

First Aid and Medicines Policy

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Form 11:	Contents of First Aid Bag – Location of First Aid Bag – Defibrillators locations

I. Statement of Intent

The Trust believes that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the academy.

We are committed to:

- Providing adequate provision for first aid for pupils, staff and visitors.
- Ensuring that pupils with medical needs are fully supported at academy.

Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

The Health and Safety Coordinator at each Academy / establishment will ensure that the arrangements for First Aid are adequate.

Employees, temporary workers will be made aware of these arrangements during their induction training, and thereafter, will be informed of any amendments to the arrangements.

Third Party Lettings are responsible for appointing and arranging training for their own First Aiders. However, the Academy First Aiders will assist (if required and available) in any emergency event.

The Academy / establishment Health and Safety Coordinator will ensure that a suitable and sufficient assessment of first aid requirements has been carried out. This assessment will be documented and a copy made available at the medical room/area and main reception, and on the establishments intranet system.

2. Specific Requirements

2.1 Number of First Aiders and Cover Arrangements

Category of Risk	Numbers	Recommended number of First Aid Personnel
Low Risk	Fewer than 50	At least one Appointed Person
	50-100	At least one First Aider
	More than 100	One additional for every 100 persons
Medium Risk	Fewer than 20	At least one Appointed Person
	20-100	At least one First Aider for every 50 persons

	More than 100	One additional for every 100 persons
High Risk	Fewer than 5	At least one Appointed Person
	5-50	At least one First Aider
	More than 50	One additional for every 50 persons

- First Aid personnel should be nominated across all departments and especially wherever higher risk of injury is considered present (e.g., Physical Education/Games, Science, Drama, working at height etc.)
- A First Aid personnel rota should be developed
- The Health and Safety Co-ordinator will oversee that the rota is completed and displayed in the Staff Room, Reception, Medical Room and Health and Safety Notice boards
- The names of all First Aiders and location contact number will be displayed in the staff room & other prominent positions and areas

2.2 Training and Competence

- The Emergency First Aid in the Work Place, (“EFAW”) is a basic qualification aimed at lower risk premises and is suitable for teachers taking students on trips
- Personnel who complete the Emergency First Aid in the Work Place course are referred to as ‘Appointed Persons’
- In medium to high risk premises/departments Certificated First Aiders (three-day training course - FAW)) are also required, the aforementioned table sets out the number of First Aiders at Work (“FAW”) and Appointed Persons required
- Annual refresher training should be facilitated for all first aid personnel
- Employees and temporary workers will be made aware of the first aiders within their workplace during the induction process
- First Aid personnel training will be arranged locally by the designated person
- Training can be arranged to be delivered internally, or externally
- Wherever Academies have swimming pools on site, or at another location, qualified life-guards with first aid training must be on duty during swimming lessons at all times

2.3 First Aiders at Work (FAW) and Appointed Persons (AP) Role and Responsibilities

The First Aider’s and Appointed Person’s role includes:

- The administration of First Aid up to, but not exceeding the level of her/his training
- Ensuring that any incident and treatment given is recorded on the First Aid Treatment Log
- Reporting immediately to the Principal or Duty Officer and the Health and Safety Co-ordinator all incidents requiring the attendance of a student, member of staff or other person to hospital.
- Ensuring that all spillages of body fluids are cleared up promptly
- Maintaining stocks in First Aid kit/box (Form 9 lists the minimum content for a 1st aid box)

- Ensure that appropriate documentation is completed and that reportable accidents are reported to the line manager and that they are recorded via the Accident and Incident reporting procedure as soon as possible after dealing with the immediate effects.
- Ensuring her/his own recommended immunizations / injections are current (as appropriate)
- Report to HR any illness or injuries which would preclude her/his ability to administer First Aid, in order that alternative cover can be arranged
- In First Aid cases where there is a suspected head injury staff/students etc should not be left unaccompanied. All other First Aid cases must be monitored sufficiently and appropriately in accordance with a risk assessment

2.4 First Aid Kits / Boxes

- The Academy will provide sufficient and suitably stocked first aid kits at all sites and portable kits will be available for off-site events
- The location of these kits will be clearly indicated with appropriate signs
- First Aiders will monitor that there are sufficient supplies of first aid equipment and first aid kits/contents within their department
- A checklist will be used for each first aid kit/box, as the content of the first aid kits will depend upon the location and the type of work being carried out in the relevant location (Form 9 lists the minimum content for a 1st aid box)

2.5 First Aid Facilities

- A first aid/medical treatment room must be provided as an appropriate environment to render First Aid, or allow a person to rest (minor illness)
- This environment should be private, allow access to hand washing facilities, drinking water and toilet facilities and should enable the casualty to sit or lie down as needed
- If the Academy has a school nurse they will be responsible for the management of the first aid/medical treatment room
- A school nurse is primarily appointed to treat students but will support First Aiders and treat staff
 - as necessary
- Eye wash stations must be sited where there is a risk of dust, fibres, slashes from hazardous chemical etc.

2.6 Visits and Trips

- Before undertaking any off-site activities, an assessment must be made of the first aid provision required for the visit
- It is recommended a travelling first aid kit is taken on all off-site activities which are away from access to normal first aid provision
- It is recommended that all drivers of vehicles used for such activities are trained to at least to an Appointed Person level
- It is the duty of the driver to check that the first aid kit is available and contents full
- All accidents occurring during any trip and visit must be recorded via the Academy's Accident reporting procedure

2.7 Payment for First Aiders

An allowance will be paid to all First Aiders who have a valid current First Aid Certificate and have attended the appropriate training course (FAW). This is to be arranged by each establishment with the central HR and Finance departments.

This payment becomes invalid if the First Aider:

- chooses not to continue as a First Aider, or
- does not attend the 12 monthly refresher courses, or
- allows her/his certificate to lapse, or
- relocates to a unit/establishment which already has sufficient First Aiders, or leaves the Academy

Note: Appointed Persons do not receive this allowance

3 Arrangements

3.1 Academy Visits

In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre. In the case of **day visits** a trained First Aider will carry a travel kit in case of need.

3.2 Administering Medicines in Academy

Prescribed medicines may be administered in academy (by an appropriately trained staff member) where it is deemed essential. Most prescribed medicines can be taken outside of normal academy hours. Wherever possible, the pupil will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the academy office.

Staff will ensure that records are kept of any medication given.

Non-prescribed medicines may not be taken in academy.

3.3 Storage/Disposal of Medicines

Wherever possible, children will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the Academy office for self-medication, quickly and easily. Pupils' medicine will not be locked away out of the pupil's access; this is especially important on academy trips. It is the responsibility of the Academy to return medicines that are no longer required, to the parent for safe disposal.

Asthma inhalers will be held by the academy for emergency use, as per the Department of Health's protocol.

3.4 Accidents/Illnesses requiring Hospital Treatment

If a child has an incident, which requires urgent or non-urgent hospital treatment, the academy will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required.

Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the academy with up-to-date contact names and telephone numbers.

3.5 Pupils with Special Medical Needs – Individual Healthcare Plans

Some pupils have medical conditions that, if not properly managed, could limit their access to education. These children may be:

- Epileptic
- Asthmatic
- Have severe allergies, which may result in anaphylactic shock
- Diabetic

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend academy regularly and, with support from the academy, can take part in most academy activities, unless evidence from a clinician/GP states that this is not possible.

The Academy will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on academy visits. A risk assessment will be used to take account of any steps needed to ensure that pupils with medical conditions are included.

The Academy will not send pupils with medical needs home frequently or create unnecessary barriers to pupils participating in any aspect of academy life.

However, academy staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

An individual health care plan can help Academy's to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. It is understood that pupils with the same medical condition do not necessarily require the same treatment.

Parents/guardians have prime responsibility for their child's health and should provide academy's with information about their child's medical condition. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician.

This will be in place in time for the start of the relevant academy term for a new pupil starting at the Academy or no longer than two weeks after a new diagnosis or in the case of a new pupil moving to the Academy midterm.

Further information regarding First Aid in Schools can be found in the DfE publications and website links below;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306370/guidance_on_first_aid_for_schools.pdf <https://www.gov.uk/government/publications/first-aid-in-schools>

Appendix for Academy use – to be amended / made specific to the Academy as required

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FORM I**Contacting Emergency Services****Request for an Ambulance**

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:

2. Give your location as follows (.....)

3. State that the postcode is:

4. Give exact location in the academy (brief description)

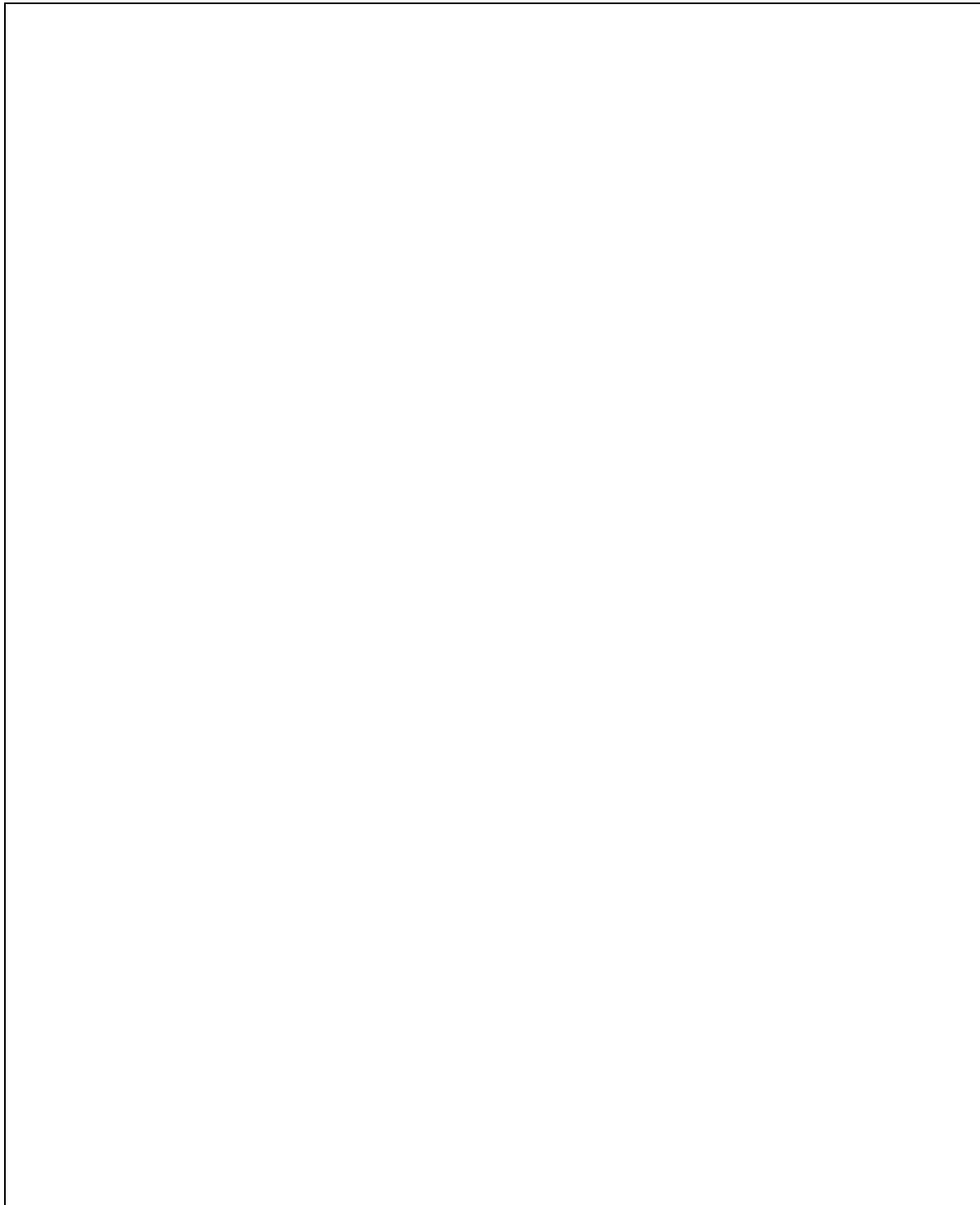
5. Give your name: _____

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone



FORM 2

Health Care Plan

Academy	
Pupil Name & Address	
Date of Birth	
Class	
Medical Diagnosis	
Triggers	
Who Needs To Know About Pupils Condition & What constitutes and Emergency	
Action to Be Taken in Emergency and by whom	
Follow Up Care	
Family Contacts Names Telephone Numbers	
Clinic/Hospital Contacts Name Number	

GP Name	
Number	
Description of medical needs and signs and symptoms	
Daily Care Requirements	
Who is Responsible for Daily Care	
Transport Arrangements <i>If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles</i>	
Academy Trip Support/Activities Outside Academy Hours (e.g. risk assessments, who is responsible in an emergency)	
Form Distributed To	

Date _____

Review date _____

This will be reviewed at least annually or earlier if the child's needs change

Arrangements that will be made in relation to the child travelling to and from Academy. If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles

FORM 3A

Parental agreement for ----- Academy to administer medicine

(one form to be completed for each medicine)

The academy will not give your child medicine unless you complete and sign this form.

Name of child _____

Date of Birth _____ / _____ / _____

Medical condition or illness _____

Medicine: To be in original container with label as dispensed by pharmacy

Name/type and strength of medicine _____

(as described on the container)

Date commenced _____ / _____ / _____

Dosage and method

Time to be given _____

Special precautions

Are there any side effects that the Academy should know about?

Self-administration

Yes/No (delete as appropriate)

Procedures to take in an emergency

Parent/Carer Contact Details:

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine safely to academy office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained academy staff administering medicine in accordance with the academy policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature

Print Name

Date

FORM 4

Record of regular medicine administered to an individual child

Name of academy _____

Name of child _____

Date of medicine provided by parent ____/____/____

Group/class/form _____

Name and strength of medicine _____

Quantity returned home and date _____

Dose and time medicine to be given _____

Staff signature _____

Signature of parent _____

Form 4 (continued)

Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____

Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____

Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____

Form 4 (continued)

Name of child _____

Name and strength of medicine _____

Dose and time medicine to be given _____

Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____

Name of member of staff	_____	_____	_____
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Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____

Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____

FORM 5**INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES**

Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This criterion is agreed with parent's consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in academy will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

FORM 6
SEIZURE MEDICATION CHART

Name: _____

Medication type and dose: _____

Criteria for administration: _____

Date	Time	Given by	Observation/evaluation of care	Signed/date/time

FORM 6A EpiPen®

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in: Medical room

**IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY
MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS**

MILD REACTION

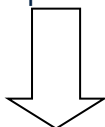
- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

ACTION

- Give _____
(Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTIONS

1. Get ___EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an **'ANAPHYLACTIC REACTION'**
2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. **MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.**
6. Remain with the child until ambulance arrives.
7. Place used EpiPen® into container without touching the needle.
8. Contact parent/carer as overleaf.

Emergency Contact Numbers

Mother:

Father:

Other:

Signed Head teacher:

Print Name:

Signed parent/guardian:

Print Name:

Relationship to child:

Date agreed:

Signed Pediatrician/GP:

Print Name:

Care Plan written by:

Print Name:

Designation: _____

Date of review: _____

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

**Check expiry date of EpiPen® every few months FORM 6B
ANAPEN®**

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's name: _____

DOB: _____

Allergic to: _____

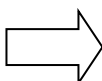
ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

**IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY
MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS**

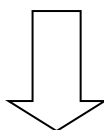
MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTIONS

ACTION

- Give _____
(Antihistamine) immediately
- Monitor child until you are
happy he/she has returned to
normal.
- If symptoms worsen see –
SEVERE REACTION

1. Get _____ ANAPEN® out and send someone to telephone 999 and tell
the operator that the child is having an
‘ANAPHYLACTIC REACTION’

2. Sit or lay child on floor.
3. Get ANAPEN® and remove black needle cap.
4. Remove black safety cap from firing button.

5. Hold ANAPEN® against outer thigh and press red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until ambulance arrives. Accompany child to hospital in ambulance.
8. Place used ANAPEN® into container without touching the needle.
9. Contact parent/carer as overleaf.

FORM 7

Medication given in Academy (note to parent/carer)

Name of academy

Name of child

Group/class/form

Medicine given

Date and time given

Reason

Signed by



Print Name

Designation



FORM 8

STAFF TRAINING RECORD

ACADEMY: Dukes Aldridge Academy

Name	Department	Training	Date Undertaken	Date Refresher Required	Date Refresher Undertaken
Nicolette G	Student Services - Office	First Aid at Work – Level 3	21.01.2022	21.01.2025	
Cornell G	DT	First Aid at Work – Level 3	04.01.2023	04.01.2026	
Thomas G	PE	First Aid at Work – Level 3	03.12.2021	03.12.2024	
Maureen L	Reception	First Aid at Work – Level 3	09.10.2020	09.10.2023	
Sadia Y	Differentiation	Emergency First Aid as Work	03.01.2023	03.01.2026	
Stephanie C	Differentiation	Emergency First Aid as Work	03.01.2023	03.01.2026	
Pamela F	Differentiation	Emergency First Aid as Work	03.01.2023	03.01.2026	
Sam W	Pastoral	Emergency First Aid as Work	03.01.2023	03.01.2026	
Antionette H	Pastoral	Emergency First Aid as Work	03.01.2023	03.01.2026	
Debbie E	Admin	Emergency First Aid as Work	03.01.2023	03.01.2026	

James K	Facilities	Emergency First Aid as Work	19.04.2021	19.04.2024	
Jeannette O	Facilities	Emergency First Aid as Work	19.04.2021	19.04.2024	
Anthony W	Pastoral	Emergency First Aid as Work	19.04.2021	19.04.2024	
Maheshi E	Pastoral	Emergency First Aid as Work	19.04.2021	19.04.2024	
Hanad E	Pastoral	Emergency First Aid as Work	19.04.2021	19.04.2024	
Yashita B	Pastoral	Emergency First Aid as Work	19.04.2021	19.04.2024	
Corrina H	Expressive Arts & Technology	Emergency First Aid as Work	20.09.2021	20.09.2024	

Form 9

Minimum 1st Aid Kit box contents;

- 1 x Guidance Leaflet
- 6 x Medium Sterile Dressings
- 2 x Large Sterile Dressing
- 3 x Triangular Bandages
- 12 x Safety Pins
- 3 x Eye Pad Sterile Dressings
- 60 x Sterile Adhesive Dressings (Plasters)
- 30 x Sterile Cleansing Wipes
- 1 x Adhesive Tape
- 9 x Nitrile Disposable Gloves (Pairs)
- 3 x Finger Sterile Dressings
- 2 x Resuscitation Face Shield
- 10 x Foil Blanket
- 2 x Hydrogel Burn Dressing
- 1 x Shears (blunt ended scissors)
- 2 x Conforming Bandage
- 2 x Washproof Dressing Strips
- 10 x Sterile Eyewash pods - 20ml
- 1 x Steristrip 3x75mm (Pack of 5)
- 2 x Cold & heat packs
- 1 x Green Case

The first Aid Bags are located in;

Humanities Department
Food Technology Department
P.E Department
Science Department
Medical Room

Form 10

FIRST AID TRAINED STAFF



Najma Adullahi
Student Office
School Nurse



Nicky Georgiou
Student Office
Lead First Aider



Maureen Lee
Reception
Emergency First Aid at Work



Pamela Ferdinand
Differentiation
Emergency First Aid at Work



Stephanie Callender
Differentiation
Emergency First Aid at Work



Sadia Yunus
Differentiation
Emergency First Aid at Work



Hanad Elmi
Pastoral
Emergency First Aid at Work



Sam Warner
Pastoral
Emergency First Aid at Work



Antionette Hunt
Pastoral
Emergency First Aid at Work



Thomas Green
PE
First Aid at Work - Level 3



James Kuyoro
Estates
Emergency First Aid at Work



Jeanette Osborne
Estates
Emergency First Aid at Work



Corrina Harrison
Expressive Arts and Technology
Emergency First Aid at Work



Cornell Grant
DT
First Aid at Work - Level 3



Debbie Eaton
Attendance Team
Emergency First Aid at Work

Contents of First Aid Bag for Day Trips

- Triangular bandage x 1
- Plasters
- Moist Wipes (Alcohol free)
- Sterile eye wash x 2
- Emergency blankets x 1
- Instant Ice pack x 2
- Instant Heat pack x 2
- Gloves
- Sick bags
- Blood bags
- Sanitary products
- Adhesive Dressing various sizes
- Tissues

Contents of First Aid Grab Bag

- First Aid at work leaflet
- Whistles x 3
- Hi Vis vest x 5
- Triangular bandage x 2
- Plasters
- Moist Wipes (Alcohol free)
- Sterile eye wash
- Emergency blankets
- Anti-bacterial gel for hands
- Confirming bandages x 2

- Face masks
- Instant Ice pack x 2
- Instant Heat pack x 2
- Gloves
- Microporous tape
- Sick bags
- Blood bags
- Sanitary products
- Low Adherent Absorbent Dressing various sizes
- Adhesive Dressing various sizes
- Tissues
- Asthma Pump
- Disposable Spacer
- Torch and charger wire x 2
- First Aid Blanket

Defibrillators Locations

These are located in the –

- Student Office
- PE Office
- Training Centre in the Kitchen



Useful Contacts

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinacademys.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: www.asthma.org.uk

Council for Disabled Children

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc

Contact a Family

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: www.cftrust.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0870 000 2288

Website: www.dfes.gov.uk

Department of Health

Tel: (020) 7210 4850

Website: www.dh.gov.uk

Disability Rights Commission (DRC)

DRC helpline: 08457 622633 Textphone:

08457 622 644

Fax: 08457 778878

Website: www.drc-gb.org

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915

Website: www.healthedtrust.com

Hyperactive Children's Support Group

Tel: (01243) 551313

Website: www.hacsg.org.uk

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.org.uk

National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

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Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

Psoriasis Association

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: www.psoriasis-association.org.uk/