

First Aid Policy

Embleton View

Rationale

It is a statutory requirement for an employer to make adequate First Aid provision for all employees. At Embleton View it is recognised that the provision should cover all staff, students, and visitors.

Our Aims

- To provide First Aid treatment where appropriate for all users of the school (with particular reference to students and staff).
- To provide or seek secondary First Aid where necessary and appropriate.
- To treat a casualty, relatives and others involved with care, compassion and courtesy.

Guidelines

- To ensure that during term time there are sufficient qualified First Aider(s) available to provide First Aid cover at all times when students, staff, parents, visitors or contractors are on the school site.
- To ensure that First Aid information is readily available and that all users of the school are aware of the way in which to call for help.
- To ensure that First Aid kits for minor injuries are available for use throughout the school by all First Aiders and that they are regularly maintained. Location of these kits must be known by all designated persons/First Aiders.
- To ensure offsite activities and outdoor education activities are risk assessed and managed so a qualified first aider is always present.

Key points

All staff are expected to use their best endeavours in the event of a first aid emergency, while seeking support from an L3 First Aider / one of the first aid trained members of staff on site.

All Staff should know:

How to call the emergency services

DIAL 999 / 112

ask for an ambulance. If there is any doubt that an ambulance is required, call an ambulance straight away.

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FIRST AID - LOCATION OF FIRST AID KITS

Site	Area	First Aid Provision
Coundon	Medical Room	Large First Aid Kit and Eye Wash
	Utility room	Large First Aid Kit
Westgate House	Medical Room	Large First Aid Kit and Eye Wash Portable First Aid Kit for offsite visits
Unit 21	Office	Large first aid kit
Vehicles	Boot of company car (Seat Leon and Minibus) and staff cars	Travel first aid kit

Who the First Aider is:

- The list of qualified first aid staff is displayed by the signing in sheets in each property.
- In the event of a student feeling unwell during a lesson, they should be sent to a qualified First Aider.
- If a child or adult is in need of medical assistance resulting in being unable to walk to a member of staff, a staff member will support the student to access a qualified first aider. All students receive 1:1 support.
- A qualified First Aider should be present during Outdoor Education activities

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QUALIFIED FIRST AIDERS

Name	Course	Expiry Date
Chris Lee	First Aid at Work Level 3	01/09/2026
Amanda Shoulder	First Aid at Work Level 3	29/08/2026
James Gilbey	First Aid at Work Level 3	25/08/2024
Di Gilbey	First Aid at Work Level 3	31/08/2026
Jasmin Edwards	First Aid at Work Level 3	31/08/2026
Paul Goodison	First Aid at Work Level 3	31/08/2026
Kate O Neill	Emergency First Aid At Work Level 3	01/09/2026
Pam Willis	Emergency First Aid At Work Level 3	01/09/2026
Steven Telford	Emergency First Aid At Work Level 3	29/08/2026
Alex Burrell	Emergency First Aid At Work Level 3	29/08/2026
Oisin Mooney	Emergency First Aid At Work Level 3	29/08/2026
Katrina Morris	Emergency First Aid At Work Level 3	29/08/2026
Tim Hind	Emergency First Aid At Work Level 3	29/08/2026
Bethany Nicholson	Emergency First Aid At Work Level 3	01/09/2026
Hannah Teasdale	Emergency First Aid At Work Level 3	01/09/2026
Jenny Robson	Emergency First Aid At Work Level 3	01/09/2026
Georgia Embleton	Emergency First Aid At Work Level 3	01/09/2026

A basic aide memoir for dealing with first aid emergencies and Contents of 10 man first aid box (see annex A)

All users of the school will be able to contact a Medical First Aider(s)

Once informed of an incident the Medical First Aider(s) will go to the casualty(ies) without delay and provide emergency care.

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Blankets for shock treatment (in first aid kits and 2 emergency foil blankets when in vehicles) must be readily available as well as rubber gloves and pocket masks resuscitation.

Secondary aid will be sought if necessary. The parent/guardian (or other appropriate adult) will be informed as soon as possible.

If an appropriate adult cannot accompany a casualty to hospital a member of staff will accompany him/her if this is deemed appropriate.

Medical First Aider's are responsible for:

- Responding to the first aid requirements of staff or students
- Taking charge when someone is injured or becomes ill.
- Ensuring that an ambulance or other professional medical help is summoned if appropriate.
- Giving immediate help to casualties with common injuries or illnesses and those arising from specific hazards at School.
- Ensuring where appropriate that the School's online Accident Book is completed by the person who witnessed the accident or found the student.

School trips and Outdoor Education:

If the First Aider on a school trip or outing who is responsible for the students is not qualified to give medication, he/she MUST telephone a First Aider BEFORE administering any first aid (unless it is a medical emergency and an ambulance is required immediately). The First Aider will give instruction via telephone as to what first aid / medication may be given.

Details of qualified first aiders will be recorded on activity risk assessments, including those for outdoor education activities.

Responsibility:

The provision of first aid at Embleton View is delegated by the Board of Directors to the Headteacher.

The DO is responsible for looking after and restocking all the first aid boxes throughout the school.

It is the responsibility of staff to inform the POL or headteacher if the first aid kits they have been issued with for their vehicles needs replacing or restocking. POL is responsible for issuing first aid kits for staff to use in their vehicles, it is the responsibility of staff to ensure they have them in the vehicle.

The number of First Aiders is reviewed annually by Health and Safety Committee in consultation with the Senior Management Team, or more frequently when required, for example following an accident or emergency.

When determining the appropriate number of First Aiders, the following is taken into account:

- The number of staff (and students) present at any one time;

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- The distribution of staff;
- The number and locations of first-aid boxes;
- Whether there are inexperienced members of staff;
- The number of staff and students with disabilities or specific health problems;
- The size and location of the school premises to which members of staff have access in the course of their employment;
- Whether there are travelling, remote or lone staff;
- Arrangements for off-site activities;
- Arrangements for out of school hour activities such as parent evenings;
- Parts of the school premises with different levels of risks;
- The types of activity undertaken;
- The proximity of professional medical and emergency services;
- Any unusual or specific hazards (for example, working with hazardous substances, dangerous tools or machinery); and
- Accident statistics. These indicate the most common types of injuries, times and locations. It is a useful tool as it highlights areas to concentrate on and tailor first aid provision to.

When selecting staff to be an Appointed Person or First Aider, the Pastoral and Operational Lead will take into account their reliability, communication skills, aptitude to learn, ability to cope with stressful situations and the ability to leave the work that they are doing at the time.

Guidance on the minimum legal requirement for First Aiders; the recruitment, selection and training of First Aiders; the responsibility and accountability of First Aiders; the need for a first aid room / surgeries and the contents of first aid boxes can be found in the Health and Safety (First Aid) Regulations 1981.

Reporting Accidents and Record Keeping

All members of the school community should report any accident or incident, however minor, as soon as possible after it has occurred. When an injured person is unable to complete their own details of the accident, then the responding First Aider and/or witness should do it on their behalf.

Completed Accident Report forms should be recorded on the online recording system. These will automatically notify the DO who will share them accordingly with the Headteacher and POL.

Reports must contain:

- The date, time and place of the event;
- Details of those involved;
- A brief description of the accident/illness and any first aid treatment given;
- Details of what happened to the casualty immediately afterwards - for example went to hospital, went home, resumed normal activities, returned to class.

The Headteacher and Senior Management Team should be informed about any incident if it is at all serious or particularly sensitive. For example, when a student has had to go to hospital or if one student has caused deliberate damage to another or where negligence might be suggested.

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The Headteacher must inform parents when any student requires hospital treatment or is kept in the surgery overnight.

If, as the result of an accident, a student is taken to hospital, the member of staff accompanying them should take:

- The child’s support plan.
- Mobile phone (personal or school)
- Cash

If, as the result of an accident, an employee is taken to hospital, is unable to work or subsequently becomes absent from work, the Headteacher / Director of Operational Development should be notified immediately.

The Director of Operations must report all serious accidents to the HSE as required by RIDDOR.

In an emergency, the relevant contact details of students’ parents and guardians can be found on the school computer drive. Personnel has details of employees and their next of kin.

Annex A:

Basic First Aid

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit, and familiarise yourself with how to deal with some of the more common situations opposite. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call 999 / 122 immediately; contact the Headteacher or POL
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive.

Unconsciousness
If the person is unconscious with no obvious sign of life, call 999 / 112 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.

Bleeding
Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.

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Burns
For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.

Broken bones
Try to avoid as much movement as possible.

Annex B: Anaphylaxis

What is anaphylaxis?

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (eg dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (eg bees, wasps, hornets). In its most severe form the condition can be life-threatening.

Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No student would necessarily experience all of these symptoms at the same time.

Medication and control

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an EpiPen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Medication for an individual student must be kept in a locked cabinet which is readily accessible, in accordance with the School's health and safety policy. If a student has an EpiPen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the student's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

It is important that key staff in the School are aware of the student's condition and of where the student's medication is kept, as it is likely to be needed urgently.

It is not possible to overdose using an EpiPen as it only contains a single dose. In cases of doubt, it is better to give a student experiencing an allergic reaction an injection rather than hold back.

All students who have anaphylaxis will require a 'Crisis Sheet' which parents or guardians should complete prior to starting at Embleton View. The Crisis Sheet should give basic details and indicate whether in some circumstances the student should be allowed to carry medication on his/her person around the School. This will be kept with the student's file.

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Following discussion with the student and his/her parents, individual decisions should be made as to whether to provide basic information on the student's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow students should also be advised not to share food or drink with a student who is likely to experience an anaphylactic reaction.

Managing students with anaphylaxis

- Staff should be aware of those students under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff should ensure that all students who have an epipen prescribed to them, have their medication on them at all times.
- Staff should ensure that they have some knowledge of what to do if a student has an anaphylactic reaction.
- A student should always be accompanied to the Surgery if sent by a member of staff.

Away trips:

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of students medication, if the students cannot carry it themselves (See Crisis Sheet)
- Staff supervising the trip must be aware of the student's condition and of any relevant emergency procedures.

Issues which may affect learning

Students with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a student will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such students in the following circumstances and seek to minimize risk whenever possible.

What are the main symptoms?

- Itching or presence of a rash
- Swelling of the throat
- Difficulty in swallowing
- Difficulty in breathing
- Increased heart rate
- Unconsciousness

What to do if a student has an anaphylactic reaction

- Ensure that a paramedic ambulance has been called.
- Stay calm and reassure the student.

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- Encourage the student to administer their own medication as taught.
- Summon assistance immediately from a L3 First Aider.
- Liaise with the Headteacher about contacting parents.

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Annex C: Asthma

What is Asthma?

Students with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The student may become distressed and anxious and in very severe attacks the student's skin and lips may turn blue.

Medication and control

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances.

Most students with asthma will take charge of and use their inhaler from an early age and it is good practice to allow students to carry their inhalers with them at all times, particularly during PE lessons. If a student is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the student's name.

Students with asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the student's name and stored in a locked cabinet in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

All asthmatic students will require a 'Crisis Sheet' which parents or guardians should complete prior to starting at Embleton View. The Crisis Sheet should give the basic details and indicate whether in some circumstances the student should be allowed to carry medication on his/her person around the School. This will be kept with the student's file.

Note that it is difficult to "overdose" on the use of an inhaler. If a student tries out another student's inhaler there are unlikely to be serious side effects, although clearly students should never take medication which has not been prescribed for their own personal use.

Following discussion with the student and his/her parents individual decisions should be made as to whether to provide basic information on the student's condition to his/her peer group so that they are made aware of their classmate's needs.

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Managing students with asthma

Staff should be aware of those students under their supervision who have asthma.

- PE staff should ensure that all students with asthma have their salbutamol inhaler prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a student has an asthma attack. (Staff to seek advice from an L3 qualified first aider)
- A student should always be accompanied to the Surgery if sent by a member of staff.

Away trips:

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of students medication, if the students cannot carry it themselves (See Crisis Sheet)
- Staff supervising the trip must be aware of the student's condition and of any relevant emergency procedures.

Issues which may affect learning

Students with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Students must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit students with asthma in the same way as other students. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all students, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. **However, they should not be forced to take part if they feel unwell.**

What are the main symptoms?

- Coughing
- Wheezing
- Inability to speak properly
- Difficulty in breathing out
-

What to do if a student has an asthmatic attack

- Stay calm and reassure the student. Speak calmly and listen to what the student is saying.
- Summon assistance from a qualified First Aider. Try not to leave the student alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are use promptly
- Help the student to breathe by encouraging the student to breathe slowly and deeply and relax,
- Help the student to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.

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- If the child does not respond to medication or his/her condition deteriorates call a paramedic ambulance. 122 or 999

Liaise with the Headteacher about contacting the students parents/guardians.

Annex D: Diabetes

What is diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin.

Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high.

Students with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a student may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a student may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

Medication and control

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All students with diabetes will require an Individual Student Risk Assessment.

In most cases students will have their insulin injections before and after school but some students may require an injection at lunchtime. If a student needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the student may require privacy in which to administer the injection. Some students may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A student with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most students with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a student with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the student and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.

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The issue of close communication between parents and the School is fundamental to the care of students with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date.

All diabetic students will require a 'Crisis Sheet' which parents or guardians should complete prior to starting at Embleton View. The Crisis Sheet should give the basic details and indicate whether in some circumstances the student should be allowed to carry medication on his/her person around the School. This will be kept with the student's file.

Following discussion with the student and his/her parents individual decisions should be made as to whether to provide basic information on a student's condition to his/her peer group so that they are aware of their classmate's needs.

Managing students with diabetes

- Staff should be aware of those students under their supervision who have diabetes.
- PE staff should ensure that all students with diabetes have a lucozade bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a student has a hypoglycaemic episode or a hyperglycaemic episode.

Away trips:

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of students medication, if the students cannot carry it themselves (See Crisis Sheet)
- Staff supervising the trip must be aware of the student's condition and of any relevant emergency procedures.

Issues which may affect learning

Students with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a student with diabetes in maintaining an adequate blood glucose level:

- Encourage the student to eat or drink some extra sugary food before the activity;
- Have glucose tablets or a sugary drink readily available in case the student displays symptoms of hypoglycaemia;
- After the activity is concluded, encourage the student to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

What do in an emergency if a student has a hypoglycaemic (low blood sugar) episode

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Common causes:

- A missed or delayed meal or snack
- Extra exercise
- Too much insulin during unstable periods
- The student is unwell
- The student has experienced an episode of vomiting.

Common symptoms:

- Hunger
 - Drowsiness
 - Glazed eyes
 - Shaking
 - Disorientation
 - Lack of concentration
- i. Get someone to stay with the student - call for a First Aider/ambulance (if they are hypo) do not send them out of class on their own, their blood sugar may drop further and they may collapse.
- ii. Give fast acting sugar immediately (the student should have this), eg:
- Lucozade
Fresh orange juice
Sugary drink, e.g. Coke, Fanta
Glucose tablets
Honey or jam
'Hypo Stop' (discuss with parents / houseparent's whether this should be taken on trips off site)
- iii. Recovery usually takes ten to fifteen minutes.
- iv. Upon recovery give the student some starchy food, eg couple of biscuits, a sandwich.
- v. In some instance it may be appropriate for the student to be taken home from school

NB. In the unlikely event of a student losing consciousness, call an ambulance (122 or 999) and the Headteacher.

A hyperglycaemic episode (high blood sugar)

Hyperglycaemic episodes occur when the blood glucose level is too high. Students may display the following symptoms:

- Excessive thirst.
- Passing urine frequently
- A change of behaviour
- Vomiting

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- Abdominal pain

Care of students in a hyperglycaemic episode

- Do not restrict fluid intake or access to the toilet
- Contact the Sanatorium and/or parents if concerned.

In both episodes, liaise with the Headteacher about contacting the students parents/guardians.

Annex E: Hemiplegia

What is hemiplegia?

Childhood hemiplegia (sometimes called hemiparesis) is a condition affecting one side of the body (Greek 'hemi' = half). We talk about a right or left hemiplegia, depending on the side affected. It is caused by damage to some part of the brain, which may happen before, during or soon after birth, when it is known as congenital hemiplegia, or later in childhood, in which case it is called acquired hemiplegia. Generally, injury to the left side of the brain will cause a right hemiplegia and injury to the right side a left hemiplegia. Childhood hemiplegia is a relatively common condition, affecting up to one child in 1,000. About 80% of cases are congenital, and 20% acquired

What are the effects of hemiplegia?

Hemiplegia affects each child differently. The most obvious result is a varying degree of weakness and lack of control in the affected side of the body, rather like the effects of a stroke. In one child this may be very obvious (he or she may have little use of one hand, may limp or have poor balance); in another child it will be so slight that it only shows when attempting specific physical activities.

Managing students with hemiplegia

It is essential to include the weaker side in play and everyday activities, to make the child as two-sided as he or she can be. As they get older, many children and young people with hemiplegia can be encouraged to develop better use of their weaker side through involvement in their chosen sports and hobbies.

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- Staff should encourage students to take part in all activities.
- A student should always be accompanied to the Surgery if sent by a member of staff.

Away trips:

- Staff supervising the trip must be aware of the student's condition and of any relevant emergency procedures.

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Annex F: Cleaning up body fluids from floor surfaces

All waste from cleaning up bodily fluids should be disposed of using the yellow bin in the designated medical room.

Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly. Red bags (for soils) are available in both surgeries.

- Put on gloves and a disposable apron. Disposable vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
- Sprinkle 'Bio999 absorbing powder liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.
- Remove all visible material from the most soiled areas, using paper towel.
- Put all used paper towel and cloths into a shapes yellow bin for incineration.
- The remaining visible material should then be vacuumed. The vacuum cleaner bag MUST be changed after use, and the hose and pipe disinfected with Eco Force.
- Non- carpeted areas: Sanitize the area using Eco, leaving on the affected area for a minimum of 10 minutes.
- Carpeted areas: The area should be cleaned Eco Force solution and should contact the affected area for at least ten minutes. The area should then be shampooed or steam cleaned within 24 hours.
- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water and then rinse with Eco Force.
- Discard gloves, disposable apron into yellow bag for incineration. Finally wash your hands thoroughly using soap and water.

Annex G: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1195)

All Schools are required to report to the Health and Safety Executive (Tel: 0845 300 99 23). Employers must report:

- Deaths
- Major Injuries
- Over three day injuries
- Accidents causing injury to students
- Accidents causing injury to members of the public or people not at work
- Specified dangerous occurrences, where something happened which did not result in an injury but could have done.

Dedicated Medical Areas

Each building has an allocated medical area that will be used in the event of an emergency. The area may have an alternative use on a daily basis, but is the area that will be used to deal with medical issues. The area will include;

- First Aid Kit
- Eye Wash Kit

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- Medication fridge
- Yellow bin
- Fold down bed
- Quick Access to WC and sink

Applies to:

- The whole school and all other activities provided by the school, inclusive of those outside of the normal school hours;
- All staff (teaching, support and admin staff), students on placement, the proprietors, Board of Directors, agency staff and volunteers working in the school.
- Visitors and contractors accessing the site.

Availability

- This policy is made available to parents, staff and students as a hardcopy upon request from the school office.

Monitoring and Review:



- This policy will be subject to continuous monitoring, refinement and audit by the Headteacher and Officer Responsible for H&S.
- The Headteacher and/or the Board of Directors and/or a suitably appointed delegate will undertake a formal review of the policy, by no later than two years from the date shown below, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Legal Status;

- Health and Safety (First Aid) Regulations 1981 (as amended)
- Management of Health and Safety at Work Regulations 1999
- Health and Safety at Work etc. Act 1974 (HSWA)

Related Documents:

- Health and Safety Policy
- Medication Policy
- Mental Health Policy
- Health Recording Policy

	
Graeme Turner	Craig Bell

Embleton View is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all students fulfil their potential

(Proprietor)	(Proprietor)
Date: 02/08/17	Date: 02/08/17 Reviewed: 09/01/2018, 16.05.19 23.05.18, 18/07/2018, 28/04/20, 12.04.21, 16.5.22, 30.5.23, 15.8.24

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