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**Inspired Education Group UK**

## First Aid Policy – Wetherby Senior School

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## 1 Introduction

1.1

The aim of the policy is to provide clear guidance and information on how Wetherby Senior ('the School') fulfils first aid requirements, its approach to dealing with minor and major injuries, managing accidents and illnesses, and the reporting process within the School and to Inspired Education Group UK.

## 1.2

This policy has been devised for use by Parents, Pupils and Staff. The policy adheres to the principles set out by the Department for Education in [Guidance on First Aid in Schools](#) and [Supporting pupils at school with medical conditions](#).

## 1.3

This policy forms the basis of our risk assessment approach to ensure that we have suitable provisions, i.e. a sufficient number of first aiders, training needs, first aid accommodation, information sharing, reporting systems and individual responsibilities.

## 1.4

The policy covers the following areas:

- First Aid
- Illness and Accidents
- Guidance on when to call for an ambulance
- Reporting of incidents
- Hygiene procedures for spillage of body fluids

## 1.5

This policy should be read in conjunction with:

- School Health and Safety Plan
- School Medicines Policy
- School Bump to Head, Head Injury and Concussion Policy
- [Inspired Education Group UK Health and Safety Policy](#)

# 2 General Principles

## 2.1

In the event of an accident or injury to a pupil, it is important to remember the responsibilities of the School in loco parentis. Not only must the pupil receive immediate attention, either at the site of the accident or in a first aid room, but it is important to ensure that all necessary follow up action is taken.

## 2.2

Parents should be informed immediately if the accident is sufficiently serious that a pupil may have difficulty getting home or if they have to be referred to hospital. The pupil's Form Tutor (or Head of Section) and the Deputy Head (Pastoral) are also informed at the earliest opportunity.

# 3 First Aid

## 3.1

The arrangements for first aid provision will be monitored by the School's First Aid Lead (FAL) in conjunction with the Premises Manager and Deputy Head (Staff & Operations). The FAL will liaise with Heads of Department and other staff as required to ensure appropriate provisions are available onsite and offsite.

## 3.2

Line managers will ensure that all staff are informed, as part of new staff induction programmes and when changes are made, of first aid procedures. This will include basic protocols, locations of equipment, facilities, first aid personnel and reporting systems. New pupils will be informed of these arrangements by their Form Tutors.

## 3.3

Supplies of first aid material are held at various locations throughout the School (as given in Appendix 1), this is determined through the School's risk assessment process by the FAL and Premises Manager. This includes the provision of First Aid Rooms in both buildings. Signs are posted around the School indicating the location of the nearest First Aid Station in the case of an emergency, and all staff and pupils are advised of their positions at induction. The contents of these First Aid Stations will be checked regularly by the FAL. Where first aiders, or other staff, have used material from the Stations they should notify the FAL so that the stock can be replenished, and deficiencies made good without delay.

## 3.4

The FAL, in consultation with the Premises Manager and Deputy Head (Staff & Operations), is responsible for maintaining a list of current certificated First Aiders. This is updated at the beginning of each academic year, and at other times as necessary. This list will be available in:

- Reception Hannah House
- Reception Bulstrode Street
- Staff Common Room Hannah House
- Staff Common Room Bulstrode Street
- Departmental offices
- The Head's PA's Office
- The PE Office

### 3.5 First Aiders' Role Description and Appointment

When selecting first aiders consideration will be given to the individual's reliability, communication skills, aptitude, ability to cope with stressful situations and physically demanding emergency procedures, and likelihood of being available when required (i.e. their ability to leave their normal duties and immediately attend to an emergency).

The role of the first aider is to give immediate assistance to casualties who are injured or become unwell. Where necessary they will ensure that professional medical help, e.g. a paramedic and / or an ambulance, is called. They will need to keep proper records when treatment is provided, even if first aid assistance has been refused.

First aiders will need to ensure they continually update and practise their skills and become familiar with the layout and equipment available in the First Aid Rooms.

Where required in the educational visits risk assessment, first aiders may be called upon to attend to provide appropriate levels of support offsite.

### 3.6 Seeking First Aid

Anyone needing first aid should, in the first instance, contact their local first aider who will provide immediate treatment and, if necessary, refer them to further professional medical assistance. When a local first aider is unavailable, the person seeking first aid assistance should go to Reception, from where a First Aider will be summoned.

## FIRST AIDERS LIST



First Name	Last name	Department		Expiry date	Ext Numbers
Tom	Davey	Teaching Staff	First Aid	Jun-25	3552
Kathryn	Easthope	Admin	First Aid	May-27	3533
Mary	Erekpaine	Admin	First Aid	May-27	3530
Estelle	Gilby	Admin	First Aid	May-27	3560
Diether	Gyamfi	Facilities	First Aid	Apr-26	3530
Philip	James	Teaching Staff	First Aid	tbc	3552
Mark	Leverage	Teaching Staff	First Aid	May-27	3568
Briony	Phillips	Technicians	First Aid	May-27	3548
Mark	Stacey	Teaching Staff	First Aid	Aug-27	3552
Seamus	Stokoe	Teaching Staff	First Aid	Dec-24	3553
Hannah	Walters	<b>First Aid Lead</b>	First Aid	Aug-26	3563
<i>*Betina</i>	<i>Westphal</i>	<i>Technicians</i>	<i>First Aid</i>	<i>May-24</i>	<i>3548</i>

*\*maternity leave*

### 3.7 First Aid training

The FAL is responsible for facilitating first aid training for School staff. They will also work with the Compliance Manager to ensure that at any given time (including outside of school term and evening) there are sufficient numbers of first aiders to meet or exceed legislative guidelines. An assessment will be made in terms of age and activities undertaken to ensure appropriate coverage of skills and available staff to deal with emergencies, this will include those trained as follows:

- First Aid at Work (FAW) – 3-day certificated training
- Emergency First Aid at Work (EFAW) – 1-day Training

Where appropriate, additional types of training will be taken into account when assessing our level of cover (e.g. DofE Outdoor First Aid and Lifeguard First Aid courses). Other staff will be given basic training in first aid techniques as is required to give them a minimum level of competence via the Educare module: First Aid Essentials.

### 3.8 Automated External Defibrillation (AEDs)

The School recognises that in the case of cardiac arrest early intervention is vital to optimise survival and this includes the early use of a defibrillator.

AEDs may be found at the locations given in Appendix 1. AEDs are designed so that even lay bystanders can use them by following the voice prompts, and this is then combined with cardiopulmonary resuscitation (CPR).

### 3.9 Trips and Visits

Adequate and appropriate first aid provision will form part of the risk assessment for all out-of-school activities. First Aid Kits are to be taken on school trips and the First Aider or trip leader is appointed to be responsible for the kit and for taking charge of the situation (i.e. calling for assistance if a serious injury or illness occurs). Further information about the First Aid arrangements for School Trips and Visits is contained in the Off-site Visits and Related activities Policy.

### 3.10 Recording incidences of the provision of First Aid

A record will be made of **all** occasions that any member of staff, pupil or other person receives first aid treatment either on the School premises or as a part of a school-related activity.

## 4 Illness and Accidents

### 4.1

In the event of a pupil becoming ill or having an accident the following procedures are to be followed.

### 4.2 Illness

When a pupil feels ill at School, he should be sent to reception who will decide on what action should be taken. Staff with First Aid qualifications may be asked to administer aid, but it is the Assistant Head Staff and Operations (or, in their absence, another member of the Senior Management Team (SMT)) who is responsible for deciding whether the pupil should be allowed to go home or be sent to hospital. In the event of the SMT all being absent, it is incumbent on staff to act as a reasonable parent would act in the circumstances (i.e. they must fulfil their duties 'in loco parentis').

If a pupil requires treatment and first aid trained staff are not at Reception, a First Aider will be summoned via the Bodet public address system. If a first aider is required, at a particular location, the system can be used for this purpose, giving you the ability to reach first aiders quickly and easily.

*The system is linked to both buildings (Hannah house and Bulstrode Street)*

The system can be used to:

- Locate First aiders / Staff
- Give special instructions in an emergency
- Request emergency assistance

If the illness is not severe and does not require treatment, the pupil may be invited to rest in the first aid room or under observation in waiting area until he feels better.

If the member of SMT decides that a pupil should go home, then a parent / carer must be contacted to collect the pupil. If the pupil is not fit for lessons but can safely return home and there is no one available to collect him, he may be allowed home if the parent gives permission. In such cases the parent is to be asked to ring the School on the arrival of the pupil to confirm he has returned home safely. In exceptional cases a member of SMT may ask a member of staff to accompany the pupil home.

If the pupil requires medication, the staff on reception may administer it according to the guidelines within the School's Medicines Policy.

If the pupil requires care at a hospital, the parents / carers are to be informed immediately. If deemed to be a non-emergency, a parent / carer should be asked to collect the pupil without delay and accompany him to a hospital of their choice. If it is deemed necessary to attend hospital without delay, the pupil is to be accompanied to the hospital by a member of the School staff who will wait with the pupil until a parent arrives and assumes responsibility for their son. In these circumstances, parents must make every effort to attend to their son as quickly as possible.

If the pupil has to be taken to hospital, the FAL (or a member of SMT) will arrange for one of the following methods of transport to be used, depending upon the urgency and nature of the circumstances:

- taxi (black cab or contract)
- ambulance

#### 4.3 Accidents

If the accident is of such a nature that the casualty should not or cannot be moved the local qualified First Aider and / or FA qualified staff on reception should be contacted immediately. Following assessment of injuries, the same procedures as above will apply as appropriate. For **head injuries** and suspected concussion please refer to the separate policy *The Bump to Head, Head Injury and Concussion Policy*



## 5 Guidance on when to call for an Ambulance in an Emergency

### 5.1

An emergency 999 ambulance should be called when a qualified First Aider has assessed a casualty and deemed it necessary to do so based upon the knowledge acquired through their training. Usually this will be for casualties with the following problems:

- any instance in which it would be dangerous to approach and treat a casualty
- unconscious
- not breathing
- not breathing normally and this is not relieved by the casualty's own medication
- severe bleeding
- neck or spinal injury
- injury sustained after a fall from a height (higher than 2 metres)
- injury sustained from a sudden impact delivered with force (e.g. car knocking a person over)
- suspected fracture to a limb
- anaphylaxis (*make sure to use this word when requesting an ambulance in this case*)
- seizure activity that is not normal for the casualty, especially after emergency medication has been administered
- symptoms of a heart attack or stroke
- rapid deterioration in condition despite the casualty not initially being assessed as requiring an ambulance

### **IF IN DOUBT CALL FOR AN EMERGENCY AMBULANCE**

### 5.2

If, for whatever reason, a qualified First Aider is not available, the above guidelines should be used to determine whether to call for an emergency ambulance.

### 5.3 How to call for an emergency ambulance

Should the need arise for an emergency ambulance to be summoned, the First Aider should:

- remain calm
- ask a bystander to call 999 or 112 and, when prompted for which service is required, ask for an ambulance

The caller should:

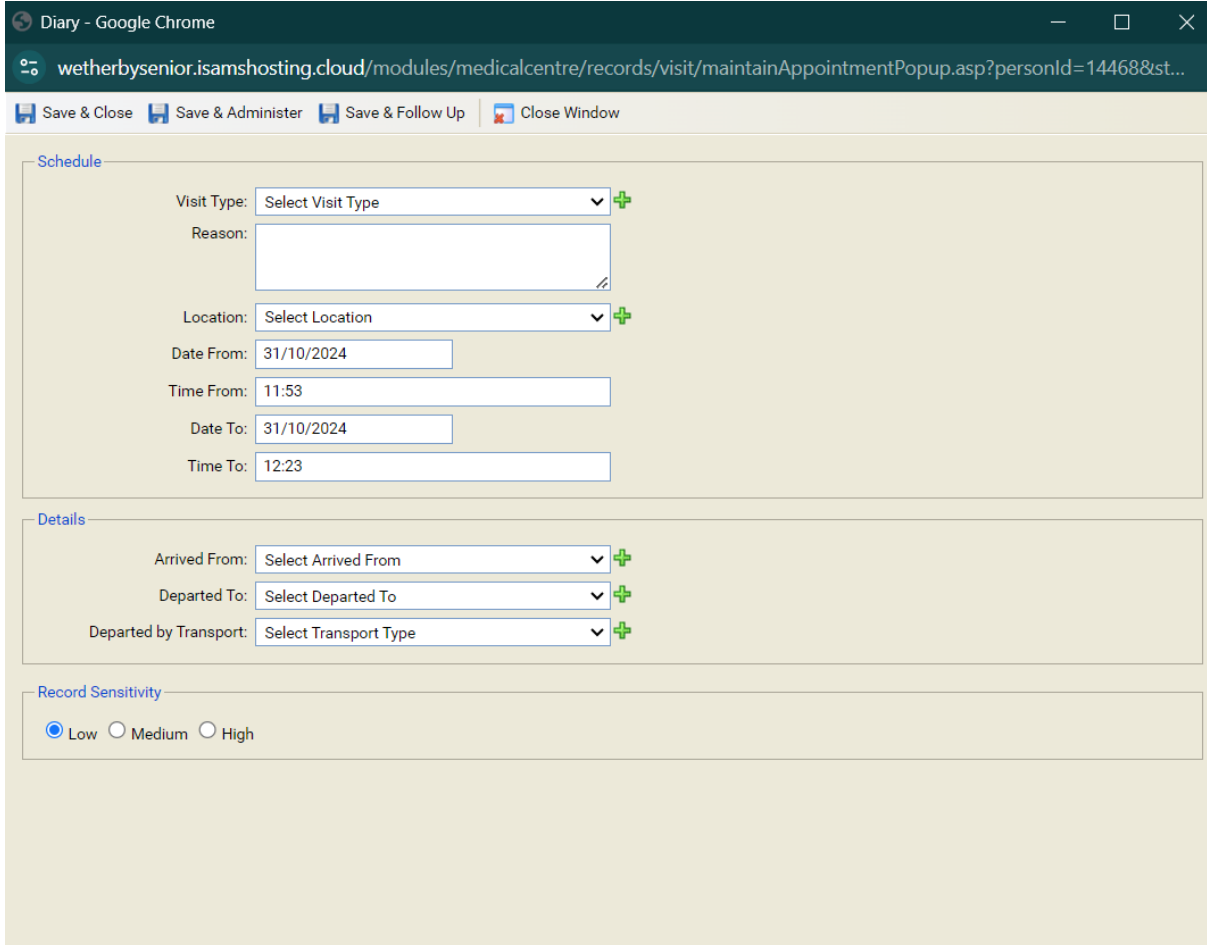
- be ready to provide details of their name, telephone number, address and exact location within the School
- relay the condition of the casualty, as assessed by the First Aider, and how the casualty came to be in this condition
- provide details of the number of casualties along with names, age and gender if these details are known
- ask that ambulances come to Hannah House (Manchester Street W1U 4DJ) or Bulstrode Street (W1U 2QU); if possible, it should be arranged for a member of staff or bystander who knows the location of the casualty to meet the ambulance on arrival
- communicate any dangers or hazards into which the ambulance may be arriving
- stay on the line with the emergency operator until they have cleared the line
- return to the casualty immediately after the call to inform the First Aider that an ambulance is on the way and to bring a First Aid kit, blanket and AED if necessary

If safe and possible to do so, the person requesting an ambulance should also inform the School's Reception.

## 6 Recording and reporting Incidents

### 6.1

The School Secretary (FAL) or Hannah House Receptionist record **all** visits by pupils and staff requiring attention or treatment. This is done on iSAMs via the Medical Centre Module, using the 'diary' function. This covers illnesses and accidents.



Diary - Google Chrome

wetherbysenior.isamshosting.cloud/modules/medicalcentre/records/visit/maintainAppointmentPopup.asp?personId=14468&st...

Save & Close Save & Administer Save & Follow Up Close Window

**Schedule**

Visit Type: Select Visit Type

Reason:

Location: Select Location

Date From: 31/10/2024

Time From: 11:53

Date To: 31/10/2024

Time To: 12:23

**Details**

Arrived From: Select Arrived From

Departed To: Select Departed To

Departed by Transport: Select Transport Type

**Record Sensitivity**

Low  Medium  High

When a pupil is sent home, the Form Tutor and Head of Section are notified by e-mail, and when a pupil is sent to hospital the Deputy Head (Pastoral) will additionally be notified.

## 6.2

Any accidents involving pupils or staff which may have been preventable, or which arose out of, or in connection with work, are to be recorded in the Accident Book. These books (HH Reception and Bulstrode 1<sup>st</sup> Aid Room) should be used **to report accidents, near misses or other Health and Safety concerns**. Details of the accident should be recorded as promptly as possible, together with names of any witnesses, while details are still fresh in the mind. When detailing the nature of the accident as much information as possible as to what actually happened should be recorded so that a full picture of events can be formed; the following information should be recorded:

- name of person reporting the incident
- date of the incident
- time of the incident

- location of the incident
- name of affected person (and year group, if known, for a pupil)
- nature of illness / accident
- details of any First Aid administered
- whether parents have been contacted and whether a pupil returned to class, is sent home or to went hospital

### 6.3

The FAL will consult with the Assistant Head Pastoral and Operations and the Premises Manager to decide which incidents need to be reported to Inspired Education Group UK. Any resulting investigation reports will be completed by the Facilities Manager or, in their absence, the Deputy Head Staff and Operations. The Premises Manager will also, in conjunction with the reception staff , maintain accident records for pupils, staff and visitors (including contractors) and will select any serious incidents for review at the Health and Safety Committee.

### 6.4

It is important that any lessons learned from accidents are taken fully into account to prevent a recurrence. The Premises Manager will assess all incidents, including “near misses”, and decide on the level of investigation required. The more serious the incident, the more intensive the investigation should be to determine:

- what happened
- the lessons that can be learned
- the changes, if any, that need to be made to risk control measures to prevent a recurrence.

### 6.5 Accidents Reportable to RIDDOR

Certain accidents arising out of or in connection with work are reportable to the Health and Safety Executive (HSE) and Inspired Education Group UK. At Wetherby Senior School we seek advice from Law at Work before any accident is reported to the HSE

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) places a legal duty on employers to notify and report some work related accidents, diseases and dangerous occurrences to the relevant enforcing authority for their work activity. Should an accident be reportable to RIDDOR this can be done via the RIDDOR Incident Contact Centre (ICC). Before this stage, Law at Work will have been contacted for advice.

RIDDOR Duty Officer: 0151 922 9235

## 7 Hygiene procedures for spillage of body fluids

### 7.1 General statement

The aim is to decrease the exposure risk to blood-borne and body fluid pathogens. Adherence is the responsibility of all staff who may come into contact with spillages of blood or other body fluids. All staff need to be aware of their personal responsibilities in preventing the spread of infection. Disinfection aims to reduce the number of micro-organisms to a safe level. Whilst a variety of chemical disinfectants is available, high concentration chlorine-releasing compounds provide an effective method of treating body fluid spills with activity against a range of bacteria and viruses.

### 7.2 Legal Position

The School has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:

- Blood
- Respiratory and Oral Secretions
- Vomit
- Faeces
- Urine

### 7.3 Personal Protective Equipment (PPE)

PPE is available from the Premises Manager or his assistant. All staff dealing with a biohazard spill are to ensure that they:

- Wear a plastic disposable apron.
- Wear disposable gloves.
- Protect eyes and mouth with goggles and mask (or full-face visor) if splash or spray is anticipated
- Wear protective footwear when dealing with extensive floor spillages
- Use the Body Fluid Disposal Kits provided by the school (not “just a cloth or mop”)
- Always dispose of PPE and contaminated waste into a yellow clinical waste bag

### 7.4 Procedure

All biohazard spills are to be reported to the Premises Manager to log on the health and safety incident log.

All staff dealing with a biohazard spill are to:

- wear appropriate PPE.
- take precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular blood or body fluids reaching the eyes or the areas inside the mouth and nose should be avoided.

- use the Body Fluid Disposal Kits provided by the Premises Manager, his assistant or cleaning staff, or located at the First Aid Stations.
- place all soiled paper towel and gloves into a yellow clinical waste bag to dispose of in an approved manner.
- wash hands, including arms to the elbow, with warm water and soap immediately after **every** clean-up of blood or body fluid. This should be performed **even** if gloves have been worn.
- wash all areas that have come into contact with blood.

## Appendix 1: Locations of First Aid Stations

1.1 First Aid Stations can be found in the following locations:

Hannah House		FIRST AID
	Basement	HB1
	Ground	RECEPTION
	First	MUSIC OFFICE
	Second	LOWER SCHOOL OFFICE
	Third	CLASSICS OFFICE
	Fourth	H41
Bulstrode		
	Basement	PE OFFICE
	Ground	RECEPTION
	First	FIRST AID ROOM
	Second	B21 & B22
	Third	ECONOMICS OFFICE
	Fourth	GEOGRAPHY OFFICE
Marylebone		
	Ground	RECEPTION



	First	SIXTH FORM OFFICE
	Second	DEPUTY HEAD ACADEMIC OFFICE
	Third	SCIENCE OFFICE

The kits at the First Aid Stations are stocked by the School FAL with contents that are HSE compliant. At Ealing Trailfinders, the Sports Department (who are all first aid trained) are responsible for keeping the first aid kits fully stocked.

#### 1.2

The members of staff responsible for re-stocking (i.e. the School FAL and / or Sports staff) should be informed if the First Aid Stations or First Aid boxes have been used.

#### 1.3

AEDs are located just off Reception towards the admin office in Bulstrode Street and in a cabinet in the First Aid Room at Hannah House.

#### 1.4

It is the responsibility of the School FAL to ensure AEDs are checked, as per manufacturers guidelines and that they are effectively maintained.

## Appendix 2: Location of defibrillator and how to use Adrenaline Auto-Injector (AAI) and Inhaler

### 2.1 Location of defibrillator

Hannah House- Located on the ground floor in the first aid room

Marylebone Lane – Located on the ground floor, opposite the registrar's office



### 2.2 Special arrangements for AAI/Inhalers

The Adrenaline Auto-Injector (AAI)/Inhaler can be administered by any person competent to do so, but only to the person for whom the AAI/Inhaler has been prescribed.

### 2.3 How to use AAI

There are 3 main types of AAI. The two most common types used at the School are EpiPen and Jext. Both contain detailed instructions on their packaging.





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## \*EPIPEN<sup>®</sup> EXPLAINED...

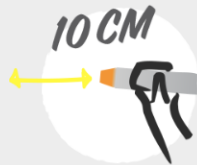
### 1# REMOVE THE BLUE SAFETY CAP.

Grasp the EpiPen<sup>®</sup> in your dominant hand and remove the blue safety cap by pulling straight up. Remember, blue to the sky, orange to the thigh!



### 2# POSITION THE ORANGE TIP.

Hold the EpiPen<sup>®</sup> at 90° approximately 10cm away, with the orange tip pointing towards your outer thigh.



### 3# JAB THE ORANGE TIP.

Jab the EpiPen<sup>®</sup> firmly into your outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.

HOLD FOR 3 SECONDS

### 4# DIAL 999

Dial 999, ask for an ambulance and say "anaphylaxis" (anna-fill-axis).



While waiting for the ambulance you should lie down with your feet raised unless this makes you breathless in which case you should sit up - but this should be for as short a time as possible.



## How to use Jext<sup>®</sup>



### Step 1

Hold the Jext<sup>®</sup> in the hand that you use to write with, with your thumb closest to the yellow cap.



### Step 2

Pull off the yellow cap with your other hand.



### Step 3

Place the black injector tip against your outer thigh, holding the injector at a right angle (approx. 90°) to the thigh.



### Step 4

Push the black tip as hard as you can into your outer thigh until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.



### Step 5

Massage the injection area for 10 seconds. Seek immediate medical help.

## 2.4 How to use an inhaler

1. Remove the mouthpiece cover, and hold the inhaler upright with your thumb at the base and your first finger at the top of the inhaler
2. Shake the inhaler
3. If this is a new inhaler or the inhaler has not been used in the past 5 days or more, press down on the inhaler canister to release a test spray into the air with the mouthpiece pointing away from you
4. Facing away from the inhaler device, breathe out gently as far as you comfortably can
5. Keeping the inhaler upright, put the mouthpiece in your mouth and ensure your lips are tightly sealed around the mouthpiece
6. At the start of breathing in, press down on the inhaler canister once whilst continuing to breathe in slowly and deeply until your lungs feel full
7. Remove the inhaler from your mouth and hold your breath for 5-10 seconds or for as long as you comfortably can
8. Breathe out gently away from your inhaler



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9. For further doses, wait 30-60 seconds and repeat steps 2 to 7
10. Replace the mouthpiece cover



Breathe in slowly  
Push down on the canister  
Keep breathing in deeply