



RIKKYO SCHOOL IN ENGLAND

Medical & First Aid

Date	Review Date	Head of Surgery	Headmaster
13/09/2023	13/09/2024	Mr. T Okuno	Dr .T. Okano
		Mrs Spurgeon	

We believe this policy should be a working document that is fit for purpose, represents the school ethos, enables consistency and quality across the school and is related to the following legislation:

- Health and Safety (First Aid) Regulations 1981
- Occupiers' Liability Acts 1957 and 1984
- Health and Safety at Work, etc Act 1974
- Workplace (Health Safety and Welfare) Regulations 1992
- Education (School Premises) Regulations 1999
- Management of Health and Safety at Work Regulations 1999
- Education Act 2002
- Health and Safety (Miscellaneous Amendments) Regulations 2002
- School Premises (England) Regulations 2012
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

The following documentation is also related to this policy:

- Equality Act 2010: Advice for Schools (DfE)

We have a duty of care under The Health and Safety (First Aid) Regulations 1981 to promote the health, safety and welfare of all pupils, school personnel and school visitors by providing adequate first aid equipment, facilities and school personnel qualified in first aid.

We will ensure that under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) that all accidents resulting in death, major injury or the prevention of the injured person undertaking their normal work for more than three days will be reported to the Health and Safety Executive (HSE).

We will ensure that first aid provision is up to date and available at all times in school and for all off-site educational visits and sporting events. Pupils and school personnel with specific health needs and disabilities will be given specific consideration.

We believe it is essential that this policy clearly identifies and outlines the roles and responsibilities of all those involved in the procedures and arrangements that are connected with this policy.

In order to ensure adequate First Aid provision:

1. There will be sufficient numbers of trained staff and appropriate equipment available to ensure a rapid response when the schools are occupied.
2. All Japanese full-time staff, surgery staff and night duty staff have to take a first aid course, which includes AAI and AED training **and from October 2023 Paediatric First Aid**; Training will be updated every 3 years.
3. Training will be delivered by our in house trainer Ms Melanie Brown
4. A First Aider is always available during school hours or when Students are in house.
5. Teachers and all staff have had Child Protection training.



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FIRST AID KITS

There are 9 First Aid kits provided throughout the school and each boarding house is provided with a first aid kit in the night duty room.

The kits are checked and replenished routinely at the beginning of each term by the Surgery staff.

Any time a staff member uses a First Aid kit they must inform the Surgery staff.

One First Aid kit is provided to each group for First Aid qualified staff to take to the sport's fixtures and school visits off site. These kits are kept in Surgery when they are not in use.

The contents of the First Aid kits comply with HSE recommendations and standards.

WHAT TO DO IN THE EVENT OF A STUDENT BEING HURT.

If a student has an accident, the injury should be assessed at the site of the accident. When the injury is minor and the student is able to walk, send the student to Surgery to be assessed and treated by a Surgery staff at the Surgery.

There is a stretcher and a wheelchair in the Surgery to use.

In case of a serious incident if there is any suspicion that the student should not be moved because of possible broken limb etc. then Surgery staff should be called to attend the site.

The student should be made as comfortable as possible and blankets used to keep them warm. Where it is clear that specialist medical treatment will be necessary, Surgery staff takes the student to a hospital.

Second person (Surgery staff or teacher/ admin staff) may need to be arranged to accompany the child to hospital depending on the condition. In case of serious injury an ambulance will be called.

If Surgery staff is absent at the time of injury, a first aider has to carry out initial treatment. The accident should be recorded by the first aider and reported to Surgery staff as soon as possible. Then Surgery staff checks the student when required to do so.

Parents/carers should be contacted by the Surgery staff at the earliest opportunity. They should be told the details of the incident.

Incidents Involving Adults

In the first instance, an initial assessment and first aid would be undertaken at the Surgery.

In case of a serious incident if there is any suspicion that the staff should not be moved because of possible broken limb etc. then Surgery staff should be called to attend the site.

If medical treatment is required, the person will be advised to go to hospital. For the serious case an ambulance would be called and the adult accompanied to the hospital. The family would be contacted to inform them of the action being taken.

Medical Facilities

The Surgery is situated in the main Administration Building, and has attached a two-bedded rest room with an examination couch for any necessary examination by a doctor or treatment by the Matron, Nurse or Assistant Matrons. The students are at liberty to request a second person be present during medical examinations. The privacy of the student is protected by the means of internal venetian blinds, which remain closed at all times.



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Initial Medical Examination

Once registered students are then required to have a medical, all students have a general medical examination within the first week of joining the School. Surgery staffs complete the documentation and carry out the pre-medical checks, such as height, weight, blood pressure and urinalysis. The School's Medical Officer then completes the assessment, including medical history. During this appointment the Medical Officer asks if the student has any diagnosed medical problems, worries or concerns. These are recorded in the students' notes, together with a note of any obvious problems with eyes, nose, throat and ears.

The School Medical Officer also checks for heart and lung sounds; spines are checked for scoliosis. Any problem identified during these procedures is immediately referred for appropriate treatment and/or to a consultant or health care professional after consultation with the parents, if necessary. Detailed notes of the entire above are entered on the student's record card.

Annual Medical Examination

Every student is examined by the Surgery staff at the beginning of each School year in April. This is for height, weight, vision, skin/ENT/ spinal condition. If there is any concern during the annual examination, consult with the school medical officer.

All students are NHS registered, so initial consultation would be covered by the NHS. If any treatment is deemed necessary, some students may opt to have this carried out privately, for which they may be covered by private or company medical insurance from their parents' employers. This information is given when the students join the School.

Access to Male/ Female Doctor

Although the School Medical Officer is male, the students have access to a female doctor, should any student wish to take advantage of this. All female students are offered this alternative and if Surgery staff feels the girl's problem is of a sensitive nature, they would then request a consultation with a female doctor. No student has to explain to Surgery staff or boarding staff why they wish to see the doctor. Male students are able to request a male doctor as all Surgery staff are female.

Night Duty

Night duty responsibilities are undertaken by teachers and night duty staff on a rota system, with male teachers on duty in the boys' boarding house and female teachers / night duty staff in the girls' boarding house.

There is always a Matron on call throughout the night for visits and verbal consultations. A first aid kit and two spare EPIPENS are kept in each of the night duty rooms and the duty staff is made aware by Surgery Staff of any students requiring attention or medication during the night.



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Medication Principles

- A Consent form is needed to be signed by parents before any medication can be given in school. Even if parents do not want their child to receive medications, the form should be returned with that information clearly
- The circumstances in which students may take prescription (POM – prescription only Medicines) and non-prescription medicines must be clear.
- When school non- prescribed medicines (Paracetamol, Cetirizine, Simple linctus, Gaviscon and Ibuprofen) are given to students or staff, **ISAMS will replace handwritten entries**. The Surgery maintains a record of medicines stored in the School on medicine audit sheet
- When any medicine is administered to a student it must be recorded in the individual card and medicine audit sheet or Mar sheet* *Mar sheet is used for students who has regular medication(**entry onto ISAMS will replace any hand written entries**) The Surgery maintains a record of medicines stored in the School on medicine audit sheet.
- Parents are encouraged to provide the School with full, on-going information about their child's medical needs.
- Overseas medicines must have an English translation, the student's name on it and a doctor's prescription letter. Parents and students are to inform Surgery staff of any medication being sent to the School and, following discussion, the School Medical Officer will decide if the medication is appropriate in the UK.

Non -prescribed Medications

- these are kept in a locked cupboard, in the Surgery
- The School Medical Officer has issued a protocol on how to administer these medicines and is kept in the surgery.
- These medications are issued to students under a non-prescribed medicine protocol.
- Any medication given out during the night is recorded and this record is given to the surgery staff on duty first thing in the morning so that it can be entered in the individual card and medicine audit sheet.

Prescription Only Medicines

- These are only issued to the student for whom they have been prescribed;
- are kept in their original container and in a locked cupboard;
- the original dispensing label must not be altered;
- medication for use in urgent situations, for example, antibiotics, would be prescribed individually by a GP at Rudgwick Medical Centre or at the **Royal Surrey Hospital** for each student as and when required;

Update: All Medications and treatments are recorded on our new ISAMS Medical system which is linked to each individual student.

Safety and Storage



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Some medicines may be harmful to individuals for whom they are not prescribed. By agreeing to administer medicines on the premises the School has a duty to ensure that the risks to others are properly controlled.

The School should not store large volumes of medicines; storage is to be limited to minimum requirements. The following rules are to be followed:-

- School medicines are to be locked in a secure cupboard in the Surgery, which is kept locked when unattended.
- Emergency medicines such as Ventolin and Auto-injector Pens are kept in the main Administration area for easy access at all times. (All Staff have received Allergy training)
- Non -prescribed medicines are kept only in the locked Surgery cupboard.

The Surgery maintains a record of medicines stored in the School on medicine audit sheet. Medicines brought in by students are kept in individual labelled boxes in the locked Surgery cupboard. A separate record (MAR sheet) is kept for those students requiring regular doses of medication.

Medicines are to be stored in the original container in which it was dispensed, clearly marked with the name of the drug and student when it is a prescribed medicine.

For those students self-administering medication, this is kept in his/her lockable drawer/cupboard in the dormitory. The Matron, Nurse or Assistant Matrons will issue those students they believe to be competent to self-administer medication an 'Administration of Medication' form for the student to sign. They will consider if these students are able to safely store the medication as well as administer it and ensure the student is aware of the dangers of storing the medicine incorrectly. The priority is to ensure no other students are able to access this medication.

Students are allowed to carry their own asthma inhalers and Auto-injectors for their own use when required. They should have had instruction on correct usage, their technique regularly checked by Surgery staff or during their annual review.

Some medicines need to be refrigerated. These types of medicine are to be kept in a refrigerator in the Surgery: access is restricted to Surgery staff and competent teachers.

Administering Medication

Simple non-prescription medication may be administered by the surgery staff or other boarding staff who have completed Opus online training (Medicine Awareness course for school) in their absence, once parents have completed and returned a medical consent form.

Prior to administration of medicine to a student, the following should be checked:-

- the student's name
- the student's date of birth
- the written instructions provided by parents/guardian or doctor
- the identity of the drug is correct by generic or brand name
- the prescribed dose
- the last time the student had the medication
- the frequency of the medication
- the route of administration
- any allergies or existing medical conditions that may contraindicate the medication
- the expiry date of the drug



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- the circumstances in which the drug is to be administered
- their own ability/training needs to administer the drug
- the possible side effects of the drug and what to do if they occur

- Paracetamol – (including Calpol) may be administered for headaches, pyrexia (temperatures), abdominal pains, toothache, and other conditions when deemed appropriate. It may also be administered to those students who are unable to tolerate Non-Steroidal Anti-inflammatories (NSAIDs) such as Ibuprofen, for example, asthmatic students.

Update: All Medications and treatments are recorded on our new ISAMS Medical system which is linked to each individual student.

Self-administration of medication

When students who are over 16 request to self-administer medicines, they are encouraged to do so. Students under 16 years of age need parents' permission to do self-administer medicine.

The student is required to sign a self-administer form wherein he/she agrees to keep all medications (except emergency medicine: i.e. salbutamol, AAI,) in a locked drawer in their room.

Failure to comply with self-administration of medicine rules will result in their right to self-administer medicine being withdrawn.

Risk-assessments and the “**Gillick Competence method**” will be used by Surgery staff to check the student's competency where required.

Disposal of Medication

Disposal of medication may be necessary when identified as a risk or in the following circumstances for example:

- Excessive quantity of stock
- Medication no longer being taken
- Out of date medication
- Refused medication
- When medication has been dropped on the floor
- Students who are no longer at the school

1. Medication for disposal must be stored in a suitably labelled container. Records should show the following:

- a. Individual's name
- b. Date of disposal
- c. Name of medication
- d. Strength
- e. Dose
- f. Reason for destruction.



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2. The container should be kept in a locked cupboard and then be returned to the pharmacy and not flushed down the toilet or sink.

Drug Errors/incorrect administration of medicine

In the event of a mistake being made when administering medication, the School's Medical Officer should be informed. A record of the error, the circumstances and any actions taken should be documented in the individual's care notes and incident book.

If the individual becomes unwell or is unconscious the emergency services should be called.

Medical Records

Medical Records are kept up to date and are stored in a locked filing cabinet. At present all the School's medical records are handwritten.

Day to day medication given to students is recorded on our new ISAMS Medical system which is linked to each individual student. These items are kept locked away at night and during the day. The Surgery is locked when it is left unattended.

The students' NHS records are kept at Rudgwick Health Centre on a computer, but there is no electronic link. At present those records are not available to the School, but can be made available should the need arise.

Significant accidents, especially those that might have been preventable, will be documented in an Accident Report. An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury. As much detail as possible should be supplied when reporting an accident. **The accident book is kept in the reception area and all staff are aware of its location.**

The purpose of this is to identify avoidable risks so that appropriate action can be taken by the schools' Health and Safety committee, which meets termly.

Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

Immunisations

Parents are asked to fill in immunisation records in the admission form.

Surgery staff will check students' vaccination records and encourage parents to up to date immunisation as advised by both the English and Japanese government prior to admission to the school.

This is for the student's own protection and for that of other students.

Students are offered to have routine vaccination, which are offered at school immunisation team (such as HPV, Teenage booster) in England

Emergency Treatment

- Should a student be injured as a result of an accident, initial treatment would be carried out by the surgery staff or first aiders.



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- All emergency treatment, i.e. bone fractures, bad sprains or open wounds, are treated under the NHS, at the Royal Surrey County Hospital, Guildford, which is the nearest 24 hour Accident and Emergency Centre. If the injury is potentially serious, the parents would be informed and consulted on treatment.
- For minor injuries, patients can be taken to the Horsham Minor Injury Unit.
- The school also has an AED machine (Automated external Defibrillation) which is situated outside the main administration building, which can be used by anyone on site.

Dental Care

Parents are encouraged to take their child to regular dental check-ups during the school holiday. Any necessary treatment (including orthodontics) can be carried out at the local practice (Rudgwick Dental Practice), or the student can choose for treatment to be done at home during the holidays. All dental treatment is private (including orthodontics) if carried out during term time.

Emergency Dental Treatment

Dental accident and emergency cover is provided by Rudgwick Dental Practice.

Sick Bays – Day Matrons on Duty 9am – 5pm

Girls dormitory

The Main Building has two rooms allocated for nursing sick students. One room on the first floor, which is four-beds. The other one, which is a five-bedded en suite.

Garden house has a two-bedded en-suite room, which is on the second floor. There is an internal telephone in the room.

Boys dormitory

New Building has two two-bedded rooms, which are on the first floor. There is an allocated bathroom for those students.

East West House does not have a permanent sick room; however there is a Day matron on duty. When students need to rest in a sick room, the East house common room is used as a “Sick room”.

Sick students who are in the sick room without an internal telephone are given a mobile telephone to contact the Surgery / night duty staff.

They can contact Surgery staff by email if they prefer to do so.

Staff are always available on call.

The Surgery staff will visit students regularly to administer medication and extra drinks, organise meals, and take medical observations to chart progress.

If progress in a student’s recovery is not satisfactory, he/she is referred to the school medical officer or a duty doctor if he is absent at Rudgwick Medical Centre.

When students are in a sick room without washing facilities, a shower cube and a toilet are allocated for them in the communal bathroom near the room.



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Signs (“For student in sick room”) are put on the allocated shower cube/ toilet door to indicate

Adequate space is provided between each sick room bed.

Child Protection

All nursing and medical consultations are strictly confidential, and are only passed on on a “need to know” basis. If child protection issues are involved, it is the statutory duty of professional staff to divulge information.

Patient Confidentiality

In accordance with the School Medical Officer’s professional obligations, medical information about students, regardless of their age, will remain confidential.

However, in providing medical and nursing care for a student, it is recognised that on occasions the Medical Officer and Surgery staff may liaise with the Headmaster and other academic staff, and parents or guardians, and that information, ideally with the student’s prior consent, will be passed on as necessary. With all medical and nursing matters, the Medical Officer and Surgery staff will respect a student’s confidence except on the very rare occasions when, having failed to persuade that student, or his or her authorised representative, to give consent to divulgence, the Medical Officer or Surgery staff considers that it is in the student’s best interests or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

Consent to Treatment

Whilst the students’ right to refuse nursing or medical treatment is recognised, the School must perform its duties in loco parentis. Initially parents’ consent is obtained for any treatment deemed necessary by medical personnel during the students’ stay at the School. However, the consent of the individual student is always sought before treatment is undertaken, or commenced.

Parent Contact

We will contact the Parents/Guardians when a student is admitted to the sick room (isolation room) and when the student has recovered enough to return to their dormitory and back to their lessons. If the student stays in the sick room for an extended period of time we will email/phone regular updates to their parents/Guardians (The schools policy is to isolate a student when they have high temperature.) We will contact Parents/Guardians when there is concern about the student's condition (i.e. skin condition weight loss, resting in dormitory more often than before) emails are sent after hospital appointments

We write reports to the parents at the end of term to report all the visits to Surgery during the term.

The Surgery welcomes calls/emails from Parents/ Guardians and will endeavour to respond to emails as quickly as possible.

PSHE

Health advice for students is covered by the PSHE / Physical Education teachers. The minimum age for smoking and drinking in Japan is 20 years, and students are discouraged from breaking this law. We also operate a no smoking/ vaping policy on site.

Where a member of staff suspects that a student is consuming alcohol, smoking, vaping, or taking illegal substances the Headmaster must be informed immediately.



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He, or his Deputy, would then interview the student with the assistance of another member of staff, preferably one of the School's Surgery staff, and a course of action would be agreed after consultation with the student's parents. Serious transgression will result in at least temporary suspension from the School and, in the extreme, total exclusion.

Sexual activity between students is forbidden, and would result in expulsion of both parties.

The School's Independent Person is Mrs Fujiko Bishop, whose telephone number is displayed prominently by the public telephone and is printed in the Student's Handbook.

The School Matron gives advice on dental care and hygiene, and any questions asked on a one to one basis are answered clearly and honestly. Students are also given counselling if experiencing difficulties with School work, studies or friendships, or any other problems.

Science Laboratories

The School is registered with CLEAPS, and Science staff have information on action to take in different situations (Appendix v). The Biology teachers are English and Japanese. They usually teach in tandem and are aware of their responsibilities concerning student welfare in the laboratories.

Personal Accident Insurance

All students are covered by adequate personal accident insurance, the premium of which is paid for by the School. Leaflets with details of the policy can be provided upon request.

ALLERGIC REACTIONS

Severe allergic reactions are relatively rare and most commonly caused by only a handful of foods. The following food allergens have been identified as public health concerns in the UK:-

- Peanuts
- Lupin
- Fish
- Shellfish/Crustaceans
- Molluscs
- Sesame
- Eggs
- Milk
- Tree Nuts
- Gluten (see below)
- Soya
- Celery
- Mustard
- Sulphites

Some people also need to avoid certain foods because of coeliac disease, a life-long auto-immune disease caused by intolerance to gluten. At least 1 in 100 people need to avoid gluten. People with this disease need to avoid wheat, rye, barley, oats, spelt and kamult.

SYMPTOMS

Allergic reactions vary. There can be an itching or swelling in the mouth, or an itchy rash all over the body. The person affected may feel sick and may actually be sick, although remember that other conditions can also cause vomiting. The initial symptoms may not be serious in themselves, but the students should be watched very carefully in case the situation becomes worse.

Symptoms usually occur after seconds or minutes and may progress rapidly. Occasionally they are a few hours after contact with the allergenic food or substance.



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Serious symptoms include a severe drop in blood pressure, where the person affected goes weak and floppy; severe asthma; or swelling that causes the throat to close. This is a medical emergency.

WHAT IS ANAPHYLAXIS?

Anaphylaxis is a severe allergic reaction. A small number of people are unfortunate to suffer from a very acute allergy to food and, for these people, the issue is vital; it is literally potentially a matter of life and death, and needs to be treated quickly with adrenaline.

The whole body is affected, often within minutes of exposure to the allergen but sometimes after hours. A reaction can be triggered by a wide range of foods. Theoretically, almost any food may be implicated, but the most common culprits are peanuts, tree nuts, sesame seeds, fish, shellfish, eggs and dairy products.

During anaphylaxis there can be a whole range of symptoms including those described above. Some or all of the following may be present:

- flushing of the skin
- nettle rash (hives) anywhere on the body
- the feeling something terrible is happening
- swelling of the throat or mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma
- stomach pain, feeling sick and vomiting
- sudden feeling of weakness (drop in blood pressure)
- collapse and unconsciousness

WHAT IS THE TREATMENT AND HOW DOES IT WORK?

Adrenaline (also known as epinephrine) is the front-line treatment for anaphylaxis. During anaphylaxis, blood vessels leak, bronchial tissues swell and blood pressure drops. Adrenaline acts quickly to constrict blood vessels, relax smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help to stop swelling around the face and lips.

If a student is having an anaphylactic reaction, an injection of adrenaline could save his/her life, so the following action should be taken:

Make sure you inform a member of the Surgery staff immediately.

Adrenalin pens (Auto-injector) where prescribed, should only be administered by Surgery staff or trained First Aiders. A list of these students is kept in the surgery along with spare injectors.

EMERGENCY ACTION PLAN

In an emergency situation Surgery staff will call an ambulance. In the unlikely event that a member of the Surgery staff is not available, the following procedure should be initiated:

- Immediately send someone to dial 999. Remind them if they need to dial 9 first for an outside line. Tell them to give the following information:-
- Ask for the Ambulance service.
- Say "This is an emergency", and then say what has happened. If the student has anaphylaxis, say, "A student has collapsed and we believe he/she is suffering from anaphylaxis – an allergic reaction." (Pronounced ana-fill-axis).



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- Give the address and postcode of the School – clear enough so that the ambulance crew will know exactly where to come. Try to stay calm.
- Someone should be sent to stand at the entrance to the School to direct the ambulance crew to the student.
- Any person who has been administered Adrenaline will need to be taken to hospital.

Make sure the incident is recorded in the Accident Book. (Located in reception area)

Aims

- To provide adequate first aid provision and medical care for pupils and school personnel.
- To have in place qualified first aid personnel who are aware of hygiene and infection control procedures.
- To have in place adequate first aid equipment.
- To have in place excellent lines of communication with the emergency services and other external agencies.
- To work with other schools in order to share good practice in order to improve this policy.
- To ensure compliance with all relevant legislation connected to this policy.
- To work with other schools and the local authority to share good practice in order to improve this policy.

Role of the Headmaster

The Headmaster will:

- ensure the school complies with The Health and Safety (First Aid) Regulations 1981 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR);
- ensure adequate first aid equipment, facilities and school personnel qualified in first aid are in place;
- ensure that the nominated person is suitably trained, has sufficient time to undertake their role and an adequate budget to purchase first aid equipment;
- ensure all school personnel, pupils and parents are aware of and comply with this policy;
- provide guidance, support and training to all staff;
- monitor the effectiveness of this policy;

Role of the Head of Surgery

The nominated person will:

- ensure all school personnel are trained in first aid arrangements and hold a valid certificate of competence that is valid for three years;
- ensure all school personnel receive refresher training every three years;
- organise and maintain the medical room as suggested by HSE:
- a sink with hot and cold running water;
- drinking water and disposable cups;
- soap and paper towels;
- a store for first-aid materials;
- foot-operated refuse containers, lined with yellow, disposable clinical waste bags or a container suitable for the safe disposal of clinical waste;
- an examination/medical couch with waterproof protection and clean pillows and blankets;



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- a chair; a telephone or other communication equipment; and a record book for recording incidents attended by a first-aider or appointed person.
- Fridge for medication only

Ensure that there are adequate stocks of first aid equipment; ensure first aid kits are British Standard BS 8599 and contain the following as suggested by HSE:

- a leaflet giving general guidance on first aid;
- Individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- sterile eye pads;
- individually wrapped triangular bandages, preferably sterile;
- safety pins;
- large sterile individually wrapped unmedicated wound dressings;
- medium-sized sterile individually wrapped unmedicated wound dressings; disposable gloves.
- position and maintain first aid containers at appropriate locations around the school;
- ensure all accidents and injuries are recorded and reported;
- ensure that pupils and school personnel with specific health needs and disabilities are given specific consideration;
- ensure the appropriate medical resources (asthma inhalers, insulin, epipens) are available for those pupils with specific health needs at all times;
- ensure school personnel are aware of the specific health needs and disabilities
- determine the level of provision:
 - a. at breaktimes and lunch times
 - b. when school personnel are absent
 - c. for all educational visits and sporting activities
 - d. for curriculum activities
- ensure first aid kits are taken on educational visits or off-site sporting activities;
- ensure there is a designated medical room that is kept well stocked and free from clutter;
- ensure school personnel follow basic hygiene procedures and have access to disposable gloves and hand washing facilities;
- inform parents of any accident especially head injuries and of any first aid administered;
- ensure first aid notices are displayed in the appropriate places;
- provide guidance and support to all school personnel;
- keep up to date with new developments and resources;
- review and monitor

Role of Surgery Personnel

All school personnel must:

- have an up to date file of consent forms for every student in each year and ensure that these are readily available for staff responsible for school outings.
- ensure that First Aid cover is available throughout the school week;
- be aware of first aid arrangements;
- be trained in First Aid to level of 'First Aid at Work'
- be suitably trained in identifying pupils with expected medical problems;



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- At the start of each academic year, provide staff with details of any students who are known to be asthmatic, anaphylactic, diabetic, epileptic, have any allergies or any other serious illness.
- report any concerns they have on the medical welfare of any pupil;
- undertake training in first aid, administration of medicines and awareness of medical problems in pupils; (Updated to include Paediatric First Aid training)
- report and record all accidents and first aid treatment administered

Role of First Aiders

All First Aiders must:

- Ensure that their qualifications are always up to date.
- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services.
- Help fellow First Aiders at an incident and provide support during the aftermath.
- Act as a person who can be relied upon when the need arises.
- Insist that any casualty who has sustained a significant head injury is seen by professionals at a hospital.
- Ensure that a student who is sent to hospital by ambulance is either:
 - Accompanied in the ambulance or
 - Followed to a hospital by a member of staff to act in loco parentis;
 - Inform parents immediately
- Keep a record of each student attended to, the nature of the injury and any treatment given, in the book provided in the Surgery record. In the case of an accident, the Accident Book must be completed by the appropriate person.
- All spillages of blood, faeces, saliva, vomit, nasal, and eye discharges should be cleaned up immediately (always wear disposable gloves) using disposable paper towels. Discard clinical waste in a yellow bag for contaminated/used items and seal tightly before disposing of the bag in a bin.

When spillages occur, clean using a product which combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses, and suitable for use on the affected surface. NEVER USE mops for cleaning up blood and body fluid spillages.

Role of Staff

- Familiarise themselves with the first aid procedures in operation and how to contact the Surgery. They will also ensure that they know who the First Aiders are.
- Be aware of specific medical details of individual students when publicised by the Surgery.
- Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
- Send for help to the Surgery as soon as possible either by person or telephone, ensuring that the messenger knows the precise location of the casualty.
- Reassure, but never treat a casualty unless staff are in the possession of a valid Emergency First Aid Certificate or know the correct procedures; such staff can obviously start emergency first aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.
- Send a student who has minor injuries to the Surgery if they are able to walk, where a First Aider will see them; this student should be accompanied.



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- Send a student who feels generally 'unwell' to the Surgery, unless their deterioration seems uncharacteristic and is causing concern, in which case, contact the Surgery.
- Have regard to personal safety.
- Report all accidents to themselves at work.

Role of Pupils

Pupils:

- be aware of and comply with this policy;
- must report all accidents;
- will be given the opportunity to attend first aid training during organised school activities;
- listen carefully to all instructions given by the teacher;
- ask for further help if they do not understand;
- treat others, their work and equipment with respect;

Recording Accidents and Injuries

All accidents and injuries will be:

- recorded in the Accident Book with all details given;
- reported to parents in person, by letter or phone or email.

All accidents involving the loss of life, major injury or preventing the injured person undertaking their normal work for more than three days must be reported to the Health and Safety Executive (HSE).

Reviewed 01/09/2022, 31/03/2023 13/09/2023 (inclusion of ISAMS and IPAD use for updating students records)