

## FIRST AID POLICY INCLUDING COVID-19 2020/2021

### Aims:

LanguageUK will ensure that in the event of any illness, accident, or injury adequate safe and effective first aid is provided for every student, member of staff and visitor.

It is a mandatory requirement of LanguageUK that all staff members are fully conversant with this policy and any failure to observe this policy may result in disciplinary action.

LanguageUK recognises the importance of First Aid in saving lives and preventing minor injuries becoming major ones.

LanguageUK provide the following:

- A suitably stocked first-aid containers in all school locations where staff and students are permanently located.
- 4 travelling first-aid containers to be carried to locations where staff and students are temporarily located.
- One member of staff to take charge of first aid arrangements.
- Information for employees on first-aid arrangements.
- To appoint and train 4 First Aiders who will have:
  - Completed an (HSE) approved training course.
  - Be responsible for giving immediate help to casualties with common injuries or illnesses.
  - Where necessary, ensure that an ambulance or other professional medical help is called.
  - Maintain readily accessible accident records for 3 years, as required by law. These will include the date, time and place of the incident; what first aid was given; what happened to the person immediately after the incident and, the name and signature of the First-Aider or person dealing with the incident.

### Trained First Aiders: 2020/2021

Ece Inan

Joanna Sessions

Amanda Williams

Amtex Gonzalez

Martina Smyrk

Suleyman Erdogan

Staff to be trained: 2021 when course re start.

Joanna Galek

Verity Sessions refresher course

Interrupted first aid training

If because of coronavirus you cannot complete training for your first aid qualification within the usual timeframe, training can restart later if:

- a full recap of training delivered before the interruption is done before moving onto undelivered modules
- the awarding body is content that you can show:
  - a full understanding of all aspects of the course content
  - the knowledge required and competencies at the end of the training

### All our activity Staff are trained in First Aid

- To maintain readily accessible accident records for 3 years, as required by law. These will include the date, time and place of the incident; what first aid was given; what happened to the person immediately after the incident and, the name and signature of the First-Aider or person dealing with the incident. Accident records will include "Reportable" accidents i.e. details of accidents, injuries and diseases which must be reported to the HSE.
- To isolate and clear up spillages of blood, vomit, and excreta safely
- To dispose of needles and sharp objects safely
- To provide hand washing facilities for all staff, students, and visitors.

### Under-18s:

- LanguageUK obtain written consent forms in advance to allow our first aiders to administer first aid to our U18's. This consent is outlined in the parental consent form that we ask all U18's parents/guardians to complete before the students arrive.
- The managing director is responsible for contacting the next of kin if necessary.
- Where a student makes a member of staff aware of a health issues or illness, they must inform Student Services, which will place a note on the student's file and inform all interested parties, on a need to know basis.
- This sensitive information will be passed using confidential notices only to those concerned.
- At least one of the above First Aiders will be male, and at least one will be female. Cultural factors will, where possible, be considered when an incident occurs.

### First Aid Box and Accident Book:

The First Aid box is marked with a white cross on a green background, and the accident book can be found in the Administration Office.

### First aid immediate action:

If an accident occurs, what would you do?

- Check your own safety! You are of no use if you become a second casualty.
- Use protective clothing and equipment where necessary.
- Casualties should be seated or reclined when being treated, as appropriate.
- Keep calm. Assess the situation. Reassure the casualty. Speaking calmly to the casualty establishes consciousness and may provide useful information about the accident and assist in eliminating continuing danger.
- If immediate danger threatens, remove the casualty carefully to a safe place without endangering yourself.
- If the person's clothing is on fire, roll the casualty on the ground in a coat or fire blanket, etc.
- Seek immediate help from a qualified first aider if the injuries appear serious.
- Delegate a person nearby to call an ambulance, if one is required, by dialing 999.

### Replenishment of First Aid Box:

A nominated First Aider is responsible for the correct and timely replenishment of all first aid Boxes/kits (including those for the summer school and outside activities).

The First Aider currently nominated to perform this role is Verity Sessions and Joanna Galek

**All staff who are taking out students on any activities must take a travel first aid kit bag from student services for every trip.**

### The nearest Emergency and Casualty Departments are at:

#### Kent and Canterbury Hospital,

Ethelbert Rd, Canterbury CT1 3NG Tel No: [01227 766877](tel:01227766877) open 24 hours.

For advice on contraception, sexual health and family planning matters: please make an appointment with the Practice Nurse during surgery hours or contact the Family Planning service on f [0300 790 0245](tel:03007900245) or other times, drop-in clinics, etc. This clinic is now held at The Gate Clinic, Kent & Canterbury Hospital, Canterbury CT1 3NG.

### Reportable incidents

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents that occur in schools or during educational activities elsewhere, must be reported to the Health and Safety Executive (HSE), the body responsible for enforcing health and safety law.

If employees or self-employed persons working on premises suffer injury, accidents must be reported to the HSE if they: prevent the injured person from continuing at his/her normal work for more than three consecutive days, (excluding the day of the accident), or result in death or major injury. Major injuries include:

- fractures, except to fingers, thumbs, or toes
- amputation

- dislocation of the shoulder, hip, knee, or spine
- temporary or permanent loss of sight
- a penetrating injury/chemical/hot metal burn to the eye
- electric shock or electrical burn resulting in unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- loss of consciousness caused by asphyxia, or exposure to harmful substances or biological agents
- acute illness requiring medical treatment caused by exposure to a biological agent or its toxins or infected material
- any other injury which results in admittance to hospital for more than 24 hours, hypothermia, heat induced illness, unconsciousness, or the need for resuscitation.
- Accidents to employees are work-related if they are attributable to:
  - work organisation (e.g. the supervision of a school trip)
  - the condition of the premises
  - plant or substances (e.g. machinery, experiments, etc)
  - acts of physical violence to employees (not students).

As far as students and other people who are not at work (e.g. parents, agents) are concerned, an accident must be reported if the person involved is killed or taken to hospital and the accident arises in connection with work.

Verity Sessions/Ece Inan is responsible for reporting accidents to the HSE.

<https://www.hse.gov.uk/forms/index.htm>

### Fatal Injuries

If any person dies because of an accident arising out of or in connection with work the reporting person should inform the Principal and call '999'. The accident scene must not be disturbed and should be cordoned off. Fatal accidents, major injuries and dangerous occurrences must be reported without delay (e.g. by telephone). Within the next 10 days this should be followed up by a report in writing. Records will be kept for three years on form F2508.

### Reporting an incident

All incidents / accidents can be reported to a national call centre rather than direct to the enforcing authority.

<http://www.hse.gov.uk/toolbox/managing/reporting.htm>

LanguageUK Policy on Spillages of Blood, Vomit and Excreta/Cleaning up Spillages of Blood, Vomit and Excreta NB – gloves/apron/clinical yellow bags are kept in the kitchen along with detergent & antibacterial soap are The full guide to infection control procedure is as follows:

<http://www.hse.gov.uk/pubns/guidance/oce23.pdf>



HELP US HELP YOU KNOW WHAT TO DO	NHS South East Coast Ambulance Service NHS Foundation Trust	
	Grazed knee. Sore throat. Hangover. Cough.	<b>Self-care</b>
	Diarrhoea. Runny nose. Painful cough. Headache.	<b>Pharmacy</b>
	Unwell? Unsure? GP surgery closed? Need help?	<b>NHS 111</b>
	Vomiting. Ear pain. Stomach ache. Back ache.	<b>GP Surgery</b>
	Choking. Chest pain. Blacking out. Blood loss.	<b>A&amp;E or 999 Emergencies only</b>

## First Aid Policy: COVID-19

Any first aiders who are unable to maintain social distancing measure of 2m when attending a first aid incident should follow Government guidelines on usage of PPE: When on duty they should ensure that they have immediate access to the minimum PPE – face mask, disposable gloves and plastic apron.

Please see guidance on Donning and Doffing PPE:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/911313/PHE quick guide to donning doffing PPE standard health and social care settings.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911313/PHE_quick_guide_to_donning_doffing_PPE_standard_health_and_social_care_settings.pdf)

Because of the heightened awareness of the possibility that the victim may have COVID-19, Resuscitation Council UK offers this advice:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
- If there is a perceived risk of infection, rescuers should place a cloth/towel over the victim's mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- If the rescuer has access to any form of personal protective equipment (PPE) this should be worn.
- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

This is in addition to the normal First Aid equipment outlined in the School's First Aid Policy. First Aiders should make themselves familiar with the guidance below to protect both themselves and others they are in contact with.

<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>

### What to do if you are required to come into close contact with someone as part of your first responder duties

Personal protective equipment (PPE)

Where it is not possible to maintain a 2 metre or more distance away from an individual, disposable gloves and a disposable plastic apron are recommended. Disposable gloves should be worn if physical contact is likely to be made with potentially contaminated areas or items. The use of a fluid repellent surgical face mask is recommended and additional use of disposable eye protection (such as face visor or goggles) should be risk assessed when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids. When using a fluid repellent surgical face mask, you should mould the metal strap of the mask over the bridge of the nose and make sure the mask fits snugly under the chin, around or across any facial hair if present. Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE.

In all circumstances where some form of PPE is used, the safe removal of the PPE is a critical consideration to avoid self-contamination. Guidance on putting on and taking off PPE is available. Use and dispose of all PPE according to the instructions and training provided by your employer or organisation.

### Cardiopulmonary resuscitation.

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (in the Police this would be a "dynamic risk assessment") and adopt appropriate precautions for infection control.

In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen). Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxial arrest), therefore chest compressions alone are unlikely to be effective. If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available. Should you have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days. Should you develop such symptoms you should follow the advice on what to do on the NHS website.

### **Aiding unwell individuals**

If you need to help an individual who is symptomatic and may have COVID19, wherever possible, place the person in a place away from others. If there is no physically separate room, ask others who are not involved in aiding stay at least 2 metres away from the individual. If barriers or screens are available, these may be used.

### **Cleaning the area where assistance was provided**

Cleaning will depend on where assistance was provided. It should follow the advice for cleaning in non-healthcare settings. Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned in the usual way. However, all surfaces that a symptomatic individual has meet must be cleaned and disinfected.

#### **7.5 If there has been a blood or body-fluid spill**

Keep people away from the area. Use a spill-kit if available, using the PPE in the kit or PPE provided by your employer/organisation and following the instructions provided with the spill-kit. If no spill-kit is available, place paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.

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**Reviewed October 2018**

**Reviewed November 2019**

**Reviewed October 2020**

**Next review October 2021**