

First Aid and needlestick Policy

This policy was reviewed and updated in September 2016.

The next anticipated review date will be September 2018.



Highfield J&I School
First Aid and Needlestick Policy

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Rationale

First Aid can save lives and prevent minor injuries becoming major ones. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school (including off-site activities). In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. The aim of this Policy is to set out guidelines for all Staff in school in the administering of First Aid. This is in line with the DFE document 'Guidance for Safer Working Practice for Adults who Work with Children and Young People (page 22, DCSF, 2007).

Aims

To provide effective First Aid support for all pupils, staff and visitors.

To ensure that all pupils, staff and visitors are aware of their roles and responsibilities in relation to First Aid and the First Aid systems in place.

To support awareness of Health & Safety issues within school and on off-site activities, in order to reduce the risk of illness or injury.

Staffing

Highfield JI School has 6 members of Staff who hold a First Aid at Work Certificate and therefore have designated responsibility for administering First-Aid in school.

These are: Paula Sage, Chris Jay, Lesley Evans, Mrs S Nissar, Mrs E Cotterill, Miss Z Begum

The following staff hold a Paediatric First Aid certificate: Paula Sage, Mrs D Box, Miss F Currell, Miss C smith

A number of other school staff have the Emergency First Aid qualification – see first aid training record for details

In the event of a major injury:

The above members of Staff **MUST BE CONSULTED** in the event that a child (or member of staff) should sustain a **major injury** or injury of the following nature:

- Cut to head or serious knock
- Suspected sprain or break
- Burns
- Stings: i.e. bees/wasps/insects (due to the possibility of allergic reaction)
- Breathing difficulties

In addition, the above members of Staff **MUST BE CONSULTED** to treat pupils who are known to have a specific illness i.e. diabetics/pupils known to have allergic reactions/pupils with epipens in school - irrespective of the type of illness or injury sustained. **On NO ACCOUNT must these pupils be left / sent to self-administer their own treatment.**

Pupils with specific needs have a personal care plan to ensure their safety. This should always be consulted.

All major injuries must be recorded on a green accident form and parents should be called.

In the event of a minor injury:

Staff in possession of a valid Emergency Aid in Schools Certificate may treat minor injuries eg grazed knees, bruised shin. This must be recorded on a white accident form.

Pupil accidents involving their head.

The School recognise that accidents involving the pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time. Therefore all head bumps will be treated with caution and where emergency treatment is not required, a 'Head bump' letter will be sent home to the child's parents or guardians and a phone call is made to inform parents and offer them the opportunity to come and check the injury. All head bumps will be recorded on a green accident form.

Transport to hospital or home.

- The head teacher or a member of the Senior Leadership Team, in collaboration with the senior first aiders, will determine what is a reasonable and sensible action to take in each case.
- Where the injury is an emergency an ambulance will be called following which the parent will be called.
- Where hospital treatment is required but it is not an emergency, then the school will contact the parents for them to take over responsibility for the child.
- If the parents cannot be contacted then the Head teacher may decide to transport the pupil to hospital

Where the Head of school makes arrangements for transporting a child then the following points will be observed:

- only staff cars insured to cover such transportation will be used.
- No individual member of staff should be alone with a pupil in a vehicle.
- The second member of staff will be present to provide supervision for the injured pupil.

First aid equipment

The school will provide materials, equipment and facilities as set out in DfE 'Guidance on First Aid for schools'.

The location of First Aid Kits in school – one in each classroom, Main office, Pastoral centre, Inclusion house

At least one first aid kit will be taken on all outdoor and off site activities, along with individual pupil's medication such as inhalers, epipens etc.

Year group staff will regularly check the stock levels of First aid kits and will request replacements from Caroline Smith (HLTA) as necessary.

Caroline Smith will order central first aid stock annually.

The Board of Trustees

will:

- Ensure adequate First Aid provision as outlined in the Health & Safety [First Aid] Regulations 1981, having regard to 'Guidance on First Aid for Schools (DfE)
- Monitor and respond to all matters relating to the health and safety of all persons on school premises.
- Ensure all new staff are made aware of First Aid procedures in school.
- Review this policy and any associated risk assessments and practices annually.

The Senior Leadership Team

will:

- Ensure that parents are aware of the schools' First Aid Policy.
- Implement suitable induction procedures to ensure that all new staff are made aware of First Aid procedures in school.
- Ensure that signs are displayed throughout the school providing the following information:
 - names of employees with advanced first aid qualifications or paediatric qualifications.
 - Location of first aid boxes.
- Ensure all members of staff are made aware of the school's first aid policy.
- Ensure each year group displays the names of their first aiders in the classroom.

All school staff

will:

- Familiarise themselves with the first aid procedures (including this policy) in operation and ensure that they know who the current First Aiders are.
- Be aware of specific medical details of individual students as given by the Inclusion Leadership Team.
- Ensure that the children in their care have an awareness of the procedures in operation as appropriate to their age and development.
- Send a child who feels generally 'unwell' to the Pastoral Manager and not to a First Aider, unless their deterioration seems uncharacteristic and is causing concern.
- In YR-Y5, ensure a child who has minor injuries is treated by a member of staff with an Emergency Aid in School qualification (FGL).
- In Y6, ensure a child who has minor injuries is treated by a member of staff with an Emergency Aid in School qualification (see training record)
- Ensure that they have a current medical consent form for every child that they take out on a school trip which indicates any specific conditions or medications of which they should be aware.
- Ensure that the medical information is updated with parents at each parents afternoon during the year and returned to the office.
- Have regard to own personal safety.
- Have regard to Child Protection policy and procedures and safeguarding arrangements.

Medication

Any medication will be kept in a lockable cupboard in the medicine cupboard in the main office.

Administration of any medication should be recorded on the forms provided.

If any child needs medication, a consent form must be completed by parents and kept on record by the main office.

Needlestick Injuries

Conditions such as diabetes can require needles for blood sampling as well as insulin injections.

Much of this equipment is now either single use or designed with retractable needles but care must still be exercised. In addition to the medical use of injections there is also a risk from maliciously discarded needles and syringes from drug abusers. These can be thrown into grounds or gardens or even hidden in toilets and become a risk to Cleaners and Caretaking staff.

Needlestick injuries are wounds caused by needles and possibly other sharp equipment/items that accidentally puncture the skin. This is a hazard for anyone who uses or assists in the use of syringes or other needle equipment. These injuries can occur when people use, assemble, disassemble or dispose of needles etc.

There are occasions when needles are discarded maliciously or incorrectly these then become a serious hazard for employees who clean and service establishments and there have been injuries caused in this manner.

The Hazards of Needlestick Injuries

Accidental punctures of the skin by used needles can inject hazardous fluids into the body through the skin. There is the potential for the injection of hazardous drugs, but the introduction of infectious fluids; especially blood is of the greatest concern as these may be carrying blood borne viruses that might lead to AIDS (HIV virus), hepatitis B and hepatitis C.

Safe Working Practices

This can be divided into 3 stages; prior, during and after use.

1. Prior to use:

- a) A full risk assessment must be undertaken to identify the risks, who might be harmed and the measures needed to control the risks during planned use and the unexpected discovery of incorrectly or maliciously discarded needles.
- b) Any employee that is required to use or assist in the use of needles or sharps must be informed of the risk assessment and receive appropriate information, instruction and training.
- c) Any employees that are required to collect and dispose of discarded needles or sharps must be informed of the risk assessment and receive appropriate information, instruction and training and be provided with suitable equipment for the task.
- d) Except in extreme emergency situations where there is a risk to life e.g. where there is a risk to life without immediate intervention, before any activity where a member of staff may come into contact with blood, or other body fluids then protective gloves must be worn.
- e) Wear facemasks and eye protection (goggles/safety glasses and mask or a full face visor) where there is a risk of blood / body fluid splashes.

- f) A sharps container must be available that complies with the British Standard (BS7320).
- g) Ensure there are adequate sharps bins of appropriate sizes situated in suit
- h) Place bins at the point of use on a hard even surface
- i) Keep sharps bins out of the way of children and other vulnerable people
- j) A sharps disposal pack should be available where there is the possibility of maliciously discarded needles. This should contain protective gloves, forceps/pick up device and portable sharps container.

2. During use:

- a) Wear appropriate personal protective equipment
- b) Never carry sharps in your hand
- c) Carefully assemble the device to be used
- d) Do not take the device apart unless unavoidable
- e) If unavoidable use the device provided on the sharps bin to remove needles from syringes and blades from scalpel handles
- f) Do not re-sheath needles
- g) Use tray to carry sharps devices
- h) Activate temporary closure mechanism on sharps bin between uses
- i) Never move an open sharps bin
- j) Be especially careful of sharps risks during emergency procedures

3. After Use:

Safe disposal is the responsibility of the member of staff assisting or administering the treatment.

- a) Dispose of sharps directly into a sharps bin **at the point of use**
- b) Discard disposable needles and syringes as one unit immediately after use
- c) Dispose of sharps bins when $\frac{3}{4}$ full
- d) Dispose of sharps bin securely as clinical waste
- e) Do not put sharps bins in clinical waste bags
- f) Sharps, their associated syringes, tubes, bags etc. and drug vials which are not fully discharged and contain prescription only medicine must be treated as "Special Waste" and must be disposed of in a sharps bin, which must be clearly marked "**For Incineration**"
- g) Dispose of gloves into waste bag
- h) Wash and dry hands thoroughly

Maliciously Discarded Needles/Sharps

Staff who may be at risk from discarded needles or sharps must follow the recommended good practice and be aware of "high risk" situations.

Make sure that you know the sort of places where needles may be discarded these include:-

- a) Playgrounds and planted areas, grounds of premises, especially secluded areas, toilets and cisterns outside drains etc.
- b) Needles may be deliberately concealed to cause injury
- c) Do not pick up or touch a discarded needle unless you are wearing disposable or protective gloves
- d) A sharps disposal pack should be available where there is the possibility of maliciously discarded needles. This should contain protective gloves, forceps/pick up device and portable sharps container.

On finding a discarded needle: -

- a) When a discarded needle is found prevent any further persons from coming into contact with the needle by placing substantial object over the needle
- b) Where possible put portable sharps container as close as possible to needle/syringe etc
- c) Use forceps/pick up device to move item into container securely close lid.
- d) Remove sharps container to a safe place to await collection.
- e) Dispose of gloves into waste bag (disposable type only)
- f) Wash and dry hands thoroughly

First aid treatment for needlestick injuries

Immediate first aid

- Gently encourage free bleeding of puncture wounds but do not suck the wound.
- Immediately wash the wound liberally with soap and water but without scrubbing.
- Dry the area and apply a waterproof dressing.
- Do not use antiseptics and skin washes - there is no evidence of their effectiveness and their effect on local body defences is unknown.
- In the event of contamination of skin, eyes or mucous membranes:
- Immediately irrigate the area copiously with water.

- In the case of eye contamination, irrigate with water. Contact lenses wearers should irrigate both before and after removing any lenses.

Further Actions that must be taken in the event of needle-stick injuries are set out in a flowchart at the end of this guide. This flowchart should be printed out and displayed in the first aid room.

All injuries of this type must be immediately reported to the Head of School or Manager who should contact the Occupational Health Units at the hospitals listed in Appendix 2 below, to make arrangements for the injured person to attend as soon as possible on the same day the injury occurred and be treated appropriately within 48 hours.

The following arrangements have been agreed between Birmingham City Council Occupational Health Service and the Heart of England NHS Trust group of hospitals. The agreed procedure is open to all Birmingham schools but all stages must be followed. Alternatively, schools that have arranged their own external Occupation Health provision can choose to follow the procedures agreed with their Occupational Health providers but in all cases clear instructions MUST be given to the employee.

NOTE: Because this is a work related injury, there is a charge for this service and it may also require a programme of ongoing health screening.

If the Head of School or Manager is unavailable then the injured person should make contact directly with the Occupational Health Units (listed in Appendix 2) to make arrangements to attend as soon as possible on the same day the injury occurred. If contact cannot be made with either of these units then the injured person must attend their nearest Accident and Emergency centre. The circumstances of the injury should be explained and that it involved a needlestick injury. Follow the course of actions advised by the centre and inform your Line Manager ASAP.

In the event that the above cannot be carried out immediately then the injured person should attend their own GP, the circumstances of the injury should be explained and that it involved a needlestick injury. Follow the course of actions advised by the GP.

Reporting

Needlestick and sharps injuries are potentially very serious and must always be reported, recorded and investigated. All such accidents and incidents must be reported using accident form LACA104 to Safety Services (CYPF) Corporate Resources 10 Woodcock Street PO Box 15630 Birmingham B2 2QF Telephone 0121 675 0364 and RIDDOR.

Appendix 1 A sharps container must be available that complies with the British Standard (BS7320). A full range of sharps bins and emergency syringe pick up kits may be found in the catalogue on the Voyager System.

Appendix 2 The following Occupational Health Units will provide advice and treatment:

Good Hope NHS Trust Rectory Road Sutton Coldfield B75 7RR Telephone 0121 424 7952 (ask for Occupational Health)

Heartlands Hospital Bordesley Green East BIRMINGHAM B9 5SS Telephone 0121 424 0610 (ask for Occupational Health)

Solihull Hospital Lode Lane SOLIHULL B91 2JL Telephone 0121 424 5113 (ask for Occupational Health) Solihull Hospital Lode Lane SOLIHULL B91 2JL

Review

This policy will be reviewed every two years, or more regularly in the light of any significant new developments or in response to changes in guidance.

Review

This policy will be reviewed annually, or more regularly in the light of any significant new developments or in response to changes in guidance.