

International School of Creative Arts

# First Aid Policy

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## Control Page

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# ISCA First Aid Policy

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## 1. Introduction

### 1.1 General

ISCA shares the Teikyo Foundation (UK) campus with Teikyo School and other independent users. Like all establishments the necessity and ability to administer First Aid is essential. First-aid can save lives and prevent minor injuries becoming major ones. Moreover, under Health and Safety legislation ISCA is obliged 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 staff who have responsibility or might be involved in the provision of first-aid and emergency treatment.

### 1.3 Educational Institutions as Workplaces

Unlike some workplaces, ISCA has a relatively small number of employees on the premises at any one time, but a large number of students (under the age of 18), 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 Head of School 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.

The Head of School is also responsible for ensuring that there is effective provision for all students who have medical conditions, learning difficulties and/or disabilities.

### 1.4 Statutory Requirements

This guidance, therefore, sets out as simply as possible both the various statutory requirements which ISCA 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.

## 2. The Legal Position

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### 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 (2013) (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
- 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 when people are on site, and also off the premises whilst on ISCA visits.

### 2.3 Responsibilities of the Employer

ISCA, as the employer, has overall responsibility for ensuring that there is adequate and appropriate First Aid equipment, facilities and First Aid personnel and for ensuring that the correct First Aid procedures are followed.

### 2.4 Responsibilities of the Management

The governing body together with the Head of School 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 Head of School

The Head of School is responsible for putting the management's structure for health and safety into practice and for developing detailed procedures for administering first-aid. The Head of School should also make sure that parents are aware of these arrangements.

The Head of School must designate a suitable person from among qualified first-aiders in ISCA (or an appointed person if there is no qualified first-aiders) to take overall charge of the ISCA first-aid arrangements.

## 3. First-Aiders and Appointed Persons Definitions

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### 3.1 First-Aiders

The list of ISCA and Teikyo staff who have successfully completed and are up-to-date with their Emergency First Aid in the Workplace training are published on noticeboards about the School.

### 3.2 First-Aider Duties

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.

## 4. Qualifications and Training

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It is a statutory requirement that a First-Aider must hold a valid certificate of competence. 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 for renewal.

## 5. Actions Required of ISCA

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### 5.1 Carrying out a risk assessment

ISCA is required by law to carry out a risk assessment of its first-aid needs.

### 5.2 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 school 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 school 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

ISCA is 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.

### **5.3 Provision of First-Aid containers**

The assessment of ISCA 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.

First aid containers can be found in:

- Every Studio (including PDC) & corridor
- Staff Room
- Administration office
- Sick Bay

### **5.4 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.

## **6. Contents of First-Aid Containers**

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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.

### **6.1 Travelling First-Aid containers**

Before undertaking any off-site activities, the Head of School 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.
- Scissors

## **7. First-Aid Accommodation**

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Employers are obliged to ensure that suitable and sufficient accommodation for first-aid is available according to the assessment of first-aid needs identified.

## **8. Reporting and Recording**

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The First Aider should complete a record of First Aid provision.

All injuries, accidents, illnesses and dangerous occurrences must be recorded in the Accident Book. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded.

Reporting to HSE: Schools are legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (RIDDOR) to report the following to the HSE:

### **8.1 Accidents involving Staff**

- work related accidents resulting in death or 'specified' injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or
- work related accidents which prevent the injured person from continuing with [his / her] normal work for more than seven days; or
- cases of work-related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or



- certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

## 8.2 Accidents involving students or visitors

Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

- any School activity (on or off the premises)
- the way a School activity has been organised or managed (e.g. the supervision of a field trip)
- equipment, machinery or substances
- the design or condition of the premises.

More information on how and what to report to the HSE, can be found in Incident reporting in schools (EDIS1 (revision 3)) and at <http://www.hse.gov.uk/riddor/resources.htm>.

It is also possible to report online via the following link: <http://www.hse.gov.uk/riddor/index.htm>.

Fatal and 'specified' injuries can also be reported by calling 0845 300 9923.

## 9. Hygiene/ Infection Control

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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 DfE 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.

## 10. Legal Liability

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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.

In the event that the First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance or making arrangements to transport the injured person to A & E or access other appropriate medical services.

## 11. Ambulances

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If an ambulance is called, then the First Aider in charge should make arrangements for the ambulance to have access to the accident site.

Staff should always call an ambulance when there is a medical emergency and / or serious injury. Examples of medical emergencies include:

- a significant head injury
- fitting, unconsciousness or concussion
- difficulty in breathing and / or chest pains
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- the possibility of a serious fracture.

Arrangements should be made to ensure that any student is accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact the parents in time.

## Appendix A: HIV/ AIDS and First Aiders

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### Common Sense Guidelines

First-Aiders need to realise that normal first-aid procedures do not put them at risk from HIV/ AIDS. No case of HIV/ 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 HIV/ 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 HIV/AIDS.

- Cover cuts – cover your exposed cuts and grazes with a waterproof dressing.
- Don't try to guess – you can't guess who might have HIV/AIDS. Treat everyone with the same high standards of practice.
- Clean you 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.
- Bleeding – apply pressure for 5-10 minutes with a clean cloth to stop bleeding.
- 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 HIV/AIDS virus).
- 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).
- 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.
- Don't deny care – it is neither necessary nor humane to deny first-aid to anyone for fear of catching HIV/AIDS since the risks to first-aiders are so small as to be practically non-existent.
- Resuscitation – using an airway or resuscitate is sensible for good hygiene, but unnecessary for protection from HIV/AIDS. Never withhold mouth-to-mouth resuscitation because an airway isn't available.
- Look at your real risks – you won't get HIV/AIDS from first-aid care, but you could become infected because of your personal lifestyle. The real risk of HIV/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.

## **Appendix B: Precautions to avoid the risk of infection**

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The First Aider should take the following precautions to avoid risk of infection:

- cover any cuts and grazes on their own skin with a waterproof dressing;
- wear suitable disposable gloves when dealing with blood or other bodily fluids;
- use suitable eye protection and a disposable apron where splashing may occur;
- use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- wash hands after every procedure.

### **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.

## Appendix C: Emergency Procedure for First Aid

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1. Contact Main Reception on extension 0514
2. Give the Receptionist the following information:
  - your name
  - the name of the person requiring the First Aider
  - location where the First Aider is required
  - the extension you are ringing from.
3. Wait with the person requiring the First Aid until the First Aider arrives.
4. Receptionist will then contact the nearest First Aider either by radio or phone

**Action while waiting for First Aider or Emergency Services:** Staff, while waiting for first aid or professional medical treatment, should take the following action:

**Hazardous substance splashes in the eye:**

Immediately wash the eye under running water from a tap for at least 10 minutes. The flow should be slow and eyelids should be held back. So that eye washing can be carried out without delay a short length of rubber tube (which can be attached to a workroom tap) should be available. It can be kept in a plastic bag pinned to the wall or in a drawer and labelled emergency eye-wash (together with the appropriate pictogram). In some situations, direct washing under the tap may also be possible. Afterwards the casualty should be taken to hospital.

**Burns:**

Cool under gently running water until first aid arrives.

**Toxic gas:**

Sit the casualty down in the fresh air.

**Hair on fire:**

Smother with a clean cloth i.e. one not used for wiping up liquids or substances other than water

**Clothing on fire:**

Smother the flames with a thick cloth or garment. A fire blanket is ideal but use only if very close by and, if necessary, push the casualty to the ground.

**Electric shock:**

Taking care for your own safety, break electrical contact by switching off the electricity supply or pulling the plug. If it is necessary to move the casualty, break the contact with a wooden broom handle, window pole, wear rubber gloves, or other non-conductive item.

**Bad cuts:**

Apply pressure on or as close to the cut as possible, using fingers or a pad or cloth. Leave any embedded large pieces of glass etc. and press around them. Lower the casualty to a chair or the floor and raise the wound as high as possible.

**In all cases it may be necessary to send the casualty to hospital for further treatment.**

## **Use of AED – Automated External Defibrillator**

Portable AEDs are lightweight devices that are relatively easy to operate and are intended for use in emergency situations when a casualty has a serious cardiac rhythm disturbance causing unconsciousness, such as a heart attack. AEDs are not effective for all cardiac emergencies. An AED acts to correct abnormal heart rhythms by applying an electric shock to the chest. It detects the electrical activity of the heart and gives automated instructions to the operator on what to do.

The automatic diagnostic sequence ensures that they will only operate under appropriate circumstances thus preventing their incorrect use. The quicker lifesaving first aid and a defibrillator are used on a casualty, the better the outlook for survival.

**ISCA share the use of an AED with Teikyo School and this is a large red box which can be found in the area called the "Sun Lounge" (the corridor behind the Dining Hall). If you suspect someone is having a heart attack, please follow the emergency procedure by contacting main reception and requesting a First Aider. However please note: whilst training in the use of the AED is optimal, it is not a requirement in order to operate an AED in an emergency situation.**