

SUMMERHILL SCHOOL

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First Aid, Accident and Emergency Policy

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Summerhill School policy in this area is to meet the relevant statutory requirements in providing first aid facilities on site to deal with all likely accidents and illnesses that may happen to any member of staff or student. First aid kits are provided throughout the site at various locations and can also be found in the Summerhill School pool car.

Responsibility for replenishing first aid stock is taken by the individual house-parent / teacher where the first aid kit is sited. Replenishing first aid stock in the following areas: the staff room (including 'bum bags'), the kitchen, the café, the San bathroom and the school car, is done by qualified first aiders. Replenishment is done at the beginning of every term and at any other time when required and the 'First Aid Check List' sticker for that area is signed by the person replenishing the kit.

The school now has an Automated External Defibrillator (AED or 'defibrillator') as part of its first aid equipment. It is located in the staffroom, on one of the bottom shelves next to the photocopying machine. It is in a brown wicker basket which is labelled '**Defibrillator**'. For information on the use of a defibrillator, see Appendix i.

All accidents and injuries, unless minor, must be recorded in the Accident Book which is kept in the staff room. As a rule of thumb, any accident that requires treatment from a medical professional (doctor, nurse etc.), even if it is two or three days after the event, must be recorded in the Accident Book.

The relevant accident form must be submitted to the school office, as soon as possible, so that a report can be made to RIDDOR (Reporting of Injuries, Disease, and Dangerous Occurrences Regulation) if the school is required to submit a report to RIDDOR or wishes to do so. Further, full details of the accident must be given to Amy Readhead, Will Readhead or Henry Readhead.

Under certain circumstances, completion of the Accident Book and RIDDOR are legal requirements. For more detailed information, see the following:

- Social Security (Claims and Payments) Regulations 1979
- Health and Safety at Work Act 1974
- Social Security Administration Act 1992
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

All staff should have a full understanding of the school's *Safeguarding and Child Protection Policy, Medical Conditions Policy and Allergy and Anaphylaxis Policy.*



EMERGENCY FIRST AID

In the case of an accident, where possible, two experienced staff members will assess the situation and decide if the casualty can be dealt with on site, needs to attend Leiston Surgery, to be taken to Ipswich A&E, or an ambulance called. This will depend on the severity of the situation. This decision can be further informed by calling the NHS advice centre on 111.

All house-parents, and staff who drive school vehicles, undertake First Aid training and refresher training every three years. (See *Transport Policy*).

All other full-time, live-in staff (i.e. teachers) undertake the same First Aid training and refresher training every three years. In addition, where possible, domestic and kitchen staff are invited to attend.

Thus, a qualified first aider is available on site at all times. Further, **only staff trained in first aid can take children on school trips**. All full-time, live-in staff trained in First Aid are listed in the staff room.

For information on managing anaphylaxis and other medical emergencies, see ***Allergy and Anaphylaxis Policy and Medical Conditions Policy***.

Guide to Action:

1. Minor scrapes, cuts & sprains, bruising, grazes, colds, headaches etc. are **treated on site**. If in any doubt, get a second opinion from an experienced member of staff and / or call Leiston Surgery or call 111.

All medication given must be recorded in the medical records. Treatments for minor illnesses/injuries such as plasters, cold packs, antiseptic / antihistamine cream, throat sweets, herbal teas etc. are not recorded unless the treatment is required on a closely repeated basis. Any adverse reaction to minor treatment must be logged in the child's medical record for future reference and dealt with accordingly.

2. Suspected fractures, severe cuts, severe pain, severe internal pains, dizziness, conditions causing severe pain with no clear cause – get a second opinion from an experienced member of staff and / or call Leiston Surgery, or call 111, or take to Ipswich A&E, or call an ambulance.
3. Obvious broken bones, severe blood loss, loss of consciousness, severe internal pain following a fall (possible internal injury), sudden severe fever of an unexplained nature (possible meningitis), stopped breathing. **Do not move the patient. Call an ambulance.**
4. **If in any doubt, do not hesitate to call an ambulance.**
5. The child's medical records must accompany them to hospital.
6. Ensure Zoe, or Will, or Henry, **and** Andrew are informed. Zoe, or Will, or Henry should be kept updated so parents can be kept informed.



Cuts and Wounds

- A quick check should be made for cuts or breaks in the skin, where such occur, a suitable dressing should be applied. Staff handling food should have access to coloured plasters.
- Disposable gloves should always be used when dressing cuts, wounds etc. or when cleaning up spillages of blood or other bodily fluids. Gloves should be available in all first-aid kits.
- All spillages of blood and bodily fluids should be cleared up immediately using bleach. (1 part bleach to 9 parts water.)
- Soiled items such as gloves, wipes, cloths etc. should be sealed in separate bags and disposed of appropriately.
- After dressing wounds and disposing of soiled items, hands should be washed thoroughly with anti-bacterial soap.



Appendix i

What is an Automated External Defibrillator?

An Automated External Defibrillator (AED or 'defibrillator') is a machine that is placed externally on the body and is used to give an electric shock when a person is in cardiac arrest i.e., when the heart suddenly stops pumping blood around the body.

Cardiac arrest can affect people of any age and without warning. If this happens, swift action is vital, and you must call 999 immediately for an ambulance. While the ambulance crew are on their way, early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

In 2021, emergency medical services attempted to resuscitate approximately 32,000 cases of out-of-hospital cardiac arrest in England. Overall survival rates vary across the country, but on average less than one in ten people survive to go home from hospital following a cardiac arrest. However, survival rates as high as 70% have been reported where CPR and defibrillation are delivered promptly.

Modern defibrillators are simple and safe to operate and use. Once attached, the defibrillator will automatically analyse the individual's heart rhythm and, if required, apply a shock to restart it or advise that CPR should be continued.

Cardiac arrest and heart attacks

It is important to understand the distinction between a heart attack and cardiac arrest as they are not the same and require different interventions.

Cardiac arrest

A cardiac arrest is a life-threatening emergency where a person's heart has suddenly stopped pumping blood around the body. The person will be unconscious, unresponsive and will not be breathing normally or not breathing at all. It is essential to call 999 immediately for an ambulance.

While waiting for the ambulance, anyone can help to save the person's life by delivering CPR and using a defibrillator. CPR can help to circulate oxygen to the body's vital organs, which will help prevent further deterioration so that defibrillation can be administered.

Cardiac arrest can happen at any age and at any time. Possible causes include:

- heart and circulatory disease (such as a heart attack or cardiomyopathy)
- loss of blood
- trauma (such as a blow to the area directly over the heart)
- electrocution
- sudden arrhythmic death syndrome (SADS; often caused by a genetic defect).



Heart attack

A heart attack happens when a blood clot blocks an artery around the heart. The person will usually experience chest pain or tightness that can radiate to the left arm and/or the neck. They may also feel sweaty or nauseated. They do not usually lose consciousness and continue breathing.

It is vital that you call an ambulance immediately as this is a life-threatening situation.

If the person is still conscious, this means their heart is still beating and CPR and/or the use of a defibrillator is not appropriate. A defibrillator is only appropriate when the heart has stopped beating.

If the heart attack deteriorates to a cardiac arrest, then it is appropriate to start CPR and use a defibrillator.

The chain of survival

In the event of a cardiac arrest, defibrillation can help save lives. To be effective, it should be delivered as part of the chain of survival.

There are four links to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

- 1. Early recognition and call for help** – dial 999 to alert the emergency services. Place your phone on speaker so your hands are free. The emergency services operator can stay on the line and advise on giving CPR and using a defibrillator.
- 2. Early CPR** – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform rescue breaths (also known as 'mouth to mouth'), they may still perform compression-only CPR.
- 3. Early defibrillation** – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.
- 4. Early post-resuscitation care** – to stabilise the patient.

Anyone is capable of delivering stages 1 to 3 at the scene of the incident. It is important to emphasise that life-saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first link in the chain of survival. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4).

The chain as a whole is only as strong as its weakest link. Defibrillation is a vital link in the chain and the sooner it can be administered, the greater the chance of survival.



Cardiopulmonary resuscitation (CPR)

It is important to do CPR when someone has a cardiac arrest. You should use the skills and sequence you have been taught or are aware of, even though administering CPR is different depending on the age of the person suffering cardiac arrest. The basic steps for CPR on adults and children are outlined below and the ambulance call dispatcher will help you when you call.

CPR for adults

The steps below outline basic CPR for adults aged 18 years and older:

1. Call 999 or 112 for emergency help.
2. Give 30 chest compressions at the rate of 100-120 beats per minute.
3. Give 2 rescue breaths if trained and/or willing to do so.
4. If no rescue breaths are given, you should do continuous chest compressions.
5. Use a defibrillator if available.
6. Continue CPR (either 30 chest compressions and 2 rescue breaths or continuous chest compressions) until:
 - Emergency help arrives.
 - The person starts to show signs of life and starts to breathe normally.
 - You are too exhausted to continue.
 - A defibrillator is ready to use, and you follow the instructions voiced by the device.

CPR for children

The steps below outline basic CPR for children aged 1 to 17 years old:

1. Call 999 or 112 for emergency help.
2. Give 5 initial rescue breaths.
3. Give 30 chest compressions at the rate of 100-120 beats per minute.
4. Use a defibrillator if available.
5. Continue CPR at a rate of 30 chest compressions followed by 2 rescue breaths until:
 - Emergency help arrives.
 - The person starts to show signs of life and starts to breathe normally.
 - You are too exhausted to continue.
 - A defibrillator is ready to use.

For more detailed information, see *Automated External Defibrillators (AEDs) Guidance for Schools*, (DfE, January 2025)



Appendix ii

School Trips

- A suitably stocked first-aid kit should be carried by a member of staff on school trips.
- All adults in the group should have mobile phones and know how to contact the emergency services.
- The **minimum** contents for a travelling first-aid kit (the bum-bags) are:
 - First Aid advice leaflet
 - 6 Individually wrapped sterile adhesive dressings of assorted sizes, including some hypoallergenic dressings
 - 1 large sterile wound dressing (18 x 18)
 - 1 medium sterile wound dressing (12 x 12)
 - 1 triangular bandage
 - Safety pins
 - 4 alcohol free wipes
 - 1 pair of disposable gloves (vinyl)
 - Resuscitation face shield
 - Assorted plasters
 - 2 burn free gels
 - 3 eyewash pods
- Considerations for first aid needs on school trips include:
 - the number in the group
 - the nature of the activity
 - any likely injuries
 - the nearest hospital

SPS18

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