

International School of Creative Arts

First Aid Policy

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ISCA First Aid Policy

1. Introduction

1.1 General

ISCA shares the Teikyo Foundation (UK) campus with Teikyo School and other independent users. Like all establishments the necessity and ability to administer First Aid is essential. First-aid can save lives and prevent minor injuries becoming major ones. Moreover, under Health and Safety legislation ISCA is obliged to ensure that there are adequate and appropriate equipment and facilities for providing first-aid.

1.2 Purpose of this guidance

These notes of guidance are intended to give advice to all staff who have responsibility or might be involved in the provision of first-aid and emergency treatment.

1.3 Educational Institutions as Workplaces

Unlike some workplaces, ISCA has a relatively small number of employees on the premises at any one time, but a large number of students (under the age of 18), who are regarded differently in law, and who may present different practical problems for those providing first-aid.

For the purposes of both the Regulations and the Code of Practice, (see paragraph 2.1), students are not regarded in the same way as employees and the specific requirements do not apply. They are regarded as “visitors” to school premises. The obligation to make provision for students (and any visitors) therefore falls under:

- The general duty laid upon employers and occupiers of premises under the Health and Safety at Work Act to secure the health, safety and welfare of all those who use school premises as employees, students or visitors.
- The common law duty of care falling on those who have responsibility for the care of children and young people.

The Head of School is responsible not only for ensuring that Health and Safety legislation is met, but also for ensuring that both the statutory “general duty” and the common law “duty of care”, which in practice are similar, are satisfactorily discharged.

The Head of School is also responsible for ensuring that there is effective provision for all students who have medical conditions, learning difficulties and/or disabilities.

1.4 Statutory Requirements

This guidance, therefore, sets out as simply as possible both the various statutory requirements which ISCA must comply with and the more general obligations under relevant health and safety (and other) legislation which have a bearing on the provision of first-aid. In some instances, there is a clear and absolute requirement.

2. The Legal Position

2.1 The Health and Safety (First-Aid) Regulations 1981

The general duties of the Health and Safety at Work Act 1974 are supplemented by the Health and Safety (First-Aid) Regulations 1981 which also have the force of law. The Health and Safety Executive's Approved Code of Practice (2013) (the ACOP) further supplements the Regulations and offers guidance on standards of provision expected in respect of employees. The ACOP acts in this respect as the "Highway Code" for first-aid – it establishes sound practice which should be followed and provides a benchmark for assessing the reasonableness of local provision.

2.2 The Minimum First-Aid Provision

The minimum first-aid provision required under the law is:

- a suitably stocked first-aid container;
- an approved First-Aider and/ or an Appointed Person to take charge of first-aid arrangements
- Information for employees on first-aid arrangements.

This must be supplemented by a risk assessment to determine any additional provision needed.

First-aid provision must be available at all times when people are on site, and also off the premises whilst on ISCA visits.

2.3 Responsibilities of the Employer

ISCA, as the employer, has overall responsibility for ensuring that there is adequate and appropriate First Aid equipment, facilities and First Aid personnel and for ensuring that the correct First Aid procedures are followed.

2.4 Responsibilities of the Management

The governing body together with the Head of School should regularly review (at least annually) the adequacy of the arrangements they have made and must take into account any relevant changes in premises, activities or organisation.

2.5 Responsibilities of the Head of School

The Head of School is responsible for putting the management's structure for health and safety into practice and for developing detailed procedures for administering first-aid. The Head of School should also make sure that parents are aware of these arrangements.

The Head of School must designate a suitable person from among qualified first-aiders at ISCA (or an appointed person if there is no qualified first-aider) to take overall charge of the ISCA first-aid arrangements.

3. First-Aiders and Appointed Persons Definitions

3.1 First-Aiders

The list of ISCA and Teikyo staff who have successfully completed and are up-to-date with their Emergency First Aid in the Workplace training are published on noticeboards about the School.

3.2 First-Aider Duties

The main duties of a First-Aider are to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards
- when necessary, ensure that an ambulance or other professional medical help is called

4. Qualifications and Training

It is a statutory requirement that a First-Aider must hold a valid certificate of competence. First-aid at work certificates are valid for three years only. These have to be renewed by taking a requalification course. Moreover, we are required to keep a record of the qualification of all those who are designated providers of emergency aid, and the dates when their qualifications are due for renewal.

5. Actions Required of ISCA

5.1 Carrying out a risk assessment

ISCA is required by law to carry out a risk assessment of its first-aid needs.

Points to consider

- The size and building levels. The first-aid provision needed if there is more than one building or for each floor on a split-level site
- Our location. Whether the school site is remote from emergency services and whether there is a need to inform the emergency services of any particular circumstances that may affect access to our premises
- Hazards or risks on the site, e.g. hazardous substances, dangerous tools or machinery. Temporary hazards such as building work should be considered when appropriate
- Specific needs. Staff or students with special health needs or disabilities. The age range of the students' resident on the school campus
- Accident statistics. The most common injuries, times, locations and activities. These can highlight areas to concentrate on
- Contacting first-aid personnel. The ease with which people on the site can contact a First-Aider, especially if they are working alone or out of school hours
- Providing sufficient first-aid materials, equipment and facilities

ISCA is required to provide the proper materials, equipment and facilities (including access to a telephone) at all times. First-aid equipment must be clearly labelled and easily accessible.

5.2 Provision of First-Aid containers

The assessment of ISCA first-aid needs should include the number of first-aid containers. Additional first-aid containers will be needed for split-sites/ levels, distant sports fields or playgrounds, any other high-risk areas and any off-site activities. All first-aid containers must be marked with a white cross on a green background.

The siting of first-aid boxes is a crucial element in the ISCA's First Aid policy and should be given careful consideration. If possible, first-aid containers should be kept near to hand-washing facilities.

First aid containers can be found in:

- Every Studio (including PDC) and corridor
- Staff Room
- Administration office
- Sick Bay

5.3 Providing information

All staff (including those with reading and language difficulties) must be informed of the first-aid arrangements which should include the location of equipment, facilities and first-aid personnel, and the procedures for monitoring and reviewing ISCA's first-aid needs.

Staff will be kept informed by the display of first-aid notices in the staff-room. Students will be informed by notices in the Common Rooms.

5.4 Care and first aid arrangements at the point of need

Students may fall ill or have an accident when they are in the classroom, when they are in their room, elsewhere on the campus or off campus.

- Students who require first aid or fall ill in the classroom will be sent to the school office where the on-duty first aider will assess the best course of action (e.g. apply first aid on the spot, call 11 for advice, make arrangement to go to A&E, send to room for rest etc.)
- If the student cannot be moved the teacher will attend to the student and send another student to get help from the school office.
- Students are instructed to go to the school office if they are in their room or elsewhere on the campus when they hurt themselves or feel ill. If they feel unable to walk to the school office they can contact the on-duty, member of staff by calling or messaging the Boarding Phone or by sending a friend to get help.
- If students fall ill or have an accident during the night, they are instructed to contact the boarding member of staff on-duty in their building, by going to their room or calling them on the boarding phone.
- Students who fall ill or have an accident while they are off site are instructed to contact the school if they need help/advice on how to get back to school, go to the nearest hospital or get somewhere where they can be looked after by a responsible adult.
- Parents and/or the guardian are informed if a student becomes ill or has an accident

5.6 Supporting students with particular medical needs

ISCA's policy is to support students to attend the ISCA who have a medical condition. The ISCA will therefore support the administration of short and long term medication and medical techniques where this is necessary for the student to continue to be educated at the ISCA. The ISCA will also put in place procedures to deal with emergency medical needs.

ISCA will establish procedures to ensure that all concerned, staff, parents, students and, where relevant, health professionals are aware of the student's condition and what steps have been agreed either to manage the condition on a daily basis or to be implemented in case of an emergency.

It is stressed however that the administration of medication is undertaken on a voluntary basis by staff and it will only be done where the procedures are followed.

Health Care Plans

Parents are responsible for providing the ISCA with up to date information regarding their child's health care needs and providing appropriate medication.

Individual health care plans are in place for those students with significant medical needs e.g. chronic or ongoing medical conditions such as diabetes, epilepsy, anaphylaxis etc. These plans will be completed at the beginning of the ISCA year / when child enrolls / on diagnosis being communicated to the ISCA and will be reviewed/updated annually.

All staff are made aware of any relevant health care needs and copies of health care plans are available on the schools computer network.

Staff will receive appropriate training related to health conditions of students and the administration of medicines by a health professional as appropriate.

Administering Medicines

No child under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:

- the child's name
- prescribed dose
- expiry date, and
- written instructions provided by the prescriber on the label or container.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a relevant health professional.

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

Where children have been prescribed controlled drugs, staff need to be aware that these should be kept safely. However children could access them for self-medication if it is agreed that it is appropriate.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the child's record and follow the agreed procedures. Parents should be informed of the refusal on the same day.

Educational Visits

The ISCA will consider what reasonable adjustments they might need to make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures. Copies of health care plans should be taken on visits in the event of the information being needed in an emergency.

Sporting Activities

Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

ISCA Transport

Where students have life threatening conditions, specific health care plans should be carried on vehicles. The care plans should specify the steps to be taken to support the normal care of the student as well as the appropriate responses to emergency situations.

All drivers and escorts should have basic first aid training. Additionally trained escorts may be required to support some students with complex medical needs. These can be healthcare professionals or escorts trained by them.

Some students are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. All escorts should also be trained in the use of an adrenaline pen for emergencies where appropriate.

Non Prescription Medication

Non prescription medication should not be administered by ISCA. This includes paracetamol and homeopathic medicines.

Staff may not know whether the student has taken a previous dose, or whether the medication may react with other medication being taken. **A child under 16 should never be given**

medicine containing aspirin, unless prescribed by a doctor. Where it is necessary to administer non-prescription medicine to a child, specific written permission must be obtained from parents / carers and the administration documented.

If a student suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate painkillers for their child's use, with written instructions about when the child should take the medication. A member of staff should notify the parents that their child has requested medication and supervise the student taking the medication if the parents have agreed to it being taken.

5.6 Provision of privacy

ISCA provides single rooms to every student with ensuite toilet and washing facilities.

Male and female boarders occupy separate floors of the accommodation wings. Where this is not possible, males and females will be allocated rooms at opposite ends of the corridor, with one room in the middle occupied by a member of staff.

There is a sick bay to treat students if they are ill or injured and to disburse medicines as needed. The sick bay is appropriately supervised and medications are locked away.

At least two members of boarding staff are on duty at all times in the evenings after school, overnight and during the weekend. On-duty boarding members of staff have a private room with ensuite bathroom and toilet available to them

Gillick Competence

We always encourage students to tell their parents about the decisions they are making about any medical treatment or intervention. If they don't want to do this, we will explore why and, if appropriate, discuss ways we might help them inform their parents, for example by talking to the young person's parents on their behalf.

If the student still wants to go ahead without their parents' knowledge or consent, and they are under the age of 16, we will assess their Gillick competence.

While we recognise that there is no set of defined questions to assess Gillick competency, we will consider several things when assessing a child's capacity to consent, including:

- the child's age, maturity and mental capacity
- their understanding of the issue and what it involves - including advantages, disadvantages and potential long-term impact
- their understanding of the risks, implications and consequences that may arise from their decision
- how well they understand any advice or information they have been given
- their understanding of any alternative options, if available
- their ability to explain a rationale around their reasoning and decision making.

We will not consider consent to be valid if a young person is being pressured or influenced by someone else.

Children's capacity to consent may be affected by different factors, for example stress, mental health conditions and the complexities of the decision they are making. The same child may be considered Gillick competent to make one decision but not competent to make a different decision.

If we don't think a child is Gillick competent or there are inconsistencies in their understanding, we will seek consent from their parents or carers before proceeding.

The child's safety and wellbeing is paramount. If we have any concerns about the safety of the student, we will check whether previous child protection concerns have been raised, and explore any factors that could put them at risk of abuse.

We will always share child protection concerns with the relevant agencies, even if this goes against a child's wishes.

5.7 Access to professional health care (including mental health)

All students are registered with the local GP who can refer them for specialist services, including CAMHS, and sexual health services.

Students are also provided with information about access to private doctors, including dentists, psychotherapist, counselling and other support services, including contact numbers and addresses, in the Student Handbook and on virtual and physical student noticeboards.

The House Mother is responsible for making emergency and routine health care appointments for students, including where consultation between parents/carers and staff if necessary. In her absence this responsibility is covered by the School and Boarding Administrator and/or the senior member of boarding staff on duty.

6. Medication Management

Medication management is overseen by the House Mother, who works with a limited group of appropriately trained boarding staff. The list of people authorised to administer medication is published on the noticeboard in the School Office.

6.1 Identifying students on medication

The House Mother and a limited group of appropriately trained boarding staff are responsible for monitoring and supervising the taking of medication by students.

Students are required to inform the School at enrolment if they are on any medication (prescription and non-prescription) and hand in their medicines to the House Mother for safe keeping. The House Mother liaises with Registry at the start of the year and ensures this information is accurately transferred from the students' enrolment documentation to each students' Medical File in the daybook on the School SIMS (Engage) and in the Medical Log on the shared drive (J:\5. HEALTH & SAFETY\8. First Aid-Accidents-Medication\Medication), which she keeps up-to-date on an ongoing basis.

Given that many students do not declare health conditions or that they are on medication, boarding staff are required to be vigilant and, if they suspect this is the case, ensure it is addressed quickly. The House Mother should be informed so that the SIMS can be updated.

6.2 Administering medication

Medication is kept in *two* dedicated, locked cupboards in the School infirmary:

A. Prescription Medication Cupboard (the smaller of the two) containing:

- Individual students' prescription drugs in labelled plastic bags
- A lockable interior cabinet for *controlled drugs*
- Prescription Medication Folder with **two** sections:
 1. Long-term Prescription Medication Logs containing:
 - A list with the names of students on long-term prescription medication and whether or not they are authorised to administer medications autonomously.
 - A cover sheet for each student on prescribed medication, recording:
 - ✓ Whether non-prescription meds can be given
 - ✓ Whether the student is on prescription medication
 - ✓ If this involves any 'controlled drug'
 - ✓ Frequency / Type / Dosage / Timeframe for the medication
 - ✓ Whether a student can Administer their own medication

- ✓ A summary of any ailments
 - ✓ A summary of any special dietary needs
 - ✓ Whether or not the student suffers from allergies
 - ✓ A space for other relevant medical notes
 - ✓ Medication Administration Register (MAR)*
2. Short-term Prescription Medication Logs containing:
- The time and date when medication was issued signed off by student

** the MAR and the cover sheet are renewed every time there is a change to the medication regime. Old MARs and coversheets are scanned and filed in the student's folder on the school's shared drive.*

B. Non-prescription Medication Cupboard (the larger of the two) containing:

- The School main supply of non-prescription medication
- Students' personal supplies of non-prescription drugs that they have brought with them and handed in to the School for safekeeping

A *third*, dedicated, locked cupboard is kept in the back room of the School Office:

C. Non-prescription Medication Small Supply Cupboard containing:

- A small stock of non-prescription medication
- Non-prescription Medication Book that logs each time non-prescription medication is issued to students
- A list on the back of the door with the names of students who are not allowed to be given non-prescription medication

Students who are 18 or older may administer their own prescription medication (as long as they are not 'controlled drugs'), but are not exempt from informing the School of what they are taking, the dosage and the timeframe. The House Mother checks that these students are keeping their medication locked in their room, in a place that other students cannot readily identify or access. This information must be registered on Engage (the school's student information management system).

Any changes in the medication of a student (type, dosage, frequency etc.) must be passed on to the House Mother as soon as possible. It is her responsibility to share this information with relevant members of staff and ensure it is cross-referenced to the student's individual Medical File on Engage.

It is the responsibility of the House Mother to regularly check if there are patterns in the taking of non-prescription medication that might give cause for concern.

7. Contents of First-Aid Containers

There is no mandatory list of items for a first-aid container. However, the HSE recommend that, where there is no special risk identified, a minimum provision of first-aid items would be:

- a leaflet giving general advice on first-aid (e.g. HSE leaflet 'Basic advice on first-aid at work')
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- two sterile eye pads
- four individually wrapped triangular bandages (preferably sterile)
- six safety pins
- six medium-sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings
- two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound

dressings

- one pair of disposable gloves

Equivalent or additional items are acceptable.

ISCA's first-aid procedures should identify an Appointed Person who is responsible for examining the contents of first-aid containers. These should be checked frequently and restocked as soon as possible after use. There should be extra stock on-site. Items should be discarded safely after the expiry date has passed.

7.1 Travelling First-Aid containers

Before undertaking any off-site activities, the Head of School is to assess what level of first-aid provision is needed. The HSE recommend that, where there is no special risk identified, a minimum stock of first- aid items for travelling first-aid containers is:

- a leaflet giving general advice on first-aid (e.g. HSE leaflet 'Basic advice on first aid at work)
- six individually wrapped sterile adhesive dressings
- one large sterile unmedicated wound dressing approximately 18cm x 18cm
- two triangular bandages
- two safety pins
- individually wrapped moist cleansing wipes
- one pair of disposable gloves
- Scissors

8. First-Aid Accommodation

Employers are obliged to ensure that suitable and sufficient accommodation for first-aid is available according to the assessment of first-aid needs identified.

9. Reporting and Recording

The First Aider should complete a record of First Aid provision.

All injuries, accidents, illnesses and dangerous occurrences must be recorded in the Accident Book. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded.

Reporting to HSE: Schools are legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (RIDDOR) to report the following to the HSE:

9.1 Accidents involving Staff

- work-related accidents resulting in death or 'specified' injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation)
- work-related accidents which prevent the injured person from continuing with his/her normal work for more than seven days
- cases of work-related diseases that a doctor notifies the School of (e.g. certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer)
- certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

9.2 Accidents involving students or visitors

Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

- any School activity (on or off the premises)
- the way a School activity has been organised or managed (e.g. the supervision of a field trip)
- equipment, machinery or substances
- the design or condition of the premises

More information on how and what to report to the HSE, can be found in Incident reporting in schools (EDIS1 (revision 3)) and at <http://www.hse.gov.uk/riddor/resources.htm>.

It is also possible to report online via the following link: <http://www.hse.gov.uk/riddor/index.htm>.

Fatal and 'specified' injuries can also be reported by calling 0845 300 9923.

10. Hygiene/ Infection Control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment. Further guidance has been produced by the DfE in the publication HIV and AIDS: A Guide for the Education Service, which was sent to schools in 1992. The LEA Guidelines "AIDS: A Guide for Schools" is reproduced at Appendix A.

Advice has been prepared on special precautions to be taken in the event of significant exposure to blood or high-risk body fluids. This is reproduced at Appendix B.

11. Legal Liability

Those rendering emergency aid should not carry out diagnosis and/ or medical procedures for which they have not been trained. The function of emergency aid is to preserve life and render a situation safe until qualified help can be made available.

In the event that the First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured

person to access appropriate medical treatment without delay. This may involve calling for an ambulance or making arrangements to transport the injured person to A & E or access other appropriate medical services.

12. Ambulances

If an ambulance is called, then the First Aider in charge should make arrangements for the ambulance to have access to the accident site.

Staff should always call an ambulance when there is a medical emergency and / or serious injury. Examples of medical emergencies include:

- a significant head injury
- fitting, unconsciousness or concussion
- difficulty in breathing and / or chest pains
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- the possibility of a serious fracture

Arrangements should be made to ensure that any student is accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact the parents in time.

Appendix A: HIV/ AIDS and First Aiders

Common Sense Guidelines

First-Aiders need to realise that normal first-aid procedures do not put them at risk from HIV/ AIDS. No case of HIV/ AIDS infection has been reported from any part of the world as a result of mouth-to-mouth resuscitation, getting blood on intact skin, or cleaning up vomit, faeces or urine. However, since some infections are easier to catch than HIV/ AIDS, such as Hepatitis B, it is important that first-aiders follow good hygienic practices to safeguard themselves. The guidelines which follow are sufficient to control infection, including the transmission of HIV/AIDS.

- Cover cuts – cover your exposed cuts and grazes with a waterproof dressing.
- Don't try to guess – you can't guess who might have HIV/AIDS. Treat everyone with the same high standards of practice.
- Clean you and the patient – after first-aid care, wash off surface blood with hot water and soap. If blood splashes in the eyes or mouth, rinse immediately with lots of water.
- Bleeding – apply pressure for 5-10 minutes with a clean cloth to stop bleeding.
- Mop up blood carefully – the blood of an infected person contains high concentration of the AIDS virus and should be treated with special care if spillage occurs. Pour household bleach diluted with ten parts of water over the spill and leave it for 30 minutes if practicable (remember that bleach is corrosive). Wearing plastic gloves, wipe up with disposable towels. Burn the towels or place in a plastic bag and dispose of safely. (Semen may also contain high concentration of the HIV/AIDS virus).
- Clean clothes and crockery – normally wash dishes, clothes and linen stained with blood or semen in the hot cycle of an ordinary washing machine (60 degrees centigrade or hotter).
- Don't puncture yourself – avoid puncture wounds when giving care. If you do get a needle stick or other puncture wound, encourage the wound to bleed freely, then wash with soap (not around eyes) and water and put on a dressing.
- Don't deny care – it is neither necessary nor humane to deny first-aid to anyone for fear of catching HIV/AIDS since the risks to first-aiders are so small as to be practically non-existent.
- Resuscitation – using an airway or resuscitate is sensible for good hygiene, but unnecessary for protection from HIV/AIDS. Never withhold mouth-to-mouth resuscitation because an airway isn't available.
- Look at your real risks – you won't get HIV/AIDS from first-aid care, but you could become infected because of your personal lifestyle. The real risk of HIV/AIDS comes from having sex with an infected person, or from sharing needles while injecting drugs. Look at your real risks, and make changes necessary to keep you safe.

Appendix B: **Precautions to avoid the risk of infection**

The First Aider should take the following precautions to avoid risk of infection:

- cover any cuts and grazes on their own skin with a waterproof dressing
- wear suitable disposable gloves when dealing with blood or other bodily fluids
- use suitable eye protection and a disposable apron where splashing may occur
- use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation
- wash hands after every procedure

Special precautions in the event of significant exposure to blood or high-risk body fluids

A significant exposure can be defined as being exposed to blood or high-risk body fluids by one or more of the following:

- a percutaneous exposure causing bleeding or visible skin puncture e.g. with a needle or a sharp instrument
- mucous membrane exposure e.g. eyes, mouth
- exposure of broken skin

If a member of staff/pupil becomes significantly exposed to blood or other high-risk bodily fluids:

- Encourage bleeding from the puncture wound
- Wash thoroughly, for 5 minutes under running water, any injury or abrasion which has been contaminated with infected blood or other bodily fluid
- Splashes into eye or mouth should be rinsed out with copious amounts of water or saline
- Cover the wound with a waterproof dressing
- Report the incident immediately to the line manager, and complete an incident report
- Identify the source of the exposure and the name of the person causing the exposure
- The member of staff/ pupil should visit Occupational Health, their GP or the local A & E Department within 48 hours of exposure

Appendix C: Emergency Procedure for First Aid

1. Contact Main Reception on extension 0514
2. Give the Receptionist the following information:
 - your name
 - the name of the person requiring the First Aider
 - location where the First Aider is required
 - the extension you are ringing from
3. Wait with the person requiring the First Aid until the First Aider arrives.
4. Receptionist will then contact the nearest First Aider either by radio or phone

Action while waiting for First Aider or Emergency Services: Staff, while waiting for first aid or professional medical treatment, should take the following action:

Hazardous substance splashes in the eye:

Immediately wash the eye under running water from a tap for at least 10 minutes. The flow should be slow and eyelids should be held back. So that eye washing can be carried out without delay a short length of rubber tube (which can be attached to a workroom tap) should be available. It can be kept in a plastic bag pinned to the wall or in a drawer and labelled emergency eye-wash (together with the appropriate pictogram). In some situations, direct washing under the tap may also be possible. Afterwards the casualty should be taken to hospital.

Burns:

Cool under gently running water until first aid arrives.

Toxic gas:

Sit the casualty down in the fresh air.

Hair on fire:

Smother with a clean cloth i.e. one not used for wiping up liquids or substances other than water

Clothing on fire:

Smother the flames with a thick cloth or garment. A fire blanket is ideal but use only if very close by and, if necessary, push the casualty to the ground.

Electric shock:

Taking care for your own safety, break electrical contact by switching off the electricity supply or pulling the plug. If it is necessary to move the casualty, break the contact with a wooden broom handle, window pole, wear rubber gloves, or other non-conductive item.

Bad cuts:

Apply pressure on or as close to the cut as possible, using fingers or a pad or cloth. Leave any embedded large pieces of glass etc. and press around them. Lower the casualty to a chair or the floor and raise the wound as high as possible.

In all cases it may be necessary to send the casualty to hospital for further treatment.

Use of AED – Automated External Defibrillator

Portable AEDs are lightweight devices that are relatively easy to operate and are intended for use in emergency situations when a casualty has a serious cardiac rhythm disturbance causing unconsciousness, such as a heart attack. AEDs are not effective for all cardiac emergencies. An AED acts to correct abnormal heart rhythms by applying an electric shock to the chest. It detects the electrical activity of the heart and gives automated instructions to the operator on what to do.

The automatic diagnostic sequence ensures that they will only operate under appropriate circumstances thus preventing their incorrect use. The quicker lifesaving first aid and a defibrillator are used on a casualty, the better the outlook for survival.

ISCA shares the use of an AED with Teikyo School and this is a large red box which can be found in the area called the "Sun Lounge" (the corridor behind the Dining Hall). If you suspect someone is having a heart attack, please follow the emergency procedure by contacting main reception and requesting a First Aider. However please note: whilst training in the use of the AED is optimal, it is not a requirement in order to operate an AED in an emergency situation.

Appendix D: Trained First Aiders

Academic Year 2024-2025

(updated 13/03/2025)

The following staff have successfully completed the Emergency First Aid in the Workplace

ISCA

NAME	DEPARTMENT
Iuliana Ancuta	Admin
Stephanie Pellissier	Boarding
Lisa Stewart	Teacher
Joseph Kerrigan	Teacher
Patricia Andreianou-Green	Teacher
Trish (Keng Boon) Phng	Teacher/ Boarding
Rosemary Chair	Teacher/ Welfare
Emily Russell	Teacher/ Boarding

TEIKYO

NAME	DEPARTMENT
Brice Rob	Maintenance
Enoch Daniel	Grounds
Farooq Mohammed	Security
Hatsuta Koki	Teaching/ Boarding
Homma Ritsuko	Teaching/ Boarding
Ingram Megumi	Bursary
Ingram Richard	Teaching/ Boarding
Inoue Tatsuo	Teaching/ Boarding
Iwano Yoshiki	Teaching/ Boarding
Iwaizumi Shigemi	Boarding
Kimura Satoru	Teaching/ Boarding
Komuro Tomoki	Teaching/ Boarding
Kubo Mari	Teaching/ Boarding
Kuriki Rueko	Welfare
Mackay Greg	Teaching/ Boarding
Mahmood Khalid	Security
Mimura Akira	Catering
Mirza Sajid	Security
Mitani Daisuke	Teaching/ Boarding
Nakamoto Manami	Teaching/ Boarding
Nelson Fumiko	Management
Shimmichi Ayaka	Teaching/ Boarding
Takano Aiko	Teaching/ Boarding
Uchida Masaru	Management
Wakamoto Miyuki	Boarding
Yachidate Wakako	Teaching/ Boarding
Yamasaki Yusuke	Teaching/ Boarding