and advice without delay, should an injury occur through needle use, expected contamination or the patient becomes unwell.
- Dispose of all needles after use and clean any spillages.
- Not attempt to remove the ‘sharp’ unless trained and equipped to do so.
- Be responsible for immediate reporting of any ‘sharps’ they find to their line manager and Facilities.

8. Staff Training

TreeHouse School ensures that staff are trained in administering medication. Regular training updates are provided for staff in dealing with Epilepsy and Seizures, EpiPens, Diabetes and Asthma. All courses are certified courses from external trainers.

9. Ambulance Protocol

If an ambulance is required:

1. Call 999 to request an ambulance. Somebody who is with the casualty will need to make the call as they will be able to answer the questions from the control centre. If there is a

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nearby phone with an outside line use this, you can send someone to collect a portable phone. If this is not possible call reception, ask them to dial 999 and immediately transfer the call back to you.

2. Get a copy of the pupil's healthcare plan if available.
3. Alert the Head Teacher to the situation, if the Head Teacher is not available alert another member of SLT (the Head of Learning Support, Deputy Head or Senior AHP) if they are not available alert a member of LT.
4. Alert Reception / Facilities so they know where to direct the ambulance staff when they arrive, you can send a member of staff to Reception to collect them if there is one available.
5. Be aware that the casualty may need to go to A&E. If the casualty is a pupil, plan which staff will support and collect relevant materials to support the pupil if this is necessary. Be mindful that a long wait may occur in A&E so plan for the staff to be able to grab food / drinks if need be. They will also need to take a phone. Ensure they have a contact number and person in school if they need extra help.
6. If the casualty is a pupil, contact their parents / guardian (typically the Class Teacher, ABA Supervisor or Behaviour Analyst will be best placed to do this). If the casualty is a staff member, ask them if there is anyone they would like us to contact. If they are unable to communicate with us, speak to HR to get their emergency contact details and arrange for an appropriate person to contact them. If necessary, find someone to accompany them.

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