



## **First Aid Policy (including the Policy for Care of Boarders who are unwell)**

**2022-2023**

**The code for the clinic room door is C789**

Date of Policy	1st September 2022
Review Date	September 2023
Policy held by	Alan Chapman
SMT Link	James Knott



## Table of contents

First aiders	4
First aid boxes and defibrillators	4
Off-site activities and trips	4
Care of boarders who are unwell	4
First aid training	4
Out of college hours	4
The role of the Appointed Person	5
The role of the first aider	5
First aid information	5
Risk assessment	5
Students with special medical needs	5
Contacting first aid personnel	5
First aid accommodation	6
Hygiene/infection control	6
Dealing with spillages of bodily fluids	6
Control of risks (Universal Precautions)	6
Clean up and decontamination of spills of bodily fluids	6
First Aid	6
Reporting accidents	7
Administration of medication and record keeping	7
Risk assessments for self-medication	7
Appendix 1 Bath Academy First Aider	9
Appendix 2-Location of first aid boxes and defibrillators	10
Appendix 3-Care of Boarders who are unwell	11
Reporting of accidents	12
Appendix 4-paracetamol stock tracking	15
Appendix 5-Pupil self administration of medication Risk Assessment	16

First aid can save lives and prevent minor injuries becoming major ones. Tutors' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Staff in charge of students are expected to use their best endeavors at all times, to secure the welfare of the students at the college in the same way that parents might be expected to act. At Bath Academy we provide the necessary equipment and facilities to ensure that adequate first aid cover is available to staff, students and visitors. This provision is available at all times while people are on the college premises, and also off the premises whilst on college visits.

## **First aiders**

A list of holders of recognised first aid qualifications is given in Appendix 1 and is displayed in Queen Square, Chapel Row and Oxford House offices.

## **First aid boxes and defibrillators**

These are controlled by the Appointed Person. See Appendix 2 for their location. These are checked termly, or more often, and staff are asked to log usage of materials and alert the Appointed Person to any missing/used items. The defibrillators are located in the clinic room in Queen Square and the offices of Chapel Row and Oxford House.

## **Off-site activities and trips**

The member of staff in charge of the activity or trip should obtain a first aid container from the office administrator or school nurse. The member of staff in charge of the activity or trip should ensure that they have any specialist equipment that may be required as detailed in the activity risk assessment they have completed. One member of staff should have a current first aid qualification. It is the responsibility of the person organising the activity or trip to ensure there is adequate cover.

## **Care of boarders who are unwell**

Procedures for supporting boarders who are unwell are given in Appendix 3

## **First aid training**

First aid courses are organised regularly by the college. First aiders must have updated training every three years

## **Out of college hours**

During out of college hours, staff/students in the boarding house have access to first aid equipment. The college has 24 hour on call nursing cover during term time via the Appointed Person on 07584 053250.

## **The role of the Appointed Person**

The Appointed Person at Bath Academy is Alan Chapman. All medical matters and first aid issues should be directed to him. Alan Chapman should take charge when someone is injured or becomes unwell. He is responsible for the first aid equipment and for restocking the first aid containers.

## **The role of the first aider**

All first aiders must complete a training course approved by the Health and Safety Executive (HSE). In the event of an injury or illness, the first aider should give immediate help to the casualty provided they do not put themselves at significant risk.

## **First aid information**

Basic first aid and cardiopulmonary resuscitation techniques (CPR) are displayed in areas of the college as deemed necessary by the Appointed Person. These are regularly updated.

## **Risk assessment**

This should be reviewed annually or at any time after an injury has occurred. Subject teachers in high risk areas are responsible for their own first aid risk assessment. This may be carried out with the help of the Appointed Person. The Principal and the Appointed Person should carry out the college First Aid Risk Assessment.

## **Students with special medical needs**

The Appointed Person with the help of the Principal will draw up an individual health care plan for students with medical needs. Parents are responsible for supplying information about medicines that their son or daughter needs to take while at college, and for letting the college know of any changes in the prescription or the support needed. The parent or doctor should provide written details including:

1. Name of medication
2. Dose
3. Method of administration
4. Time and frequency of administration
5. Other treatment required
6. Any side effects

In addition parents should written consent for the treatment and administration of medication by a member of staff. All Health Care plans will be held on ISAMS with copies for boarders held in the boarding house.

## **Contacting first aid personnel**

The appointed person and first aiders can be contacted via the reception area at Bath Academy

## **First aid accommodation**

The college provides a clinic room in Queen Square where treatment can be administered.

## **Hygiene/infection control**

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Single use disposable gloves are to be found in all first aid containers. The office staff will inform staff of any infectious diseases and any necessary precautions. Parents/guardians may also be notified in writing. Students and staff must remain absent until 24 hours after their last bout of vomiting or diarrhoea.

## **Dealing with spillages of bodily fluids**

All body fluids potentially carry the risk of infection. Employees are expected to fully comply with the controls set out in this procedure. As it is not possible to identify all circumstances where employees are not at risk from disease associated from bodily fluids, controls are based on the concept of 'Universal Precautions'.

## **Control of risks (Universal Precautions)**

- Wash hands before and after every potential contact and avoid hand to mouth/eye contact
- Wear gloves when contact with bodily fluids is anticipated
- Protect skin lesions and existing wounds by means of waterproof dressings and/or gloves
- Avoid use of, or exposure to needles and sharp objects, here unavoidable take care in their disposal
- Avoid contamination of the person by waterproof or plastic apron
- Control surface contamination by bodily fluids through containment and appropriate decontamination procedures
- Dispose of all contaminated waste and linen safely. Waste must be placed in a biohazard bag and dealt with as clinical waste.

## **Clean up and decontamination of spills of bodily fluids**

Contact Site manager to use decontamination products in line with manufacturer's instructions

## **First Aid**

If body fluids come into contact with eyes, mouth or open wounds, the following precautions should be taken:

- Wash affected part thoroughly
- Encourage wounds to bleed
- Affected person(s) should go to an Accident and Emergency Department as soon as possible.

## Reporting accidents

A record of any first aid treatment given by first aiders should be kept. This should include:

- The date, time and place of the incident
- The name of the casualty
- Details of the injury/illness and what first aid was given
- What happened to the casualty immediately after the incident
- The name and signature of the first aider or person dealing with the incident
- Copies should be given to the Appointed Person
- Parents/guardians will be informed of any injury.

## Administration of medication and record keeping

Boarding staff are primarily responsible for administering personal daily medications to boarders. Where daily medication is required to be administered within the school day to day this will be the responsibility of the Appointed Person. The dispensing of daily medications is recorded and records kept in the clinic room and logged on ISAMS.

The boarding house is stocked with paracetamol in their original packaging which may be issued under the following circumstances:

- The boarder presents themselves with a headache or upset stomach
- The boarding staff check ISAMS to see when the last time paracetamol or other medications were administered to the child
- Dispense in accordance with manufacturer instructions only
- Record any dispensed paracetamol on ISAMS and complete the 'Paracetamol Stock Sheet (Appendix 4)'. Inform the Appointed Person when running low on stock
- If in doubt, ask the Appointed Person for advice.

## Risk assessments for self-medication

Bath Academy allows some pupils to keep their own medication in a **locked** area in the boarding house and self administer these if they have been assessed as competent to do so (Appendix 5).

The criteria used to assess the pupils are:

- The age/maturity of the pupil
- The pupils own choice
- Whether the pupil has proven himself or herself to be reliable in general and will remember to take the medication regularly at the required times
- That the pupil understands why they are taking the medication
- That the pupil understands potential side effects of the medication and the risks of overdose
- That the pupil can effectively store the medication in an individual locked area
- That the pupil understands that they should never give the medication to anyone else, even if they have similar symptoms
- That the pupil agrees to come to Boarding staff if there is any change to their prescription or compliance

These criteria will be assessed by the Appointed Person prior to the start of self-administration and on a regular basis during the continuation of treatment. If at any point the above criteria are not being met the right to self-administer may be withdrawn from the pupil until such time as the assessment criteria are met again.

This policy is reviewed annually. This policy has been agreed at the Senior Management Team level.

SMT Policy Holder: Vice Principal (Boarding)

Chairman of the Board of Governors

.....

Mr David Game

Principal

.....

Mr Tim Naylor

Date: September 2022



## Appendix 1 Bath Academy First Aider

Appointed Person

- Alan Chapman [alan.chapman@bathacademy.co.uk](mailto:alan.chapman@bathacademy.co.uk)

Staff holding First Aid at Work:

Philip Becker  
Muna Mitchell Tim Naylor  
Natalia Knott  
James Knott  
Nicola Hocking  
Liam Hocking  
Laura Wilmington  
Nia Cameron  
Jasim Wood  
Tina Burton  
Clara Laoutas  
Sam Holligshead

The most up to date list of first aiders is available on noticeboards throughout the college buildings

## **Appendix 2-Location of first aid boxes and defibrillators**

### **First aid boxes**

#### Queen Square

- Clinic room. The code for the numerical lock is C789
- Front office
- Staff room

#### Chapel Row

- Office
- Canteen

#### Boarding House

- Dining room
- Office

### **Defibrillators**

#### Queen Square

- Clinic room. The code for the numerical lock is C789

#### Chapel Row

- Office

#### Oxford House

- Office

## **Appendix 3-Care of Boarders who are unwell**

Boarders are supported by the Matron and House Wardens

Students are encouraged to register with a local doctor although they may register with any doctor of their choice who is prepared to accept them.

Dedicated accommodation is provided within the boarding house for the treatment and management of unwell boarders.

### **Records**

A medical questionnaire outlining significant past medical problems, current ones and present treatment, as well as known allergies must be completed for every new student. Adequate, up to date written nursing records are kept which are distinct from any house records.

### **Illness during the day**

If a boarder is taken ill during the day they are sent to the receptionist who will contact the Appointed Person. If the student is to be medicated the Appointed Person will make an online record and ensure the boarding house team are aware of this. If the student is considered not well enough to attend lessons they will be taken back to the boarding house. The Appointed Person will inform the parents/guardian if required. If the child needs to be seen by a doctor, the Matron will organise this.

For serious or contagious illnesses that do not require hospitalisation, students may be collected by their parents/guardians. If not, the student will sleep in the boarding house. If the illness spreads, areas in the boarding house will be sectioned off to accommodate pupils.

### **Illness at night**

Students who are ill at night can contact the Warden on duty in the house. They will assess the student and act as a reasonable adult. All boarding staff have first aid certificates. The Appointed Person is on call for advice or will, if needed, visit the boarding house. 999 calls will be made in serious circumstances.

### **First Aid**

The Health and Safety (First Aid) Regulations of 1981 place a general duty on employers to make first aid provision for employees in case of injury or illness in the work place. The practical aspects of this statutory duty for employers and self-employed persons are set out in the Approved Code of a practice (ACOP). The school conforms to this code by having the required number of staff trained in First Aid at Work.

When accidents occur, minor or severe, appropriate help should be summoned immediately by calling the Appointed Person. If they are not available immediately, a first aider should be called. If necessary an ambulance should be called.

The school has 24 hour cover for first aid by ensuring that key personnel are trained, such as House staff, staff involved in outdoor activities and other staff that may be onsite during holidays.

Qualifications must be re validated every 3 years-the school keeps a record of all qualifications and arranges courses as needed.

## First Aid Boxes

First Aid boxes are situated at various locations around the school and are signposted throughout. They are checked regularly by the Appointed Person. If items are used from a first aid box, they should be logged by email to the Appointed Person so that they can be replaced.

## Reporting of accidents

Bath Academy is bound under the regulations laid down by RIDDOR (Reporting of injuries, diseases and dangerous occurrences regulations, 1995). Under this we are required to report to the Health and Safety executive. If an employee or pupil is involved in an incident this should be recorded in the accident book as soon as is reasonably possible, by the person dealing with the incident.

Forms for staff accidents are kept in reception. On completion, the form should be sent to the Compliance Officer. They will be treated in confidence.

Forms for pupil accidents are kept by the Matron and House Wardens in the boarding house and in reception in the school. On completion, the form should be given to the Appointed Person and filed in the pupils file after any appropriate action.

Minor injuries, such as trips or bumps should be recorded in the house incident book or in the school reception.

'Near miss' incidents should be reported as soon as possible to the Compliance Officer. These can be reported anonymously if preferred. Accidents, minor injuries and near misses are reviewed regularly by the Appointed Person to determine any trends which can be improved on.

The Appointed Person or person dealing with the incident will inform the parents/guardians of the student or staff as soon as possible after the incident. The Appointed Person will also inform the Principal and Compliance Officer. In the event of a major incident, a designated spokesperson will issue a statement on the school's behalf.

## Hygiene and 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 bodily fluids and disposing of dressings or equipment. If unsure, staff should ask the Appointed Person for assistance.

House staff are trained by the Site Manager in the safe clean up of bodily fluids.

## Immunisation

Pupils should be up to date regarding routine immunisations in accordance with schedules issued by the Department of Health. Those who are not fully immunised should receive appropriate immunisations as soon as practicable, both for their own protection and for that of the wider school community. This will be organised by the Health Centre for those parents/guardians who request it.

## **Dental Care**

Students are encouraged to register at a local dentist. Dental care should be made preferably in school holidays, so as to minimise disruption to academic work.

## **Accident Insurance**

All students should be covered by adequate accident insurance as part of their Visa requirements or by the EHIC for European students. Other students are requested to take out appropriate insurance.

## **Health Advice, Health Promotion and Counselling**

Health advice for pupils, staff and parents is provided. Health promotion is provided as a component of PHSE.

## **Emergency Situations**

First Aiders must be trained to recognise and respond appropriately to the emergency needs of children with chronic medical conditions such as asthma, diabetes, epilepsy and severe allergic reaction.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Spare inhalers should be provided by parents and kept in the clinic room in school.

Children with epilepsy-concerns about safety should be discussed with the child and/or parents as part of their health care plan.

Children with diabetes should be able to manage their own medication, which should be discussed with the child and/or parent as part of their health care plan.

Anaphylaxis-parents and/or child should discuss severe allergic reactions as part of their health care plan. Pre-loaded injections devices should be provided by the parents or child in the correct container, labelled with the child's name and updated medicines. If the school has to give this injection an ambulance must always be called.

## **Emergency Treatment**

In cases of serious medical emergency every attempt will be made to contact parents or guardians as soon as possible. In the case of a very serious emergency it may be necessary for Boarding Staff to give consent to treatment. This will never be undertaken lightly and only ever when advised by medical staff. There should be very clear written instructions from all persons with parental responsibility if consent is not to be given in any circumstances when the parent/guardian cannot be contacted; this authorisation is part of the registration forms.

## **Child Protection**

If any concerns are raised that have Safeguarding implications (e.g. unexplained marks or scars), while a person is being treated for first aid, the first aider must inform the designated safeguarding lead who will take the appropriate action.

## **Competency to consent to Medical Treatment**

Staff are to understand the concept of 'Gillick competency', Appendix 6.

A pupil's ability to consent to, or refuse, medical or dental treatment should be acknowledged. This is based on so called 'competency' and not age. The doctor, dentist or nurse proposing the treatment must judge whether or not the pupil understands the nature of the treatment, as well as the consequences of refusal, and can thus be deemed 'competent'. Parental consent is required for any pupil not deemed competent, although the limitations of obtaining 'blanket' consent to treatment, before the pupil enters the school, should be recognised.

## **Physical contact with children**

The treatment of children for minor injuries, illness or medical conditions may involve members of staff in physical contact with children. Any treatment should:

- Not involve more contact than necessary
- Be undertaken by staff who have volunteered to be designated to the task
- Be carried out wherever possible, in front of other children or adults
- Be recorded
- Be notified to parents

## **Requirements**

- Parents are given advice about keeping their children away from school for 48 hours after a sickness or diarrhoea bout
- Parents will always give permission for every medicine administered to their child and then informed if required.
- Parents are informed of any incident or accident involving their child and the first aid applied

## **Accompanying students to appointments**

If a student needs to attend the casualty department, college staff will accompany them.

## Appendix 4-paracetamol stock tracking

## Bath Academy Paracetamol Stock Tracking

## Appendix 5-Pupil self administration of medication Risk Assessment

Separate form to be completed for each medication

Name of pupil:

Date of Birth:

Boarding House:

Medical Condition:

Name of medication:

Dose of medication:

Frequency/timings of medication:

Start date of treatment:

Review/end date of treatment:

Medication can be stored in pupil's own locked facility. YES / NO

Pupil understands never to give their medication to another pupil YES / NO

Pupil has proven themselves to be reliable YES / NO

Full understanding of reasons for medicine YES / NO

Awareness of potential side effects YES / NO

Pupil knows how and when to take medication YES / NO

Important: If a pupil is not keeping medication locked away or staff are concerned about their ability to self-medicate, the right to self-medication will be removed.

Pupil signature:

.....

Date:

Boarding staff signature:

.....

Date:



## Appendix 6-Gillick competency

### Gillick competency and Fraser guidelines balancing children's rights with the responsibility to keep them safe from harm

When practitioners are trying to decide whether a child is mature enough to make decisions, they often talk about whether the child is 'Gillick competent' or whether they meet the 'Fraser guidelines'. The Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe.

#### Gillick competency

Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under-16-year-old girls without parental consent. Since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

In 1982 Victoria Gillick took her local health authority West Norfolk and Wisbech Area Health Authority) and the Department of Health and Social Security to court in an attempt to stop doctors from giving contraceptive advice or treatment to under 16-year-olds without parental consent.

The case went to the High Court in 1984 where Mr Justice Woolf dismissed Mrs Gillick's claims. The Court of Appeal reversed this decision, but in 1985 it went to the House of Lords and the Law Lords (Lord Scarman, Lord Fraser and Lord Bridge) ruled in favour of the original judgment delivered by Mr Justice Woolf.

"..whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent"  
(Gillick v West Norfolk, 1984).

#### Fraser Guidelines

The Fraser guidelines refer to the guidelines set out by Lord Fraser in his judgment of the Gillick case in the House of Lords (1985), which apply specifically to contraceptive advice. Lord Fraser stated that a doctor could proceed to give contraceptive advice and treatment to a girl under 16 "provided he is satisfied on the following matters:

1. that the girl (although under the age of 16 years of age) will understand his advice
2. that he cannot persuade her to inform her parents or to allow him to inform the parents that she is seeking contraceptive advice
3. that she is very likely to continue having sexual intercourse with or without contraceptive treatment
4. that unless she receives contraceptive advice or treatment her physical or mental health or both are likely to suffer
5. that her best interests require him to give her contraceptive advice, treatment or both without the parental consent"

(Gillick v West Norfolk, 1985).

#### How is Gillick competency assessed?

Lord Scarman's comments in his judgment of the Gillick case in the House of Lords (Gillick v West Norfolk, 1985) are often referred to as the test of "Gillick competency". He said:

"it is not enough that she should understand the nature of the advice which is being given: she must also have a sufficient maturity to understand what is involved."

He also commented more generally on parents' versus children's rights:

"parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision."

### **Implications for child protection**

Adults working or volunteering with children in any context need to consider how to balance children's rights and wishes with their responsibility to keep children safe from harm. Key issues to bear in mind include:

- The child's safety is paramount. Child protection concerns must always be shared with the relevant agencies, even if this goes against the child's wishes.
- Underage sexual activity is a possible indicator of child sexual exploitation and children who have been groomed may not realise they are being abused.
- Sexual activity with a child under 13 is a criminal offence and should always result in a child protection referral.