



Fromefield Manor School



First Aid - Local Procedure

June 2024

Local Procedure Title	First Aid
Site	Fromefield Manor School
Local Procedure date	June 2024
Local Procedure review date	Sept 2025
Local Procedure Author(s)	Head Teacher (Gemma Drury)
Local Procedure Ratification	Checked and Approved by: Regional Director (Nancy O'Regan)

1.Aims

First Aid is the immediate assistance or treatment given to a casualty for any injury or sudden illness before the arrival of an ambulance or qualified Medical Expert. It may involve improvising with facilities and materials available at the time.

Within this local procedures policy the term First Aider applies to any employee with an Emergency First Aid at work (1day) or First Aid at work qualification (3days).

Within the school First Aid is administered by qualified EFAW staff. However, education staff will intervene, when necessary, whilst waiting for qualified staff to arrive.

We aim to ensure that:

- Safe and effective First Aid Cover is provided to all young people, staff and visitors at all times by the qualified EFAW staff.
- First Aid training for staff is actively promoted and provided for all staff at FMS.

2. Specific Responsibilities

- First Aid supplies, as well as checks, are maintained by the Senior Admin.
- The responsibility for first aid is with the qualified EFAW staff. However, if an emergency arose that required immediate first aid education staff would provide the first aid until assistance from them arrived.
- It is the responsibility of those administering First Aid treatment to ensure that they act in accordance with the duties outlined within training. This includes the appropriate referral onwards for medical treatment of all suspected serious injuries or ailments which fall beyond the scope of first aid treatment. This would commonly include:
 - Broken bones
 - Severe lacerations
 - Amputations
 - Serious burns
 - Severe asthma attacks
 - Head Injuries
 - Seizures or convulsions (if first incident)
- All staff have undertaken training in Emergency First Aid at Work.
- The Learning & Development Department is responsible for timetabling initial and refresher training.

Staff members not in possession of a valid First Aid Qualification are required to summon the assistance of a First Aider immediately should the need arise

- Education staff are responsible for completing the incident forms if the first aid treatment arose from an incident during education time.

Training

- Staff involved in direct pupil contact undertake as a minimum, the 1 day Appointed, Emergency First Aid at work and all necessary subsequent refresher training.

First Aid Locations

a) Casualty – Accident and Emergency Departments Locations

Minor Injuries	A&E
Frome Community Hospital	Royal United Hospital
Enos Way,	Combe Park
Frome	Bath
BA11 2FH	BA1 3NG

Tel: 01373 454740

Tel: 01225 428331

b) Ambulance

If an ambulance is called the First Aiders will be responsible to:

- make arrangements for the ambulance to have access to the site.
- ensure that the young person is accompanied in the ambulance or followed to hospital by a member of nursing staff.
- Inform Parents/carers as soon as possible.

c) FIRST AID BOX LOCATIONS

First Aid boxes are marked with a white cross on a green background and are stocked in accordance with the suggested HSE guidelines. First Aid boxes are located in all classrooms, meds room, kitchens, admin office and school vehicles.

Reporting

RIDDOR – INCIDENTS TO BE REPORTED

- Accidents resulting in death or major injury
- Accidents which prevent normal duties for more than 3 days
- Loss of consciousness due to asphyxia or absorption of harmful substances
- Fractures / dislocations
- Amputation
- Loss of sight – temporary or permanent
- Chemicals or hot metal burn to eye
- Penetrating eye injury
- Electric shock
- Injury leading to hypothermia
- Unconsciousness needing resuscitation / hospital admission for over 24hours.

In cases of death or major injuries, nursing staff must contact HR who will notify the enforcing authority without delay, by [reporting online](#).

<http://www.hse.gov.uk/riddor/report.htm#online> Or by telephone 0845 300 9923.

A report must be submitted to RIDDOR if the injury results in an incapacitation of greater than 7 days not counting the day in which the injury occurred. Incapacitation means that the worker is absent or is unable to do work that they would reasonably be expected to do as part of their normal work.

HR will still keep a record of all over three-day injuries – the incident reporting system (Corporate Governance) entry record supports this. The deadline by which the over seven

day injury must be reported will increase to 15 days from the day of the accident. Guidance explaining all of this can be downloaded from the HSE website.

Corporate Governance – e-compliance system

All accidents and incidents that happen during education sessions must be recorded on the Engage system. An entry must be made on the young person's electronic record and an incident produced. The incident must be reported to the Headteacher at Fromefield Manor School. Further investigation may be necessary and education staff must ensure they assist staff with the investigation.

References:

<http://www.hse.gov.uk/firstaid/faqs.htm> More advice is given in HSE's free leaflet: [First aid at work: your questions answered](#).

<http://priorityintranet/home/code/intranet/default.aspx>

Appendix 1



NHS Advice

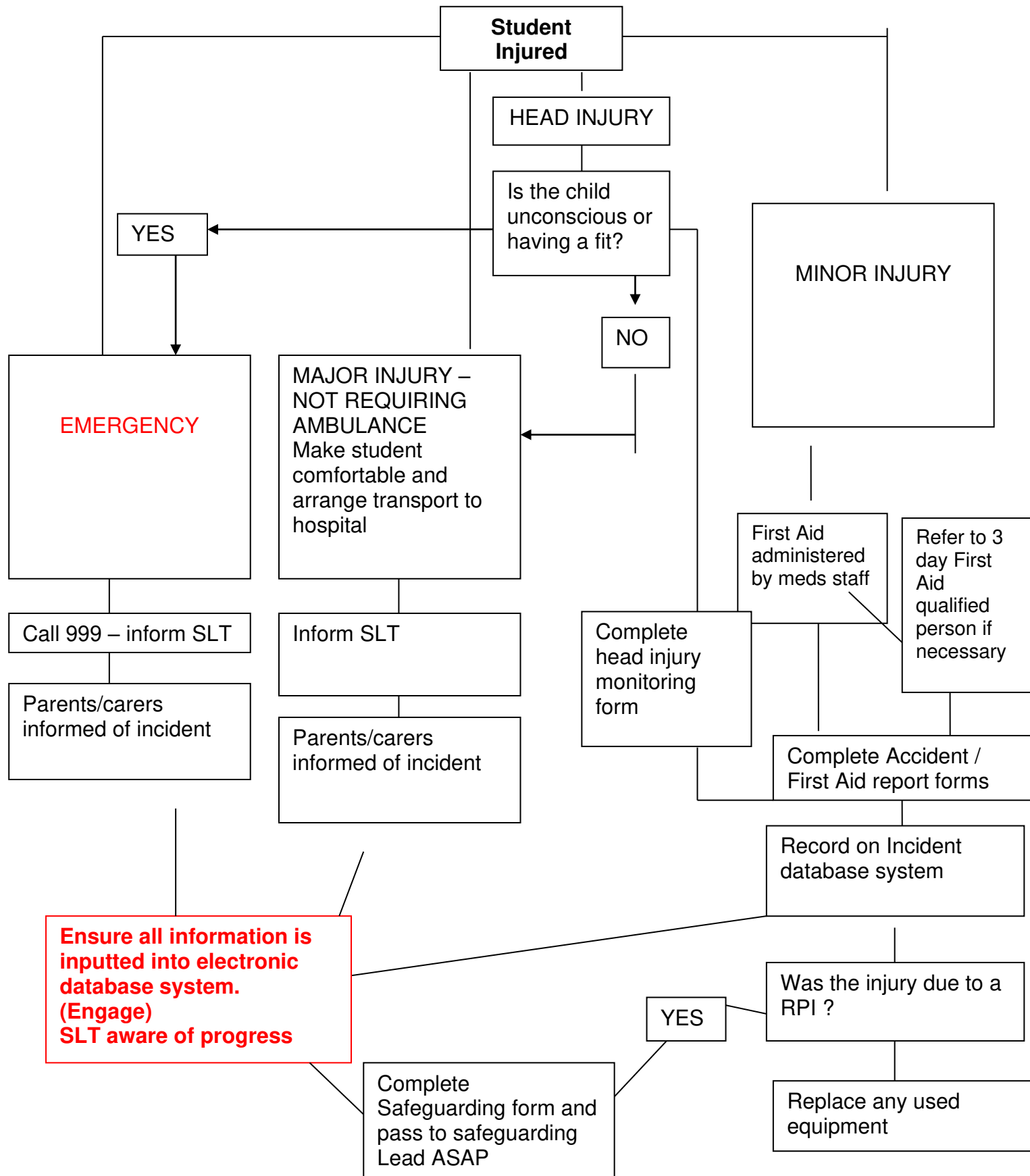
Head injury observation instructions for parents and guardians

Following a head injury, you should keep the young person under adult supervision for the next 24 hours. If any concern arises that he/she is developing a problem, please seek advice from the Accident and Emergency Department or, if necessary, make arrangements to bring him/her back to hospital.

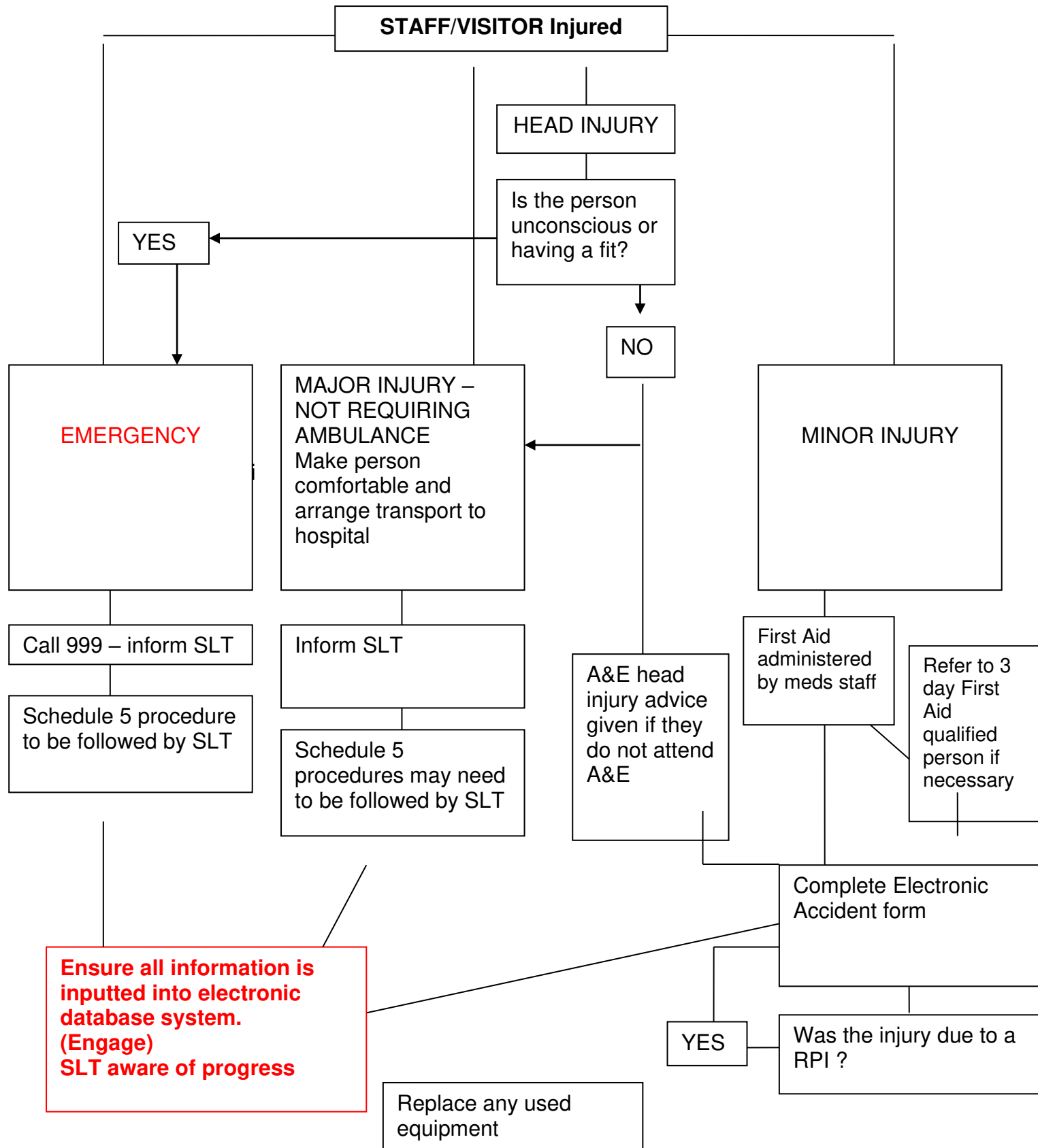
The signs that you should look out for are:

- o If the young person becomes unusually sleepy or is hard to wake up
- o Headache all the time, despite painkillers.
- o Repeated vomiting
- o Weakness of arms or legs, e.g. unable to hold things
- o Difficulty in seeing, walking, or acts clumsy and uncoordinated.
- o Confusion (not knowing where he/she is, getting things muddled up).
- o Fluid or blood coming from ear or nose.
- o Fits (convulsions or seizures)
- o Any other abnormal behaviour.

Appendix 2 – First Aid Flow Chart



Appendix 3 – First Aid Flow Chart - Staff/Visitor



Appendix 4 – Emergency Procedures for Asthma Attacks

EMERGENCY PROCEDURE FOR ASTHMA ATTACKS

- ALL staff should be aware of the emergency procedures for use in severe attacks or when initial reliever treatment has not improved the situation.
- If the pupil is:
 - Unable to speak.
 - Lips/fingers appear blue.
 - Pulse >140/min.
 - Breaths > 50/min.
 - Wheezing/breathless
 - Exhausted/confused.
- SEEK EMERGENCY MEDICAL ASSISTANCE IMMEDIATELY – **DIAL 999.**
- THEN:
 - Get the child to sit upright.
 - Calm and reassure.
 - Give 10 puffs of reliever [BLUE] inhaler via spacer.
 - Repeat after 5 minutes if no improvement occurs and continue until ambulance arrives.

Reliever inhalers sited in medical office – students have person specific named inhalers.

EMERGENCY INHALER PROTOCOL

PREVENTER INHALER:

- * Usually coloured brown
- * Prevent narrowing of airways
- * These are not useful once an attack has started but may be prescribed for use before potentially high risk activities
- * Usually taken regularly twice daily or as prescribed, by asthmatic students: kept in medical cupboards where students are resident

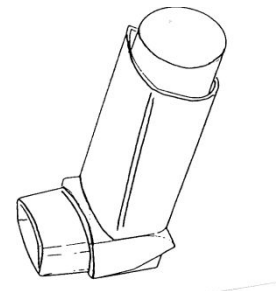
RELIEVER INHALERS:

- * Usually coloured blue.
- * Should be easily accessible **AT ALL TIMES**.
- * Standard dose TWO PUFFS, but dose may be increased in cases of asthma attack with no ill effects.

METERED DOSE INHALER:

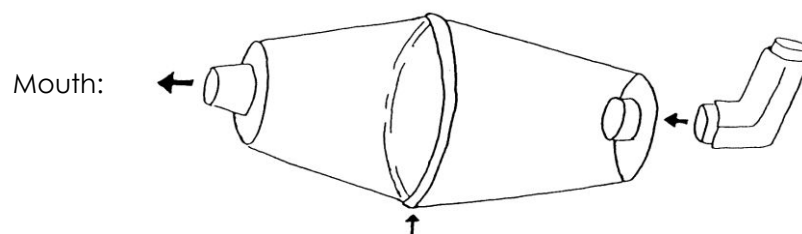
USE:

1. Remove cap and shake inhaler
2. Breathe out gently
3. Put mouthpiece in mouth at start of attack, breath in, which should be slow and deep
4. Press down the canister and continue to breathe deeply
5. Hold breath for about 10 seconds
6. Repeat stages 2-4 after 30 seconds



METERED DOSE INHALER WITH SPACER:

More effective in asthma attacks as more of the drug is inhaled even if the student is extremely breathless and distressed.



Spacer fits together here:

- 1 Fit two parts of spacer together
- 2 Remove cap and shake inhaler
- 3 Insert inhaler into spacer
- 4 Put spacer mouthpiece in mouth
- 5 Press canister once
- 6 Take a slow deep breath then remove spacer from mouth and hold breath for 10 seconds
- 7 Repeat stages 3 - 6

Diabetic Emergency

The best way to prevent diabetic emergencies is to effectively manage the disease through making health food choices, exercise and frequently checking blood glucose levels.

Diabetics may experience life-threatening emergencies from too much or too little insulin in their bodies. Too much insulin can cause a low sugar level (hypoglycemia), which can lead to insulin shock. Not enough insulin can cause a high level of sugar (hyperglycemia), which can cause a diabetic coma.



Symptoms of insulin shock include:

- Weakness, drowsiness
- Rapid pulse
- Fast breathing
- Pale, sweaty skin
- Headache, trembling
- Odorless breath
- Numbness in hands or feet
- Hunger

Symptoms of diabetic coma include:

- Weak and rapid pulse
- Nausea
- Deep, sighing breaths
- Unsteady gait
- Confusion
- Flushed, warm, dry skin.
- Odour of nail polish or sweet apple
- Drowsiness, gradual loss of consciousness

First aid for both conditions is the same:

- If the person is unconscious or unresponsive, call 999 or your local emergency number immediately.
- If an unconscious person exhibits life-threatening conditions, place the person horizontally on a flat surface, check breathing, pulse and circulation, and administer CPR while waiting for professional medical assistance.
- If the person is conscious, alert and can assess the situation, assist him or her with getting sugar or necessary prescription medication.
- If the person appears confused or disoriented, give him or her something to eat or drink and seek immediate medical assistance.

[illegible]