

# FIRST AID & MEDICAL POLICY

## TABLE OF CONTENTS

DEFINITIONS .....	1
POLICY AIMS.....	2
ROLES & RESPONSIBILITIES.....	2
PRIMARY FIRST AIDERS .....	3
AVAILABILITY OF FIRST AID.....	3
INFORMATION ON STUDENTS .....	4
MINOR AILMENTS.....	4
PROCEDURE IN THE EVENT OF ILLNESS.....	4
PROCEDURE IN THE EVENT OF AN ACCIDENT OR INJURY.....	5
REPORTING & MONITORING .....	5
APPENDIX A: HOW TO RECOGNISE AN ASTHMA ATTACK .....	6
APPENDIX B: HOW TO RECOGNISE ANAPHYLAXIS.....	7
APPENDIX C: HOW TO CARE FOR SOMEONE HAVING AN EPILEPTIC SEIZURE.....	8
APPENDIX D: POLICY UPDATES & REVIEW .....	8

## DEFINITIONS

**First Aid** means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack. A First Aider can assist an individual to take aspirin when an ambulance is on route.

**FAW** means First Aid at Work (three-day course).

**EFAW** means Emergency First Aid at Work (one-day course).

**Primary First Aiders** are members of staff who have at least completed an approved FAW course, or a comparable three-day alternative qualification, and may have additional experience, and have been identified by the Producer as a Primary First Aider.

**First Aiders** are members of staff who have completed an approved First Aid course and hold a valid certificate of competency in FAW or EFAW or an approved alternative qualification which has been identified in place of FAW or EFAW which meets the requirements of the First Aid Guidance.

**First Aid Guidance** is the First Aid at work: Health and Safety (First Aid) Regulations 1981: approved code of practice and guidance (Health and Safety Executive, L74, 3rd Edition, 2013).

**Pastoral Staff** refers to those who have the responsibility of looking after students at NYMT activities, and who may or may not be trained in First Aid. Pastoral Staff are authorised to dispense certain medication, including paracetamol, as defined in this policy.

**Pastoral Lead** refers to the staff member designated as the person responsible for a group of students and other pastoral staff, such as in a boarding house or other residency.

**Staff** refers to all those working for or on behalf of NYMT, full time or part time, in either a paid or voluntary capacity.

**Medical Log** is the record kept by NYMT of accidents and illnesses relating to students at NYMT activities.

## POLICY AIMS

The aims of this policy are:

- to ensure that NYMT adequate, safe and effective First Aid provision in order for every student, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor;
- to ensure that all staff and students are aware of the procedures in the event of any illness, accident or injury;
- to ensure that First Aid provision is available at all times while people are on NYMT activities.

## ROLES & RESPONSIBILITIES

The NYMT Board of Trustees has ultimate responsibility for health and safety on activities arranged by NYMT. In order to help them discharge their duties, the Trustees have appointed the Producer to oversee and supervise health and safety at NYMT on their behalf and delegate full authority to the Producer to do so.

These duties include ensuring that:

- there is adequate and appropriate First Aid equipment, facilities and qualified First-Aid Personnel on NYMT sites and for ensuring that the correct First Aid procedures are followed;
- suitable and sufficient risk assessments of the staff, students and visitors to NYMT activities are carried out.

The Producer delegates day-to-day first aid arrangements to the Primary First Aiders.

It is the responsibility of **all staff** to be aware of the First Aid procedure and know who to contact in the event of any illness, accident or injury. All staff will use their best endeavours, at all times, to secure the well-being and welfare of the pupils.

Pastoral Staff are required to know the locations of all the activities for which they are providing supervision, or to know how to access this information quickly, in order that an ambulance can be called, if necessary, without delay.

Pastoral Staff are also required to know how to use an Adrenaline Auto Injector and to know how to recognise an asthma attack, anaphylactic reaction, or any other illnesses as deemed relevant by the Primary First Aiders. Pastoral Staff should also know how to care for a student suffering an epileptic seizure. Information relating to these illnesses are included in Appendices to this Policy and the Pastoral Staff Handbook.

## **PRIMARY FIRST AIDERS**

There will always be at least one on-call Primary First Aider at NYMT activities. The Primary First Aiders, all of whom have undergone a 3-day First Aid at Work or Paediatric First Aid course, are:

- Lucy Blanchard
- Benjamin Sheen
- Benny Simpson

## **AVAILABILITY OF FIRST AID**

First aid kits are available in all locations used by NYMT, whether kits owned by NYMT or by trusted venues used by NYMT; this includes all boarding residences used by NYMT. It is the responsibility of the Primary First Aiders and the Pastoral Leads to ensure that First Aid provisions supplied are used and stored appropriately.

Welfare kits are also available to Pastoral Staff, which include spillage kits and authorised medication.

The Head of Pastoral Care or, if delegated, the Pastoral Lead or a Primary First Aider, will take responsibility for any Individual medical requirements for students in their charge, such as Adrenaline Auto Injectors (EpiPen) and Inhalers, where the student is under 18.

## **INFORMATION ON STUDENTS**

Parents are requested to provide written consent for the administration of First Aid, medical treatment and medication on the course Personal Information Forms. This requirement will not prevent a student of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.

The Head of Pastoral Care will be responsible for reviewing students' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a student's functioning at NYMT to other staff on a 'need to know' basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a pupil or other members of the NYMT community. Information supplied on Personal Information Forms is destroyed at the end of the student's course with NYMT.

## **MINOR AILMENTS**

Pastoral Staff (and Pastoral Staff only) are authorised to treat minor ailments as follows:

- headaches or backaches with drinks of water and rest, with paracetamol (tablets or liquid) only as a last resort;
- wasp stings and insect bites with over-the counter antihistamine cream;
- hay fever, where there is no prescribed remedy, with over-the counter antihistamine;
- cuts and scrapes with an antiseptic wipe and a plaster;
- bruises with arnica cream and/or cold pads;
- indigestion with over-the counter indigestion tablets.

Parents of children under 16 may opt out of any of the above by indicating this on the course Personal Information Form.

Any dispensing of medication must be logged in the Medical Log, which must be consulted prior to dispensing in order that the previous time of dispense can be checked, and that any opt-outs by parents for any of the above medications can be checked.

## **PROCEDURE IN THE EVENT OF ILLNESS**

Students will be instructed to visit a member of Pastoral Staff at any time should they feel unwell. During residential courses, all students will be made aware of the location of Pastoral Staff overnight. The Head of Pastoral Care or, if unavailable, the Pastoral Lead will assess the situation and decide on the next course of action. The Primary First Aider or, if unavailable, a First Aider will provide First Aid as required.

The Producer or Head of Pastoral Care will discuss with parents the procedures for student who may become ill or infectious and take necessary steps to prevent the spread of infection and illnesses. Where a student is aged 18 or older, these discussions may take place with the student.

All Pastoral Staff are trained in the use of Adrenaline Auto Injectors (AAI), but all NYMT Staff are authorised to use an AAI if necessary.

## **PROCEDURE IN THE EVENT OF AN ACCIDENT OR INJURY**

If an accident occurs, the Pastoral Staff member will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. A First Aider should be called for as soon as possible, if deemed necessary by the Pastoral Staff member. The Pastoral Lead and/or Primary First Aider should also be called for, if deemed necessary by the Pastoral Staff member. However minor the injury, the Primary First Aider should be informed, even if not called for at the time.

In the event that the First Aider does not consider that he/she can adequately deal with the presenting condition by the administration of First Aid, then he/she should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance or making arrangements to transport the injured person to A&E or access other appropriate medical services. Members of Staff should not drive unwell students in their own cars, and should always use a taxi, ambulance or another driver with appropriate insurance.

The Pastoral Lead should always be informed as soon as practicable if an ambulance has been called.

## **REPORTING & MONITORING**

All injuries, accidents, illnesses and dangerous occurrences (unless very minor) must be recorded in the NYMT Medical Log. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. Any First Aid treatment given should also be noted, with the name and signature of the First Aider or person dealing with the accident. What happened to the injured or ill person immediately afterwards should also be recorded.

Records should be stored for at least three years.

The Producer will regularly review the systems and management of medical welfare including the Medical Log in order to take note of trends in accidents, injuries and illnesses at the School in order to identify whether a review or change in welfare practice is needed. The information may help identify training or other needs and be useful for investigative or insurance purposes.

## **APPENDIX A: HOW TO RECOGNISE AN ASTHMA ATTACK**

The signs are:

- Persistent cough (when at rest)
- Wheezing sound coming from the chest
- Difficulty breathing
- Nasal flaring
- Unable to talk or complete sentences; some students will go very quiet
- Trying to tell you that their chest 'feels tight'

Call an ambulance immediately and commence the asthma attack procedure without delay if the student:

- Appears exhausted
- Has a blue/white tinge around the lips
- Is going blue
- Has collapsed

**Treatment:**

- Keep calm and reassure the student
- Encourage them to sit up and slightly forward
- Use the student's own inhaler, if not available, use an emergency inhaler
- Shake inhaler and insert into spacer (if applicable)
- Have the student take a first puff and breath in and out of the inhaler 5 times
- Then take a second puff and repeat

Then:

- Repeat 2 puffs after two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the student
- If student's condition is not improving or they exhibit any of the signs listed above, call 999 for an ambulance
- If an ambulance does not arrive within 10 minutes give another 10 puffs in the same way as before

## APPENDIX B: HOW TO RECOGNISE ANAPHYLAXIS

These are the six key things to look for:

1. Difficulty breathing (e.g. tight chest and wheezing)
2. Swelling of the tongue and throat
3. Itchy or puffy eyes
4. An outbreak of blotchy skin
5. Anxiety
6. Signs of [shock](#)

### What you need to do:

If you notice these symptoms and you think someone is having an allergic reaction then you need to get emergency help to get them to hospital as fast as you can (even if the symptoms are mild or have stopped).

**Dial 999 or 112 for an ambulance straight away and say “anaphylaxis”.** Tell them you think someone is having a severe allergic reaction and give any information you have on what may have triggered it (e.g. an insect sting, or certain food, like peanuts).

If the person knows what their allergy is, they may have medication with them, like an auto-injector (for example Epipen, JEXT or Emerade). This is a pre-filled injection device, containing adrenaline/epinephrine, which when injected can help reduce the body's allergic reaction. Check if they have one, and if they do, help them to use it or do it yourself following the instructions.

Help them into a comfortable sitting position, leaning forward slightly, to help their breathing.

If they become unresponsive, open their airway and check breathing. Follow the First Aid procedure for treating someone who is unresponsive.

## APPENDIX C: HOW TO CARE FOR SOMEONE HAVING AN EPILEPTIC SEIZURE

Although it can be frightening to see, this type of seizure is not usually a medical emergency. Usually, once the convulsions have stopped, the person recovers and their breathing goes back to normal.

1. **Stay calm** – ask other pupils to leave the area and allocate one to summon additional adult assistance.
2. **Look around** – is the person in a dangerous place? If not, do not move them. Move objects such as furniture away from them.
3. **Note the time** the seizure starts.
4. **Stay with them.** If they do not collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.
5. **Cushion their head** with something soft if they have collapsed to the ground.
6. **Do not hold them down** or restrain their limbs.
7. Do not put anything in their mouth.
8. **Check the time again.** If a convulsive (shaking) seizure does not stop after 5 minutes, call for an ambulance (dial 999).
9. **After the seizure has stopped,** put them into the recovery position and check that their breathing is returning to normal. Gently check their mouth to see that nothing is blocking their airway such as food or vomit. If their breathing sounds difficult after the seizure has stopped, call for an ambulance.
10. **Stay with them until they are fully recovered.** The Head of Pastoral Care will call the student's parents if they are under 18 years old.

Call for an emergency ambulance if:

- The seizure does not stop after 5 minutes
- The student is injured
- You are not aware that they have a history of seizures
- They have another seizure without recovering fully from the first seizure

## APPENDIX D: POLICY UPDATES & REVIEW

This version dated 22 May 2019.

Date of next review: May 2020.