



Comms Room	Portable	General

Should an accident occur within a teaching area, the supervising teacher will assess the injury in the first instance and apply basic first aid where necessary. A nominated first aider should be called at the earliest opportunity.

If the accident occurs elsewhere, the teacher on duty must not leave the scene, but must ask a responsible student to accompany the injured student to the staff room, administration office or to the nearest teacher who can attend to the injury. Alternatively, if it is thought better not to move the injured student, the teacher on duty may ask a student to go into the centre and bring another teacher out with them to help.

An incident requiring attention of any kind must be written in the Accident Book which is located in the administration office. If the teacher is at all unsure they should seek advice from for the appointed first aider.

Parents will be informed whenever an accident has occurred that requires a first aid response and a record kept of occasions when they have been.

All staff will make themselves aware of any particular hazards in the subjects that they teach or the activities that they supervise and should have appropriate training and access to first aid kits.

Students with medical conditions, such as epilepsy, asthma or severe allergies will be identified. (see also the policy for visits away from the centre) All staff will make themselves aware of their conditions and alert to the need for prompt action. (See Appendix B)

No medicines for students are to be kept in any first aid kit; they should be given to the class teacher or to the head of centre. Parents must give written permission if their student needs to take any prescribed medication in centre (e.g.: antibiotics). These are to be kept in a locked cupboard.

Student medical / contact forms are to be updated each September. Parents will inform the head of centre of any new medical conditions or needs, who will then ensure staff are informed as appropriate.

Students may be given a paracetamol tablet if their parent has given written permission on the medical / consent form. These forms are kept in a ring binder in the administration office. Paracetamol tablets are locked in a cupboard in the head of centre's office. Keys for this are kept by the head of centre. A record of all paracetamol given must be written in the notebook kept with the tablets and also recorded in the student's file.



A small first aid kit is kept stocked in the First Aid Cupboard for taking on centre trips. (see Appendix D) A list of its contents is maintained on the cupboard door.

Staff must inform the head of centre if any first aid supplies are running low or they have used supplies in response to an emergency.

Any member of staff dealing with an injury must wear plastic gloves if blood is flowing or where they might come into contact with any bodily fluid.

Any items (e.g. paper towels) soiled with body fluids (such as blood) should be placed in a paper bag (plastic if very wet) and disposed of in an appropriate place.

All staff will receive an update about basic first aid procedures at least annually at staff meetings. This will be recorded.

The following incidents require immediate transfer to hospital. Staff should telephone the emergency ambulance service (999);

- Any head injury.
- Suspicion of broken or dislocated limbs.
- Any incident which results in the student appearing confused or unsure about what happened.

OISE recognises that it has a duty to report incidents that involve the:

- Health & Safety at Work Act 1974.
- Social Security Regulations 1979.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- (RIDDOR).

An unreliable accident/incident reporting system, or the under-reporting of near miss incidents could lead to dangerous occurrences recurring which may result in personal injury to staff, parents or visitors. Breach of the statutory requirement to report specific incidents to the Health & Safety Executive (HSE) may lead to prosecution.

Where the centre has 10 employees or more the head of centre will be responsible for keeping readily accessible accident records, either in written or electronic form. These records must be kept for a **minimum of 3 years**. (See Appendix E)

Updated and reviewed January 2017.

To be reviewed January 2018.



Appendix A

List of qualified staff (Certificates held on file)

Name	Type of Qualification	Date	Date for renewal
Anne Williams	First Aid at Work	09.04.15	08.04.18
Stuart Spells	First Aid at Work	11.05.16	10.05.19

Appendix B

Types of emergency and the response:

The Centre does all that it can to ensure the centre environment is favourable to students with asthma. The Centre has a no smoking policy. As far as possible the Centre does not use chemicals in science and art lessons that are potential triggers for students with asthma. Students can sit out of a lesson should the need arise.

Procedure to be followed in the event of an Asthma attack

- 1 Ensure that the reliever inhaler is taken immediately
- 2 Stay calm and reassure the student
- 3 Help the student to breathe by ensuring tight clothing is loosened
- 4 The student should rest sitting up, breathing slowly and deeply
- 5 Do NOT take the student into cold air

After the attack

Minor attacks should not interrupt a student's involvement in the centre. After a short rest the student can return to the classroom.

The parents of the student MUST be told of the attack.

Emergency procedure

Call the student's doctor urgently if:

- The reliever has no effect after 5 - 10 minutes
- The student is distressed or unable to talk
- The student is getting exhausted
- You have any doubts about the student's condition

If the doctor is unobtainable, call an ambulance

Continue to give reliever medication every few minutes until help arrives.



Centre Epilepsy Policy:

This policy has been written with advice from the Department for Education and the British Epilepsy Association.

The symptoms of most students with epilepsy are well controlled by modern medication and seizures are unlikely during the centre day.

Record Keeping

When a student joins the Centre the parents are encouraged to tell the Centre if their student suffers from epilepsy. Information about the type and duration of seizures will be recorded in the Centre Medical Register which is available for all staff to see. If medication changes at all, parents are asked to inform the Centre so that the records can be updated accordingly.

Students with epilepsy will be encouraged to take a full part in centre activities. They will not be unnecessarily excluded from any centre activity. Staff will be aware of which students have epilepsy from the epilepsy register. Extra care and supervision can be provided to ensure their safety in some activities such as swimming.

The Centre Environment

The Centre does all that it can to ensure that the centre environment is favourable to students with epilepsy. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents are encouraged to tell the Centre of likely triggers so that action can be taken to minimise exposure to them.

Procedures to be followed in the event of an Epilepsy Seizure:

- Do nothing to stop or alter the course of seizure once it has begun
- Do not move the student unless he/she is in a dangerous place
- Cushion the head with something soft
- Do not put anything at all between the teeth or in the mouth
- Do not restrain the student's movements
- Loosen tight clothing around the neck (but be careful as it may frighten a semiconscious student)
- Ensure the student's airway is clear at all times
- As soon as possible, place the student in the recovery position
- If there has been incontinence cover the student with a blanket to avoid embarrassment



- Stay with the student and any others who have witnessed the seizure
- Notify the parents

Emergency Procedure

Call an ambulance;

- If the seizure lasts longer than usual
- If one seizure follows another without the student regaining consciousness
- Where there is any doubt.

Centre Diabetes Policy:

This policy has been written with advice from the Department for Education and the British Diabetic Association.

Medication and Control

The diabetes of most students is controlled by two injections of insulin a day. It is unlikely that these will need to be given during the school day. Most students can do their own injections from a very early age and may simply need supervision and privacy to carry it out. Students may need to monitor their blood glucose levels using a testing machine. Centre staff are not required to administer medication to students except in an emergency. All centre staff will let students take their own medication when they need to.

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise.

PE teachers will be aware of which students have diabetes from the Centre Medical Register. They are aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

Record Keeping

When a student joins the Centre the parents are encouraged to tell the Centre if their student suffers from diabetes, for their inclusion in the Centre Medical Register.



Hypoglycaemic Reaction in a Diabetic Student

Staff are made aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:-

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking
- Lack of concentration
- Irritability

Procedures to be followed in the event of a hypo:-

Immediately administer a fast acting sugar such as:-

- glucose tablets or
- a glucose rich gel or
- a sugary drink or
- a chocolate bar

A slower acting starchy food should be given once the pupil has recovered, some 10 – 15 minutes later, such as;

- a sandwich or two biscuits, and a glass of milk

If the recovery takes longer, or there is uncertainty, call an ambulance.

Centre Anaphylaxis Policy:

This policy has been written with advice from the Department for Education and the Anaphylaxis Campaign.

Medication and Control

In the majority of cases, students with anaphylaxis go through the whole of their lives



without incident. The most common cause is food, in particular nuts, fish and dairy products but, also, wasp and bee stings. Medication includes antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Immediate access to adrenaline injection (Epi-pen/Ana-pen) is vital. Epi/Ana-pens are kept by the students to whom they are prescribed. Parents are asked to ensure that the Centre is provided with a labelled spare Epi-pen. All Epi-pens must be labelled with the student's name, by the parent. Adrenaline injection, by Epi-pen, is easy to administer. Responsibility for administering the injection by staff is on a purely voluntary basis. All volunteers will be given training from an appropriate health professional.

Record Keeping

When a student joins the Centre, the parents are encouraged to tell the Centre if their student suffers from anaphylaxis for inclusion in the Centre Medical Register.

Centre Environment

The Centre does all that it can to ensure that students with anaphylaxis do not come into contact with allergens and seeks to minimize the risks whenever possible.

Symptoms of Allergic Reaction

Staff should be aware that one or more of the following symptoms and signs will usually appear within seconds or minutes after exposure to the allergen:-

Mild reaction:

- Urticaria (nettle rash) over face or whole body and itching.

Severe reaction (anaphylaxis):-

- A metallic taste or itching in the mouth
- Swelling of the face, throat, tongue or lips
- Difficulty in swallowing
- Flushed complexion
- Abdominal cramps and nausea
- A rise in heart rate
- Collapse or unconsciousness
- Wheezing or difficulty breathing

Procedures to be followed in the event of an allergic reaction



1. Mild reaction - antihistamine and observation.
2. Severe reaction - administer an adrenaline injection as soon as possible.

Call an ambulance immediately if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.



Appendix C

The minimum contents of a first aid kit will be;

- a leaflet giving general advice on first aid
- 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 un-medicated wound dressings;
- two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
- one pair of disposable gloves.

Appendix D

First aid kits in company vehicles that are used for the transport of students will contain;

- ten antiseptic wipes, foil packaged;
- one conforming disposable bandage (not less than 7.5 cms wide);
- two triangular bandages;
- one packet of 24 assorted adhesive dressings;
- three large sterile un-medicated 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.