

SiSports

First Aid Policy

Approved by: Simon Seal	Date: 01/09/21
Last reviewed on: 14/09/20	<u>Fap.1</u>
Next reviewed due by: 14/09/21	
Last reviewed on: 01/09/21	<u>Fap.2</u>
Next reviewed due by: 01/09/22	
Last reviewed on: 01/09/22	<u>Fap.3</u>
Next reviewed due by 01/09/23	
Last reviewed on: 25/06/23	<u>Fap.4</u>
Next reviewed due by 25/06/23	
Next Review October 2025	<u>Amended October 2024</u>

CONTENTS SUMMARY:

- Introduction
- Legislation
- Responsibility
- Roles and Responsibility
- Arrangements for First Aid
- First Aid Provision
- First Aid Procedures
- Information and Training

- Record Keeping
- Further Information

SUMMARY

What is this Policy about?

This policy lays out the duties of the Academy, its first aiders and the procedures for fulfilling them.

Who is this Policy for?

This policy is aimed at all staff with special emphasis & trained first aiders.

Si Sports carry out routine administrative processes. This policy and associated procedures and documentation are subject to internal and external audit.

Who can you contact if you have any queries about this Policy?

Any questions about this policy should be directed to Simon Seal.

Introduction

Si sports will comply with the relevant legislation about provision of first aid to all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to students and others who may also be affected by our activities or injured on our premises. This policy lays out the duties of the Academy and its first aiders and the procedures for fulfilling them.

LEGISLATION

The three main pieces of legislation of specific relevance to first aid at work are: The Health & Safety at Work Act 1974 (HSWA)

Section 2.1 of the HSWA requires employers to ensure, so far as is reasonably practicable, the health, safety and welfare of employees whilst at work.

The Management of Health & Safety at Work Regulations 1999 (MHSW) In order to implement the MHSW Regulations "Every employer shall make suitable and sufficient assessment of: i. the risks to the health and safety of the employees to which they are exposed whilst at work ii. the risks to ensure the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking.

The Health & Safety (First Aid) Regulations 1981 The Health & Safety (First Aid) Regulations place a legal duty on employers to make adequate first aid provision for their employees, in case they become ill or injured at work.

RESPONSIBILITY

All staff should ensure that they are familiar with the first aid procedures. The Health and Safety Manager will ensure that:

- The First Aid Policy and Procedures are reviewed every academic year or more frequently if a need is identified.
- Suitable and sufficient assessments are carried out to ascertain first aid needs.

- First aiders are offered training to a competent standard, which includes refresher training.
- Audits are carried out periodically to ensure the effectiveness of first aid arrangements.
- Upon completion of first aid training the first aider's role is recorded on the Academies HR System under "Offices Held".
- Heads of Departments or equivalent and Heads of Professional Services will ensure that:
- Their departments have sufficient first aiders as identified by the first aid needs analysis document, held by the Health and Safety Office.
- Exam invigilators are aware of first aid arrangements outlined in this policy.
- First aid arrangements are in place at Simons Office if needed.

All staff will ensure that they are familiar with individual learners' medical conditions and information. Simon Seal will ensure that:

- Children's medical forms are kept in Simon Computer / Laptop (in a locked cabinet) so staff have access to these when needed.

ROLES & RESPONSIBILITIES OF FIRST AIDERS:

a) General

- Si Sports first aiders must have a valid First Aid at Work Certificate.
- Ensure first aid boxes are adequately supplied and within date. Departments are responsible for stocking their first aid boxes. A list stating the suggested contents of first aid boxes can be found on the HSE website.
- Report any incidents/accidents through your Accident logs also Reporting Training is available on request for any staff or learners.
- Please contact the Health and Safety Office to cease being a first aider and/or when leaving Si Sports Education

b) While Treating a Casualty

- First aiders should respond to callouts immediately, assessing the situation quickly and safely and where appropriate summoning extra help. The injured person should be attended and treated as early as possible and appropriately, within the limitations of the training given by Si Sports
- First aiders must protect themselves, the injured person, and others at the scene from any possible dangers.
- As far as is reasonably practicable, prevent cross-infection between the first aider and the injured person, by wearing gloves and washing hands thoroughly before (if possible) and after treatment.
- Dispose of all first aid waste as per the section below 'Disposal of Waste Arising from First Aid'.

Although the risk of contracting Hepatitis B from infected body fluids is low, first aiders can further reduce the risk by immunisation. For further details, contact Occupational Health on 3187 (internal) 023 9284 3187 (external).

ARRANGEMENTS FOR FIRST AID.

- In order to comply with legislation, Si Sports will appoint a sufficient number of first aiders at work (FAW) who are complemented by emergency first aiders at work (EFAW).
- All incidents/accidents must be reported through the accident reporting procedure by completing a IR1 form.

FIRST AID PROVISION.

First aiders are available Monday to Friday 08:30-17:15 including holiday. Where there are certain circumstances, such as remoteness from emergency services (e.g. field work trips, working out of hours with hazardous substances) or special events (e.g. open evenings, graduation), there may be a need to put in place special arrangements to meet the requirements of the First Aid Regulations.

First aiders are not able to provide professional medical treatment, provide diagnoses, dispense medicines or give medical oxygen. First Aid Procedures Contacting a First Aider In the event that a first aider is required:

- Call the closest first aider.
- Contacting the Emergency Services Dial 999,
- request the appropriate service and speak clearly, stating location, injuries, date of births where needed.

Then contact parents/ guardians immediately

In the event that the injured person does not wish to go to hospital, this should be noted on the IR1 form by the first aider, who should also obtain the signature of the injured person, if possible.

NON-EMERGENCY CASES

If the injured person requires medical attention, which is not considered to be an emergency the following options are available:

If the patient/casualty requires transport, a taxi should be used. The following are examples when transportation to a medical facility via taxi may not be suitable:

- Injured person contaminated with body fluids or likely to become contaminated on route e.g., blood, urine, faeces.
- Injured person under the influence of alcohol or drugs where this may pose a risk to the taxi driver.
- Injured person with mental health issues where this is likely to cause risk to the taxi driver.
- Any vulnerable person where there may be safeguarding concerns.
- Any injured person under 18 unless accompanied by a parent or guardian.
- Where the injured person is in nightwear and unable to dress themselves into appropriate day clothing prior to conveyance.
- Where an injured person refuses taxi transport.

In these instances, it would be more appropriate to call for an ambulance.

NEEDLESTICK INJURIES

Needlestick injuries also known as SHARPS injuries are caused by cuts or skin punctures from items such as:

- needles
- scalpels
- razor blades
- glass ampoules
- sharp instruments
- spicules of bone and teeth

For needlestick injuries involving SHARPS which have been contaminated with human body fluids or material that is believed to be infective, the injured person must contact Occupational Health as a matter of urgency on the dedicated Sharps Hotline (Ext 3171). This should be within the first hour following exposure. This procedure must also be followed if there is any uncertainty about whether the sharps were contaminated. If a sharps/contamination incident occurs outside of normal working hours then the member of staff should attend the Accident and Emergency Department as soon as possible. A full accident record (IR1 Form) should be prepared and forwarded to the relevant carers asap.

DISPOSAL OF WASTE ARISING FROM FIRST AID

- All waste arising from the provision of first aid should be placed in a yellow clinical waste bag (these should be available in first aid boxes and can be ordered from the Health and Safety Office).
- For small amounts of clinical waste, please dispose of it in the medical waste bins (bins with yellow waste bags inside) located in all buildings, generally in the disabled toilets. For the exact locations please contact the building caretakers.
- NB – SHARPS must be disposed of safely in properly constructed sharps containers.

INFORMATION AND TRAINING

Training is organised through the Health and Safety Office. First Aiders must undertake and pass either a FAW or EFAW course and thereafter hold a valid certificate. A re-certification course must be undertaken every 3 years and commence prior to expiry of current certificate.

Refresher workshops are available in-house to which first aiders are strongly recommended to attend. Where required, additional, specialist first aid training is available in the following areas:

- Anaphylaxis Awareness & Epi-pen
- Treatment of Hypothermia and Hyperthermia
- Treatment Hydrofluoric Acid Burns
- Treatment of Cyanide Poisoning
- Medical Oxygen Administration
- Treatment of Drowning
- Recovery from Swimming Flume
- Paediatric First Aid
- Wilderness First Aid

Administration and storage of medicine.

- Children who are acutely ill and who require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medical practitioner that the child is fit enough to return to Si Sports, the dosage can be adjusted so that none is required at lunchtime. If however this is not possible a general care plan for in school administration of medicines should be instigated in accordance with this guidance.
- No medicine should be administered unless clear written instructions to do so have been obtained from the parents or legal guardians and Si Sports has indicated that it is able to do so. Si Sports and other settings may need to offer support in the completion of this form where parents have literacy problems or where English is not their first language.
- All medicines must be clearly labelled with the child's name, route i.e. mode of administration oral/aural etc., dosage, frequency and name of medication being given. The parents or legal guardians must take responsibility to update the Academy of any changes in the administration for routine or emergency medication and maintain an in-date supply of the medication. If this is not the case the previous instructions must be followed.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

- As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility. Older children with a long-term illness should, whenever possible, seek complete responsibility under the supervision of their parents. Which children have the ability to take responsibility for their own medicines varies. There may be circumstances where it is not appropriate for a child of any age to self manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition. Where it is agreed by the parents and teachers some medications or related products e.g. inhalers or Creon will be carried by the child for self-administration. These may be carried in "bum bags" or swimming pouches. All other medicines, except emergency medication, should be kept securely. If children can take their medicines themselves, staff may only need to supervise.
- Si Sports is responsible for making sure that medicines are stored safely.

All emergency medicines such as asthma reliever inhalers/adrenaline autoinjectors should be readily available to children and should not be locked away.

- All other medicines except emergency medications and inhalers should be kept securely. Large volumes of medicines should not be stored. Oral medication should be in a childproof container. Medicines should be stored strictly in accordance with product instructions. Some medication needs to be stored in a refrigerator in order to preserve its effectiveness – this will be indicated on the label. In order to meet the requirement for security, it is suggested that medication is stored in a locked cash box within a refrigerator. If a refrigerator is not available, medication may be kept for a short period in a cool box or bag with icepacks, provided by the parent/guardian. If stored in a cool box with ice packs do not store medicine in direct contact with ice packs as efficacy may be hindered. All medication should be kept out of direct sunlight and away from all other heat sources. Any unused or time expired medication must be handed back to the parents or legal guardians of the child for disposal. Where children have been prescribed controlled drugs, staff need to be aware that these should be kept in safe custody. Children could access them for self-medication if it is agreed that it is appropriate.
- Medicines should be administered by a named individual member of Si Sports staff with specific responsibility for the task to prevent any errors occurring. Where practicable a witness should be present when medicines are administered. All children who require medication to be given during school/setting hours should have clear instructions where and to whom they report. Staff should only store, supervise and administer medicine that has been prescribed for an individual child.
- Emergency medication and reliever inhalers must always follow the child. Inhalers and emergency treatment medication must follow the child to the sports field, swimming pool etc. Children may carry their own emergency treatment, but if this is not appropriate, the medication should be kept by the tutor in charge in a box on the touchline or at the side of the pool. The school may hold spare emergency medication if it is provided by the parents or guardians in the event that the child loses their medication. In these circumstances the spare medication should be kept securely in accordance with the instructions above. It is the parents' responsibility to ensure that medicines are in date and replaced as appropriate.
- Advice for Academy staff on the management of conditions in individual children (including emergency care) may be provided through the School Nurse or School Doctor or Health Visitor on the request at the outset of Si Sports consideration of the need for medication. Similarly, any difficulties in understanding about medication usage should be referred to the School Nurse, School Doctor or Health Visitor for further advice.

- If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures in respect of the individual child. Parents should be informed of the refusal on the same day, and if the refusal to take medicines results in an emergency, the Academy emergency procedures should be followed - calling an ambulance to get the child to hospital.

RECORD KEEPING

Upon completion of first aid training the first aider's role will be recorded on the system under "Offices Held".

PARENTAL CONSENT TO TREAT

Si Sports Ltd have a parental consent to treat form which is completed by parents before they begin their placement. In this form, parents will state if there are any existing medical conditions and then complete the consent to treat statement.