First Aid Policy and Procedures

Primary person responsible for this policy: Matron **Job title:** Matron

Last review date: October 2026 **Next review date:** October 2027

This policy has been adopted by the governors and is available to parents on request. It applies wherever staff or volunteers are working, including when this involves being away from the school.

'Parents' refers to parents, guardians and carers.

Introduction

DLD College will ensure, so far as is reasonably practicable, that First Aid arrangements will be managed in accordance with the advice from the Department for Education on First Aid in schools and health and safety in schools, and the following legislation:

1. The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable First Aid to be administered to employees, and qualified First Aid personnel

2. The https://assets.publishing.service.gov.uk/media/6a0c1d22c75cc34a8ff8f499/National Minimum Standards for Boarding Schools.pdf, which contains a statement of national minimum standards (standards) to safeguard and promote the welfare of children for whom accommodation is provided by boarding schools

3. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept

4. The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

To comply with HSE legislation and exceeding the minimum standards we currently have certified First Aid trained personnel throughout the college including teaching, non-teaching and boarding staff. In addition to emergency at work First Aid, specified staff have undertaken further extended training in certificates in outdoor First Aid. This ensures that students and staff are supported with qualified personnel both while on premises and during external events or excursions.

The Administrator to the ELT will ensure that all First Aiders certification remain up to date and are in line with government standards. First Aid training is completed every three years to comply with regulations.

First Aid Aims/Objectives

The aims of the First Aid policy are to:

- To ensure the health and safety of all staff, pupils and visitors
- To ensure compliance with all relevant legislation - and in particular RIDDOR
- To ensure that staff and governors are aware of their responsibilities with regards to health and safety
- To identify and implement reasonably practicable arrangements for dealing with First Aid accidents.
- To ensure a high standard of emergency care is available at all times and that appropriate equipment is available and audited for compliance at regular intervals.
- To provide a framework for responding to an incident and recording and reporting the outcomes

Roles and Responsibilities

The Matron is responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in First Aid kits and replenishing the contents of these kits. There is one Defibrillator unit (located in the main entrance)
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Ensuring that these policies and procedures are communicated and implemented

First Aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Notifying the Matron if replenishment is required for the First Aid kit used
- Sending students home to recover, where required
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident

Lists of members of staff who are qualified first aiders are displayed around the college, showing their name, department and first aid qualification and are listed in both the Health and Safety Plan and Fire Safety Policy.

School staff are responsible for:

- Ensuring they follow First Aid procedures
- Ensuring they know who the First Aiders in school are (as shown on notices around college)
- Completing accident reports for all incidents they attend to where a First Aider/appointed person is not called

First Aid Equipment

The required minimum of First Aid kits is provided by the College and distributed and restocked by the Matron as necessary. The locations of first aid equipment are:

Equipment	Location
First Aid Kit	Basement – The Hub
Lifepak Defibrillator	Ground Floor by Boarding Lifts
First Aid PACT kit	Ground Floor by Boarding Lifts
First Aid Kit	Ground Floor reception wall
First Aid Kit	Ground Floor Reception – Offsite Trips Cabinet
First Aid Kit	Ground Floor Reception – Offsite Trips Cabinet
First Aid Kit	Ground Floor Reception – Offsite Trips Cabinet
First Aid Kit	Ground Floor Sports Cupboard
First Aid Kit	Ground Floor Sports Cupboard
First Aid Kit	Ground Floor Sports Cupboard
Acid Kit	G.02 Behind Door
First Aid Kit	G.02 Facilities Manager
First Aid Kit	G.02 Houseparents Area
First Aid Kit	Ground Floor Coffee Shop
First Aid Kit	Ground Floor Kitchen Office
Burns Kit	Ground Floor Kitchen Office
First Aid Kit	Mezzanine Conference Room M.06
First Aid Kit	1st Floor 1.44 Staff Room
First Aid Kit	1st Floor 1.66 Art Foundation
First Aid Kit	1st Floor 1.67 Photography Room
First Aid Kit	1st Floor 1.68 Photography Studio
First Aid Kit	1st Floor 1.69 Art Technician
First Aid Kit	1st Floor 1.72 Art Room
First Aid Kit	1st Floor 1.74 Art Room

First Aid Kit	1st Floor Counselling / Wellbeing Area
First Aid Kit	2nd Floor 2.24 Physics Lab
First Aid Kit	2nd Floor 2.26 Physics Lab
First Aid Kit	2nd Floor 2.28 Science Lab
Burns Kit	2nd Floor 2.28 Science Lab
First Aid Kit	2nd Floor 2.30 Science Lab
First Aid kit	2nd Floor 2.31 Science Prep Room
Burns Kit	2nd Floor 2.31 Science Prep Room
First Aid Kit	2nd Floor 2.32 Biology Lab
First Aid kit	2nd Floor 2.34 Biology Lab
Emergency Inhaler, EpiPen & Antihistamines	Ground Floor Reception wall and Matron's Office (1.62)

The contents of the First Aid boxes will be determined by the Matron after taking into consideration the area or department in which the box is sited. Staff members withdrawing items from First Aid boxes should seek replacement stock and notify the Matron at the earliest convenience. The Matron will periodically check the First Aid Kits around the college.

First Aid kits are always taken to all off site activities, for example sporting or entertainment events, or these are provided at the venue itself. First Aiders in attendance should bring necessary equipment and ensure that this is within date.

Staff will always ensure they are well equipped to manage any First Aid requirements and the student's safety is the priority.

Incidents that involve the spillage of bodily fluids will be cleaned and removed using a bio-hazard spills kit, which are available in the Matron's office, Reception and the Global Kitchen. Disposal should follow the correct procedure (which is shown on the kits) to prevent contamination or risk to others.

First Aid Provision

First Aid can be given at the site of the incident if appropriate and moved to the medical room when safe to do so or following initial treatment it may be necessary to transfer the casualty to hospital dependent on the circumstances. This decision will be at the discretion of the Matron's judgement following an initial risk assessment and primary survey of the injuries. In the absence of the Matron, this decision will be made by the First Aider in attendance.

There is no legal obligation to provide First Aid cover for other people, such as visitors and parents attending school events, but as a matter of good practice, schools should consider providing

appropriate cover. In addition, there is no legal requirement to provide First Aid cover for contractors working on the school premises, e.g., contract caterers, as their employers should ensure their staff are adequately provided for. However, the contractor may come to an agreement with the school, that their staff may rely on.

In case of serious injury, the First Aider will be expected to:

1. **Assess the situation**
2. **Make the area safe**
3. **Give emergency aid treatment according to guidelines set by First Aid training agencies in conjunction with Resuscitation Council (UK)**
4. **Get help**
5. **Inform the Matron**

If calling for help in an emergency be ready to give the following information:

- Where you are calling from – give telephone number and an alternative
- What happened – details of the injury
- Who is hurt
- Where they are – precise location
- When – time passed since injury
- What has happened since – any intervention given or being given**.**

Any accidents sustaining injuries should be reported to the Matron during working hours, the Matron will assess and treat any injuries as per their judgement and scope of practice. Out of hours accidents and injuries should be managed by a named First Aider.

Minor injuries will be dealt with by staff who are qualified First Aiders. Staff should not provide First Aid treatment for which they have not been trained. In all cases, except for injuries of a very minor or trivial nature, the Matron should be contacted as soon as is reasonably practicable to take over the incident.

In the event of a student requiring transfer to hospital, if they are under 18 years old, they will always be accompanied by a member of staff until either fit for discharge if a boarder or until an appropriate guardian is in attendance if the casualty is a day student. If the casualty is 18 years or over, they will be offered a choice if they would prefer to be accompanied and this will be facilitated if they wish to be accompanied for support.

Under no circumstance is a student permitted to drive or accompany another student to hospital.

A member of staff will make every effort to contact a parent or guardian by telephone or email if a student has sustained any injury while at college and has needed treatment at the hospital.

If required students can be transferred to the local hospital depending on the severity of their injuries. They will be accompanied by a member of staff and parents/guardian’s will be notified via telephone and email. The local hospital as well as having an urgent care centre and emergency department also has a wide number of specialist services that students can be referred to via the GP.

A record of any injury will be entered into the student's medical notes and an Accident form completed.

Contact details

In the event of an injury the following numbers should be used:

• 999 – in the case of a serious injury an ambulance should be sent for as detailed in this policy. The caller should remain with the pupil until the ambulance arrives.

• Matron's Office: 02075634363 or 4363 from internal phone.

School Trips

When taking students off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable First Aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the relevant individual prior to any educational visit that necessitates taking students off school premises. There will always be at least one DLD First Aider on school trips and visits, or a trained First Aider available at the venue.

First Aid Procedures

General Rules of Treatment

- Give the minimum necessary.
- Rest.
- Warmth.
- Support injuries.
- Reassurance.
- Move as little as possible.
- Move casualty to the Medical office or ring the Matron for advice.

Unconscious casualty

1. Under no circumstances move an unconscious casualty
2. Call 999 immediately
3. Clear the airway, check the breathing.
4. If breathing place casualty in Recovery position
5. If not breathing attempt CPR until emergency services arrive according to Resuscitation Council guidelines.
6. Summon AED device
7. Notify Matron as soon as possible

Use of an Automated External Defibrillator (AED)

The purpose of this section is to outline the importance of and correct use of an AED in an emergency to ensure that students, staff and visitors are receiving a high standard of treatment and care.

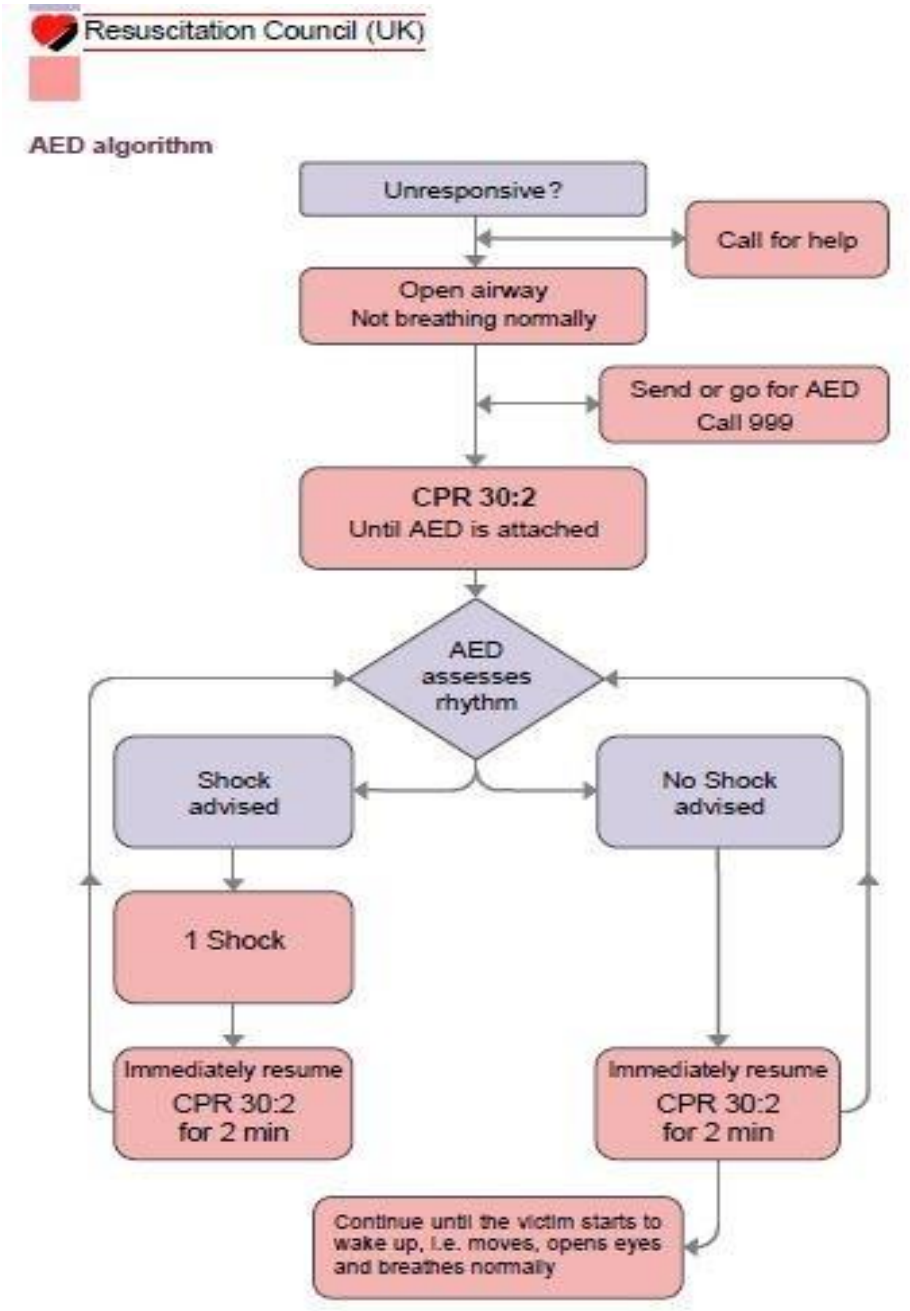
The AED is located in reception next to the boarding house lifts. It is kept unlocked and easily accessible for any persons to access in the event of an emergency. All First Aiders receive training in the use of the AED as part of their 3-year training. The AED is checked monthly by the Matron to ensure it is in working order.

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

The Resuscitation Council (UK) estimate that around 60,000 out-of-hospital cardiac arrests occur each year in the UK. Overall survival rates vary across England, but range between 2% and 12%.2 However, survival rates as high as 75% have been reported where CPR and defibrillation are delivered promptly.

Research has shown that an individual's chance of survival following the onset of a cardiac arrest decreases by 7–10% for every minute of delay in commencing treatment. Lack of blood circulation for even a few minutes may lead to irreversible organ damage – including brain damage. Early intervention is essential to improve the chance of successful outcome.

The AED used by the college is very simple to use and provides the user with step-by-step instructions when turned on. The resuscitation council recommend the following sequence:



1. Follow the adult BLS (basic life support) sequence. Do not delay starting CPR unless the AED is available immediately.

2. As soon as the AED arrives:

- If more than one rescuer is present, continue CPR while the AED is switched on. If you are alone, stop CPR and switch on the AED.
- Follow the voice / visual prompts.
- Attach the electrode pads to the patient's bare chest.
- Ensure that nobody touches the victim while the AED is analysing the rhythm.

3. if a shock is indicated:

- Ensure that nobody touches the victim.
- Push the shock button as directed (fully automatic AEDs will deliver the shock automatically).
- Continue as directed by the voice / visual prompts.
- Minimise, as far as possible, interruptions in chest compression.

4. if no shock is indicated:

- Resume CPR immediately using a ratio of 30 compressions to 2 rescue breaths.
- Continue as directed by the voice / visual prompts.

5. Continue to follow the AED prompts until:

Qualified help arrives and takes over OR the victim starts to show signs of regaining consciousness, such as coughing, opening his eyes, speaking, or moving purposefully AND starts to breathe normally OR You become exhausted.

Placement of AED pads

Place one AED pad to the right of the sternum (breastbone), below the clavicle (collar bone). Place the other pad in the left mid-axillary line, approximately over the position of the V6 ECG electrode. It is important that this pad is placed sufficiently laterally and that it is clear of any breast tissue.

Although most AED pads are labelled left and right, or carry a picture of their correct placement, it does not matter if their positions are reversed. It is important to teach that if this happens 'in error', the pads should not be removed and replaced because this wastes time and they may not adhere adequately when re-attached.

The victim's chest must be sufficiently exposed to enable correct pad placement. Chest hair will prevent the pads adhering to the skin and will interfere with electrical contact. Shave the chest only if the hair is excessive, and even then, spend as little time as possible on this. Do not delay defibrillation if a razor is not immediately available.

Defibrillation if the victim is wet

As long as there is no direct contact between the user and the victim when the shock is delivered, there is no direct pathway that the electricity can take that would cause the user to experience a

shock. Dry the victim's chest so that the adhesive AED pads will stick and take particular care to ensure that no one is touching the victim when a shock is delivered.

Defibrillation in the presence of supplemental oxygen

There are no reports of fires caused by sparking where defibrillation was delivered using adhesive pads. If supplemental oxygen is being delivered by a face mask, remove the face mask and place it at least one metre away before delivering a shock. Do not allow this to delay shock delivery.

Minimise interruptions in CPR

The importance of early, uninterrupted chest compressions is emphasised throughout these guidelines. Interrupt CPR only when it is necessary to analyse the rhythm and deliver a shock. When two rescuers are present, the rescuer operating the AED applies the electrodes while the other continues CPR. The AED operator delivers a shock as soon as the shock is advised, ensuring that no one is in contact with the victim.

CPR before defibrillation

Provide good quality CPR while the AED is brought to the scene. Continue CPR whilst the AED is turned on, then follow the voice and visual prompts. Giving a specified period of CPR, as a routine before rhythm analysis and shock delivery, is not recommended.

Voice prompts

The sequence of actions and voice prompts provided by an AED are usually programmable and it is recommended that they be set as follows:

1. deliver a single shock when a suitable rhythm is detected;
2. no rhythm analysis immediately after the shock;
3. a voice prompt for resumption of CPR immediately after the shock;
4. a period of 2 min of CPR before further rhythm analysis.

Fractures

Do Not Move a fracture or possible fracture of:

1. Neck, spine, pelvis or leg.
2. Dislocation of hip/ knee/ankle
3. Call 999 immediately.
4. Inform the College Matron

Suspected broken bone or dislocation

- The Matron should be contacted as soon as possible and attend the student. Parents are then contacted. In extreme cases it may be necessary to call for the assistance of an ambulance

Ankle injuries/Sprains

- Support injured limb
- Escort casualty to the Wellbeing Centre for assessment. A wheelchair is available from Reception.

Fractures of Upper Limbs

- Immobilise and support injury.
- Escort to Wellbeing Centre either by casualty walking or using available wheelchair, available from Reception.

Head Injuries

The approach to a head injury should always be cautious and risk-averse, as symptoms can develop some time after the incident. Any loss of consciousness altered mental state, or signs of concussion require urgent medical assessment and consideration of emergency services.

Any student sustaining a head injury must be assessed by Matron, to:

- Check the student's level of consciousness and responsiveness.
- Establish how the injury occurred.
- Look for visible signs of injury.
- Monitor for symptoms of concussion or deterioration.

Call 999 Immediately if the student:

- Loses consciousness, even briefly.
- Has a seizure or convulsion.
- Is difficult to wake or becomes increasingly drowsy.
- Is confused, disorientated, or behaving unusually.
- Has repeated vomiting.

- Complains of a severe or worsening headache.
- Has blurred or double vision.
- Has weakness, numbness, or problems with balance.
- Has difficulty speaking.
- Shows signs of a skull fracture or significant head trauma.
- Sustained a high-impact injury and symptoms are present.

Notification

- All head injuries must be reported to parents/carers and Houseparent (if a boarder) by Matron on the day of the incident and monitoring should continue for the above symptoms.
- If returning to lessons and if appropriate, staff will be informed and should report back to Matron if they have any concerns.

Concussion

- Apply dressing to any wounds.
- Escort to Wellbeing Centre either by casualty walking or using available wheelchair, available from Reception. Accompany to nearest hospital treatment centre.

Minor bumps to the head

- The Matron will assess, and an ice pack is usually administered.

Minor grazes and cuts

- Are cleaned with water/sterile cleansing wipes and where deemed appropriate covered with a plaster.
- Details of student, date, time, injury, treatment and signature of the attending member of staff are recorded in an accident report.
- All staff are aware of the need for good hygiene practices when dealing with spillage of bodily fluids (as detailed in this policy).

Special Medical Conditions

This policy relates to the provision of First Aid, but the college has arrangements in place for dealing with students who have specialist medical needs, and allergies. The Matron holds records of special medical conditions of any students and will be familiar with what to do in the case of an emergency.

Records

Parents and/or guardians will be notified of all accidents which occur involving minors, (those under the age of 16 years) any injury that requires the student being taken to hospital or any injury that

requires a student to be sent home or signed off lessons if in boarding. This will generally be in the form of an email sent by either the Matron or the First Aider present.

All accidents / near miss incidents are to be recorded using the online Accident Reporting Form which is located on the staff dashboard. If no internet/ devices are available, a form in one of the accident report books can be completed (these are located in the College Matron's office, Science Prep room, Art Technician's office and Reception).

The accident should be reported by the person who was witness to the accident or the injured person themselves.

If using the books, the person writing a report is responsible for taking the report to the Bursar immediately, who will also inform the Facilities Manager. When it has been reviewed and if applicable, actioned by the Bursar, the report is filed by the Administrator to the ELT and kept in the PAs office.

The accident report forms are reviewed once per term by the Health & Safety Committee to identify any regular or avoidable hazards.

If the accident is reportable under RIDDOR, the Principal will report this to the Health and Safety Executive as soon as is reasonably practicable and in any event within 7 days of the incident. Full details regarding reporting of accidents and incidents under RIDDOR are detailed in the Abbey DLD College Ltd Accident Reporting and Investigation Policy, which is available on the group Policy Portal.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.