



FOUNDRY COLLEGE

First Aid Policy

Document Control Information

| Version | DATE | DESCRIPTION |
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| 1 | 10/02/2013 | Mary Rome |
| 2 | 29/04/2013 | Final amendments made by Mary Rome |
| 3 | 02/06/2014 | Amendments to First Aiders |
| 4 | 03/03/2015 | Inclusion of NUT information on Hepatitis as Appendix A |
| 5 | 21/09/2015 | Changes to First Aiders and removal of reference to Foxwood |
| 6 | 01/03/2016 | Update to First Aiders |
| 7 | 13/03/2018 | Update to First Aiders and the NHS Hepatitis C Infoline link |

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| Reviewed | 13/3/18 |
| Responsibility | Jay Blundell |
| Committee | SLT (Resources) |
| Review Date | March 2020 |
| Signed | John Bayes |

Policy Statement

Foundry College will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities.

All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

Aims & Objectives

Our first aid policy requirements will be achieved by:

- Carrying out a First Aid Needs Assessment to determine the first aid provision requirements for our premises
- Ensuring that the First Aid Needs Assessment is reviewed periodically or following any significant changes that may affect first aid provision
- Ensuring that there are trained first aid staff on duty and available for the numbers and risks on the premises in accordance with the First Aid Needs Assessment
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid in accordance with the First Aid Needs Assessment
- Ensuring the above provisions are clear and shared with all who may require them

First Aid Training

The Headteacher will ensure that appropriate numbers of appointed persons, school first aid trained staff, emergency first aiders, qualified first aiders and paediatric first aid trained staff are nominated, as identified by completion of the First Aid Needs Assessment, and that they are adequately trained to meet their statutory duties.

College First Aid Trained Staff

College first aid trained staff are:-

| Name | Training Date | Expiry |
|--|-------------------|-------------------|
| Maria Illingworth (First Aid at Work) | 6 July 2016 | 6 July 2019 |
| Amy Ince-Gooding (Paediatric) | 21 July 2017 | 20 July 2020 |
| Jacquie Little (First Aid at Work) | 19 September 2017 | 18 September 2020 |
| Jacquie Little (Paediatric) | 19 September 2017 | 18 September 2020 |
| Gareth Jones (Emergency First Aid at Work) | 22 June 2016 | 21 June 2019 |

They will be responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises. There may also be other duties and responsibilities which are identified and delegated to the first aider (e.g. first aid kit inspections).

Paediatric First Aid Trained Staff

Amy Ince-Gooding and Jacquie Little are Foundry College's qualified nominated paediatric first aid trained members of staff.

These staff members are in place to meet the Early Years Foundation Stage (EYFS) statutory obligations for provision of first aid to those children aged 5 years old or younger.

First Aid Provision is located in the Staff Room

Emergency Arrangements

Upon being summoned in the event of an accident, the first aider / appointed person is to take charge of the first aid administration / emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgment as to whether there is a requirement to call an ambulance.

The first aider / appointed person is to always call an ambulance on the following occasions:

- 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 the possibility of a fracture of a limb or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if it:

- is considered to be a serious (or more than minor) injury
- requires first aid treatment
- requires attendance at hospital

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message for them to call back should the parents not be contactable.

In the event that parents can not be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents every hour. In the interim, we will ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).

In the event that the child requires hospital treatment and the parents cannot be contacted prior to attendance, an appropriate member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

Records

All accidents requiring first aid treatment are to be recorded with (at least) the following information:

- Name of injured person
- Name of the qualified / emergency / school / pediatric first aider or appointed person
- Date and time of the accident
- Nature of accident / injury (e.g. bump on head etc)
- Treatment provided
- Action taken (e.g. contact made with named parent, with timings)

APPENDIX A



Hepatitis in Schools

NUT HEALTH & SAFETY BRIEFING



This briefing sets out the NUT's advice to members on the main types of viral hepatitis, which have in the past been reported in educational establishments, and on the precautions necessary when a case of viral hepatitis arises in a school or where a known carrier of the disease is a pupil in the school.

Types of Viral Hepatitis

> Hepatitis A

Hepatitis A virus, or infective hepatitis, is considered to be a common infection which mainly affects children and young adults. The cause of the illness is a virus in the faeces and the infection may be passed from person to person by contamination of the hands with infected faeces which may lead to the introduction of the germ into the mouth.

Although the virus can give severe symptoms and is potentially fatal, in many cases the symptoms are so mild as not to be apparent. The severity of the disease increases with age. In infants and young children, the infection can be mild or even asymptomatic. However, almost one in five infected 15-39 year olds require hospitalisation due to the severity of their symptoms and for those over 40, the fatality rate is 1.9%. Unlike hepatitis B there is no evidence of a permanent carrier state resulting from the disease and although the infection is difficult to control, its spread can usually be reduced by the introduction of simple hygiene measures.

> Hepatitis B

Hepatitis B virus is altogether more serious, with there being a risk of permanent carrier state and of irreversible liver damage. Hepatitis B may be transmitted through spittle or blood contact and as a result groups most at risk include patients requiring blood transfusions, long stay hospital patients since it is recognised that the disease is particularly prevalent in institutionalised people, patients with natural or acquired immune deficiency, health care personnel and staff of institutions for those with learning difficulties.

Viral hepatitis B is a disease recognised under the Prescribed Diseases Regulations. Such recognition permits sufferers to claim additional benefits provided that they are workers who have come into contact with the source of infection in the course of their work. Teachers will, therefore, need to prove that they contracted the disease as a result of their work. In most cases this will require the identification of the pupil who was the source of the infection.

> **Hepatitis C**

Hepatitis C is another serious hepatitis virus which can lead to chronic liver diseases such as liver cirrhosis and liver cancer. It is contracted by coming into close contact with blood contaminated with the virus, for example, through blood transfusions before screening was introduced in the early 1990s or through needle sharing among drug users. Unlike Hepatitis B, no vaccine is currently available to prevent Hepatitis C. The hygiene procedures described below apply equally to the prevention of the spread of Hepatitis C.

Control of Viral Hepatitis

> **Hepatitis A**

As stated above, the control of hepatitis A can be achieved by strict personal hygiene measures and it should be ensured that there are adequate hand washing facilities for all concerned in the school from the teaching, administrative and kitchen staff to the children. Adequate facilities should include the availability of hot and cold running water, soap and towels, with individual disposable towels being preferable to roller towels or ordinary hand towels.

> **Hepatitis B**

Over the years, there have been several cases known to the Union of this type of viral hepatitis being contracted by teaching staff and others in special schools. The Department of Health is of the view that children living at home and attending non-residential institutions are not a high risk group in terms of carrier status. It is possible that a higher proportion of children attending residential special schools, or who have previously done so, may be carriers of the disease. It is also known that Down's Syndrome children have a higher carrier rate because of a deficiency in their immune system.

The question of screening children in special schools, in order to establish whether individual children are hepatitis B carriers, has arisen on a number of occasions. In general, however, health authorities are reluctant to carry out a programme of screening although this would then enable carriers of the disease to be identified, thereby allowing teachers or other staff to follow correct accident procedures should an accident occur which may put them at risk of infection. Parents also may be reluctant to have their children screened.

The following is the accident procedure recommended by the Union. In the absence of screening programmes, it should be followed at all times.

1. A senior member of the staff should be responsible for receiving reports of accidents to staff where children have been involved. Even the most minor accident should not be overlooked. Reportable incidents should, therefore, include contamination of cuts or other open skin wounds i.e., those wounds where blood has actually been drawn, by blood, spittle or other body fluids, splashes into the eyes or mouth by the same, or cuts and scratches inflicted by a child.
2. Any scratch inflicted by a child or any existing abrasion which may have been contaminated, should be washed well with soap and water and treated with a disposable disinfectant tissue before being covered with an appropriate adhesive dressing. If the incident has involved the eye, then this should be washed thoroughly with tap water.
3. Injuries to children attended to by staff should be treated with disposable disinfectant tissues and covered with an appropriate form of dressing. Staff attending to any injuries should wear disposable gloves.

4. Should an incident such as one described above occur, whether or not the child involved is a known carrier of hepatitis B, contact should be made with the General Practitioner of the member of staff concerned. (This procedure supports the need for screening since without knowing which children are carriers of the disease, there may be a necessity for constant checks to be made on the health of the staff as a result of their suffering from minor scratches, abrasions, etc. It is suggested that where a child has been involved in an incident which could lead to viral hepatitis being contracted, the child involved is tested to find out whether or not she/he is carrying the disease).
5. Contact should be made with the appropriate occupational health provider informing them of the name of the member of staff, his / her GP, details of the injury and the child causing the injury.

6. A first-aid room should be available for the purpose of treating scratches, etc, which may have been infected by viral hepatitis.
7. Where there is a risk of contracting viral hepatitis, the employer should be providing adequate information and training in the potential risk and protective clothing and equipment as necessary, e.g., disposable gloves, aprons, medical tissues and disinfectant.

> The Hepatitis B Vaccine

The vaccine is made from blood taken from Hepatitis B carriers, but there is no risk of catching the disease from the vaccine as only non-infectious components of the blood are used. Blood used to make the vaccine is rigorously screened to ensure its purity. More than 500 million people world-wide have received the vaccine and serious side effects are very rare. More than three million doses of the vaccine have now been given world-wide and there has been no reported case of infection from the vaccine.

The vaccine is effective against Hepatitis B in about 90% of cases. After the first course of vaccine, "booster" jabs may be necessary as the vaccine loses its effectiveness after a number of years. Advice can be sought from GPs / occupational health providers on this point.

The Department of Health advises that vaccination is safe for pregnant women. If any member of staff at risk is pregnant, or plans to become pregnant, she should be warned that Hepatitis B is very dangerous for both mother and baby. It is important that they should be protected against the disease.

Two-thirds of people vaccinated suffer no after-effects at all. Many of the rest have a sore arm and perhaps a small rash where the jab was given. Very rarely, flu-like symptoms develop after vaccination, but these clear up completely after a few days.

Under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health (COSHH) Regulations 2002, employers have a legal duty to assess the risk of infection for employees and others affected by their work. When a risk is identified in a school, local authorities and other relevant bodies should take suitable precautions to protect the health of their employees and others affected by their work. Employees should also be given adequate information, instruction and training on any risks to their health that they may face in the course of their work.

The Department of Health has identified staff of residential and other accommodation for those with learning difficulties to be at an increased risk of exposure to blood borne viruses, and recommends that they be immunised against Hepatitis B. Furthermore, the HSE recognises that designated first-aiders might also be at an increased risk in any occupational setting.

The NUT is of the view that any member of staff who feels they may be at particular risk of catching Hepatitis B should be offered the vaccine, and the health authorities should respond positively to combat this disease and protect the health and welfare of teachers working within "high risk" establishments.

Sources of Further Information and Support

HEALTH AND SAFETY EXECUTIVE (HSE)

<http://www.hse.gov.uk>

ADVISORY COMMITTEE ON DANGEROUS PATHOGENS (ACDP)

The above body, which advises the HSE, has produced comprehensive guidance on protecting employees and others against blood borne infections in the workplace, in particular HSE and Hepatitis. The pdf file can be downloaded from

<http://www.hse.gov.uk/biosafety/diseases/bbv.pdf>

HEALTH PROTECTION AGENCY INFECTION CONTROL CONTACTS

<http://www.hpa.org.uk/HPAwebHome/>

DEPARTMENT OF HEALTH

<http://www.dh.gov.uk/en/index.htm>

NHS DIRECT

For Health Information and Advice, contact NHS Direct on 0845 4647, or online at

<http://www.nhsdirect.nhs.uk/>

NHS HEPATITIS C INFOLINE

For further information and advice about Hepatitis C, the following NHS web pages may be helpful:

<https://www.nhs.uk/conditions/hepatitis-c/>