

# Liverpool College

## First Aid Policy



### **Mission Statement**

*Liverpool College values the dignity of each individual and promotes the development of character and learning through a commitment to high standards within a caring community.*

### **Core Values**

- We recognise** that all pupils have different talents and strive to ensure that every pupil has an equal opportunity to find and develop the talents they do possess*
- We believe** that the development of character, creativity intellect and spirituality, are the primary aims of education.*
- We work** together to create a happy and caring school community which is engaged in our local community and the wider world*
- We pursue** high standards in every area of school life*

*This is a whole college policy and applies to the Primary and Secondary Phase, Boarding, Breakfast Club and after school activities.*



Approved Date	8 <sup>th</sup> July 2019
Review Date	8 <sup>th</sup> July 2020
Principal	 Mr H vM Broekman

# **Liverpool College First Aid Policy**

## **Aims**

Liverpool College is committed to encouraging and promoting good health and to dealing efficiently and effectively with illnesses and emergencies that may arise while children are in our care. The specific aims of this policy are to:

- ensure that the College has adequate and appropriate equipment, facilities and procedures to provide appropriate First Aid
- ensure that the First Aid arrangements are based on a risk assessment of the college, including Boarding and LCS.

## **Roles and Responsibilities**

### **Governing Body**

- ensures that insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.
- ensures that there are sufficient trained personnel to meet statutory requirements and assessed needs, allowing for staff absent or off-site.
- Ensures that staff training needs are identified and appropriate training provided.
- Ensures that risk assessments are carried out.
- Ensures this policy is up to date and compliant with relevant legislation and guidance.

### **Principal**

- Implements this policy to ensure that First Aid procedures are followed.
- Ensures that staff, pupils and parents are aware of the school First Aid policies and procedures for dealing with medical needs.

### **Health and Safety Officer**

- ensures that the First Aid provision is adequate and appropriate.
- carries out appropriate risk assessments, in liaison with the Director of Finance and Operations, which cover the risk to staff, pupils and visitors.
- ensures that the number of First Aiders/appointed persons meets the assessed need
- keeps an accurate record of qualified First Aiders.
- ensures that the equipment and facilities are fit for purpose.
- regularly keeps the Director of Operations and Principal informed of the implementation of the policy.

### **Admissions Officer**

- ensures that parents complete the Pupil Detail Form prior to admission informing the school of their child's medical needs, emergency contact details, names and contact numbers of persons who may collect their child from school and any special requirements.
- updates this information on SIMS as necessary so all records are current.

## **Teachers and Support Staff**

- use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils. Teachers and Support Staff are in 'loco-parentis' and respond in the same way that parents would act towards their children. This includes calling an ambulance in an emergency.
- those who work regularly with children with significant or complex health care needs should understand the nature of the condition, and when and where the child may need extra attention.
- should be aware of the likelihood of an emergency arising and must know what action to take should one occur (this applies to all staff, including supply teachers and volunteers).

## **Parents**

- ensure their child is well enough to attend school and take part in all learning activities. This includes group, class-based activities, PE and games, organised trips and visits
- provide up to date contact numbers so that arrangements can be made if a child becomes unwell
- provide all relevant and up to date information about their child's medical condition, medication and treatment or special care needed

## **First Aiders**

### **Senior First Aiders**

- give support to the other first aiders in the event of any serious injury or head injury
- ensures that the appointed person replenishes first aid supplies in all areas
- receive and collate the incident reports for Secondary phase (Prep and Pre Prep Secretaries will receive and collate their pupils' records)
- write an annual incident report for this school, which is to be submitted to the Senior Phase Receptionist
- The Senior Phase Receptionist collates all school reports to identify trends. This report is to be submitted to the Health and Safety Committee on an annual basis
- maintain the Care Plan register (see Supporting pupils with Medical Conditions Policy)

### **All First Aiders at Liverpool College**

- complete an approved Health and Safety Executive training course
- are able to give immediate help to casualties
- ensure that when necessary an ambulance or other professional medical help is called.

### **Appointed Persons within Faculties (not necessarily First Aiders)**

- ensure that the first Aid kits are in the correct location and are regularly checked
- monitor First Aid kits on a monthly basis and order supplies from the Senior First Aider
- sign and check list to confirm the monthly check

## **First Aid Kits**

Basic First Aid kits are available. They are easily identifiable and must be kept in a clean dry area. They are checked on a half term basis to ensure the contents are there, in date and the packaging is undamaged. The kit should as a minimum contain:

10 adhesive dressings (plasters) of assorted sizes  
3 medium sterile dressings  
1 large sterile dressing

3 small sterile dressings  
1 extra large sterile eye patch  
2 triangular bandages

Safety pins  
Disposable latex gloves

2 small plastic bags- for disposable of soiled items  
1 guidance card and contents list

Once an item has been used it should be replaced as soon as possible once the emergency is over. Every time the First Aid kit is used the event should be recorded in the accident book. A letter is sent to parents regarding any First Aid incident and teachers are advised to speak to them about any First Aid incidents that have arisen.

### **Location of Kits**

*Pre Preparatory School*  
Secretary's Office

Two portable kits are available from the Secretary to be used in the yard, for trips, outings, clubs or outdoor lessons

*Preparatory School*  
Secretary's Office (front of building)  
Preparatory School Staff Room (in kitchen area)

*Senior School*  
Secretary's Office  
Portable kits are available from the senior first Aider  
Sports Hall/Pavilion (9 kits)  
Haygarth Imagineering Centre (DT)  
Holland Block  
Biology  
Science Block  
Dining Hall  
Mossley Vale (Art)  
Mossley Vale (SMT Office)  
Sefton Room (Drama)  
Godwyn House – Music Department  
Godwyn House – Head of Sixth Form Office

### **Procedures for dealing with Spillage of Body Fluids**

To ensure that bodily fluids are disposed of in a hygienic manner, the appropriate protective clothing is made available to staff from the Senior First Aider. Waste matter is stored in separate container and removed by an appropriate waste disposal company.

### **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations**

Certain incidents that happen in schools, or during education activities out of school, must be reported, by the Health and Safety Officer to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

Incidents may be reported to the Incident Contact Centre (ICC). The ICC is a single point of contact for receiving all RIDDOR-reportable incidents in the UK.

Telephone: 0845 300 9923

On line: by completing the relevant form on the ICC website at:

<http://www.riddor.gov.uk/reportanincident.html>  
E-mail: [riddor@natbrit.com](mailto:riddor@natbrit.com)

Form F2508: by completing the relevant hard copy form and sending it to:  
Incident Contact Centre, Caerphilly Business Park, Caerphilly CF83 3GG

### **First Aid Procedures**

The House Administrators are the main First Aid point. Any children, staff and/or visitors who have had an accident or are feeling unwell should be referred to the House Administrators or school secretary in the case of staff, who will decide upon the next course of action. Pupils' medical details and contact numbers are available in the school offices. The appropriate Senior First Aid Officer will be contacted if required. The appropriate Senior First Aid Officer should assess **all** head/eye injuries. A record of any treatment will be kept in the First Aid Book, including the application of simple dressings.

Other staff who are First Aiders can also treat pupils, staff and visitors as and when appropriate. They must report any incidents to the appropriate Senior First Aider and follow the said procedures.

If the child is not seriously injured a First Aider may treat the injury themselves. Disposable gloves should always be worn and children are encouraged to clean any wound themselves where possible. All wipes etc. must be disposed of appropriately. Minor injuries/accidents are noted in the First Aid file.

If the incident is deemed to be more serious the First Aider in consultation with the Senior First Aider or senior staff will decide whether the child needs to go straight to hospital or can safely wait for their parent to arrive.

If the child does not need to go straight to hospital but their condition means they should go home, the parent will be contacted and asked to collect their child. In the meantime, the child will be made as comfortable as possible and kept under close supervision. Once the parent/carer arrives they will be made fully aware of the details of the incident and any action taken by the staff.

If the pupil's condition is considered serious, Staff **should not hesitate** to call for help from the Emergency Services (ring 9 - 999 for ambulance or use a mobile phone and ring 999 directly). See appendix I

The First Aider or an available teacher will accompany the child to hospital. Pupils' medical details and contact numbers are available from the school secretaries and House Administrators and parents should be contacted and informed of the situation and the name of the hospital their child is travelling to.

Accident forms should be completed in the following instances:

- accident requiring parents to collect child
- all head injuries
- suspected broken limbs
- accidents that may be health and safety related
- accidents that have occurred during fixtures and school visits (for these accidents an online form is available in the staff shared area, which is to be completed within 24 hours and forwarded to the Senior First Aider for the records) see appendix 4

## Emergency Numbers

### Ambulance

**Dial 9 for outside line then 999**

Preparatory School Secretary	3233
PrePreparatory School Secretary	3243
Upper School Secretary	3264
School and Howards House Administrator	3280
Brooks and Howson's House Administrator	3247
Selwyn's and Butlrer's House Administrator	3233
Senior First Aider	0 or 3221 or 3123
Health and Safety Officer	3373
Head of School (Prep)	3261
Head of School (PrePrep)	3240
Assistant Principal (Guidance)	3225
Assistant Principal (Head of Sixth Form)	3260
Vice Principal	3183/3189

In line with guidance on numbers for low risk places including schools, there is approximately one First Aider/Appointed Person to every 100 persons.

### Epilepsy, Asthma, Diabetes and Head Injuries

Specific procedures for the above conditions are to be followed as outlined in the appendices below and Individual Care Plan held in school.

## The Early Years Foundation Stage

Liverpool College takes all necessary steps to keep children safe and well by promoting good health and maintaining records, policies and procedures.

Prior to a child being admitted to the College the following information is obtained when parents complete the Pupil Detail Form:

- emergency contact numbers
- special dietary requirements, preferences or food allergies
- special health requirements
- written parental permission to seek any necessary medical emergency advice or treatment in the future
- the names of persons who may collect their child from school.

Details should be updated when necessary.

Liverpool College complies with the specific guidance for Early Years Foundation Stage concerning accident or injury by ensuring that it:

- has effective systems to support individual children with medical needs
- notifies Ofsted and local child protection agencies of any serious accident, illness, or injury to, or death of any child whilst in their care, and of the action taken on any advice given
- has at least one person with a current paediatric First Aid certificate on the premises at all times when children are present and on outings
- has a First Aid box with appropriate content to meet the needs of children accessible at all times

- keeps a written record of accidents or injuries and First Aid treatment and informs parents of any accidents or injuries sustained by the child whilst in their care, on the same day, or as soon as reasonably practicable, and of any treatment given
- discusses with parents the procedure for children who are ill or suffering from an infectious disease

## **Related Documents**

PD05 Intimate Care Policy  
HS04 Supporting children with medical conditions  
HS01 Health and Safety

## **Legal Framework**

Under the Health and Safety at Work Act 1974 the school is legally required to have a First Aid policy.

Under the Regulatory Requirements for the Welfare, Health and Safety of Pupils (DFE, amended 2013) the school must have and implement a satisfactory policy on First Aid.

Legislation, notably the Education Act 2002, the Equality Act 2010, the Care Standards Act 2014 and the Medicines Act 2012 are also relevant to schools and settings in dealing with children's medical needs.

National guidance is provided in the government's document *First Aid in Schools*

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/306370/guidance\\_on\\_first\\_aid\\_for\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306370/guidance_on_first_aid_for_schools.pdf)

## **Appendices**

- (1) Contacting the Emergency Services
- (2) Asthma Attack Procedure
- (3) Head Injuries
- (4) Sporting/Visit recording procedure - Online in Staff shared area

## Appendix I

### Contacting Emergency Services

#### Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number
2. Give your location as follows: **Liverpool College**
3. State that the postcode is: **LI8 8BG**
4. Give exact location in the school/setting  
(the name and address of the relevant department)
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the location of the emergency

**Speak clearly and slowly and be ready to repeat information if asked**

## Appendix 2 Asthma Attack Procedure

### **Recognition**

- Difficulty in breathing
- Wheezing
- Difficulty speaking
- Grey/blue skin
- Dry tickly cough

### **Action**

#### **1 Make the casualty comfortable**

- Keep calm and reassure the casualty
- Help him/her into a position which they find most comfortable; sitting forward slightly is usually best
- Tell him / her to take slow deep breaths

#### **2 Let casualty use inhaler**

- Help the casualty to find his / her reliever inhaler (usually blue)
- Allow the casualty to use the inhaler, it should take effect in minutes
- **DO NOT ADMINISTER THE INHALER TO THE CASUALTY YOURSELF – THIS MUST BE DONE BY THE CASUALTY**

#### **3 Send for school First Aider**

- Dial “3221” on internal phone and ask for a first aider to be sent to the casualty’s location.

#### **4 Encourage casualty to breathe slowly**

- If the attack eases within 5 – 10 minutes, encourage the casualty to take another dose from their inhaler.

**IF THE INHALER HAS NO EFFECT AFTER 5 – 10 MINUTES DIAL 999 AND ASK FOR AN AMBULANCE. (THE CASUALTY CAN CONTINUE TO USE THE INHALER AS RECOMMENDED FOR THE INDIVIDUAL.)**

**DO NOT** make the casualty lie down

**DO NOT** try to use a preventer inhaler (often brown) to help an asthma attack

**DO NOT** let the casualty use any other inhaler other than the casualty’s own

## Appendix 3

### Head Injuries

#### Guidance for Managing Head Injuries in Children

A minor head injury is a frequent occurrence in the school playground and on the sports field. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children may suffer from a severe injury to the brain. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. How much damage is done depends on the force and speed of the blow.

In rare cases there may be a serious head injury and staff should look out for the following danger signs:

#### **SIGNS THAT MEAN AN AMBULANCE SHOULD BE CALLED (DIAL 999)**

- Unconsciousness or lack of consciousness (for example problems keeping eyes open)
- Problems with understanding, speaking, reading or writing
- Numbness or loss of feeling in part of body
- Problems with balance or walking
- General weakness
- Any changes in eyesight
- Any clear fluid running from either or both of the ears or nose
- Bleeding from one or both ears
- New deafness in one or both ears
- A black eye with no associated damage around the eye
- Any evidence of scalp or skull damage, especially if the skull has been penetrated
- A forceful blow to the head at speed (for example a pedestrian struck by a car, a car or bicycle crash, a diving accident, a fall of more than 1 metre or a fall down any number of stairs)
- Any convulsions or having a fit

#### **THAT A CHILD SHOULD BE TAKEN TO AN A&E DEPARTMENT STRAIGHT AWAY**

- Any loss of consciousness (being 'knocked out') from which the child has now recovered
- Any problems with memory
- A headache that won't go away
- Any vomiting or sickness
- Previous brain surgery
- A history of bleeding problems or taking medicine that may cause bleeding problems (for example Warfarin)
- Irritability or altered behaviour such as being easily distracted, not themselves, no concentration or no interest in things around them, particularly in infants and young children (younger than 5 years)

## HEAD INJURIES THAT OCCUR DURING SPORTS

Any injury involving the head that occurs during sporting activities requires the child to cease play immediately and sit out for the rest of that lesson or the duration of the match. Staff should consider whether referral to a medical practitioner is required using the information in this document. An email will be sent to all staff informing them of the injury. Parents will be informed in all head injury case.

## GRADUATED RETURN TO PLAY AFTER CONCUSSION

Concussion must be taken seriously to safeguard the short and long term health and welfare of young players. The majority of concussions will resolve in 7-10 days although a longer period of time is recommended for children. During this recovery time the brain is vulnerable to further injury. If a player returns to play too early then they may develop prolonged concussion symptoms or long-term health consequences such as brain degenerative disorders. During the recovery time a further episode of concussion can be fatal due to severe brain swelling (second impact syndrome). Graduated return to play should be undertaken on an individual basis and with the full cooperation of the player and their parents / guardians. If symptoms return then the child must stop play immediately and be seen by a doctor or attend A&E the same day.

Before they can return to graduated play the child **MUST**:

- Have had two weeks rest (see table below)
- Be symptom free
- Have returned to normal academic performance
- Be cleared by a doctor (it is the parent's responsibility to obtain medical clearance and alert the school)

*NB: Earliest return to play after concussion in a child under 19 years of age is 23 days.*

If any symptoms occur while progressing through the GRTP protocol then the player must stop for a minimum period of 48 hours rest and during this time they must seek further medical advice. When they are symptom free they can return to the previous stage and attempt to progress again after 48 hours if they continue to be symptom free.

<b>SUMMARY OF GRADUATED RETURN TO PLAY Stage</b>	<b>Rehabilitation Stage</b>	<b>Exercise Allowed</b>	<b>Objective</b>	
<b>1</b>	Rest	Complete physical and cognitive rest without symptoms	Recovery	
<b>2</b>	Light aerobic exercise	Walking, swimming <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery	
<b>3</b>	Sport-specific exercise	Running drills, no head impact activity	Add movement and assess recovery	
	Non-contact training drills	Progression to more complex	Add exercise and coordination and	

		training drills, e.g. passing drills. May start progressive resistance training.	cognitive load. Assess recovery	
<b>5</b>	Full contact practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery	
<b>6</b>	Return to play	Player rehabilitated	Safe return to play once fully recovered.	

This guidance, which is based on guidelines from the National Institute of Health and Care Excellence and the Rugby Football Union, is to help staff to treat head injuries when they happen and recognise signs which mean that a child requires further medical assessment or hospital treatment following a head injury.

**Reference:**

- *Head injury: Triage, assessment and early management of head injury in infants, children and adults, National Institute for Health and Clinical Excellence (Nice Guidelines CG56, September 2007).*
- *Head injury: assessment and early management, National Institute for Health and Clinical Excellence (Nice Guidelines CG176, January 2014).*
- *Management of Concussion, RFU 2015 available online at: <http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/management-of-concussion/>*

## Trained First Aider

### Appendix 4

#### Sporting/Visit recording procedure

1 Accident Details			
Student's name:	Age:	DOB	Sex: M / F
Student's home address:		Tel no.:	
Date and time of accident:		Class:	No. in class:
Member of staff in charge:		Other adults present in lesson:	
Type of lesson/fixture			
Nature of injury:			
Location:			
<b>Other persons involved</b> Names of any school staff sent to assist at the scene of the accident:			
Name of person who carried out			

emergency aid:	
Names of witnesses – indicate both <b>adults</b> and <b>students</b> :	
Name of person who contacted:  <ul style="list-style-type: none"> <li>• ambulance service:</li>   <li>• student’s parents:</li> </ul>	

Page 1

<b>2 Post-accident Procedures</b>	Date:
<b>Assessment of the nature of the injury determined that the student should be treated by:</b> <i>(Circle appropriate response)</i>	
College only	Walk in Centre      A&E      Pupil’s doctor
<b>Treatment at school</b> <ul style="list-style-type: none"> <li>• Name of person who carried out treatment:</li> <li>• Treatment details (brief):</li> </ul>	

**Completion of College's accident report form**

- Form completed by:
- Date forwarded to college

Compliance with the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013**

**(RIDDOR)** requires that, for students and visitors in schools, only certain accidents need to be reported to the **HSE**. They are those accidents that result in:

- the death of a person, where the accident arose out of or in connection with a work activity
- an injury that arose out of or in connection with a work activity where the person was taken directly to hospital for treatment.

**Risk assessment**

- Risk assessment of the lesson/session reviewed by:
- Date carried out:
- Was a change to procedures recommended? Yes No  
*(Circle appropriate response)*
- What was the nature of the change(s)?

- When  and how were these changes implemented?

**Contact with parents**

- Who contacted parents to ascertain student's progress?
- How soon after the accident was contact made?
- Brief details of information received:

**Student's return to school**

- Date of return to school:
- Date of restart of physical education:

Any restrictions on student's involvement in physical education laid down by medical profession:

Form completed by:

Signed:

Date:

**Note:** Schools may choose to attach additional information to this form (eg witness statements, risk assessment form covering activity, photocopy of register covering the four weeks prior to the accident).