

## **INTERNATIONAL SCHOOL OF CREATIVE ARTS - FIRST-AID POLICY**

### **1. INTRODUCTION**

#### **1.1 General**

ISCA share the Teikyo Foundation (UK) site with Teikyo School and other independent users. Like all establishments the necessity and ability to administer First Aid is therefore essential. First-aid can save lives and prevent minor injuries becoming major ones. Moreover, under Health and Safety legislation we have to ensure that there are adequate and appropriate equipment and facilities for providing first-aid.

#### **1.2 Purpose of this guidance**

These notes of guidance are intended to give advice to all our staff who have responsibility or might be involved in the provision of first-aid and emergency treatment.

#### **1.3 Educational Institutions as Workplaces**

Unlike most workplaces, we have a relatively small number of employees on the premises at any one time but a large number of students (over the age of 16), who are regarded differently in law, and who may present different practical problems for those providing first-aid.

For the purposes of both the Regulations and the Code of Practice, (see paragraph 2.1), students are not regarded in the same way as employees and the specific requirements do not apply. They are regarded as "visitors" to school premises. The obligation to make provision for students (and any visitors) therefore falls under:

- The **general duty** laid upon employers and occupiers of premises under the Health and Safety at Work Act to secure the health, safety and welfare of all those who use school premises as employees, students or visitors.
- The **common law duty** of care falling on those who have responsibility for the care of children and young people.

The Principal is responsible not only for ensuring that Health and Safety legislation is met, but also for ensuring that both the statutory "general duty" and the common law "duty of care", which in practice are similar, are satisfactorily discharged.

#### **1.4 Statutory Requirements**

This guidance, therefore, sets out as simply as possible both the various statutory requirements which we must comply with and the more general obligations under relevant health and safety (and other) legislation which have a bearing on the provision of first-aid. In some instances there is a clear and absolute requirement. The recommendations contained in the local education authority's (LEA's) advice are intended to guide institutions such as ours towards establishing reasonable provision suitable for our own needs as well as making clear the statutory position of ISCA with regard to the "employer's" obligations.

## **2. THE LEGAL POSITION**

### **2.1 The Health and Safety (First-Aid) Regulations 1981**

The general duties of the Health and Safety at Work Act 1974 are supplemented by the Health and Safety (First-Aid) Regulations 1981 which also have the force of law. The Health and Safety Executive's Approved Code of Practice (1997) (the ACOP) further supplements the Regulations and offers guidance on standards of provision expected in respect of employees. The ACOP acts in this respect as the "Highway Code" for first-aid - it establishes sound practice which should be followed and provides a benchmark for assessing the reasonableness of local provision.

### **2.2 The Minimum First-Aid Provision**

The minimum first-aid provision required under the law is:

- a suitably stocked first-aid container;
- an approved First-Aider and/or an Appointed Person to take charge of first-aid arrangements these are:
- information for employees on first-aid arrangements.

This must be supplemented by:

- a risk assessment to determine any additional provision needed.

First-aid provision must be available at all times while people are on site, and also off the premises whilst on ISCA visits.

### **2.3 Responsibilities of the Employer**

In community, controlled and foundation schools and in pupil referral units the LEA is the employer, whereas in voluntary-aided and independent schools the employer is the governing body. Health and Safety legislation places duties on the employer for the health and safety of their employees and anyone else on the premises.

The employer is responsible for making sure that ISCA has a management structure for health and safety (referred to as a Health and Safety policy) which includes arrangements for first-aid based on an assessment of the ISCA needs.

### **2.4 Responsibilities of the Management**

The management of ISCA is required to ensure that it has in place a management structure for health and safety to cover ISCA students and staff. This includes arrangements for administering first-aid which are consistent with the guidance provided by the LEA. This is a simple statement of the arrangements to be made for first-aid provision within ISCA and can be incorporated in the more general management structure for health and safety. It should be based on a risk assessment of the ISCA needs. The governing body together with the Principal should regularly review (at least annually) the adequacy of the arrangements they have made and must take into account any relevant changes in premises, activities or organisation.

### **2.5 Responsibilities of the Principal**

The Principal is responsible for putting the management's structure for health and safety into practice

and for developing detailed procedures for administering first-aid. The Principal should also make sure that parents are aware of these arrangements.

The Principal must designate a suitable person from among qualified first-aiders in ISCA (or an appointed person if there is no qualified first-aider) to take overall charge of the ISCA first-aid arrangements. This person may be the Principal him/herself.

### 3. FIRST-AIDERS AND APPOINTED PERSONS – DEFINITIONS

#### 3.1 First-Aiders

The following ISCA staff have successfully completed the British Red Cross First Aid Training in Emergency Life Support.

	<b>RESPONSIBILITIES</b>
Hannah Carter	Whole site
Robert Green	Whole site
Prue Jessop	Whole Site
Stephanie Sutherland	Whole Site
Laura Owen	Whole Site
Amanda Johansson	Whole Site
Anthea Godfrey	Whole Site
Rosemary Leno	Whole Site

The following First Aiders are those who have completed a Basic First Aid for Appointed Person on the School Site

	<b>RESPONSIBILITIES</b>
Bev Stokes	Whole site
Akiko Sekine	Shoichi Hall
Ryohei Ikeda	West Wing
Danny Enoch	Whole Site
Jane Axtell	Whole Site
Craig Leisten	Kitchen
Khalid Mahmood	Whole Site

## 4. FIRST-AIDERS

### 4.1 Duties

First-Aiders must complete a training course approved by the Health and Safety Executive (HSE). The main duties of a First-Aider are to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards;
- when necessary, ensure that an ambulance or other professional medical help is called.

## 5. QUALIFICATIONS AND TRAINING

### Statutory requirement

A First-Aider must hold a valid certificate of competence, issued by an organisation approved for this by the HSE. First-aid at work certificates are valid for three years only. These have to be renewed by taking a requalification course. Moreover, we are required to keep a record of the qualification of all those who are designated providers of emergency aid, and the dates when their qualifications are due to renewal.

## 6 ACTIONS REQUIRED OF ISCA

### Carrying out a risk assessment

We are required by law to carry out a risk assessment of our first-aid needs.

### Points to consider

- **The size and building levels.** The first-aid provision needed if there is more than one building or for each floor on a split level site.
- **Our location.** Whether the Teikyo site is remote from emergency services and whether there is a need to inform the emergency services of any particular circumstances that may affect access to our premises.
- **Hazards or risks on the site.** E.g. hazardous substances, dangerous tools or machinery. Temporary hazards such as building work should be considered when appropriate.
- **Specific needs.** Staff or students with special health needs or disabilities. The age range of the students resident on the Teikyo campus.
- **Accident statistics.** The most common injuries, times, locations and activities. These can highlight areas to concentrate on.
- **Contacting first-aid personnel.** The ease with which people on the site can contact a First-Aider, especially if they are working alone or out of school hours.

## **Providing sufficient first-aid materials, equipment and facilities**

We are required to provide the proper materials, equipment and facilities (including access to a telephone) at all times. First-aid equipment must be clearly labelled and easily accessible.

### **First-aid containers**

The assessment of our first-aid needs should include the number of first-aid containers. Additional first-aid containers will be needed for split-sites/levels, distant sports fields or playgrounds, any other high risk areas and any off-site activities. All first-aid containers must be marked with a white cross on a green background.

The siting of first-aid boxes is a crucial element in the ISCA's First Aid policy and should be given careful consideration. If possible, first-aid containers should be kept near to hand-washing facilities. Further details about first-aid containers can be found in paragraph 8.

### **Providing information**

All staff (including those with reading and language difficulties) must be informed of the first-aid arrangements which should include the location of equipment, facilities and first-aid personnel, and the procedures for monitoring and reviewing ISCA's first-aid needs.

Staff will be kept informed by the display of first-aid notices in the staff-room. Students will be informed by notices in their Common Rooms.

## **7 FIRST-AID CONTAINERS**

### **Contents of a first-aid container**

There is no mandatory list of items for a first-aid container. However, the HSE recommend that, where there is no special risk identified, a **minimum** provision of first-aid items would be:

- a leaflet giving general advice on first-aid (e.g. HSE leaflet '*Basic advice on first-aid at work*');
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye pads;
- four individually wrapped triangular bandages (preferably sterile);
- six safety pins;
- six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
- two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
- one pair of disposable gloves.

Equivalent or additional items are acceptable.

ISCA's first-aid procedures should identify an Appointed Person who is responsible for examining the contents of first-aid containers. These should be checked frequently and restocked as soon as possible after use. There should be extra stock on-site. Items should be discarded safely after the expiry date has passed.

#### **a. Travelling first-aid containers**

Before undertaking any off-site activities, the Principal is to assess what level of first-aid provision is needed. The HSE recommend that, where there is no special risk identified, a **minimum** stock of first-aid items for travelling first-aid containers is:

- a leaflet giving general advice on first-aid (e.g. HSE leaflet '*Basic advice on first-aid at work*');
- six individually wrapped sterile adhesive dressings;
- one large sterile unmedicated wound dressing approximately 18cm x 18cm;
- two triangular bandages;
- two safety pins;
- individually wrapped moist cleansing wipes;
- one pair of disposable gloves.

#### **b. Mini buses**

Transport Regulations require that all minibuses and public service vehicles, used either as an express carriage or contract carriage, have on board a first-aid container with the following items:

- ten antiseptic wipes, foil packaged;
- one conforming disposable bandage (not less than 7.5cms wide);
- two triangular bandages;
- one packet of 24 assorted adhesive dressings;
- three large sterile unmedicated ambulance dressings (not less than 15 cm x 20 cm);
- two sterile eye pads, with attachments;
- twelve assorted safety pins;
- one pair of rustless blunt-ended scissors.

This first-aid container must be:

- maintained in a good condition;
- suitable for the purpose of keeping the items referred to above in good condition;
- readily available for use: and
- prominently marked as a first-aid container.

## **8 FIRST-AID ACCOMMODATION**

Employers are obliged to ensure that suitable and sufficient accommodation for first-aid is available according to the assessment of first-aid needs identified. The Education (School Premises) Regulations 1996 require every Educational Institution to have a suitable room that can be used for medical or dental treatment when required, and for the care of students during school hours. The area, which must contain a washbasin and be reasonably near to a WC, need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed.

## **9 REPORTING AND RECORDING**

It is important to ensure that all cases of administering first-aid have been recorded and where appropriate have been reported to the Buckinghamshire LEA. The LEA's notes of guidance *Recording and Reporting Incidents and Accidents in Schools* provide information and advice on this.

## **10 HYGIENE/INFECTION CONTROL**

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment. Further guidance has been produced by the DfEE in the publication *HIV and AIDS: A Guide for the Education Service*, which was sent to schools in 1992. The LEA Guidelines "AIDS: A Guide for Schools" is reproduced at Appendix A.

Advice has been prepared on *Special precautions to be taken in the event of significant exposure to blood or high risk body fluids*. This is reproduced at Appendix B.

## **11 LEGAL LIABILITY**

Those rendering emergency aid should not carry out diagnosis and/or medical procedures for which they have not been trained. The function of emergency aid is to preserve life and render a situation safe until qualified help can be made available.

## APPENDIX A

### AIDS and First-Aiders

#### Common Sense Guidelines

First things first – First-Aiders need to realise that normal first-aid procedures do not put them at risk from AIDS. No case of AIDS infection has been reported from any part of the world as a result of mouth-to-mouth resuscitation, getting blood on intact skin, or cleaning up vomit, faeces or urine. However, since some infections are easier to catch than AIDS, such as Hepatitis B, it is important that first-aiders follow good hygienic practices to safeguard themselves. The guidelines which follow are sufficient to control infection, including the transmission of AIDS.

1. **Cover cuts** - cover your exposed cuts and grazes with a waterproof dressing.
2. **Don't try to guess** - you can't guess who might have AIDS. Treat everyone with the same high standards of practice.
3. **Clean yourself and the patient** - after first-aid care, wash off surface blood with hot water and soap. If blood splashes in the eyes or mouth, rinse immediately with lots of water.
4. **Bleeding** - apply pressure for 5-10 minutes with a clean cloth to stop bleeding.
5. Mop up blood carefully - the blood of an infected person contains high concentration of the AIDS virus and should be treated with special care if spillage occurs. Pour household bleach diluted with ten parts of water over the spill and leave it for 30 minutes if practicable (remember that bleach is corrosive). Wearing plastic gloves, wipe up with disposable towels. Burn the towels or place in a plastic bag and dispose of safely. (Semen may also contain high concentration of the AIDS virus).
6. **Clean clothes and crockery** - normally wash dishes, clothes and linen stained with blood or semen in the hot cycle of an ordinary washing machine (60 degrees centigrade or hotter).
7. **Don't puncture yourself** - avoid puncture wounds when giving care. If you do get a needle stick or other puncture wound, encourage the wound to bleed freely, then wash with soap (not around eyes) and water and put on a dressing.
8. **Don't deny care** - it is neither necessary nor humane to deny first-aid to anyone for fear of catching AIDS since the risks to first-aiders are so small as to be practically non-existent.
9. **Resuscitation** - using an airway or resuscitate is sensible for good hygiene, but unnecessary for protection from AIDS. Never withhold mouth-to-mouth resuscitation because an airway isn't available.
10. **Look at your real risks** - you won't get AIDS from first-aid care, but you could become infected because of your personal lifestyle. The real risk of AIDS comes from having sex with an infected person, or from sharing needles while injecting drugs. Look at your real risks, and make changes necessary to keep you safe.

*(from the LEA's booklet, AIDS: A Guide for Schools.)*

## **APPENDIX B**

### **SPECIAL PRECAUTIONS IN THE EVENT OF SIGNIFICANT EXPOSURE TO BLOOD OR HIGH RISK BODY FLUIDS**

**A significant exposure can be defined as being exposed to blood or high risk body fluids by one or more of the following:**

- a percutaneous exposure causing bleeding or visible skin puncture e.g. with a needle or a sharp instrument;
- mucous membrane exposure e.g. eyes, mouth;
- exposure of broken skin.

**If a member of staff/pupil becomes significantly exposed to blood or other high risk bodily fluids:**

- Encourage bleeding from the puncture wound.
- Wash thoroughly, for 5 minutes under running water, any injury or abrasion which has been contaminated with infected blood or other bodily fluid.
- Splashes into eye or mouth should be rinsed out with copious amounts of water or saline.
- Cover the wound with a waterproof dressing.
- Report the incident immediately to the line manager, and complete an incident report
- Identify the source of the exposure and the name of the person causing the exposure.
- The member of staff/pupil should visit Occupational Health, their GP or the local A & E Department within 48 hours of exposure.

***Please note that the contents of this policy are subject to review.***

