



RIKKYO SCHOOL IN ENGLAND

Medical & First Aid

Date	Review Date	Head of Surgery	Headmaster
11/10/2019	11/10/2020	Mr.T.Okuno	Dr.T.Okano

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

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 is connected with this policy.

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 ensure compliance with all relevant legislation connected to this policy.



RIKKYO SCHOOL IN ENGLAND

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.

Medical Care

The Surgery is open during the following hours:-

Monday- Friday	08.00-21.00
Saturday	08.00-16.00 & 17.00-21.00
Sunday	09.00-14.00 & 17.00-21.00

- Matron (resident on-site) Chika Sato – had medical training in Japan, teaches PHSE & has completed the St Johns Ambulance First Aid at Work course.
- Nurse Kayoko Spurgeon – has completed the St John Ambulance First Aid at Work course and courses relating to her job role.
- Surgery Assistant Elaina Clark - has completed a BSA Medical Matter for Non-Matron Medical Staff & St Johns Ambulance First Aid at Work course.

Boarding staff and senior students have received first aid training . Boarding staff have also received training on how to administer medicine and how to use an EpiPen.

School Medical Officer

The School is registered with Cranleigh Health Centre and the School's designated School Medical Officer is Debbie Donovan, who is a General Practitioner, based at the Centre. The School has readily available access to Dr Donovan or other practice doctors for consultation, which is part of the School's Agreement with Cranleigh Health Centre. If Dr Donovan is not available, the Surgery staff can speak to another doctor.

All Japanese staff are registered with a local GP at Cranleigh Health Centre or Rudgwick Health Centre, and English staff with their own local practice, but the School Surgery is open to them for day to day advice on minor ailments.

Night Duty

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



RIKKYO SCHOOL IN ENGLAND

A first aid kit is kept in each of the night duty rooms and the duty teacher is made aware of by Surgery Staff of any students requiring attention or medication during the night.

Access to Male Doctor

Although the School Medical Officer is female, the students have access to a male doctor, should any student wish to take advantage of this. All male students are offered this alternative and if the Surgery staff feels the boy's problem is of a sensitive nature, they would then request a consultation with a male doctor.

Medical Examinations

Admission Procedure

The main student intake is in April, which is the start of the Japanese Academic Year. On admission to the School, parents are sent a medical questionnaire and consent form for emergency treatment to be completed on behalf of their child and submitted no later than the first day of the student's first term. The form asks for a detailed medical history of their son /daughter (**Appendix**) and should contain details of any allergies, special dietary requirements, details and dates of immunisations, any physical abnormalities and recent medical or dental treatments. Parents are also asked to inform the School of any medication that their child may be currently taking, or may need if allergies are seasonal.

Initial Medical Examination

Once registered students are then required to have a general medical as soon as possible after joining the School. The Matron or Assistant Matrons 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, and boys are checked for undescended testicles. 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 all the 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 and ear, nose, throat, skin conditions.

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.



RIKKYO SCHOOL IN ENGLAND

Medication and Treatments Principles and Procedures

- The circumstances in which students may take prescription (POM – prescription only medicines) and non-prescription (OTC – over the counter) medicines must be clear. Where appropriate, prior written agreement from parents or guardians for the administration of medicine to a child is required.
- Medication administration must be thorough with appropriate record keeping and storage of medicines.
- Parents are encouraged to provide the School with full, on-going information about their child's medical needs. Staff noticing deterioration in a student's health should inform the Class Teacher who will liaise with parents.
- Overseas medicines must have English translation, the student's name on it and a doctor's prescription letter. Parents and students are to inform the Matron of any medication being sent to the School and, the Matron will check if the medication is licensed in the UK. If this is not the case the Matron will contact the School Medical Officer or the pharmacist if appropriate, who will decide if the medication is appropriate to use in the UK.

Over the Counter (OTC) Medications

- these are kept in a locked cupboard, in a locked room (the Surgery);
- the School Medical Officer has issued a protocol on how to administer these medicines which is kept in the surgery.
- these medications are issued to students under a homely remedy protocol.

Any medication given out during the night is recorded and this record is given to the Matron, Surgery Assistant or Assistant Matron on duty first thing in the morning so that it can be entered onto the student's record card.

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 Cranleigh Medical Centre for each student as and when required;

Safety and Storage

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.



RIKKYO SCHOOL IN ENGLAND

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 surgery but must be easily accessible at all times. These are kept in a specific area.
- OTC medicines are kept only in the locked Surgery cupboard.

The Surgery maintains a record of medicines stored in the School. Medicines brought in by students are kept in individual labelled boxes in the locked Surgery cupboard. A separate record 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. Where a student needs more than one prescribed medicine they should both be stored in separate, clearly marked, containers. For those students self-administering medication, this is kept in his/her lockable safe in the dormitory.

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

Administering Medication

Simple non-prescription medication may be administered by the Matron, Nurse, , Surgery Assistants or other boarding staff assessed as competent to do so in her absence, to those students under the age of 16, once parents have completed and returned a medical consent form.

Prior to administration of medicine to a student, the following has to 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
- the circumstances in which the drug is to be administered
- their own ability/training needs to administer the drug



RIKKYO SCHOOL IN ENGLAND

- 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.
- **Other medications** – may be administered by the Matron, Nurse, Surgery Assistant, under the GP directive for administration of medicines within the department.
- **Prescription Only Medicines** – will be administered by the Matron, Nurse or Surgery Assistant under the GP directive for administration of the medication.

Self-administration of medication

The Matron, Nurse, or Surgery Assistants will issue those students they believe to be competent to self-administer medication an 'Administration of Medication' form for the student to sign.

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. Individuals name
 - b. Date of disposal
 - c. Name of medication
 - d. Strength
 - e. Dose
 - f. Reason for destruction.



RIKKYO SCHOOL IN ENGLAND

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

Drug Errors/incorrect administration of medicine

In the event of a mistake being made when administering medication, the individual's GP 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 service should be called.

Medical Records

Medical Records (example Appendix) 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 in a desk diary, and also on the individual student's record card. 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 kept at Cranleigh Health Centre are on 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.

Food Allergies or Intolerance

The School Matron takes note of any food allergies or intolerance in new students, either from written information sent by the parent or during the student's initial interview.

This information is added to a list, one copy of which is kept in the Surgery, one given to the Class Teacher and one is displayed in the School Kitchen, so that the Chef can offer an alternative menu.

All students with severe allergies and who are at risk of anaphylactic shock are registered on the "Allergy Sufferers Photograph Chart", which is displayed in the surgery so that staff can identify students with severe allergies. An individual health care plan will be agreed with the parents and/or the student.

Immunisations

All students should be up to date with immunisations, but if not, they are offered any that are due, but have not been given. This is for the student's own protection and for that of other students. Before immunisation, permission is first sought from the student's parents.



RIKKYO SCHOOL IN ENGLAND

Emergency Treatment

Should a student be injured as a result of an accident, initial treatment would be carried out by the School's trained staff. 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

Dental care is provided by a local dental practice. All students are registered with the practice and are checked once a year.

Emergency treatment (including orthodontics) can be carried out at the local practice, or the student can choose for treatment to be done at home during the holidays. Non-emergency treatment will take place at home during the holiday. 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

The girls' boarding houses have one room each allocated for nursing sick students. In the main building this is on the 1st floor and in Garden House it can be found on the second floor. An isolation room is also available in each house. Sick students can use the telephone in the same room to contact the Surgery.

The boys' boarding house, known as 'the new building', has two two-bedded sick rooms. There is an internal telephone in the room.

Staff are always available on call.

The Surgery staff will visit regularly, or more if called to administer medication and extra drinks, organise meals, and take medical observations to chart progress. Details are recorded on the student's record card.

If progress in a student's recovery is not satisfactory, he/she is referred to the GP on duty at Cranleigh Health Centre, where all students and Japanese staff are registered.

Washing facilities for sick boys and girls are close to the sick rooms, and can be isolated from well students if deemed necessary.



RIKKYO SCHOOL IN ENGLAND

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 better 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 started.

PSHE

Health advice for students is covered by the PSHE Teacher (who is also the School Matron) and Physical Education teachers. The minimum age for smoking and drinking in Japan is 20 years, and students are discouraged from breaking this law.

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

At present none of the female students takes the contraceptive pill as sexual activity between students is forbidden, and would result in expulsion of both parties.



RIKKYO SCHOOL IN ENGLAND

The School's Independent Listener is Mrs Hideko Martin, 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. 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 an 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
- Treenuts
- Gluten (see below)
- Soya
- Celery
- Mustard
- Sulphites

We currently have a pupil with serious allergies to a variety of other foods such as mushrooms, citrus fruit, exotic fruit and others.



RIKKYO SCHOOL IN ENGLAND

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.

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



RIKKYO SCHOOL IN ENGLAND

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 helps 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.**
- **If the surgery staff is not present a trained member of staff needs to administer the epipen.**

Adrenalin pens (Auto-injector) also sometimes called Epipens, where prescribed, should only be administered by Surgery staff or trained First Aiders. A list of students who are at risk of having an anaphylactic shock is kept in the surgery along with spare injectors. Any person who has been administered Adrenalin will need to be taken hospital.

GUIDANCE FOR STAFF IN AN EMERGENCY

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. 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).
- 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.

Make sure the incident is recorded in the Accident Book.



RIKKYO SCHOOL IN ENGLAND

Responsibility for the 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;
 - a chair;
 - a telephone or other communication equipment; and
 - a record book for recording incidents attended by a first-aider or appointed person.
- ensure that there are adequate stocks of first aid equipment;
- ensure that there are spare adrenaline auto-injectors such as EpiPen, Jext or Emerade for use in emergencies for students with serious allergies;
- ensure first aid kits are British Standard BS 8599 and contain the following as suggested by HSE:



RIKKYO SCHOOL IN ENGLAND

- 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:
 - at breaktimes and lunch times
 - when school personnel are absent
 - for all educational visits and sporting activities
 - 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 surgery 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;



RIKKYO SCHOOL IN ENGLAND

- 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;
- 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.



RIKKYO SCHOOL IN ENGLAND

- 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.
- 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 them 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 after school activities;
- listen carefully to all instructions given by the teacher;
- ask for further help if they do not understand;

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

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).

Previous dated 28/04/16

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