

# 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	24 <sup>th</sup> May 2024
Review Date	24 <sup>th</sup> May 2025
Principal	 Mr H vM Broekman

# **Liverpool College First Aid Policy**

## **Aims**

Liverpool College is committed to encouraging and promoting good health. It also endeavours to deal 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 the College's risk assessment, which includes Boarding and LC Sports.

## **Roles and Responsibilities**

### **Governing Body**

Has the responsibility to ensure:

- that this first aid policy is compliant with the Health and Safety (First Aid) Regulations 1981
- that a responsible person is nominated to delegate day to day responsibilities to others.

### **Principal**

Has the responsibility to ensure:

- the effective management of First Aid at Liverpool College and delegates responsibilities to others.
- that insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

### **Vice Principal Operations**

Is responsible for:

- implementing this policy to ensure that First Aid procedures are followed
- ensuring that staff, pupils and parents are aware of the school First Aid policies and procedures
- ensuring that staff training needs are identified, and appropriate training provided.
- ensuring that risk assessments are carried out
- ensuring that this policy is up to date and compliant with relevant legislation and guidance.

### **Health and Safety Officer**

Is responsible for:

- ensuring that the First Aid provision is adequate and appropriate.
- carrying out appropriate risk assessments, in liaison with the Vice Principal (Operations), which covers the risk to staff, pupils and visitors
- ensuring that there are sufficient trained personnel to meet statutory requirements and assessed needs
- keeping an accurate record of qualified First Aiders

- ensuring that the equipment and facilities are fit for purpose
- on a weekly basis, keeping the Vice Principal (Operations), informed on the implementation of the policy
- writing an annual incident report, which identifies any trends. This report is to be submitted to the Operations Committee on an annual basis.

### **Admissions Officer**

#### **Is responsible for:**

- ensuring that parents/carers complete the Registration Form prior to admission, which informs the college of their child's medical needs, adults with parental responsibility and emergency contact details
- entering the above information on Bromcom,

### **Chapter Administrator**

#### **Are responsible for:**

- maintaining the Care Plan register (see Supporting Pupils with Medical Conditions Policy).
- Updating information on BromCom about a pupil's medical condition, medication and treatment or special care needs, emergency contacts and details of adults with parental responsibilities, so all records are current and accurate.

### **Teachers and Support Staff**

#### **Are responsible for:**

- always acting 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
- understanding the nature of the condition of children with significant or complex health care needs, including when and where the child may need extra attention
- knowing what action to take in the case of an emergency (this applies to all staff, including supply teachers and volunteers).

### **Parents**

#### **Are responsible for:**

- ensuring their child is well enough to attend school and take part in all learning activities including class-based activities, PE and games, organised trips and visits.
- providing up to date contact numbers
- providing 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**

#### **Are responsible for:**

- giving support to the other first aiders in the event of any serious injury or head injury
- ensuring that the appointed staff replenish first aid supplies in all areas.

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

#### **Are responsible for:**

- completing an approved Health and Safety Executive training course

- giving immediate help to casualties
- ensuring that, when necessary, an ambulance or other professional medical help is called.

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

#### **Are responsible for:**

- ensuring that the First Aid kits are in the correct location and are regularly checked
- monthly monitoring of First Aid kits and reordering supplies
- signing the check list to confirm the monthly check.

### **First Aid Kits**

Basic First Aid kits are available. They are easily identifiable in a purpose made, green first aid box, which are 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,	2 triangular bandages,
3 medium sterile dressings,	Safety pins,
1 large sterile dressing,	Disposable gloves
3 small sterile dressings,	2 small plastic bags- for disposable of soiled items,
1 extra-large sterile eye patch,	1 guidance card and contents list.

Once an item has been used it is to be replaced as soon as possible.

Every time the First Aid kit is used the event should be recorded in the accident book.

### **Location of Kits**

#### **Primary School**

3 first Aid kits in the Secretaries' Office

#### **Senior School/Sixth Form**

1 kit in the Main Office

9 Portable kits are available from the health and Safety officer

9 kits Sports Hall/Pavilion

1 kit in the Haygarth Imagineering Centre (DT)

3 kits in Student Services

1 kit in Biology

1 kit in the Science Block

1 kit in the Dining Hall

1 kit in Mossley Vale (Art)

1 kit in the Sefton Room (Drama)

1 kit in the MV photocopier room

1 kit in Godwyn House – Music Department

1 kit in Godwyn House – Chapter Admin Office – Sixth Form.

#### **Boarding**

1 kit in the kitchen area

2 kits in the tutor Area.

## **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 Cleaning Manager. Waste matter is stored in a separate container and removed by an appropriate waste disposal company.

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

Certain incidents (see Riddor guidelines <https://www.hse.gov.uk/pubns/edis1.pdf>) 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).

## **First Aid Procedures**

All staff, whether first aid trained or not, can and should call an ambulance for the following:

- Cardiac arrest or unconscious casualty (including a suspected faint)
- Chest pain
- Convulsion/Fitting (if not a known case)
- Sudden swelling of lips- anaphylactic shock- eg food, bee sting etc
- Stroke symptoms
- Choking
- Severe burn or scold
- Traumatic injury
- Head injury - see Appendix 3.

For all other cases the Chapter Administrators (Secondary phase) and School Secretaries (Primary Phase) First Aider on duty (boarding) are the main first aid points. Any children, staff and/or visitors who have had an accident or are feeling unwell should be referred to the Chapter Administrators or School Secretaries, who will decide on the course of action.

The appropriate Senior First Aid Officer will be contacted if required. The appropriate Senior First Aid Officer should be called and carries out an assessment in all cases where there has been a head or eye injury.

Other staff who are First Aiders can 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 a pupil is not seriously injured a First Aider may treat the injury themselves. Disposable gloves should always be worn and children, where possible, are encouraged to clean any wound themselves. All wipes etc. must be disposed of appropriately.

A record of any treatment, minor injuries/accidents should be recorded in 'Smartlog'.

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 999 for an ambulance) and parents contacted as soon as possible. See appendix 1. The First Aider or an available member of staff (if the parent or carer does not arrive in time) will accompany the child to hospital. The pupil's medical details and contact numbers will be made available. The name of the hospital the pupil is travelling to must be ascertained and parents should be contacted before the ambulance leaves. This detail can then be passed on to the parent or carer.

Accident/incident forms in Smartlog 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
- any Incidents/accidents, no matter how minor, that have been caused by another pupil
- accidents that have occurred out of normal school hours (for these accidents an online form is available in the staff shared area, which is to be completed within 12 hours and forwarded to a Senior First Aider for the records) see appendix 4 (also found in Staff Handbook – Routines Folder).

**In all of the above cases the First Aider, who administered the first aid, is responsible for ensuring that parents are contacted as quickly as possible (within the context of the injury). The relevant Dean must also be informed as soon as possible (or within 12 hours for an out of school hours) of the incident. The First Aider would also be responsible for completing the accident/incident form.**

### **Relevant telephone Numbers**

<b>Ambulance</b>	<b>999</b>
Primary School Secretary	3233/3243
Main School Office	3221/3211/3204
Ruso Bradley	3280
Lisa Wynne	3374
Chris Davies	3247
Lesley Hunter (Senior First Aider)	3232
Debi Wynne	3264
Health and Safety Officer	3203
Head of Primary School	3261
Vice Principal Operations	3189

### **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
- the names of persons who may collect their child from school.

These details should be updated on BromCom 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
- always has at least one person with a current paediatric First Aid certificate when children are present
- has a First Aid box, with appropriate content to meet the needs of children, that is always accessible
- keeps a written record of accidents or injuries and First Aid treatment and informs parents on the same day, or as soon as possible
- 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, first aid regulations 1981, the College is legally required to have a First Aid policy, which fulfils the legal requirements.

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

The Management of Health and Safety at Work Regulations 1992 require employers to make a suitable and sufficient assessment of the risks to the health and safety of their employees at work and others who may be affected by their undertaking. The College must identify what measures they need to take to prevent or control these risks.

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

<https://www.gov.uk/government/publications/first-aid-in-schools>

### **Appendices**

(I) Contacting the Emergency Services

(2) Asthma Attack Procedure

(3) Head Injuries

(4) Sporting/Visit recording procedure - Online in Staff shared area

To approve/not approve or comment on this policy please use this link:

<https://forms.office.com/r/hjw6SaP9cW>



## 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: **L18 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/them to take slow deep breaths

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

- Help the casualty to find his/her/them 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 ANASK  
FOR AN AMBULANCE. (THE CASUATY  
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

#### **SIGNS 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**

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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. Parents will need to be informed in all head injury cases and an email should be sent to relevant staff informing them of the injury.

**GRADUATED RETURN TO PLAY AFTER CONCUSSION**

Concussion must be taken seriously to safeguard the short-term and long-term health and welfare of young players. In most cases, concussions will resolve in 7-10 days although a longer period (23 days) is recommended for children. During this recovery time the injured pupil should not be involved in physical activity in class or allowed to play in matches, as 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 pupil must stop play immediately and be seen by a doctor or attend A&E the same day.

Before pupils can return to graduated play the pupil **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>
I	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 training drills, e.g. passing drills. May start progressive resistance training.	Add exercise and coordination and 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 CG176, September 2020).*
- *Head injury: assessment and early management, National Institute for Health and Clinical Excellence (Nice Guidelines CG176, September 2020).*
- *Management of Concussion, RFU 2015 available online at: <http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/management-of-concussion/>*

## Appendix 4

### Recording Proforma for Incidents when not on College Premises

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:			
<b>Location:</b>			
<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:			

• ambulance service:

• student's parents:

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## 2 Post-accident Procedures

Date:

**Assessment of the nature of the injury determined that the student should be treated by:**

*(Circle appropriate response)*

College only

Walk in Centre

A&E

Pupil's doctor

### Treatment at school

- Name of person who carried out treatment:
- Treatment details (brief):

## 3 Follow-up Procedures

Date:

### 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).