



KISIMUL GROUP

Operational and Education Policy and Procedure

First Aid

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Distribution	All Employees
Owner	COO/DoEd
Policy Lead (s)	Headteachers / Heads of Care
Department	Operations / Schools /College

Policy

It is the policy of Kisimul Group to make adequate arrangements for the provision of first aid by ensuring we have appropriately trained staff available at all times. Kisimul Group recognises that the provision should cover all children/young people, staff and visitors. An assessment of first aid needs is completed and reviewed annually to plan the arrangements for first aid across the group.

The Group will ensure that there are sufficient qualified first aiders available to provide aid during the school day in the school building and during the evenings, nights and weekends within the residential care building. Details of any specialist site specific first aid training is included in the home's location risk assessment.

The Group will ensure that first aid information is readily available and all staff are aware of the way in which to summon help. The Group will ensure that first aid kits for minor injuries are available for use by all staff and that they are regularly maintained.

Procedure

- The notice board in the reception area will state the location of the first aid box and the automated external defibrillator (AED).
- All staff will be able to contact a first aider via any member of staff.
- Once informed of an incident a first aider(s) will attend the casualty without delay and provide emergency care as appropriate.
- If the injury is of a serious nature such as a sudden collapse, breathing difficulties, or if the child/young person is suffering life threatening situations / not responding to initial on-site treatment then the first

aider(s) will seek further emergency aid by dialling 999. For non-life threatening situations dial 111. The senior member of staff on duty should be made aware of the incident.

- If the incident involves a child/young person then their medical details should be collected and should accompany them to the hospital or G.P surgery.
- An appropriate member of staff should accompany the child/young person/staff member to the hospital/G.P. surgery. The member of staff should be able to give the medical professionals all relevant and appropriate information. (Including details of the child/young person's learning disability and potential challenging behaviours.)
- The headteacher/head of care or senior on duty will then contact the parents/guardians immediately. In the case of a child/young person being accommodated under a Care Order (section 31 of the Children Act) the duty social worker for the relevant social services department should be contacted.
- The first aider is responsible for ensuring where appropriate that the accident /incident is recorded in the appropriate format. The recording should be completed detailing time, date and location of accident/incident.
- Following an accident or incident necessitating first aid intervention consideration should be given to appropriate cleaning up of any bodily fluids. The first aider should follow the guidelines in the [Infection Control Policy](#) to ensure appropriate and effective cleaning.
- The first aider is responsible for refilling the first aid box following an incident and if used the AED unit will need to be cleaned restocked and repacked.
- The headteacher / head of care /team leader is responsible for ensuring that the accident / injury/ incident is recorded in the handover report and the child/young person's daily journal.
- At the earliest available opportunity, the health and safety department should be informed by the senior person in charge of the shift, in accordance with [Accident Reporting and RIDDOR Policy HS06](#).
- The head of care or support manager will inform Ofsted and any other authority as appropriate, of any accident and/or incident and its circumstances that necessitated a child/young person being taken to hospital.

Appendix

First Aid equipment provision

The risks and hazards that the Kisimul group faces in its day to day operation has not changed in relation to sudden cardiac arrest (SCA) and other heart conditions which may present as a collapsed casualty.

Advancements in technology has now made available the ability to have, and to be able to use an Automated external defibrillator (AED). **These will be positioned in key secure locations across the entire Kisimul portfolio of properties. Estates and larger properties are likely to have more than one AED.**

All those with first aid qualifications need to make themselves familiar with the location, access arrangements and use of the units, these AED units have audible voice instructions and when opened will guide you through the safe use, the advancement of fail safes and heart monitoring. This means that the unit will not deliver a shock to the casualty if it is not required, it will also differentiate between Adult and Child casualties and deliver the required jewels of electric shock to the casualty.

Early on-site assessment of a collapsed causality is vital to the recovery rate of a person suffering a SCA or other heart condition. Upon discovering that an AED is required, a member of staff will need to collect the AED and open the unit whilst next to the causality, continue with CPR or chest compressions only whilst the equipment is made ready. Space constraints and environments such as a wet swimming pool surround may need to be considered, along with the moving of a casualty. The use of an AED must be passed onto the Ambulance service if they are not on site ideally when dialling 999.

The AED`s will require inspecting at regular intervals, these details will be included in the case of the unit, along with supplies information and manufactures details. Such checks will be audited within the H&S inspection system

These units are not indestructible, and should not be interfered with They will need to be securely stored where access is achievable across a 24hr time frame.

Inappropriate use and or interference with this equipment could be construed as gross misconduct.